



An Intersectional Approach to Addressing Health Needs in LGBTQ+ Communities



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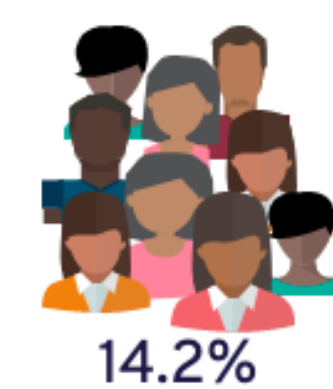
Introduction

- Midwifery care holds a rich history entrenched and intertwined with serving the needs of historically marginalized populations.
- U.S. midwifery stems from the practices of black (grand midwives), indigenous, and immigrant midwives (Roberts, 1999 & Goode, 2014).
- However, the current demographics state that less than 5% of midwives are of color, with less than 2% specifically identifying as Black (ACNM, 2016, Roberts, 1999, & Goode, 2014).
- Despite the lack of diversity in midwifery care, people of various vulnerable statuses who have experienced stigma in health care settings, including patients of color and members of LGBTQ+ communities, actively seek out midwifery care.
- The intersections of race, class, and sexuality places these patients at increased risk of negative health outcomes and requires providers to further educate themselves on how to meet these community needs.

Background

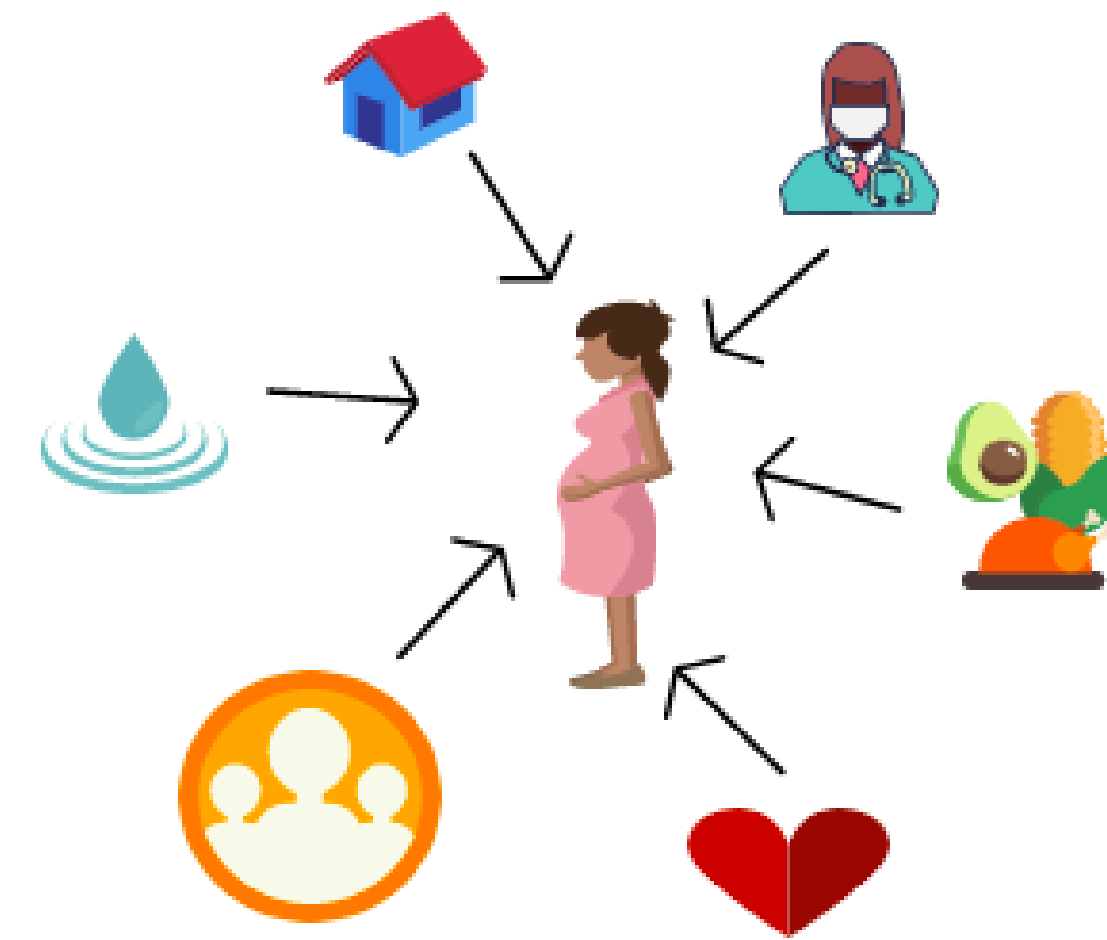
An intersectional approach to clinical care.

- Approximately 3.5% of US residents identify as LGBTQ+ and 14.2% of US women endorse history of same-sex sexual practices (Walker et al., 2017).
- LGBTQ+ assigned female at birth have higher incidence of depression, binge drinking, suicide ideation, and suicide attempts (Maguen & Shipherd, 2010 & Walker et al., 2017).
- 1 in 3 transgender patients have had a negative experience with a healthcare provider. 1 in 4 avoid accessing healthcare out of fear of being discriminated against because of their gender identity (Seelman et al, 2017).
- Midwives are more likely than their physician counterparts to provide care for rural communities, low-income Medicaid recipients, patients of color, and gender and sexual minorities (Grumbach et al., 2003 & Patterson et al., 2017).
- LGBTQ+ people of color can experience or anticipate stigma in relation to their gender presentation or sexual identity as well for their race. Thus an LGBTQ+ inclusive care framework, must in its essence also be anti-racist and cognizant of the intersections of overlapping identities.



Clinical Practice Question

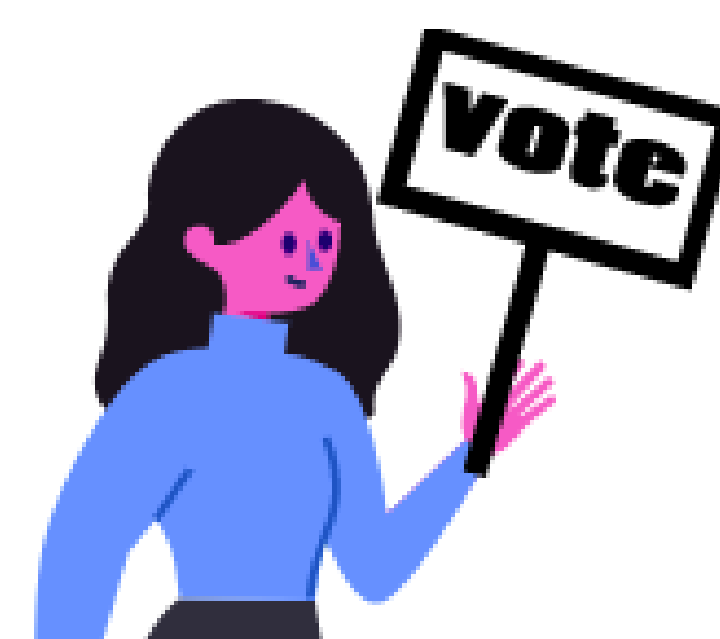
What structural changes can midwifery practices implement to create more inclusive, equitable, and culturally humble healthcare spaces for LGBTQ+ patients of color?



Recommendations



Advocacy Needs



- Explicit broadening of midwifery scope of practice to include all patients of trans experience.
- National regulations enabling midwives to practice to the fullest scope
- Challenging midwifery education for stronger curriculum on social determinants of health for LGBTQ+ and BIPOC patients
- Strengthening LGBTQ+ reproductive, sexual health, and fertility needs as core competencies of midwifery education

Considerations for Implementation

Outreach	Systems	Providers	Feedback	Iterations
 Outreaching to LGBTQ+ patients	 Changing forms, electronic medical record charting, pamphlets to be more inclusive	 Provider recalcitrance or low capacity for additional equity training	 Establishing systems of feedback from patients	 Utilizing feedback from patients and providers for an iterative structural change process

Resources for Clinical Protocols:



Discussion

Midwives are well positioned to care for this community and simply need some organizational changes to better integrate culturally humble practices. Working from a lens of understanding that race, gender, sexuality, and class are intertwined and equally impactful on patient experience must be foundational in care for LGBTQ+ people.

- What changes can you see implementing in your place of work?
- What barriers do you envision and how can you surmount those barriers?
- What resources have you utilized in the past or hope to utilize moving forward to increase the accessibility of your clinical practice?

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