

N473 Critical Incident Paper – I Don't Discriminate . . . Do I?

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I Don't Discriminate. . .Do I?

On Wednesday, November 1st, I went to the Women's Birthing and Wellness Center. When I arrived around 8:30am, I was welcomed and oriented to the center, introduced to the Nurse Practitioner (NP) I'd be shadowing, and instructed to watch a video on the principles and mission of a free standing birthing center. My NP was around 30 years old, and actually just had a baby herself, a seven month old little boy. Having just had her first child allowed her to sincerely relate with her patients; and she proved to be a wonderful teacher, excellent listener, and very knowledgeable NP. Throughout the day, I followed her in order to see two routine gynecological visits, and one six weeks follow-up post partum appointment. Though I found each patient/practitioner interaction informative and intriguing, the interaction that left the most impact on me actually occurred around 12:30pm as I was about to leave the center. Oddly enough this incident did not even involve a patient. As I was saying my goodbye's and thank you's, the NP I had followed told me that her little boy was going to be coming up to the office to have lunch with her. I asked her if his daddy would be bringing him and she corrected me by saying, "actually my partner is going to bring him over". This really caught me off guard, and made me uncomfortable. I attempted to handle the situation well despite my uneasiness, and just commented that it must be nice to have her around to watch the baby in order to avoid day cares. Though I controlled my outward reaction, my inward reaction was that of awkward shock and embarrassment. I chose to leave this part of my day out of my clinical journal because I felt like it was a taboo subject. Now, looking back on my experiences, I have realized how much this critical incident needs to shape my nursing practice. Nurses take care of patients with whom they do not agree all the time, but they are still expected to give them the same quality of care as any other patient. My opinion of this NP changed the instant I realized she was a lesbian, though

she had proven herself a wonderful nurse practitioner moments earlier. As a nurse, I will not be able to let that kind of change in opinion happen towards my patients. Ethical situations such as sexual orientation may arise at any time during my practice. If I am going to be able to provide nonjudgmental care, I need to be open to cultures different from my own. Discrimination of patients, either by sexual orientation or some other categorizing factor, is a problem relevant to all nurses. Therefore, I wish to discuss the topic of lesbian care during childbirth, in order to provide knowledge, ease discrimination, and increase the nurses' range of quality care.

To begin, what causes nurses and humans in general to be discriminatory? As is the case with most instances of discrimination, lack of knowledge is usually to blame. I have never had much interaction with anyone having a different sexual orientation from my own. In fact, I was taught it was wrong. Therefore, subconsciously, I had formed a stigma towards a group of people about which I had only heard. When my NP informed me she was a lesbian I became uncomfortable because all of a sudden I felt I knew nothing about her. It was as if she became strange, never mind my liking her 30 seconds ago. Susan Buchholz (2000) in her article from *Nursing Outlook* also realizes the need for increased knowledge regarding homosexuality and explains, "it is critical for health care providers to have an understanding of unique health concerns of homosexual persons to provide sensitive and knowledgeable health care" (p. 307).

The health care system, nurses in particular, display ignorance towards a growing population. Lesbian couples are making up an increasing portion of patients accessing the health care system. "The increased access to donor insemination since the 1980s has resulted in what several authors have referred to as a baby boom among lesbians" (Bos, Balen, & Boom, 2003, p.2216). However, "while the incidence of lesbian motherhood and lesbian-headed families has become more common in recent years, only 0.1% of all health care research dollars are being

directed towards gay/lesbian issues” (McManus, Hunter, Renn, 2006, p.14). As a direct result there is an “insufficiency of information and research done on lesbian women’s experiences during pregnancy and childbirth” (McManus, Hunter, Renn, 2006, p.14). Nurses’ and other health care providers’ knowledge is constrained because, “educationally they are taught to focus on a heterosexual model of family and reproduction” (Buchholz, 2000, p.310). I can attest to this, being a student, I recall very little if any information taught regarding homosexual couples. Therefore it is due time to address the health care community’s ignorance regarding lesbian needs in order to disband the discrimination that is set on this enlarging group of health care users.

Though there is little research regarding lesbian childbirth needs, what has been conducted reveals several areas of concern unique to lesbian couples. Primary concerns are: “anticipatory preparation of hospital staff, inclusion of partner, nursing support, and legal issues” (Buchholz, 2000, p.308). Lesbian couples “saw the advance preparation of the hospital staff as a positive contribution to their childbirth experience and acknowledge the necessity of this communication” (Buchholz, 2000, p.309). The couples found having physicians address the staff concerning their sexual orientation helped to prevent acquiring a provider that would be uncomfortable with the situation. As is true with most anyone accessing the health care system, lesbian women “desire a caregiver who is sensitive, accepting, and nonjudgmental” (McManus, Hunter, Renn, 2006, p.15).

Another issue we must address as health care providers is to ensure that lesbian partners are included in the birth process. “The role of the lesbian coparent is frequently not only questioned but also misunderstood and ignored” (McManus, Hunter, Renn, 2006, p.16). In fact, “over 30%” of the women surveyed reported “their partner had been excluded from the process

at some point” (McManus, Hunter, Renn, 2006, p.16). When a health care provider rejects the lesbian coparent, he negatively affects the woman’s experience with pregnancy and birth, thereby denying her benefits in her long term health and the health of her child.

Because, “the hospital staff most involved with the childbirth experiences were nurses” the importance of a supportive, knowledgeable nurse is paramount (Buchholz, 2000, p.309). Nurses can be a vital part of making the lesbian couple feel comfortable. They have the ability to include a partner in the birthing process, when perhaps a physician has left her out. On the other hand, nurses can also negatively affect the experience of childbirth for a lesbian couple. Buchholz (2000) states, “when nurses exhibited behaviors that [couples] viewed as demonstrating discomfort or uneasiness, [couples] wondered whether those behaviors were related to their being a lesbian couple” (p.309). In my experience, I assume the NP I shadowed noticed my discomfort and was offended as she told me she was a lesbian; just as the couples in this survey must have felt. Lesbian partners also complained that the “busyness” of nurses made it seem like they had no time to talk with the patients. This led to the lesbian couples wondering if heterosexual couples were receiving different, less harried care (Buchholz, 2000, p.309).

The last and probably most frustrating hurdle for lesbian couples is tackling all the legal issues that surface during childbirth. If their route of conception is donor insemination there is the possibility of custody battles, either with the baby’s father, or the child’s paternal grandparents. Couples obviously find it very frightening to live with the possibility of their child being taken away. In the hospital, some couples indicated, that even with power of attorney papers it was difficult for their partners to be accepted as responsible for medical decisions (Buchholz, 2000, p.309). Couples also worry that their partners will be kicked out after visiting hours are over because they are not legal family members. Concerning the birth certificate, one

couple in this survey reported that “the hospital clerk insisted the name of the father be included on the birth certificate; the final outcome was the couple stated the father was “unknown”” (Buchholz, 2000, p.309). Further legal problems arise because some homosexual rights are only awarded on the state level and do not apply federally (McManus, Hunter, Renn, 2006, p.18). As is evident, legal troubles are only additions to the sundry challenging situations which lesbian couples hoping for children must face.

My experience with the nurse practitioner at the Women’s Birthing and Wellness Center exposed a weakness in my, still juvenile, nursing career. After researching lesbian care during childbirth, my discrimination is dissolving and I have found several nursing considerations that will help me provide specific quality care to the lesbian couples I may work with in the future. For instance, lesbian couples are happiest when they feel comfortable disclosing their sexual orientation to a health care provider (Buchholz, 2000, p.308-9). One couple specifically asked that nurses who had problems with homosexuality not be assigned to their care (Buchholz, 2000, p.308). To me, this means providing them with a health care team that is knowledgeable about lesbian child birth, sensitive to their needs, and nonjudgmental. A suitable team and health care facility uses “gender-inclusive wording and images in literature, posters, or artwork that are displayed in the health care environment, and the use of gender-inclusive wording in conversations” (McManus, Hunter, Renn, 2006, p.20). Due to my uneasiness and lack of knowledge about lesbian couples, I would not have been a good nurse to assign to a lesbian couple. However, now I am closer to understanding “the key is to be open and accepting toward the woman however she identifies herself and in partnership with whomever she chooses to parent her child” (McManus, Hunter, Renn, 2006, p.20).

Nursing considerations and care plans also need to be geared toward inclusion of the lesbian partner, or coparent. Nurses can easily offer “small gestures of acceptance and support, such as making eye contact and utilizing language with which the couple is comfortable” (McManus, Hunter, Renn, 2006, p.21). Though simple, these gestures “have been found to greatly improve the childbirth experience of both members of a lesbian couple” (McManus, Hunter, Renn, 2006, p.21). Additionally, “opportunities such as cutting the cord, announcing the sex of the baby, and catching the baby that would normally be extended to the male partners of heterosexual patients should also be offered to the female partners of laboring lesbians” (McManus, Hunter, Renn, 2006, p.21).

In order to help not only the coparent, but the lesbian couple as a whole, nurses should “educate themselves with a basic knowledge of how local laws affect the same-sex couple” (McManus, Hunter, Renn, 2006, p.21). Nurses need to be sympathetic toward the lesbian couple’s frustrations with a legal system that does not fit their lifestyle. It is important to discuss details such as “power of attorney, 2nd-parent adoption, and legal guardianship” before the birth of the child (McManus, Hunter, Renn, 2006, p.21). If as a nurse you feel inadequate about answering legal questions, be sure to refer the couple and appropriate legal resource who can address their needs fully. Urging couples to sort through legal stipulations before the child is born will help the couple have a more positive childbirth experience.

More directly related to my experience, I would like to stress, that just because someone has a different sexual orientation does not make them a “bad person”. As I mentioned earlier, I was very impressed with how excellent of a health care provider my NP was. The fact that she is an amazing NP did not change when she told me she was a lesbian; the change was only my perception of her. Nurses must not allow stereotypes to affect their patient care. In fact, due to

their many unique challenges, lesbian couples in childbirth require more support from us than most patients. I challenge the health care system, nurses particularly, to keep this thought in mind when caring for a couple different from themselves: “Lesbian health care is not a lesbian issue; it is a health care issue, and therefore a concern for all health care providers” (McManus, Hunter, Renn, 2006, p.22).

References

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