

## **Inclusive Language Recommendations for Perinatal Mental Health Clinical Care and Research with Sexual and Gender Minority People**

This document includes first a list of recommendations on how, when, and why to use language that is inclusive of people from diverse sexual and gender identities in perinatal mental health clinical care and research. The recommendations are based on the available literature, as well as expert opinion from members and leadership within the International Marcé Society and the Sexual and Gender Minority SIG.

At the end of the recommendations, we provide references from both the research literature and additional training resources. We have structured it as an annotated bibliography to increase ease of access for those interested in learning more. We hope to have it available in other languages in the near future. Thank you for your interest in learning to provide 2SLGBTNBQIA+ affirming care!

2S = Two-spirit [What does Two-spirit mean?](#)

L = Lesbian

G = Gay

B = Bisexual

T = Transgender

NB = Non-binary

Q = Queer / Questioning

I = Intersex

A = Asexual / Agender

+(Plus) = This list is intended to be inclusive, but not exhaustive. Sexual and gender identities are many and varied, and everyone should be empowered to define their own identity. For example, demigender, gender fluid, genderqueer, and pansexual, among others.

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## Clinical Recommendations - Direct Patient Care

1. When you introduce yourself, state your pronouns in addition to your name and whatever professional qualifications you use. (For example, “I’m Dr. Jane Doe, I use she/her pronouns, and I’m a licensed clinical psychologist.”)
2. Include questions in your intake interview asking about gender identity, pronouns, name (distinct from legal name), sexual orientation, and partners/co-parents. These can be incorporated as standard demographic questions, like asking about race and ethnicity, religion, and occupation. (For example, “How do you identify?” and “How would you like to be addressed?”)
  - a. It may be appropriate to include these questions on intake forms, but this will be dependent on the legal and societal context of your practice (see Recommendation 4).
3. Use language that is personalized to each individual that you see. Once you know the name, pronouns, and relationship structure of your patient, be sure you continue to use the correct terms.
4. Have open discussions with patients about whether and how they want their name, pronouns, gender identity, and sexual orientation documented in your notes / the electronic medical record system.
  - a. Discuss how open/out they are with other clinicians with whom you will be consulting, and to what extent they are comfortable with you discussing their gender identity and/or sexual orientation in your consultation records
  - b. Discuss how open/out they are with other individuals who may have access to their chart, and to what extent they are comfortable with you discussing their gender identity and/or sexual orientation in your consultation records
  - c. Be aware of laws that impact 2SLGBTNBQIA+ people and their healthcare, and how your documentation of these identities might impact them legally or in their efforts to access care
    - i. Global map of tracking law and public opinion related to 2SLGBTNBQIA+ rights by country: <https://www.equaldex.com/equality-index>
    - ii. USA specific map tracking law and public opinion related to 2SLGBTNBQIA+ rights by state: <https://www.lgbtmap.org/equality-maps>
5. If you feel like you are not currently able to or are uncomfortable about implementing the recommendations listed above:
  - a. Engage with these introductory resources and trainings:
    - i. Light, A., & Obedin-Maliver, J. (2019). Opening the ob/gyn door for sexual and gender minority patients. Contemporary OB/GYN, 64(1), 11-15. <https://www.contemporaryobgyn.net/view/opening-obgyn-door-sexual-and-gender-minority-patients>
    - ii. Dr. Whit Ryan’s recorded talk, They, He, She: Transgender Perinatal Mental Health, free for viewing (among other talks) upon registering here: [PMH training series: past events | Developing Brain Institute \(developingbrainresearchlab.org\)](https://www.developingbrainresearchlab.org/)

- iii. Family Equality LGBTQ+ Competency Training  
<https://training.familyequality.org/>
- b. Have a list of referrals in your professional circle that have comfort and expertise providing affirming perinatal care to 2SLGBTNBQIA+ people
  - i. The PSI directory (Postpartum Support International) includes LGBTQIA+ as a specialty area. Go to the directory page (<https://psidirectory.com/>), type in “LGBTQIA” into the “specialty” box, and your USA zipcode or city to find clinicians in your area.
    - 1. Note: currently only Australia, Canada, the UK and the USA have clinicians listed with this specialty.
  - ii. The Inclusive Provider (<https://www.inclusiveproviders.com/>) directory is a new, supportive network connecting perinatal providers from multiple disciplines with families seeking inclusive and identity-affirming care.

### **Clinical Recommendations - Setting, Resources, and Infrastructure**

- 6. Create a physical space and use visual indicators that your clinic is a 2SLGBTNBQIA+ affirming practice.
  - a. Have images or signage that explicitly express 2SLGBTNBQIA+ allyship (e.g., progress flags, images showing diverse families)
  - b. Consider wearing visual indicators, such as pronoun pins or stickers on your badge, progress flag pins or lanyards
  - c. Learn more about progress flags here:  
<https://www.lgbtqnation.com/2022/06/progress-pride-flag/>
- 7. Provide training to front desk and patient support staff in how to document and use the correct names, pronouns, and titles/honorifics (e.g., Ms., Mr., Mx.).
  - a. Include in this training discussion of legal and ethical contexts in your clinic and region (see Recommendation 4).
- 8. Use gender additive language for patient/client-facing resources (e.g., pamphlets, websites, self-help guides). Gender additive language uses both terms applicable to cisgender, heterosexual women, and sexual and gender diverse individuals. For example:
  - a. “In this guide, we share ways that women and gender diverse birthing people can care for themselves and connect with their community during pregnancy and postpartum.”
  - b. “Our clinic also offers support groups for fathers, partners, and co-parents who are looking for help after the loss of a pregnancy.”
- 9. Any online clinician or resource directory should include an 2SLGBTNBQIA+ affirming designation to better enable patients to find clinicians that are well-equipped to meet their needs.

## Research Recommendations

10. Think carefully about your research question in relation to gender and sex, and how this may impact your study design.
  - a. Design recruitment materials (if applicable) to reflect the intention of the research.
  - b. Consider your choice of measurement and its validation in diverse populations. Few measures have been validated with sexual and gender minorities, so consider identifying this as a limitation depending on your sample.
11. Prioritize inclusivity in research wherever possible.
  - a. Prevalence studies suggest close to 1 in 7 births are to sexually minoritized individuals, and without increasing inclusion in research, the potentially unique experiences and needs of this population will remain unknown.
12. Include questions about sexual orientation and gender identity in demographic surveys.
  - a. Current recommendations, along with a discussion of challenges, for the measurement of sexual orientation and gender identity are found here:
    - i. Meyer, S.J., Elias, N.M. Rainbow Research: Challenges and Recommendations for Sexual Orientation and Gender Identity and Expression (SOGIE) Survey Design. *Voluntas* 34, 84–90 (2023). <https://doi.org/10.1007/s11266-021-00436-5>
    - ii. [Centre for Gender and Sexual Health Equity's Gender & Sex in Methods & Measurement Toolkit](#)
  - b. Consider legal and potential safety consequences of collecting sexual orientation and gender identity information given your sociopolitical context. When possible, obtain safeguards to protect your participants' confidentiality (e.g., Certificate of Confidentiality in the USA)
13. Report the gender identity and sexual orientation of your participants in publications as part of your sample description.
  - a. If you did not include questions about sexual orientation or gender identity in your study, report that the data were not collected and use gender-neutral language to describe your sample throughout.
    - i. Gendered language may be appropriate depending on how language was used to recruit participants (e.g., “pregnant women” or “new moms”). When using gendered language without having collected self-reported gender identity, provide your rationale for doing so.
14. See *Beyond the Binary in British Columbia: A Guide* for a more comprehensive and complete set of guidelines for conducting gender inclusive women's health research.
  - a. <https://whri.org/our-initiatives/beyond-the-binary/>

## Annotated Bibliography

### Research focused articles and resources:

- Brotto LA, Galea LAM. (2022) Gender inclusivity in women's health research. *BJOG*. 129(12):1950-1952. doi: 10.1111/1471-0528.17231. Epub 2022 Jun 6. PMID: 35596700.
  - Brief article describing rationale for use of gender additive language in women's health research, encouraging inclusivity in recruitment, and specific recommendations for reporting on sample characteristics.
- Centre for Gender and Sexual Health Equity (2024) Gender and Sex in Methods & Measurement Toolkit: <https://cgshe.ca/practice/research-toolkits/gender-and-sex-toolkit/tools/>
  - Eight tools to support researchers to consider sex and gender across the research cycle, e.g., obtaining funding, study design, data collection strategies, methodological challenges, and publishing. Each tool is a guide to stimulate thought and reflection, with examples, provocations, and further reading suggestions.
- Clayton EW, Bland HT, Mittendorf KF. (2024). Protecting Privacy of Pregnant and LGBTQ+ Research Participants. *JAMA*. 331(18):1527–1528. doi:10.1001/jama.2024.4837
  - Reflections on ethical and safety concerns for pregnant LGBTQ+ research participants given increased laws limiting health care access and criminalizing actions of LGBTQ+ individuals. Focused on US concerns.
- Meyer, S.J., Elias, N.M. (2023). Rainbow Research: Challenges and Recommendations for Sexual Orientation and Gender Identity and Expression (SOGIE) Survey Design. *Voluntas* 34, 84–90. <https://doi.org/10.1007/s11266-021-00436-5>
  - Article reviewing challenges of SOGIE measurement and providing specific recommendations and items that can be included in research surveys (items found in [Table 2](#))
- Rioux C, et al. (2022) Gender-inclusive writing for epidemiological research on pregnancy. *J Epidemiol Community Health*. 76:823–827. doi:10.1136/jech-2022-219172
  - Literature review examining frequency of reporting on gender or use of gender inclusive language in pregnancy research across health fields. Also provides recommendations on how to reference historical literature and own research with clear and accurate language.
- Veldhuis, C. B., Cascalheira, C. J., Delucio, K., Budge, S. L., Matsuno, E., Huynh, K., Puckett, J. A., Balsam, K. F., Velez, B. L., & Galupo, M. P. (2024). Sexual orientation and gender diversity research manuscript writing guide. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://dx.doi.org/10.1037/sgd0000722>
  - ADD IN DESCRIPTIONS
- Women's Health Research Institute (WHRI). (2024). Beyond the Binary in British Columbia: A Guide. <https://whri.org/our-initiatives/beyond-the-binary/>
  - A comprehensive, community-informed resource meant to support the research community through various approaches to language use in a health research context. Includes both a written guide and a 45-minute video.

### Clinically focused articles and resources:

- Hahn, M., Sheran, N., Weber, S., Cohan, D., & Obedin-Maliver, J. (2019). Providing Patient-Centered Perinatal Care for Transgender Men and Gender-Diverse Individuals: A Collaborative Multidisciplinary Team Approach. *Obstetrics and gynecology*, 134(5), 959–963. <https://doi.org/10.1097/AOG.0000000000003506>
  - Case report of OB/GYN clinic adapting individual and system-level processes to provide gender affirming perinatal care for a pregnant transgender man. Also discussed considerations of testosterone utilization on fertility and perinatal care.
- Light, A., & Obedin-Maliver, J. (2019). Opening the ob/gyn door for sexual and gender minority patients. *Contemporary OB/GYN*, 64(1), 11-15. <https://www.contemporaryobgyn.net/view/opening-obgyn-door-sexual-and-gender-minority-patients>
  - Very applied article providing multiple specific recommendations about structuring clinics, clinical encounters, and clinical materials to provide effective care for SGM patients. Focused on OB/GYN clinicians and presenting problems.
- McCracken, M., DeHaan, G., & Obedin-Maliver, J. (2022). Perinatal considerations for care of transgender and nonbinary people: a narrative review. *Current Opinion in Obstetrics and Gynecology*, 34(2), 62-68. DOI: [10.1097/GCO.0000000000000771](https://doi.org/10.1097/GCO.0000000000000771)
  - Review of current literature on perinatal care for pregnant transgender and nonbinary people, as well as recommendations for the hospital birthing environment. Recommendations are discussed for preconception, antepartum care, and triage, intrapartum, and postpartum.
- Roosevelt, L. K., Pietzmeier, S., & Reed, R. (2021). Clinically and Culturally Competent Care for Transgender and Nonbinary People: A Challenge to Providers of Perinatal Care. *The Journal of perinatal & neonatal nursing*, 35(2), 142-149. DOI: [10.1097/JPN.0000000000000560](https://doi.org/10.1097/JPN.0000000000000560)
  - This review aims to provide perinatal nurses guidance on working with transgender and nonbinary people during pregnancy and postpartum. Topics include affirming language and physical examinations and more general aspects of work with transgender and nonbinary patients.
- Stroumsa, D., & Wu, J. P. (2018). Welcoming transgender and nonbinary patients: Expanding the language of “women’s health”. *American Journal of Obstetrics and Gynecology*, 219(6), 585-e1. DOI: [10.1016/j.ajog.2018.09.018](https://doi.org/10.1016/j.ajog.2018.09.018)
  - Specific focus on the impact of gendered language on the experience of transgender and nonbinary people, and how this can lead to health disparities, especially in the setting of “women’s health.”

### General 2SLGBTNBQIA+ Mental Health Readings:

- Bränström, R., Hughes, T.L., Pachankis, J.E. (2024). Global LGBTQ Mental Health. In: Hwang, S.J., Kaufman, M.R. (eds) *Global LGBTQ Health*. Global LGBTQ Health. Springer, Cham. [https://doi.org/10.1007/978-3-031-36204-0\\_3](https://doi.org/10.1007/978-3-031-36204-0_3)
  - Book chapter reviewing literature on LGBTQ+ mental health in different global regions and reflecting on the challenges of conducting research in regions with

high levels of stigma or criminalization. Provides broad recommendations for future research to improve knowledge and intervention dissemination.

- Diamond, L. M., & Alley, J. (2022). Rethinking minority stress: A social safety perspective on the health effects of stigma in sexually-diverse and gender-diverse populations. *Neuroscience & Biobehavioral Reviews*, 138, 104720. <https://doi.org/https://doi.org/10.1016/j.neubiorev.2022.104720>
  - Theory describing ways in which lack of social safety in cultural and individual social systems contributes to health disparities among sexual and gender diverse individuals. Works to expand upon the minority stress theory, which focuses on discrimination experiences as a driver of health disparities.
- Emmer, C., Dorn, J., & Mata, J. (2024). The immediate effect of discrimination on mental health: A meta-analytic review of the causal evidence. *Psychological Bulletin*, 150(3), 215–252. <https://doi.org/10.1037/bul0000419>
  - Systematic review and metanalysis examining the causal evidence of discrimination on mental health. 73 studies with 12,097 participants were included. The largest effect was found for heterosexism. Limitations of the available evidence are described.
- Gender Affirming Letter Access Project: <https://thegalap.org/> Gender Health Training Institute <https://www.genderhealthtraining.com/>
  - Online and hybrid courses and workshops on various aspects of providing gender affirming care to transgender and nonbinary people. Has specific training in writing letters for gender health evaluations for access to gender- affirming surgery.
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. transgender survey. Washington, DC: National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
  - Comprehensive report on the health, educational experiences, family life, employment, housing, legal involvement, discrimination, and additional topics relevant to transgender people in the United States. Methods and terminology as included. Developed by the National Center for Transgender Equality.
- LGBTQ Equality Index. URL: <https://www.equaldex.com/equality-index>. Accessed June 24, 2024.
  - A community-led company with international volunteers tracking laws and public opinion across the world. Maps offering an overall “Equality Index” as well as rights as they pertain to specific issues (e.g., gender-affirming care). Includes descriptions of methods used for data collection and evaluation.
- Snapshot: LGBTQ Equality by State. URL: <https://www.lgbtmap.org/equality-maps>. Accessed June 24, 2024
  - Overall and topic-specific maps reflecting legal policies in different states in the USA. The project is led by Movement Advancement Project, which describes itself as an independent, non-profit think tank. Also offers infographics and tables of data.

- Transline: Transgender Medical Consultation Service  
<https://transline.zendesk.com/hc/en-us>
  - Resources geared towards health professionals to help set up practices that can provide affirming care to transgender and nonbinary individuals. Includes resources like a general medical intake form, billing/coding guidance, and descriptions of different kinds of gender-affirming medical care.
- World Professional Association for Transgender Health Standards of Care 8  
<https://www.wpath.org/soc8>
  - Current standards of care for health professionals working with transgender individuals. Description of the working committee as well as history and purpose of standards of care are included on the website. Translations into multiple languages are available.