

Having Our Baby!?! A Question of Choice and Availability of Options in Maternity Care and Birth Place, in the Experiences of Queer Couples in British Columbia

Based on the research from my Master's thesis, this article looks at the choices and experiences of ten BC queer couples' births, early in the twenty-first century. It situates their births in a social context of some of the most queer-family-friendly policies in the world, as well as in a place where midwives have been able to practice legally throughout the province since 1998. I give an overview of three different types of births, from totally medical to totally natural, all the while recognizing that most families chose to experience something in between. In the end, it becomes clear that while I am talking about queer couples, there is nothing essentialist or universal about their choices or experiences. Instead, they offer insight into the everyday experiences, challenges, and choices facing most childbearing couples in British Columbia.

“The definition of birth as a medical event . . . served to focus research on the physiological and often pathological aspects of childbearing. As a consequence, we have paid little attention to the social-interactional and social-ecological aspects of birth, which for members of a social species are of fundamental importance in orchestrating the biological event.” (Jordan, 1993: xv)

Miriam: We went through a lot for her to be here. She's not an accident, you know.

Introduction

When people hear the word “childbirth,” often images of stirrups, medical specialists in scrubs, and/or the memories of many painful hours of strenuous labour are what comes most vividly to their minds. Alternately, the image of a man standing next to a woman as she pushes, or of a few minutes later, when

the woman is covered by a hospital gown and the man is crouched next to her holding their newborn baby, is what might come to mind. While birth is experienced in many other ways in our society, these images are central to how westerners think about birth—a heterosexual couple experiencing a medical event.

As a queer feminist, I am uncomfortably aware of the prevalence of these images. I see birth and pregnancy as normal, healthy occurrences, not necessarily needing medical interventions. Moreover, I am aware that many people having babies are not in heterosexual relationships, whether because they are single and/or because they are queer. When I trained as a doula¹ in the fall of 2003, I recognized a shortcoming in the training. While we discussed the experiences of single and partnered women, and the possibility of assisting at lesbian women's births, there was no mention of how or why queer folks might experience or make different choices regarding birth. Knowing both that queer individuals have historically been treated negatively within the Western medical model (through higher surveillance, including being institutionalized), and that many queer folks use the medical system to conceive their children (via assisted insemination or IVF), I wondered what queer folks were choosing and experiencing in terms of the births of their children. Were they choosing and experiencing medicalized births or were they actively seeking out alternative care? I realized that the study of queer couples' birthing experiences presented an opportunity to explore some of the diverse choices and experiences that queer couples are having in British Columbia—a place not only with a variety of legal options surrounding birth, but also home to some of the most queer- (family) friendly laws and policies in the world. It is my belief that availability of (legal) choices, truly informed consent, and control are key issues in women's relationship to and perception of the maternal health care they receive. Moreover, in Western cultures, where women are still often defined by their relationship to motherhood, I believe that nothing exemplifies maternal health care more than maternity care.

Thus, this paper reviews the findings of my Master's research looking at how recent changes to policies and laws in British Columbia relate to queer couples' birthing experiences. First, I review these legal changes. Second, I discuss my research methods and participants. Third, I give an overview of three different types of births, from totally medical to totally natural, all the while recognizing that most families chose to experience something in between. In the conclusion it becomes clear that while I am talking about queer couples, there is nothing essentialist or universal about their choices or experiences. Instead, they offer insight into the everyday experiences, challenges, and choices facing most childbearing couples in British Columbia.

Literature review

Government and social policies regarding “homosexuality” and “same-sex relations” have started to change, since the mid-1990s (Epstein 2005; Kranz

and Daniluk, 2002; Kuehn and Findlay, 2002). While “homosexuality” was decriminalized in 1969, in Canada, it took until 1995 for lesbians and gays to be protected under the equality provisions of the Charter of Rights (findlay 2005). Following this, change occurred much quicker. In 1996, British Columbia’s provincial government amended its Adoption Act to permit “any person or any two persons [to] adopt” (Luce 2002b; also Findlay 2005; Owen 2001). The next year, the same government altered its definition of *spouse* in order to legally recognize same-sex partners (Luce 2002a; Owen, 2001). It took until 2000 for the federal government to update the definition of *common law* and *spouse* (Kranz and Daniluk, 2002; Luce 2002b; Owen, 2001). Despite this, the legal recognition of same-sex marriage had to wait until July 2003, and June 2005, in the province of British Columbia and within Canada, respectively.

In British Columbia, the fight to have two mothers recognized on a birth certificate (if the child was conceived via an ‘anonymous sperm donor’) ended in August 2001, when the B.C. Human Rights Tribunal determined that the B.C. Vital Statistics Agency’s practice of not allowing this was discriminatory² (Findlay 2005; Kranz and Daniluk, 2002; Luce 2002a). A Canadian Leger poll conducted that same year “indicated that more than 50 percent of the Canadian population felt that gays and lesbians should be denied the right to parent” (Epstein 2005: 9). The aforementioned legal changes, in addition to the social climate of having “more than half of the people around us believe we should not be allowed to be parents” (Epstein 2005: 9) have definitely affected the context and timeliness of my research. The fact that I am “inside” this context sometimes made it hard for me to realize how unique and comparatively positive our social and legal environment is and has been. It is necessary to emphasize and understand the role the social and legal contexts have had in affecting the participants’ experiences and narratives of this research project.

Another aspect of the social context that had a large impact on the choices and experiences of the couples I interviewed, was the 1998 regulation of midwifery in British Columbia. “Until 1850, traditional midwives still abounded in all parts of Canada” (MacDonald, 2004: 46), assisting at most births. However, for most of the twentieth century, “Canada held the dubious distinction of being the only industrialized nation without formal provisions for midwifery practice” (Bourgeault, Benoit and Davis-Floyd, 2004: 3). Over the last 150 years, the medical model has gained increasing control over reproductive issues. In fact,

[F]eminist scholars and activists argue that nowhere has the medical model been more invasive and harmful than in issues connected to women including pregnancy, childbirth, birth control, abortion, surrogacy arrangements and the mapping of the human genome (Woliver). (Parry, 2004: 81)

With the regulation of midwifery in 1998, individuals who are pregnant in

BC can have perinatal care that sees pregnancy and birth as natural life events, instead of medical ones. That said, BC midwives are required to attend births both in the homes of their clients and in hospitals in order to maintain their licenses. Consequently, midwives need to maintain positive (non-threatening) relationships with physicians, for fear of losing their hospital privileges (Westfall, 2002). Rachel Westfall argues:

A particular style of midwifery has been adopted, one which is apparently more concerned with integrating midwifery with the existing health care than with providing women with an alternative to medically managed birth. (2002: 53)

Despite this, midwifery obviously does present an alternative to medically managed birth, even if it is not wide-scale, as 633 births in BC occurred in family homes—away from medical interventions—attended by regulated midwives, in the 2006/2007 fiscal year (BCPHP). Moreover, instead of simply creating an either/or situation with a “medical” birth or a “natural” one, midwives are able to bridge the two offering their clients a third alternative, one that many are most comfortable with experiencing. These options will be expanded on when I discuss the individual choices and experiences of those I interviewed.

Methods

Between July 2005 and March 2006 I interviewed ten couples, in a total of 16 interviews. While the sample was not necessarily representative of all queer couples in British Columbia, that was not its aim. Instead, as the first study to consider this subject, the purpose was simply to highlight some of the variety of stories and choices that queer couples experience. That said, all of the participants were fairly well-educated in a formal setting (all having some post secondary education), and their racial and ethnic backgrounds were fairly homogenous—18 of the 20 participants were Caucasian, one was of South Asian descent, and one of First Nations’ heritage. The participants ranged in age from 31 to 51, and the couples had been in their current relationships between 2.5 and 24 years. The ten couples were either between 31 and 38 weeks pregnant, at the time of our first interview, or they had birthed within the last 3 years. With the six couples that were pregnant during our first interview, I conducted follow-up interviews between four and thirteen weeks post-partum.

All of the interviews occurred in the homes of the participants, and were conducted with both parents simultaneously, allowing both partners to narrate their own experiences, as well as add information and anecdotes while listening to their partner’s experience. The interviews focused on the choices and experiences the couples made regarding the use of doctors and midwives, as well as in locating their births at home or at the hospital. They also delved into the context within which the couples experienced their births, exploring the implications of living in a medicalized society where midwives have only

practiced legally, province-wide, since January 1998. Here I will review the choices and experiences the couples went through with the birth of their child or children, in British Columbia.

Analysis

While not every pregnant woman or couple perceives themselves to have a choice regarding birth attendants, or location of, and interventions at their birth, every couple I spoke with approached their experiences around having choice in these matters. In British Columbia, doctors—whether General Practitioners (GPs) or Obstetricians/Gynecologists (OB/GYNs)—are legally only entitled to manage births in hospitals, while midwives manage births both in hospitals and in homes (Westfall and Benoit 2004; Lyons and Carty). In their choices surrounding selecting a care provider and the preferred location of birth, people often situate their decisions around discourses of “natural” and “medical,” just as my participants did. The “natural” philosophy embraces the notion that “nature knows best” (Westfall and Benoit, 2004: 1402), meaning the woman’s body and baby need little or no assistance and/or intervention for birth to occur. Medical care, on the other hand, embraces more of a philosophy of “medicine knows best”—meaning that birth is best handled under the care and utilization of medicine. In most cases, people choose a birth that is a mix of both, as there is more that factors into their decisions than simply “natural” or “medical,” and they are able to benefit from the strengths of both approaches.

When asked about how the decisions were made about maternity care and preferred location of the birth, an array of answers were given by the couples. While some couples explicitly pointed out that recent government cutbacks limited their choices, others noted that aspects of their identity (such as being a “hippy” or a “feminist”) influenced their decisions. Others still, commented on the important role that feeling comfortable or safe had in their decisions. Some couples wanted to avoid the standardized, impersonal “medical model” at all costs. On the other hand, many of the couples talked about how their “queer-ness” affected their decision, outwardly questioning whether or not they felt that their sexuality played into the decisions they made. Natalia noted how being queer was almost inherently related to being feminist, and thus suggested this affected most couples’ choices.

Natalia: Most queer couples have some kind of feminist analysis, even if they don't identify it. They recognize power imbalance—that power's been taken away from you.

I find Natalia’s comment resonates with what many—but not all—couples noted in terms of their choices. Another element that definitely affected many of their choices was the influence of their friends, families, and favourite birth and prenatal books.

The recommendations and advice from friends, family, and books seemed in some ways to over-ride the influences of other aspects. Examples of this are noted throughout their narratives, but include the fact that many couples said they used a doula because their friends had recommended them, and Joni and Linda used an OB/GYN because their fertility clinic and a book they had read recommended using one. Couples had different experiences accomplishing their chosen types of birth. Being able to fulfill their desires for particular types of birth proved particularly difficult for the couples living on Vancouver Island.

Each of the three couples from Vancouver Island noted that insufficient choices or care was available to them, in terms of location of birth and midwives. All three of them experienced birth at the only hospital that has a maternity ward in Greater Victoria. None of these couples was content with birthing at the hospital, and felt if they lived elsewhere (i.e.: Vancouver), their choices of caregivers and birth environment would be much different.

Sharon: We were living in an Island community. And, we were planning to have a home birth. Well, actually, we had a hard time getting a midwife because there was only one midwife in our community at the time. We started to see her...

Natalia: We started first kind of researching someone else who was up-Island too, and so, anyhow, we decided to go with the one in our community at first even though it wasn't a good fit.

Paula: The hospital thing for myself... I mean it's dirty and disgusting but besides that we've been fed so many horror stories about what it's like to have birthing in homes that we've decided that we're going to go to the hospital to do it. Even though doctors and nurses are not washing hands properly, the cleaning staff is doing a horrible job and people are getting nasty infections. But because we've heard so many horror stories about midwifery in the home and what if something bad happens in the home, we decided to go the hospital, when in fact the midwives are so knowledgeable, they know the position of the baby, they've been doing it since the beginning, and it's very rare that you actually have an intervention. In a hospital, they do more interventions... So we're kind of, we have fear going in there but we have fear not going in there so we're really kind of stuck I think. We probably were pressured more into the hospital thing because there are so many other outside pressures pushing us there.

Andrea: Well, we are planning a home birth. There are a few reasons we chose that. Victoria only has one hospital, one maternity hospital now. They used to have a really nice birthing centre in Saanich, and they've closed that down. So, that's the Liberal government for you.

Andrea: *The problem is what women need are good birthing centres. And if we'd had the baby in Vancouver, we would have gone to a hospital that has a birth centre in it. There isn't that choice in Victoria.*

Me: *So, you think being over here really complicated things?*

Andrea: *Yeah, I really do think that if we'd been in Vancouver, and we'd gone to a hospital, there would have been more help around, you know? I don't think I would have had to have a C-section. I mean, that's just my hunch, but I think more could have been done, before it got to a critical stage.*

It is clear that all of these couples felt they lacked a real choice, and were not totally comfortable with the “choices” they made. Moreover, while Andrea most clearly reflects on the political aspects of choice and availability, Natalia and Sharon, and Paula and Marion were also undeniably aware of them.

Sirpa Wrede, Cecilia Benoit and Jane Sandall address these politics in “The State and Birth/ The State of Birth,” through noting:

It is easy to forget that what happens in a maternity care clinic is a product of work done in legislative assemblies and ministries of health. State policies influence everything from the interactions between caregivers and clients to the clinical outcomes. (1999: 28)

While Andrea mentioned the closure of the “nice birthing centre in Saanich,” this was not the only birthing environment to be shut down in recent years. Judy Rogers, has in fact noted that, “In British Columbia ... 13 rural hospitals have closed their maternity wards since 2001 because they don't have the resources to keep them open” (Gunn, n.d.). It is clear that many women—queer or not—lack a real *choice* in most of British Columbia. Vancouver, in contrast to the rest of the province, has many more options available for childbearing families, both in terms of hospitals and midwives. Not surprisingly, Vancouver also has the most diverse population, making it easier for queer families to be respected and understood, while defining themselves in contrast to the “norm.” This “contrast to the norm,” however, meant that many couples' experiences either when trying to conceive or in early pregnancy were monumental in shaping their later decisions to avoid the “norm” of using medicalized care.

The most explicit illustration of how early contact with medical professionals helped to shape some of the couples' choices to use midwives (instead of doctors), was narrated by Amanda. She went to the doctor in search of information regarding early pregnancy, after testing positive on four home pregnancy tests.

Amanda: *I tell them [the start date of my last menstrual period], August 4*

or whatever. And the doctor goes, "okay," and I said, "and we inseminated on August 13th and 14th." And she goes, "and when you say 'inseminated' do you mean, 'had sex'?" And I thought, "Oh my god, I feel sorry for her boyfriend, or whatever cause that's a rather clinical way of saying have sex." And so I said, "No, I mean inseminated. Like I'm a lesbian, and I'm trying to get pregnant through insemination." And she said, "oh, is that like, in vitro fertilization?" And I said, "no, it's like insemination. With insemination you introduce sperm into the vagina during the time that, and, you know what they say. It is kind of like sex, but different, you know." Yeah, so there I was upset, cause she dropped this bombshell on me telling me I wasn't pregnant, and I'm educating her about the differences between, you know, inseminating using a Petri dish in a lab, and you know, inseminating myself at home with my spouse. It was clear that she hadn't reviewed my file at all. She didn't know that I was a lesbian, she didn't know anything about lesbian reproductive technology. Certainly less than your average People magazine reader, apparently. Cause it's not that unusual at all, and that was obviously somewhat disturbing and traumatic. And that was, the last time I went to my doctor.

While Amanda did not say that her doctor was homophobic or unfriendly, she acknowledged that her doctor was unfamiliar with "lesbian reproductive technology," and with lesbians in general. It is not to say that she was denied a service due to her sexuality, but rather that she was bunched in with heterosexuals, and thus her unique needs and situation were not understood, and went unacknowledged and unmet. While Amanda's situation was unique, her experience was not that unlike those other couples, and this certainly affected their choice to go a less "medical" route in terms of pre-natal and birthing care.

Going au naturel

The most natural birthing experience is often perceived to be an unattended or midwife attended birth at the family home. Margaret MacDonald explains that the resurgence of "midwifery sought to restore the definition of birth as a natural event, to reinvent women as competent birthers and attendants, and to restore the location of birth to the home" (49). In the 2005/2006 fiscal year—the same year in which I conducted my interviews—midwives attended 5.8 percent of the births in British Columbia, and a total of 596 homebirths in British Columbia (BCPHP, 2007). In my first interviews, half of the couples expressed interest in having a homebirth attended by midwives. Reasons for this involved being in a "cozy," familiar space; being able to have a water-birth; and having more control due to being in a less standardized/medicalized environment.

Andrea: I thought, you know, I don't wanna go in there and be in a small room, in a hospital, medical environment. I want an active labour, where

you can move around in labour, and be in more comfortable positions, in whatever works for you, instead of being stuck on the bed.

Amanda and Shane's narrative exemplified being active in the non-medical environment of their home.

Amanda: Yeah, well, I'd gone into labour about 1:30 in the morning, but really mildly, and we'd hung-out, went grocery shopping, and made muffins, you know those sorts of things. You know? [Me: Making muffins?] Well they tell you to have an activity. Have an early labour activity to keep you occupied, so mine was making muffins.

Shane: Yeah, and right in the middle of the delivery, basically, there was a pie cooking. Cause she'd wanted the smell of pie cooking, [Amanda: and I'd made an apple pie] before, yeah, so I put the pie in the oven about the time you were transitioning, about an hour before the birth, and almost burnt it, but...

Amanda: But bear in mind, I didn't care about that at that point, but bear in mind, I am the housewife and Shane doesn't really know like where things are in the house, like I have control in the kitchen, which is obviously changing and stuff, but at that point I'm like, "turn it on," you know, telling her how to turn the oven on [Shane: step by step] yeah, what temperature, take it out of the bag, remember the sugar.

Shane: She's in the leg pool in the kitchen, yelling all these instructions at me.

Amanda: And then of course when I'm pushing, the smoke alarm goes off, because of course the sugar is burning off all over the place and burning on the bottom of the oven, and I'm like, "open the back door, go upstairs, take the battery out." You know while I'm pushing a baby out of my abdomen, [everybody laughs] yet I'm directing traffic, I'm just a control freak.

Yvonne and Valerie, who had a hospital birth with their first, and a planned homebirth for their second, said they chose midwives both times—and a home birth for their second—because they “really wanted to have care that saw pregnancy as a normal function, not as a medical thing to manage.” Certainly issues of privacy and having more control over the birth space were central in the decisions to have homebirths, and rely on midwifery care. The joy the couples’ voiced regarding their home births carried over to their post-partum midwifery care. It was also echoed by most couples who used midwives at their hospital births.

The happy medium

Of the births narrated to me, nine of the 13 involved midwifery care at hospital births. This seems a very common practice in melding “natural” and “medical” with queer and non-queer couples and individuals alike. Moreover, midwifery was certainly the preferred choice for 11 of the 13 births, and couples named a variety of reasons why they chose that type of care.

When each couple told me who their prenatal care provider was, I inquired as to how they came have that type of care provider. For the couples that used midwives, their decisions were based on various expectations, experiences and ideologies. Alexis noted: “I just, it just never occurred to me to think beyond a feminist framework, and so probably, we framed our choices around the birth that way.” Paula noted a few different aspects that influenced she and Marion’s decision to use a midwife, including an academic background in anthropology focusing on gender and reproduction, as well as the fact that their friends had had a positive experience using midwifery services. Similarly, Claire noted that (her partner) Sunita’s cousin

had three children using a midwife. And we sort of looked up to her, and what she did, and she said it was a really great experience.

Most couples, however, noted their desire to have a “less medical” experience. Paula and Marion “chose a midwife because the medical model of giving birth seems to be focused on the doctor’s needs rather than the woman’s needs.” All these couples used midwives in combination with hospital births to find a happy medium between the benefits of birthing in an environment close to medical interventions, if necessary, and the benefits of personal care provided by midwives. Four couples who had particularly positive experiences in mixing midwives and hospitals were Cheryl/Alexis, Marion/Paula, Yvonne/Valerie, and Sharon/Natalia. Each of these couples expressed a different aspect of midwifery treatment that they really appreciated.

Cheryl: When we were with the midwife, we just asked questions about how much power we’d have in the birthing room. And she was really clear that it would be between the three of us. That, we needed to be as communicative as possible with her, ahead of time, about, you know, some really significant things that we wanted. And then, the concern was that the medical staff not be too involved in it because, the system has particular views of birthing, in general, and then, queer birthing experiences, we kind of extended that to be that they’d have really specific ideas about that as well, about how it should go, whether or not we wanted it to be like that. So, that we were going to be relying on a midwife, even though we’re in a hospital, was really assuring to me. And she was very supportive. It was good that way. Like, even though we were in a hospital, there was a sense that nothing was going to be taken away from us.

While Yvonne and Valerie birthed their second baby at home, they had chosen a hospital as the location for their first birth, under the care of a midwife.

Yvonne: After we did some researching, we knew that we really wanted this to be treated as a healthy process, so that is what attracted us, but then reading more and realizing, okay, we still have all these choices to make about pain management, if we decided to go with medication.

Yvonne: Yeah, we chose to deliver at a hospital. We made that conscious decision, because I hadn't given birth before, and my mother had lost her first. So I really wanted to be in a hospital, just in case, with medical nurses and the midwives.

Sharon went into labour seven weeks early, and after arriving at the hospital, it was revealed her baby was breech.

Sharon: The obstetrician said, 'well, obviously it's going to be a C-section'. And, um, he was breech. And it was actually the midwife who first said, "why?" and that got me thinking, and talking with the midwife, that we were going to try, as long as the baby's measurements were good. Cause, they were worried about the head measurement to hip ratio, if his hips are big enough to let the head follow. And, ah, we brought it up with the obstetricians, he proceeded to lead into a guilt trip with us.

Sharon and Natalia, however, with the backing of their midwife were able to successfully challenge the obstetrician, and continue to try for the birth they wanted. This ability of midwives to continue to meet their clients' individual needs stuck out in many couples heads, however, not every couple that employed midwives was satisfied with the care they received.

Two couples in particular noted their not-so-positive experiences with midwives at their births. Jeannette and Roberta's negative experience occurred at the hospital during the birth of their first child, while Andrea and Dawn's occurred at their planned home birth.

Jeannette: When we got to the hospital the midwife was really disempowered by the staff there. And she wasn't a particularly assertive person. She was a very nice person, but she was new, and she didn't, she hadn't built any kinds of relationships with them, and she was not an advocate for us.

Roberta: She had great service, but not great in the hospital.

Andrea: Well, one of the midwives was really late, cause she was attending another birth. So another midwife came in that I'd never met before and

she was, she had this really weird “tough love” approach, which was not working for me. She sort of, her whole approach was kind of like, “what’s wrong with you?” She actually said, “don’t you know how to push?”

The fact that Jeannette and Roberta, and Andrea and Dawn’s midwives were not as supportive, assertive, and in-tune with their desires, as the couples had hoped, really stuck out in their narratives. This is probably due to the belief that these characteristics are thought to be definitive of midwifery care. It is interesting to note that in response to their experience with midwifery care, Jeannette and Roberta chose to be under the care of a doctor for their second pregnancy and birth, rather than try a different (more experienced) midwife. Jeannette and Roberta’s second birth along with Linda and Joni’s birth were the only two pregnancies and births under the care of doctors.

The medical safety net

When doctors deliver babies in hospitals, the births are decidedly more medicalized. Linda/Joni and Jeannette/Roberta had different reasons for using the most medical route, but in the end were both quite satisfied with the results. Within the medical approach, Jeannette and Roberta were under the care of a GP, while Linda and Joni relied on an Obstetrician/Gynecologist (OB/GYN). Each couple located their choice in the “medical”/“natural” continuum.

Jeannette: So also we found out, of course, that OB/GYNs, you know, that they are looking for problems, and their Caesarean rates are actually higher than GPs and, and of course, midwives are the lowest. But we didn’t feel safe going with a midwife, so we decided that our best option was probably going with a GP, and also to get a doula.

Joni: The fertility clinic suggested to go with a gynecologist.

Linda: Yep. Well, they like to pass the information on. So they basically said, “go with an OB/GYN.” It just seemed right. They just talk about it in, you know, the books—What to Expect When You’re Expecting [by Heidi Murkoff]—we have a couple of books that we go by.

Joni: I just wanted Linda to have a c-section, I didn’t want her to go natural. I know too many of my friends, or guys at work, their wives have had natural childbirth, and they have lack of oxygen cause something happened naturally during childbirth. And, we just went too far to have that happen. So I said, “I want a c-section.” So, when the doctor told her c-section, and Linda goes, “That’s what you want, right?” “yup,” and so, I was very happy. I don’t like natural, I’m sorry.

Linda: No, you know I didn’t want to do anything at home, or anything

funky. You know, the medical system is there, and you know, if I'm in stress or the baby's in stress, I don't want to leave any gap of time that there can be a problem. Just cause we had gone through so much already [with trying to conceive and scares during pregnancy].

Safety and comfort definitely were factors that played into many of the couples' choices. Overall, it seemed that the most positive birthing experiences for all of the couples were the ones in which they felt safe, comfortable, and respected, regardless of the environment.

Conclusion

Obviously, many factors were involved in how the couples made decisions about their prenatal care and birthing location. One issue that I have not addressed in depth, and many couples did not explicitly talk about was how their queerness affected these choices. One couple that explicitly brought this up was not sure of the affect.

Andrea: Do you think we've done anything different cause we're lesbians?

Dawn: I don't know, I don't think so.

Me: I mean, it's very hard to say that, "if I was not a lesbian! you know..."

Andrea: Yeah, exactly.

Dawn: I think it is true. I think if you weren't a lesbian, I think you would be in the hospital

Andrea: You think so? Cause I was, I was quite a hippy....

Their uncertainty, and the reason for it, are important to note. While other couples speculated on whether they were more feminist or desiring a less medical approach due to their queerness, it is in fact difficult to say that any of their choices were made specifically because they were queer, especially when they do note so many other factors that affected their decisions. In fact, when the couples offered advice regarding birthing choices and experiences, they often noted that their (sometimes contradictory) advice was just as suitable for heterosexuals as it is for queers, thus demonstrating the lack of "universal experience" in either queer or heterosexual experiences of birth. Certainly one reason for this seemingly "lack of difference" was that the couples did not feel they were treated any differently by their caregivers as a result of their sexuality.

All of the couples I spoke with were "out" to their caregivers. The confidence and freedom these parents demonstrated about being "out" certainly influenced their decisions and experiences of them. In contrast to queer folks in more rural areas, or other places around the world, my participants did not mention any fear of facing explicit homophobia by their care providers or even

for their (future) children. I was actually surprised by the lack of homophobia expressed and experienced by those I interviewed. Overall, the choices that are available regarding birth, and the legislative policies and social acceptance regarding queer families in British Columbia are unique, and perhaps only challenged (at this time) by those of Montréal, Québec.

While this research was carried out as part of my Master's degree, this paper was written and edited during my SSHRC-funded Ph.D. I would like to acknowledge SSHRC's contribution to my research and writing.

¹A doula is someone who assists pregnant, labouring, and/or post-partum women. In ancient Greece *doulas* were well-respected women who were experienced in childbirth and service to others. Doulas differ from midwives in their (lack of) regulation and their level of training. This, in turn, affects what tasks doulas and midwives are legally entitled to do, especially with respect to a woman in labour.

²As of March 2009, with varying circumstances in each jurisdiction, two women can be named on birth certificates in all Canadian provinces and territories except Nunavut, Northwest Territories, Prince Edward Island, and Saskatchewan. Moreover, since August 2007, two women can be named as parents on a birth certificate in British Columbia regardless of the status (known or anonymous) of their donor. (Epstein, 2009)

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