NEGATIVE HEALTHCARE EXPERIENCES ARE COMMON FOR 2SLGBTQI+ FAMILIES. FOLLOW THESE TIPS TO CREATE A WELCOMING SPACE!

INTRODUCE YOURSELF WITH YOUR NAME & PRONOUNS.
This will enable you to correctly identify your clients, let them know you are an ally & help create a comfortable experience. Try this: “Hi, I’m Dr. ___, and I use she/her pronouns. It’s nice to meet you! What’s your preferred name and pronouns?”

ASK WHAT PARENTING LABELS YOUR CLIENT/S USE.
Don’t assume you know the names, labels, or family structure of the 2SLGBTQI+ parents you are meeting. For example, do not assume the birth parent uses the label “mother.” Did you know that many trans and gender nonconforming parents are misidentified as “same-sex” by providers? Try this: “What parenting labels would you like me to use?”

ONLY ASK FOR REPRODUCTIVE INFO IF IT DIRECTLY IMPACTS YOUR CLIENTS’ HEALTH.
Remember: All families do not look alike. Children come to be part of families in many ways. 2SLGBTQI+ parents don’t like feeling like a curiosity.

MAKE YOUR SIGNS, UNIT NAMES, FORMS & POLICIES INCLUSIVE OF ALL-GENDERS AND FAMILIES.
2SLGBTQI+ families experience erasure & discrimination through gender-exclusive washrooms; forms that only include Male/Female, Mother/Father, or two-parent-only options; policies that only extend to biological/heterosexual parents; and names of departments, such as “Mother & Baby Unit.” Using terms like parent, guardian, partners, & spouse are more inclusive. Ask your clients which terms they would like you to use.

ENSURE YOUR 2SLGBTQI+ TRAINING IS INTERSECTIONAL & INCLUDES ANTI-RACISM TRAINING.
Did you know 2SLGBTQI+ Indigenous, Black and racialized parents report higher incidence of being discriminated against and misrecognized as the friend, “nanny”, sibling, or grandparent to their own child? Racialized 2SLGBTQI+ parents, particularly fathers, Two-Spirit, trans & nonbinary parents, report being seen as predators when doing ordinary things, like bike riding or traveling, with their children, which can lead to police intervention and criminalization. Thinking about how racial bias & gender norms influence your perception of families is important. Seeking out anti-racist and 2SLGBTQI+ equity training is key.

IF YOU MAKE A MISTAKE, IDENTIFY, LEARN, APOLOGIZE & MOVE ON.
Mistakes happen! When they do it is important to identify your error, apologize, state a commitment to doing better & move on. It is uncomfortable for 2SLGBTQI+ clients if you dwell on your errors.

ACKNOWLEDGE AND ADDRESS ALL THE PARENTS IN THE ROOM.
2SLGBTQI+ parents who are not biologically connected to their children commonly experience feeling ignored during health visits, especially during the pre and post-natal period.

ENSURE EVERY EMPLOYEE IS 2SLGBTQI+ CULTURALLY COMPETENT.
Did you know that many 2SLGBTQI+ staff and clients experience discrimination, being called the wrong pronoun or parent label, when encountering patient relations, administrative staff, or human relations? All level of employees from volunteers to management need to be 2SLGBTQI+ culturally competent. Do not place the responsibility of 2SLGBTQI+ competency on a select group of 2SLGBTQI+ staff.

WRITE & SHARE YOUR COMMITMENT TO 2SLGBTQI+ FAMILIES.
Create a document that lists the steps your organization/agency is taking to address 2SLGBTQI+ discrimination and be inclusive. Post this on your walls, website, and social media. Rainbow flags & positive space signs are a great start, but they are not enough!

BE FRIENDLY & KIND.
The 2SLGBTQI+ community has a long history of being pathologized and criminalized in healthcare. 2SLGBTQI+ people continue to report cisgender normality & discrimination when accessing healthcare. It takes bravery to seek healthcare services. Honour this by being kind, friendly and following these tips.