

Disparities in Perinatal Care Among the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Community

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The National Perinatal Association (NPA) is an interdisciplinary organization that strives to be a leading voice for perinatal care in the United States. Our diverse membership is comprised of healthcare providers, parents & caregivers, educators, and service providers, all driven by their desire to give voice to and support babies and families at risk across the country.

Members of the NPA write a regular peer-reviewed column in Neonatology Today.



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Many groups in the United States are impacted by disparities and inequities in healthcare in general and perinatal care. Since Pride Month is celebrated every June, we chose to focus on the perinatal experience of the LGBTQ+ population. Despite advancements in LGBTQ+ rights and increased social acceptance, inequalities persist in various aspects of healthcare, including perinatal care. This manuscript reviews the existing literature, discussing barriers to care, discrimination and stigma, mental health considerations, and strategies for improving perinatal care for LGBTQ+ individuals. By shedding light on these disparities, we hope to raise awareness and promote the development of inclusive and equitable healthcare practices. (1)

“Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals face significant disparities in perinatal care. Research has shown that compared to heterosexual-WSM (women who have sex with men), homosexual-WSW (women who have sex with women), and bisexual/lesbian women are more likely to report miscarriages and stillbirths.”

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals face significant disparities in perinatal care. Research has shown that compared to heterosexual-WSM (women who have sex with men), homosexual-WSW (women who have sex with women), and bisexual/lesbian women are more likely to report miscarriages and stillbirths. Lesbian women are more likely to have low birth weight infants, while bisexual and lesbian women have a higher likelihood of very preterm births. These disparities highlight the need for improved perinatal care for LG-

BTQ+ individuals. (1)

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Several key strategies can be implemented to address these disparities. Firstly, it is crucial to justify the inclusion of LGBTQ+ individuals in research studies and to fund studies focused explicitly on perinatal care for LGBTQ+ populations. Supporting and nurturing researchers focused on sexual identities, including gender-expansive populations, is essential. Diverse representation of researchers, inclusive of LGBTQ+ individuals, should be encouraged. Building and increasing participation in LGBTQ+ research networks focused on pregnancy research can further contribute to understanding and addressing these disparities. (1,2)

“Participating in or establishing multidisciplinary networks with clinicians providing gender-affirming and patient-centric services is vital to ensuring inclusive perinatal care. (3)”

In clinical care settings, promoting outreach to LGBTQ+ communities and organizations is crucial. Creating universal staff training

and office guidelines that foster a safe and friendly environment for LGBTQ+ individuals is necessary. Participating in or establishing multidisciplinary networks with clinicians providing gender-affirming and patient-centric services is vital to ensuring inclusive perinatal care. (3)

In terms of education, incorporating curricula on gender-inclusive healthcare in medical schools and training programs for all healthcare professionals is essential. Continuing medical education should focus on gender-affirming care and health disparities within pregnant LGBTQ+ populations. Providing educational and community resources for pregnant LGBTQ+ individuals and their families can help bridge the information gap and improve their overall care experience. (2)

“Addressing these disparities is of utmost importance, as more than half of LGBTQ+ birthing individuals have reported that bias or discrimination impacted their pregnancy, birth, and postpartum care experiences. By implementing these strategies, we can work towards equitable and inclusive perinatal care for LGBTQ+ individuals, promoting positive health outcomes and a supportive healthcare environment. (3)”

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