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Stories of Grief and Hope: Queer Experiences of Reproductive Loss

Christa Craven
&
Elizabeth Peel

Abstract: When parents and researchers talk of queer perspectives on pregnancy, birth and parenting, an issue that we often avoid is queer experiences of loss during pregnancy, birth or adoption. This chapter centers on the personal narratives collected by two researchers—an American anthropologist and a British psychologist—who met online after their own experiences with pregnancy loss as queer women. We present the stories of queer people—primarily lesbian and bisexual women, but also several gay men and transpeople—as they have experienced reproductive loss. These stories are drawn from Peel’s online survey of 60 non-heterosexual women from the UK, USA, Canada and Australia and Craven’s 40 interviews with LGBTQ people who had experienced loss in the USA and Canada. We argue that for LGBTQ people, challenges in achieving conception and adoption amplify stories of loss, and that both grief and hope suffuse stories of reproductive loss. We identify several factors, such as the severely under-researched experiences of non-gestational or “social” parents, financial concerns about loss following assisted reproduction or adoption expenses, and fears of further marginalization as non-normative parents. These issues are particular, if not unique to queer experiences of reproductive loss. As most research and existing resources for support have focused heavily on the experiences of married, heterosexual (primarily white, middle-class) women, we conclude by suggesting ways for medical professionals and support groups to better serve LGBTQ people following reproductive loss.

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Elizabeth Peel is Professor of Psychology & Social Change at the University of Worcester, UK. She is a critical psychologist with research interests in health, sexualities and gender. She was an inaugural British Academy Mid-Career Fellow (2011). Her latest book *Lesbian, Gay, Bisexual, Trans & Queer Psychology: An Introduction* (Cambridge University Press, 2010, with Victoria Clarke, Sonja J. Ellis and Damien W. Riggs) won the British Psychological Society book award 2013.

Lesbian, gay, bisexual, transgender and queer (LGBTQ) pregnancy, adoption, and parenting have been at the forefront of the news in recent years. From the late-1990s there was speculation over the identity of Melissa Etheridge and Julie Cypher's sperm donor, to the "gay surrogacy" boom of celebrities such as Neil Patrick Harris and Elton John, to Thomas Beatie - dubbed "The Pregnant Man" - and his three well-televised pregnancies. However, a topic that frequently escapes mention is the losses LGBTQ people face in their efforts to become parents. This chapter centers on the personal narratives of LGBTQ people who have suffered reproductive loss: the loss of a child during pregnancy, birth, or adoption.

Both authors—Christa, an American anthropologist and Liz, a British psychologist—came to this topic through the personal experience of pregnancy loss. Christa and her partner lost a baby in 2009 at 18 weeks, and Liz and her partner experienced a "silent" miscarriage at 12 weeks in 2008 (see also Peel and Cain, 2012). Both Christa and Liz found few resources to help them cope with loss in queer families. When Christa searched for resources online, she found the survey research that Liz had begun (Peel, 2010), and therefore we agreed to work collaboratively on a cross-cultural and interdisciplinary study of LGBTQ reproductive loss.

This chapter draws from Christa's 40 qualitative interviews with LGBTQ parents in the USA and Canada and Liz's survey data from 60 non-heterosexual, mostly lesbian, women's experiences from the UK, USA, Canada and Australia (Peel, 2010). We also include first-person narratives intended for public consumption through blogs, many of which were recommended to Christa during interviews. We argue that there are distinctive aspects of LGBTQ experiences of loss that deserve scholarly attention, as well as increased efforts to create resources for grieving LGBTQ parents. We explore in particular how, for

LGBTQ people, challenges in achieving conception and adoption amplify stories of loss, and that both grief and hope suffuse stories of reproductive loss. We identify several factors, such as the severely under-researched experiences of non-gestational or “social” parents, financial concerns about loss surrounding the use of assisted reproduction, and fears of further marginalization as non-normative parents. These issues are particular, if not unique to queer experiences of reproductive loss.

The Heartbreaking Experience of Losing a Baby is Universal ... or Is It?

In this section, we offer a brief review of the literature that exists on queer experiences of loss. Despite some queer bloggers have been quick to ally LGBTQ reproductive experience with heterosexual experiences (e.g., “Fear of Miscarriage” in A Lesbian’s Pregnancy Blog [Not Unlike a Hetero’s Pregnancy Blog], 2010), queer scholars have long argued that the concerns that LGBTQ parents and prospective parents report are not always the same, nor experienced in the same ways as heterosexual parents. In her groundbreaking ethnographic studies of lesbian mothers and gay fathers, Ellen Lewin highlighted how prospective lesbian and gay parents can be excluded from adoption, fostering, and assisted reproductive options available to heterosexuals (*Gay Fatherhood*, 31, see also Luce 177). As parents, LGBTQ people must navigate through stigma against homosexuality and gender transgression in their own and their children’s daily lives (in childcare arrangements, school decisions and custody disputes, for instance) in ways that their heterosexual counterparts do not (*Lesbian Mothers*, 87, see also Sullivan 67). Through the survey data, interviews, and blogs we reviewed, as well as the minimal academic literature on pregnancy loss (little is available on adoption loss), LGBTQ experiences of loss during

pregnancy, birth and adoption all occur in the context of heteronormativity. The subtle ways that homophobia, and what Liz has termed elsewhere “deafening heteronormativity” infuses our experiences are important to consider as we rethink the best ways to support LGBTQ parents who have experienced loss.

The first empirical study of lesbian experiences of pregnancy loss was published in 2007 by Danuta Wojnar, a nurse, in a midwifery journal. This small qualitative study drew on interviews with 10 white lesbian couples in the USA, all of whom had planned their pregnancies (she notes that about 50% of heterosexuals’ pregnancies are unplanned). Wojnar found that, unlike some heterosexual mothers, lesbian mothers frequently bonded with their unborn child very early in pregnancy (482). She noted differences between the responses of what she terms birth (biological) mothers and social (non-biological) mothers to pregnancy loss. Whereas birth mothers felt they could grieve openly, social mothers kept their sadness more hidden with the intent of “being strong” for their partners. Wojnar has also made a strong case for additional research on lesbian experiences of miscarriage (Wojnar and Swanson, 2006). They argued that lesbians encounter unique reproductive challenges in that “when lesbians face miscarriage [they do so] in a heterosexist society that questions their entitlement to have even sought motherhood in the first place” (8).

In the academic literature, studies of queer reproduction and parenting have made brief mention of miscarriages and failed adoptions (e.g., Lewin, *Gay Fatherhood* 85, Mamo 52, Sullivan 188), but literature considering these experiences in more depth is relatively minimal. In 2008, Michelle Walks’ called for research on infertility in queer families, noting in particular the flawed logic of previous studies which highlighted the “fairly unique advantage” for lesbian women that if one partner was unable to conceive, they could “swap”

(Dunne 26). Walks highlights the emotional challenges that such an arrangement posed for some queer couples, especially “people who do not embrace a stereotypical ‘feminine’ identity, such as butches, genderqueers, or some trans-identified individuals” (138).

Jaquelyn Luce’s 2010 book on narratives of conception among lesbian/bi/queer women in British Columbia, briefly addresses queer experiences of miscarriage and pregnancy loss. Luce writes of queer women’s experiences in seeking support in online and in-person assisted reproduction support groups, but that ultimately the homophobia queer women experienced “increased [their] sense of isolation and of not belonging” (27).

The publication of data from Liz’s online survey in 2010 was the first major empirical study addressing queer women’s experiences of pregnancy loss. Among other findings, Liz explained that 85% of mothers (both social and biological) felt that their loss—whether it occurred early or late in the pregnancy—had a “significant” or “very significant” impact on their lives. Further, the experience of loss for lesbian and bisexual women was amplified due to the emotional and financial investment respondents reported making in their impending motherhood, and the heterosexism some experienced from health professionals.

Although these specialized resources in midwifery and academic publications have broken important new ground, Lisa Cosgrove’s feminist critique of the pregnancy loss literature rings largely as true today as when it was published in 2004:

Assumptions about compulsory heterosexuality inform research agendas and conclusions. Despite awareness that technological advances have allowed many women to get pregnant who previously would not have been able to, the voices of single or lesbian mothers and nontraditional couples are nowhere to be found in the research literature (113-114).

This lack of research and resources is only magnified in the scarcity of research (or even mention) of the experiences of gay and bisexual men pursuing adoption or surrogacy, or the reproductive experiences of transgender and other queer parents.

Popular sources—including memoirs and blogs—have recently begun to address LGBTQ experiences of loss during pregnancy, birth, and adoption for broader audiences. For instance, Kristen Henderson and Sarah Kate Ellis’ 2011 memoir, chronicles their simultaneous pregnancies, as well as their experience of two losses: Sarah’s miscarriage at 11 weeks, and later her “disappearing twin”. However, even these emerging resources remain relatively thin when compared to more publically available memoirs of primarily heterosexual (usually also married, white, and middle-class) experience that our LGBTQ participants have found, as well as copious self-help books and support websites devoted to heterosexual loss.

Othered Grief: “Social” Mothers and Adoptive Parents

A particularly under-researched area of LGBTQ loss, and LGBTQ parenting more broadly, are the experiences of what many researchers have come to call “social” mothers in contrast to “biological” or “gestational” mothers, and adoptive parents. Some scholars, such as Nancy Mezey (2008) describe lesbian motherhood solely in terms of a biological or legally adoptive relationship between a mother and child(ren), negating the experiences of US “social” mothers who are not legally able to adopt their children (33). Even when “social” mothers narrate their own accounts, primacy is often placed upon the gestational mother’s experience. In Henderson and Ellis’ memoir mentioned above, for instance, although the authors shift back and forth between their own perspectives throughout the

book (identified by their names), the discussion of both losses they experienced together were almost entirely written in Sarah, the birth mother's voice, though she notes on several occasions that "Kristen was in even worse shape" than she (82).

Additionally, little research addresses the experience of gay men or transpeople in this regard. Yet, as Lewin describes in her book on gay fatherhood, in the case of an adoption that does not go through for gay men, "such losses are experienced much as the death of an already existing child might be felt. The commitment is there, even in the absence of a physical connection" (85). Sullivan notes the particularly difficult experience of loss for an expectant non-biological parent who has not come out at work (188), or to their family. Nonetheless, the experience of "social" mothers and adoptive parents has received little attention in scholarly literature.

In Liz's survey, 22% (13 respondents) had experienced loss as the "social" mother, the partner of the woman who had carried the pregnancy (Peel 3). In Christa's interviews nine participants had experienced losses as "social" mothers, seven (four women; three men) had experienced loss during the process of adoption, six had experienced pregnancy losses both physically and as "social" mothers, two had experienced a physical pregnancy loss and adoptive loss, one had experienced loss as a "social" mother and through a failed adoption, and one had experienced losses in all three categories. Thus, although 65% (n=26) of her participants had experienced pregnancy loss physically, 65% (n=26) had (in some cases, also) experienced loss as a non-gestating parent.

When asked how they felt about their losses now, respondents to Liz's survey wrote "It's still [very] hard" (R2, lesbian, Canada and R37, lesbian, Canada¹) and it "still hurts"

(R28, lesbian, Australia). One particularly poignant sentiment was: "Filling this in has

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made me cry, but I don't often get upset about it these days. Our daughter ... will always be thought of by us" (R53, lesbian, Scotland). For some, their sense of loss went structurally far deeper than the emotional loss of their child. After Nora, a lesbian graduate student, physically experienced a loss and later developed health complications that made another pregnancy dangerous for her health, she and her partner, Alex, a genderqueer, previously FTM trans-identified administrative assistant, decided that Alex would carry their next child. When Christa interviewed them, Alex was pregnant and Nora explained:

In losing our daughter and in making the decision that it wouldn't be safe for me to carry again, and because we live in [a state that prohibits listing two same-sex parents on a birth certificate], I lost not only a biological and a physical connection and the possibility of breastfeeding my, our first child [...] I also lost the ability to have legal [rights to our future children], to have my name on this child's birth certificate [...] I'm not even going to be able to petition for that [where we live].

Nora's losses were amplified by the homophobic laws that will now govern her relationship—or lack of legal relationship—with her child born by her partner. As a fulltime graduate student, and with Alex's income as an administrative assistant, the couple was unable to consider moving to another state or country to give both of them legal status as their future child's parent.

LGBTQ parents pursuing adoption describe other ways of mediating their concerns about the ever-present possibility of loss. At the time of his interview with Christa, for instance, Mike, a gay man, had suffered the loss of twins several years previously in an open adoption. He and his then-partner Arnold, had traveled to Vermont for a civil union and begun the adoption process shortly afterward in their home state, which did not recognize their union. The adoption agency they worked with thought they were an ideal family to place bi-racial twins—Mike being white and Arnold being African-American.

They moved forward with an open adoption, meet the birthmother on multiple occasions, and attending all doctor's appointments. When the twins were born, the names that Mike and Arnold gave them went on their birth certificates. They spent ten days as a family, but on the tenth day, the last day that birthmothers in their state could legally reclaim their children, they received a call from the adoption agency asking for the babies to be returned. The adoption agency staff explained that the birthmother had contacted the biological father, whom she had been estranged from for months, to tell him that she had put the twins up for adoption to a gay couple. He did not approve of having a gay couple raise the twins and convinced her to reclaim them. After their loss, Mike experienced further trauma when their grief led to the end of his relationship with Arnold. Mike had recently begun the adoption process again as a single man. This time, however, he was pursuing the adoption of an older child.

... in the foster system, with parents whose parental rights had already been terminated [...] I don't want the chance of [a birth mother] reclaiming again. There's no way I could do that again [...] It was like they [the twins] had suddenly died. One minute they were here and the next hour they weren't here. It was horrible. (Mike)

Additional research on the complex grieving experiences and coping strategies of non-biological parents is clearly something that is necessary to bring greater depth to studies of reproductive loss, as well as LGBTQ healthcare and mental health more broadly.

Hidden Losses: Financial Concerns for LGBTQ Families

Financial concerns are often an unspoken anxiety that queer parents, particularly those who have invested substantially in assisted reproductive technologies, surrogacy arrangements or adoption proceedings, have during the already emotional experience of

the loss of a baby. Some participants noted that they felt like talking about the expenses associated with a baby they had lost seemed (to others) like it tainted the experience, but yet these were primary concerns for the parents themselves. As Liz's previous research has shown, "the resources (psychological, interpersonal and material) invested in achieving pregnancy shaped, and indeed amplified, the subsequent loss" for lesbian and bisexual women (Peel 6).

Liz's survey did not contain questions relating specifically to financial considerations, but Christa asked directly about this topic in her interviews. It is important to note that financial concerns vary widely across countries and jurisdictions based on whether access to assisted reproductive technologies is open to queer parents and/or which technologies are available free, or paid for, at the point of use (see Gunning and Szoke, and Frank). Still, financial concerns in LGBTQ reproduction remain a significant issue that has yet to be discussed in most academic and popular literature.

To begin with our own experience, because of insurance technicalities, Christa ultimately spent more on out-of-pocket medical expenses for the surgery and follow-up monitoring surrounding her pregnancy loss than on a later "high-risk" term pregnancy with twins; none of this was clear before or during the procedures, but rather became apparent incrementally (and excruciatingly) during months of receiving bills from individual offices, doctors, labs and specialists when her insurance company would not fully cover their rates. When talking with other LGBTQ parents about their losses, most did not feel that the loss itself was a financial burden as it had been in her case (many early losses did not require surgical intervention), but most recounted the financial investment they had made in the child they lost, and many felt that the urgency to become pregnant or

adopt again after a loss drove them to invest more—both financially and emotionally—in those efforts.

For instance, Danielle, a lesbian who worked for her state government, and her partner took out a second mortgage on their home to fund additional artificial insemination attempts after their first loss. When her partner lost her job, they had stopped trying to conceive for several months. But as Danielle neared her late 30s, they had recently begun to try again, and had suffered a second loss. At the time of interview, they were debating whether to invest in one in-vitro fertilization (IVF) treatment or a comparably-priced series of six intra-uterine inseminations (IUIs)—betting on which would have the better odds of achieving a viable pregnancy. As Danielle explained, “It’s sad really. You don’t look at the process [of trying again] as only emotional, you have to think about how you are going to afford it.”

Another couple, Leah and Jessica struggled to make sense of both the financial burden they experienced during their loss, as well as when they sought to conceive again. Reflecting on their initial insemination attempts, Jessica, a bisexual administrative assistant who had conceived via IUI, explained:

It is hard to look at all those months leading up to [our loss] and how much we spent, financially and emotionally, in getting pregnant the first time. And then you achieve pregnancy, and ... this isn’t quite the word I want to use, but you’re sort of like, ‘why did I waste all that time and money?’ It wasn’t a waste, it is never a waste, but it feels a little bit like that.

Jessica’s partner Leah, a lesbian author and editor who had suffered an earlier loss physically herself with an ex-boyfriend, as well the more recent loss with Jessica, continued:

And I know that we were even a little overzealous after the miscarriage trying for a success, because a lot of that went on credit [cards]. And when there was no more credit, we tapped our retirement [savings]. It's not so much that we're feeling the pressure of time because [Jessica's] only 31 ... but I think just the desire to get it done successfully after the miscarriage was a big financial push.

Leah and Jessica ultimately had one child via IUI, and although they would like to have more children, they have postponed plans because of continued financial concerns. To conclude their story with Leah's dry humor: "They tell you children are priceless, but the children of queer families usually have an exact price tag."

Shameka and Vicki, a lesbian couple who worked in IT and as an office manager, respectively, also brought up financial concerns when they spoke with Christa. They described feeling "funny," because their emotional loss of their first child together at 13 weeks was so great, and they feared marring that with financial concerns, even in talking with each other. Vicki, who had carried their first child and planned to become pregnant again, explained:

I feel a little apprehensive about talking about the financial factor [even] to Shameka, because we are considering IVF, which is a very expensive procedure. I think somewhere between 10 and 15 thousand dollars or something is what they were saying. It's a very expensive procedure, which is like an investment. It feels like in a funny place to mention that, to say that [the financial piece matters] without feeling really funny about it.

She continued by wondering aloud if her concerns about money, and what it might cost to become pregnant again, had affected her "subconsciously" and feared that the financial stress might even lead to another loss.

Although many of the participants in Christa's study who had experienced loss during adoptions did not share concerns about the financial burdens of forming families, four lesbian women highlighted this concern. Karla and Edie's story offers a sobering

counterpoint to common assumptions that all LGBTQ adoptive parents are wealthy and without financial concerns. Karla and Edie were in their 60s when interviewed. They had experienced several difficult pregnancy losses together in the late 1970s and early 80s and subsequently decided to put what they described as their “life savings” into the opportunity to complete an adoption in 1988. They explained that after the birthmother chose not to relinquish the child, they lost not only their son—for whom they had created a nursery in their home—but also their dreams of ever having a child. They were graduate students at the time and ultimately pursued relatively low-paying careers in public service. Although other factors, like personal illness, impacted their ensuing reproductive decisions, it was not until 2005 that they were finally able to adopt a 16-year-old girl into their family. Although their story has a “happy,” and remarkable, ending, it is important to point out that Christa’s sample is likely skewed towards those that do. Only three participants who have elected to participate in her study did not have children following their losses—all of whom were “ttc,” popular Internet parlance for “trying to conceive,” when they were interviewed.

Although the above examples show the gravity of financial concerns for some LGBTQ parents, most of Christa’s participants have said that these concerns are not something they have talked openly about, thus they remain a hidden loss for many queer families.

Fears of Further Marginalization: From Deafening Heteronormativity to Outright Homophobia

Whether feared or actualized, most LGBTQ parents admit to being nervous about how others will react to their loss. Liz has discussed this in previous publications, noting that

26.7% of her respondents indicated that they had experienced “heterosexism, homophobia or prejudice from health professionals,” and a further 8.6% were unsure (5). These experiences ranged in severity from assumptions of heterosexuality in clinic encounters to more extreme experiences of homophobia: “my partner was asked to leave during several exams, and was not allowed to answer questions regarding the autopsy or funeral arrangements after stillbirth” (R46, lesbian, USA; Peel 5). Others felt that healthcare professionals “treated me as if it [the loss] was my fault” because they were not (heterosexually) married (this same quote was given in Liz’s survey [R52, gay woman, Scotland] and in Christa’s interview with Tanea, a queer/bisexual woman). When Danielle, who was introduced above, had to undergo a “D and C” (that is, dilation and curettage, a procedure that removes tissue from the uterus, also known as ERPC [Evacuation of the Retained Products of Conception]) following her first loss, a nurse went so far as to ask her why, as a lesbian, she had bothered to get pregnant only to decide to abort, when she misunderstood the reason for Danielle’s surgery.

Although many women in our studies who had encountered health professionals during their losses felt that they had largely positive experiences, many still noted that medical personnel had trouble understanding the experience of a grieving parent who was not physically experiencing the loss of a pregnancy: “Some health professionals seemed unable to understand my partner’s distress at losing her child ... I don’t think they understood what it meant for my partner, that she was a parent and she had lost her baby too” (R45, lesbian, UK; Peel 6). Leah, introduced above, also explained that friends and co-workers, both heterosexual and queer, expressed surprise that she didn’t “get over” her

loss faster as a non-biological mother, as they more consistently inquired about how her partner was doing after their loss.

While several participants in Christa's interviews benefited from general (primarily or entirely heterosexual) loss support groups, others chose not to attend for fear that they would ultimately have to justify their relationship, and were unwilling to do so during such a difficult time in their lives. Even for those who did not experience overt homophobia (Liz's survey reported an overall high satisfaction with healthcare [Peel 6] and Christa's interviews mirror those sentiments), many reported *fearing* negative responses, and several mentioned specifically that they would like health professionals to "realize how hard getting pregnant is for any lesbian and especially for someone who has dealt with infertility" (R30, dyke/lesbian, USA; Peel 6). In stories of failed adoptions, participants in Christa's study indicated a strong level of support among adoption professionals, yet several also noted that they felt "pushed" to accept "riskier" open adoptions with birthmothers who may not have felt ready to commit to adoption because adoption professionals saw them as "hard to place" parents because of their lesbian or gay identity. Instances of direct homophobia, as well as insensitive (and in many cases unacknowledged) biases displayed by friends, family, and healthcare or adoption professionals had significant impacts on LGBTQ experiences with reproductive losses.

Concluding Thoughts

As our title, "Stories of Grief and Hope," suggests, the experiences of losing a child or children are by no means homogenous within LGBTQ families and communities. There is a great deal of variation regarding the legal status of LGBTQ relationships and parents

throughout the world, and within countries like the USA, where legal rights vary by state (Peel and Harding 659). The experiences of LGBTQ families are also, inevitably, mediated by intersecting axes of privilege and marginalization based on ethnicity, social and economic capital, (dis)ability and so on. Yet we have highlighted some of the unique issues and concerns that LGBTQ people navigate around being social parents, financial difficulties associated with assisted reproduction, adoption and surrogacy, and confronting heteronormative assumptions about reproductive experience and, in some cases, blatantly homophobic responses to becoming parents.

Our goals in this chapter were two-fold: to call for additional attention to reproductive loss in the academic literature on LGBTQ parenting and suggest improvement in the support available for grieving LGBTQ parents. As previously mentioned, the existing LGBTQ parenting literature is notably quiet on this topic. Reflecting even upon her own work, Liz, in her co-authored book on *LGBTQ Psychology* (Clarke, Ellis, Peel and Riggs 233-234) included pregnancy loss alongside grief and bereavement in the chapter on “Ageing and old age”, rather than in the chapter on “Parenting and family”. No information was included regarding loss related to adoption, surrogacy or fostering. This example offers just one instance of a larger trend we see among LGBTQ researchers: the desire to tell positive stories about pathways to parenthood. These “happy ending” narratives also pepper the LGBTQ memoir market. And, of course, they are the easier stories to tell. Our concern, however, is that these positive portrayals belie the experiences of many LGBTQ people who experience loss, in addition to, and sometimes instead of actually becoming parents.

Finally, we suggest two main areas upon which efforts to improve healthcare and adoption resources for grieving LGBTQ parents should focus. First, it is crucial that health and adoption professionals not assume that all parents are heterosexual, and they must acknowledge and include non-biological (prospective) parents. Further, since there is growing evidence that non-heterosexual women's pregnancies (as well as all adoptions) are more likely to have involved lengthy planning and resources, professionals should be particularly attentive to how pre-conception experiences and adoption histories may contribute to and amplify experiences of loss. Again, this could most simply be accomplished by asking questions about pre-conception reproductive and adoptive histories, and attending to patients' financial concerns. Although these kinds of structural changes would vary significantly in different cultural contexts, improving medical billing and insurance protocols around loss, or simply acknowledging the likely financial investment in the pregnancy, would improve not only the experience of grieving LGBTQ parents, but all grieving families. As the stories we recount above indicate, there is much to be done to create more sensitive resources and support that do not assume heterosexuality and conventional family structures. Greater visibility of queer people's experiences of pregnancy and adoption loss—in academic, professional, and popular literature, such as blogs and memoirs—is necessary for better responses to the varied and often complex reproductive experiences of LGBTQ people.

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ⁱ Liz's survey respondents are identified by survey number, sexual identity, and country (e.g., R45, lesbian, UK). Christa's interviewees are identified primarily by pseudonym.