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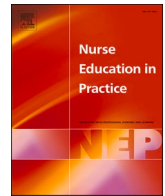
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The views and experiences of midwifery academics regarding LGBTQ+ health education in pre-registration programmes in the United Kingdom and Ireland: Qualitative findings from a mixed-methods study

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ABSTRACT

Aim: The purpose of this study was to identify the current LGBTQ+ health content within midwifery pre-registration programmes and identify education best practice and innovation.

Background: There have been significant developments in some countries in protecting the rights of LGBTQ+ people. LGBTQ+ people are and do become parents and require access to maternity services. Yet some report heteronormative assumptions, negative and discriminatory attitudes from midwives that results in barriers to service access and feelings of exclusion.

Design: This mixed-methods study involved a quantitative and qualitative design. The qualitative findings are reported here.

Methods: All 135 Schools of Nursing and Midwifery across the United Kingdom and Ireland were invited to participate in an online survey and qualitative interview. Thematic analysis of the qualitative data from 29 survey responses and seven midwifery follow-up interviews were conducted.

Results: Three themes identified following data analysis: (i) preparing midwifery students for practice; (ii) the diverse family unit; and (iii) safety, privacy and respect.

Conclusions: The findings provide insights into the challenges of meeting the education needs of midwifery students, with an opportunity to develop and implement a curriculum that is reflective of the needs and concerns of LGBTQ+ people within pre-registration midwifery programmes.

1. Background

Throughout this paper, the phrase LGBTQ+ is adopted and includes all gay gender identities, acknowledging that a range of terms are currently used (Formby, 2017). The gender-neutral phrase parent and parenting is also used throughout (Kaplan and Knoll, 2019). Equality of access to healthcare is a global issue and concern and is reflected in the United Nations Sustainable Development Goals, notably, Good Health and Well-Being, Quality Education, Gender Equality and Reduced Inequalities, yet for many they remain to be realised, including some

LGBTQ+ people (United Nations, 2016). Many LGBTQ+ people experience significant physical and mental ill-health, with poor health outcomes (Medina-Martínez et al., 2021). The situation is compounded by barriers to accessing and using health services and heteronormative assumptions and negative attitudes, further contributing to their health inequalities (Yerra and Yarra, 2022). In response there has been a growing recognition of the need for education responses that prepares undergraduate healthcare students such as nurses, doctors, midwives and allied health professionals with knowledge and skills within their programme to enable them to meet the health concerns of LGBTQ+

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more effectively (Sherman et al., 2021). However, despite the welcome developments, there remains inconsistency and significant gaps in the theory content, skills simulation, assessment strategies and practice learning specifically focusing on the health concerns of LGBTQ+ people (Minturn et al., 2021).

The Royal College of Midwives highlights that working with diverse populations such as LGBTQ+ people require recognition and responses to meet their specific and distinct needs (Royal College of Midwives, 2000). From a midwifery service perspective, LGBTQ+ people report negative reactions and actions and attitudes from some midwives, impacting on the decision to disclosure of sexual orientation due to concerns about discrimination and marginalisation (Miller and Smith, 2020). Further evidence points to the heteronormative culture and an absence of cultural competence that exists within midwifery practice, with the distinct needs of LGBTQ+ people poorly understood and ignored (Arias et al., 2021). Some LGBTQ+ people and their families report microaggression, minority-stress and hyper vigilance when receiving midwifery care and support, leading to loneliness and isolation (Halkitis and Krause, 2020). While research evidence highlights the importance of education regarding the health concerns and needs of LGBTQ+ people, a sustained, structured focus within midwifery pre-registration programmes is lacking and is an area requiring further development to ensure the workforce is prepared with the required knowledge, skills and attitudes (McCann et al., 2021). Therefore, the aim of this study was to identify the views and experiences of midwifery academics in the provision of LGBTQ+ health content within pre-registration midwifery programmes in the United Kingdom and Republic of Ireland.

2. Methods

2.1. Design

This was a mixed-methods study undertaken in two stages involving an anonymous online survey and semi-structured individual interviews. All respondents received information about the study before completing the survey. At the end of the survey there was an opportunity for participants to opt-in and be contacted by the researchers for consideration to take part in a follow-up qualitative interview. Prior to the interview an information leaflet providing the background to the study, and a consent form for completion, were sent to all potential participants. The survey identified LGBTQ+ education activity and best practice taking place in Schools of Nursing and Midwifery across the United Kingdom and Ireland. Further education best practice and innovations were identified through the qualitative interviews with the participating academics.

2.2. Participants

An email detailing the study with a link to the on-line survey was distributed to all Heads of Schools of Nursing and Midwifery in the United Kingdom and Ireland ($n = 135$). An independent administrator then forwarded the information and link to the survey to relevant academics for completion to avoid perceived coercion. A total of $n = 29$ (39 %) responses were received from October 2020 to March 2021. Of the 29 participants who returned the survey, 21 academics across the five countries provided consent to be contacted to take part in a follow-up individual semi-structured interview. A sample of those willing to be interviewed were selected from both nursing and midwifery academics across each of the five participating countries. A total of 12 nursing and midwifery academics finally agreed to participate, of which three represented both nursing and midwifery programmes, five represented nursing and four midwifery. The midwifery academics were invited to participate based on their willingness and availability to be interviewed and knowledge of LGBTQ+ content delivery within their programme. Within this paper the qualitative data of the views and experiences of the

seven midwifery participants from England and the Republic of Ireland are presented.

2.3. Data collection

Stage one data was collected via an anonymous 36-item online survey using Microsoft Forms. Questions included details regarding the nursing and midwifery programmes, for example, name of institution, number of academics and students. The focus and inclusion of LGBTQ+ health concerns within the programmes were rated by level of importance ranging from “very important” to “not important”; and level of inclusion which included five options - “non-existent”, “limited”, “adequate”, “moderately adequate” and “fully adequate”. Other questions were rated in order of importance, with ‘1’ being most important ‘5’ least important. Responses were supported by a free text option for further details. Due to the number of participants demographic details were not included to protect confidentiality, as required by the ethics review board. In stage two, a semi-structured interview guide was developed drawing on the available research literature and piloted to elicit deeper and more meaningful insights to the survey questions. This enabled participants to detail LGBTQ+ health curriculum content and best education practice within their programmes. All interviews took place between 25 February and 13 April 2021 and were recorded and transcribed verbatim, lasting between 30 and 55 min. Transcripts were anonymised to remove identifiable information and a gender-neutral pseudonym assigned to maintain confidentiality of participants.

2.4. Data analysis

The approaches used in the data collection, analysis and synthesis were rigorously followed by the researchers to ensure the credibility, trustworthiness and dependability of the process (Lincoln and Guba, 1985; Noble and Smith, 2015). Trustworthiness within the data analysis process was ensured by adhering to a recognised, structured and rigorous process throughout (Bennett et al., 2019). The qualitative data analysis was facilitated by the management programme NVivo 12 to enable the extraction of data into initial sub-themes and main themes for further analysis, review and synthesis by the research team (Clarke and Braun, 2017). The quantitative data were imported to Microsoft Excel for analysis with the free text responses extracted and analysed to form the qualitative dataset and enable the analysis process (Silverman, 2010). Then each transcript was read, re-read and coded independently by members of the research team to gain an understanding of the participants’ views and experiences and identify sub-themes and themes (Raskind et al., 2019). Following this the transcripts were read, re-read and discussed collectively by the research team to identify and agree the final sub-themes and themes across and within the data and resolve any disagreements (Williams and Moser, 2019). As a result of this systematic process, the views and experiences of midwifery academics regarding LGBTQ+ health education in pre-registration programmes were identified, thereby enabling the potential transferability and implications of the study findings more widely (Graneheim et al., 2017).

2.5. Ethical considerations

The study received approval from the Research Ethics Committee in Trinity College Dublin and Queen’s University Belfast. Consent was given when responding to the online survey and obtained before commencing interviews by completion of a consent form. All ethical processes were followed throughout.

3. Results

The analysis resulted in three themes that resonated with midwifery care and support: (i) preparing midwifery students for practice; (ii) the diverse family unit; and (iii) safety, privacy and respect.

3.1. Preparing midwifery students for practice

The need to prepare the midwifery students regarding LGBTQ+ health concerns and needs was a recurring theme across participants. To enable students to develop their knowledge and understanding of the needs of lesbian, transgender and same-sex couples within midwifery services, academics drew upon first-hand knowledge from LGBTQ+ patients, whilst also contributing their own previous practice experiences. This sought to bring alive for students some of the distinct needs of LGBTQ+ patients. Involving organisations was seen as one way to bring external expertise into the programme.

For one participant, involvement from a worker in a local LGBTQ+ organisation highlighted that some lesbian and transgender patients were reluctant to attend ante-natal care and demonstrate affection and emotion following the birth of their baby due to the reaction from some midwifery professionals.

"If you read out an account of a woman who is talking about the birth of their brand-new baby and the fact that her and her partner couldn't even hug and say I love you and kiss their baby together and just feel like a family, that hits home. that would then pile on top of someone who might already have another mental health problem." (Charlie)

The use of language was identified by some participants as an important issue to address with students. The midwifery academics were mindful of the effect of heteronormative language and assumptions. Hence there was a focus on preparing students on the possible impact it may have on the expectant and new parent and their partners.

"They [the students] don't know whether these are a same sex couple because we talk about the birth partner. If there is a labouring woman and she brings a female companion with her, she just introduces her as her friend. They never introduce as my partner." (Jordon)

The added dimension of the lesbian and transgender parent and changing family structures led midwifery academics to take steps to reflect their needs within the curriculum thereby seeking to increase the awareness, knowledge and skills of the students. This was viewed as important in recognition that childbirth is a significant life event that impacts on wider health and well-being, including mental health and well-being.

"We're getting trans people becoming pregnant, but the staff aren't prepared to support them. we have to be more open and not assuming. really understand the psychosocial issues much further." (Blake)

3.2. The diverse family unit

The midwifery academics were cognisant of the increasing visibility of the LGBTQ+ community and the impact on midwifery services, notably the diversity of family dynamics. Participants were therefore proactively attempting to include the changing family dynamics and the implications for practice within the programme. Much of their understanding of the needs of LGBTQ+ patients derived from their experiences and those of colleagues, friends and family. In response, the academics made efforts to include sessions and speakers from the LGBTQ+ communities within their programmes to highlight issues such as the needs of lesbian parents, same-sex couples and surrogacy. In one university a 'LGBT Champion' has been appointed to help with the development of their programmes and was viewed as a positive.

"It was important to me that students understood the lived experiences of people. From that moment in, when I then start talking about the needs of LGBT+ people I use a lot of case studies. I use service user accounts, because people have got to have an understanding of the lived experience. I can say, we are in a heterosexual society where we are heteronormative and therefore everything is set up, but that doesn't mean anything at all." (Charlie)

It was recognised by participants that all health professionals need to respond to differing family constructs in the wider context of inclusion, equality and diversity. It was suggested that identifying and addressing these issues can be more challenging for practitioners in midwifery services. This was evident from the first contact with midwifery services with some participants suggesting that the documentation used was restrictive due to the heteronormative language which did not take account of, for example, same-sex parenting.

"It's about the broad spectrum and getting it into the conversation so that people are becoming more aware of it so that when they are caring for families that are coming through that we are not being very blinkered in relation to how the family construct. To bring it in that way that we do need to start considering different groups coming through our services." (Jordon)

To address this, midwifery academics described proactively developing the understanding, attitudes and practice of their students by way of acceptable language and terminology. This was viewed as key to facilitating individualised midwifery care and support provided to LGBTQ+ parents and families and reduce barriers and feelings of isolation. In addition, some participants highlighted the opportunity to raise awareness of the situation and needs of lesbians when not the birth parent with their students, an issue that does not occur with a male partner.

"Focus on the non-birth mother and how they may experience the process of midwifery and childbirth is another thing that I have started to recognise more. Simple things like how people make the decision of which partner in a lesbian relationship will have the child and how those decisions are reached." (Ray)

3.3. Safety, privacy and respect

The participants highlighted how they encouraged their students to give a bit of themselves to the patient they are caring for to encourage and enable disclosure of their sexual identity. It was therefore apparent that the academics sought to promote and encourage "inclusivity and openness of thought" to help students develop confidence and avoid "awkward situations" when providing care and support to LGBTQ+ patients. The academics helped to achieve this by developing their programmes to include testimonies from LGBTQ+ patients willing to share their experiences of discriminatory practices they had encountered.

"Being sensitive in the way that you are going about it and going into it with an intention of improving inclusivity and openness of thought of discussion, then we shouldn't have any dramas about upsetting people or causing offence in any way by just being open and honest with the way we approach it." (Lee)

Whilst dignity and respect are fundamental to the care of all patients using health services, the participants highlighted that they were unaware of resources specific to LGBTQ+ patients accessing midwifery services. The need for confidentiality and privacy, particularly when transgender patients access midwifery care and support was seen by some participants as presenting additional concerns related to their safety and privacy. The participants appreciated that transgender patients form a small group at present, recognising however that they are increasing. This led to the academics appreciating the need to do more within the curriculum to facilitate discussions around the use of acceptable pronouns and enabling access to facilities such as toilets and bathrooms. Ultimately academics stressed the need to ensure that patients and their families feel safe in all aspects of care and support within midwifery services.

“Outright discrimination is not as damaging as the smallest, subtle nuances. We are together in our drive to making sure that all women feel protected and supported no matter what.” (Charlie)

This was viewed as central to the provision of family-centred care, notably when a partner at the time of birth also requires additional support due to their gender identity. It was also recognised that the LGBTQ+ community is broad, with a range of subgroups with distinct needs. Participants suggested that they need to be more inclusive of the psychosocial issues and concerns and ensure they are reflected more comprehensively within the midwifery curriculum. Starting the conversation within their midwifery teaching team was generally the important first step to effecting change by incorporating more focused content and case scenarios to embed LGBTQ+ health issues.

“When you talk of things like that [cross-dresser], women are saying, oh no, I need that as my privacy, I need to feel safe. But then when you have a situation like this, how do you manage that to protect the dignity and the respect of that individual that’s there.” (Jordon)

4. Discussion

There have been significant legislative and policy developments in many countries across the world regarding the rights of LGBTQ+ people. Despite this, in many jurisdictions, fear of death, discrimination and imprisonment remains a reality (Jaffe, 2020). There is a developing research evidence-base of the scope and extent of the health inequalities and needs of many LGBTQ+ patients and the barriers experienced when seeking equality of access to health services (Matsuzaka et al., 2021; Sirufo et al., 2022). Now there is growing attention on the specific needs and experiences of LGBTQ+ people when accessing maternity services care and support. Current research evidence highlights the needs of prospective parents when contemplating pregnancy and the barriers they may encounter (Malmquist et al., 2019). For others, issues are evident during pregnancy and labour within midwifery services (Klittmark et al., 2019). Concerns remain for some postnatally, with a need for responsive and individualised care and support (Ellis et al., 2015; Lee et al., 2011). A recurring theme across existing research studies is the need for focused education regarding the distinct needs of LGBTQ+ parents when accessing midwifery care and support (McCann et al., 2021; Stewart and O’Reilly, 2017). However, despite the apparent need for education and practice development, there is an apparent absence of a LGBTQ+ specific focus within midwifery programmes and this is an issue that remains to be comprehensively addressed. There are therefore important midwifery education, policy and practice issues arising from the findings of this study that need to be considered and addressed, with scope for further research in the area.

4.1. Midwifery education

Evidence from health educators highlights that many feel uncomfortable and poorly prepared to provide quality LGBTQ+ education (Knochel et al., 2011; Poteat et al., 2013; Sabin et al., 2015). Consequently, it is important and timely to embed an educational thread into all United Kingdom and Irish midwifery programmes and countries with legislation that protects the rights of LGBTQ+ people (Human Dignity Trust, 2020). Our findings, focused on the United Kingdom and Ireland, illustrate that contemporary midwifery education that relates to LGBTQ+ childbearing populations can be inadequate and in need of development. One education solution may be the development and dissemination of a national LGBTQ+ education module to guide midwifery educators regarding the integration of effective LGBTQ+ learning and teaching within programmes. Such a module could support midwifery educators to expand their knowledge, attitudes, and beliefs regarding LGBTQ+ midwifery issues and provide signposting to additional resources. Module content could be underpinned by and include

educational aims and objectives that are supported by evidence-based training videos, learning materials, case scenarios, policies, guidelines and practice protocols, websites, and workbooks. An overview of potential module content is set out in Table 1. Ultimately the aim of the module being to challenge and expand knowledge, attitudes, and beliefs of student midwives regarding LGBTQ+ terminology and health needs and improve patient care.

4.2. Midwifery policy

Positive health policy initiatives have taken place in recent decades that resulted in substantial improvement and progress in equality for the LGBTQ+ community. Some international policies have initiated steps to enhance the lives of the LGBTQ+ community, such as human rights, equality and diversity, discrimination, marriage equality, adoption, and parenting (Henry and Wetherell, 2017). In England, for example, midwifery education providers need to fully embrace and ensure programmes reflect the *National Maternity Strategy, 2016–2026* (Department of Health, 2016) and the *National Maternity Transformation Programme* (National Health Service, 2016). Integrating the policies within midwifery education programmes will assist in contributing towards a parent-focused birth experience and the development of midwifery models of care that enables the delivery of culturally sensitive care in the future required by LGBTQ+ parents (Margolies and Brown, 2019). Additionally, integrating these developments within midwifery education programmes will help to ensure the language used is appropriate and inclusive and reflective of the needs of LGBTQ+ patients to prepare student midwives with the necessary knowledge, skills and attitudes. There is also a policy opportunity to ensure that midwifery regulators respond to and include the needs of LGBTQ+ groups. For example, *The Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives in Ireland* (Nursing and Midwifery Board of Ireland, 2021) and *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* (Nursing and Midwifery Council, 2019) do not specifically refer to LGBTQ+ people. Both Codes indicate that care should be person centered, respectful and compassionate. Therefore, midwifery policies and Codes of Practice needs to reflect all genders and LGBTQ+ groups, thereby promoting equality and inclusion and to address their distinct needs. Midwifery academics and practitioners therefore need to stimulate and enable conversation regarding the needs of LGBTQ+ people within midwifery services and bring the issues out of the shadows and into the light of day.

4.3. Future midwifery practice

Many LGBTQ+ people across the lifespan continue to experience stigma, discrimination, and marginalisation, barriers when accessing healthcare services, which may influence their decision to disclose their gender identity and sexual orientation, leading to further exclusion and marginalisation (Stewart and O’Reilly, 2017). The provision of sensitive midwifery care is challenging as the LGBTQ+ population may not be easily identified and quantified as the number accessing services remains unknown. However, evidence from fertility clinics indicate an increase in lesbian couples accessing fertility services (Darwin and Greenfield, 2019). The Central Statistics Office (2019) state the number of people disclosing they are LGBTQ+ is increasing. Therefore, systematic change is required for the social expectations of the heterosexual and gender normativity that is often associated with pregnancy, birth, and new parenthood (Eliason et al., 2010). Consequently, midwifery educators and maternity service providers need to respond to and reflect the changing family dynamics and identities to provide culturally competent and effective sensitive care to all LGBTQ+ patients, including partners requiring additional consideration and support. Over time, this will facilitate student midwives and midwives in practice to advocate and support all LGBTQ+ people to help ensure they are visible, valued and included.

Table 1
Exemplified LGBTQ+ Education and Midwifery Module development.

	Objectives	Examples of Potential Delivery	Anticipated Outcomes
1	Include members of the LGBTQ+ community in content development and delivery.	Invite lesbian & transgender and same sex parents and surrogates to share personal childbearing experiences. Incorporate legislation, policy and LGBTQ+ reports within content.	Increased understanding of 'lived experiences' of the childbearing journey, as narrated by members of LGBTQ+ population(s). Increased visibility of the LGBTQ+ community and impact (s) of midwifery services upon diverse family dynamics.
2	Prepare a member of the midwifery education as an LGBTQ+ champion.	The LGBTQ+ champion to organise learning and teaching, public involvement, resources & website. The LGBTQ+ champion to establish and support a School LGBTQ+ Education Group to raise awareness and support academic colleagues.	Enhanced quality of delivery of LGBTQ+ learning and teaching to maternity care staff and student midwives. Improved evaluations of content of the <i>LGBTQ+ Midwifery Educational Unit</i> . Increased understanding of childbearing LGBTQ+ individualised needs.
3	Introduce language appropriate for LGBTQ+ patients and is considerate to their values.	Incorporate into discussion and documentation: • Preferred pronouns. • Separate biology (such as, biologically female) from preferred gender ascription (for example, male). • Acknowledge preferred language to be used for named body parts.	Widened LGBTQ+ understanding beyond heteronormative ideology, which refers to two separate and opposing genders with associated natural roles, which match assigned gender.
4	Develop person and family centred care plans, flexible to individualised LGBTQ+ patient needs.	Incorporate into pre-existing care plans sections for: • Preferred language (Objective 3). • Ideal toilet and bathroom facilities. • Particular patient needs, such as transgender. • Partner preferences and requirements.	Increased understandings of the need to provide choice and control to LGBTQ+ childbearing patients and families.
5	Widen understandings of individual LGBTQ+ families parenting needs.	Develop a suite of individualised LGBTQ+ case studies which: • Include LGBTQ+ public involvement (Objective 1). • Display conversations about expressed preferences of individual LGBTQ+ patients and families. • Display a variety of communications surrounding individualised care planning (Objective 4). • Acknowledge personalised educational needs (Objective 7).	Improved understandings of LGBTQ+ patients and families individualised childbearing and parenting needs. Increased comprehension of the need for inclusivity and openness of thinking.

Table 1 (continued)

	Objectives	Examples of Potential Delivery	Anticipated Outcomes
6	Provide focus upon specialised care required in relation to LGBTQ+ non-birth concerns.	Produce learning and teaching materials that address common LGBTQ+ non-birth related concerns. Create case scenarios that widen understandings of specialised needs that surround individualised LGBTQ+ related health issues.	Widened understandings of the broader LGBTQ+ requirements and concerns.
7	Develop individualised parenthood education for LGBTQ+ patients and families.	Create flexible childbearing and parenthood learning and teaching plans that accommodate: • Individualised requests of LGBTQ+ patients. • Reflect the needs of the birth partner. • Adapted parenting skills.	Improved delivery of parenthood education to LGBTQ+ patients and families.
8	Create a pool of midwifery related evidence-based LGBTQ+ educational resources.	Develop an electronic website and populate it with a variety of resources: • Videos • Case studies • Research papers • Policies • Workbooks • Care plans • LGBTQ+ friendly parenthood education tools • Recommended further reading	Created facilities for ongoing evidence-based midwifery education regarding LGBTQ+ patients and families childbearing needs.
9	Thread LGBTQ+ related objectives throughout all midwifery curriculum.	Develop and implement evidence-based <i>LGBTQ+ Midwifery Module</i> , underpinned by aims, objectives, proficiencies and teaching aides that addresses the LGBTQ+ education needs of midwives. Develop evaluation tools to assess effectiveness of delivering a <i>LGBTQ+ Midwifery Module</i> .	Ensured delivery of learning and teaching to midwives regarding LGBTQ+ care provision.

4.4. Future research

This study develops the understanding of the challenges of meeting the education needs of midwifery students regarding the inclusion of LGBTQ+ content within programmes. The findings provide an opportunity to develop and implement an education module reflective of the care needs and concerns of LGBTQ+ patients and families in receipt of maternity care. Building upon previous and our research findings, further research is required to evaluate LGBTQ+ content, value and impact of equipping student midwives with skills needed to provide effective midwifery care. Future research could involve both qualitative and quantitative approaches and include a stepped approach involving collaborations between institutions and maternity services and LGBTQ+ organisations and patients across the United Kingdom and Ireland and internationally. Research could involve cross-sectional longitudinal studies to measure the components of LGBTQ+ education content and the effectiveness upon learning and teaching in building students' confidence and self-efficacy regarding delivery of care to

childbearing LGBTQ+ patients and families.

4.5. Strengths and limitations of the current study

This study contributes to the existing body of knowledge in several ways. First, it is the only study to date that has considered how midwifery academics deliver education that targets providing quality maternity care to LGBTQ+ patients and families. Attempts were made to recruit participants from all Schools of Nursing and Midwifery across the United Kingdom and Ireland. The final response to the survey was 39 % which may be attributed to the impact of the pandemic and the changes in working practices and accessing nursing and midwifery academics available to participate. Limitations include the complicated nature of the topic, which incorporates conflicting views regarding LGBTQ+ programme content and areas for future development. Results have shown that being a member of the LGBTQ+ community accessing maternity care bring individual complexity and challenges and are deeply personal to the academics. As such, the findings may have only begun to touch the surface of personal needs and the responses required. Nonetheless, the data has yielded a focus that can be used to inform development of education programme content designed to accommodate a diverse range of differing viewpoints that begins to meet the needs of students.

5. Conclusion

This study has revealed important issues pertinent to the care and support of people who identify as LGBTQ+ concerning midwifery education and future professional practices. What has become increasingly apparent from the current study and the existing literature, is that current midwifery education appears inconsistent and patchy. Thus, providing an opportunity to develop constructive approaches to the inclusion of LGBTQ+ needs and concerns in midwifery education undergraduate, postgraduate and continuing professional development programmes tailored to the specific requirements. Through the interview data, conducted with midwifery academics, distinct themes were identified that related to important education developments necessary to improve practice. As a result of the findings, the development of an education module focusing on the needs of LGBTQ+ patients may enable future pedagogical initiatives. This in turn may influence and positively impact upon student midwives practice that is reflective and responsive to individual LGBTQ+ patient needs. Future curricula must be responsive to the unique birthing experiences and needs of LGBTQ+ people and their families. Education initiatives need to be carefully conceptualised, implemented and fully evaluated and researched to identify the impact and outcomes.

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CRediT authorship contribution statement

Conceptualisation, M.B. and E.M.; Methodology, M.B. and E.M.; Software, M.B., E.M. and F.M.; Validation, M.B., E.M. and F.M.; Formal analysis, M.B., E.M., F.M., G.M. and C.H.M.; Investigation, M.B., E.M., F.M., G.M. and C.H.M.; Resources, M.B. and E.M.; Data curation, M.B., E.M. and F.M.; Writing – original draft preparation, M.B., E.M., F.M., G.M. and C.H.M.; Writing – review and editing, M.B., E.M., F.M., G.M. and C.H.M.; Visualisation, M.B., E.M. and F.M.; Supervision, M.B. and E.M.; Project administration, M.B., E.M. and F.M.; Funding acquisition, M.B. and E.M. All authors have read and agreed to the published version of the manuscript.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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