REVIEWS

Midwife's interventions to promote positive experiences for female homosexual couples during pregnancy: A scoping review

Elisa P.P. Ferreira*[1], Mariana F.S.F. Fernandes[1], Raquel A.P. Bragança[1], Maria Maceiras[2]

[1] *Escola Superior de Saúde da Cruz Vermelha Portuguesa, Lisbon, Portugal*
[2] *Nursing Education, Escola Superior de Saúde da Cruz Vermelha Portuguesa, Lisbon, Portugal*

Received: February 25, 2022 **Accepted:** May 6, 2022 **Online Published:** May 23, 2022
DOI: 10.5430/jnep.v12n9p54 **URL:** https://doi.org/10.5430/jnep.v12n9p54

ABSTRACT

Introduction: The emergence of new meanings of the term family and the current connection to heteronormativity mean there should be an investment on the acknowledgement of the LGBT community's needs, with the goal of reaching equality. This article aims to analyze the experience of female homosexual couples overseeing pregnancy, identify the interventions carried out by obstetric nurses, which facilitate the above couples' transition to parenthood, and identify the difficulties experienced by pregnant women.

Methods: Research was carried out by MeSH 2021 Headings, via the following databases Bireme, MEDLINE Complete, PubMed and CINAHL Complete. 352 results were identified, and based on the inclusive and exclusive criteria outlined, five articles were included. When in contact with healthcare professionals, female homosexuals experience heterosexism, meaning homophobia and the expectation of heterosexuality, a lack of support and education, which exacerbates these women's stress levels whilst transitioning to parenthood; this transition will be addressed according to the Transitions Theory of Afaf Meleis.

Results: The LGBT community is an important component in the life of a pregnant woman. Healthcare professionals should invest in educating themselves with the objective of evaluating what is required on a social level, reproductive health and the family construct in a way which enhances the therapeutic relationship, also taking into account that the impact of sexual orientation on pregnancy outcomes is unclear.

Conclusions: According to the research found, it is crucial that nurses and particularly obstetric nurses improve their communication skills and attitudes, so as to promote a better relationship with these women. It is important that multidisciplinary teams provide continuous education on this topic in order to provide holistic care, free from discrimination or heterosexism.

Key Words: Pregnancy; LGBT Persons; Lesbians; Midwifery; Obstetric Nursing; Prenatal Care

1. INTRODUCTION

Female homosexuals like to have and maintain sexual encounters with women.[1] Therefore, the designation 'lesbian' refers to women who develop a primitive sexual or affective orientation towards people of the same sex. Being a lesbian is more than a personal choice or a sexual orientation, as it is also connected with self-identification and identity. The acronym LGBT was created to refer to lesbians, gays, bisexuals, transgender, or intersex, alternatively known as, queer people.[2]

The term 'family' has adopted different meanings, but the

*Correspondence: Elisa P.P. Ferreira; Email: elisaferreira6810@esscvp.eu; Address: Escola Superior de Saúde da Cruz Vermelha Portuguesa, Lisbon, Portugal.

connection to heterosexuality is still dominant. Although new forms of family[3] are progressively being legitimated, there is still much to do to recognize that the members of the LGBT community can build a family,[4] abolish the idea of heterosexual couples being the perfect example, and reach the equality principle, as the picture-perfect family cannot be based on the sexual orientation of individuals.[3]

The concept of 'normality', the heteronormative narrative regarding marriage and parenthood, as well as the upholding of traditional values continue to prevail even today. The pre-existing institutions demonstrate resistance towards destroying the heteronormative narrative and intensifying processes that legitimize the democratic rights of the LGBT community.[3] Heterosexism in detriment to any other orientation refers to the belief that heterosexuality is normal and natural. Homophobia refers to the negative feelings in the form of fear or hatred towards homosexuals and homosexuality.[2]

With the growing possibility of access to reproductive technologies,[5–7] the number of lesbians who get pregnant and require the assistance of the healthcare system during pregnancy, labor and after childbirth has been growing. In Portugal, Law n. 17/2016, of June 20th,[8] establishes that all couples and all women may have access to medically assisted procreation techniques, regardless their marital status, sexual orientation, and infertility diagnosis. This law amends the admissibility conditions established by Law n. 32/2006, of July 26th,[9] granting all women access to medically assisted procreation (MAP). Nowadays, these women, who are beneficiaries of MAP, are granted the parenthood of the child. They must fill out a form in which they mention that they are both engaged in the parental project. Thus, the registration of the child's birth certificate will take into concern the names of both women partaking in this parental project.[8]

Before this law was established, homosexual couples could not get pregnant using these techniques, and if they did, they would be, according to the Portuguese law,[9] committing an illegal act. Therefore, these couples used less conventional methods to form a family.[2] Nowadays, ' "same-sex" family configurations' may include couples whereby one of the individuals has children from previous relationships, couples in which one of the women is a mother by means of adoption or couples that became mothers through MAP techniques.[7]

The review of this topic became of interest since nurses are highly considered healthcare professionals with unique training in the area and hold a distinguished position within healthcare services to deal with such issues. A nurse specialized in maternal health and obstetrics (midwife or similar designations)[10] must be skilled in prenatal health, the provision of resources to pregnant women, and the preparation for responsible parenthood. Whenever lesbians seek health services, they often feel excluded as they are considered as heterosexuals. They feel that the communication is inadequate to their needs and, sometimes, access to services is denied. Additionally, they feel anxious about revealing their sexuality, and in some cases they hide it from healthcare professionals during labor, which affects the quality of care in a negative way, making it inadequate, and also causing additional and unnecessary discomfort to the patient.[5]

According to the above-mentioned, the transition of these women to parenthood may be compromised throughout the pregnancy journey. Theorist Afaf Meleis thinks this transition unveils a change in health state, in role relations, in abilities or expectations. Meleis analyzed what happens when people do not have healthy transitions, how nurses take care of these people, and which nursing care helps people achieve those transitions.[11] The structure of a transition is usually based on three steps: entry, passage, and exit. One must be cognizant that after completing a period of transition, one inevitably reaches a period of greater stability compared to one's state during the transition. The concept of transition is already considered in nursing, which suggests that this is not a trivial concept. Undoubtedly, nursing needs new knowledge, but it also needs tools and strategies to improve existing knowledge. Therefore, nursing must develop interventions that facilitate effective care prior to people's life-changing situations[11] and pregnancy in female homosexual couples is a good example of it.

This article's research question stems from the authors' perception that lesbian couples face discrimination within the healthcare system in Portugal and aims to explore society's norms of heterosexism. Moreover, this article was originally created as an academic assignment in the context of the first three authors' Midwifery qualification and supervised by the fourth author.

Furthermore, the research question was based on PCC mnemonics (Population, Concept, Context), notably female homosexual couples, pregnancy and Midwifery Intervention respectively.[12] The PCC question is used to build a concise and relevant approach of the title for a scoping revision.[12] The following research question was posed: "Which midwifery interventions provide a positive experience of pregnancy in female homosexual couples?", for which the authors settled the following general aim: analyze the experience of female homosexual couples overseeing pregnancy, and as specific aims: identify the interventions carried out by obstetric nurses which facilitate the above couples' transition to parenthood and identify the difficulties experienced by pregnant women.

2. METHODS

The research was narrowed to five years, specifically, literature between March 2016 and March 2021 was conducted during April 2021 with the 'full text' filter or equivalent in all databases. The authors have, therefore, used the following MeSH descriptors 2021: pregnancy; lesbian; homosexuality, female; LGBTQ Persons; nursing, midwifery; obstetric nursing; reproductive health; prenatal care (see Appendix 1).

The research was conducted on database Bireme, MEDLINE Complete, PubMed and CINAHL Complete, by means of the following equation: (PREGNAN*) AND (LESBIAN OR HOMOSEXUAL* OR LGBT*) AND (NURS* OR MIDWIFE* OR OBSTETRIC NURS* OR PRENATAL CARE OR REPRODUCTIVE HEALTH) (see Appendix 1).

The inclusion criteria are female homosexual couples, prenatal care, pregnancy, and articles based on scientific evidence. Women self-identified as bisexual were included if, during the study, they had a current relationship with a partner of the same sex. The authors have excluded studies on heterosexual couples, bisexual women in a relationship with a partner of the opposite sex, pre-conceptional period, fertility care, family planning, post-partum, and breastfeeding, pregnancy in adolescents, articles drafted in other idioms besides Portuguese and English and articles that were unavailable full text or those without a free subscription. There have been articles included that made reference to care before, during and after pregnancy,[13–15] and not only to female homosexual couples, since the authors obtained specific results that follow the inclusion criteria.[15,16] There was also one article which focused on obstetric nurses and their experience in providing care to the main population in this study, namely, female homosexual couples.[17]

The authors identified 325 results of which 97 results were duplicates. After the removal of these duplicated results, there was a selection based on the analysis of the title and abstract through the application of inclusion and exclusion criteria, and 22 articles were eligible. The first three authors conducted a full review of the eligible articles, which was supervised by the fourth author. The process included reading the full text of the article, cross-referencing sources, ensuring that the content is relevant and reconfirming the article met the inclusion criteria. Moreover, one important step was extracting information from each article which included title, authors, country, year of publication, aims, methods, participants, interventions, results and level of evidence. The latter and the extraction of information were done by following pre-existing guidelines.[12] After this review, there were five included articles, of which two articles were selected from MEDLINE Complete, and the remaining three articles were each selected from the following databases, respectively: CINAHL Complete, Bireme database and PubMed (see Appendix 1 and Figure 1).

Two articles were published in the United States of America (USA), one in the USA and Canada, one article in Israel, and lastly one in Sweden. Two articles dated 2018 and three 2019. The articles included two studies of quantitative approach (a transversal study and a descriptive exploratory study), and three articles of qualitative approach (a non-experimental descriptive study, an exploratory study, and a well-founded theory). All articles were analyzed and grouped in appendices (see Appendix 2) for an easy reading and understanding of the results.

Grey literature was used, such as research on Google Scholar[1,6,18] and several repositories (RCAAP and repository of Instituto Universitário de Ciências Psicológicas Sociais e da Vida), essentially masters essays and doctoral thesis.[2,5,7] The time limit for this literature was widened to complement the research and get a historical perspective of concepts.

The Portuguese association Associação Intervenção Lésbica, Gay, Bissexual, Trans e Intersexo (ILGA Portugal) was contacted by email and phone call with the intention of asking for literature on pregnancy of female homosexual couples. This association advised which Portuguese Laws[8,9] should be consulted to understand the legal statute of MAP on lesbian women, within the Portuguese context.

Research on the Theory of Transitions, authored by Alaf Meleis[11,19] was also carried out. The following organizations granted the authors with some literature: Health Professionals Advancing LGBT Equality (GLMA), the American College of Obstetrics and Gynecology (ACOG), the Portuguese Health Authority (Direção Geral de Saúde - DGS), ILGA Portugal, and Ordem dos Enfermeiros (Bar for Portuguese Nurses).[3,10,20–22] For the 'Discussion' chapter, non-included articles were used.[23]

Investigation in Portugal on lesbian couples that raise a family through MAP is scarce.[7] Besides, the concept of obstetric nursing and obstetric nurse occupation, nurse midwife or midwife strongly depends on both the reality of each country and the labor context. Therefore, the decision not to distinguish between these designations was made. There was not enough scientific evidence on lesbian women pregnancy outcomes to support or disagree with the hypothesis of worse pregnancy outcomes. Also, there was not enough evidence on the specific experience of non-pregnant women.

The extracted information was reviewed by each author whilst taking Meleis' Theory on Transitions and the re-

search question mentioned previously into consideration. The aim was to create categories, each containing information grouped by theme, to gain a comprehensive understanding of lesbian women's pregnancy experience. The first three authors shared the topics featured in the literature review amongst themselves and grouped the topics under broad categories, by color-coding and highlighting the text. Considering that the creation of vague categories could misrepresent the information and impede the ability to draw conclusions, the authors allocated the information under specific and logical categories.

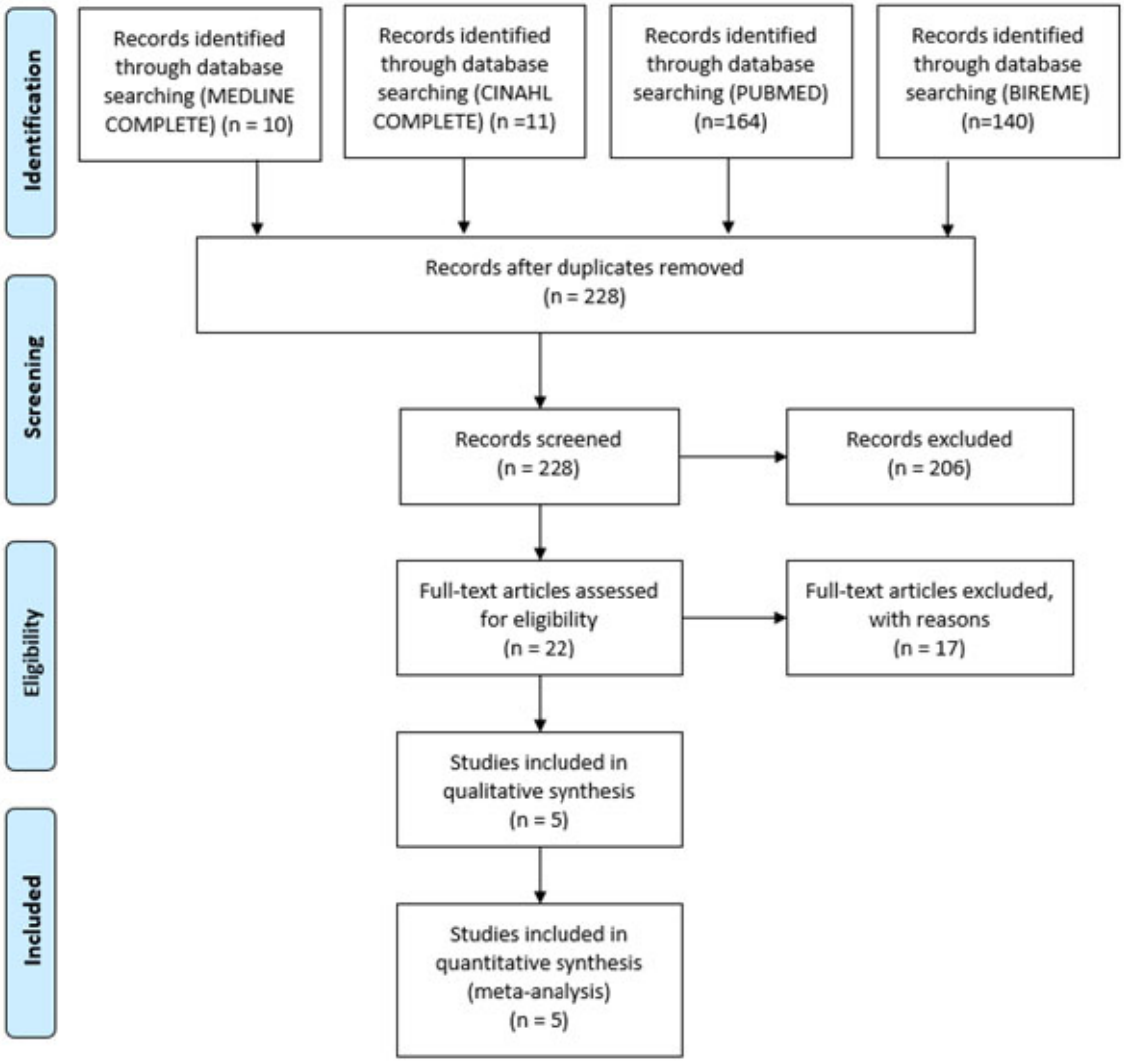

Figure 1. PRISMA Flow Diagram

At first, the authors established four categories: "Cultural dominant patterns and discrimination"; "Prenatal care and transition to parenthood"; "Pregnancy outcomes"; and "The contribution of the LGBT Community". Following further deliberation, the authors noticed that the category titled "Pregnancy outcomes" was heavily connected to one of the other categories. Therefore, this category was removed and the information originally under this former category was regrouped under the category "Prenatal care and transition to parenthood", which considers the link between prenatal care and the transition to parenthood, the importance of prenatal care to prevent or minimize the possible impact of sexual orientation on pregnancy outcomes and the impact of possible negative outcomes on the transition to parenthood. The first three authors reached the same conclusion as to which information should be grouped under the three final categories. This process was supervised by the fourth author, who was also responsible for reviewing each category, the inclusion of relevant results from the included articles and the inferences drawn from the categories, which shed light on how to

promote a positive pregnancy experience for lesbian couples.

In sum, this process resulted in three major categories of interest, which stood out due to their positive and/or negative influence on the transition experience for lesbian mothers to-be. The first, referring to the impact of the environment and including information based on discrimination and its associated challenges, is grouped under category "Cultural dominant patterns and discrimination". The second, covering the relationship with healthcare professionals and challenges of their transition to parenthood and access to care, relates to the category "Prenatal care and transition to parenthood". Lastly, the third, whilst less present in the scientific evidence found but considered incredibly important, which therefore justifies the creation of a separate third category; the contribution of the LGBT community to a healthy transition, which was allocated to category "The contribution of the LGBT Community".

3. Results

As stated above, the results set out below were divided into the following three categories: "Cultural dominant patterns and discrimination",[13,14] "Prenatal care and transition to parenthood"[13–17] and "The contribution of the LGBT community" (see Appendix 3).[13]

3.1 Culturally dominant patterns and discrimination

Lesbian women are confronted with culturally dominant patterns and discrimination during pregnancy care. It is a constant challenge to get their relationship recognized by institutions and healthcare professionals, who have a heteronormative vision,[13,14] and consider a (heterosexual) nuclear family the norm.[14] Although some female homosexual couples see the encounter with the nurse midwife as something positive, others feel midwives are not ready for a two-mother family.[14]

The heteronormative language prevails in forms of institutions, official documents,[13] or even pamphlets[13,14] as, for example, "father and mother" or "husband and wife". Books and films also do not represent their reality.[14] In addition, parental groups are also heteronormative causing a feeling of exclusion in non-pregnant mothers.[14]

Considering that, on a social basis, lesbian women feel marginalized, they desperately seek the feeling of normalcy, especially when in contact with healthcare professionals and regarding the normality of their pregnancy.[13]

3.2 Prenatal care and transition to parenthood

The individuality, as well as their beliefs and knowledge, affect the way that each healthcare professional relates to and communicates with lesbians.[17]

Pregnancy, labor, and parenthood are often associated with female characteristics, implying that women are prepared for this process. However, the skills required are developed by women during their pregnancy.[13] Many lesbian women feel that they lack support during the process, making their transition to parenthood stressful.[14] Many studies refer that these women will probably make use of MAP, when compared to other members of their community and heterosexual couples,[16] and therefore healthcare professionals must be prepared to take care of these women.

The percentage of lesbian women reporting pregnancy care in the first trimester is statistically equal to the general population and heterosexual women.[15] Although the healthcare professionals seem curious and show an adequate and cordial attitude, they fall short as far as knowledge is concerned. Healthcare professionals are not prepared to answer their questions, and they do not counsel them adequately.[15] It is extremely important to refer that sometimes women feel forced to teach healthcare professionals about their experiences and guide them through their pregnancy process.[14]

Governments must invest in healthcare professionals' training on homosexuality, as it may improve their relationship and communication with lesbian women, in addition to, increasing their knowledge, regardless if they are medical doctors or nurses, which is directly proportional to the improvement of their rapport and communication with lesbian women.[17]

Given all statistic data found, it is expected that many of these pregnancies have more adverse outcomes when compared to heterosexual women.[15,16] One author refers that there is a higher probability of miscarriages, stillbirths, extreme preterm births, and low birth weights.[15] However, another author refers that there are no significant statistical differences associated to sexual orientation in relation to miscarriage rates or interruptions but states that there is a higher chance of pregnancy complications in sexual minority women partnered with a same-sex partner, in comparison to heterosexual women.[16]

Taking all this into account, and given this is a very stressful process for women, who find themselves in a period of high psychological and physical demand, the fact that support from healthcare professionals is lacking, causes high-level anxiety.[14]

3.3 The contribution of the LGBT community

Although women are advised by healthcare professionals, and the information is often welcomed, it is sometimes received with skepticism and disbelief. Women get the information and, simultaneously, confirm it with their online peers

through questions or comments related to their pregnancies. LGBT pregnant women say they do not simply trust medical advice and that their knowledge is also constructed from information available on blogs or sites referring to similar experiences.[13]

4. DISCUSSION

Some results have limitations, namely articles referring to sexual minorities, not mentioning lesbian population[15,16] exclusively, and other authors describing the transition to parenthood in a global way (preconception period till postpartum). In both cases assumptions cannot be made about the remaining matters raised by authors, due to the scope of this article (prenatal care).[13,14,17]

4.1 Culturally dominant patterns and discrimination

Lesbians are constantly confronted with heterosexism and the expectation of heterosexuality[13,14] whenever they try to raise a family. All of the scientific evidence found stresses these concepts, for example, obstetric nurses may unknowingly take care of women who identify as lesbians, since these women may not feel safe revealing their sexuality.[6] Although homosexuality is no longer considered a pathology,[6] the social stigma and the discrimination of female homosexual couples prevails. Heterosexuality is expected to rule,[2,6,7,18] which may lead nurse midwives to misinterpret these women. For example, some nurse midwives may even think that the necessary physical contact can trigger a sexual response.[2] As a result, the environment is not conducive to a positive transition to parenthood.[19]

Seeing that nurses are responsible for facilitating positive transitions,[19] obstetric nurses must focus holistically on women and their individuality. Nursing care must be sensitive and appropriate, as well as, free of judgment,[2,6] ensuring excellence of care is rendered to all citizens.[18] According to Código Deontológico do Enfermeiro, specifically in article 102, nurses must take care of people without discrimination on an economic, social, political, ideological, or any other level. The article also notes that nurses cannot judge or impose their own choices or values when ideologies and life philosophies are concerned.[22]

Midwives must always use inclusive language,[2,6] in order to show homosexual couples they accept their relationship. Whenever referring to same-sex couple families, they should call them "planned families" instead of "alternative families".[2] When approaching the couple, they must respect their terms, for example, mother, (non) biological mother, (non) pregnant mother, mother who does (not) give birth, co-mother, or neutral names such as parent (which is non-translatable into Portuguese).[23] They must avoid unnecessary or intrusive questions, for example how they are going to speak with the child about the "father".[6] Thus, their training[4] must cover topics on the LGBT community, specifically on how to use language appropriately.[6]

Facilities must have a friendly LGBT décor,[4,23] like the exhibition of female homosexual couples' photos,[23] literature on support to these couples from other lesbians,[6] and appropriate resources for all families, avoiding exclusive exposition of female and male couples. This causes a positive and highly important first impression. Healthcare professionals are expected to be competent and develop culturally competent care. Along with the professionals directly involved in healthcare, all other professionals of health institutions must act accordingly.[23]

Clients and colleagues are entitled to a safe space, fundamental for good practice. Professionals must be aware of local and national groups, and act against discriminatory language or behavior of other professionals in a positive and constructive way.[6]

4.2 Pregnancy monitoring and transition to parenthood

The transition to parenthood is a stressful period, and healthcare professionals' lack of support and knowledge heightens this feeling. Thus, healthcare professionals should invest in training, given the impact it may have on the services they render.[13,14,17]

The link between sexual orientation and pregnancy outcomes is not clear, and there is a possibility of greater complications.[15,16] The midwife should be aware of this possibility and actively intervene to reduce these risks, especially as emotional and physical wellbeing are considered a transition condition[19] and therefore, within the nurse midwife's scope.

The first appointments of prenatal care are fundamental, not only for the promotion of a good relationship with pregnant women, but also to get a detailed anamnesis to evaluate the risk of the pregnancy and promote better obstetric care. Obstetric nurses should also clarify women's meanings and expectations surrounding pregnancy and motherhood, as this will provide insight into possible impact on their health and their individual transition experience.[19] The anamnesis is never intended to interfere with the lesbian women's personal life or relationship and such objectives must be clarified to avoid any conflict or misunderstandings.[23]

Healthcare professionals must be informed about and invested in recognizing the specific challenges of the LGBT community, notably when accessing healthcare[4,20] and requiring specific health and social needs,[18] intrinsic to a family considered non-traditional.[2] Training is one of the key components of the implementation of good practice,[19,20]

with regards to care provided to LGBT people.[20] Female homosexual couples, given the complexity of these aspects, need legal counseling. Thus, the multidisciplinary team must recommend and counsel these couples.[23] Therefore, one of the elements of midwifery training must include specific training on the LGBT community and corresponding laws, to counsel same-sex couples on their rights and obligations.

Nothing should be assumed. All concerns regarding labor must be talked about, and counseling on sexual activity, even in the postpartum period must be given, as the sexual choices of these women must not be presumed.[6] Pregnant women's doubts can be answered privately, to ensure their privacy, when in company of their partners. Anamnesis on sexual practice during pregnancy and explanation on biological risk factors include, for example, a discussion on sexual practice with other partners, considering that some may interfere with fetal and embryonic development, causing some complications in the pregnancy, and, subsequently, previous placenta, major risk of pre-term labor, vaginal maternal infections, among others.[23]

Non-pregnant mothers' experience must also be considered since they are individuals who are also going through a transition, who have specific expectations and meanings about the journey to parenthood and require the intervention of midwives.[11,19] These mothers go through a difficult experience characterized by, for example, questions about their relationship with the pregnant mother (assumptions of being siblings or friends), forms they must fill referring to male progenitors and questions raised by healthcare professionals on who the "real" mother is, as these professionals think that the mother is the one physically pregnant. Another challenge is the possibility of feeling jealous of the pregnant partner going through the process of pregnancy. Non-pregnant mothers must be supported in the process of induction of breastfeeding if that is the couple's wish. Healthcare professionals must foster an inclusive environment, in which non-pregnant mothers are recognized as having an important role, avoiding marginalization. Questioning non-pregnant mothers on how they want to be treated shows concern.[23]

Lesbians may be caring mothers, may have homosexual intercourse based on love or even be nurse midwives. They can be members of society, just like anybody else.[6] Scientific evidence shows good results in children of same sex couples,[4] specifying that children from queer women and heterosexual couples are no different regarding gender or sexual identity, emotional development and self-esteem, and have a bigger tolerance to diversity as a benefit.[2]

Experiencing transitions inevitably means experiencing different emotions.[19] Pregnant mothers may question their own capacity as future mothers, even when the pregnancy is very anticipated.[2] Nurses must focus on the transition process in human experiences when health and wellbeing are the goal. This transition process specifically, with all its characteristics, needs specifc attention.[11] Parenthood, described as a developmental transition, implies that this is one of the most important transitions on a personal level. Obstetric nurses must be prepared to support women during this period of transition, promoting care that favors this transition, and help to reestablish all dimensions from a holistic point of view, on a personal, familiar, or organizational level. The sense of ability to adapt to the new role may show a positive transition and wellbeing of the dyad.[19] In short, midwife nurses must play a fundamental role in assuring that lesbian women have a positive and powerful experience in pregnancy and labor.[16]

4.3 The contribution of the LGBT community

The LGBT community is a very important support network for these pregnant women.[13] One author refers that these women experience a sense of community when they take part in a social or cultural network within their community. The gradual process of satisfaction with their own sexuality and coming out is a long living process,[23] also considered a transition, specifically relating to identity.[19] There is a progressive mentality of evolution, from the possible shame and internalized homophobia, to pride and the demand of equal rights. Many women may choose healthcare professionals, namely midwives, from the LGBT community. Women choosing lesbian midwives generally report high levels of satisfaction regarding the care they are provided. They ask other members of the LGBT community to recommend these healthcare professionals, which can be an opportunity to avoid dealing with homophobia or the need to teach healthcare professionals.[23] Even though they might choose a lesbian midwife, there are other elements of the relationship with midwives that can become more relevant along the pregnancy, for example, the care they provide in case of specific problems during pregnancy.[23]

In short, the LBGT community is perceived by these couples as an external resource which facilitates their transition to parenthood.[19]

5. Conclusion

Each person experiences transitions differently; pregnancy is no exception. Lesbian mothers to-be face specific challenges, which create difficulties during their transition to parenthood and possibly compromise it. Although homosexuality is no longer classified as a pathology, homophobia and heterosexism still remain. The sociocultural historical

concept of homosexuality perpetuates the expectation of heterosexuality and intensifies the intolerance, disrespect and prejudice that these women face. Over time, social, political, and cultural changes provoke a move towards acceptance of non-traditional familiar configurations, and a change in the concept of family. Thus, obstetric nursing must also adapt to these changes as far as attitudes and interventions are concerned.

The findings in this article demonstrate that care provided to female homosexuals is inadequate and as such, this matter merits special attention. Improvement of care is dependent on midwives' acknowledgement of certain possibilities, such as the possibility of discriminatory behavior, which may lead to inadequate care as lesbian mothers to-be often feel despised, invisible, prejudiced and discriminated against. This in turn leads these women to rely on fellow members of their community to feel more comfortable and avoid enduring discrimination. Moreover, the language used in nursing care often causes negative feelings among this sexual minority, which highlights professionals' insecurities and discriminatory attitudes towards this population. Instead, midwives should provide humane and holistic care by focusing on the specific needs of these women. Additionally, being informed about the intricacies of the LGBT community prevents the transmission of irrelevant or erroneous information by healthcare professionals to lesbian women and ensures that their needs are met and their reproductive rights are respected. Therefore, midwives must always seek to grow professionally. For example, by investing in training to advance professional or educational development, accepting sexual diversity (among others), and welcoming family diversity and lesbian parenthood. Lesbian couples' experiences must be shared with healthcare professionals and the LGBT community, to make their needs apparent and to implement all necessary interventions to address them.

The statistical data, in spite of limitations, suggests the possibility of a higher prevalence of negative pregnancy outcomes (spontaneous miscarriages, stillbirths, pre-term, among others) for lesbian women, which must be acknowledged. This possibility ultimately reinforces the inevitable need to invest in this population and the required specific interventions, to ensure better health results. Furthermore, the limitations of this article also emphasize the need for exploring non-pregnant mothers' experience along the process of pregnancy, as well as the influence of peers in the context of lesbian pregnancy.

The included articles and most literature were written in English. Firstly, all data was collected and translated into Portuguese and afterwards, the article was translated into English. Therefore, this constitutes a limitation of this article.

It is the authors' perception that in Portuguese society there are set norms and expectations regarding its population, which are often hard to override. The expectation of normalcy relates to relationships between men and women, whereas other couples, notably lesbian couples, are met with discrimination, social isolation and discomfort. This article provides insight into lesbian couple's experiences during pregnancy and their transition to parenthood, specific challenges and experiences in the healthcare system, which is yet to be comprehensively explored in this society and, in turn, would be crucial to midwifery care of this population.

To summarize, the transition to parenthood, generally perceived as positive, may be jeopardized by negative feelings experienced by these women. Therefore, the evolution of obstetric nursing must focus on the recognition of these difficulties, the promotion of perceived well-being, the support during transition periods and the prevention of negative transitions.

ACKNOWLEDGEMENTS

The authors would like to acknowledge Stephanie Vieira, Raquelina Ferreira and Teresa Maia Vidal for their contribution in translating and reviewing this article.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

[1] Assis BF, Araújo JC, Galdino LP, et al. Homossexualidade feminina e a consulta ginecológica: uma revisão integrativa [Master's thesis on the Internet]. International Nursing Congress; 2017 [cited 2021 May 1]. 1-3 p. Available from: https://eventos.set.edu.br/cie/article/view/5533/2044

[2] Bree Caroline. Lesbian Mothers: Queer Families: The experience of Planned Pregnancy [master's thesis on the Internet]. Auckland (New Zealand): University of Technology of New Zealand, School of Nursing and Midwifery; 2003 [cited 2021 May 1]. 1-137. Available from: https://openrepository.aut.ac.nz/bitstream/handle/10292/51/BreeC.pdf?sequence=2&isAllowed=y

[3] ILGA Portugal. Famílias no plural: alargar o conceito, largar o preconceito; 2013; Lisboa [Internet]. 2013 [cited 2021 May 1]. 1-176. Available from: https://app.parlamento.pt/webutils/docs/doc.pdf?path=6148523063446f764c324679626d56304c334e706447567a4c31684a5355786c5a7939445430307 64d554e425130524d5279394856454e7651575276593246764

c305276593356745a57353062334e4259335270646d6c6b595
7526c5132397461584e7a595738764e474d774e7a466d5a6d4
5744e6d49354f5330304e7a426c4c5749794d5455744d6a413
14d57517a596d45355a6a68694c6e426b5a673d3d&fich=4c07
1ffa-6b99-470e-b215-2051d3ba9f8b.pdf&Inline=true

[4] ACOG COMMITTEE OPINION. ACOG Committee Opinion No. 749: Marriage and Family Building Equality for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Gender Nonconforming Individuals. Obstetrics & Gynecology [Internet]. 2018 Aug 01 [cited 2021 May 1]; 132(2): 82-86. Available from: https://journals.lww.com/greenjournal/Fulltext/2018/08000/ACOG_Committee_Opinion_No__749__Marriage_and.54.aspx PMid:30045215 https://doi.org/10.1097/AOG.0000000000002765

[5] Carvalho PGC de. Homoparentalidade feminina: nuances da assistência à saúde durante concepção, gravidez, parto e pós-parto [dissertetion on the Internet]. São Paulo: Universidade de São Paulo - Faculdade de Saúde Pública, Saúde Ciclos de Ciência e Sociedade; 2018 [cited 2021 May 1]. 1-35. Available from: https://teses.usp.br/teses/disponiveis/6/6136/tde-12042018-143259/

[6] Jackson K. Midwifery care and the lesbian client. British Journ Midwif [Internet]. 2013 Sep 27 [cited 2021 May 1]; 11(7): 434-437. Available from: https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2003.11.7.11535 https://doi.org/10.12968/bjom.2003.11.7.11535

[7] Franco JS. Vivências psicológicas de um casal homossexual feminino na transição para a homoparentalidade [Master's thesis on the Internet]. Lisboa - Portugal: ISPA - Instituto Universitário; 2013 [cited 2021 May 1]. 1-126. Available from: https://repositorio.ispa.pt/handle/10400.12/2760

[8] Assembleia da republica. Alarga os beneficiários no âmbito dos beneficiarios das tecnicas de procriacao medicamente assistida. In: Diario da Repuublica n 116/2016, Lei n 17/2016, Serie I; 2016 Jun 20 [cited 2021 May 20]; 1903-1904. Available from: https://data.dre.pt/eli/lei/17/2016/06/20/p/dre/pt/html

[9] Assembleia da republica. Procriaaco Medicamente Assistida. In: Diario da Republica, Lei n 32/2006, Série I; 2006 Jul 26 [cited 2021 May 20]; paginas: 5245. Available from: https://data.dre.pt/eli/lei/32/2006/p/cons/20190708/pt/html

[10] Ordem dos Enfermeiros. Regulamento das Competências Específicas do Enfermeiro Especialista em Enfermagem de Saúde Materna, Obstétrica e Ginecológica [Internet]. 2010 Oct 20; páginas 9. Available from: https://www.ordemenfermeiros.pt/arquivo/legislacao/Documents/LegislacaoOE/RegulamentoCompetenciasSaudeMaternaObstGinecologica_aprovadoAG20Nov2010.pdf

[11] Meleis AI, Trangenstein PA. Facilitating transitions: Redefinition of the nursing mission. Nursing Outlook [Internet]. 1994 Nov 01 [cited 2021 May 1]; 42(6): 255-259. Available from: https://www.nursingoutlook.org/article/0029-6554(94)90045-0/pdf https://doi.org/10.1016/0029-6554(94)90045-0

[12] Vilelas J. Investigação: O processo de construção do conhecimento. 3a ed. Lisboa: Edições Sílabo; 2020. 509 p.

[13] Holland S. Constructing queer mother-knowledge and negotiating medical authority in online lesbian pregnancy journals. Sociol Health Illn [Internet]. 2019 [cited 2021 Apr 30]; 41(1): 52-66. Available from: https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.12782 PMid:30051479 https://doi.org/10.1111/1467-9566.12782

[14] Engström HA, Haggstrom-ordin E, Borneskog C, et al. Mothers in Same-Sex Relationships Describe the Process of Forming a Family as a Stressful Journey in a Heteronormative World: A Swedish Grounded Theory Study. Matern Child Health J [Internet]. 2018 May 8 [cited 2021 in Apr 30]; 22: 1444-1450. PMid:29740747 https://doi.org/10.1007/s10995-018-2525-y

[15] Everett BG, Kominiarek MA, Mollborn S, Adkins DE, Hughes TL. Sexual Orientation Disparities in Pregnancy and Infant Outcomes. Matern Child Health [Internet]. 2019 [cited 2021 Apr 30]; 23: 72-81. PMid:30019158 https://doi.org/10.1007/s10995-018-2595-x

[16] Januwalla AA, Goldberg AE, Flanders CE, et al. Reproductive and Pregnancy Experiences of Diverse Sexual Minority Women: A Descriptive Exploratory Study. Matern Child Health J [Internet]. 2019 May 4 [cited 2021 Apr 30]; 23: 1071-1078. PMid:31055700 https://doi.org/10.1007/s10995-019-02741-4

[17] Tzur-Peled S, Sarid O, Kushnir T. Nurses' perceptions of their relationships and communication with lesbian women seeking perinatal care. J Clin Nurs [Internet]. 2019; 1-8. Available from: https://onlinelibrary.wiley.com/doi/10.1111/jocn.14904 PMid:31066131 https://doi.org/10.1111/jocn.14904

[18] Lucio FPS, Araújo EC. A maternidade de mães lésbicas na perspectiva da enfermagem: revisão integrativa. Rev. Eletr. Enferm. [Internet]. 2017 Nov 28; 19: 8. https://doi.org/10.5216/ree.v19.40304

[19] Schumacher K, Meleis AI. Transitions: A Central Concept in Nursing. Image J Nurs Sch [Internet]. 1994; 26(2): 119-127. PMid:8063317 https://doi.org/10.1111/j.1547-5069.1994.tb00929.x

[20] DGS. Estratégias de Saúde para as Pessoas Lésbicas, Gays, Bissexuais, Trans e Intersexo: Promoção da Saúde das pessoas trans e intersexo [Internet]. 2019 Nov; 1: 29. Available from: https://www.dgs.pt/documentos-e-publicacoes/estrategia-de-saude-para-as-pessoas-lesbicas-gays-bissexuais-trans-e-intersexo-LGBT-pdf.aspx

[21] GLMA. Health Professionals Advancing LGBTQ Equality: Guidelines for Care os Lesbian, Gay, Bissexual and Transgender patients [Internet]. Washington DC; 2005 [updated 2017 Aug 7; cited 2021 May 15]. 43. Available from: https://www.rainbowwelcome.org/uploads/pdfs/GLMA%20guidelines%202006%20FINAL.pdf

[22] Ordem dos Enfermeiros. Estatuto da Ordem dos Enfermeiros e REPE: Artigo 102o [Internet] 2005 Oct [cited 2021 May 15]; 112p. Available from: https://www.ordemenfermeiros.pt/arquivo/publicacoes/Documents/nEstatuto_REPE_29102015_VF_site.pdf

[23] Bushe S, Romero IL. Lesbian Pregnancy: Care and Considerations. Semin Reprod Med [Internet]. 2017 [cited 2021 Apr 30]; 35(5): 420-425. PMid:29073680 https://doi.org/10.1055/s-0037-1606385