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

Supporting transgender and non-binary parents

From the New Zealand Census (2023), there are approximately 4500 transgender and non-binary parents in Aotearoa although this is likely a conservative estimate. It is anticipated this number will continue to increase with time with 1:10 15–29-year-olds identifying as LGBTQIA+. 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.

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 gender affirming healthcare such as surgery or hormones to live comfortably within and help others perceive their true gender. Not all transgender people want to or can receive gender affirming health care and many experience significant barriers accessing broader health care as well.

Non-binary refers to somebody who does not 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.

There are also Indigenous and culturally specific terms that describe people with diverse or fluid genders, who were traditionally recognised and celebrated in these cultural contexts. Māori may use terms such Takatāpui and Irawhiti.

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

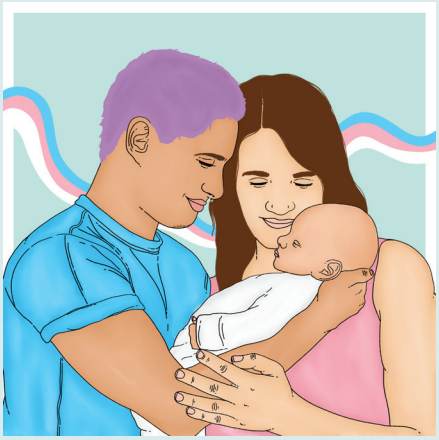


Image by Huriana Kopeke-Te Aho

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.

Resource written by Lou Kelly (RM).
Revised by George Parker (RM).

pada.nz

Transgender and non-binary people are at increased risk for perinatal anxiety, depression and other mental health conditions but are less likely to get culturally safe support

Transgender and non-binary (trans) people already have higher rates of mental distress compared to the cisgender (not trans) population. Counting Ourselves - Aotearoa New Zealand Trans and Non-binary Health Survey (2022) found that nearly two-thirds (65%) of participants reported their mental health was poor or fair with significantly higher rates of self-harm, suicidal ideation, depression, anxiety, eating disorders, and other mental distress. 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. For example, almost three-quarters (74%) of Counting Ourselves participants aged 15 or older had ever experienced discrimination, and almost half had experienced discrimination in the last 12 months. This is more than double the rate of the general population reporting discrimination in the General Social Survey 2021. Trans and non-binary people experiencing distress are less likely to get culturally safe mental health support. In Counting Ourselves, of those participants who accessed community mental health and addiction services only 52% reported being satisfied or very satisfied with the care they received.

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

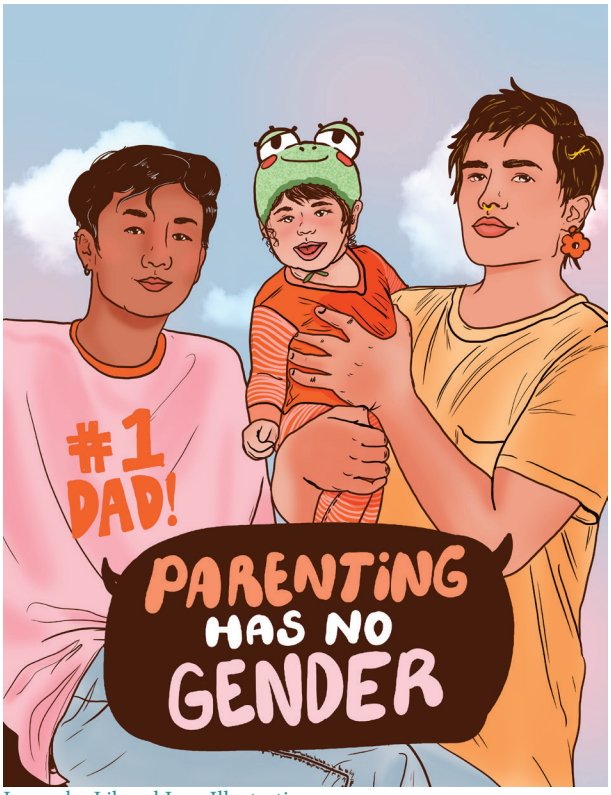


Image by Liberal Jane Illustration

There are many overlapping factors that can make pregnancy, birth, and postpartum stressful for transgender and non-binary people. Trans people may experience barriers to accessing the fertility services and supports they need to build their families. In Counting Ourselves, nearly half (49%) of participants who had been pregnant since identifying as trans or non-binary had experienced a pregnancy loss, such as a miscarriage or stillbirth. Trans people may also experience gender-related distress related to 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. Trans people may feel unsafe or unsupported receiving care from perinatal healthcare services that are designed for cisgender people (for example language, resources, and signage that assumes that all pregnant people are women), misgendering, and care providers without adequate knowledge about trans peoples' care needs. In Counting Ourselves, less than half of participants who had been pregnant since identifying as trans or non-binary reported that their main pregnancy or birth care provider was affirming or very affirming of their gender.

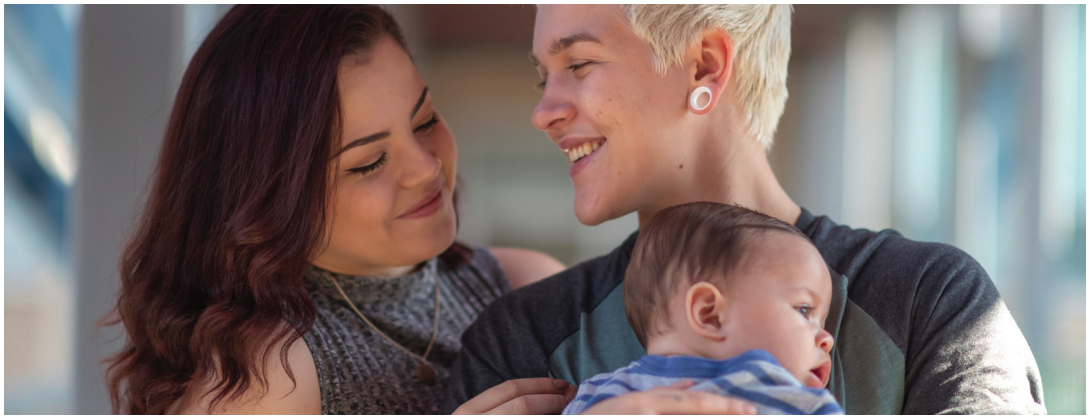
"The incredibly gendered space of pregnancy, childbirth and post-partum care did huge amounts of damage to my mental health, my physical health, my sexual health and my sense of identity. My experiences forever changed my relationship with my whare tangata [uterus]."
(Non-binary, adult, Counting Ourselves Report, 2022)

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. The ideas below are drawn from the Warming the Whare guideline. See the full guideline for more information about trans inclusive care.

Reflect on your own norms and values around gender

Gender is not unique to transgender and non-binary people. Gender shapes all of our lives and your first step in being able to provide safe and supportive care to transgender and non-binary people is self-reflection. You can reflect on where your ideas, values and norms about gender come from; how you express and feel affirmed in your own gender in your daily life (for example through clothing and make-up); and the privileges that are attached to being cisgender (not trans) (for example being able to access a public bathroom aligned with your gender). You can practice communicating to those around you that you do not assume gender. For example you can share your own pronouns when introducing yourself to others, in your email signature and on professional profiles.



Create a welcoming environment

This includes considering whether you have all-gender 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 (i.e. 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 (e.g. agender, transgender, non-binary, takatāpui, bigender, transmasculine, transfeminine). Audit your practice or service for gender norms and assumptions. For example, ask yourself if you include diverse genders and family types in posters, service information, and other client facing resources? What assumptions about gender do your service name and description convey? How do you seek feedback from transgender and non-binary clients?

Provide trauma informed care

Many transgender and non-binary people in perinatal care have prior traumatic experiences both sexually and with other forms of violence and abuse, and within health services. Transgender and non-binary people may also have had difficult journeys to build their families including barriers to accessing fertility services and the experience of pregnancy loss. This means engaging with health services, particularly in relation to reproductive health, can be worrying, and for some, traumatic. Invite trans people to tell you about their journey to pregnancy, who their whānau is, what is important to them in their care, and what support they might need throughout the duration of their care. Take a trauma informed approach to talking about sensitive topics and when doing examinations such as breast/chest or internal pelvic examinations.

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 client, informing other providers and services about their pronouns, name, identity, and any specific considerations for their care when making a referral, consultation or handover can help ensure they are not misgendered or otherwise retraumatised by other health professionals. Do not assume that the pronouns and identity described in correspondence from other health professionals, or file notes about your client, will always be accurate. Make sure you verify this information directly with clients. Grow your confidence in asking all clients about their gender. This is necessary because you cannot tell that someone is transgender or non-binary by looking at them and the identity described in correspondence or file notes is not always 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? E.g. 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 non-medicalised 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?

For a glossary of terms related to trans and non-binary identities and how to use these terms see: genderminorities.com/glossary-transgender

Build your networks

Gender Minorities Aotearoa: genderminorities.com

PATHA Professional Association for Transgender Health Aotearoa: patha.nz

Outline NZ: outline.org.nz

InsideOUT Kōaro: insideout.org.nz

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Image by Lou Kelly

Read more about the basic principles and understandings of trauma informed care: www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

For information within an Aotearoa context: www.tepou.co.nz/initiatives/lets-get-real/trauma-informed-approaches

Statistics come from:
Stats NZ (2025). LGBTIQ+ population of Aotearoa New Zealand: 2023. Retrieved from stats.govt.nz.
Yee, A., et al. (2025). Counting Ourselves: Findings from the 2022 Aotearoa New Zealand Trans and Non-binary Health Survey. Transgender Health Research Lab, University of Waikato, Hamilton, NZ. Retrieved from countingourselves.nz

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