



Guidelines for Supporting Trans People during pregnancy, labour and the postnatal period

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People who need to know about this document in detail	All staff that work within Maternity services both in hospital and community services
People who need to have a broad understanding of this document	As above
People who need to know that this document exists	As above

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Aligns to the following Wellbeing of Future Generation Act Objective	Provide high quality, evidence based, and accessible care



Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk



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1. Background and Purpose

Cwm Taf Morgannwg University Health Board perinatal services continually strive to put the people we care for at the core of everything that we do, delivering safe, high quality and compassionate perinatal care to all who need it.

For trans, non-binary and/or gender non-conforming people, there are particular challenges around discrimination, structural inequalities, health inequalities, data protection and interpersonal communication that need to be thoughtfully and respectfully considered. The following guidance will help to identify specific concerns and issues experienced by trans people, and offer advice on how to mitigate them.

These guidelines are intended to help continually improve the care we offer to trans people. The key to providing outstanding care for our trans service users is to treat trans and transitioning patients as they present themselves to us. For our service users, this document will highlight best practice to help staff deliver equitable, safe maternity services to trans, non-binary and/or gender non-conforming people.

2. Legislative framework

There are a number of important pieces of legislation which protect the rights of all people from discrimination, and in particular trans individuals.

2.1. The Equality Act 2010 (EqA)

The Equality Act simplifies and harmonises protection offered to people from discrimination, harassment and victimisation. In addition, public sector organisations also have the duty to promote equality and good relations between all protected characteristics. Under EqA, trans people should expect not to be subject to any form of bullying, harassment, victimisation or discriminatory behaviour. The protection offered by the EqA begins when a person decides to undergo their transition process, and continues to protect them throughout their lives, no matter the point that their transition is at.

2.2. Gender Recognition Act (GRA) 2004

The GRA covers how trans people can have their identity legally recognised, which follows from being given a full Gender Recognition Certificate (GRC) following review by a Gender Recognition Panel. Once a GRC has been issued, there are increased privacy requirements for documentation/records that reveal a previous gender status which should never be disclosed without the person's prior consent. A GRC is *not* needed



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in order to change one's name, pronouns, or gender of presentation at work/or when accessing a public service, and asking to see one is nearly always inappropriate.

2.3. Human Rights Act 1998

The principles of the Human Rights Act are woven into the GRA, and the Act requires trans people to be treated with dignity and respect with regard to their need for privacy and all other principles within the Act.

2.4. Data Protection Under the General Data Protection Regulation (GDPR) of 2018

Trans status and details relating to person's gender transition falls within a special category of 'personal data'. This means that such data can only be processed in certain limited circumstances, such as where the person gives explicit consent or where it is necessary for carrying out rights and obligations under law.

2.5. Legislation Summary

The basic legislative framework makes it unlawful to discriminate where either someone is perceived to be or is:

- intending to undergo gender reassignment;
- undergoing gender reassignment;
- or has undergone gender reassignment in the past.

This ensures that the initial stage is covered by the legislation. In this context, discrimination means treating a trans person less favourably than you treat (or would treat) another person who is not undergoing gender reassignment.

3. General information about trans people

A person does not need a gender recognition certificate (GRC) to use facilities appropriate to their gender identity, and no-one has the right to ask a trans person to leave a facility.

The utmost discretion is needed when dealing with telephone calls and any other instance where there is an opportunity for information to be overheard or otherwise received by someone else.

Staff, particularly those working in environments where members of the public may make incoming calls, should be trained to understand the need



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for privacy and the importance of using correct pronouns and name as well as using non-gendered language to avoid misgendering people from the start.

The above applies even if the person does not hold a Gender Recognition Certificate under the terms of GDPR.

4. Use of pronouns

Useful advice for Gender pronouns such as they, zir, ze, she, he, etc. specifically refer to people who you are talking about. We tend to interpret a person's gender based on their outward appearance, presentation and expression, and "assign" a pronoun. But our reading may not be a correct interpretation of the person's gender. Gender identity is an internal sense of one's own gender and we don't necessarily know a person's correct gender pronoun by looking at them. Small steps and discussions about gender pronouns will lead to it becoming common practice to indicate preferred pronouns immediately, this means there's less chance of someone feeling marginalised or pressured to explain themselves/their preferences on their own. When someone is referred to with the wrong pronoun, it can make them feel disrespected, invalidated, dismissed, devalued, triggered or alienated.

4.1 How to be inclusive in using and respecting gender pronouns

Discussing and correctly using gender pronouns sets a tone of respect. This is especially important for service users who may feel particularly vulnerable and/ or anxious accessing maternity services

You might want to consider including a 'My Pronoun Is...' message in your email signature to help make this a normal part of our working lives.

Some people may prefer to be just called by their name, and avoid gender pronouns altogether. Please respect this.

You can ask:

- "What pronouns do you use?"
- "How would you like me to refer to you?"
- "How would you like to be addressed?"
- "Can you remind me which pronouns you like for yourself?"



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- "My name is Sam and my pronouns are she and her. What about you?"

If you accidentally use the wrong pronoun, acknowledge, apologise and then move on. Don't continue to draw attention to the error as it may continue to make you – and the person you're addressing – feel awkward.

4.2. The Royal College of Midwives' position on inclusive language in maternity care to address inequalities

"Maternity services should be welcoming and accessible to all those who need them – and all those who work in them.

How we use language can have a huge impact, it is something that changes and adapts whilst at the same time it can be central to identity and even have meaning in law.

We are committed to serving and respecting all of our members and maternity service users, most of whom are women. The language we use reflects that but will also be varied where appropriate to recognise and affirm diverse gender identities.

So in future materials from the RCM you will see that we will always use 'women' but we will use gender neutral language in addition as well in some of our communications when appropriate. We will ensure that we live up to the commitments made in our statement because ultimately ensuring our members, women and people who use maternity services feel that they belong is the right thing to do". (RCOG 2022).

In line with this, CTM Maternity Services will also continue to use the term women, along with gender neutral language where appropriate.

5. Consideration of trans people in maternity service provision

5.1. Antenatal care

It is good practice to ask the pregnant person at the initial booking appointment which gender they identify with and ensure this is documented in the handheld record in the 'About Me' section.

A sensitive discussion should also take place at the booking appointment as to where the pregnant person wishes to have their routine antenatal midwifery appointments. This may be in a clinic setting or in their own home. It is important not to make any assumptions about what the pregnant person might prefer.

Any additional considerations for consultant clinic or hospital-based appointments should be discussed and plans made, meeting the person's needs and wishes as far as practically possible.

At each antenatal appointment, the 'About Me' section should always be reviewed at the start of the consultation so that the correct gender identity and preferred pronouns can be used by the healthcare professional.

5.2. Acute Maternity Services

Consideration is necessary to review the potential for single-gender maternity wards, to impact privacy and dignity. The general rule of thumb is that staff should treat trans service users as they present. So, if a person presents as male, for example, they should be treated as such. Sufficient privacy may be ensured through the use of curtains or a side room. It is good practice to have a sensitive conversation with the pregnant person about where they would feel most comfortable being cared for if there is the need for admission to hospital, both antenatally and postnatally. This conversation should take place early in the antenatal period so that any necessary additional considerations can be identified and a plan put in place that the service user is comfortable with in case of any admission to the maternity unit. Make sure to ask the pregnant person what additional needs or wishes they may have and try to facilitate this as far as possible. This plan should be clearly documented in the handheld record. This should also be discussed with the senior and operational lead midwives, so that any plans can be facilitated on admission, as far as practically possible.

5.3. The queer parenting partnership body map

The queer parenting partnership body map shown in appendix two is a useful tool and can be used to document how the person would like their body parts to be referred to. This should be completed as early as possible during pregnancy and accessed by health professionals at each appointment where it may be relevant.

5.4. Record keeping

The rights of trans people to medical confidentiality are the same as everyone else's, but there are some additional considerations you should bear in mind. Even without the legal protection afforded by the Gender Recognition Act (2004) (GRA), it is good practice to take steps to ensure that the gender reassignment or any documents/information related to this is not casually visible or communicated without the informed consent of the service user.

Under no circumstances should hospital staff ever request to see a GRC (this could be seen as harassment). A trans person can obtain a new driving licence or passport through a Statutory Declaration before a solicitor or magistrate (the latter in court), by Deed Poll or by providing a simple written statement signed by the person concerned. There is a nationally agreed process to deal with medical records for trans patients, which results in a new NHS number being issued, and a local update of the person's record and case notes which is managed through their GP. With the assignment of a new NHS number, some medical history may be in a previous record.

5.5. Communication

Good care relies on staff knowing when a trans person's gender history is relevant and when it is not, and at all times treating people in a respectful and dignified manner. The general attitude of staff is not the only factor, but also knowledge of social and medical issues affecting trans people.

Names and pronouns should be used in accordance with the request of the person. If administrative staff are unsure whether to address correspondence to an individual as Mr, Miss, Ms, Mx or Mrs, it is best to omit it altogether. Envelopes may be addressed using initials only, where there is uncertainty.

During a telephone conversation it is sometimes easy to assume a person's gender by the pitch and tone of their voice. If there is doubt to how a person identifies and it's a short call, ask for their name and use that, or refer to them by generic gender pronouns such as 'they' if necessary. If the conversation is longer, politely ask how they like would to be addressed or what pronouns they prefer to be used.

5.6. Staff Behaviours

It is the responsibility of all staff to treat trans people with respect, dignity, sensitivity and without judgement. Failure to do so will invariably lead to people being discriminated against, and formal action under the relevant policy and procedures. Refusing to use a name, pronouns or gender which the person recognises or asking intrusive questions about a person's trans status when not relevant or pertinent to treatment is a form of harassment and discrimination.



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Some staff may voice objections towards treating trans service users on the grounds of their own religion or beliefs – this would be classed as discrimination. Managers must be prepared to deal with this in the same manner as for any other similar objection (for example on the grounds of sexual orientation), in line with the Equality and Diversity Policy.

5.7. Awareness and training

The average healthcare professional encounters one or more trans persons as a matter of routine – or their partners and relatives. Staff must be aware and knowledgeable so they can talk to people sensitively, respectfully, with compassion and care.

5.8. Trans people who identify as Black, Asian or Minority Ethnic

Ethnicity Studies have shown that trans people (in particular trans women) who are Black, Asian or Minority Ethnic are disproportionately affected by multiple discrimination, and this cohort is the least likely to access healthcare services when they need it, for fear of prejudice, discrimination and poor treatment.

You can learn more about how race/ethnicity Inclusivity – Supporting BAME Trans People by Sabah Choudrey, available for download from <https://www.gires.org.uk/> .

5.9. Trans people with a disability

Disability Studies and research have shown that trans people are more likely to have mental health concerns and less likely to be able to access services to help them. Furthermore, trans people with physical and learning disabilities are more likely to face greater barriers to access relevant services.

5.10. Being non binary

Non-binary gender and gender diverse are umbrella terms used to describe all people who do not experience themselves as being male or female (i.e. within the socially constructed gender binary). Non-binary people may feel neither 'male' nor 'female', or may feel that they identify with both in differing degrees.



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Non-binary people fall under the wider definition of transgender given that they have not remained in the gender they were assigned at birth. However, not all non-binary people use the term trans to describe themselves.

According to official statistics, the proportion of the UK population who identify as nonbinary when given a choice between male, female and another option is 0.4%, which is 1 in 250 people (Titman, 2014).

McNeil et al. (2012) found that those who identify as non-binary and/or express themselves in ways that challenge binary gender face similarly high levels of mental health difficulties to binary trans people generally.

6. Ways to improve the experience of maternity services for trans people

- Always respect a trans person's chosen pronoun. This may be in the form of "he" or "she", but might also include gender neutral pronouns such as "ze" or "they". If you accidentally use the wrong pronoun, acknowledge, apologise and then move on. Don't continue to draw attention to the error as it will continue to make you – and the person you're addressing – feel awkward. Using correct pronouns promotes a professional atmosphere of respect and understanding.
- Welcome trans people by promoting your services and displaying trans positive material in clinical areas. LGBT or trans specific literature and posters should be displayed to help demonstrate CTM maternity services are trans-friendly.
- Treat trans individuals with dignity and respect. You can show respect by being relaxed and courteous, avoiding negative facial reactions, and by speaking to trans people as you would any other service user. Don't make assumptions about people by their appearance.
- If you are unsure about a person's gender identity, or how they wish to be addressed, ask. If you let the person know that you are only trying to be respectful, your question will usually be appreciated. For instance, you can ask, "What are your preferred pronouns?" or "What name would you like to be called?" In order to facilitate a good provider-patient relationship, it is important not to make assumptions about the identity, beliefs, concerns, or sexual orientation of transgender and gender nonconforming patients.



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- Many trans people wish to maintain control over who sees them unclothed. Therefore, when people are observed without first asking their permission, it can feel like an invasion of privacy and creates a barrier to respectful health care. This can also have significant negative consequences on that person's likelihood to seek care in the future.
- Never disclose a person's trans status or gender identity history to anyone who does not explicitly need the information for care.
- Become knowledgeable about trans healthcare issues. Get training, stay up to date on trans issues, and know where to access resources.

7. Resources and Further Reading

[Empowering LGBTQ parents: How to improve maternity services and child healthcare settings for this community – 'She told us that we are good as a family' - Jenni Kerppola, Nina Halme, Marja-Leena Perälä, Anna Maija-Pietilä, 2020 \(sagepub.com\)](#)

[LGBTQ+ Persons' Experiences of Parenthood in the Context of Maternal and Child Health Care: A Meta-ethnography - Charlotte Haugland, Bente Kristin Høgmo, Terese Elisabet Bondas, 2023 \(sagepub.com\)](#)

[Maternity Care for LGBTQ+ People - How can we do better? | All4Maternity](#)

[Inclusive language in maternity care to address inequalities \(rcm.org.uk\)](#)

[British Journal Of Midwifery - Gender inclusive language on public-facing maternity services websites in England](#)

[Having a baby if you're LGBT+ - NHS \(www.nhs.uk\)](#)

[Draft guideline on the 'Care of Trans and Gender Diverse People within Obstetrics and Gynaecology' opens for consultation | RCOG](#)

[Equality and diversity policy | RCOG](#)

[Queer Birth Club](#)



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Appendix One: Glossary of terms

There are a number of terms used in these guidelines which may be unfamiliar to some individuals as they improve their knowledge on inclusivity and diversity.

Asexual – someone who is heterosexual, gay, lesbian, bisexual or pansexual but is not physically attracted/barely physically attracted to anyone.

Bi - an emotional, romantic and/or sexual orientation towards more than one gender. The term used to describe those who were attracted to others of the same gender and opposite gender. The term may be used more widely these days and might include those who are pansexual (attracted to all genders). In the past, bi individuals may have been more commonly referred to as 'bisexual'.

Cis-gender – a person whose sex attributed at birth aligns with their gender identity and that is confirmed by them as an individual.

Deadnaming - Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition. Intentional deadnaming is a form of harassment and abuse and can trigger dysphoria in the person affected.

LGBTQ+ - The acronym for lesbian, gay, bisexual, transgender, and queer (or questioning). The '+' includes anyone who doesn't specifically identify with any of those terms.

Gay – Historically, this referred to a man who has an emotional, romantic and/or sexual orientation towards men. More recently, it has become a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

Gender - often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth.

Gender Dysphoria – Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity.

Gender expression – this is how a person presents themselves on any given day in terms of the clothes they wear for example, how they speak, and so forth. Gender expression does not always match gender identity.



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Gender identity – how a person sees themselves/feels in terms of social constructions of what it means to be a man/woman and sometimes, their own feelings about what being a man/woman actually relates to. Sex – a term used to denote male/female/intersex variations, largely based on visible physical differences and attributes.

Gender reassignment - also referred to as gender affirmation or gender confirmation. 'Gender reassignment' usually means to undergo some sort of medical procedures which change the body to align with a person's gender, but it can also mean changing names, pronouns, dressing differently and for a person to live in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010.

Gender Recognition Certificate (GRC) - This enables trans people to be legally recognised in an affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and at the time of writing they have to be over 18 to apply.

Heterosexual / straight – refers to a person who has a romantic, emotional and/or sexual attraction towards someone of the opposite gender to themselves (e.g. a woman being attracted to a man, or a man being attracted to a woman).

Homosexual – This is a medicalised term used to describe a person who has an emotional romantic and/or sexual orientation towards someone of the same gender as themselves. This term has fallen out of use - please use the term gay instead as a matter of respect.

Homophobia - The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Intersex - Intersex people are born with physical sex characteristics that don't fit medical and social norms for female or male bodies. People born with intersex variations have the same diversity in sexual orientation and gender identity as everyone else.

Lesbian - Refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

Misgendering – where a person incorrectly refers to another person using the gender they were assigned at birth, rather than their real gender.



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Outed - When a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent.

Pansexual – Pansexuality is a sexual orientation that is based on the notion that someone is attracted to the inherent essence of a person and therefore their gender identity, sex, gender representation or anything else is irrelevant.

Passing - If someone is regarded, at a glance, to be a cisgender man or cisgender woman. This might include physical gender cues (hair or clothing) and/or behaviour which is historically or culturally associated with a particular gender.

Primary or secondary characteristics – this phrase relates to sex characteristics. Primary characteristics refer to the reproductive organs. Secondary characteristics refer to other characteristic indicators of a person's sex, such as the presence of body hair or distribution of body fat.

Pronoun - Words used to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Queer – Historically, this term has been used as a slur and to attack people of minority gender and sexual identities. However, sections of the LGBTQ+ population reclaimed the word in the 1980s, and it is used in some public institutions. Unless you identify yourself as queer, you should not use the term as it can be difficult to understand the difference between it being used as a hateful slur and source of harassment, and as a term of empowerment.

Questioning -The process of exploring your own sexual orientation and/or gender identity. Sexual orientation – who you are attracted to. You could be attracted to the same gender (lesbian or gay), the opposite gender (heterosexual), the same or other binary gender (bi), people across the gender spectrum (pansexual) or no-one. Sexual orientation is not static – it can shift over time. Not all people are comfortable using the terms lesbian/gay/bisexual even if they have relationships with those of the same gender – they may choose to use terms such as 'same gender loving'.

Sex – a term used to denote male/female/intersex variations, largely based on visible physical differences and attributes. In general, a sex attributed at birth is based on visual indicators.



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Sexual Orientation - being trans is not a sexual orientation. Being trans doesn't predict sexual orientation. Trans people can be heterosexual, gay, lesbian, bisexual, pansexual or asexual. Their sexual orientation may also be fluid, and change

Trans (transgender) – a person whose sex attributed at birth does not match their gender identity. When we are born a medical professional attributes our sex based on outward appearance. But that does not always mean our gender aligns with it. Being transgender is not a choice. Not all people in this situation identify as trans or seek gender affirmation interventions. Sometimes the trans journey is a life-long process – there is not always an end point. (Note: please do not use the terms 'transsexual', 'transvestite', 'sex change' 'gender identity disorder' – these are outdated and considered offensive and derogatory by many trans people and allies.)

Transphobia - The fear or dislike of someone based on the fact they are trans, including the denial/refusal to accept their gender identity. A hate crime is when transphobia is acted out against someone and it amounts to a criminal offence. Any form of discrimination and hate crime is not tolerated, and there is a process for reporting such incidents.

Transition - used to describe the point at which a permanent change of gender role is undertaken, in all spheres of life – in the family, at work, in leisure pursuits and in society generally. Some people make this change gradually, however, others emerge much quicker.

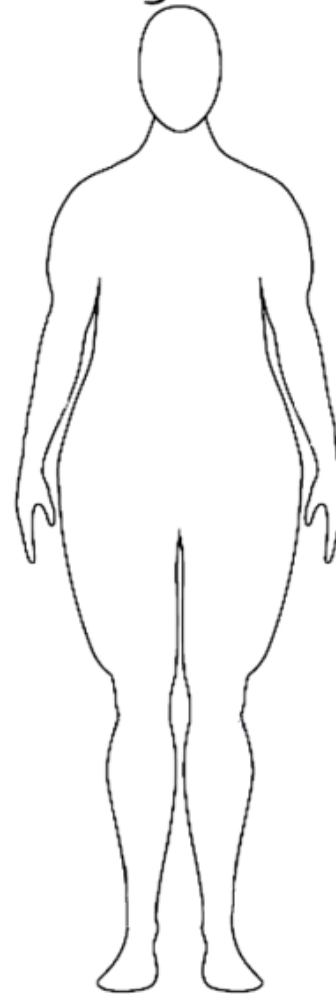
The above list is not comprehensive. For more information and a regularly updated list of terms, visit Stonewall's website at [List of LGBTQ+ terms \(stonewall.org.uk\)](https://www.stonewall.org.uk)

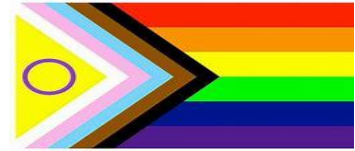
Appendix Two: Body Map



The Queer Parenting Partnership Body Map

Name
Pronouns
Any other preferred terms





Support for trans and non-binary people during pregnancy, birth and the postnatal period



At Cwm Taf Morgannwg UHB (CTM), we acknowledge the additional challenges that gender identity can bring to pregnancy, birth and infant feeding. We recognise the importance of providing inclusive, respectful perinatal care to pregnant people and their families. CTM is on a positive journey towards high quality, gender inclusive care for everybody during pregnancy, birth and the postnatal period.



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The role of the midwife

The midwife's role is to provide information, care and guidance for a pregnant person's journey through each stage of pregnancy, birth, and in the early days of parenthood.

We are proud to care for trans, non-binary, agender, bigender and genderqueer people as birthing parents and co-parents, and to support, celebrate and affirm their journey to parenthood.

As midwives we are keen to talk about how we can support you with care that is individualised to meet the specific needs of you and your family.

You know what is best for you and your baby, and we will work together with you to ensure your experience of pregnancy and birth is safe and positive.

Our vision for gender inclusive care

We are at the beginning of this process, which will continue over the next few years. As part of this journey, the Gender Inclusion Champion Midwives are working on:

- Connecting with the local trans and non-binary community
- Training midwives and other health professionals about gender identity and the healthcare needs of trans and non-binary people
- Developing our services and environments to be more inclusive
- Producing guidance on inclusive language and communication.

The Gender Inclusion Midwives can also provide extra support to you during and following your pregnancy, alongside your regular community midwife appointments. This can include:

- Talking about where you would feel most comfortable having your midwife appointments (e.g. at home instead of an antenatal clinic)
- Pronoun stickers for your notes (these are optional, they will only be used if you wish to communicate your pronouns to all healthcare professionals you may meet)



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What we can do to support you

- Personalised birth, feeding and parenting preparation
- Talking about how you would like to birth your baby, and supporting your choice of home birth, birth centre, hospital, or caesarean birth
- Tour of the hospital facilities where you may choose to have your baby
- Writing a birth plan, including your language preferences for talking about your body.
- Working alongside the Gender Inclusion Champion Midwives, we have a supportive team of professionals available to you to help you on your journey through pregnancy, birth and parenting.
- Help you feel safe and supported during your pregnancy, birth and afterwards.

Resources

There are many resources available online that you may find helpful:

[Queer Birth Club](#)

[The Queer Parenting Partnership \(parentingqueer.co.uk\)](http://parentingqueer.co.uk)

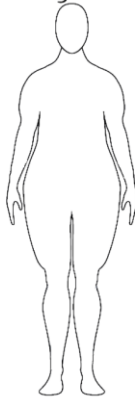
[A Queer guide to building families \(parentingqueer.co.uk\)](http://parentingqueer.co.uk)

[LGBTQ+ Inclusivity \(thepositivebirthcompany.co.uk\)](http://thepositivebirthcompany.co.uk)

You may wish to complete this body map to tell us which terms you would like us to use

The Queer Parenting Partnership Body Map

Name
Pronouns
Any other preferred terms



Please annotate this body map with the words you feel most comfortable using.