Conclusions and Implications

- Health care providers can better understand how to engage in the ethical duty of reflexive practices that call dominant models of care into question by becoming more aware of how personal assumptions and biases perpetuate inequitable care delivery.
- When heteronormativity is identified as a strategy that diminishes the agency of women, health care providers can begin to recognize the harm that dominant care practices inflict upon LGBQ+ birthing women and develop an appreciation for the role that dominant models of care play in perpetuating health inequities.
- A lack of autonomy can be positioned as an opportunity for health care providers to collaborate with LGBQ+ birthing women. Health care providers can then better understand how they can challenge and disrupt assumptions when they engage in practices with LGBQ+ birthing women that create positive connections with patients that convey a sense of safety and belonging.
- Therapeutic partnerships between LGBQ+ birthing women and their health care providers can be empowering. If women do not have to come out as LGBQ+ in opposition to the expectation of heterosexuality, coming out is reconstructed into an empowering process and health care providers can avoid re-traumatizing structurally marginalized patients.[15]
- Evidence-informed strategies for transformative and equitable care delivery practices could create new points of connection and reconstruct formerly disempowering relationalities between patients who are at risk for structural trauma and their health care providers.[15]
- New strategies will assist in shifting the burden of responsibility from marginalized populations to come out in opposition to the expectation of heterosexuality and educate their health care providers on the unique health needs of diverse populations. This will foster an ability to gain access to equitable care, or to participate in studies and provide data to researchers, thus allowing health care providers to create opportunities that would reconstruct caring and compassionate spaces into places where a diversity of experiences are acknowledged, appreciated, and respected.

"And in rural healthcare, if you're LGBTQ, anything, and you go to the doctor, 9 times out of 10, you have to educate your doctor about what you're talking about before you can even ask for advice. So I mean you can see right there the flaw. If you spend most of your appointment educating them about what you came in to ask for advice, they're surely not in a position to actually give us any professional advice. They don't even have the proper language skills to have these conversations with us." *-Sally*

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