

# “I’m Not *Just* the Nonbiological Parent”: Encountering, Strategizing, and Resisting Asymmetry and Invalidation in Genetic/Gestational Parent Status Among LGBTQ Parents

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## Abstract

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) families have expanded our understanding of who counts as family, to include legal as well as chosen ties. Yet, nonbiological parents in LGBTQ families are vulnerable to invalidation and erasure in social institutions, including health care, legal, and educational settings, where genetic and gestational linkages are privileged. The current study was guided by a queer phenomenological perspective to examine how LGBTQ parents experience and respond to dominant norms related to family relatedness and membership and thus queer the family. This mixed-methods study sampled 250 LGBTQ parents (including cisgender women and trans/nonbinary participants) to examine the question: In what ways does genetic asymmetry matter for families? The qualitative and quantitative analyses yielded three primary findings that revealed experiences of erasure and discrimination, as well as proactive strategies and active resistance used to counteract these difficulties. Themes were organized by (a) encountering marginalization and invalidation: health care, schools, and beyond; (b) strategic actions and discursive practices toward parental equality; and (c) confronting and resisting the need for legal, symbolic, and parenting strategies. This study documents ways in which nonbiological LGBTQ parents, in particular, embrace and resist societal norms for biological connectedness. Implications for nursing professionals include our finding that reproductive and perinatal contexts were particular sites of invalidation, necessitating education about the range of queer, nonbiological, and trans/nonbinary parents so that all parents are included in professional health care encounters.

## Keywords

genetic/gestational parents, health care, LGBTQ parents, nonbiological family relationships

In recent decades, social acceptance of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people has increased (Flores, 2014), and legal barriers to relationship recognition and parenthood have declined (Moore & Stambolis-Ruhstorfer, 2013). In turn, questions have arisen about whether LGBTQ people will increasingly endorse ideas about family in ways that reflect traditional or conventional values, or whether they will transform or radicalize notions of family (Hull & Ortyl, 2019). Hull and Ortyl (2019) found evidence that LGBTQ people are “both cutting-edge and conventional in how they think about the meanings of family” (p. 31). Notably, their research suggests that although constructionist ideas of family—for example, family as chosen and not necessarily defined by biological or legal ties—remain prominent in LGBTQ people’s abstract conceptions of family, LGBTQ people often define biological and legal relatives as members of their current family, with few individuals defining their current family as consisting of chosen family exclusively.

Biological and legal means of defining or protecting family relationships, then, appear to be meaningful to LGBTQ people, likely in part because they are salient to society as a whole, and reflect broad cultural valuing of genetic relationships as fundamental to family relationships (Nordqvist, 2017). The importance of biological kin connections are evident in that older LGBTQ adults tend to name biological kin more so than chosen kin as beneficiaries and next of kin in their wills (Allen & Lavender-Stott, 2020; de Vries et al., 2019). Genetic linkages are routinely invoked to explain or inquire about family resemblances, both physical and social,

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and often represent a “shorthand” for articulating family connections, as well as what is “passed down” (Nordqvist, 2017). In turn, parents who lack biogenetic ties to their children are vulnerable to having their parental status questioned, especially in the context of LGBTQ parenthood. Historically, it has been important to many two-mother families who become parents using donor insemination (DI; where one parent is inseminated with donor sperm) to legitimize and protect the nonbiological (or nongenetic or nongestational)<sup>1</sup> mother’s relationship to their children (Hayman & Wilkes, 2017)—a relationship that may be undermined on a daily basis, across a wide range of contexts (Malmquist, 2015; Skattebol & Ferfolja, 2007).

This mixed-methods study examines the experiences of (in)visibility and (in)validation among nonbiological parents in LGBTQ parent families, attending especially to the role of gender identity and expression in such experiences. This study also examines the actions that families take to protect or validate the nonbiological parent’s relationship to their child(ren), as well as the circumstances that appear to neutralize the need or desire to pursue such actions, with special attention to two understudied groups: families that use reciprocal in vitro fertilization (RIVF) and trans/nonbinary (TNB) parents. Dealing with the erasure of the nonbiological parent has been present from the beginning of the lesbian baby boom that emerged in the 1980s (Pollack & Vaughn, 1987) and despite legal and social advances, continues in new variations to this day (e.g., Acosta, 2018; Bos & Gartrell, 2020).

### Invisibility and Invalidation

Amid heteronormative definitions of family as consisting of a biologically related mother and father, LGBTQ parents may face stigma and be treated as “less than” legitimate parents (Dahl et al., 2013). Nonbiological LGBTQ parents are vulnerable to added invalidation in day care, school, and health care settings, where professionals may not always recognize them as equal parents (Hayman & Wilkes, 2017; McInerney et al., 2021). In the health care context in particular, nonbiological mothers report feeling marginalized (Cherguit et al., 2013; Hayman et al., 2013; Wojnar & Katzenmeyer, 2014). They are often ignored in reproductive, perinatal, and birthing contexts (Dahl & Malterud, 2015) and treated as less important than biological parents in child health visits (Andersen et al., 2017). The experience of having one’s parental legitimacy questioned often extends into interactions with legal institutions (McInerney et al., 2021).

As several studies of lesbian mothers have observed (Ben-Ari & Livni, 2006; Hayman et al., 2013), despite the shared process of planning for their future child, the birth represents an “event” that creates two different statuses of mother—biological and nonbiological, the former of whom is more easily acknowledged and celebrated, and the latter of whom lacks a universally defined role. Not being readily recognized as a parent can impact nonbiological LGBTQ parents in a variety of negative ways (e.g., feelings of alienation and frustration;

(Bower & Klecka, 2009; McInerney et al., 2021). Bos and colleagues (2007), for example, found that Dutch lesbian nonbiological mothers reported feeling greater pressure to justify their parenting than heterosexual fathers, which might reflect the absence of biological ties—and heightened stress around the need to demonstrate the legitimacy of their parenthood status. An inability to secure legal recognition can undermine nonbiological parents’ sense of parental identity and amplify any insecurity related to the absence of biological ties (Padavic & Butterfield, 2011). Yet even though legal parenthood may protect nonbiological parents’ interests, it does not guarantee that outsiders will treat them as legitimate parents or as equal to biological parents (Bergen et al., 2006; Dahl et al., 2013), as queer parents have noted (Acosta, 2018).

### Strategies for Minimizing Invisibility and Asserting Parental Status

LGBTQ nonbiological parents have described seeking to counteract experiences of invisibility, such as by pursuing legal protection in the form of a second-parent adoption (McInerney et al., 2021; Padavic & Butterfield, 2011). Prior to the lifting of state gay adoption bans which created barriers to legal adoption by LGBTQ nonbiological mothers, LGBTQ nonbiological parents historically pursued other documentation (e.g., wills, powers of attorney), which served as a paper trail connecting them to children as well as signaling their commitment to parenthood (Bergen et al., 2006)—although such documentation did not always protect their rights (e.g., when couples split up; Allen, 2019). Legal parentage, in the form of second-parent adoptions, appears to matter in situations where the nonbiological mother’s role is tenuous or possibly challenged by the biological mother (Gartrell et al., 2011; Kelly et al., 2017). When lesbian mothers split up, nonbiological mothers may be positioned by courts and their ex-partners as “extra” mothers, rather than equal mothers (Kelly et al., 2017). Notably, one study found that nonbiological divorcing mothers were more likely to have shared custody if they had adopted their children, highlighting the importance of legal protections (Gartrell et al., 2011).

Legal protections also have symbolic value, in that they theoretically help to construct a legitimate parental identity for the nonbiological parent in the eyes of society, who, because they are defined by what they are not—nongestational, nongenetic, nonbiological—must actively define, assert, and defend their parental status (Bergen et al., 2006; Padavic & Butterfield, 2011). In general but especially in the absence of legal ties between nonbiological parent and child, symbolic means of establishing and signaling parenthood (e.g., child’s surname; what the child calls each parent) may take on heightened meaning (Bergen et al., 2006; Donovan & Wilson, 2008). As Almack (2005) notes, “Names can take on a powerful symbolic significance as a means of creating visible family connections, especially where little other institutional support is available” (p. 245). Surname choices in particular are often enacted as a means of consolidating “social” parenthood statuses, and to

balance out the more readily recognized biological parent–child relationship (Charton & Lemieux, 2020). Parents may give the child the nonbiological mother’s surname or a shared surname (e.g., if one parent changed their name in marriage, or a hyphenated name; Charton & Lemieux, 2020; Hayman & Wilkes, 2017). Referents and address terms (what a child calls each parent) may also communicate and construct a socially intelligible parental identity for the nonbiological mother (Bergen et al., 2006; Frank et al., 2019). Research indicates that two thirds to three quarters of lesbian couples employ parallel or symmetrical names (e.g., Mommy/Mama), which help to establish the nonbiological mother’s parental identity for herself, her child, and society (Bergen et al., 2006; Gross & Richardot, 2019).

Additional means of legitimating parenthood in the face of social and legal barriers include having the nonbiological mother participate equally in childcare labor, and/or carve out a special role with the child, such as being the bedtime mom (Goldberg, 2013; Goldberg & Perry-Jenkins, 2007). Notably, at least in early parenthood, biological mothers may do more childcare than nonbiological mothers, which in part reflects the demands of breastfeeding and reduced work hours by biological mothers, who tend to take more parental leave (e.g., because leave policies favor the gestational parent; (Bos et al., 2007; Goldberg & Perry-Jenkins, 2007; Van Rijn-Van Gelderen et al., 2020). At the same time, asymmetry in childcare contributions and parental roles often declines as children grow older (Chan et al., 1998; Goldberg et al., 2008), although a subset of children may show a stable preference for the biological mother, which can cause conflict (Goldberg et al., 2008; Marina et al., 2010).

### *LGBTQ Parents and RIVF*

Little attention has been paid to couples who pursue RIVF, wherein one partner provides the eggs and one partner carries the child, thereby transforming and complicating the notion of (non)biological parenthood (though see Acosta, 2018; Bos & Gartrell, 2020). Of note is that RIVF is expensive (US\$15K–\$20K) and thus a limited option. Yet it represents one way to directly involve both partners with female-designated reproductive organs in the family-building process, and constitutes a means of embodying egalitarianism in the parental context. Indeed, some couples may seek to “neutralize” the biogenetic connection by having one parent carry (the gestational, nongenetic parent) and one provide the eggs (the genetic, nongestational parent), thus enabling one parent the symbolically affirming status of pregnant/childbearing parent and the other to have a genetic connection to the child (Pennings, 2016). Presumably, in this context, the question of biological asymmetry and efforts to offset it are somewhat upended (Marina et al., 2010). The nongestational (but genetic) parent may not experience the same invisibility or feel compelled to protect or assert their parental role in quite the same way—likewise with the nongenetic (but gestational) parent.

### *TNB Parents*

Even less attention has been paid to TNB individuals in queer relationships, who may experience issues of (in)visibility surrounding their parentage, but in ways that differ from cisgender (cis) women in same-sex relationships (Pfeffer & Jones, 2020). For example, TNB individuals may be perceived as having a different gender identity than their partner, such that they are mistaken for a biological parent when they are not (e.g., in the case of a trans man partnered with a cis woman who has given birth).

Unknown is how biological asymmetry within couples in which one or both partners are TNB is experienced by TNB parents, in terms of its salience or significance. TNB parents face invalidation, misrecognition, and stigma in the broader society, and being biologically related to one’s child may be experienced as even more salient in the context of societal questioning of trans parent–child ties—and, likewise, nonbiological parents may feel even more invisible. In the health care context, TNB parents face particular challenges related to visibility and validation, where both their gender identities and parental identities are often misunderstood or marginalized (Kerppola et al., 2020). In reproductive, perinatal, and pediatric contexts, health providers are known to deploy binary notions of gender and parenthood that equate pregnancy with femininity and motherhood, which renders trans masculine and nonbinary parents who give birth especially vulnerable to stigma and scrutiny (Falck et al., 2021; Kerppola et al., 2020). However, TNB parents who are seen as heterosexual couples because of differing gender presentations may be protected from biases related to heterosexism, cissexism, and biological status.

### **Theoretical Perspective**

We approach this study from a queer phenomenological perspective. In this article, we “queer the family” by challenging the status quo, turning the typical question of “What is normal?” upside down (Allen & Henderson, 2023). Queer theory is counternormative by positioning commonsense assumptions about families, parental identities, and related social processes in new ways, to examine, for example, previously invisible aspects of how two women can be mothers to a shared child. We reclaim the ways in which differences from the heterosexual norm of father–mother cross the boundaries (i.e., “queer”; disrupt; challenge) assumptions about what is considered odd or unacceptable (Ahmed, 2006). A queer phenomenological perspective validates the lived experiences of parents whose gender, sexual, biological, or legal status as a parent do not match the ways that our society positions gender, sexuality, and family (Oswald et al., 2009). Queering the family provides a framework for examining the discursive practices that challenge the normative nomenclature of family relatedness (Allen & Henderson, 2023).

Queer phenomenology theorizes that LGBTQ people may approach family-building and parenting in ways that reflect

both (a) their socialization in a society that views biological ties as fundamental to kinship and (b) their positionality as outsiders to the heteronuclear family standard. In this way, the significance of biology to family relationships may be reconfigured, deprioritized, or at least moved from the center to the margins of what defines a family. LGBTQ parents may not simply draw directly upon cultural and societal ideologies (e.g., assumptions regarding family and biology) to attach meanings to their lives, but may resist, transform, or modulate (i.e., queer) available social discourses (e.g., societal constructions of genetic relationships as fundamental to familial bonds). Their marginalization as an LGBTQ family and the salience of biology to definitions of family may create awareness of how biological inequities may disadvantage or undermine one member of the couple, which may in turn foster efforts to counteract or preempt such marginalization through strategic actions or discursive practices.

## The Current Study

Prior studies on the meaning of biological asymmetry, and strategies for offsetting the societal significance of biological parenthood to enhance the intelligibility of the nonbiological parent's role, have focused on lesbian couples. Most of these studies also used very small samples. They have not included TNB parents, or couples who use RIVF, which "queers" or disrupts clear delineation between biological and nonbiological parenthood. This mixed-methods study uses a sample of 250 LGBTQ parents to examine our main research question: In what ways does genetic asymmetry matter for families? Specifically, we investigated:

**Research Question 1 (RQ1):** How do nonbiological parents experience invalidation and marginalization in health care, school, and other settings? In what ways does gender identity or expression modulate experiences of invalidation and marginalization?

**Research Question 2 (RQ2):** What legal, symbolic, and parenting-related actions do families use to communicate the nonbiological parent's equivalent status to the outside world? How do such strategies differ for families that used RIVF, or for families with TNB parents?

## Method

### Sample

A total of 250 participants from a larger survey of 543 LGBTQ parents indicated that they (a) had at least one child via DI and (b) were not partnered in a different-gender relationship. Thus, we excluded participants whose parenthood routes did not include DI (i.e., parents who only had children via adoption, stepparenting, or surrogacy) as well as bisexual cisgender [cis] men with female partners and bisexual cis women with male partners.

The 250 participants comprised 215 cis women and 35 TNB participants (21 nonbinary/genderqueer, 10 trans men, 1 trans woman, 3 other TNB identities). Of the 215 cis women, 195 were partnered with cis women, and 20 with TNB individuals (nine nonbinary/genderqueer, eight trans men, three trans women). Of the 35 TNB participants, 24 were partnered with cis women and 11 with TNB people (six nonbinary/genderqueer, one trans man, one trans woman, three other TNB identities). Thus, although there were just 35 TNB participants, as 20 cis women had TNB partners, there were 55 participants in couples where at least one partner was TNB. Most cis women identified as lesbians, and most TNB participants as queer (Table 1).

A total of 140 (65.1%) were genetic parents to at least one child, and 93 (43.3%) were nongenetic parents to at least one child. See Table 1 for breakdown by cis women and TNB participants. Of the 250 participants, 21 did RIVF (16 cis women, 5 TNB). Fourteen (5.6%) said that they had at least one child via RIVF where they carried the child, such that they were the *gestational but not genetic* parents, and seven (2.8%) said that they had at least one child via RIVF where their partner carried, and thus were the *genetic but not gestational* parents. Thus, in most cases, the nongestational parent was also the nongenetic parent, and thus we refer to these parents as nonbiological parents. We specify when participants were the nongestational but genetic parents; or, the gestational but nongenetic parents, in cases where they used RIVF.

Some participants had additional children via other means—namely, adoption and step-parenthood (see Table 1). A total of 143 participants (57.2%) had at least one child aged 5 or below; 78 (31.2%) had at least one child aged 6 to 10; 61 (24.4%) had at least one child aged 11 to 15; and 26 (10.4%) had at least one child aged 16 to 18. Twenty-one (8.4%) had at least one child aged above 18 (all of whom also had a child 18 or younger). A total of 134 parents (53.6%) had at least one boy, 141 (56.4%) had at least one girl, and 20 (8.0%) had at least one trans or nonbinary child.

Most (238, 95.2%) had at least a college degree. Regarding family/combined income, 70 (28.0%) reported <US\$100K; 72 (28.8%) reported US\$100 to \$150K; 40 (16.0%) reported US\$151 to \$200K; 51 (20.4%) reported US\$201 to \$300K; and 14 (5.6%) reported family income of more than US\$300K.

Participants could endorse multiple racial categories. A total of 228 (91.2%) identified as White, 11 (4.4%) as Latino/a/x, 8 (3.2%) as Hispanic, seven (2.8%) as Black, seven (2.8%) as Asian, one as American Indian, one as Native Hawaiian/Pacific Islander, and two as something else. Participants lived in a variety of U.S. states, with the highest concentrations in Massachusetts, California, Colorado, New York, Washington, Maryland, and Texas.

### Procedure

The sample completed a 20- to 25-min online survey on family building and parenting in Spring–Summer 2020. Recruited

**Table 1.** Sample Demographics (*N* = 250).

Demographic Variables	Cis women ( <i>n</i> = 215)	Trans ( <i>n</i> = 35)	Total ( <i>n</i> = 250)
<b>Conception type</b>			
Insemination, no RIVF	199 (92.6%)	30 (85.7%)	229 (91.6%)
RIVF	16 (7.4%)	5 (14.3%)	21 (8.4%)
<b>Same sperm donor for each child?</b>			
Yes	96 (44.7%)	9 (25.7%)	105 (42.0%)
No	18 (8.4%)	5 (14.3%)	23 (9.2%)
N/A, only have one child	82 (38.2%)	17 (48.6%)	99 (39.6%)
It's complicated	19 (88.3%)	4 (11.4%)	23 (9.2%)
<b>Gestational status</b>			
<b>Any nongestational children?</b>			
Yes	93 (43.3%)	23 (65.7%)	116 (46.4%)
No	122 (56.7%)	12 (34.3%)	134 (53.6%)
<b>Any gestational children?</b>			
Yes	140 (65.1%)	14 (40.0%)	154 (61.6%)
No	75 (34.9%)	21 (60.0%)	96 (38.4%)
<b>Child type</b>			
Only nongestational children	75 (34.9%)	21 (60.0%)	96 (38.4%)
Only gestational children	122 (56.7%)	12 (34.3%)	134 (53.6%)
Both	18 (8.4%)	2 (5.7%)	20 (8.0%)
<b>Reciprocal IVF (RIVF)</b>			
No	199 (92.6%)	30 (85.7%)	229 (91.6%)
Yes; I carried (gestational, nongenetic)	11 (5.1%)	3 (8.6%)	14 (5.6%)
Yes; I am egg donor (genetic, nongestational)	5 (2.3%)	2 (5.7%)	7 (2.8%)
<b>Partner gender</b>			
Cis woman	194 (90.2%)	24 (68.6%)	218 (88.2%)
Trans/NB	20 (9.3%)	11 (31.4%)	31 (12.4%)
<b>Divorced/separated?</b>			
Yes	14 (6.5%)	3 (8.6%)	17 (6.8%)
No	201 (93.5%)	32 (91.4%)	233 (93.2%)
<b>Sexual orientation</b>			
Lesbian	132 (61.4%)	9 (25.7%)	141 (56.4%)
Gay	2 (0.09%)	1 (2.9%)	3 (1.2%)
Bisexual	30 (14.0%)	2 (5.7%)	32 (12.8%)
Queer	43 (20.0%)	20 (57.1%)	63 (25.2%)
Pansexual	6 (2.8%)	1 (2.9%)	7 (2.8%)
Two-spirit	1 (0.05%)	0 (0.0%)	1 (0.004%)
Straight	0 (0.0%)	2 (5.7%)	2 (0.008%)
Missing	1 (0.05%)	0 (0.0%)	1 (0.004%)
<b>Other types of children</b>			
<b>Adopted children</b>			
Yes	10 (4.7%)	0 (0.0%)	10 (4.0%)
No	205 (95.3%)	35 (100%)	240 (96.0%)
<b>Stepchildren</b>			
Yes	2 (0.09%)	3 (8.6%)	5 (2.0%)
No	213 (99.1%)	32 (91.4%)	245 (98.0%)

Note. RIVF = reciprocal in vitro fertilization.

via social media and LGBTQ, parenting, and adoption organizations, they were invited to participate if they were an LGBTQ parent of a child 18 years or younger. They were told that the study focused on LGBTQ family-building and

parenting experiences. Participants were entered into a drawing for one of 25 US\$25 Amazon gift cards. The study was approved by the Clark University human subjects review board. All participants signed a consent form.

## Measures

Participants were asked, “What strategies have you and/or the nongenetic parent used to communicate or assert their/your equivalent status as a parent to others?” and provided with a list of options that included legal, symbolic, and parenting-related actions. Through an open-ended query, parents were encouraged to elaborate on their responses. They were also invited to share their experiences with institutions (e.g., health care, schools) that they interacted with during family building and beyond, with respect to LGBTQ inclusion and other forms of inclusion. It was here that they often detailed experiences related to (non)biological status, such as ways that institutions challenged or disregarded the nonbiological parent’s status as a legitimate parent.

## Data Analysis

This exploratory study used mixed-methods, in that our analysis of survey data involved ongoing interplay between qualitative (i.e., open-ended) and quantitative (closed-ended) components in developing conclusions (Johnson et al., 2007). For example, a series of questions asked whether the participants had deployed certain legal, symbolic, or parenting-related actions, and they were then asked to elaborate in an open-ended response field.

**Quantitative analysis.** We asked about seven strategies or actions that families may have used to assert or protect the nongenetic parent’s status: (a) obtaining legal protections such as a second-parent adoption; (b) encouraging parallel naming (e.g., mama/mommy; what the child calls each parent); (c) having the family share the same surname; (d) giving the child the nongenetic parent’s surname; (e) correcting others if they refer to/treat the genetic parent as the “real” parent; (f) having the nongenetic parent engage in similar/equal types or levels of childcare; (g) having the nongenetic parent do a lot of the visible “parenting work” (e.g., medical appointments, school drop-offs).

We expected that certain parenting actions aimed to address biological inequities might vary by parent status. Specifically, we expected that nonbiological parents might be more likely than biological parents to endorse engaging in an equal amount of childcare, performing “visible” parenting work, or correcting outsiders to ward off misrecognition of the nonbiological parent’s role as they would have more intimate, personal understanding of such actions as they pertained to them. We did not expect that legal or symbolic actions (i.e., the presence of legal protections; the child taking the nonbiological parent’s surname) would vary by whether the respondent had nonbiological children, because such actions are relatively objective: their partner would likely respond identically to such questions. In turn, we conducted a series of three chi-square analyses to assess the role of participant (non)biological status in endorse-

ment of equal childcare, visible parenting work, and correcting outsiders as strategies.

We also expected that two groups of participants—those who used RIVF and those who were or whose partners were TNB—might have a different relationship to these strategies. For example, these strategies might be viewed as less necessary and thus less frequently deployed by parents who used RIVF, in that their shared parenthood route somewhat neutralizes biological asymmetries. Such strategies might also be differentially deployed by TNB participants. By virtue of their gender diverse identities, they may lack investment in “sharing” the mothering role, leading to less purposeful engagement with efforts to equalize parental distinctions. Or, TNB parents and their partners might possess heightened concerns about asserting the legitimacy of both parents amid the multiple ways that their families might be scrutinized. Ultimately, we conducted a series of exploratory chi-square analyses to examine whether RIVF or TNB status interplayed with whether or not these seven strategies were endorsed.

**Qualitative analysis.** Responses to the open-ended queries were typically three to five sentences of text. The first author coded the qualitative data using a content analysis method, which is a standard method for examining responses to open-ended questions and represents a process of identifying and categorizing the primary patterns or themes in the data (Patton, 2015). Content analysis represents an organized, systematic, and replicable practice of condensing words of text into a smaller number of content categories (Krippendorff, 2004), with the goal of creating a coding system to organize the data (Bogdan & Biklen, 2007).

The first author initiated the coding process with open coding, which involves examining responses and highlighting relevant passages. Next, she pursued focused coding, which uses initial codes that often reappear to sort the data, and leads to the specification and refinement of emerging codes. This process of organizing and sorting is more conceptual than initial coding (Charmaz, 2014). At this stage, she used the sensitizing concepts of invisibility and invalidation, genetic asymmetry/equivalency, and queering the family, derived from the literature and our theoretical framework, to identify patterns in the data. Applying the scheme to the data allowed for the identification of more descriptive categories and the generation of themes for which there was the most substantiation. The second author, a queer family theorist with expertise in LGBTQ parenthood from the perspective of the nonbiological parent, reviewed the scheme against a selection of data and provided input. Both coders discussed salient points they observed, a process that led to the elaboration, collapsing, and refinement of several codes, and the development of the final storyline. The use of two coders with diverse areas of expertise enhances the likelihood that the coding scheme is sound and a good fit to the data (Patton, 2015).

## Findings

### *Encountering Marginalization and Invalidation: Health Care, Schools, and Beyond*

Participants were asked about their experiences in health care, school, and legal institutions. Although not asked specifically about gestational or genetic parenthood status or gender identity, these emerged as complicating identities that nuanced their experiences.

*Erasure of the nonbiological parent.* Participants were not specifically asked about (non)biological parenthood status, making its salience especially notable. Both biological and nonbiological parents described various ways that nonbiological parents were marginalized and undermined, such as in formal paperwork as well as interpersonal encounters. One area where nonbiological parents bumped up against a lack of acknowledgment and validation was on forms, in health care and school settings. Typically, there was no place to clearly indicate one's role as a parent, amid heteronormative assumptions about family structure and parentage. Clara, a cis bisexual nonbiological mother, said, "I have been forced to cross out Father on many forms and replace it with Parent or Mother 2." Jana, a cis queer biological and nonbiological mother, noted, "We've had to request form changes at every step of the way. People were receptive but acted like they'd never thought of it." Kate, a cis queer biological mother, said, "In health paperwork they always call the birth parent 'mom.'"

Sometimes, nonbiological parents were asked to produce documentation to "prove" their parental status before being allowed to complete paperwork, be present during a pediatrician's visit, or pick up a set of forms from school. Jana shared, "On our first visit to the pediatrician . . . I had to show them guardianship papers before they would allow [me] to be included."

Experiences of invisibility and marginalization encompassed interpersonal interactions. Speaking about the reproductive environment, Marisa, a cis queer nonbiological mother said, "We generally had a good experience but it was sometimes as though I was not expected to be there as a non-gestational parent." Participants spoke of being mistaken for friends, sisters, or mothers of the biological mother by medical staff (e.g., during the pregnancy or birth, or at the pediatrician)—or, in some cases, being ignored. "I don't feel that our pediatrician's staff treats me as an equal parent. They always ask questions of my wife, who is the bio parent. At the hospital, at least one provider asked me if I was the grandparent," said Trina, a cis queer woman. "I had to explain that I was not a friend or a sibling, I had to advocate to be included in the ultrasound appointment, and I had to advocate to be in the room when the epidural was being placed," said Gail, a cis queer woman, highlighting how the experience of being delegitimized often begins before the child is born. Fawn, a cis bisexual woman, said,

My wife was pregnant and had an emergency Cesarean and the one nurse didn't want to give me an ID bracelet because she thought I was a supporting friend while we were waiting on the baby's dad. I said, "We are in a same sex marriage and this is my son." I had to many times explain that there are two moms.

Thus, participants confronted heteronormativity and genetics as fundamental organizing structures in birthing and non-birthing contexts, which placed families in the position to have to educate, defend, and assert their family structure and the nonbiological parent's role in particular.

Although grateful for the ability to secure legal protections of their parental status (e.g., via second-parent adoptions), nonbiological parents also shared that having to formally adopt their own children reinforced their sense of having second-class status and prompted resentment that they had to complete such adoptions to be considered real parents. Hannah, a cis lesbian woman, said, "I did the second parent adoption but it's a painful reminder that my role as mom, even with my name on the birth certificate, is not equal to [other] parents." Pat, a cis bisexual biological and nonbiological mother, shared, "The fact that we had to second parent adopt our own children disgusts me. Being subjected to a home study for our own children is so unjust."

*Erasure and misunderstanding of TNB parents.* Heteronormative and cisnormative assumptions intersected with a general privileging of biological ties to create experiences of invisibility and marginalization among TNB parents in a range of medical and nonmedical settings. At times, TNB parents and their partners sought to correct various providers regarding their family structure and parental roles and identities, but at other times, they chose not to, relieving themselves of the burden of "educating others."

When one partner was TNB and/or had a nontraditional gender expression, participants sometimes found that this created an extra layer of confusion and/or led to presumptions of heterosexuality. Myra, a cis queer biological mother with a nonbinary partner, said,

Our hospital was pretty bad; they misgendered my partner and seemed baffled by us as a queer couple. Our OB was supportive but we seemed like a lot of people's first queer clients so we felt a little bit like a novelty—not normalized.

Sylvia, a cis lesbian biological mother, said, "We've done a lot of educating our and our children's providers. We live in a very heteronormative area. And my partner can be mistaken for a man, so sometimes it's just easier to let folks assume that's the case." Kris, a cis queer biological mother, shared that some of the midwives she worked with "did not understand use of the gender neutral pronoun 'they,' which I used for my spouse and unborn child. Some defaulted to use of husband and male assumptions for my spouse."

**Table 2.** Strategies by RIVF Status.

Strategy	No RIVF (n = 229)	RIVF (n = 21)	Total (n = 250)	Chi-square
Legal	162 (70.7%)	14 (66.7%)	176 (70%)	$\chi^2 = .153, p = .433$
Parallel naming	187 (81.7%)	12 (57.1%)	199 (79.6%)	$\chi^2 = 7.12, p = .012$
Shared last name, all family members	93 (40.6%)	11 (52.3%)	104 (41.6%)	$\chi^2 = 1.95, p = .206$
Last name of NG parent	79 (34.5%)	3 (14.2%)	82 (32.8%)	$\chi^2 = 3.57, p = .044$
Correcting others	124 (54.1%)	6 (28.6%)	130 (52.0%)	$\chi^2 = 5.042, p = .021$
Equal parenting	158 (70.0%)	8 (38.1%)	166 (66.4%)	$\chi^2 = 8.23, p = .005$
Visible parenting work	84 (36.7%)	3 (14.3%)	87 (34.8%)	$\chi^2 = 4.25, p = .029$

Note. Participants who pursued RIVF were encouraged to interpret questions related to the nonbiological parent's role/status to be about the nongenetic (NG) parent. RIVF = reciprocal in vitro fertilization.

In several cases, the genetic/gestational parent was also nonbinary, which served to erase their parent identity: “[Partner] is the nongenetic parent. As I am nonbinary, somehow people seem more inclined to defer to her for child concerns,” said Lex, a queer biological parent. Helena, a cis queer nonbiological mother, shared that the hospital that her nonbinary partner gave birth at was “awful with both births—using misgendering language, and questioning why I didn’t carry since I am femme and my partner is not.” Presumably, because their gender identity or expression did not fall into a gender binary or they were not “read” as feminine, nonbinary parents were relegated to a secondary parenting role.

### Strategic Actions and Discursive Practices Toward Parental Equality

Participants were asked about various strategies used to assert or communicate the equivalent status of the nonbiological parent, and given space to explain and/or indicate other strategies. Our findings reveal innovations in their legal, symbolic, and parenting strategies.

**Legal actions.** More than two thirds of parents (176, 70.4%) endorsed obtaining legal protections for both parents (e.g., via a second-parent adoption, wills, powers of attorney); see Tables 2, 3, and 4 for strategies by RIVF and TNB status. As Coral, a cis lesbian nonbiological mother, explained,

Part of laying claim to this child was adopting her as soon as I could so at 6 months we completed that process. Though paperwork cannot confer true parental status, I wanted the adoption and the same last name as a baseline for establishing my role in her life.

Suzanne, a cis queer biological mother, said,

Second parent adoption was vitally important to us. We had our lawyer come to the birth center where our kids were born so we could sign papers immediately. (We were legally married by the time our second child was born but we still did it right away because legal marriage doesn’t guarantee or cover all parenting

rights.) We have also spent time and money updating estate planning documents to make sure all rights are covered.

Some participants who did not seek legal protections such as second-parent adoption explained this decision. They said they were advised that it was not “necessary”; it was too expensive; and, they resented having to do it. Willa, a cis lesbian biological parent, said,

We were told by an attorney that second-parent adoption was not necessary if we were both on the birth certificate. The lawyer was referred to us as LGBTQ friendly, not an expert in LGBTQ cases, so we didn’t entirely trust this opinion. We know from internet research that most couples still rely on these to protect their parental rights. Current circumstances prevent us from pursuing an adoption at the moment, and the process worries us. We planned our son together; we shouldn’t have to legally prove it.

There is some legal professional consensus that a second-parent adoption is the best way to ensure the ongoing parental rights of both parents, even if partners are married (GLAD, 2022).<sup>2</sup> However, amid federal marriage equality, which has been available since 2015—5 years at the time of the survey—some LGBTQ people may assume that marriage is “enough” and do less to protect the rights of both parents. We conducted a chi square to examine whether parents of children 5 and below versus parents of older children only differed in their pursuit of legal protections, and found that indeed, parents of children below 5 were less likely to endorse legal protections: 65.0% versus 77.6% of those without young children,  $\chi^2(1, 250) = 4.62, p = .022$ .

**Symbolic actions.** Parallel naming practices—that is, using a common parent identifier for the nonbiological parent—was endorsed by most participants (199, 79.6%). Having all family members share the same last name was endorsed by more than one third of participants (104, 41.6%), and giving children the nonbiological parent’s last name was endorsed by almost one third of parents (82, 32.8%).

A more reactive strategy, correcting people, was endorsed by half of parents (130, 52.0%), and was used when others



**Table 3.** Strategies: Cis Women Participants and TNB Participants.

Strategy	Cis women (n = 215)	Trans (n = 35)	Total (n = 250)	Chi-square
Legal	157 (73.0%)	19 (54.3%)	176 (70.4%)	$X^2 = 5.07, p = .022$
Parallel naming	175 (81.4%)	24 (68.6%)	199 (79.6%)	$X^2 = 3.05, p = .068$
Shared last name	92 (42.7%)	12 (34.3%)	104 (41.6%)	$X^2 = .896, p = .224$
Last name NG parent	74 (34.4%)	8 (22.9%)	82 (32.8%)	$X^2 = 1.83, p = .122$
Correcting others	114 (53.0%)	16 (45.7%)	130 (52.0%)	$X^2 = .644, p = .422$
Equal parenting	145 (67.4%)	21 (60.0%)	166 (66.4%)	$X^2 = .747, p = .248$
Visible parenting work	78 (36.3%)	9 (25.7%)	87 (34.8%)	$X^2 = 1.48, p = .152$

Note. NG = nongenetic; TNB = trans/nonbinary.

**Table 4.** Strategies: Cis Women Couples and TNB Couples.

Strategy	Cis women with cis women (n = 95)	At least one partner is TNB (n = 55)	Total (n = 250)	Chi-square
Legal	146 (74.9%)	30 (54.5%)	176 (70.1%)	$X^2 = 8.51, p = .004$
Parallel naming	161 (82.6%)	38 (69.1%)	199 (79.6%)	$X^2 = 4.80, p = .025$
Shared last name	79 (40.5%)	25 (45.5%)	104 (41.6%)	$X^2 = .431, p = .307$
Last name NG parent	68 (34.8%)	14 (25.5%)	82 (32.8%)	$X^2 = 1.73, p = .124$
Correcting others	105 (53.8%)	25 (45.5%)	130 (52.0%)	$X^2 = 1.21, p = .172$
Equal parenting	132 (67.7%)	34 (61.8%)	166 (66.4%)	$X^2 = .663, p = .255$
Visible parenting work	71 (36.4%)	16 (29.1%)	87 (34.8%)	$X^2 = 1.01, p = .200$

Note. NG = nongenetic; TNB = trans/nonbinary.

referred to the biological parent as the real parent or treated that parent with greater authority. There were no differences by (non)biological parent status,  $\chi^2(1, 250) = 1.41, p = .14$ , despite our belief that nonbiological parents might be more directly engaged in such behaviors and thus more likely to report this. Sometimes outsiders' statements encompassed heteronormative assumptions (e.g., you cannot have two moms); such commentary undermined the family as a whole but in particular served to erase the nonbiological parent (e.g., when an outsider asked where the child's father was). As Nicky, a cis lesbian nonbiological parent explained, regarding her attempts to "correct" outsiders:

My White son has received pushback when I would pick him up (he is blonde haired, blue eyed; I . . . [have] brown skin, hair, eyes) with kids telling him that I'm not his mom. We just tell the kids politely that I *am*.

**Parenting actions.** Almost two thirds of participants said that the nonbiological parent did similar or equal types or levels of childcare (166, 66.4%). A chi-square analysis determined that participants with at least one nonbiological child were somewhat more likely to endorse this (71.6%) than those who were biological parents only (61.9%),  $\chi^2(1, 250) = 2.57, p = .070$ . A commitment to equality by both parents was emphasized by some. "My wife does exclusive pumping both for her comfort and so I can share equally in feeding," said Jess, a cis lesbian nonbiological mother. Some highlighted childcare

tasks or behaviors that they embraced as a means of sharing equally. Logan, a queer trans man and nonbiological parent, said, "I did skin-to-skin first with both children after birth and we used bottles along with chestfeeding so I could feed them from birth."

Ten participants asserted that the nonbiological parent did more in terms of childcare. Amanda, a cis lesbian biological parent, said, "My wife is the primary caregiver. She has been a homemaker or employed part-time throughout our twins' lives." A few suggested that having the nonbiological parent take on more was a purposeful choice, wherein both partners were aware of and mutually committed to offsetting the genetic inequity. Said Vicki, a cis lesbian biological mother, "That factored into our decision for my wife to stay home. Since I'm the gestational parent, I went back to work full-time after 4 months each time. She has stayed home since then."

Participants who did not endorse sharing childcare equally sometimes volunteered that the biological parent did more in terms of childcare, and this was agreeable to both partners and/or mutually decided upon, based on each partners' interests and availability. Said Britt, a cis queer nonbiological mother, "My wife is currently on leave and is exclusively breastfeeding, so she ends up doing the majority of the childcare."

Finally, one third of respondents (87, 34.8%) affirmed that the nonbiological parent did a lot of the visible parenting work (e.g., pediatrician appointments, school drop-offs/pick-ups). Notably, nonbiological parents were more likely to say

that this occurred (41.4%) than biological parents (29.0%),  $\chi^2(1, 250) = 4.12, p = .029$ , highlighting how nonbiological parents may have more intimate knowledge of these types of actions and their function than biological parents.

### *Confronting and Resisting the Need for Legal, Symbolic, and Parenting Strategies*

*Rejecting the need: "We are equal parents."* Some participants emphasized reasons why they did not engage in legal, symbolic, and parenting-related strategies or actions. Seven participants, all cis women, shared their feeling that strategies to assert one parent's role or legitimacy were unnecessary because there was no public differentiation of their roles to correct or mitigate. They did not tend to share information about their children's biogenetic relationship to each parent with outsiders, thus preventing others from privileging one parent over the other. Two of these parents indicated that their children were also unaware of who was the genetic parent. Said Jen, a cis lesbian biological mother, "We don't tell anyone who the genetic parent is—none of their business . . . and we don't let our child know."

Twelve cis women asserted that they had not used any strategies because they were equal parents in every way, "aside from me having carried and breastfeeding." Thus, they rejected the need by emphasizing that such a distinction was irrelevant in the first place. Said Rosie, a cis lesbian woman, "We share all roles equally and I don't feel different being the non-genetic parent." In turn, these parents tended to emphasize that no one—not them, their partners, children, or outsiders—treated them differently. Brandy, a cis lesbian nonbiological parent asserted, "We share equitably all parenting responsibilities. Since the birth, we just never think or talk about that difference except for the rare times one of the kids brings it up."

Four cis women emphasized that even giving "air time" to the idea that nonbiological parents might be seen or see themselves as less "legitimate" was counterproductive. Bess, a cis queer nonbiological parent, said, "I think nongestational parent insecurity is a self-fulfilling prophecy and have just asserted myself as a full parent without questioning it or giving power to any narrative that might attempt to undermine it."

*Negating the need: "We have biological equivalency."* As Table 2 reveals, with the exception of seeking legal protections and using a family last name, parents who used RIVF ( $n = 21$ ) were less likely to use all strategies, the meaning and utility of which was upended amid the reality that the genetic parent was the nongestational parent, and the gestational parent was the nongenetic parent. Thus, these parents complicated the simplicity of the notion of "biological ties" as something that needed to be offset or overcome.

Some participants ( $n = 7$ ) who used RIVF elaborated on how and why they viewed such strategies as unnecessary, explaining that inasmuch as one partner carried the child and the other was genetically related, they were "balanced" in

their relationship to their child(ren), having neutralized the biological asymmetry between them. They noted that they were both tied to their children in important and societally endorsed ways that minimized the differences between them and their partners and thus they did not feel as though they did not have to work to "equalize" their parental status. "We did reciprocal IVF so one parent is connected genetically and one is connected gestationally," said one participant. "Our daughter has two primary parents. Given how she was conceived (DNA from one mother, life and 2 years of breastfeeding from one mother) it is near impossible to claim one parent as her bio parent," said another.

*Sidestepping the need: "We look like a straight hetero couple."* As Tables 3 and 4 reveal, participants who were TNB and/or whose partners were TNB were less likely to seek legal protections or employ parallel naming as strategies. The qualitative data shed light on this. Seven participants said that they had less need to employ strategies because their relationship "appeared" to be made up of two different-gender parents. Being seen as a heterosexual couple erased perceptions or acknowledgment of genetic or gestational inequity. Walker, a queer trans man and nonbiological parent said, "Most people don't know that I'm trans and so don't question that I'm the 'real' father, but that's a privilege because we're perceived as a straight couple by folks who don't know us." Laurie, a cis queer biological mother with a TNB partner, said, "We appear to the public to be a straight couple; therefore, most people don't have any idea one of us is not genetically related unless we tell them."

Significantly, these perspectives are from participants describing a tendency for outsiders to "read" them and their partners as heterosexual couples, presumably because of distinctly different and binary gender expressions. Couples in which one or both partners are nonbinary, do not have distinctly masculine or feminine gender expressions, and/or do not fit into an easily recognizable and acceptable gender "mold," may have other reasons for not endorsing parallel naming or legal protections. For example, nonbinary participants may be less likely to desire easily recognizable parental names (e.g., mommy, mama, papa) because such terms are highly gendered—and therefore a poor fit with a more expansive gender identity.

## **Discussion**

Acceptance of LGBTQ parent families has increased over the past several decades, as has access to marital and parental legal recognition. However, heterosexism, cisgenderism, and a privileging of biological ties persists in U.S. society, especially in the institutions of health care, schools, and the law. We investigated how LGBTQ parent families experience and navigate the potential erasure or marginalization of nonbiological parents, who are doubly disenfranchised wherein they lack access to a widely accepted parental role (e.g., biological

mother) and are also members of the LGBTQ community. Interpreting the data from a queer phenomenological perspective, we documented ways in which LGBTQ parents both embrace and resist societal norms about biological connectedness in identifying and enacting parental status.

Consistent with prior work (Andersen et al., 2017; Kerppola et al., 2020; McManus et al., 2006), reproductive and perinatal contexts were sites of invalidation for nonbiological parents. Yet this study extends this work to explore how such settings were additionally alienating for gender nonconforming parents, who experienced amplified invisibility as queer, nonbiological, TNB parents. In these contexts, as well as day cares, schools, pediatricians' offices, among others, parents faced the challenge of correcting and educating. Such extra "work" takes a toll.

Turning to the actions that parents took to offset the social power of biological inequities, notably, 70% of parents reported having obtained legal protections for both parents—with parents of younger children being less likely to have secured these, suggesting perhaps that they are not as concerned (e.g., amid changing attitudes or marriage equality) about threats to the nonbiological parent's parental status. Yet it is important to note that most LGBTQ-savvy attorneys recommend securing second-parent adoptions for the purpose of protecting both parents' rights (GLAD, 2022), and such actions may be especially important in the case of divorce, when nonbiological parents' rights may come under scrutiny (Gartrell et al., 2011).

Parallel naming practices can powerfully signify parent-child relationships (Frank et al., 2019) and were endorsed by three quarters of parents. Yet such practices are also highly gendered, which may not be desirable for all LGBTQ parents: Indeed, as we documented, TNB parents were less likely to endorse parallel naming. Almost three quarters of parents said that the child had the same last name as the nonbiological parent, either via a shared family name or by taking the nonbiological parent's surname. Naming is a powerful way of communicating parent-child relationships, thereby establishing the legitimacy of the nonbiological parent (Bergen et al., 2006; Frank et al., 2019). Correcting outsiders (e.g., regarding assumptions about the biological parent being primary and/or treating that parent with greater respect) was endorsed by half of participants. Unknown is whether those who did not endorse this did so because they were rarely confronted by such assumptions or insensitivities, or, whether they simply chose not to confront or correct them. Future work can perhaps further disentangle this.

Regarding parenting actions, consistent with prior work (Ben-Ari & Livni, 2006; Goldberg & Perry-Jenkins, 2007), participants emphasized their commitment to shared parenthood, with two thirds saying that the nonbiological parent did equal amounts of childcare, and some noting that the nonbiological parent did more. Doing visible parenting work was endorsed by a third of parents, with nonbiological parents more likely to endorse this, indicating that such actions

may be personally meaningfully and purposefully deployed in ways not always evident to their partners.

Some participants rejected the necessity of such strategies, for several reasons. Some cis women said they did not disclose information about genetic parenthood to outsiders—with a few saying that they did not even share it with their children. They seem to be communicating a desire to reduce the significance of genetic asymmetry, such that by not acknowledging it, it will cease to be salient, where outsiders' perceptions are concerned. Yet their decision not to share who the genetic parent was—sometimes even with their children—speaks to an awareness of how this difference does have meaning in society (Almack, 2005; Raes et al., 2014). Not telling others was in a sense a strategy to ward off outsiders' differential treatment of parents—but it did not by itself render genetic inequities irrelevant. Others said that they did not perform any strategies because they enacted shared parenthood, thus minimizing or negating a need for status-enhancing actions. These parents are not as much denying the potential salience of genetic inequities as much as they are choosing to emphasize what matters most—equality in parenting—thereby "queering" or moving from center to margin the salience of genetic ties.

Couples who used RIVF spoke of how pursuing this pathway was indeed a strategy to neutralize genetic or biological inequities and to create a unique connection with the child for each parent. As Machin (2014) observed, some female couples who pursue RIVF may be drawn to "the utopia of conceiving a baby that is the fruit of a relationship and that is recognized as a co-reproduction" (p. 50)—although RIVF may be chosen for other reasons, too, such as medical reasons, whereby the partner who wishes to carry may be concerned about genetically mediated risks, leading the other partner to provide the eggs (Di Nucci, 2016). In turn, it is unsurprising that in the context of RIVF, only legal protections and a shared family name were identified as strategies used to enhance the nongenetic parent's status: Indeed, most strategies likely seemed irrelevant in the context of "shared motherhood" (or parenthood; Pennings, 2016).

Participants who were TNB and/or had TNB partners were less likely to use legal protections or parallel naming. Some explained their lack of deployment of strategies in general, emphasizing that they were typically "read" as a heterosexual—in this way avoiding stigma and invalidation on the basis of their gender identity, sexual orientation, and/or (non)biological status—thereby circumventing the need for protective or defensive actions. More work is needed on the experiences of nonbinary parents, with regard to their strategies of asserting legitimacy surrounding their parental roles and educating others.

### *Limitations and Future Research*

The current study has many strengths. One major strength is our use of a larger sample overall, given that many studies

related to reproductive and perinatal care of lesbian mothers, for example, have very small samples (e.g., <20 participants: Kerppola et al., 2020; McInerney et al., 2021). In addition, unlike previous work, this study also includes TNB parents.

This study also has many limitations. First, of note is that we conducted a series of 21 chi-square tests. Because of the exploratory nature of our mixed-methods study, we chose not to apply a Bonferroni correction and/or select a stricter alpha level (<.01 or <.001): Our interest was in documenting general patterns and trends which we could then discuss alongside and in conversation with the qualitative data we collected. We acknowledge that had we applied such a correction, some of the significant differences that we detected would no longer be significant (Cabin & Mitchell, 2000). Our quantitative findings should be viewed with some caution, and with the understanding that other approaches might yield different results.

Additional limitations concern the demographics of our sample. Our sample was well-educated, with financial means, and mostly White. LGBTQ parents with few resources and LGBTQ parents of color experience intersecting forms of stigma that may nuance and complicate their experiences of and reactions to invalidation (e.g., Moore, 2011; Prokos & Keene, 2010). More work, in particular, is needed on the experiences of low-income LGBTQ parents, who may not have the means to pursue legal protections, as some of our participants hinted at. It is also not always clear why some participants did not pursue various strategies. Although some explained why they did not pursue a given strategy (e.g., legal protections), in other cases, it was less clear or they tended not to elaborate (e.g., in the case of parallel naming).

### Implications for Family Nursing Professionals

Pregnancy and parenthood, key domains for health care and nursing practice, continue to be settings where nonbiological LGBTQ parents may face a lack of support or recognition (Wojnar & Katzenmeyer, 2014). Prior studies point to the importance of health providers' attitudes and actions toward nonbiological lesbian mothers, with regard to language, policies, and interpersonal engagement. Nurses and other providers also need to be aware of the nuances of and variability in gender identity and expression in the LGBTQ parent community. Providers can play a key role in helping TNB people to feel confident and seen in their role as parents, through the use of empowering and positive language (Kerppola et al., 2020) and acknowledging that they—and LGBTQ parents in general—may prefer address terms that do not follow a gender binary (e.g., mama, papa; Dahl & Malterud, 2015; Padavic & Butterfield, 2011). Barriers to this type of inclusive treatment include lack of training and avoidance of talking about or acknowledging gender identity (Henriquez et al., 2019; Sherman et al., 2021).

Health providers need to be alert not only to the importance of engaging nonbiological LGBTQ parents but also validating the entire family unit (Weber, 2010). Children are rarely discussed in the context of encouraging health professionals to acknowledge the nonbiological parent—yet, providers' (e.g., pediatricians') behavior can impact children's feelings about their family. Children may be particularly impacted by marginalization of one or both parents, especially in the context of a broader societal culture that does not widely recognize or even have language for families where only one parent is biologically related to the child: Raes et al. (2015) studied lesbian mother families and found that children often used their biological mothers, or heterosexual fathers, as referents for defining or explaining their nonbiological mothers' role.

Finally, it is not necessarily health care providers' job or role to provide families with legal advice or input. However, providers should be knowledgeable about the benefits associated with securing legal recognition for the nonbiological parent, and the potential consequences (e.g., in the case of relationship dissolution) of not pursuing such protections. Biological parents may ultimately have the upper hand in custody disputes (Kelly et al., 2017), and legal safeguards can protect the nonbiological parents' rights (Gartrell et al., 2011).

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### Notes

1. These terms are often used interchangeably. However, nongestational refers to the parent who did not carry and give birth to the child, while nongenetic (and nonbiological) refers to the parent who is not genetically related to the child. Often these are the same parent, but, in the case of couples in which both partners have a uterus, ovaries, and so on, one partner may provide the eggs and one partner may carry the child, as in the case of reciprocal in vitro fertilization (RIVF), also called shared motherhood. In such cases, the partner who carries is the gestational parent but not the genetic parent; and, the partner who provides the egg is the genetic parent but not the gestational parent. Nonbiological is usually shorthand to refer to the person who is both the nongestational and nongenetic parent.
2. To illustrate this, GLAD (2022) cites the case of *Miller-Jenkins v. Miller-Jenkins*, which has been in litigation since 2004, has

involved two state Supreme Courts (Vermont, Virginia), and has appeared before the U.S. Supreme Court several times. In this case, Janet and Lisa had a child, Isabella, while they were in a civil union. Janet, the nonbiological mother, did not adopt Isabella. After the couple separated, Lisa moved to Virginia and deployed the absence of an adoption, and Virginia's laws, which are hostile to same-sex unions, to interfere with Janet's contact with Isabella. Eventually, the Virginia courts agreed that the Vermont courts had the authority to make custody and visitation decisions. After many efforts to require Lisa to allow Janet visitation rights, in 2009, the Vermont Family Court issued an order granting Janet responsibility for the daily care of Isabella while granting Lisa visitation rights. Transfer of custody was supposed to take place on January 1, 2010, but Lisa did not appear and an arrest warrant was issued. Lisa and Isabella still have not been found.

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