ARTICLE

Attitudes of Midwives Towards Lesbians: Results From a Systematic Review of Literature on Midwives' Attitudes Towards Sexual and Gender Minority People

Attitudes des sages-femmes envers les lesbiennes : résultats d'une revue systématique de la littérature sur les attitudes des sages-femmes envers les personnes des minorités sexuelles et de genre

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ABSTRACT

Midwives are positioned to play a crucial role in the health experiences of sexual and gender minority people, who often avoid accessing care due to previous or anticipated negative health encounters. Canadian provincial, territorial, and national regulatory entities hold midwives accountable to the provision of inclusive and safe midwifery care to all. A broad, systematic search of literature examining midwives' attitudes towards sexual and gender minority people and published from 2005 to 2020 included MEDLINE, Embase, PsycINFO, CINAHL, Sociological Abstracts, Sexual Diversity Studies, PubMed, Scopus, Web of Science, PsychLIT, and Cochrane Library. English-language studies that were relevant to midwives' attitudes towards sexual and gender minorities were eligible for inclusion. Of 623 articles retrieved, five primary studies met inclusion criteria but examined midwives' attitudes exclusively towards lesbians. Positive and caring midwives' attitudes contributed to creating a safe and supportive space for lesbians, even if the midwives didn't have specific training or education regarding how to care for them. Midwives' negative attitudes contributed to lesbians' experiences of homophobia and heterosexism. Further research on midwives' attitudes towards all sexual and gender minorities is needed, especially in the Canadian context, demonstrated by the importance midwives' attitudes have in shaping the experiences of lesbians in midwifery care.

KEYWORDS
midwives, attitudes, lesbian, sexual and gender minorities, LGBTQ

This article has been peer reviewed.

RÉSUMÉ

Les sages-femmes sont placées pour jouer un rôle crucial dans les expériences des personnes des minorités sexuelles et de genre (MSG) avec le système de santé. Ces individus évitent souvent d'avoir accès aux soins à cause de rencontres négatives antérieures ou anticipées. Au Canada, les entités de réglementation provinciales, territoriales et nationales tiennent les sages-femmes responsables de la prestation de soins inclusifs et sûrs à tout le monde. Les autrices ont procédé à une vaste recherche systématique de la littérature sur les attitudes des sages-femmes envers les MSG. Elles se sont intéressées aux études publiées entre 2005 et 2020 et répertoriées dans MEDLINE, Embase, PsychInfo, CINAHL, Sociological Abstracts, Sexual Diversity Studies, PubMed, Scopus, Web of Science, PsychLit et Cochrane. Les études en anglais qui étaient en rapport avec les attitudes des sages-femmes envers les SGM étaient admissibles à l'inclusion. Parmi les 623 articles extraits, cinq recherches originales respectaient les critères d'inclusion, mais n'examinaient que les attitudes des sages-femmes envers les lesbiennes. Des attitudes positives et bienveillantes ont contribué à la création d'un espace sûr et d'un grand soutien pour les lesbiennes, même si les sages-femmes ne possédaient pas une formation ou n'avaient pas suivi d'études portant spécifiquement sur la prestation de soins à ces personnes. À cause de l'attitude négative de sages-femmes, des lesbiennes ont connu des expériences homophobes et hétérosexistes. Des recherches plus poussées sur les attitudes des sages-femmes envers toutes les minorités sexuelles et de genre sont nécessaires, en particulier dans le contexte canadien. Elles le sont en raison de l'importance des attitudes des sages-femmes sur l'expérience des soins offerts par celles-ci aux lesbiennes.

MOTS-CLÉS
sages-femmes, attitudes, lesbiennes, minorités sexuelles et de genre, LGBTQ

Cet article a été évalué par un comité de lecture.

INTRODUCTION

People of sexual and gender minorities* can experience inequities in access to, and the provision of, health care.[1–3] Sexual and gender minorities (SGMs) often face prejudice, stigma, and discrimination, which is marginalizing and creates a barrier to accessing safe and timely health care.[1,2,4,5] This can result in health disparities relative to the population.[6]

Across Canada, midwifery regulatory and professional entities uphold the importance of providing safe and inclusive care for SGM people through their respective codes of ethics; regulatory colleges in British Columbia, Manitoba, Ontario, Nova Scotia, and Newfoundland and Labrador call for the provision of midwifery care that is inclusive and respectful of a person's sexual orientation, gender identity, and gender expression.[7–11] Further, position statements from the Canadian Association of Midwives and provincial midwifery associations include required competencies for the midwifery care of transgender and gender-variant people.[12,13] The Canadian Midwifery Regulators Council calls for the provision of inclusive midwifery care that uses gender-inclusive language and is welcoming of a person's gender identity and expression.[14] More broadly, the *Canadian Human Rights Act* prohibits discrimination based on sexual orientation, and the *Ontario Human Rights Code* prohibits discrimination based on gender identity and gender expression.[15,16]

Rooted in principles of feminism and social justice, the tenets of midwifery care theoretically provide a foundation for safe, quality care for SGM people. Midwives (i.e., registered midwives regulated at the provincial or territorial level) provide informed decision making, but the clients are the primary decision makers in all aspects of their care. Often "invisibilized" in health care settings, SGM people can be empowered by the opportunity to make informed decisions about what is right for them and to be in control. In Canada, midwives offer individuals the choice of giving birth in hospital, at home, or at midwife-led birth centres where available. The option to receive perinatal care at an alternative, inclusive health care setting is often welcomed by SGM individuals, who might otherwise avoid accessing medical care after previous homophobic, biphobic, or transphobic experiences in mainstream care settings.[17] The continuity of team-based midwifery care enables SGM people to develop trusting and respectful relationships with their midwifery team over time. Inclusive, safe midwifery care frees SGM individuals to share their stories and identities. Individualized and inclusive care means SGM people have access to safe, quality care during their experience of becoming new (or new again) parents.

Of salience, midwives have an ethical duty to ensure the provision of safe, inclusive, quality care to all clients, underpinned by midwifery tenets and regulations. As primary care providers, midwives can significantly shape the experiences of SGM people accessing midwifery care.

The objective of this review is to identify the literature exploring midwives' attitudes towards SGM people and to understand how midwives' attitudes might shape the experiences of SGM clients and impact their health outcomes. This matters because SGM people will often avoid accessing medical care because of anticipated or previous negative or even harmful medical encounters resulting from discriminatory attitudes, including homo-, bi-, and transphobia.[2,5,6] This can create barriers to SGM people accessing timely care or prevent them from receiving safe care, both of which contribute to SGM health disparities.[18,19] Attitudes can be changed, but changing them requires an understanding of how they are shaped.

METHODS

Search Strategy

We performed a systematic search of the following databases from 2005 to 2020: MEDLINE, Embase, PsycINFO, CINAHL, Sociological Abstracts, Sexual Diversity Studies, PubMed, Scopus, Web of

*"Queer," "sexual and gender minority," and "LGBTQ" are used interchangeably here. "Trans" is used here as an umbrella term for transgender, genderqueer, non-binary, and other gender minority identities; it also applies to people who identify as transsexual. Some terms are presented in this article as they are defined in the original literature (see Appendix).

Science, PsychLIT, and Cochrane Library. Although studies prior to 2005 could provide crucial socio-historical context, they are not transferable to the current Canadian context, given the shifting and progressive, political, social, and legal landscape of SGM people's rights in Canada. To find relevant studies more efficiently, search filters that limit or narrowing categories were not used. Book chapters, unpublished dissertations, and editorials were included, since relevant studies appeared to be scarce. Table 1 summarizes the search terms used. Figure 1 summarizes the article selection process.

Database searches yielded 623 articles, and an additional article was identified in one article's reference list. After duplicates were removed, 435 articles were screened by title and abstract to determine relevance.

Inclusion and Exclusion of Studies

After we identified the most relevant articles, 393 articles were excluded. Published and unpublished studies in English were included, since relevant studies from 2005 to 2020 were scarce. The remaining 42 full-text articles were assessed for eligibility. Primary studies that related to midwifery were included from regions where there is evidence of established human rights for SGMs and where midwifery is regulated (Canada, the United States, the United Kingdom, and European countries). Primary studies specifically addressing midwives' attitudes were included. Review studies were included specifically to verify that no primary studies were missed

Also excluded were articles addressing education or training of any non-midwife health care provider, experiences of SGM co-parents or SGM midwives, and SGM experiences with midwifery care or maternity or perinatal care that did not address the attitudes under study.

RESULTS

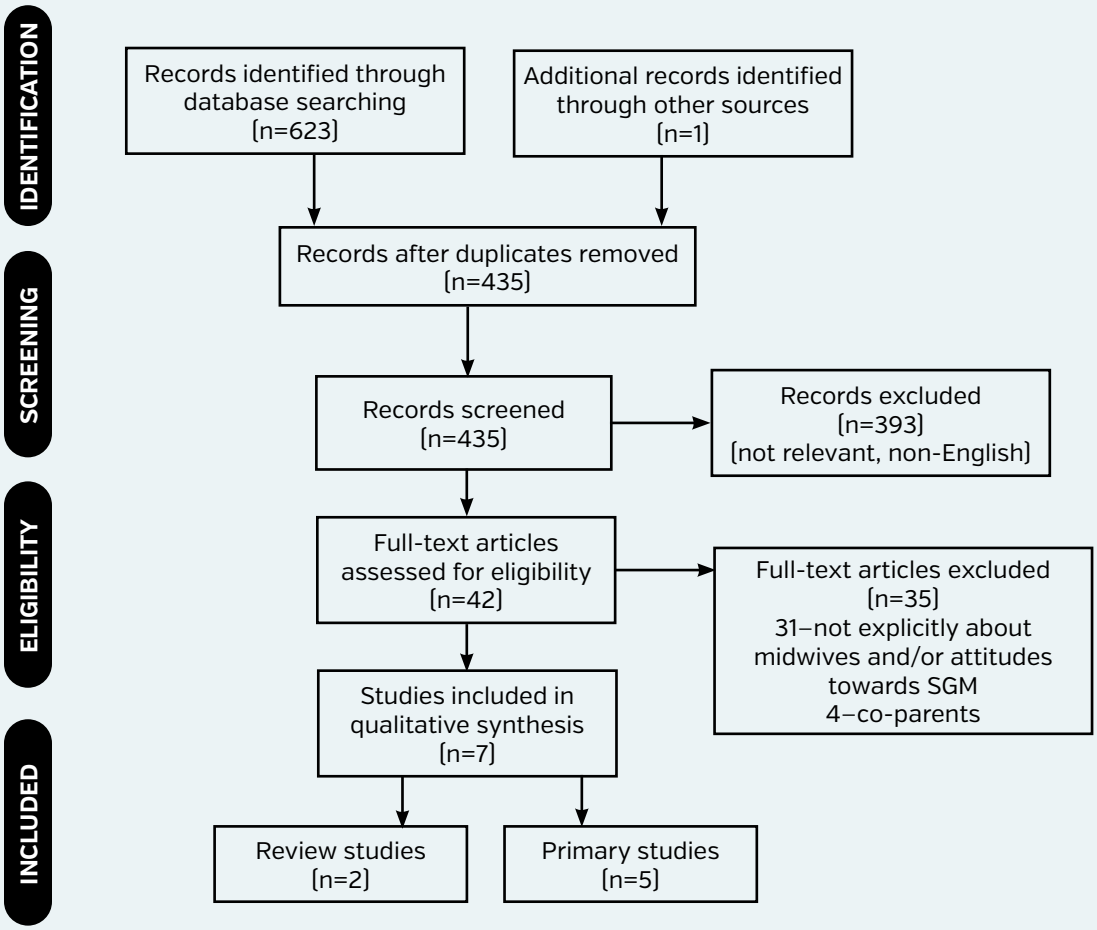
Five relevant primary studies were identified and reviewed; all were qualitative studies employing interview methodology (Table 2).[20–24] Four of these studies examined the experiences of lesbians* with their midwives or with groups of care providers including midwives, and addressed the midwives' attitudes.[20–23] The remaining study directly explored midwives' perceptions of their own attitudes towards lesbians and their partners.[24] Although the purpose of this review was to examine literature about midwives' attitudes towards all SGMs, there

Table 1. Search Terms

Midwife (or)	and	Attitude (or)	and	LGBTQ (or)
midwives		attitude*		lesbian*
midwifery		belief*		bisexual*
midwife		homophobia		gay*
nurse-midwife		transphobia		homosexual*
nurse-midwives		biphobia		queer*
nurse-midwifery		prejudice		transgender*
maternity care		cultural competence		transsexual*
perinatal care		cultural sensitivity		LGB
		view*		LGBT*
		knowledge		sexual minority*
				gender minority*

LGB, lesbian, gay, bisexual; LGBT, lesbian, gay, bisexual, transgender; LGBTQ, lesbian, gay, bisexual, transgender, queer
* see Appendix for definitions

Figure 1. Systematic Review of Midwives' Attitudes Towards Sexual and Gender Minorities: PRISMA Flow Diagram



PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses; SGM, Sexual and Gender Minorities

were no eligible studies that examined sexual minorities (such as bisexual, pansexual, or queer people) or gender minorities (such as trans or non-binary people).

Two review articles were identified as possibly relevant to this review. The first was a meta-ethnography of 13 studies done in five countries (the United Kingdom, Sweden, Norway, Canada, and the United States) between 1984 and 2011 that explored lesbian women's experiences with health care providers, including midwives.[25] The second was an integrative review of 23 primary studies performed between 2006 and 2015 from eight countries (New Zealand, Australia, and Ireland, in addition to those included in the first review); the review explored literature that pertained to nurses' and midwives' attitudes towards the lesbian, gay, bisexual, transgender, and queer (LGBTQ) population.[26] Neither review identified studies missed by the literature search for this article, and both reviews included the five primary studies included in this review. Although the integrative review examines

*The term "lesbian women" is used throughout all five studies where the focus was on cisgender lesbian women's experiences. However, we use the term "lesbians" to refer to all people who identify as lesbian, including trans and cisgender women.

Table 2. Articles Included in the Systematic Literature Review

Author, Year, Country	Title	Journal	Study Type	Method, Sampling, Size	Findings
Stewart & O'Reilly. 2017 Ireland	Exploring the Attitudes, Knowledge, and Beliefs of Nurses and Midwives of the Healthcare Needs of the LGBTQ Population: An Integrative Review	Nurse Education Today	Integrative review	23 primary studies between 2006 and 2015 from 8 countries (US, Canada, UK, Sweden, Norway, Ireland, New Zealand, Australia)	Nurses and midwives possess a wide spectrum of attitudes, knowledge, and beliefs that impact the care received by LGBTQ clients. Many issues of inadequate care appear to be due to a culture of heteronormativity and a lack of education in LGBTQ health.
Dahl et al. 2013 Norway	Lesbian Women's Experiences with Healthcare Providers in the Birthing Context: A Meta-Ethnography	Midwifery	Systematic review	Meta-ethnography, 13 studies from 5 countries (USA, Canada, UK, Sweden, Norway) between 1984 and 2011	Communication and attitudes of health care providers contributed to lesbian women feeling uncertain, ambivalent, and marginalized in health care interactions. Midwives' negative attitudes towards lesbians affect care.
Spidsberg et al. 2012 Norway	An Expression of Love—Midwives' Experiences in the Encounter with Lesbian Women and Their Partners	Journal of Advanced Nursing	Qualitative primary study	Interviews with 11 registered midwives, using phenomenological-hermeneutical method, snowball sampling	Attitude was considered more important than using the proper words when caring for lesbian clients. Participants felt that creativity was necessary to adapt to the needs of the lesbian couple, and respect and individualized care were important to the clients. Avoiding heteronormative routines was necessary, as identified by midwives. Midwives talked about how as time passed they felt more confident caring for a lesbian client, which enabled them to ask questions with more ease and comfort.
Lee et al. 2011 UK	How Lesbian Women Make Sense of Negative Experiences of Maternity Care	Journal of Advanced Nursing	Qualitative primary study	Unstructured interviews with 6 lesbian clients, snowball sampling	A lesbian client's perception of a midwife's negative attitude affects aspects of the client's maternity experience.
Dibley. 2009 UK	Experiences of Lesbian Parents in the UK: Interactions with Midwives	Evidence-Based Midwifery	Qualitative primary study	Unstructured interviews with 6 lesbian clients, using a phenomenological framework, snowball sampling	Correlates negative attitudes of midwives towards lesbians (queer women) with heterosexism and homophobia, resulting in a negative or neutral experience for the lesbian client.
Rondahl et al. 2009 Sweden	Heteronormative Communication with Lesbian Families in Antenatal Care, Childbirth and Postnatal Care	Journal of Advanced Nursing	Qualitative primary study	Open-ended interviews with 10 lesbian mothers, snowball sampling	Heteronormative communication by midwives with lesbian clients can lead to feelings of embarrassment, insecurity, and vulnerability. Despite this, most participants described their experiences as positive, even within a culture of heteronormativity.
Spidsberg 2007 Norway	Vulnerable and Strong—Lesbian Women Encountering Maternity Care	Journal of Advanced Nursing	Qualitative primary study	Joint interviews with 6 lesbian couples, snowball sampling	Participants described their sexual identity as affecting health care providers' attitudes towards them. importance of vulnerability, responsibility, and caring, were related to the participants' decisions to be open about their sexual identity.

midwives' attitudes towards "the healthcare needs of the LGBTQ population," the reviewed midwifery studies are exclusively about attitudes towards lesbians.

KEY FINDINGS

The term "heteronormativity" refers to the assumption that all people are heterosexual and that this sexual orientation is the norm in society. Midwives felt that in order to provide inclusive care to lesbians, they had to avoid heteronormative routines, such as not assuming that clients were heterosexual or assuming that the clients' partners would be men.[24] In this regard, midwives felt that creativity was necessary to adapt to the needs of a lesbian couple and that midwives needed to think "outside the heteronormative box" to provide individualized care, which they felt was important to lesbians who present for care.[24] These thoughts match the experiences of lesbians in the studies, who reported feeling embarrassed, insecure, and vulnerable when midwives didn't recognize their individual needs or provide inclusive care.[22] Although lesbians appreciated individualized care and midwives who avoided heteronormative routines, they identified the importance of midwives' not using them as an educational resource, and believed midwives needed to increase their knowledge.

In the one study that directly asked midwives about their attitudes towards working with lesbians, the midwives considered attitude to be more important than using "proper" words,[24] which corresponds with the finding that lesbians also considered attitude more important than using correct words. Lesbians' experiences of homophobia and heterosexism contributed to their perceptions of negative attitudes among their midwives. Even when midwives felt uncomfortable, efforts to change their attitudes were appreciated.[24]

Lesbians who experienced heteronormative communication by their midwives reported feeling embarrassed, insecure, and vulnerable;[22] however, many described their overall experiences as positive. In some cases, they made sense of their negative experiences by attributing responsibility for those experiences to the midwives or by rationalizing or denying that the experiences were based on homophobia.[21]

As time passed over the course of care from pregnancy to the postnatal period, midwives felt more confident caring for their lesbian patients, which enabled them to ask questions with more ease and comfort. They felt this comfort fostered trusting relationships with their clients. Despite the intimate and emotional nature of the relationship between midwife and patient, sexual orientation was rarely discussed, and the decision of lesbians to be open about their sexual identity was related to their sense of vulnerability;[23] negative attitudes contributed to their experiences of homophobia and heterosexism, which had a negative impact on their care and caused them to feel uncertain, ambivalent, and marginalized.[20]

DISCUSSION

This literature review shows that the attitudes of midwives affected and shaped the experiences of lesbians in midwifery care. Negative attitudes (i.e., attitudes that prefer, prioritize, or normalize heterosexuality) were perceived and experienced by lesbians as homophobia, prejudice, and discrimination. Heteronormative routines and assumptions were also perceived to contribute to lesbians' experiences of negative attitudes. Midwives' positive attitudes were perceived and experienced by lesbians as open, caring, and understanding.

Implications for Practice

Positive and caring midwives' attitudes contributed to creating a safe and supportive space for lesbians, even if the midwives didn't have specific training or education in regard to caring for lesbians. Midwives' negative attitudes contributed to lesbians' experiences of homophobia and heterosexism and played a role in maintaining and reinforcing heteronormativity. These findings are similar to findings from review studies that examined literature on non-midwife health care professionals' attitudes towards SGM people. Attitudes were mostly positive towards SGMs, but negative and discriminatory attitudes were consistently identified across studies.[19, 27]

From here, important implications for practice emerge. Heteronormativity is pervasive and taken for granted within health care institutions, which

> Positive and caring midwives' attitudes contributed to creating a safe and supportive space for lesbians.

can negatively affect relationships with lesbian patients in the context of childbirth.[28] In the context of midwifery or maternity care, heteronormativity can include the assumption that a pregnant individual's sexual orientation is heterosexual and that pregnancy was conceived by sexual intercourse between a cisgender woman and a cisgender man. Heteronormativity can "invisibilize" specific people in the broader sexual minority community (including bisexual clients), as when they are assumed to be heterosexual when presenting with a male partner or to be lesbian when presenting with a female partner.[29] This invisibility shapes their health care experiences.[30]

Through critical self-reflection, midwives can see where and how their assumptions about sexual orientation and gender identity might shape the care they provide. These assumptions can be reinforced in verbal communication by midwives, visual images on posters and printed materials, and written language used in forms and charting. There are ample opportunities to change midwifery language, policies, and practice and to create midwifery spaces where SGM people feel not only seen and welcomed but also celebrated–just as any person who is becoming a parent hopes to feel while in midwifery care. Midwives have decision-making agency about the language used on intake and history forms and on websites and can ensure these materials are welcoming and nondiscriminatory; text can easily be rewritten to be inclusive (as is explicitly recommended in Ontario).[31] Examples of inclusive terms include "mothers and birth parents," "pregnant people," and "breast and chestfeeding." Excellent materials and resources for midwives are available online to help guide midwives towards embedding inclusive language into their practice.[31–34] A person who cannot see any part of their experience or identity reflected at the point of entry into care (such as an intake form) might not proceed to enter care.

Inclusivity also means that SGM people need to see recognizable images of themselves in midwifery spaces; midwifery and LGBTQ organizations provide health-related posters for this purpose.[31,35] Moreover, midwifery practices can provide access to all-gender washrooms, a simple act that can reassure a trans or non-binary person that they are valued and their needs recognized and accommodated.[32]

Such measures can create welcoming and nondiscriminatory spaces for SGM people that could shape their decision to share their sexual orientation and/or gender identities. Being asked about sexual orientation and gender identity on intake forms and during clinical appointments might be an affirming experience for some. However, the decision to disclose or "come out" about one's sexual and gender identity is personal and involves many factors,[36] including the attitudes of the midwives.[23] Thus, for a variety of reasons, people of SGMs might choose to not disclose their sexual or gender identity.[20,23] Excellent resources are available to help midwives learn how to ask clients about their sexual orientation and gender identity. These include The Fenway Institute's policy brief, *How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings*,[35] and the Association of Ontario Midwives' *Providing Care to Trans Men and All "Trans Masculine Spectrum" Clients*.[32]

Midwives can provide meaningfully inclusive midwifery care. Understanding what shapes midwives' attitudes towards their SGM clients can help us think about how we might be able to shift negative or discriminatory attitudes. The idea that

"love and care" transcend cultural differences–in this case, differences associated with sexual orientation–is hopeful.[24] However, if midwives have homophobic or heterosexist attitudes, transcending cultural differences is not possible. Midwives felt more confident caring for their lesbian clients over the course of their care, which indicates that the developing relationship between a midwife and client plays an important role in building trust. But from the perspectives of lesbians, the attitudes of midwives towards SGMs help shape this trust. With self-reflection, midwives can understand their own position within a perinatal health care system that takes pervasive heteronormativity for granted[28] and begin to make changes in their own practice.

Implications for Future Research and Education

This literature search found only five primary studies exploring midwives' attitudes towards lesbians, a significant gap in research. In Canada, both midwives and SGMs have historically been marginalized within the health care system,[37] which may partly account for the lack of Canadian research in this area. The first Canadian jurisdiction to legislate and regulate midwifery was Ontario, in 1994. Thus, provincial regulatory colleges in Canada are relatively new compared to those in Europe, where midwifery has long been established and integrated into the maternity health care system.[38] Perhaps this is one reason the primary studies identified in this review are from European countries, underscoring the need for further research from SGM communities in the Canadian midwifery context.

This review's findings also suggest that a midwife's (or any health provider's) negative or discriminatory attitudes can persist even in the context of progressive policies. For example, Sweden and Norway are among the countries that are most accepting of LGBTQ people[39] and, along with the UK, have broad protections of sexual minority people.[40] Perhaps there is a general perception that attitudes towards the LGBTQ population have improved as a result, leading to an assumption that research in this area is unnecessary. Canada also has laws protecting sexual minorities,[41] but what are the attitudes of Canadian midwives towards SGMs? Further research on this topic, even in progressive contexts, is still required.

Despite the increasing visibility of SGM people in midwifery practice, no primary studies have been published since 2012 that address the need to explore this review's topic. Moreover, this review demonstrates the lack of attention given to the childbirth experiences of transgender people in the context of midwifery care, despite evidence that trans people may make up 0.5% of the adult population,[42] and an increasing number of transgender individuals desire and choose to become pregnant.[43] In Ontario, for example, close to 24% of trans people are parents.[44] Further research could explore midwives' attitudes towards specific groups within the broader SGM community, such as people who are bisexual or pansexual, and towards gender minorities, such as people who are trans, non-binary, or genderqueer. Quantitative research examining the attitudes of midwives towards SGMs is also overdue. Partnership between professional midwifery associations and SGM organizations could ensure these communities have a voice in the conceptualization, data collection, and evaluation of the research, leading to stronger partnerships between SGM communities and the professional midwifery community.

To further address attitudes in the profession, midwifery education programs can rework or develop curricula to be SGM inclusive, and professional midwifery associations can create training programs to develop midwives' knowledge of the various SGM cultures. Research can then be conducted to determine if education and knowledge are effective at changing attitudes and whether and/or how they shape the experiences of SGM people who are or have been in midwifery care. Perhaps a multipronged approach including SGM-inclusive laws, policies, education, training, and evaluation will enable attitudes to change in the long term.

LIMITATIONS OF THE REVIEW

This review set out to examine the literature on midwives' attitudes towards all SGMs, but only studies that included lesbians were identified through our search. There were important limitations in some of the primary research studies examined in this review, including that of selection bias. Lesbian cisgender women were overrepresented in

these studies relative to other SGMs, likely because they had better access to midwifery care: Typically, a lesbian client is a cisgender person who has less difficulty being recognized and accepted by a heteronormative health system than someone who is, for example, bisexual or transgender. Midwives with positive or open attitudes towards lesbians might have been more likely to participate in the studies, possibly influencing the findings. Further, researcher positionality may have influenced who chose to participate in the included studies.

The social and geographical locations in the five primary studies were limited to the industrialized countries of the United Kingdom, Norway, and Sweden. These countries have integrated regulated midwifery into the health system, although there are differences in regulation, standards of care, models of care, and the delivery of services, including scope of practice. Generalizability to other settings, both within and outside of Canada, may be limited. None of the studies reported or commented on the sociodemographic or self-identity characteristics of the participants, aspects that could be helpful for understanding what factors might be associated with attitudes. Collecting sociodemographic and self-identity variables in quantitative studies such as surveys would enable possible identification of correlates of attitudes towards SGMs.

Finally, there are linguistic limitations, since only English language articles were searched and because there might be unpublished research of relevance. However, to the authors' knowledge, this is the only review focused on studies that specifically address midwives' attitudes rather than those of other maternity or primary care providers. Thus, our findings offer an important starting point for future research in this field.

CONCLUSION

This review contributes to the literature, as it shows that midwives' attitudes and the heteronormativity of midwifery shape the experiences of lesbians in care. The importance of further research on midwives' attitudes towards members of sexual and gender minorities (SGMs) is shown not only by the lack of literature but also by the importance midwives' attitudes have in providing safe and quality care to people of all sexual and gender identities. Understanding what shapes midwives' attitudes towards members of SGMs will help ensure that midwives can provide them with quality, inclusive care. In Canada, the importance of this is underscored by extant regulatory entities, which charge midwives with an ethical duty to provide culturally safe and competent care to everyone. To create meaningfully inclusive spaces and provide truly inclusive care, midwives must understand how a heteronormative and cisnormative health care system shapes their practice. Midwifery is based on principles of social justice, including feminist and equitable care, that position midwives to play an integral role in reducing the health disparities of SGMs people and improving their health outcomes. Further research into the attitudes of midwives towards SGM people is needed.

APPENDIX

Sex	A person's sex is assigned at birth on the basis of visualization of genitalia (e.g., female, male, or intersex). Sex also refers to chromosomes, hormones, reproductive organs, and secondary sex characteristics.
Gender	A person's self-defined identity (woman, man, transgender, genderqueer, gender nonconforming, gender fluid, gender independent, non-binary, other).
Sexual orientation	A person's sexual orientation is made up of self-defined identity, attraction, and/or sexual behaviour, and can be bisexual, pansexual, asexual, lesbian, gay, heterosexual, or other.
Sexual minority	A group of people who identify themselves as something other than heterosexual (an identity-based definition, which could exclude someone who identifies as heterosexual but has same-sex partners).
Lesbian	A woman who is attracted to women.
Bisexual	People attracted to more than one sex or gender, including those who self-identify as bisexual, queer, pansexual, two-spirit, or fluid, or who choose another nonheterosexual identity.
Gay	A man who is attracted to men.
Queer	A term that represents many sexually diverse orientations and gender identities, sometimes used synonymously with variants of the acronym LGBT (lesbian, gay, bisexual, and transgender). Some trans people feel that "queer" includes them; others do not. "Queer" can be used to identify a person's nonheterosexual orientation or to signify the rejection of heteronormative sexual identities and their boundaries.
Gender minority or trans	A diverse group of people whose gender identity or expression differs from prevailing societal expectations or whose gender does not match their sex. The terms refer to transgender, transsexual, transitioning, genderqueer, gender nonconforming, gender fluid, gender independent, and non-binary people, and can include Two-Spirit people.
Two-Spirit	An English-language term used by many Indigenous communities on Turtle Island (Canada and the US) to describe people with diverse gender identities, gender expressions, gender roles, and sexual orientations. Many Indigenous languages have their own terms for these individuals, who before European contact were included and respected in most Indigenous communities. Two-Spirit persons often take on important roles as healers, mediators, and at times warriors. One of the devastating impacts of colonization has been that of the attempted erasure of this identity and way of life from Indigenous societies.
Heteronormativity	The assumption that all people are heterosexual and that this is the norm or the default sexuality in society.
Cisnormativity	The assumption that all people's gender identities match their sex as assigned at birth.
Biphobia	Dislike of, prejudice towards, or discrimination against non-monosexual people, such as bisexual and pansexual people.
Homophobia	Dislike of, prejudice towards, or discrimination against people attracted to same-sex people.
Transphobia	Dislike of, prejudice towards, or discrimination against gender minority people.

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