



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

QUEER & TRANS

Perinatal Mental Health

Toolkit

v1

STORIES, INFORMATION,
RESOURCES & INCLUSIVE PRACTICES

“It started with gender dysphoria.”

For as long as I have known that I am trans, I have known that pregnancy couldn't be my path to parenthood. Even with doulas there to support me through the inevitable gender dysphoria that came with annual exams, nothing could ease the torment that lingered for weeks afterward.

So when I got pregnant, I knew I wouldn't survive carrying a baby to term. The gendered language and assumptions made by providers was distressing enough that I couldn't muster the courage to even go through with terminating my pregnancy. I went catatonic. I stayed in bed, I stopped eating. When I started to miscarry, I was too numb to feel anything. I bled and bled and bled. After three weeks of coaxing, I agreed to see a doctor who then told me that what I was experiencing was a prolonged miscarriage. They shamed me for not coming in sooner and told me I would need to be hospitalized if the bleeding continued.

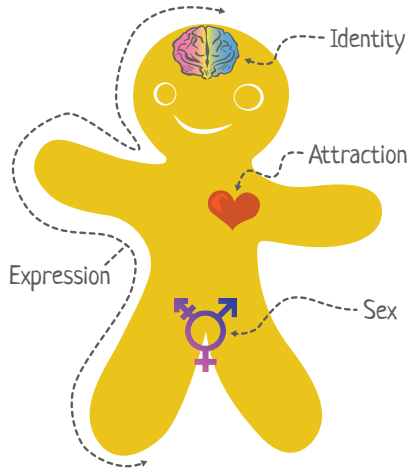
Out of desperation, I turned to my curandera. I flew to Tamaulipas, Mexico and stayed with her for two days of ritual and

nurturing. When the bleeding stopped, I went home and finally allowed myself to begin feeling. Looking back two and a half years later- I've realized that my pregnancy was catalytic in my decision to medically transition and still only after my gender affirmation surgery, was I able to fully process and understand how severely the medical system failed me.

While I don't conceptualize my miscarriage as something of sorrow, my pregnancy journey made me realize that being informed on the unique needs and experiences of trans birthing people can be a matter of life and death. Even with the mainstream movement towards using gender-inclusive language in the perinatal field, the need for informed providers and birthworkers remains immense. I was in the beginning of my birthworker training when I came across MMHN and saw an opportunity to bring my passion to a larger scale. As I continue to learn, make connections and support folks, I hold on to the hope that one day we can all be met with dignity and care in our birthing and transitioning journey.

story

The Genderbread Person v4 by its pronounced METROsexual com



⊖ means a lack of what's on the right side

Gender Identity

- Woman-ness
- Man-ness

Gender Expression

- Femininity
- Masculinity

Anatomical Sex

- Female-ness
- Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth

- Female
- Intersex
- Male

Sexually Attracted to... and/or (a/o)

- Women a/o Feminine a/o Female People
- Men a/o Masculine a/o Male People

Romantically Attracted to...

- Women a/o Feminine a/o Female People
- Men a/o Masculine a/o Male People

Genderbread Person Version 4 created and uncopyrighted 2017 by Sam Killermann

For a bigger bite, read more at: www.genderbread.org

Understanding Gender and Sexuality

WHAT IS GENDER DYSPHORIA?

Gender dysphoria is a term that replaced “Gender Identity Disorder” in the DSM-V and is described as feelings of distress experienced when one’s assigned gender at birth and gender identity are different. Feelings of dysphoria can vary in intensity and are not experienced by all trans people.

PRACTICAL WAYS TO MAKE SPACES SAFE(R) FOR EVERYBODY:

1

PRONOUNS

Have pronoun pins and stickers for staff and clients available, put pronouns in email signature, and Zoom name.

2

INTAKE FORMS

Create spaces in intake forms for clients to include pronouns, name used and additional spaces to write how they refer to themselves.

3

VISUALS

Posters and brochures that use gender neutral language and range of gender identities.

4

ASK & PRACTICE

Identities and language change! Get in the habit of asking how people identify and what words they use to What identities are important to you? *Pronoun Play*.

Trans people are **4 times more likely to experience mental health struggles** than cisgender people (people who identify with the gender assigned to them at birth) and **40% of the trans population have attempted suicide at least once in their lifetime.**

WHAT DOES THIS MEAN IN THE PERINATAL PERIOD?

30%

of trans birth parents did not access perinatal healthcare at all during pregnancy due to lack of gender affirming health care options (*this compares to less than 2.1% of the general population*).



Higher rates of mental health struggles in the perinatal period.



PRACTICAL:

- 1 Build networks: Connect with local birthworkers, midwives, therapists, lactation specialists, and other community advocates who have lived experiences as queer or trans people.
- 2 Hire staff with lived experience.
- 3 *Train staff* on how to provide gender affirming support and care.
- 4 Normalize gender neutral language in healthcare spaces. (See [page 13](#) for non-gendered birth related terms).

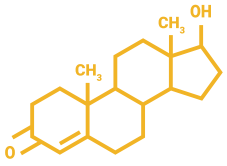


story

NAVIGATING THE HEALTHCARE SYSTEM WHILE TRANS

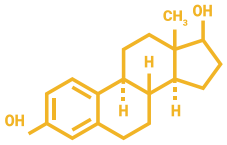
[Watch YouTube Video](#)





Trans people who take testosterone do not lose their ability to get pregnant.

Research has *shown* that trans men who have taken testosterone over the course of their gender transition journey have the same quantity and quality of eggs and the same birthing outcomes (once going off of testosterone) as cisgender women.



Studies on the fertility of trans people who have taken estrogen as part of their gender transition journey are still limited. However, existing *research* indicates that trans women, even before going on hormones (if applicable), have lower sperm count than cisgender men and face more fertility challenges. This may be due to the stress of living as trans in an unaccepting society, higher rates of depression and anxiety rates amongst trans women, restrictive clothing etc..

WHAT DOES THIS MEAN IN THE PERINATAL PERIOD?

For queer families, the lack of culturally appropriate resources, support and understanding can exacerbate feelings of stress and anxiety during the fertility journey.

The potential increase of gender dysphoria from interacting with the medical industrial complex and general body changes can lead to an increase in mental health struggles throughout the perinatal period.

Other factors such as race, ability, language, immigration status and income level may further isolate or impede queer families from seeking out the care they need to be happy and healthy.



story

TRANS FERTILITY JOURNEY SERIES

[Watch YouTube Video](#)

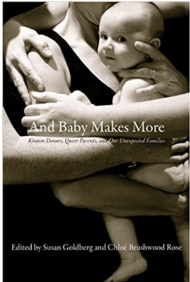


PRACTICAL:

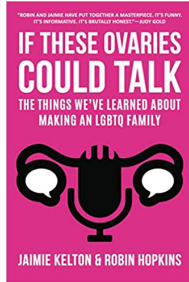
- 1 *Train and educate staff* on the fertility, preservation strategies, and reproductive options available to queer families.
- 2 *Train and educate staff* on how to screen and respond to perinatal mood and anxiety disorders (PMADs).
- 3 Have referrals ready that cater to the unique needs of queer families or create your own resource if you cannot find one!
- 4 Follow up. Ask for feedback from queer families about their experiences with your services. Be open to listening and making adjustments accordingly. Have a system in place to capture this information so that no one falls through the cracks.

RESOURCES

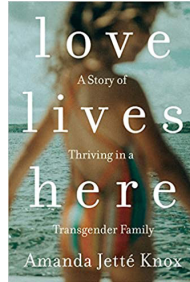
BOOKS



[And Baby Makes More: Known Donors, Queer Parents and Our Unexpected Families](#)



[If These Ovaries Could Talk: The Things We've Learned About Making an LGBTQ Family](#)



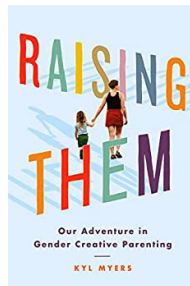
[Love Lives Here: A Story of Thriving in a Transgender Family](#)



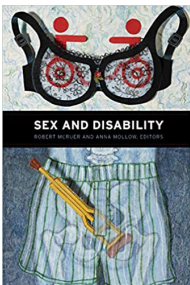
[Queer + Pregnant: A Pregnancy Journal](#)



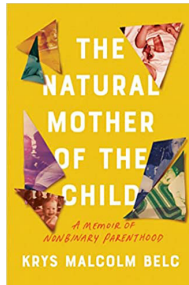
[Queer Conception: The Complete Fertility Guide for Queer and Trans Parents-to-Be](#)



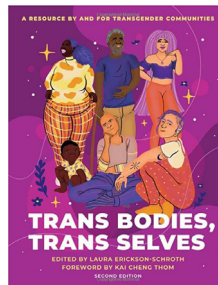
[Raising Them: Our Adventure in Gender Creative Parenting](#)



[Sex and Disability \(Chapter: Pregnant Men: Modernity, Disability and Biofuturity\)](#)



[The Natural Mother of the Child: A Memoir of Nonbinary Parenthood](#)



[Trans Bodies, Trans Selves: A Resource for and for Transgender Communities](#)

INSTAGRAM ACCOUNTS

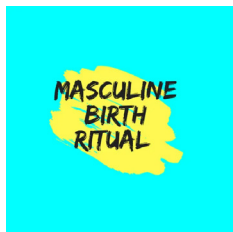
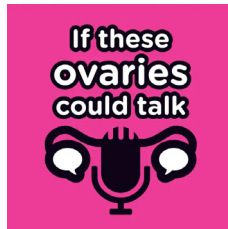
- [Birthingadvocacy](#)
- [Creatingafamily](#)
- [Earthside.nz](#)
- [gayparentstobe](#)
- [lgbt_mummies](#)
- [LGBTQbirth](#)
- [littlemoonlightdoula](#)
- [loveoverfearwellness](#)
- [mossthedoula](#)
- [transfertility](#)
- [unitedinbirth](#)
- [queerbirthworker](#)
- [queerdoulas](#)
- [Rebirthequity](#)
- [Refugemidwifery](#)
- [Parteramidwifery](#)

PERSONAL JOURNEY INSTAGRAM ACCOUNTS

- [AlionsFear](#)
- [Bennettonpurpose](#)
- [Biffandi](#)
- [Dannythetransdad](#)
- [Freddy.mcconnell](#)
- [jaimieleeroy](#)
- [Kaydenxofficial](#)
- [Rollingthroughmotherhood](#)
- [Thewordqueer](#)

RESOURCES (CONT'D)

PODCASTS



ADDITIONAL READINGS

- [5 ways to support transgender men and non-binary people during pregnancy](#)
- [Color Blind: Shedding Light on the Mental Health of LGBTQ People of Color \(page 43-44\)](#)
- [Do Transgender People Get Perinatal Mood and Anxiety Disorders?](#)
- [“I Answered Obediently to ‘She.’” Experiencing Pregnancy as a Nonbinary Person in the United States \(page 70-71\)](#)
- [Insights and Suggestions to Support Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning \(LGBTQ\) Parents in the NICU \(page 25-26\)](#)
- [LGBTQ2S+ childbearing individuals and perinatal mental health: A systematic review](#)
- [Queer and Trans Resilience Along the Childbearing Journey](#)
- [The phenomenology of gender dysphoria in adults: A systematic review and meta-synthesis](#)

SUPPORT GROUPS

- [Our Family Coalition](#)
- [pregnant, or new parents](#)
- [Postpartum Support International](#)
- [Return to Zero Hope](#)
- [Queer Birth Project](#)
- [Trans & Gestating Support Group](#)
- [United In Birth](#)
- [Virtual Peer Support Group: LGBTQIA+ Individuals & their families, who are trying to conceive](#)

TOOLKITS & TRAININGS

- [Birthing Advocacy](#)
- [FertilityIQ](#)
- [Lactation Rights for LGBTQIA Families](#)
- [Maia Midwifery](#)
- [Pregnancy and Substance Use: A Harm Reduction Toolkit](#)
- [Queer Doula Toolkit](#)
- [Queering Reproductive Justice](#)
- [Sexual Orientation, Gender Identity & Gender Expression \(SOGIE\) Safer Places Toolkit](#)
- [The Transgender Training Institute](#)

Do you have any questions, comments or resources you would like to share?

Please contact us at info@maternalmentalhealthnow.org.