

What to do if you are concerned about the mental wellbeing of a transgender or non-binary parent

Transgender and non-binary parents have the same access to the same support systems as cisgender parents, however these services may not be appropriate for them.

Gender Minorities Aotearoa has a database of transgender and non-binary friendly care providers including general practitioners, psychologists, and psychiatrists. <https://genderminorities.com/>

Outline NZ can provide funded counseling services to LGBTQI+ people coming to terms with their gender or sexual identity, and other issues including mental distress that may be of concern. They have a free number staffed by volunteers 0800 OUTLINE (0800 688 5463)

Rainbow Mental Health has an extensive guide for care providers including mental health practitioners and allied health professionals providing care to the LGBTQI+ communities. Their resources include guides on terminology, intersectionality, mental health, creating an LGBTQI+ friendly service, and understanding the diversity of experiences for LGBTQI+ people in Aotearoa - <https://www.rainbowmentalhealth.com/>

PATHA Professional Association for Transgender Health Aotearoa is an organisation for health professionals to join <https://patha.nz/>

Trans Pregnancy Care Project has lots of resources and research <https://transpregnancycareproject.wordpress.com/>

Glossary of Terms

Transgender

An umbrella term for people whose gender identity and/or gender expression differs from what is culturally typically associated with the gender/sex they were assigned at birth.

Non-binary

Preferred umbrella term for all genders other than female/woman/girl or male/man/boy'

Agender

One who feels neutral in their gender or who rejects the influence of gender on their person. Sometimes the term 'nongendered' is used similarly.

Takatāpui

A te reo Māori term that has been embraced to encompass all Māori who identify with diverse genders, sexualities or who are born with variations of sex characteristics. Takatāpui describes the weaving together of a person's taha Māori and rainbow identity/ies.

Cisgender

Cisgender people identify more or less with the gender/sex assigned to them at birth

Deadname

The birth name of a transgender person who has changed their name as part of their transition. Using somebody's deadname should be avoided.

Chestfeeding

A neutral alternative term for "breastfeeding," for people who feel the term "breast," is gendered and/or not representative of how they feed their baby <https://www.liebertpub.com/doi/10.1089/bfm.2020.29152.rf>

Gender dysphoria

Clinical term referring to dissonance between one's assigned gender and/or body, and their personal sense of self. Dysphoria can be heightened by both internal/physical processes, such as menstruation, and social and environmental factors, such as being misgendered

Gender affirmative care

Medical care that affirms somebody's expressed gender, which differs from their sex assigned at birth. Examples include hormone replacement therapy, surgical intervention, or simply affirming a person's gender by using their chosen name and pronouns.



The best way to know how somebody identifies, and what pronouns they use is to ask them - you can't know somebody's gender or pronouns just by looking at them.



Image by Huriana Kopeke-Te Aho

Read more about the basic principles and understandings of trauma informed care. <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/> and for information within an Aotearoa context <https://www.tepou.co.nz/initiatives/lets-get-real/trauma-informed-approaches>

Statistics come from <https://countingourselves.nz/> Counting Ourselves is an anonymous community-led health survey for trans and non-binary people living in Aotearoa New Zealand

Contact Us

Phone: +64 4 461 6318

General enquiries: office@pada.nz



www.pada.nz



Te mate Tuatea, me
te mate Pōuri o Aotearoa
Perinatal Anxiety &
Depression Aotearoa

Supporting transgender and non-binary parents

From New Zealand data, it is likely that transgender and non-binary parents make up about 1% of the postpartum population at present. It is anticipated this number will continue to increase with time. This is because the social stigma associated with being transgender or non-binary is continuing to decrease, and more people are feeling safe to identify and be open about being transgender and non-binary.

The increase in social acceptance of people whose gender differs from their assigned sex at birth has also led to increased awareness and access to gender affirmative care and fertility preservation for transgender and non-binary people. This means that more people feel safe to medically and socially transition, and there is greater access to support services to help them make this transition.

A helpful comparison to this increase in transgender and nonbinary visibility is the incidence and visibility of people who are left handed. In the early 20th century there were very few left handed adults as children were discouraged from using their left hand due to religious beliefs. As these beliefs changed and children were allowed to use their naturally dominant hand without punishment the number of left handed adults grew from around 2% in the early 20th century, to sitting around 12% for the last sixty years.

As children are allowed to explore their gender identity more freely, we will likely see the number of transgender and non-binary adults continue to grow over the next several decades.

What does being transgender and non-binary mean?

Transgender and non-binary are both umbrella terms - transgender refers to people who identify with a gender different to the gender usually associated with their assigned sex at birth. They may have received affirmative medical care such as surgery or hormones to live comfortably within and help others perceive their true gender.

Not all transgender people receive genderaffirming health care and many face significant barriers accessing broader health care as well. Non-binary refers to somebody who does not feel they fit within the binary ideas of 'man', or 'woman', but rather both, or somewhere in between. Non-binary is not a third gender and isn't a synonym for androgynous. Some non-binary people also identify as transgender, and some transgender people also identify as non-binary.

The best way to know how somebody identifies, and what pronouns they use is to ask them - you can't know somebody's gender or pronouns just by looking at them.

Image by Huriana Kopeke-Te Aho



PADA

Perinatal Anxiety and Depression Aotearoa is the national organisation committed to eliminating the stigma around perinatal mental health in New Zealand.

We do this by championing awareness and facilitating best practice in perinatal mental health and wellbeing to ensure all families/whānau have access to appropriate information and support.

This resource is freely available to assist in raising awareness of anxiety and depression in new parents.

Authored by Lou Kelly (they/them)
Registered Midwife.

We gratefully acknowledge the Rule Foundation who donated funds to develop this resource.

RULE FOUNDATION
rulefoundation.nz



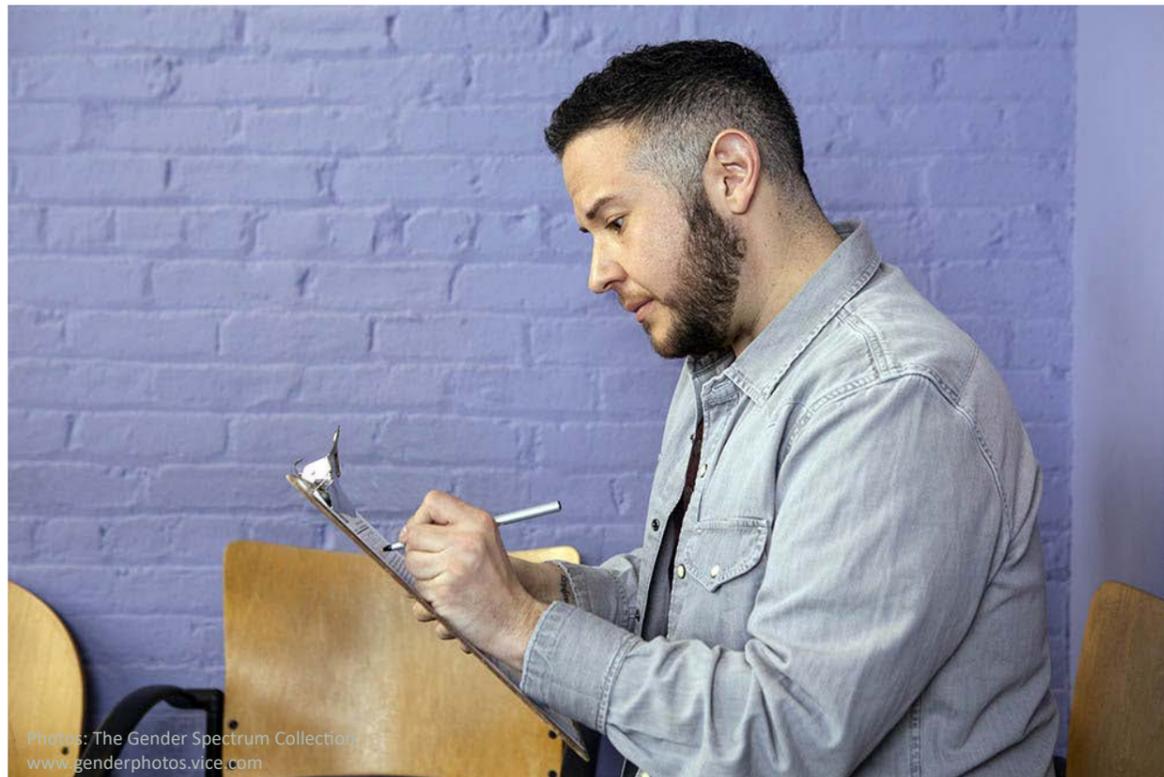
www.pada.nz

Transgender and non-binary people are at increased risk for perinatal anxiety, depression and other mental health conditions

Transgender and non-binary people already have higher rates of mental illness compared to the cisgender population. Being Transgender or non-binary is not a mental illness in itself. One of the main reasons for this is minority stress - in which the stress of living in a society that discriminates against, devalues, or denies the existence of one's identity leads to poorer health outcomes. Counting Ourselves Survey (2019) shows that transgender and non-binary people have significantly higher rates of self harm, suicidal ideation, depression, anxiety, eating disorders, and other mental distress. 48% of LGBTQI+ people in Aotearoa NZ feel that they can cope with the stress of everyday life - this is in comparison to 86% of the general population. * Page 48 of Counting Ourselves

Pregnancy, birth, and postpartum can make mental health conditions worse for transgender and non-binary people

There are many overlapping factors that can make pregnancy, birth, and postpartum stressful for transgender and non-binary people. This includes increased dysphoria with their changing body, hormone changes including having to stop hormone therapy, previous medical or sexual trauma, and lack of inclusive care from their care providers. This may include having to use perinatal healthcare services that are designed for cisgender people (for example language, posters, resources, and signage that assumes that all pregnant people are women), misgendering, and care providers without adequate knowledge about transgender and non-binary peoples' care needs.



Photos: The Gender Spectrum Collection
www.genderphotos.vice.com

Remember, you don't have to get it perfect every single time.

Transgender and non-binary people report that knowing that their care provider has authentic and good intentions, and are aware of the limits of their knowledge is helpful to establishing a respectful relationship. Sometimes you'll get it wrong, if you do, a quick apology and making sure you don't repeat the mistake is all you need to do.

Care providers can help

Care providers can help alleviate mental distress during pregnancy, birth and postpartum for transgender and non-binary people

As a care provider there are plenty of things you can do to be aware of transgender and non-binary people's increased risk for perinatal mental distress, to minimise that distress, and to help them to seek support when necessary.

Create a welcoming environment

This includes considering whether you have gender neutral toilets, ensuring you ask your client their pronouns and their name (the name they use may be different to their legal name) and are careful to use these correctly. Avoid asking invasive questions that are not relevant to their pregnancy, birth, or postnatal care. Be mindful of the language you use in documentation that may be inherently gendered, for example the term "maternal health," is gendered, instead you might use "perinatal" or "parental health." Ask your client what language they prefer to use to refer to parenting terms (ie mum, dad, baba, mama, papa, or something else), what language they use to refer to their breast tissue and genitals, and what language they use to describe their identity (eg agender, transgender, nonbinary, takatāpui, bigender, transmasculine, transfeminine).

Provide trauma informed care

Many transgender and non-binary patients have prior traumatic experiences both sexually and with other forms of violence and abuse, and within health services. This means engaging with health services, particularly in relation to reproductive health, can be traumatic. Asking parents what support they might need throughout the duration of their care, and taking a trauma informed approach to sensitive topics and examinations such as breast/chest or internal vaginal examinations can lessen the impact of this trauma.

Advocate for the person in your care

If you are the primary care provider for a transgender or non-binary parent, your role as an advocate when they are engaging with other healthcare services or providers is vital. With permission of the parent, informing other services about their pronouns, name, identity, and any specific considerations for their care when making a referral or consultation can help ensure they are not misgendered or otherwise retraumatised by allied health professionals. Do not assume that the pronouns and identity described in correspondence from other health professionals, or file notes about your patient, will always be accurate.

Educate yourself about the specific needs of the transgender and non-binary community - each person in your care will have different needs, desires, and expectations.

Some things to discuss and consider with your clients are:

- How do they intend to feed their baby, will they need to see a lactation consultant for support after top surgery induced lactation, co-feeding, or using a supplemental nursing system?
- Who are their support network and does this differ from their biological family?
- What are their intentions for future fertility and gender affirmative healthcare? Eg. will they need support to continue lactating while restarting testosterone therapy, or will they need contraception since testosterone is not a contraceptive?
- Due to pre-existing trauma from health care, transgender and non-binary people may prefer to birth in a nonmedicalised setting. Consider whether you can support them to have a non-hospital birth, and if not, how you can advocate for them in the hospital environment.
- Do they have specific requirements about how the sex/gender of their baby will be talked about?
- Does the non-birthing parent/s have specific requirements to support their inclusion in care?
- Are existing childbirth education options safe and inclusive for trans and non-binary parents?

What the numbers tell us



PERCENTAGE OF LGBTQI+ PEOPLE IN AOTEAROA NZ FEEL THEY CAN COPE WITH THE STRESS OF EVERYDAY LIFE:

48%

PERCENTAGE OF THE GENERAL POPULATION IN AOTEAROA NZ WHO FEEL THEY CAN COPE WITH THE STRESS OF EVERYDAY LIFE :

86%