



## What Every Healthcare Professional Should Know about Caring for Clients Who Identify as LGBTQIA

“LGBTQIA” encompasses a range of human gender identities people may have, including lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual. In short, it refers collectively to persons who do not identify with the gender assigned to them at birth, or whose sexual orientation is other than heterosexual.

According to a recent Gallup poll, 29% of those identifying as LGBT[QIA] are raising children.<sup>1</sup> As healthcare professionals, it's our responsibility to be respectful, and well-versed in working with all kinds of families to address their specific needs, including LGBTQIA families. Read on for some important steps you can take.

### Be Welcoming

Look around your office or meeting space with a critical eye. To be more welcoming of all patients, what could you improve? Is an anti-discrimination policy displayed? Do your posters or brochures include images of a variety of families (not just mom-dad-baby)? Do you have a unisex restroom? (If you prefer, call it an “All Gender” or “Any Gender” or even “Family” restroom.)

Make sure that you are demonstrating inclusiveness in your environment, from the waiting room to the consultation room. Don't just display a few inclusive symbols such as flags and logos.

Forms, too, should demonstrate inclusiveness. Consider eliminating gender checkboxes on patient forms and simply use a blank line to allow patients to fill in their preference. Similarly, rather than using “mother” or “father” terms, consider using “parent/caregiver” blanks. (And, this language also works for grandparents or aunts or uncles who might be the child's primary caregiver.)

### Be Familiar with Preferred Terms

Familiarize yourself with preferred terms. Learn definitions and expand your knowledge on gender identity and sexual orientation. This will help you to become comfortable and avoid confusion if you hear something unfamiliar when interacting with clients. Ours is an ever-evolving language, so continue to educate yourself as time goes by.

### Use Good Communication

As with every client, the key to a good relationship is good communication.

- Use inclusive and gender-neutral language.
- Ask about preferred names or terms, including pronouns.
- Don't label, and remember that not all terms are universally accepted.
- Use the term “partner,” rather than “husband” or “wife.”
- Use “parent” rather than “mother” or “father.”

## Stay Focused

**Remember:** Your primary focus is providing good care for each family. Each one is different, but being respectful and caring will lead the way in providing a positive healthcare experience.

### Make No Assumptions; Follow the Client's Lead

Parents have feeding options. Show an accepting attitude and use open-ended questions.

Using open-ended questions lets the client guide the conversation and decide how little or how much information they're comfortable telling you.

**“How” options:** Asking, “How do you want your baby to be fed?” is a most basic question. Some may choose to pump and bottle-feed their milk. Some may want to feed their baby donor milk. Make no assumptions. Some parents may want to breastfeed (or chest-feed) the baby; others might opt for formula-feeding or donated milk.

**“Who” options:** “Who do you want to feed the baby?” can support discussion of co-lactation arrangements. Some parents may need information on relactation, or induced lactation.

**General:** “Is there anything else you would like me to know?” or “Is there anything else I can do to help you?” are respectful questions that can elicit information that will help you better meet their needs.

### Avoid Unnecessary Questions

Ask only necessary questions related to this family's particular infant feeding situation. Stick to those questions that will affect care. Do not ask questions with the aim of furthering your knowledge of the LGBTQIA community. You can learn more by reading journal articles, attending seminars or webinars, or visiting relevant community organizations.

### Consider Policy Obstacles Parents May Face

Some hospitals may not have policies in place for parents who want to co-lactate. Or, perhaps your hospital policy does not address the option of donor milk for infants — or donor milk is mentioned but its use is restricted. When possible, advocate for policy updates that will accommodate infant feeding goals of all families. Bottom line is: Infant feeding is about the baby.

<sup>1</sup> <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#demographic>



## Resources

We urge you to locate, read and apply information in various resources. Here is a list of resources to get you started.

### Policies, Position Papers and Related Papers

American Academy of Family Physicians. *Breastfeeding, Family Physicians Supporting (Position Paper)*.

American College of Physicians. *Care of the Transgender Patient*. July 2019.

American College of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women. *Health Care for Transgender Individuals*. Number 512, December 2011.

The Joint Commission. *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community Field Guide*

### Podcasts and Blog Posts

Born to Be Breastfed. *Breastfeeding Care for the Same-Sex Couple*. August 10, 2015, with Kathleen McCue.

Born to Be Breastfed Podcast. *Are You Inclusive of the LGBTQIA Community? Think Again*.

How to Effectively Communicate With Your LGBTQIA Clients  
*Anatomy of a Hospital Breastfeeding Policy That Will Work Every Time*

Donor Post (title TBD) will go live 8/6

### Glossaries

University of California at Davis. *LGBTQIA Resource Center Glossary*.

Gay & Lesbian Alliance Against Defamation. *GLAAD Media Reference Guide Glossary of Terms*.