

# REPRODUCTIVE CARE FOR TWO SPIRIT, TRANS, OR GENDER-DIVERSE RELATIVES

GUIDE AND FACT SHEET



THE RAVEN COLLECTIVE



**Aim of this guide: to offer a glimpse into the various paths and barriers that Two Spirit, trans, or gender-diverse (2STGD) relatives may navigate during perinatal and full-spectrum reproductive care. The following considerations are written by a 2STGD birthing parent and scholar, intended to generate self-reflection for healthcare providers and care-workers regarding the power to facilitate culturally-affirming care for 2STGD relatives.**

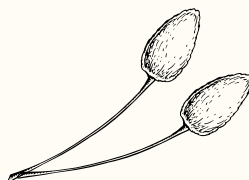




## Honoring Traditional Indigenous Knowledge & Practices

- Indigenous rituals and ceremonies that are specific for perinatal, postpartum or reproductive support may be necessary for your patients/relatives/clients. These rituals are often grounded with places and elements that are outside of a clinical or hospital setting (i.e. sweat lodge ceremonies, flower/herb baths).
  - How will you do your best to honor these medically necessary and culturally-affirming customs if they are beyond your understanding or conflict with your own practices as a healthcare provider?
  - What are your boundaries and where can you flex them to create more space for non-Western traditions of medicine and healing?
  - Some examples for reflection:
    - A relative/client may require the burning of specific traditional plants during their birthing time—does your hospital or clinic have areas designated for such practices? If not, what can you do to create access to a client’s traditional plants?
    - A relative/client may require sacred songs or music to be shared aloud during specific stages of their birthing time—can you still perform your role and maintain good communication with your client while being respectful of the prayers being sung/chanted?
    - A relative/client may bring in a birthkeeper (sometimes known as a “doula”) to support them during their birth—can you work respectfully with a traditional birthworker who may be charged with the role of protecting their relative/client’s birth ceremony in a non-Indigenous setting? Birthkeeper roles are expansive and may include offerings such as physical support including positions, bodywork, etc., offering culturally appropriate rituals, practices, foods, and more.
    - A relative/client may require culturally-appropriate foods during labor and after birth such as broths, meats, greens and other nourishing foods. Does your hospital or clinic have restrictions around food consumption during labor, and if so, what can you do to create space and openness towards a relative/client’s nourishment needs?

- How do we facilitate access to relatives'/clients' traditional birth and perinatal practices, especially when confined to a medicalized setting or asked to offer our skills outside of the clinic or hospital?
  - Consult with Traditional Indigenous Medicine (TIM) practitioners or other Indigenous healthcare providers who have found ways to integrate a spectrum of health and wellness approaches in their practice.
  - Talk with your client or patient well in advance of any perinatal event (part of birth preferences discussion) about how to creatively meet their needs and yours as a clinician.
    - Examples for reflection:
      - A relative/client may choose to birth inside a sweat lodge created specifically for birthing. What would you need as a clinician to support a birth in this setting?
        - Bring materials to sanitize tools outside, create warm and dry environments for birthing, ensure clean, running water on-site
      - A relative/client may not feel safe coming into a clinical setting for assistance with IUI (intra-uterine insemination). Can you offer them an at-home IUI, respecting whatever rituals they may need to incorporate during that process?
        - Working with relative/client to create a safe and sterile environment at home for IUI
        - Understanding who they need present to feel safe and supported; discussing a care plan that incorporates their traditional practices & healers
      - A relative/client may have certain desires for birthing and placenta care, such as open access to birthing positions, allowing baby's feet to touch the ground upon delivery, no gender announcement upon delivery, delayed or no cord cutting.
      - How can you create space in your practice to respect and honor these needs?



## Postpartum Practices & Considerations

- Many postpartum practices involve staying at home for the first 40 days of the child's life—can you offer home visits for the initial postpartum and newborn wellness exams? If so, can you maintain home visits at no additional fee so that Indigenous clients are not penalized for maintaining this post-partum tradition?
- How do you articulate PMADs (perinatal or postpartum mood and anxiety disorders) within an Indigenous framework of mental health and wellness?
  - Consult with Traditional Indigenous Medicine (TIM) practitioners and trans/queer birthworkers to create a referral network or culturally appropriate practitioners and peer-support groups for relatives/clients who are struggling with PMADs.
  - Become familiar with some forms of traditional medicine for addressing symptoms associated with PMADs so that you are prepared to support a relative/client who may request access to such practices (i.e. traditional herbs, baños, limpieas, or other bodywork).
  - Continue to monitor 2STGD relatives/clients for PMADS well into their fifth year postpartum—trans and queer relatives are at a higher risk for PMADs as many of us already live with a history of depression, anxiety, and suicidality because of our survival within transphobic and anti-Native contexts.
  - Closing ceremonies & Binding
    - Traditional ceremonies of grieving and closure help the physical body to realign and strengthen (i.e. preventing diastasis recti)
    - Support relatives'/clients' access to materials for binding their center for postpartum and pelvic healing in accordance with their specific traditions (consult with TIM practitioners for referrals and resources)



## Gender-Affirming Practices

- How do we honor genders that are culturally-informed & grounded?
  - Be ready to learn many languages & ways of articulating gender/sexuality
    - Many Indigenous languages have only one pronoun such as siya (Tagalog) or ia (Māori)
    - Our names for our genders and pronouns cannot be translated and can be interpreted into English at best.
  - Be open to & respectful of gender expression that is beyond the Western non/binary
    - Be comfortable with not fully understanding and yet respecting our community roles (i.e. genders) & associated rituals
    - Be able to gender the baby according to the birthing person/parent's wishes

## Family Structures

- Honor families that dissolve the nuclear family unit→polyamorous families, multi-generational, solo parents, known donors, spiritual parents
- Elders and young people may accompany our clinic visits and must be welcomed, not excluded from our care→family members help us be accountable to our health & can offer more insight into our health (we are all in relationship)
- Avoid making assumptions about supporting people's roles, e.g. avoid asking "Who is the dad?", etc. Be curious and open-minded, using active listening and asking questions if needed to understand the family structure.

## Birthing Parent Sovereignty

- How do you support the sovereignty of your relatives/clients? Does this extend to our inherent knowledge of our bodies & health?
  - We, Indigenous parents...
    - are the experts of our own bodies, including our body cycles, past experiences, lineage, spiritual & physical needs
    - understand what our perinatal and reproductive care space needs
    - know what cultural practices are necessary to support ourselves and our child(ren)