

## The maternity of lesbian mothers from the nursing perspective: integrative review

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### ABSTRACT

Our objective was to analyze the national and international scientific nursing literature about lesbian motherhood. The study is an integrative review of the Scopus, Cinahl, Lilacs and BDEF databases. The inclusion criteria for the sample selection were: articles published between 2010 and 2015, in English, Portuguese or Spanish. The exclusion criteria were: thesis, dissertations, monographs, editorials, case studies and review articles. The result constituted of five articles that described the experiences about homoparenthood in three countries. The analysis revealed the incipiency of the theme in the scientific nursing scope and showed the poor quality of assistance from health professionals, especially nurses, with a prejudicial and discriminatory approach. Thus, it is indispensable to guarantee the excellence in the quality of health services to lesbians in many caring scenarios, in a way to ensure more visibility, so their needs are comprehended and converted into effective actions that contemplate their demands.

**Descriptors:** Parenting; Homosexuality, Female; Nursing.

### INTRODUCTION

It is not an easy task to define motherhood, but we can understand it as the relationship between mother and child with intrinsic sociological, physiological and affective aspects. These aspects have its genesis since the first moments of planning to have a child, through physiological conception, or through adoption, and they extend throughout life. The establishment of his relationship varies among women and cultures<sup>(1)</sup>.

In the 60's decade, with the strengthening of feminist movements, women started to gain space in the job market gradually<sup>(2)</sup>. In general, the feminist's movement brought up discussions about social inequalities

between men and women, questions about the everyday women's reality established as "normal", besides reconsidering the meanings and justifications from sharing responsibilities between men and women<sup>(3)</sup>.

Besides the constant changes, the family did not dissolve, yet, they were reinvented and they keep being reinvented by men, women, and children, regardless of age, sexual orientation or social class<sup>(4)</sup>. In this context, families formed by gays, lesbians, transsexual, travesties and bisexuals, denominated as homoparental are part of a broader movement, which challenges the millenarian determinations surrounding the family construction<sup>(5)</sup>. Thus, emerging new claims about sexual and reproductive rights, especially in the health field, requesting the diverse, involved actors to reflect more<sup>(6)</sup>.

The lesbian motherhood is part of the revolutionary processes that are occurring. Life became an open project with new demands and aspirations, and these lead to changes in traditional family patterns, trespassing psychological and social changes that happen from "inside out" and that can potentially influence and have the power to branch out through other public institutions<sup>(7)</sup>.

In the health chapter of the Brazilian Federal Constitution from 1988, health is guaranteed as a right of all through actions of public policies, corroborating with the principles of the Brazilian Unified Health System ("*Sistema Único de Saúde*" – SUS) that is universal, integral and equanimous<sup>(8)</sup>. Thus, there is a growing concern to guarantee the action of health professionals in a sense to decrease social inequalities, so there is no discrimination in health services towards more vulnerable groups<sup>(9)</sup>.

Therefore, there are prejudicial and discriminatory behaviors in the practice of health professionals, especially when women come out as lesbians and decide to relate their homosexuality with maternity. Studies reveal that health professionals feel embarrassed when providing care to these women, conducting a faster attention, which can compromise the assistance quality, thus highlighting the unpreparedness of these professionals to deal with this new configuration of maternity<sup>(10-11)</sup>.

Among health professionals, the nurse, who is in the essence and specificity of the human care, offers it in an individual, familiar or collective way, from the demands of Lesbians, Gays, Bisexuals, Travesties and Transexuals (LGBT) public. And, they should build in a strategical way to formulate practices of health education, stimulating the criticality, reflection, self-care, and especially, about the ways of conception. Thus, nurses provide an integral and holistic care grounded on dialogue and education horizontality, according to the social and economic aspects of these women<sup>(12)</sup>.

From this historical and social premise, it is possible to affirm that the maternity experience is new to lesbians. Therefore, it is necessary for this theme to have more space in academic research and discussions. Thus, the present study tries to answer the following guiding question: What is the national and international scientific nursing production about lesbian motherhood? Our aim was to search for available evidence in the national and international nursing scientific production about lesbian motherhood.

## METHODS

We conducted an integrative review, to synthesize published studies, aiming to reach new knowledge

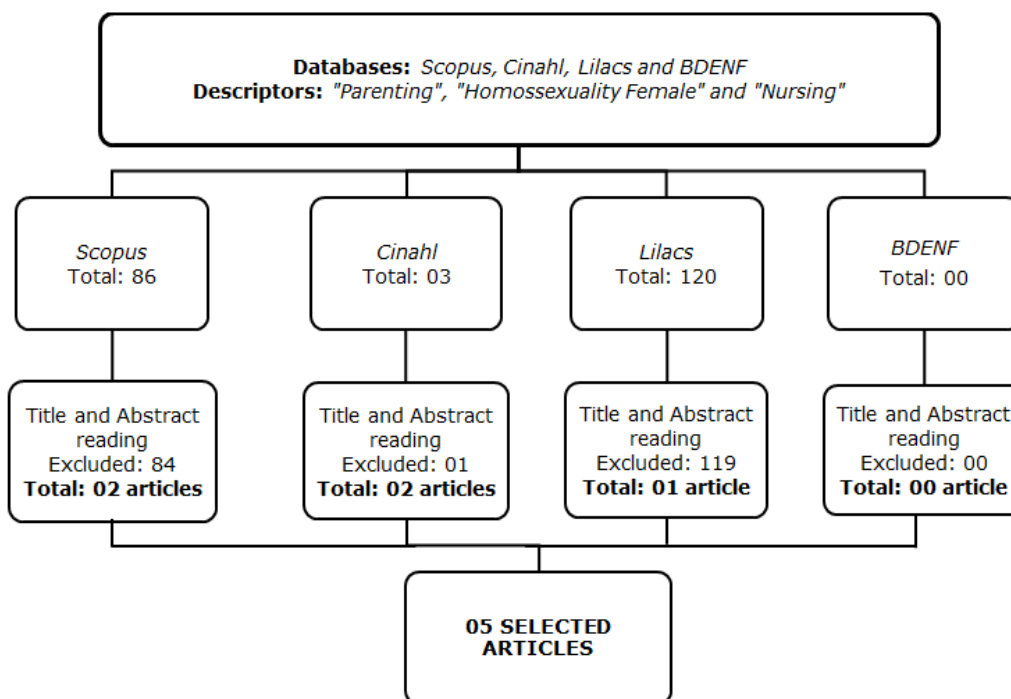
from this theme of interest. To subsidize the operation of this study, we divided the study in these following steps: to identify the guiding question; to define inclusion criteria for studies; to search for studies in databases; to analyze the abstract of studies; to select studies according to the inclusion criteria; to critically assess and to summarize the selected studies; and to analyze the data<sup>(13-14)</sup>.

Once we identified the guiding question, we advanced to the data search, which occurred between July and August of 2015. We searched the databases SciVerse Scopus (Scopus), Cumulative Index to Nursing and Allied Health Literature (Cinahl), Latin American and Caribbean Literature in Health Sciences (Lilacs) and *Base de Dados em Enfermagem* (BDENF). We adapted the search strategies according to the specificity of each database, and we adapted them according to the study objective and the inclusion and exclusion criteria.

We defined the following inclusion criteria to select the studies: to be an original article, published during 2010-2015 and, to be written in English, Portuguese or Spanish. As exclusion criteria: we excluded thesis, dissertations, monographs, editorials, case studies, integrative, systematic or conceptual reviews, as well as, the duplications in more than one database and the articles that did not answer our research question.

The descriptors used in English on Scopus database were “parenting”, “female homosexuality” and “nursing” according to the Medical Subject Headings (MeSH) terms from the U.S. National Library of Medicine (NLM). For the database Cinahl, we crossed the descriptors registered on the Cinahl Headings “lesbian mothers”, “motherhood”, and “nursing” on the MM (Exact Major Subject Heading) and MH (Exact Subject Heading) modes, respectively. The Portuguese descriptors were “*parentalidade*”, “*homossexualidade feminina*” and “*enfermagem*”, and in Spanish “*responsabilidad parental*”, “*homossexualidad feminina*” and “*enfermería*”, both from the base *Descritores em Ciências da Saúde* (DecS) from the Latin American and Caribbean Center on Health Sciences Information (BIREME). We used those for the searches on the databases Lilacs and BDENF. In each database, we used one single crossing with the Boolean term AND, primarily between the pairs within descriptors and, after, between the three descriptors.

When we initiated the identification of papers that would compose the sample, we explored each database separately, on the languages English, Portuguese and Spanish, through the crossing of controlled descriptors added to the period of 2010-2015. We justify the lower year limit by the release of the Brazilian National Policy on Integral Health for Lesbians, Gays, Bisexuals, Travesties, and Transexuals. As a result, we identified 209 publications. From the exploratory reading of the abstracts, we selected six articles meeting the inclusion criteria and study objective, and they also answered the guiding question. Thus we included those in the synthesis of data analysis, as detailed on the Flow Chart 1.



**Figure 1:** Flow Chart for the selection of publications.

Following the steps, based on the categorization from the Agency for Healthcare Research and Quality (AHRQ), we analyzed the quality of the evidence, according to each study design through the summarization of the information in a systematic manner. We used a tool that contemplates the following levels: level 1, meta-analysis of many controlled trials; level 2, individual study with an experimental design; level 3, quasi-experimental design, as non-randomized studies with a unique pre- and post-test, temporal series or case-control studies; level 4 – study with a non-experimental design as descriptive correlational and qualitative study, or a case study; level 5, case report or data obtained from the systematic way to verify quality or, from data of programs' evaluations; level 6 – opinion from respected authorities based on the clinical competence or opinion of specialists' committees, including the interpretation of information non-research-based<sup>(15)</sup>.

Posteriorly, we applied another tool, the Critical Appraisal Skills Programme (CASP), to verified the methodological rigor of the selected articles. Ten items composes this tool:

- 1) Objective;
- 2) Methodological adequacy;
- 3) Presentation of theoretical and methodological procedures;
- 4) Sample selection;
- 5) Data collection method;
- 6) Relationship between researcher and participants;
- 7) Consideration of ethical aspects;
- 8) Data analysis procedure;
- 9) Results' presentation;
- 10) Study relevance.

Each item can be answered as “yes” or “no”, and the scoring ranges from one point to no point. The sum of points from all items represents the result; therefore, we can classify the study into two levels: “A” (6-10 points) and “B” (up to 5 points)<sup>(16)</sup>.

To analyze the sample, we conducted an analytical reading, with the process divided in text analysis, from the careful reading of the articles; thematic analysis, that elucidates the evidence around the theme; and interpretative analysis, which contextualize the study theme<sup>(17)</sup>.

After reading and re-reading the articles, we classified the results by thematic cuts or units of meanings for the study interest, as they were similar in treating questions as discrimination and social exclusion of mothers because they pertained to the LGBT group. Thus, it is possible to conduct the grouping of these meaning units, defining them into two categories:

- **Category 1:** Dominant cultural patterns
- **Category 2:** Health challenges of the lesbian maternity

## RESULTS

All selected articles were published in national or international journals. They reported maternity experiences of women who acknowledge themselves as lesbians in three countries (The United States of America, United Kingdom, and Australia).

Regarding the AHRQ evidence level, all articles were classified as level 4 because they were non-experimental studies, as correlational descriptive and qualitative or a case study. About the methodological rigor, the whole sample was classified as “A” using the CASP tool. Our results were summarized in the Chart 1, containing the title, authors, year, city, and country where the study was published, as well as, their objectives, methodology, level of evidence and findings.

**Chart 1:** Description of the studies selected for the review, following author, article title, and year of publication

Author/Title/Country/Year	Objective	Method/Level of Evidence	Main findings
Marginalised mothers: Lesbian women negotiating heteronormative healthcare services Hayman B, Wilkes L; Halcomb E, and Jackson D <sup>(18)</sup> 2013 – Australia	To report qualitative data of an Australian study that analyzed the experiences of lesbian mothers.	Descriptive study with a qualitative approach containing 34 participants Level IV	Women that acknowledge themselves as lesbians reported that experienced many ways of homophobia when using health services, as they felt excluded; inadequacy of sexual orientation and inappropriate questions about their sexuality from health professionals; health professionals that denied assisting them.
The Other Mother: A narrative analysis of the postpartum experiences of nonbirth lesbian mothers Meckelvey MM <sup>(19)</sup> 2014 - Massachusetts/ EUA	To develop a narrative (metastory) of the postpartum experience of non-biological lesbian mothers.	Descriptive study with a qualitative approach containing ten participants Level IV	Participants perceived some aspects that permeated the reported experiences: 1. To be vulnerable to the health professional; 2. To be defined by something that I am not; 3. To fight for every bit of maternity; 4. What is in a name? 5.The new “normal.”
The experiences of Australian lesbian couples becoming parents: deciding, searching and birthing Chapman R, Wardrop J, Zerppia T, Walkins R, Shields L <sup>(20)</sup> 2012 – Australia	To explore the experience of Australian lesbian couples who became mothers.	Descriptive study with a qualitative approach containing 12 participants Level IV	Six Australian lesbian couples reported their difficulty in the process of becoming parents due to the stigmatization and prejudice from health professionals in Australia, even after the change in policy in 2002, which guarantees access to reproductive technologies to lesbians. These difficulties were related to the choice of clinic, physicians, and donator; decision making; problems in aspects related to conception, pregnancy, and delivery; issues with isolation.
“It’s not me, it’s them”: How lesbian make of negative experiences of motherhood care: a hermeneutic study Lee E, Taylor JR, Fiona <sup>(21)</sup> 2010 – United Kingdom	To describe experiences of lesbian mothers related to maternity care, especially the interpretation of negative experiences through a hermeneutic study.	Descriptive study with a qualitative approach containing eight participants Level IV	The participants described their maternity care experiences as being positive examples, but they also reported about their negative experiences relating them to the behavior adopted by health professionals.
Experiences of preconception, pregnancy, and New Motherhood for lesbian nonbiological mothers Wojnar DM and Katzenmeyer A <sup>(22)</sup> 2014 - Seattle/ EUA	To describe the prejudicial, pregnancy and maternity experiences, from the perspective of non-biological lesbian mothers.	A descriptive study with a qualitative approach containing 24 participants Level IV	The participants revealed seven themes that illustrated their experiences: (A) Initiating a pregnancy: a rollercoaster ride; (B) Legal and biological concerns: biology prevails; (C) There is a “small person” there: dealing with pregnancy issues; (D) Losing relationships throughout the pregnancy; (E) Feeling incomplete as a mother; (F) Developing an unique role: There are too few of us outside; and (G) Sadness and sorrow: non-biological mothers can also experience postpartum “blues”.

From the analysis of the objectives presented in Chart 1, we verify that the studies aimed to describe the dynamics of the maternity experience through the experience of lesbian mothers. The method adopted in the articles to reach the proposed goal was the qualitative approach, and its characteristic is to unveil what is behind the speeches of the participants involved.

## DISCUSSION

As demonstrated in this integrative review, the studies were conducted in different countries to report about the maternity of lesbian mothers who decided to fulfill their wish of becoming a mother. It shows all the issues faced in a series of complex decisions and challenges related to the conceiving method of having their children, type of donator – known or unknown – and the use of health services.

### Category 1: Dominant cultural patterns

The conceptions and concepts built in society are not something neutral, a distant abstraction from reality, but a result of social processes that express daily attitudes and the political action of society. Thus, it is not possible to disentangle the beginning of gender concept diffusion and the action and transformation that the women's movement produced and have been producing nowadays. It helps to comprehend the majority of issues and difficulties faced by women in regards to their professional, personal, familiar lives, sexuality and reproduction<sup>(23)</sup>.

In this context, new concepts produce meaning for the contemporary feminist experiences. About maternity, different meanings are given to the experience of becoming a mother in different social contexts<sup>(24)</sup>.

The definition of the bond of lesbian mothers still is incipient in the literature. This is a result of the heteronormative society that thinks that lesbians cannot get pregnant or become mothers, as the conception of a woman who acknowledges herself as a lesbian to become a mother is troubled by the gender notion and personality that informs each particular concept composing the traditional family. It is as if women should deny all the issues referring to what, socially, is attributed to the female role, automatically resulting in losing the right of experiencing the maternity.

There are many reasons why lesbians have interpreted the negative maternity experiences. Within them are the denial and rationalization of these experiences, the normative culture that these events do not pertain to the studied sexual orientation and, the neglected attitudes of a discriminatory character and social exclusion<sup>(21)</sup>.

### Category 2: Health challenges of the lesbian maternity

The heterosexism is defined as a belief that the world is heterosexual and that any orientation is seen as an unhealthy practice<sup>(25)</sup>. These exclusions incorporated to the level of interaction with the mother during the pregnancy and delivery, in the language of heteronormative forms and of materials for health promotion,

reflect the existing barriers to establish the communication between the lesbians and health professionals<sup>(26)</sup>.

The lesbians who are candidates for maternity feel afraid when they access health services, as they are fearful of being discriminated when revealing their sexual orientation since the moment when they fill their registration form, until the assistance provided by health professionals<sup>(27-28)</sup>. The taboos and prejudice about the sexual and reproductive life, for the conceptions of gender and sexuality, have impeded a proper integral health attention to women that acknowledge themselves as lesbians<sup>(29)</sup>, however, the reduction in the access to safe health services is a predictor of adverse prognosis for the health of all people, including of the pregnant lesbians<sup>(30)</sup>.

Considering the exposed, there are emerging alternatives to change this scenario in the field of public health policies. For example, the Brazilian National Policy on Integral Health to Lesbians, Gays, Bisexuals, Travesties and Transexuals, instituted in 2010 by the Brazilian Health Ministry, which has a cross-sectional character and it involves all fields related to the knowledge production, social participation, promotion, attention and care<sup>(30)</sup>.

## CONCLUSION

We considered the proposal objective achieved in this integrative review, considering that we analyzed the nursing national and international scientific publications about the lesbian maternity. The categories that emerged from the results revealed the issues experienced by these women when they decide their right of being mothers.

When considering that this is still incipient in the scientific nursing field, the reflections generated in this study aim to awake the criticism and sensitivity about this theme, in a way to create new doubts in the academic field about the conceptions of female homoparenthood that still are unnoticed and that are confusing with heterosexism concepts.

The selected articles in this study highlight that the heterosexism concept is strictly connected to the "normality" patterns dictated by society. Such normalization converges on the difficulty that health professionals and, especially, nurses have to attend social needs and health of lesbians who desire to experience their right of procreation. Another point to be noted, is related to the process and development of health education, configured by the difficulty presented by health professionals in meeting social and health needs of lesbian mothers due to the unpreparedness of these professionals in dealing with this kind of situation.

The historical socio-cultural construction about homosexuality cooperates for the banal and negative perceptions impairs the understanding, praise intolerance, disrespect and the prejudice towards this group of women. Thus, although society is advancing, homophobia is still evident in health services and with health professionals, therefore, being indispensable to guarantee the excellence in the quality of attention in health services for lesbians in many care scenarios, aiming to secure their citizenship rights. On the other hand, the experiences of lesbian mothers need to be advertised, so they become visible to their needs, thus being



comprehended and converted into effective actions to contemplate their demands.

In this perspective, we suggest more studies to contemplate and give visibility to this theme, intended to increase the number of scientific productions to consolidate references of health services' assistance.

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