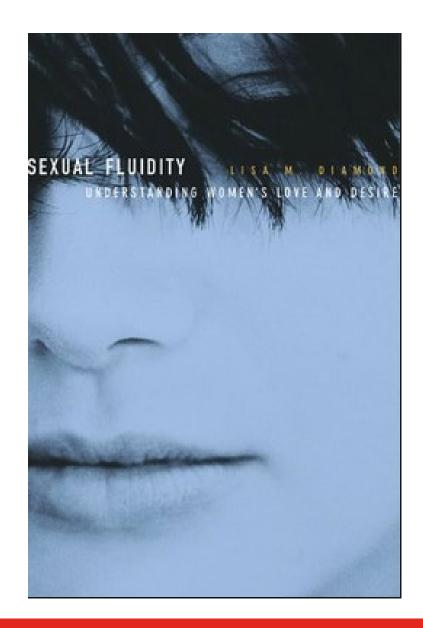


Structural Determinants of Sexual Minority Women's Perinatal and Obstetrical Outcomes

Bethany Everett, PhD, Associate Professor, Department of Sociology University of Utah



- Sexual orientation is multidimensional and dynamic
 - The size of sexual minority population is growing in the US
- 20% of the general U.S. female population and 50% of the sexual minority population reports changes in sexual orientation identity over time
- National data suggests 80% of bisexual women and 25% of lesbian women have had sex with a male in the past 12 months





Journal of Women's Health, Vol. 28, No. 1 | Original Articles

Do Sexual Minorities Receive Appropriate Sexual and Reproductive Health Care and Counseling?

Bethany G. Everett 🔄, Jenny A. Higgins, Sadia Haider, and Emma Carpenter

Published Online: 10 Jan 2019 | https://doi.org/10.1089/jwh.2017.6866

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PERSPECTIVES on Sexual and Reproductive Health

ARTICLE

Sexual Orientation Disparities in Mistimed and Unwanted Pregnancy Among Adult Women

By Bethany G. Everett 🖾, Katharine F. McCabe, Tonda L. Hughes

IMAGINE

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Maternal and Child Health Journal

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Sexual Orientation Disparities in Pregnancy and Infant Outcomes

Authors

Authors and affiliations

Bethany G. Everett 🖂 , Michelle A. Kominiarek, Stefanie Mollborn, Daniel E. Adkins, Tonda L. Hughes



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Outcomes

Authors

Authors and affiliations

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- Sample
 - Pregnancy roster Wave IV & Wave V
 - N = 10,526 eligible singleton, live births to 5,168 women
- Outcome Variables: Low birthweight (clinical cutoff), Preterm birth (clinical cutoff) ; Prenatal Care First Trimester; Maternal Health Conditions
- Independent Variables: Sexual identity prior to birth (gay/lesbian; bisexual; mostly heterosexual; exclusively heterosexual)
- LGB Policies: A supplement contextual file added in 2019 to the Add Health data set (Manning & Joyner 2019)
 - Allowed same-sex marriage
 - Allowed same-sex adoption;
 - Had an LGB nondiscrimination employment policy
 - Had an LGB-specific hate crime statute.





- **Preconception & Perinatal Covariates:** unmet medical needs, self-rated health, sedentary behavior, BMI, tobacco use during pregnancy , prenatal care in first trimester, pregnancy intention, relationship status with pregnancy partner
- **Controls** Maternal age, nativity, education, childhood poverty, neighborhood-level characteristics, time between survey and birth
- Random effect models to adjust for clustering of multiple pregnancies to a single individual



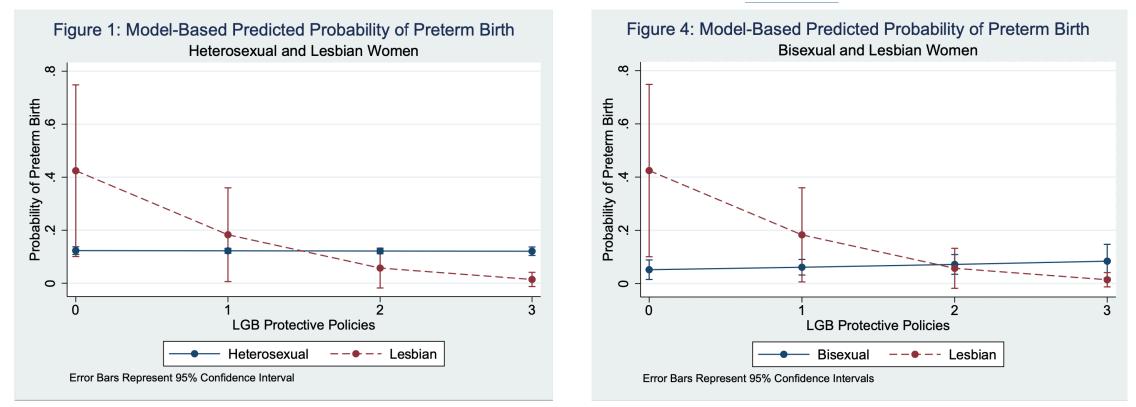
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State-Level Regulations Regarding the Protection of Sexual Minorities and Birth Outcomes: Results From a Population-Based Cohort Study

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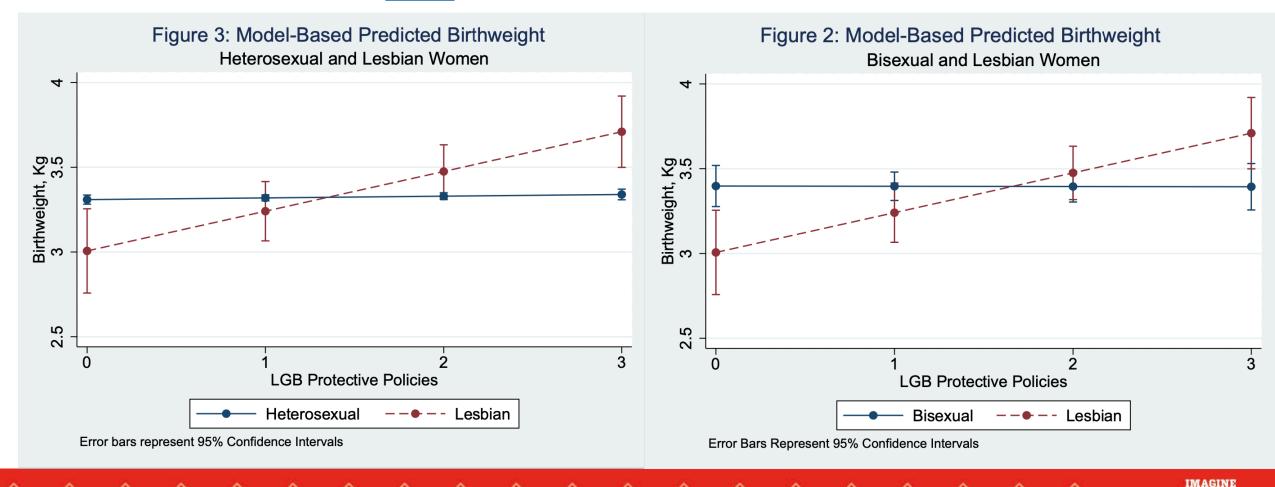
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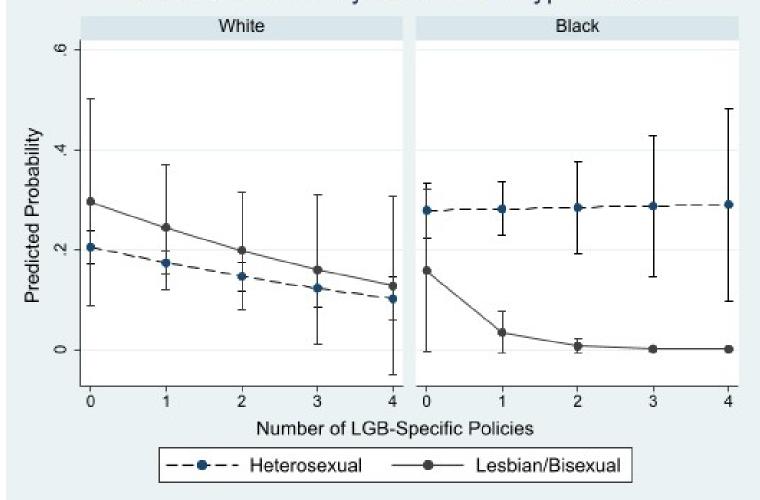
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Sexual Orientation-Related Nondiscrimination Laws and Maternal Hypertension Among Black and White U.S. Women

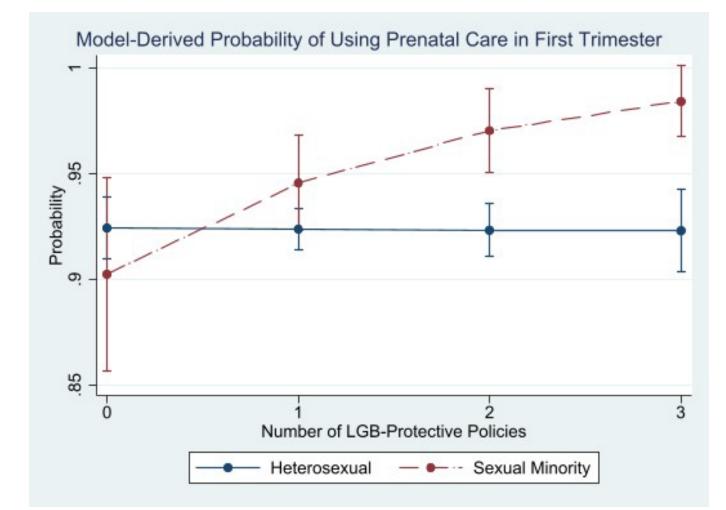
Bethany G. Everett 🖂 and Madina Agénor

Published Online: 9 Jan 2023 | https://doi.org/10.1089/jwh.2022.0252



Predicted Probability of Maternal Hypertension

Sexual Orientation Disparities in Prenatal Care (Everett, Bergman, Charlton, & Barcelona, Under Review)



IMAGINE

Discussion

- Findings contribute to evidence that macro forms of stigma and discrimination negatively impact reproductive health outcomes
 - Pregnancy is a unique state with intergenerational health impacts
- Results suggest that *modifiable* social policies can sharply reduce obstetrical risks for SMW resulting in potentially *better* outcomes than heterosexual women.
- Increasing number of political attacks on SGM populations and reproductive rights.



Limitations & Future Directions

- No policies related to gender identity included in Add Health contextual files at this time
 - Gender identity only measured at Wave V (n=17 pregnancies to people with either "other" or missing gender identity)
- No reason for SGM measures to be left off any survey, including reproductive health surveys
 - PRAMS now includes SGM measures as optional
- Intersectional approaches



Thank you!

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