Revista REVOLUA

Editorial

Health care for lesbian women during the pregnancy-puerperal cycle

Assistência à saúde da mulher lésbica durante o ciclo gravídico-puerperal

Atención médica de las mujeres lesbianas durante el ciclo embarazo-puerperal

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How to cite: Vieira BL, Silva MEC, Carvalho Filha FSSC, Barbosa HRA, Moraes Filho IM. Health care for lesbian women during the pregnancy-puerperal cycle. Rev REVOLUA. 2022 Jul-Set; 1(1):1-5.

Parental practices refer to the process of becoming pregnant, in addition to the care, training and follow-up of children during their lives[1]. Thus, lesbian, gay, bisexual, transvestite and transsexual (LGBT) couples, when choosing to become parents, have the fear of their children suffering any kind of discrimination, causing us negative feelings that can lead to psychological implications such as: anxiety, anguish, depression and even the use/abuse of alcohol and other drugs[2,3].

In addition, the process of trying to become pregnant can generate difficult decisions[4], such as: whether they will make insemination or adoption, how to conceive, who will be the donor, titles that parents will have on the child, child's surname, legal provisions and how it will be with health systems throughout their lives[5,6].

With regard to women, a study conducted in Australia with 20 families of lesbian women showed that they report delay and even avoid health care due to fear of suffering some kind of homophobia due to their sexuality[7].

In such a way, there are still few studies on the transition to motherhood process of women who relate to women[8]. Thus, seeking information and treatments about sexual health in primary care becomes a challenge when there is self-declaration of homosexuality and this reflects throughout the pregnancy-puerperal cycle, due to the poor perceptions printed in these women in relation to care[9].

In this sense, a Norwegian study showed that young lesbian women are more depressed and have more suicidal thoughts than a corresponding population sample. Such situations may have as a cause related to social heterosexism, which directly influences health

care and keeps homosexual women invisible to the care of health professionals[3].

Therefore, understanding the specific situations that each woman goes through and needs is a crucial factor in providing prenatal care that covers these minorities. Obstetric care should evaluate all patients with physical examination, ultrasounds and laboratory screening tests, including serologies for Sexually Transmitted Infections (STIs), knowing that transmission from one woman to another is possible in all relevant obstetric STIs[10,11].

Furthermore, women's health care needs to be adapted to their needs. Estimates suggest that approximately 3.4% (4,007,834) of adult women in the United States identify as sexually minority, with 1.1 to 1.5% identifying as lesbian or gay and 0.9 to 2.2% identifying as bisexual[12].

Nevertheless, thoughts still persist about the inability to become mothers because they are lesbians13. Despite this, these women have the desire to have children, even if it is smaller than for heterosexual couples, contrary to the stereotype that homosexuals do not want to participate in the process of motherhood and parenthood[14].

Therefore, the understanding of the experiences of maternity care of lesbian couples demonstrates that many women do not receive individual and respect-based care. The attitudes of health professionals related to homosexuality are motivated by frustrated and personal academic experiences with little empathy[15].

With regard to this specific public, during the pregnancy-puerperal cycle, understanding the relevance of the non-biological mother and recognizing her particular needs is fundamental[15]. In the context of lesbian motherhood, co-mothers or non-biological mothers feel excluded and invisible, both in the lack of shared terminology in health services and for situations in which they seek the "true mother", because they do not consider the existence of two legitimate mothers. Therefore, some structural changes in care can improve this feeling during care[16,17].

Thus, the need for knowledge about homosexuality is perceived, especially regarding the approach of inclusive communication[15]. Sensitivity and knowledge about lesbian sexuality and female gender are important aspects to be considered for an improvement in the quality of pregnancy-puerperal cycle care[18].

In this spectrum with regard to Reproductive Therapies (RTs), access is difficult for the LGBT community. An example of this fact is the case of in vitro fertilization. For this public, in addition to having to face all medical procedures, anxiety and fear of a new negative diagnosis, they still need to accept that they are "different" and face the prejudice generated by society by not following the "rules of nature"[2].

Thus, access once again becomes intricate when health professionals question the psychological well-being of the child generated by this procedure, refuting once again the "rules of nature". Moreover, they harm the process of electing future couples

to perform the technique and also share a retrograde, exclusionary and prejudiced thought[2].

However, evidence shows that there is no relationship about the child's health or threats when created by LGBTs' parents. There are still situations in which only single women can have access to assisted reproduction techniques, since homosexual women often prefer to present themselves in a misleading way as single women to acquire this right. In situations such as this, the non-biological mother will be excluded from the proceedings and will have no parental legal right [2].

But it is essential to emphasize that all family arrangements are worthy of protection of the state is that the same rights must be guaranteed to heterosexual and homosexual couples in accordance with the Brazilian Federal Constitution of 1988 in articles 5 and 226 that deals with equality between men and women, understanding that the family, the basis of society, has special state protection.

However, the health system still maintains the traditional model of care for women, aimed at care for heterosexual people, ignoring the demands of homosexual women. Often, when revealing their sexual orientation, the homophobia present in some professionals can interfere in the quality of care, considering that this population has specific needs, showing the primaryity of visibility and recognition of their rights, in such a way that[19] the provision of care to these women must exist.

Moreover, these aspects experienced by these women also differ from the principles of two national health policies: that of the National Comprehensive Health Policy of LGBT, which infers the promotion of the integral health of lesbians, gays, bisexuals, transvestites and transsexuals, eliminating discrimination and institutional prejudice, as well as contributing to the reduction of inequalities and the consolidation of the Unified Health System (SUS) as a universal system, integral and equitable[20,21].

It is worth mentioning the National Policy for Women's Health Care and the Statute of Children and Adolescents – Law No. 8,069 of July 13, 1990, which establishes as "the duty of the family, the community, society in general and the Public Power to ensure, with absolute priority, the realization of rights related to life and health" (Art. 4) and in its Title II, the right to safe motherhood and universal and equal access to SUS services. In this context, also, Law No. 9,263 of January 12, 1996, which ensures family planning as a right of every citizen, including adolescents[22].

However, although some family members disapprove of sexual identity, LGBT couples seek to maintain closeness with their families and affirm that maintaining close relationships with their families brings greater well-being and confidence[23]. It is still important to support the LGBT community itself, which can also generate a place of personal recognition, bringing benefits to the physical and mental health of these women[24] and opportunistic the debate of such themes at the social level, for reflection of society as a whole.

Acknowledgement

This study was funded by the authors themselves.

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Received: 25/04/2022
Accepted: 15/06/2022