



What issues do lesbian co-mothers face in their transition to parenthood?

By Katherine Walker

Introduction

Increasingly, lesbian couples are attending NCT classes, and practitioner e-groups are featuring questions about how practitioners can best meet the needs of lesbian couples. In April 2009, a change in the law permitted lesbian couples to have the same legal rights as heterosexual parents so long as they meet certain criteria, such as being in a civil partnership at the time their baby is conceived.¹ These are signs, perhaps, that a lesbian baby boom is taking place.²

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My experience as a lesbian co-mother (anonymous)

'I remember being nervous before our first NCT class, as I wasn't sure whether we would be the only LGBT couple and whether we would fit in. I had heard about the NCT format from friends and knew that there would be group exercises for 'moms' and 'dads'- so dreaded the prospect of potentially being the only woman in a group of 'dads'. As it turned out, I was the only woman but was surprised how welcoming and unfazed the men in the group were. Nevertheless, it felt strange at times to be part of this group because there was an assumption that I would simply take on the role of a 'dad' during my partner's pregnancy but that's not how I felt.

Our teacher really put a lot of thought into accommodating me during the NCT course. She pulled me discretely aside during our first NCT class and offered that I could attend either the mom or dad group during break-out exercises but that she would suggest a group if she felt it would be better suited. She mostly recommended the 'partner group' and when I did attend a couple of the 'moms' sessions this did feel a bit odd too.

Our teacher went out of her way to refer consistently to 'partners' instead of dads, which I really appreciated. However, the course materials were exclusively 'hetero-normative', such as photographs of skin to skin featuring dads, or babies responding to their dads' familiar voice immediately after birth, and I felt that my experience as LCM wasn't reflected anywhere, at least not visually.

When we discussed breastfeeding, the teacher spoke to me privately about the option to breastfeed as an LCM and offered to provide more information if I wanted to explore this. It was the only occasion that provided LCM-specific information.

In retrospect it would have been great to attend an NCT class with more LGBT couples which would have allowed me to share my experience and understanding of my role (neither dad nor birth-mom) with other LCM.'

As an antenatal practitioner working with parents, I was interested to know how different the experience might be for same-sex couples in preparing for birth and parenthood. One LCM I spoke to antenatally found her emotional journey towards motherhood difficult. She was going to be a mother but would not be giving birth and she found it hard to identify with either the mothers or fathers on the course.

I know that in the past I may have been guilty of either making assumptions about the same-sex couple experience or trying so hard to be inclusive that I hadn't quite gauged things correctly.

After doing some preliminary investigation into the published literature, I chose to explore the experience of lesbian co-mothers (LCM) in the early postnatal period, as part of my Level 6 studies towards becoming an NCT Birth and Beyond practitioner.

By identifying the challenges faced by many LCM, I hoped to find what practitioners could do to help prepare them, and to empathise during the perinatal period.

My review focused on LCM who have not donated an egg to the birth mother. This and other family arrangements are possible, for example some female same-sex couples choose to have an involved male co-parent who has donated sperm. All of these arrangements would make for interesting further research yet at the time of writing, there was not enough research to carry out a full systematic review.

This article is a summary of my small-scale review.

The full methodology can be found on NCT's intranet website babble

<http://bit.ly/2mE8bVF>.

One of the initial hurdles was to decide what to call LCM, as there are no universal words to describe their situation. This was an early clue as to the importance of language and eventually became one of the overarching themes of the study.

Do practitioners show heteronormative bias?

Heteronormativity is a binary concept that assumes heterosexuality to be the usual situation. It fails to acknowledge that there may be families with other types of arrangements. Recent studies have identified heteronormative health care³ and I began to wonder if NCT practitioners including myself were unintentionally running courses that could be perceived as heteronormative. Many lesbian mothering studies are now beginning to discuss the idea of 'othering' as a place between mothering and fathering, and recognise a continuum between masculinity and femininity. There are wider links into feminist discourses too, although beyond the remit of this study.

Themes

Five main themes were identified, and language came into each of these:

- Who am I? Beyond the mother/father binary
- Bonding and breastfeeding
- Communities of support
- Educating others
- Emotional health

Who am I? Beyond the mother/father binary

Not being the birth mothers, LCM often struggle with their identity, particularly as societal norms would usually expect mothers to have given birth. However, they are not fathers either. The language to describe their new role is inadequate.

Lesbian relationships are often built on equality⁵ but may change upon the birth of the baby from egalitarian to hierarchical.⁶ It would therefore be helpful for lesbian couples to explore during the antenatal period, the concept of 'who does what' postnatally.

These issues may result in LCM feeling invisible and can slow down her attainment of a maternal role and identity. The issue of maternal gatekeeping,⁷ in which the birth mother controls more how the baby is cared for, also needs further exploration for lesbian couples, otherwise such a situation could further contribute to feelings of insecurity for LCM.

Another issue is that lesbian relationships often fall into a butch/femme narrative, which could change if one of the couple shifts her position as a result of becoming a mother. In my review I found that there was a degree of re-negotiation of relationship roles in the postnatal period.

Bonding and breastfeeding

Many LCM felt fearful that their babies would form a stronger bond with the birth mother, and so had to work hard to achieve bonding. As with heterosexual couples, some felt that antenatal bonding was important, while postnatally many LCM found skin-to-skin contact helped with bonding. Time alone with the baby was also felt to enhance the bonding process.^{8,9}

Breastfeeding is often connected to the experience of developing maternal identity.¹⁰ For LCM, as for fathers in heterosexual relationships, there sometimes can be feelings of jealousy if the birth mother is breastfeeding.¹¹ Some LCM who had skin-to-skin contact then went on to attempt breastfeeding. Of course, throughout time women have breastfed babies they have not given birth to, and adoptive mothers are often able to produce milk to some degree.¹² Clearly, the benefits of breastfeeding go beyond nutrition and many babies enjoy being at the breast for the comfort it brings. It is therefore unsurprising that some LCM-baby dyads may enjoy a form of breastfeeding known as nursing. Whilst this may not appeal to, or be appropriate for all LCM, it may be helpful for LCM to explore the concept antenatally in order to normalise it, and to make an informed decision.

There is no research available about how a shared feeding plan might be established which is beneficial to the new family nutritionally. Many LCM felt that others might judge them negatively for breastfeeding their babies, and so it is appropriate for NCT practitioners to discuss these possibilities and feelings with lesbian couples.

There appears to be a need to feed in a way that is linked to bonding. Indeed, some LCMs found that they were able to enhance their bonding by feeding their babies either with expressed breastmilk or artificial milk via a bottle. Further exploration of the various ways of bonding and spending time with their babies should be part of NCT courses anyway, but this reinforces why this may be so.

Communities of support

One of the major benefits of birth education is the creation of communities of support. At times, LCM reported that they found the heterosexual community to be more inclusive than either the lesbian community or the extended families of the lesbian couple. If the families of LCM do not recognise their role as mother, this may affect how LCM see themselves and may hinder the progress towards assuming a maternal role.

According to the '*motherhood constellation*' part of the work of becoming a mother stems from the support of extended family.¹³ The reduced family support that some LCM experienced further challenged the transition to motherhood.

Emotional health

Lack of support is a documented trigger for postnatal depression (PND).¹⁴ LCM for whom family relationships have become strained may be at greater risk. The scant research available on PND specifically in LCM suggests that there may be a higher incidence of perinatal depression in lesbian women than in heterosexual women.¹⁵ LGB&T populations are known to have more emotional health morbidities as a whole¹⁶ so it is particularly important to support LGB&T couples, whilst recognising that much of the work for a LCM is emotional adaptation rather than physical recovery. Signposting and identifying that PND can affect partners as well as birth mothers would be of significance to practitioners.

Educating others

Prior to becoming mothers, lesbian women can choose when to come out to others. However, the process of having a baby necessitates repeatedly explaining who they are in relation to the baby. Practitioners can be well intentioned and try to be inclusive, but may need guidance from LCM about how they would like to be addressed individually. Not all LCM like to be known as a derivative of mother, and may prefer different terminology. For the LCM, educating others can help to cement the new role and relationship.

Summary

There is some debate regarding whether lesbian parents should attend traditional antenatal courses or ones specifically designed for lesbians.^{17,18} In one study, feedback following attendance at mixed antenatal courses included complaints about the lack of inclusive language, the course leaders adopting a heteronormative approach, and the lack of awareness of differences between LCM and fathers.¹⁸ Of course these barriers are surmountable and as practitioners we can work towards being more inclusive. In particular, we can avoid the assumption that LCM are simply 'partners' who are expected to share experience with men attending the same course. The need to take this into account has implications for gender group work. Although there may be some commonalities with the men attending, becoming a LCM seems to be another experience altogether than becoming a father.

Bearing in mind that this literature review was based on small-scale qualitative research from around the world, caution should be taken to avoid generalisations. It would be fascinating to commission a study based in the UK, or to survey same-sex couples attending NCT classes. When I was looking for a vignette to go with this piece, many women came forward to contribute, keen to tell their stories.

Further research into experiences from other types of same-sex family arrangements would further enhance understanding. In particular, for female same-sex couples, egg-sharing techniques whereby one woman is the genetic mother and the other is the birth mother, would be a suitable subject for further research. Such an arrangement may well counter some of the challenges found in the present study.

Practitioners' Toolkit

- LCM are not fathers! It may seem obvious, but LCM may not always want to be grouped with fathers in gender-based activities. And they may not feel like mothers yet either. Acknowledge that it can feel different for LCM by considering whether a gender-based activity is always appropriate.
- Resources should clearly reflect the variety of couples we have. If using names in scenarios, check that they are unisex, eg, Alex or Sam.
- Use photographs and pictures reflecting a diverse range of couples.
- Introduce antenatal bonding ideas: singing, reading, touching the baby whilst in the womb, joint forms of relaxation.
- Discuss the benefits of skin-to-skin contact antenatally, and encourage it postnatally.
- Explore breastfeeding and non-nutritive nursing both antenatally and postnatally.
- Engage with LCMs and ask how they are feeling and how they would like to be referred to.
- Encourage all couples to explore the concepts of partners having time alone with baby, finding their own way, and maternal gatekeeping.
- Provide opportunities for couples to explore their new roles and priorities.
- Explore emotional health & provide signposting.

Further reading and resources

LGBT Parents: peer support network

<http://lesbiangayparents.ning.com>

NHS Choices. Gay health: having children

<http://www.nhs.uk/Livewell/LGBhealth/Pages/Havingchildren.aspx>

Stonewall. Parenting rights

<http://www.stonewall.org.uk/help-advice/parenting-rights>

Schnell A. Breastfeeding without birthing: mothers through adoption or surrogacy can breastfeed! *J Hum Lact* 2015; 31(1): 187-8.

<http://jhl.sagepub.com/content/31/1/187.full.pdf>

References

1. Stonewall. *What is legal parenthood?* Available from: <http://bit.ly/2gfv8vh>
2. Office for National Statistics. *Families and households*. Available from: <http://bit.ly/1USjyE3>
3. Enson S. Causes and consequences of heteronormativity in healthcare and education. *Brit J Sch Nurs* 2015;10(2):73-8.
4. O'Neill KR, Hamer H, Dixon R. 'A lesbian family in a straight world': The impact of the transition to parenthood on couple relationships in planned lesbian families. *Womens Stud J* 2012;26(2):39-53.
5. Clarke V, Burgoyne C, Burns M. Comparing lesbian and gay, and heterosexual relationships: for love or money? *Psychologist* 2005;18(6):356-8.

6. Ben-Ari A, Livni T. Motherhood is not a given thing: experiences and constructed meanings of biological and nonbiological lesbian mothers. *Sex Roles* 2006;54(7):521-31.
7. Schoppe-Sullivan S, Altenburger L, Lee M, et al. Who are the gatekeepers? Predictors of maternal gatekeeping. *Parent Sci Pract* 2015;15(3):166-86.
8. Wojnar D, Katzenmeyer A. Experiences of preconception, pregnancy, and new motherhood for lesbian nonbiological mothers. *J Obstet Gynecol Neonatal Nurs* 2014;43(1):50-60.
9. McKelvey M. The other mother: a narrative analysis of the postpartum experiences of nonbirth lesbian mothers. *ANS Adv Nurs Sci* 2014;37(2):101-16.
10. Zizzo G. Lesbian families and the negotiation of maternal identity through the unconventional use of breast milk. *Gay Lesbian Issues Psychol Rev* 2009; 5(2):96-109.
11. Pelka S. Sharing motherhood: maternal jealousy among lesbian co-mothers. *J Homosex* 2009;56(2):195-217.
12. Schnell A. Breastfeeding without birthing: mothers through adoption or surrogacy can breastfeed. *J Hum Lact* 2015;31(1):187-8.
13. Stern D. *The motherhood constellation: a unified view of parent-infant psychotherapy*. New York: Basic Books; 1995.
14. Hatloy I. *Understanding postnatal depression*. London: Mind; 2013.
15. Ross L, Steele L, Goldfinger C, et al. Perinatal depressive symptomatology among lesbian and bisexual women. *Arch Womens Ment Health* 2007;10(2):53-9.
16. Williams H, Varney J, Taylor J, et al. *The lesbian, gay, bisexual and trans public health outcomes framework companion document*. London: Department of Health; 2012.
17. Hammond C. Exploring same sex couples' experiences of maternity care. *Br J Midwifery* 2014;22(7):495-500.
18. Malmquist A. 'But wait where should I be, am I mum or dad?' Lesbian couples reflect on hetero-normativity in regular antenatal education and the benefits of LGBTQ-certified options. *Int J Birth Parent Educ* 2016;3(3):7-10.