



PROJECT REPORT

PROVIDING BIRTH SUPPORT

FOR LGBTQ+ FAMILIES



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CREATING A LEARNING RESOURCE FOR NHS Lothian MATERNITY STAFF

NHS Lothian, in partnership with **LGBT Health and Wellbeing** made a short film in which five families and a midwife talk openly about their experiences. The film is at the centre of a new training resource now available to all NHS maternity staff, produced with support from NHS Lothian Charity.



“Healthcare professionals should feel educated and empowered to be able to provide care to different types of families. (In our experience), people were keen to get it right but they did not have the experience or the knowledge to get it right.”

This training resource is now available to all healthcare professionals within NHS Lothian who provide care to LGBTQ+ families during the perinatal period. The film (35 mins long), produced by [Media Education](#), captures real-life stories of families from the LGBTQ+ community who describe, in their own words, their experience of birth and creating a family.

Though the film is only available to view via NHS training platforms for maternity staff, this report captures some of the highlights of the participants' stories, explores examples of good practice and makes practical recommendations, alongside a resource list compiled with support from Equality Network.

All the families had their perinatal care in NHS Lothian and their babies were born at the Royal Infirmary of Edinburgh.

Our approach to making the film

LGBT Health and Wellbeing worked collaboratively with [Media Education](#), guided by our organisational principles of creating a [Safer Space](#) for the LGBTQ+ people involved. The participants had all previously engaged with our Rainbow Families events, a [social programme](#) of activities for LGBTQ+ families. We worked closely with participants to support them to share their stories in their own time, to honour their lived experience and help them to achieve their personal aims for taking part.

Our aims are to help birthing support staff



Work with greater awareness of LGBTQ+ lives and families



Maintain and strengthen best practice where LGBTQ+ people have felt cared for, acknowledged and respected



Better meet the care needs of LGBTQ+ birthing people and their families



PARTICIPANT STORIES

Five LGBTQ+ families and an NHS Lothian midwife were interviewed and filmed in person in May 2024 and supported to share their personal and professional experiences of NHS Lothian maternity services.

Community engagement was led by Jules Stapleton Barnes (LGBT Health and Wellbeing) and the film was produced and edited by Imna de Reyes (Media Education).

Perspective	Key themes raised in the film
Two-Mum family	<ul style="list-style-type: none"> • Assisted fertility journey / anxiety about how you might be treated • Knowledge gaps in perinatal service e.g. LGBTQ+ fertility and pregnancy journeys (IUI, IVF) and awareness of LGBTQ+ family roles • Harmful assumptions
Trans/Non-binary parent family	<ul style="list-style-type: none"> • Using pronouns with a trans/non-binary birth parent and family • Birthing outwith clinical guidance
Two-Mum family	<ul style="list-style-type: none"> • Reciprocal IVF • Positive impact of LGBTQ+ affirming signs • Impact of growing up around homophobia
Trans Dad (Birth parent)	<ul style="list-style-type: none"> • Birthing as a trans man • Harmful assumptions / misgendering • Inclusive paperwork and language • LGBTQ+ affirming signs
Two-Mum family (Trans parent)	<ul style="list-style-type: none"> • Harmful assumptions about misgendering, gender roles • Inclusive language
Midwife (NHS Lothian)	<ul style="list-style-type: none"> • Including helpful notes on birth summary • Barriers to meeting care needs including lack of training

WHAT LGBTQ+ BIRTHING PEOPLE AND THEIR FAMILIES NEED FROM BIRTHING CARE

- 🔍 Be more aware of and knowledgeable about LGBTQ+ identities, their journeys to pregnancy, birth and parenthood
- 🔍 To have their gender identity, the language they use, and their relationships acknowledged and respected e.g.

Use correct pronouns (if not sure, ask)

Don't assume who people are ("who have you brought with you?")

Wear an LGBTQ+ affirmative badge, include your pronouns on your name badge

- 🔍 An understanding from care staff that LGBTQ+ journeys to birthing and parenthood are unique and are often excluded from statistics and standard care approaches
- 🔍 To be treated by staff that are not shocked, nervous or appalled by LGBTQ+ people's bodies

"Everyone deserves to have individual care. People need to know that not all people that come into our care, not all birthing people are women and not all of their partners are men. They all have very individual needs and we as midwives should respect that."

"I would just like to experience (birth) as a whole person."

"People should be at least be meeting us half way and in the case of maternity services, it should be more than half way."

TOP TIPS AND RECOMMENDATIONS FOR STAFF

HOW YOU CAN MAKE A DIFFERENCE



Learn why [pronouns](#) are important

“I had no recognition of my gender identity or my pronouns.”



Be aware of the different roles that make up LGBTQ+ families – not all families start with a Mum and a Dad e.g. two Mum families, two Dad families (with Surrogate birth person), Dad or non-binary birthing parent/s, more than two parents (polyamory)

“...maybe there’s not going to be a Dad, maybe there’s not going to be a Mum, maybe you could ask them about the kind of language they prefer to use about their family.”



Learn about [fertility treatments](#) and the different ways a person can get pregnant

“[partner’s name] got pregnant via IUI [Intrauterine insemination] and we had the assumption that people [midwives] would know what that was but everyone assumed that we’d had IVF.”

[On being misgendered] “I was telling myself I would need to ignore it and not to let it play on my mind, but obviously, it does. I can’t just turn off my feelings.”



It’s okay to make mistakes. Apologise quickly, learn from it, move on.

“If I had been told ‘mum you can sit over here’ (instead of “Dad”) that would have been a lovely feeling. These are words that have so much meaning.”



Ask open questions

- What are your pronouns?
- Who is with you today?
- What can we do to make this experience more comfortable for you?
- How would you like me to refer to you?
- How would you like me to refer to feeding your baby?

“It would have been nice if there had been an open question upfront like ‘who is here (with you) today?’... to put us at ease rather than US feeling it was on us to make sure we asserted our relationship straight away to put THEM more at ease.”

“They asked ‘and who is with you’? So, we had the chance of saying this is my wife Hannah, so then everything was perfect.”



Expose yourself to LGBTQ+ lives and stories, to be more aware, more confident and less visibly fazed when you encounter an LGBTQ+ person or family. For example, visit [Film Archives - LGBT Health and Wellbeing](#)

“The maternity care team is really broad. You just meet so many people and it’s like, each of these people is like a possibility that someone’s going to not be kind to us or not treat us well; and that causes a higher level of anxiety every time you are in an appointment.”



To avoid misunderstandings, provide more relevant background information on a person’s treatment plan and why certain care decisions are being made.



Use the [LGBTQ+ glossary](#) and resources section to learn about gender-inclusive language and LGBTQ+ terminology

“What we all want in a healthcare situation is to feel affirmed in our identity so that we can stop worrying about that and focus on the care.”

TOP TIPS AND RECOMMENDATIONS FOR SERVICES

HOW THE NHS CAN MAKE A DIFFERENCE



Inclusive paperwork - include everyone with more diverse language (not as an afterthought)



Equip midwives with **LGBTQ+ knowledge and resources**



Be accountable for **accurate and consistent recording** e.g. a note to indicate that a patient may want a conversation about gender or consent



Hold staff to account for discriminatory behaviour or ignoring best practice



Use **LGBTQ+ affirmative signage** or iconography on the ward e.g. progressive rainbow flag sticker, lanyards, staff pronouns on badges, including your reasons for doing so e.g. [Why I Use Pronouns](#)



WHEN YOU GET IT RIGHT

LGBTQ+ people can:



Feel **safer** with you and **relax** more



Can **be themselves** at their most vulnerable



Feel **less worried** about how you might treat them




Can **focus** on birth and their baby / babies



Feel pride and not shame at the start of their parenting journey



Have better individual and family **health outcomes**



“Even being invited to tell that part of my story felt like being healed, from a hurt I wasn't really ever sure I owned”

Acknowledgements

LGBT Health and Wellbeing, NHS Lothian, the Maternity Voices Partnership and Media Education sincerely thank the participants for sharing their stories and taking part.

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APPENDIX 1: RESOURCES FOR FURTHER READING AND LEARNING

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General LGBTQ+ Resources

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
LGBTI Glossary Booklet	Equality Network		Yes	This is a short list of some LGBTI+ terms, you can find a longer list on our website at www.equality-network.org		
Queer Birth Club Website	AJ Silver	2024	Yes	The Queer Birth Club was born out of necessity to fill the void of LGBTQ+ inclusion in the birth world.		
LGBTQ+ Maternity Language Poster	AJ Silver		Yes	Learn more about LGBTQ+ Competency?		Print and put in your staff rooms and client spaces. Enter your details to download your free copy of my LGBTQ+ Maternity Language Poster and learn why inclusive language is important, challenges LGBTQ+ service users face within the maternity system when it comes to language, and tips on how to make your language more inclusive in your practice.

General LGBTQ+ Resources [continued]

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
LGBTQ+ Paths to Pregnancy (US based)	Family Equality		Yes	For LGBTQ+ folks looking to welcome a child into their family through a biological connection with one or more of the parents, there are many paths available at a wide range of costs, complexities, and involvement.		
Lesbian and Bi+ Women's Experiences of Reproductive Health and Fertility Services in Scotland	Crowther, Pearson, Valentine, and Fisher (Equality Network)	2019	Yes	Large scale quantitative analysis exploring the experiences of cis LB+ women regarding contraception use, cancer screenings, pregnancy and pregnancy services, fertility treatment, fertility and the law, surrogacy, breastfeeding and abortion services.	Same-sex parents can miss out on antenatal care and birthing classes due to feeling excluded or stigmatised Lesbians report being asked inappropriate questions about their sex lives Paperwork is inappropriate for same-sex couples Little research exists about Bi+ women's experiences	There is a need for more LGBTI+ awareness training Staff should not make assumptions about gender identities, sexual orientations, or people's needs LB+ women's needs should be recognised re: contraception provision Forms and leaflets should be redesigned to be inclusive

General LGBTQ+ Resources [continued]

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
The views and experiences of LGBTQ+ people regarding midwifery care: A systematic review of the international evidence	McCann, Brown, Hollins-Martin, Murray and McCormick	2010	No	Systematic literature review of 11 papers to understand the experiences of LGBTQ+ people in relation to midwifery care. Provides conclusions and recommendations regarding midwifery policy and practices.	<p>Feelings of isolation and loneliness during different stages of reproductive healthcare are common amongst the LGBTQ+ community, particularly for trans and gender-non conforming people</p> <p>Lesbians experience hypervigilance, fear of childbirth, inappropriate questioning and voyeurism, and an over-focus on their sexuality rather than their specific needs</p> <p>LGBTQ+ birthing people face mistreatment, judgment and a perceived fear of lack of support within reproductive healthcare</p> <p>LGBTQ+ people struggle within a heteronormative maternity service environment, with language and documentation not reflective of the diversity of the LGBTQ+ community</p>	<p>The LGBTQ+ community needs to feel treated with respect in all stages of reproductive healthcare</p> <p>Within postnatal care and ongoing support there needs to be parental education that takes into account co-parenting in a lesbian family, as well as wider addressing of the use of heteronormative language and assumptions</p> <p>Support for LGBTQ+ people should be tailored to individual circumstances, which requires specific training for midwives on LGBTQ+ needs and different circumstances/family structures</p> <p>There is a need for strategies to reduce the fear of discrimination and prejudice LGBTQ+ people experience</p> <p>Greater research into the experiences of different sections of the LGBTQ+ community is needed to produce adequate guidance and guidelines</p>
Minority stress adds an additional layer to fear of childbirth in lesbian and bisexual women, and transgender people	Malmquist, Jonsson, Wikström, Nieminen	2019	No	Explores through 17 semi-structured interviews, the experiences of pregnancy, childbirth and reproductive healthcare in lesbian and bisexual women and transgender people with a fear of childbirth.	<p>For those with a fear of childbirth, minority stress adds an additional layer of fear for LBT people, on top of previously researched similar fears in straight women</p> <p>While some participants had positive experiences with midwives, many also reported negative experiences including heterocisnormative assumptions (eg same-sex couples being presumed to be sisters), lesbophobia, transphobia and biphobia, tactless questions, and a lack of routines for treating LBT people</p>	<p>Lesbian and bi women, and trans/non-binary people with a fear of childbirth represent a vulnerable population requiring specific training and understanding</p> <p>Care and support is needed that reduces minority stress and builds trust</p>

General LGBTQ+ Resources [continued]

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
Lesbian co-mothers' experiences of maternity healthcare services	Cherguit, Burns, Pettle	2012	No	Explores co-mothers' experiences of maternity services in the UK, from their partner trying to conceive, to post-birth care, using semi-structured interviews with ten lesbian co-mothers.	<p>Co-mothers felt largely accepted and had positive experiences with maternity staff. However, heterocentric structural barriers were present and ambiguous interactions with staff evoked feelings of homophobia or a lack of cultural competence within maternity services.</p> <p>Co-mothers felt excluded/made invisible by the system eg through lack of legal parental identity, as a result of having to buy access to fertility, situations in which there was a reference to 'mums and dads', or forms/leaflets in which father was the only option for co-parent.</p>	<p>Explicit reference to lesbian-headed families in maternity documentation would contribute to co-mothers' sense of inclusion, eg including 'co-parents' or 'partners' on forms and in leaflets</p> <p>Maternity staff needs to be explicitly inclusive and affirming towards co-mothers to reduce potential feelings of discrimination</p> <p>Increased awareness by maternity staff of lesbian-led families would facilitate the development of co-mothers' parental identity in the system</p>
Maternity Care for LGBTQ+ People - How can we do better?	Bunty Lai-Boyd	2020	Yes	Explores through 17 semi-structured interviews, the experiences of pregnancy, childbirth and reproductive healthcare in lesbian and bisexual women and transgender people with a fear of childbirth.	Practice Development Midwife from Gloucestershire Hospitals NHS Foundation responding to the LGBT in Britain: Health Report	Noting that 14% of LGBT people avoid healthcare altogether due to negative experiences, says that perinatal care is perhaps the most heterocentric service. Care is often not individualised and there is a lack of distinct maternity guidance and policies that reflect LGBTQ+ needs. There should be more guidelines, policies, and inclusive structures.

Trans and non-binary Resources

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
'Gender-inclusive language in midwifery and perinatal services: A guide and argument for justice'	Pezaro et al	2024	Yes	Explores how 'sexed language' can do harm in the midwifery profession, including to cis women and how this relates to colonial/patriarchal thinking.	Failure to recognise that different kinds of people and bodies can become pregnant has caused harm and baby loss	There should be system-wide use of inclusive language This paper includes a table of inclusive language to use in specific circumstances and recommendations of what to avoid
Perinatal Care for Trans and non-binary People Birthing in Heteronormative "Maternity" Services: Experiences and Educational Needs of Professionals	Pezaro et al	2022	Yes	Explores the educational needs of perinatal staff, the cisheteronormative model of care, and attitudes/experiences of staff in relation to trans and non-binary people giving birth.	Perinatal care providers reported witnessing transphobic and homophobic behaviour from their peers Some expressed apprehension and fear of 'slipping up' when providing care Perinatal care is structured around a cisheteronormative model	Service provision could be more affirming for trans and non-binary people Professional trans and non-binary competent education is needed Services, leaflets, forms, etc must become inclusive
Undergoing pregnancy and childbirth as a trans masculine in Sweden: experiencing and dealing with structural discrimination, gender norms and microaggressions in antenatal care, delivery, and gender clinics	Felicitas Falck, Louise Frisé, Cecilia Dhejne, Gabriela Armuand	2020	Yes	To investigate how trans masculine individuals experience healthcare encounters in connection with pregnancy, delivery and nursing, in a setting where mandatory sterilisation to change legal gender was recently removed	Patients feared a pregnancy would be regarded as incompatible with a male gender identity by gender clinics and that gender affirming treatment would be denied Language throughout antenatal care equated pregnancy with women, leading to feelings of exclusion Trust in HCPs was dependent on their willingness to listen and respect the patient	Healthcare should be individualised, inclusive, respectful and knowledgeable Gender clinics should develop knowledge to support patients during pregnancy HCPs should enhance their knowledge of nursing after chest masculinisation surgery

Trans and non-binary Resources [continued]

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
Conception, Pregnancy, and Birth Experiences of Male and Gender Variant Gestational Parents: It's How We Could Have a Family	Simon Adriane Ellis, Danuta M. Wojnar, Maria Pettinato	2014	No	To understand the decision-making and experiences of trans masculine and gender variant gestational parents	<p>Loneliness was an overarching theme as parents had to navigate disclosure, identity, and exclusion. Intended parents had to navigate internal struggles with the societal norm of defining a pregnant person as a woman</p> <p>Intended parents had to deal with fear of physical feminisation during pregnancy</p> <p>Every parent had different experiences - some experienced profound dysphoria and disconnection, while others were able to focus on the 'mission'</p> <p>No-one received care from a practitioner who had experience with trans patients and some reported negative experiences, although most were surprised by the positive experiences they had with healthcare providers</p> <p>Many felt alienated, ignored, and misunderstood by community services for expectant parents</p>	<p>This paper provides tables of where the key points of tension in perinatal health settings occur</p> <p>Culturally sensitive preconception counselling might be beneficial to open the door to communication</p> <p>Addressing points of tension that emerged could include providing training to all staff, documenting preferred name and pronouns, offering scheduling accommodations or alternate waiting areas, proactively discussing privacy issues, planning ahead for labour, calling ahead to outside providers</p>

Feeding

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
Breastfeeding Without Giving Birth	Alyssa Schnell, St. Louis, MissouriUSA	2020	Yes	In this article Alyssa discusses how parents who have not given birth can breastfeed by inducing lactation and how La Leche League Leaders can support them.	<p>Loneliness was an overarching theme as parents had to navigate disclosure, identity, and exclusion. Intended parents had to navigate internal struggles with the societal norm of defining a pregnant person as a woman</p> <p>Intended parents had to deal with fear of physical feminisation during pregnancy</p> <p>Every parent had different experiences - some experienced profound dysphoria and disconnection, while others were able to focus on the 'mission'</p> <p>No-one received care from a practitioner who had experience with trans patients and some reported negative experiences, although most were surprised by the positive experiences they had with healthcare providers</p> <p>Many felt alienated, ignored, and misunderstood by community services for expectant parents</p>	Breastfeeding Without Giving Birth
Support for Transgender & Non-binary Parents	La Leche League GB		Yes	LLL supports everyone who wants to breastfeed or chestfeed in reaching their goals.		Support for Transgender & Non-binary Parents

Feeding [continued]

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
Preconception, Pregnancy, Birthing, and Lactation Needs of Transgender Men	L.R.D. MacLean	2021	No	Literature review on the experiences of pregnant and birthing trans men, including existing barriers to healthcare and inequality of treatment. Findings provide insight into the reproductive health needs of trans men and recommendations for optimal care relating to reproductive desires, contraception, family planning, fertility preservation, pregnancy, birth, and lactation.	Minimal research exists on the reproductive health needs of trans men Many trans men experience increased dysphoria in pregnancy and breast/chestfeeding Trans men are not receiving accurate contraceptive advice Preconceptions about trans men's sexual orientation/sex partners leads to poor outcomes Many trans men are becoming pregnant and giving birth without adequate care	Trans men may feel more comfortable in gender-affirming environments Use inclusive language Do not make assumptions about gender identity and sexual orientation Intake forms should ask gender/sexual orientation questions of everyone Education on trans bodies, identities, and reproductive health needs is required
Transgender Men and Lactation: What Nurses Need to Know	Emily Wolfe-Roubatis, Diane L Spatz	2015	No	To use case studies to find out how nurses can best support postpartum transgender men	In the case studies, one parent chose to 'pass' as a masculine lesbian woman to avoid adversity as he had not had HRT. Another felt that much of midwifery and lactation support was an 'old school' 'sisterhood' and perceived them as a 'butch lady', but that some nurses and midwives were aware and supportive Increased dysphoria occurred due to visible increases in chest size	Create a welcoming clinical environment Develop a relationship built on trust and respect Educate yourself and your colleagues Know your resources

Feeding [continued]

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: a qualitative study	MacDonald et al	2016	Yes	Qualitative interviews with 22 transmasculine people to understand their experiences with lactation, chestfeeding and gender identity, across all stages (before pregnancy, during pregnancy, postpartum, and afterwards) in order to guide health professionals who provide breast and chest care and to inform transmasculine people who may want to chestfeed.	<p>Harm is caused to transmasculine birthing people through misgendering during the pregnancy and birthing process</p> <p>Chest masculinising surgeries are often undergone before pregnancy in transmasculine individuals to alleviate gender dysphoria. Whether such surgery has taken place affects decisions around lactation and chestfeeding</p> <p>Transmasculine individuals found that consultants did not discuss or mention options for lactation and chestfeeding if they had had chest masculinising surgery, despite this often still being possible</p> <p>A lack of knowledge meant some participants were not made aware of potential body changes when pregnant and afterwards in terms of mammary tissue regrowth which could cause dysphoria</p>	<p>Options for lactation and chestfeeding should be sensitively discussed with transmasculine birthing people, without the assumption that this is not possible</p> <p>Communicating an understanding of gender dysphoria and transgender identities is crucial to building patient trust. Reproductive healthcare staff should explain the potential for changes in appearance/presentation ie tissue regrowth following chest masculinising surgery, as well as related changes including widening hips and less facial hair etc.</p> <p>Difficulties with chest binding during pregnancy should be discussed as this can lead to dysphoria and being misgendered more often</p> <p>Support postpartum with chestfeeding is needed, including providing privacy for those who need this</p> <p>Support is needed and knowledgeable midwives around issues with the early signs of mastitis and engorgement</p> <p>Ensure consent has been given when touching someone's chest</p>

Feeding [continued]

Title	Author/s	Year	Open access	Aims	Key Findings	Key recommendations
Case Report: Induced Lactation in a Transgender Woman	Tamar Reisman and Zil Goldstein	2017	Yes	To describe a case of nonpuerperal induced lactation in a transgender woman	A regimen of domperidone, estradiol, progesterone, and breast pumping was able to achieve sufficient breast milk volume to be the sole source of nutrients for her child	No recommendations – a case study demonstrating that this is a possibility
Lactation induction in a transgender woman: case report and recommendations for clinical practice	Jojanneke E Amesfoort, Norah M Van Mello, Renate van Genugten	2024	Yes	To describe a case of induced lactation in a transgender woman and make recommendations for practice	<p>Estradiol and progesterone were used to mimic pregnancy, in addition to domperidone as a galactagogue, as well as breast pumping</p> <p>Production was low but sufficient for supplementary feeding</p> <p>Lactation induction protocols commonly used for cisgender women are also effective in transgender women, but milk volume may be insufficient for exclusive feeding</p> <p>It is possible to give birth and be pregnant while presenting as male. While chestfeeding can present issues for many this is possible, and being a birthing person does not mean you have to be a ‘mother’</p> <p>There is a need for more publicity/fewer hidden experiences of trans men giving birth and being pregnant.</p>	<p>Create a welcoming clinical environment</p> <p>Develop a relationship built on trust and respect</p> <p>Educate yourself and your colleagues</p> <p>Know your resources</p>
Breastfeeding as a trans dad: ‘A baby doesn’t know what your pronouns are’	Ashifa Kassam	2016	Yes	Story of Trevor MacDonald, a trans man in Canada, on his experiences of birthing two children.	<p>It is possible to give birth and be pregnant while presenting as male. While chestfeeding can present issues for many this is possible, and being a birthing person does not mean you have to be a ‘mother’.</p> <p>There is a need for more publicity/fewer hidden experiences of trans men giving birth and being pregnant.</p>	

Learn more about LGBTQ+ lives and culture

Type	Title	Overview
Podcast	Somewhere for Us Podcast	The LGBTQ+ podcast for Scotland and beyond (with Jules Stapleton Barnes)
Podcast	Handsome	Podcast with 3 queer comedians
Podcast	Sarah Keyworth – Are you a boy or a girl?	Comedian Sarah Keyworth explores their personal journey with gender fluidity and androgyny
Podcast	The Bad Gays Podcast	A podcast about evil and complicated queers in history. Why do we remember our heroes better than our villains? Hosted by Huw Lemmey and Ben Miller.
Podcast	Like Minded Friends with Tom Allen & Suzi Ruffell	A podcast where two homo comedians talk about life, love and culture... sometimes
Podcast	Out - with Suzi Ruffell	A podcast all about the inspiring lives of LGBTQIA+ people
Book	None of the above - reflections beyond the binary by Travis Alabanza	A breath of fresh air . . . Anyone expecting a hand-holding guidebook will be disappointed by the candour, complexity and subjectivity of None of the Above. There's no memoir like it published in the UK . . . Alabanza's memoir offers welcome nuance to those willing to listen — * Independent *
Book	What it feels like for a girl by Paris Lees	Bold, poignant and riotously funny, What It Feels Like For a Girl is the unique, hotly-anticipated and addictively-readable debut from one of Britain's most exciting young writers.
Book	Carrie Kills a Man by Carrie Marshall	Carrie Kills A Man, CKAM for short, is Carrie Marshall's first memoir and was published by 404 Ink in November 2022.
Book	Person Unlimited: An Ode to my Black Queer Body by Dean Atta	From choirboy to drag act, grandson to mentor, poet to lover, Dean Atta has played many roles in his life. In this formally inventive, candid and courageous book, he explores what he has carried in his body: wins and losses, shame and pride, pain and joy.
Book	Nobody needs to know - a memoir by Intersex activist Pidgeon Pagonis	From intersex activist Pidgeon Pagonis comes a candid and life-affirming true story of identity, lies, family secrets, and the healing power of truth.

Learn more about LGBTQ+ lives and culture [continued]

Type	Title	Overview
Print Magazine	Somewhere for Us Magazine	Articles and artwork from many inspirational LGBTQ+ and ally people across Scotland and beyond, including some famous faces and many community champions who continue to help make Scotland a proud and positive place to be LGBTQ+.
Film	LGBT Health and Wellbeing - films resources	A range of short films about LGBTQ+ lives. Featuring: A Long Line of Glitter, Transvisions, Coming Out Stories
Film	Seahorse	One trans man's pioneering quest to fulfil an age-old desire: to start his own family. This is the story of the dad who gave birth.
Film	A Deal with the Universe	Transgender filmmaker Jason Barker chronicles a very different kind of pregnancy.
Film	Nanette	By Hannah Gadsby on Netflix.
Film	Every Body: a sympathetic guide through the stories of intersex people	Julie Cohen's documentary uses conventional methods to share the extraordinary experiences of three intersex individuals as they fight against the practice of medically unnecessary surgeries.
Website	Understanding Asexuality	Within the asexual community, there are many ways for people to identify.
Website	Intersex: New Interdisciplinary Approaches	Adeline Berry, transgender and intersex research fellow at the University of Huddersfield.
Website	What's in a Name - Gender Inclusion in Maternity and Beyond	Blog by Laura Godfrey-Issacs (Midwife, Artist and Activist) discussing her experiences as a mother of a daughter with a trans male partner. Includes resources for further reading and how gender-inclusive terms can be used in midwifery, as well as recommendations for practice.
Website	Rainbow Families (Scotland)	Facebook page for LGBTQ+ families in Scotland, moderated by LGBT Health and Wellbeing. DMs not regularly checked - contact: jules@lgbthealth.org.uk
Website	Rainbow Families (Australia)	Rainbow Families is the leading voice for LGBTQ+ families in Australia.

lgbthealth.org.uk

Scotland's health and wellbeing
charity for LGBTQ+ adults



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