



# TRANS PREGNANCY

**Fertility, Reproduction, and Body Autonomy**

An International Conference

The Carriageworks Theatre, Leeds

14-16 January 2020



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## Twitter Hashtag

The Twitter hashtag for this event will be **#transpregnancy**.

You can also follow the official Trans Pregnancy Twitter account on **@transpregnancy**.

Please do tweet about the event if you are a Twitter user! We would love to share knowledge from the conference, and bring the conversation to a wider audience.

However, please also take care to be safe if using the Internet. Please don't tweet from talks if you have been asked not to by the presenter and/or session chair. We also recommend not to engage in debates with people who are being prejudiced (e.g. transphobic, sexist, racist) on Twitter.

# The Trans Pregnancy Project

This conference is hosted by the research project *Trans Pregnancy: An International Exploration of Transmasculine Practices of Reproduction*.

Funded by the UK Economic and Social Research Council (ESRC), this 3 year project runs from February 2017 - February 2020. Headed by Professor Sally Hines as Principle Investigator (University of Sheffield, UK), the project has an international team of researchers. Co-Investigators include Dr Carla Pfeffer (University of South Carolina, US); Dr Damien Riggs (Flinders University, Adelaide, Australia), Dr Elisabetta Ruspini (University of Milano-Bicocca, Italy) and Dr Francis Ray White (University of Westminster, UK). Dr Ruth Pearce (University of Leeds, UK) works on the project as a full-time researcher.

The central aim of this project is to provide an in-depth understanding of the feelings, experiences and health care needs of trans/masculine and non-binary people who wish to, or become, pregnant. The project represents the largest international study to date to address this topic, with research taking place in Australia, Bulgaria, Canada, Germany, Italy, the United Kingdom, and United States. The researchers have interviewed 51 birth parents to date. They have also analysed the media landscape, examined historic documents and practices, and conducted further interviews and focus groups with young trans/masculine and non-binary people about their reproductive options, plus with healthcare professionals who work with these populations.

Free materials from the project, available now, include:

## Academic publications

<https://transpregnancy.leeds.ac.uk/resources/academic-publications/>

Peer reviewed-articles on media representations and the history of trans pathologisation.

## Policy Reviews

<https://transpregnancy.leeds.ac.uk/resources/policy-reviews/>

An overview of the legal and policy context for trans people who conceive (or aim to do so) and bear children in Australia, Italy, the UK, and US. An EU review is in preparation.

## Presentations

<https://transpregnancy.leeds.ac.uk/resources/presentations/>

Presentation slides from conferences at which project members have presented initial research findings, addressing topics such as pregnancy loss, racialisation, and cisgenderism.

## Blog posts

### **Trans/Masculine and Non-Binary People Negotiating Conception (Psychology Today)**

<https://www.psychologytoday.com/us/blog/diversity-and-representation-in-psychology/202001/transmasculine-and-non-binary-people>

### **Pregnancy Loss and Gender (Psychology Today)**

<https://www.psychologytoday.com/gb/blog/diversity-and-representation-in-psychology/201908/pregnancy-loss-and-gender>

### **Of trans fathers and male mothers – the importance of centring experience**

<https://transpregnancy.leeds.ac.uk/2019/09/26/of-trans-fathers-and-male-mothers-the-importance-of-centering-experience/>

## Podcast

### **Making Space for Trans Pregnancy**

<https://anchor.fm/genintell/episodes/7--Making-Space-for-Trans-Pregnancy-e47qcu>

Francis Ray White, Ruth Pearce, and Jason Barker discuss trans pregnancy and initial findings from the research project.

While the research process is now coming to a close, the process of analysis, writing and publication is only just beginning.

In coming years, the project team will be publishing numerous further works based on the research, including academic articles on topics such as pathways to conception, experiences of pregnancy loss, masculinity, and embodiment.

Other project outputs will include a public report, and a documentary film by Jason Barker (provisionally titled *A Field Guide to the Pregnant Men of the UK*).

# Code of Conduct

We are very excited about the programme of events for the Trans Pregnancy conference, and hope you enjoy them as much as we do.

To help facilitate a safe, comfortable, and welcoming environment for all, we have drawn up the following Code of Conduct. We reserve the right to expel individuals who violate this.

## **Please do:**

- Communicate openly, with respect and kindness for others. Listen as well as speak.
- Save questions to the end of presentations and don't interrupt speakers.
- Keep questions and comments short and remember to leave time for others.
- Be respectful and considerate of other attendees' access needs (e.g. don't take up reserved seating, please use the microphones) and caring responsibilities (e.g. some people will be looking after children).
- Let attendees know if you feel your presentation may include upsetting or triggering content, especially if related to topics such as sexual or physical assault or abuse.
- Be aware that there will be different levels of knowledge in the room.
- Feel that you can respectfully challenge harmful or oppressive behaviour/actions if you witness them, focusing on these behaviours/actions, rather than individuals.
- Remember that English is not everybody's first language.
- Be aware of any privilege you may hold, and think about how your actions or words may inadvertently harm or marginalise others.
- Alert event organisers if there is a dangerous situation or you see a conference participant in distress.

## **Please don't:**

- Assume anybody's gender or pronouns. If you are unsure and it is definitely relevant to the situation, ask politely what pronouns an individual uses.
- Attack anyone personally.
- Take anyone's photograph or film them without permission.
- Tag people into negative comments on social media.
- Subject others to unwanted physical contact or sexual attention.
- Deliberately intimidate others.
- Engage in harassment and discrimination of any kind, including but not limited to: threatening or stalking, verbal comments related to gender, sexual orientation, disability, physical appearance, body size, race, religion, national origin.

## Arrival and Registration

On arrival at the event, please register at the **Box Office**. This is on the ground floor of the Carriageworks Theatre, facing Millennium Square.

We have posted some advice on getting to the Carriageworks by car, rail, bus/coach or air on our website, which we hope will be helpful to those of you who are not familiar with Leeds. You can read that here:

<https://transpregnancy.leeds.ac.uk/conference/getting-to-the-carriageworks/>.

A number of the conference sessions will have **limited places**. If you want to sign up for any of these, please **notify us in advance** by using the sign-up sheets at the Registration Desk on your arrival at the Carriageworks.

## Lunch and Refreshments

We will be providing a free vegetarian and vegan lunch and regular refreshments (including tea, coffee, fruit juice and water) during the conference. This will be available in the **Millennium Room** and **Level 2 Bar**. If you indicated a specific dietary requirement on your registration form, this will be catered for.

Please note that we will *not* be providing evening meals. However, the Carriageworks is conveniently located in central Leeds, with numerous cafes, restaurants and bars close by. In addition to the pubs and restaurants on the streets surrounding Millennium Square, convenient places to go for food include the nearby shopping centres: The Light, The Merrion Centre, and St John's Centre.

## Childcare

We will have free childcare at the event from 10am to 5:30pm on the Tuesday, and from 9:30am to 5:30am on the subsequent days.

This will be in **Room 4**, which will be clearly sign-posted, and provided by Nanny Kimbo: <http://www.nannykimbo.co.uk/nanny-kimbo>.

# Accessibility

## Quiet Space

A dedicated quiet room will be available throughout the conference in **Room 6**, on **Level 3** of the Carriageworks building. This will have chairs, tables, and plug sockets available. Please note that on Wednesday 15th January, between 12:30 and 14:00, sound set-up and performances of 'Umbilical' (see page 21) will take place next door, sound may travel.

## Sight and sound

All conference sessions will take place in rooms with projectors and microphones. Many but not all speakers will be using visual presentations. Speakers and chairs will be asked to use microphones at all times during their presentations. The visual art performance *Umbilical* will be loud, and will take place in a darkened room.

## Mobility and physical access

The Carriageworks Theatre has two entrances. The main is accessible from Millennium Square leading to the ground floor Box Office. This entrance is level, without steps.

The other entrance is from Great George Street, through The Electric Press Courtyard. There are 6 steps up from the Great George Street entrance to the Ground Floor Box Office.

There is lift access to all levels. The Main Auditorium has tiered seating, with reserved spaces for attendees with mobility needs available on Level 1.

## Toilets

Accessible toilets will be available adjacent to the conference rooms on Levels 1, 2, and 3. All-gender toilets will be available for the duration of the event.



# Timetable

TUESDAY 14<sup>TH</sup> JANUARY

|   |  |
|---|--|
| <b>10:00-11:00</b><br>Box Office                    | <b>Registration and refreshments</b>   |
| <b>11:00-11:15</b><br>Auditorium                    | <b>Welcome and Introductions</b>   |
| <b>11:15-12:30</b><br>Auditorium                    | <b>Plenary:</b><br><b><u>Initial Findings from the Trans Pregnancy Project</u></b>   |
| <b>12:30-13:30</b>                                  | <b>Lunch</b>   |
| <b>13:30-15:00</b><br>Auditorium                    | <b>Plenary panel:</b><br><b><u>Pregnancy in the Limelight</u></b>  |
| <b>15:00-15:30</b>                                  | <b>Break and refreshments</b>  |
| <b>15:30-17:00</b><br>Auditorium<br>Millennium Room | <b>Parallel sessions:</b><br><b><u>Parental Experiences and Family Forms</u></b><br><b><u>Health and Social Care Practice</u></b>            |
| <b>20:00-late</b><br>Auditorium                     | <b>Trans Pregnancy Film Festival:</b><br>Preview <b><u>A Field Guide to the Pregnant Men of the UK</u></b><br>Feature <b><u>Seahorse</u></b> |

## WEDNESDAY 15<sup>TH</sup> JANUARY

|                    |  |
|--------------------|--|
| <b>09:30-10:30</b> | <b>Parallel sessions:</b>  |
| Auditorium         | <b><u>Pregnancy and Romance in Literature and Fanfic</u></b>           |
| Millennium Room    | <b><u>Transgender Contraception Workshop</u></b>                       |
| <b>10:30-11:00</b> | <b>Break and refreshments</b>  |
| <b>11:00-12:30</b> | <b>Plenary panel:</b>  |
| Auditorium         | <b><u>Reproductive Health in Community and Healthcare Practice</u></b> |
| <b>12:30-14:00</b> | <b>Lunch</b>   |
| <b>13:00-14:00</b> | <b>Performance:</b>  |
| Room 5             | <b><u>Umbilical</u></b>  |
| <b>14:00-15:30</b> | <b>Plenary panel:</b>  |
| Auditorium         | <b><u>Eugenics, Bodies, and Nations</u></b>                            |
| <b>15:30-16:00</b> | <b>Break and refreshments</b>  |
| <b>16:00-17:30</b> | <b>Parallel sessions:</b>  |
| Auditorium         | <b><u>Fertility and Family Planning</u></b>                            |
| Millennium Room    | <b><u>Regulating Reproduction in Law and Policy</u></b>                |
| <b>20:00-late</b>  | <b>Trans Pregnancy Film Festival:</b>                                  |
| Auditorium         | Short <b><u>Transforming FAMILY</u></b>                                |
|                    | Feature <b><u>A Deal With The Universe</u></b>                         |

## THURSDAY 16<sup>TH</sup> JANUARY

|                    |   |
|--------------------|---|
| <b>09:30-11:00</b> | <b>Parallel sessions:</b>   |
| Auditorium         | <b><u>Wild Theory and Embodied Disruption</u></b>                                   |
| Millennium Room    | <b><u>Experiencing Pregnancy and Reproductive health</u></b>                        |
| <b>11:00-11:30</b> | <b>Break and refreshments</b>   |
| <b>11:30-13:00</b> | <b>Plenary panel:</b>   |
| Auditorium         | <b><u>Abortion Rights and Body Autonomy</u></b>                                     |
| <b>13:00-14:30</b> | <b>Lunch</b>  |
| <b>13:30-14:30</b> | <b><u>Meditation for Transgender and Gender Nonbinary People</u></b>                |
| Room 5             | <i>Please note: this session is for trans and non-binary attendees <u>only</u>.</i> |
| <b>14:30-15:30</b> | <b>Plenary panel:</b>   |
| Auditorium         | <b><u>Reproductive Justice, Reproductive Futures</u></b>                            |
| <b>15:30-15:45</b> | <b>Break</b>  |
| <b>15:45-17:00</b> | <b>Closing session:</b>   |
| Auditorium         | <b><u>Discussion and Reflections</u></b>  |

# Session Information

**TUESDAY 14<sup>TH</sup> JANUARY**

**11:15 – 12:30**

## **Initial Findings from the Trans Pregnancy Project**

### ***Auditorium***

|                           |  |
|---------------------------|--|
| <i>Sally Hines</i>        | <i>(University of Sheffield, England)</i>    |
| <i>Ruth Pearce</i>        | <i>(University of Leeds, England)</i>        |
| <i>Carla Pfeffer</i>      | <i>(University of South Carolina, USA)</i>   |
| <i>Damien W. Riggs</i>    | <i>(Flinders University, Australia)</i>      |
| <i>Elisabetta Ruspini</i> | <i>(University of Milano-Bicocca, Italy)</i> |
| <i>Francis Ray White</i>  | <i>(University of Westminster, England)</i>  |

Over the last decade, same-sex parenting practices have received increasing social and cultural visibility, with lesbian and gay parenting emerging as a central site of enquiry within sociological studies of gender, sexuality, intimacy, kinship and personal life. Transgender practices of parenting, however, have received much less attention. Trans/masculine and non-binary pregnancy shows how shifts in gendered and intimate practices occur within changing social institutions and cultural understandings. Vice versa, such social and cultural transformations impact on how individuals live their gendered, and intimate lives.

Here, we report on findings from a major research project funded by the UK Economic and Social Research Council (ESRC): ‘Trans Pregnancy: An International Exploration of Transmasculine Practices of Reproduction’. From 2017 to 2020, we interviewed 51 individuals about their experiences of pregnancy and childbirth; ran focus groups with young trans/masculine and non-binary people to explore their feelings around possible future reproductive options; undertook interviews and focus groups with healthcare professionals; and analysed law, policy, and the media landscape. Our research took place in Australia, Canada, the USA, and European Union countries (including the UK). This represents the largest international study of trans/masculine and non-binary reproduction to date.

This presentation from the research team will begin with an overview of the research aims and questions, and address methods used. It will then draw on initial analysis of data to explore topics such as language and self-representation, conception, pregnancy loss, law and policy, and media representation. It will also position these findings in relation to the growing academic literature on trans/masculine and non-binary experiences of fertility, reproduction, and chestfeeding, showing how the research took place within the context of a rapidly-growing and highly important new field of study.

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**13:30– 15:00**

**Pregnancy in the Limelight**

***Auditorium***

*Thomas Beatie*

*Freddy McConnell*

*Yuval Topper-Erez*

Chair: *Jason Barker*

In 2008, news of Thomas Beatie's pregnancy was widely reported across the world. Through media such as documentary *The Pregnant Man*, his story heralded a growing media interest in trans reproduction. This panel will explore the experiences and perspectives of individuals who have received substantial media and fought important legal battles after choosing to become birth parents. Thomas will be joined by journalist Freddy McConnell, whose journey to fatherhood was chronicled in the 2019 film *Seahorse*, and Yuval Topper-Erez, who fought multiple legal battles to become the first legally recognised man to give birth in Israel. The discussion will be hosted by artist and director Jason Barker.

**15:30– 17:00**

**Parental Experiences and Family Forms**

***Auditorium***

Chair: *Damien Riggs*

**Trans and non-binary parent families: stigma and intersectionality**

*Susie Bower-Brown (University of Cambridge, England)*

The number of parents identifying as trans and/or non-binary before having children is increasing. Research on trans and non-binary parents is an emerging field, however most existing research focusses on parents who have come out after having children, and thus little is known about experiences of parents who have had children after identifying as trans and/or non-binary. Research on trans individuals has also been criticised for its lack of intersectional analysis. The current study aims to contribute to this gap in research by providing an intersectional, qualitative analysis of trans and non-binary parents' experiences of stigma within parenting spaces in the UK. This presentation will focus on interview data collected in an ongoing study of parents with a child aged 0-8, who have identified as trans/non-binary since before their child was born. The sample is diverse in terms of SES, family structure and route to parenthood. Preliminary data analysis has used interpretative phenomenological analysis. Emerging themes so far include pervasive cisnormativity and gender norms within healthcare and parenting spaces. Participants also highlighted the importance of other aspects of identity in influencing their social experiences, including disability, ethnicity and gender. Participants highlighted the benefits of being in a trans and/or non-binary parent family, and strategies for dealing with institutional and interactional cisgenderism, including activism, building a community, and creating a family environment free of gender and sexuality norms.

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### **Adoption or fostering as parenting options for trans and non-binary people**

*Claire Brown (Teeside University, England)*

A presentation of the findings of a narrative inquiry into trans and non-binary people's experiences of adoption and fostering in the UK. Though there has been a solid research base developed focusing on lesbian and gay adopters and foster carers, the voices of trans people have rarely been included. It can indeed be argued that such research with LGBT communities can have the unintended effect of subsuming trans voices that need to be brought to the forefront of research.

This presentation will examine the findings from in-depth interviews with people who self-define their gender as trans, non-binary or another related term, It will also include the experiences of social work staff involved in assessing and supporting trans and non-binary parents through the adoption or fostering processes. In doing so, it will explore the challenges that trans and non-binary people may face in trying to adopt or foster a child. Incorporating my practice experience as a fostering and adoption social worker and therapist, I will consider how issues can be addressed.

The piece will consider the impact that gender normativity can have on trans and non-binary people in the context of adoption and fostering. It will argue that we must remove gender barriers in adoption and fostering in order to find good homes for all the children who can't stay with their birth families. Research and practice knowledge will be used to offer guidance as to how services can work towards greater inclusion, suggesting some of the unique strengths that trans and non-binary families may offer adopted and fostered children.

### **Resisting the Mandatory Femininity of Pregnancy through Sex Self-Identification**

*Evelyn Callahan (Open University, England)*

This paper is in response to a question I have received at many a pregnancy and birth event when I am presenting on the existence of trans birth parents: "But if you're not a woman, why would you want to give birth?". There are, of course, simple and dismissive answers to this question which certainly have their validity, however I would like to pause here to give it more attention. Through giving this query some weight and addressing it in a scholarly manner I hope to illuminate new understandings of sex, gender, and embodiment which better capture the full range of human diversity. Based on my research as a PhD student, I approach answering this question through a framework of sex and gender that seeks to reintegrate the two concepts and prioritize sex selfidentification. This framework celebrates gender and sex diversity and centers the individual as the preeminent expert on their own body. Rather than trying to pull the concepts of sex and gender apart into separate, tidy boxes, I seek to derive strength from their messiness. The overlap between sex and gender and the ways they continuously co-create each other open up interesting and important discussions which, among other questions, can speak to why some men and nonbinary people want to give birth.

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## **Pregnancy and birth-related experiences in transgender men**

*Felicitas Falck (Karolinska Institute, Sweden)*

Transgender men who get pregnant contest traditional perceptions of gender and challenge routines of transgender, maternal and child health care. Until July 2013 sterilization was a legal requirement to change legal sex in Sweden. Since then, cryopreservation of germ cells have become available but reproductive options remain limited. The number of transgender men undergoing pregnancy is likely to increase in Sweden due to legal reform.

My supervisor PhD Gabriela Armuand and myself have undertaken a qualitative study of 12 trans masculine individuals who have undergone pregnancy and childbirth in Sweden, aiming to better understand their reproductive needs with a focus on gender identity and gender dysphoria in relation to pregnancy as well as experiences of pregnancy related health care encounters. Transgender men who have initiated assessment at a gender clinic before delivery and have been patients in Swedish maternal care during the pregnancy and delivery have participated in the study. Interviews included demographics, the decision to carry a pregnancy; psychiatric, psychological and physical experiences during pregnancy and birth as well as related health care encounters. Interviews have been analysed by using thematic content analysis. Results can be used to enhance clinical practice. I will focus on experiences of undergoing pregnancy as a transgender man as it comes to gender dysphoria, the pregnant body, handling the reactions of others as well as on interaction with health care providers to enhance clinical care.

**15:30– 17:00**

### **Health and Social Care Practice**

#### ***Millennium Room***

Chair: *Carla Pfeffer*

#### **Tell them I'm here!**

*Lynda Johnson and Peter Higgs (Society and College of Radiographers, UK)*

Radiographic services are central to the delivery of healthcare. Diagnostic and therapeutic radiographers are registered healthcare professionals required to meet standards of conduct, performance and ethics and proficiency. The Society and College of Radiographers (SCoR) exists to improve healthcare and promote social justice. Listening to patients is integral to its vision and values. The fetus is particularly sensitive to the harmful effects of ionising radiation. Radiographers are guardians of radiation protection, but can they be the advocate of the unborn child?

Radiographers are statutorily governed and practice under the principle of optimising radiation dose which means keeping it "As Low as Reasonably Practicable" (ALARP). The consequences of a clinically significant accidental or unintended exposure are particularly poignant when a previously unidentified or undisclosed pregnancy is discovered. Trans men who are pregnant or considering pregnancy are particularly at risk of being irradiated inappropriately.

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Comprehensive pregnancy checking procedures rely on patients being open and honest in their response. The SCoR respects the enormous effect the legacy of societal discrimination and ignorance may have on a patient's decision to reveal or conceal the sex they were assigned at birth. In 2019, following a change in legislation, SCoR published guidance to reflect the diversity of the gender spectrum and to protect the sensitive and compassionate relationship between radiographers and individuals under their care during an ionising radiation exposure. It is important for radiographers to understand the interactions between legislation governing the privacy rights of a trans man and the statutory requirement to make enquires of individuals of childbearing potential. The SCoR supports the workforce to assure protection of patients, the public and the unborn child through policies procedures and professional guidance. We explore the development of our guidance and welcome discussion.

### **Gamete storage uptake rates**

*Helen Webberley (GenderGP, Wales)*

GenderGP has been offering a model of self-identification of gender identity, and informed consent model of care since 2015. It is widely accepted that gender-affirming medical and surgical treatment is likely to impair future fertility. It is therefore important to consider gamete storage options with any potentially fertile individual who is contemplating gender-affirming interventions. Although sperm storage is relatively accessible and successful, many patients are likely to turn down the opportunity for fertility conservation. The reasons for this are often complex but may include: a natural desire not to have children, lengthy processes for harvesting and storage, lack of local resources, lack of intention to help from the medical profession, funding issues and financial, ethical and politico-legal issues.

In the UK National Health Service there is a lack of consistent approach to funding for fertility conservation and even adjoining regions may have completely opposing views and funding structures. Funding for cancer patients is much more widely available and accepted. The National Institute for Clinical excellence (NICE) does not currently offer guidance for patients with gender dysphoria. Many transgender individuals are put off private services due to costs and timing.

GenderGP is a remote digital model of care, and all patients undergo counselling regarding fertility preservation via local services. We present our data on the attitude towards fertility preservation and gamete storage in 3000 patients.

### **Examining the Reproductive Health Needs and Barriers to Care Among Trans and Gender Nonconforming Young Adults in Florida**

*Nik Lampe (University of South Carolina, USA)*

Despite growing scholarship in transgender studies, literature on reproduction, health, and medicine has been slower in examining the broad diversity of gendered populations. Further, hierarchical and ideological structures of gender influence individuals' reproductive experiences and health outcomes, especially for those who challenge notions of sex and gender in contemporary society.



Using data from in-depth interviews with 60 transgender and gender non-conforming (TGNC) young adults (aged 18-24) in Florida, we examined how gender is a fundamental social cause of health disparity while exploring the relationships between gender identity, gender expression, and reproductive health concurrently. Specifically, we examined the reproductive health, healthcare needs, and barriers to care of TGNC young people.

A majority of respondents in the current study described reproductive health disparities or a lack of certainty in their reproductive health as consequences of (1) gender marginalization through cisnormative assumptions in medicine and (2) negotiating TGNC identities with masculine or nonbinary expressions in dominantly feminine healthcare settings. This research demonstrates the importance of exploring pathways for gender-affirming healthcare and better understanding TGNC reproductive and medical needs. Such findings may also help provide insights for expanding medical and reproductive understandings of the variety of gendered experiences and populations. In so doing, health practitioners, researchers, and educators can utilize these results to create TGNC-centered medical curricula and programs for reproductive health benefits among TGNC populations with masculine and nonbinary gender expressions.

*This paper was co-authored with Shannon K. Carter, Alexandra C.H. Nowakowski, and Lindsay A. Taliaferro.*

### **Professional practice with gender diverse parenting and caring**

*Trish Hafford-Letchfield (University of Strathclyde, Scotland) and Christine Cocker (University of East Anglia)*

Despite significant shifts in legislative, political, cultural and social contexts which impact on our understanding of diverse gender identities, the issues are relatively under-explored within social work and social care and are particularly marginalised within mainstream professional practice. Our systematic review of what is known from the empirical evidence about parenting and caring by and with people with diverse gender identities (Hafford-Letchfield et al, 2018) has attempted to widen the focus of work into the practices and meanings of 'parenting' and 'caring' for social work and other care professionals. The findings identified substantial gaps in good practice and the absence of good quality knowledge and guidelines for professionals, particularly those working in family services to provide adequate support and care and to meet equality legislation requirements.

This presentation introduces our current project which aims to address some of these gaps. Using a co-produced design and methodology to inform a detailed consultation with relevant stakeholders, we have following a guideline development approach to produce a professional toolkit for best practice. The approach involves; disseminating the findings from the systematic review; discussion of issues; identifying and synthesizing evidence: deciding what type of evidence and outcomes to include in draft guidelines; integrating values into a guideline; incorporating economic considerations; synthesis, assessing, and presentation of practice evidence with the review evidence; and moving from evidence to recommendations. For this presentation we will provide a summary of the interim findings and highlight key issues for professional practice that have emerged so far.

*This paper was co-authored with Deborah Rutter, Keira McCormack, Rebecca Manning, and Moreblessing Tinarwo.*

TUESDAY 14<sup>TH</sup> JANUARY

**20:00 – late**

**Trans Pregnancy Film Festival**

***Auditorium***

Preview:

**A Field Guide to the Pregnant Men of the UK**

2020 | dir. Jason Barker | 20 min (provisional)

A very special first opportunity to preview the new film by award-winning director Jason Barker. Follow Jason as he travels across the UK, meeting trans parents and reflecting on how an entirely miraculous experience can also be entirely ordinary. This documentary was commissioned to accompany the dissemination of findings from the Trans Pregnancy project.

Feature:

**Seahorse**

2019 | dir. Jeanie Finlay | 1h 31 min

Freddy is 30 and yearns to start a family, but for him this ordinary desire comes with unique challenges. Deciding to carry his own baby took years of soul searching, but nothing could prepare him for the reality of pregnancy, as both a physical experience and one that challenges society's fundamental understanding of gender, parenthood and family. He quickly realises that what to him feels pragmatic, to others feels deeply confusing and confronting; this was not part of his plan.

Made with unprecedented access and collaboration over three years, the film follows Freddy from preparing to conceive right through to birth. It is an intimate, audacious and lyrical story for the cinema about conception, pregnancy, birth and what makes us who we are

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**09:30-10:30**

**Pregnancy and Romance in Literature and Fanfic**

***Auditorium***

Chair: *Francis Ray White*

**Creative reading: *Forever***

*Ed Davies (M/M romance author, England)*

A creative reading selected from my book *Forever*. In the novel, the central character has always wanted to start a family. When the book opens, he is facing advice from a trusted doctor that a hysterectomy would be in his best interests, and that he should consider coming off testosterone to start a family soon if that is still his wish. He regains his fertility more quickly than he expected and becomes accidentally pregnant, and must wrestle with his desire to raise the child by himself and his desire to have a relationship with the father of his unborn child, along with setting up his life to financially and practically be able to care for a child. The novel touches on many aspects of queer trans identity, economic and social anxieties, and trans realities.

In addition, I would be delighted to spend a few minutes discussing and/or participating in a Q&A regarding my creative choices for this book. This discussion can go in many different directions, as these choices are connected to evolving understandings of sexuality and gender, and the responsibility I felt to carefully break this ground. This was my third novel featuring a trans man in a flourishing romance subgenre that still under-represents trans men, and was written while I wrestled to come to grips with my own reproductive choices.

**‘His Body is a Warzone’: Transmasculine Pregnancy and Detransition Narratives in Omegaverse Fan-Fiction**

*J.T. Weisser (Newcastle University, England)*

This paper explores pregnant transmasculine embodiment by analysing male pregnancy (or ‘mpreg’) fan-fiction. I focus on mpreg fan-fiction which utilises fantastical elements to explain how a male character from an existing property (written as being cisgender) could become pregnant. Though these fantastical mpreg works are not explicitly about transmasculine pregnancy, they can illuminate the gendered pressures on pregnant transmasculine individuals, in particular the restrictive characterisation of pregnancy as an inherently (and exclusively) female and feminine experience.

Within the presentation, I will analyse works of fan-fiction which take place in the ‘Omegaverse’, a science-fictional universe in which humans possess animalistic traits such as mating cycles, and men classed as ‘omegas’ are able to conceive. ‘Omegas’ are typically coded as female, and the ‘omega’ man is often written as uncharacteristically feminine compared to his depiction in the source text. This reproduces cissexist discourses, suggesting that an identity tied to the ability to conceive would be inherently female and feminine.

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However, the Omegaverse's conflation of pregnancy and gender identity means that choices around pregnancy and reproduction can be read through a transgender lens. The omega man who stops taking birth control can be read allegorically as a transmasculine individual convinced that he can only find happiness by 'detransitioning' and starting a non-adoptive family. Becoming pregnant is portrayed as a reconciliation with one's assigned identity at birth, resembling transphobic 'detransition narratives' which position transmasculinity as an act of futile self-denial.

The works demonstrate a tension between these cisnormative constructions of pregnancy and the queerness of depicting men who are able to become pregnant. Through this tension, the texts highlight the challenges of navigating reproductive bodily autonomy as a transmasculine individual, while also interrogating the connection of the pregnant body to gendered experience.

**09:30-10:30**

**Transgender Contraception Workshop**

***Millennium Room***

**Contraception and pregnancy prevention for transgender and gender nonbinary individuals across the gender spectrum**

*Chance Krempasky (Callen-Lorde Community Health Centre, USA)*

The choice of if and when to become pregnant is a personal one, and that is no exception for transgender and gender diverse persons who have a uterus. Sexual activity, regardless of gender identity, should be the central focus in the assessment of contraceptive need. However, standard counseling is historically cisgender-heterosexual-endosex-centric and often does not include, or outright alienates, those with other identities and experiences. Additionally, there is a lack of resources guiding healthcare providers on improving contraceptive counseling as well as management of undesired vaginal bleeding for transmasculine and gender nonbinary persons who were assigned female at birth.

In this workshop, we will build off our transmasculine-led team's recently published contraceptive guideline. We will discuss why transgender and gender diverse persons who have a uterus and take testosterone may still achieve pregnancy, non-gendered language and anatomy-based approaches to assessing for pregnancy risk, and additional considerations that transmasculine persons may have when choosing a method of contraception or abortion. The workshop will be interactive, with small and large group discussions, and is appropriate for direct service providers, trans community members, and trans allies.

*There will be limited places available for this interactive workshop. Please sign up to attend.*

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**11:00-12:30**

**Reproductive Health in Community and Healthcare Practice**

***Auditorium***

Chair: *Sally Hines*

**By us, for us: community led sexual and reproductive healthcare for trans and gender diverse people**

*Kate Nambiar (Clinic T, England)*

A look at reproductive health services at Clinic T, a specialist sexual health service in Brighton for anyone who identifies as trans, non-binary or gender variant. Kate Nambiar will talk about how and why the clinic came to be, and some of the challenges they still face.

**Journey Towards Inclusive Perinatal Care**

*Ash Riddington (BSUH Gender Inclusion Midwives, England)*

What changes are needed for NHS perinatal care to become more inclusive of trans and non-binary service users? Ash Riddington, midwife at Brighton & Sussex University Hospitals discusses steps taken by the 'Gender Inclusion Team' so far - from community outreach to guideline development and specialist support. The team have recently been awarded the Chief Midwifery Officer's Silver Award for excellence and innovation.

**The Fruits of our own Labour**

*j wallace skelton (University of Toronto, Canada)*

While the official story of trans people in North America accessing transition related medicine is one of caring and benevolent cis doctors creating protocols of care, this story renders invisible the on-going, and instrumental labour of trans people in advocating for, funding, and making the care we need possible. Access to trans-competent fertility, conception, prenatal, birth and perinatal care in Toronto has similarly relied on the advocacy and engagement of individual trans people. This talk highlights individual trans people who have done that work, including the author, and parallels it with trans people in the US making their own transition related care possible. It also positions these efforts as part of community responses rather than individual efforts.

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**13:00-14:00**

**Performance**

***Room 5***

**Umbilical**

*Niya B (Visual Artist, England)*

Umbilical stories, navel sensualities and reproductive desires. Niya B examines the post-reproductive body and a deep sense of longing to nurture life. Revitalising her umbilical cord and the sensuality of her navel, she wishes to reconnect with the m-other.

Following her work *Collective Lover*, where Niya explored intimacy with plants, desire for the more-than-human and the possibility for an ecogender subjectivity, in *Umbilical* she explores her reproductive instincts and mothering desires within the context of climate change, human overpopulation, and the requirement of sterilization for transgender people (only abolished by the European Court of Human Rights in 2017, but still in place in many countries all over the world).

*There two intimate performances of Umbilical, scheduled for 13:00 and 13:30, with each being approximately ten minutes long. There will be limited places available, please sign up in advance.*

**14:00-15:30**

**Eugenics, Bodies, and Nations**

***Auditorium***

Chair: *Damien W. Riggs*

**Medical solutions searching for problems? Centring lived experience in addressing trans masculine hysterectomy and fertility preservation**

*Michael Toze (University of Lincoln, England)*

There has been growing awareness of the importance of preserving reproductive options for trans people, typically through gamete freezing prior to hormone therapy. However, there is limited literature discussing the advantages and disadvantages of hysterectomy in trans populations, especially given the implications for fertility. This presentation highlights conflicting information and advice presented to patients by the English NHS, and discusses the need to understand and centre the priorities of trans people.

**From eugenics to biopolitics: time hacking as a form of counter-power**

*Julian Honkasalo (Helsinki University, Finland)*

Whereas the historical, eugenic movement regarded the “hereditary unfit” as a risk to the safety and security of society, and hence kept international, eugenic record offices and implemented sterilization laws to manage these populations, contemporary biopolitics operates through more sophisticated technologies of data mining and storage. "Digital biopolitics" administer and govern the health, diet, sleep, fitness, fertility and movement of populations through panoptical discourses of self-responsibility, self-monitoring and active biodata-sharing, that is, “bio-hacking”.

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An underexplored aspect of contemporary biopolitics is the digital administration of life itself. In this presentation I argue that the rationality of negative and positive eugenics evident in the biopolitical administering of health and reproduction has not disappeared. Rather, new disciplinary and biopolitical forms of knowledge/power and normative frameworks of gender, embodiment and citizenship have evolved in the context of health data sold to private insurance companies for instance. Another example is the invention of the biometric passport. At worst, contemporary biopolitics render superfluous lives as human surplus, or what Zygmund Bauman has termed “human waste”. In order to receive a better understanding of the mechanisms of inclusion and marginalization involved in contemporary biopolitics, there is a need for more research conducted by persons who are themselves directly impacted by the commercialization and marketization of health services, including reproductive health. Developing further queer and transgender theorization on the politics of non-heteronormative temporality, I utilize the concept of “time hacking” as a form of counter power to biopolitics as well as the turning of biodata in to capital.

### **Trans Reproductions: Body and Nation in the Clinical Treatment of Trans Youth**

*Jake Pyne (University of Guelph, Canada)*

Reproduction holds a special place in the making of nations. Given instances of forced reproduction for some, and forced sterilization for others, reproduction and its technologies have been theorized as a primary vehicle for colonial citizenship formation.

In the making and unmaking of trans life, the state’s hand has been no less visible. In North America prior to the 1960s, the threat of transgender as a non-reproductive way-of-life, animated concerns so grave that sex-change technologies remained illegal long after they were available. Conversely, in some jurisdictions, trans bodies have been subject to forced sterilization in order to qualify for gender transition. Though at times there is much hand-wringing over the fallen ‘reproductive capacity’ of trans children and youth, bioethicists and fertility clinicians have also advocated withholding state assistance for some trans people to procreate. Thus, while there is grave concern that trans bodies might not reproduce, there is also a great deal of alarm that they might.

This paper considers what the reproductive capacity or incapacity of trans bodies signifies for the nation. Focusing on the current clinical treatment of trans youth in particular, a discourse analysis of clinical and media texts suggests that trans youth who may not reproduce in a genetic sense, may nonetheless be deemed permissible by the state if reproducing something else of value. Exploring how eugenic and ‘newgenic’ forms of social engineering are visited on trans bodies, this paper considers the emergent kinship and family forms of trans community as potentially poised to resist the terms of who is and is not permitted national life.

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**16:00-17:30**

**Fertility and Family Planning**

***Auditorium***

Chair: *Carla Pfeffer*

**Space Invaders: Queer and trans bodies in fertility clinics**

*Rachel Epstein (Independent researcher, Canada)*

This paper draws on three narratives from a Canadian research project on LGBTQ people and fertility clinics to illustrate how LGBTQ bodies, identities and family configurations are frequently misrecognized and unintelligible in the fertility clinic context. The flow of the patient through the clinic is disrupted by the inability of clinic staff to disentangle the assumptive links made between body parts, gametes, gender, sex, sexual orientation, sexual practice and family configuration. The author explores how the 'gender and kinship labour' and processes of objectification that typically operate in the fertility clinic to bolster conventional masculinities and femininities break down in relation to queer and trans bodies, and offers the beginnings of a framework to assist practitioners, and others, to conceptualize and work more effectively with LGBTQ people.

**Contraception, Pregnancy, and Abortion: Understanding the Family Planning Needs & Experiences of Transgender and Gender-expansive People Assigned Female at Birth in the US: in the US: A community engaged research collaboration.**

*Juno Obedin-Maliver (Stanford University, USA)*

Little is known about their contraceptive and abortion needs and experiences of transgender and gender expansive (TGE) people who were female sex assigned at birth in the United States, despite the fact that roughly 90% retain their uterus and anatomic reproductive capacity. The critical gap in understanding health needs and experiences limits the appropriateness of sexual and reproductive health care and hampers the generalizability and applicability of sexual and reproductive health research. We therefore undertook a multi-phase, community-engaged research project to better understanding the needs and experiences of TGE folks who were assigned female at birth with regard to contraception and abortion care. Phase I involved in-depth interviews with 27 sexual and reproductive stakeholders, including 13 clinicians, 4 researchers, 5 advocates and 5 TGE individuals and informed Phase II, the creation and deployment of an affirming, customizable, online survey about sexual and reproductive health for TGE people. We had 2,143 TGE respondents age range 18-78 years old. We will present methodology from Phases I and II with particular emphasis on the creation of the survey. Preliminary findings about abortion characteristics as well as preferred language patterns around commonly used words in sexual and reproductive health will be discussed.

*Other members of the research team (all United States based): Sarah Baum, Mary Durden, Laura Fix, Hannah Forsberg, Jen Hastings, Anna Katz, Heidi Moseson, Sachiko Ragosta, Ari Soteffler.*



**Making someone exist: Research and clinical practice with trans families in Denmark**

*Camilla Tved (Independent Midwife, Denmark)*

The field of reproductive rights for LGBTQ+ individuals has undergone a substantial development during the last twenty years. Different editions of LGBTQ+ families are steadily rising in numbers, and families where one or both/more parents are non-binary or transgender are one of them. At the same time, previous both Danish as well as international studies, have found that LGBTQ+ individuals are disadvantaged when it comes to health issues. This goes particularly for the transgender population. Most LGBTQ+ people make use of fertility treatment when they form a family, but despite this fact, only very few studies looking into their experience with the reproductive healthcare system. The Masters project *I know perfectly well that they don't believe I exist* conducted interviews with 15 participants, 5 of them identifying as non-binary and trans. The project explores how the current discourse around reproduction and family manifests itself to LGBTQ+ people within the fertility treatment system in Denmark.

The project is currently the biggest study in Scandinavia on this topic and is one of very few studies looking on the broader LGBTQ+ group and their needs and experiences with reproductive healthcare. The results show a magnitude of challenging experiences on both structural and individual levels, experiences that proves specifically hard on the trans and non-binary participants. The conclusion is that healthcare professionals in Denmark need additional knowledge and skillsets to provide LGBTQ+ persons with the appropriate professional treatment.

In addition, based on my experiences as a midwife and sexologist who attends to queer, trans and non-binary families both pre- and post-pregnancy and birth, the paper will conclude with a discussion of how these families can and should be met in the healthcare system.

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**16:00-17:30**

**Regulating Reproduction in Law and Policy**

***Millennium Room***

Chair: *Sally Hines*

**Who is the mother? A comparative analysis of the normative regulation of transgender reproduction and fertility preservation in Denmark and Sweden**

Anna Sofie Bach (University of Southern Denmark, Denmark)

In respectively 2013 and 2014, Sweden and Denmark abolished the castration requirement that had been in place for several decades in order to obtain legal gender recognition. Historically, Denmark and Sweden have often been positioned as progressive in terms of offering trans healthcare within the public healthcare system. Yet, the Scandinavian welfare regimes have also been criticized for monopolizing access to hormones and surgeries in addition to having rather brutal histories of eugenic population management involving forced sterilization programs. Effectively, the castration requirement meant that to legally transition, transgender individuals have had to refrain from having (more) genetically related children.

Drawing on an interdisciplinary framework combining cultural analysis with legal dogmatic method, this paper conducts a comparative analysis of how the reproductive citizenship of transgender individuals has been addressed and imagined in the preparatory work and parliamentary debates that lead to the removal of the castration requirement in respectively Denmark and Sweden. As we delineate the effects of the amendment, especially of the following adaptations of the laws on assisted reproduction and fertility preservation, we highlight the processes that de- and re-gender gametes and parental categories. The paper shows how normative understandings of proper gendered relationships between gametes, bodies and parental categories are persistent, yet mutable over time. First, we demonstrate how the Roman-Law principle of *mater semper certa est* (motherhood is established through giving birth) is central to family law in both countries, but also how it has been challenged to allow for a more flexible and inclusive framework. Secondly, we show how the restriction of surrogacy in both countries in combination with gendered imaginaries of sperm and eggs inform the organization of fertility preservation options, especially in Denmark. Through the comparison of Denmark and Sweden, the paper concludes with a discussion of the extent to which reproductive citizenship is upheld and protected in the updated legal regulations.

*This paper was prepared in collaboration with Janne Rothmar Herrmann.*

**The Right to Become a Pregnant Man: Critiquing the Sterilisation Requirement in Legal Gender Recognition**

*Peter Dunne (University of Bristol, England)*

Within human rights scholarship and practice, there is increasing support for a right to legal gender recognition. Transgender (trans) persons should be acknowledged in their preferred gender for all legal, economic and social purposes.

Since Sweden first recognised preferred gender in 1972, sterilisation has been a common feature of national recognition regimes. In Europe alone, more than 15 jurisdictions require infertility as a pre-condition for recognition. Sterilisation is typically justified on the basis of avoiding so-called ‘unnatural’ or ‘abnormal’ procreation – in particular the idea of ‘legal males giving birth’.

This paper explores the operation of sterilisation within the legal gender recognition process. It critiques sterilisation through the lens of human rights, and asks whether the requirement is compatible with fundamental protections and guarantees.

Part I introduces the historical relationship between sterilisation and the trans community. It explains the application of infertility conditions for gender recognition, either through standalone requirements or as part of a broader obligation to access surgery. Part I outlines the traditional rationales for sterilisation, including the spectre of the ‘pregnant man’, the threat of peer discrimination and fears over children’s wellbeing.

In Part II, the paper questions whether sterilisation is consistent with existing human rights standards. While Part II focuses on the right to bodily integrity, there is also consideration of non-discrimination, the right to found a family and the highest attainable standard of health. Part II argues that, by requiring medical interventions which may be neither desired nor necessary, sterilisation requirements violate physical integrity and the principle of ‘informed consent’ in medical law.

Finally, in Part III, the paper challenges the rationales for sterilisation. While there is growing consensus that forced-infertility breaches human rights, there has been comparably little scrutiny of the existing justifications. Many courts and policy makers concede that sterilisation pursues legitimate social goals, but they conclude that those aims are insufficiently pressing to curtail trans bodily rights. However, many of the most historically influential justifications for sterilisation rely upon highly questionable reasoning. Allowing this logic to stand unchecked, even if it cannot ultimately compromise reproductive capacities, reproduces, and even promotes, misinformation and misassumptions about trans identities.

## **Trans Reproduction in Europe – Policy Recommendations and Afterthoughts**

*Doris Leibetseder (Uppsala University, Sweden)*

Based on the results of the presenter’s Marie-Skłodowska Curie project *QTReproART -Towards an Inclusive Common European Framework for Assisted Reproductive Technologies (ART): Queer & Transgender Reproduction in the Age of ART*, this presentation will address policy recommendations for a more inclusive ART access for trans people.

The data analyses of online-surveys and interviews on experiences of trans people with ART in Austria, Estonia, Poland, Spain, Sweden and the UK were used to formulate policy recommendations for the EU, together with the results of the first part of my project, which was a comparison of legal regulations of ART for queer and transgender people (consisting of laws on family, kinship and gender recognition and a comparative national analysis).

Finally, I share some critical afterthoughts on the outcome and experience of my project on the racialization of reproductive practices, forced sterilization, stratified reproduction and internalized negative eugenics.

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**20:00 – late**

**Trans Pregnancy Film Festival**

***Auditorium***

Short:

**Transforming FAMILY**

2012 | dir. Rémy Huberdeau | 11 min

A short documentary that jumps directly into an ongoing conversation among trans people about parenting. It is a beautiful snapshot of current issues, struggles and strengths of trans parents (and parents to be) in Canada today. This documentary was one of the results of a community-based research project conducted in 2010 by Jake Pyne and the LGBTQ Parenting Network. The project was designed to increase visibility, empowerment and community building amongst trans parenting communities in Toronto.

Feature:

**A Deal With The Universe**

2018 | dir. Jason Barker | 1h 31 min

In his debut film, assembled entirely from home video footage shot over the course of a decade, Jason Barker tells the fascinating story of his inspiring journey to conceive with his his partner Tracey. Charting the early days of the couple's relationship and their struggles to get pregnant, we witness a series of setbacks that led the pair to radically re-think their plans and take a road far less anticipated.

Told with absolute candour and disarming honesty, Barker's extraordinarily intimate and profoundly moving documentary details the tragedies and triumphs this irrepressible couple faced along the way. And the results are wonderful – warm, funny, sad and often completely unexpected. This is a tender film, but it still packs one hell of an emotional punch, offering rich insights into the complexities of gender identity and the fraught emotions that come with impending parenthood. But perhaps more than anything, it is the story of one truly incredible family.

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09:30-11:00

### **Wild Theory and Embodied Disruption**

#### ***Auditorium***

Chair: *Francis Ray White*

#### **Exposing the Natural: Transmasculine Pregnancy and the Embodied Disruption of Gender**

*Levi Hord (University of Oxford, England)*

This paper presents a trans\* theorization of how the foundational relationship between sex and nature is exposed and transfigured through transmasculine pregnant embodiment.

Transmasculine pregnancy exposes – in an inimitable and increasingly visible way – how the concepts of sex and nature are linked on the very ground of the gendered pregnant body. By reading the pregnant transgender body as a site where our understandings of sex, gender, nature, and materiality clash in particularly philosophically productive ways, I argue that transmasculine pregnancies expose the way in which we culturally inscribe all pregnant bodies, putting stress on the very hinges that unify sex and pregnancy as “natural” in our thought, and thus drive restrictive narratives of gender for trans\* and cis people alike.

The disruption this engenders, though visceral enough in itself, is made more impactful due to the connections between nature, morality, and the symbolic order that are being disrupted as well. Most importantly, this embodied revelation of materiality as a process of creation, modification, and transition begins to challenge the state of pregnancy as fixed, and points towards a future where materiality’s potentials might have a different relationship to sex and sexes concerning social inscriptions.

#### **Continuity and change in gender frames: the case of transgender reproduction**

*Nik Lampe (University of South Carolina, USA)*

This paper examines the ways gendered frames shift to make room for societal changes while maintaining existing pillars of systemic gender inequality. Utilizing the case of US media representations of transgender people who reproduce, we analyze how media outlets make room for increasing societal recognition of transgender people and maintain cisnormative and repronormative traditions and beliefs in the process. Specifically, we outline how these media outlets accomplish both outcomes in two ways.

First, they reinforce cisgender-based repronormativity via conceptualizations of transgender reproduction as new and occurring in contrast to normative, cisgender reproduction. Second, they create a transnormative reproductive subject, which establishes a new socially sanctioned script for what it means to be transgender and what types of transgender experience may be recognized or accepted in mainstream society.

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In conclusion, we draw out implications for understanding how social authorities may shift existing gender frames to make room for changes in society while at the same time maintaining normative beliefs. These normative beliefs continue to facilitate societal patterns of gender inequality within such new frames.

*This paper was co-authored with Shannon K. Carter and J.E. Sumerau.*

### **Birthing ourselves, Birthing each other**

Chloe Turner (Goldsmiths College, University of London, England)

In the shifting understandings of queer visibility it is not only apparent that transgender people have always existed in history but that so have transgender pregnancies. Despite being erased from institutional archives, legal documentation, or public discourse, the residues of their bodies' refusal of normative fertility remains.

Working with Jack Halberstam's consideration of 'wild theory' this presentation speculatively re-imagines the history of transgender pregnancy. It advocates for visual methodologies that attest to the glimmers, traces and edges of evidence that retrospectively signpost transmasculine pregnancy. To attune ourselves to the alternative 'humming' of image frequencies (Campt, 2017), to 'critically fabulate' (Hartman, 2008) a life that could be possible in the open mesh of queer reproductive possibility, and to trust in the embodied and textural nuance of transgender experience, that transgender pregnancy is not hidden in the archives but rather hidden in plain sight.

This presentation intends to work as critical creative dialogue on the counter narrative of transgender pregnancy, aside from historical resolution or factual accounts, agitating the archive of stories that exceed epistemological frameworks, that are errant and wandering and provide the possibility of an alternative storytelling of transgender pregnancy.

**09:30-11:00**

### **Experiencing Pregnancy and Reproductive Health**

#### ***Millennium Room***

Chair: *Carla Pfeffer*

#### **Healthcare of pregnant transpersons in Germany**

*Hannah Marla Frentz (University of Göttingen, Germany)*

In 2011, the German Federal Supreme Court of Justice rejected the law of an obligatory sterilization of trans persons before changing name and gender. This enabled and facilitated trans pregnancies and one can assume that the number of trans pregnancies will increase.

With this paper I address the necessity of further research. This is an exploratory work to obtain an overview of the obstacles pregnant trans persons have to deal with, e.g. questioning ante-natal preparation, assumption of costs by health insurances and accommodation in hospitals, and the relationship between trans persons and medical staff. It shall examine how the latter deal with

persons who do not fit into official guidelines and which consequences that might have. Furthermore, I take a look at the individual situation. Pregnancies are strongly connoted to women and female fulfilment which clearly has an impact on trans persons because both, the own perception and the perception of others concerning their bodies, might change, e.g. leading to a higher rate of misgendering.

Based on these connected topics, we aim to determine adjusting screws to improve healthcare for pregnant trans persons and to enlarge the debate about gender issues inside the health care system.

### **Trans pregnancy, traumatic birth and perinatal mental health: Scoping review**

*Mari Greenfield (Independent Doula and King's College London, England) and  
Zoe Darwin (University of Leeds, England)*

In the UK, no figures are available for transgender people becoming pregnant or impregnating their partners. Referrals to UK Gender Clinics have however risen every year, have risen proportionally more for trans men than trans women, and given that the literature shows many trans men wish to be parents, pregnant trans men may also be a growing population with maternity services.

We conducted a scoping review on traumatic birth and perinatal mental health in trans parents in order to identify the breadth of peer-reviewed literature, summarise findings and identify gaps. The literature primarily focuses on the structural and psychological barriers that trans men who wish to become pregnant may face, and on the lack of reliable medical information available to them.

To date, no research into trans men's experiences of giving birth has focused on mental health, and none of the research has included their partners' experiences. Trans women who experience pregnancy and birth will usually do so as the partner of a cis woman, and their perinatal experiences as a trans woman are therefore enmeshed with their perinatal experiences as a lesbian partner. No research into lesbian birth experiences has identified trans women's experiences separately from cis women's, and we could find no literature about trans women's perinatal experiences.

The law, policy, health systems and health professionals are struggling to keep up with the realities of how families are being made. Shared language is needed in research, policy and practice to adequately describe reproductive histories outside of a cis birth mother's. How characteristics/minority groups are recorded has implications for the ability to commission or adapt services to meet local needs and implications for how people are identified for research purposes.

### **Disrupting the Norms: Reproduction, Gender Identity, Gender Dysphoria, and Transmasculinity**

*Michelle Walks (Simon Fraser University, Canada)*

In western cultures, pregnancy and birth are typically recognized as strictly and explicitly feminine desires and experiences. At the same time, most media stories about transgender people report their identities in terms of the "born in the wrong body" narrative. Yet, stories of transmasculine individuals' experiences of pregnancy are increasingly common, and less often designated as news stories.

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Our interdisciplinary and community-based research sought to find out how transmasculine individuals experience pregnancy, birth, and infant feeding. This paper presents a narrower focus, of how experiences of pregnancy and birth relate to the participants' gender identity and gender dysphoria. The findings reported in this paper are based on interviews conducted with 22 transmasculine individuals from North America, Australia, and Europe. These participants frequently mentioned the gender binary and how they perceived pregnancy in relation to it, as well as their experiences of bodily gender dysphoria. Contrary to common discourse, many participants described pregnancy as masculine and thus compatible with their gender identity. The paper also considers how transmasculine individuals negotiate their relationships and interactions with health care professionals, as well as their own gender identities, and how they embody and negotiate resistance, resilience, and adaptation in the process.

*This paper was co-written with Trevor MacDonald, MaryLynne Biener, and Alanna Kibbe.*

**11:30-13:00**

**Abortion Rights and Body Autonomy**

***Auditorium***

Chair: *Damien W. Riggs*

**Breaking the barrier: Transmasculine inputs in the Argentinean abortion law**

*Dante Junco (Frente de Trans Masculinidades, Argentina) and  
Francisco Fernández (University of Buenos Aires, Argentina)*

Trans people have always voiced opinions regarding the importance of a qualified, humane access to identity- and autonomy-affirming body procedures. But as much as there are trans voices out there deepening discussion about bodily autonomy, there has also been a reluctance to take those voices into account.

In 2018, Argentina witnessed its first (failed) attempt at passing a law that would have enabled abortions to be accessed safely in public and private spheres upon request, broadening current legislation. This culminated an abortion rights campaign that lasted over a decade, in which many trans and non-binary people openly discussed the lingering restrictions they would face. Furthermore, trans activists have pointed to Argentina's progressive gender identity law as inspiration for the abortion rights movement, as both kinds of legislation seek to broaden bodily autonomy regarding the sexed body.

This activism was partly listened to by the abortion rights movement: the bill discussed in Congress listed both women and "other gestating bodies" as having abortion rights. But, as Argentinean trans activists insist, linguistic inclusion is not enough: trans and non-binary people must be an intrinsic part of debates around reproductive justice.



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### **Two battles, one war**

*Alexa Moore (Transgender NI, Northern Ireland)*

Since 2018, the island of Ireland has seen rapid and drastic changes in access to abortion for those living there. Many of these changes have been incredibly positive: both the repeal of the 8th Amendment in the South and decriminalisation in the North have paved the way for better access to reproductive care. However, these changes have not come without sacrifices and compromises, many of which were decided on by a privileged few and the effects of which are felt mostly by marginalised groups. Alexa will outline her personal experience in the fight for bodily autonomy, reproductive health and trans equality across the island of Ireland, and provide a blueprint for feminist and trans movements to work together towards the common goals of reproductive justice and bodily autonomy.

### **A Perspective from the North**

*Christopher McIlwaine (GenderJam, Northern Ireland)*

It has been a year of change for Northern Ireland: abortion decriminalisation is on the horizon, same sex marriage has been legalised and we finally (finally!) have an Assembly. This progress took a lot of work, and even more so to make that progress trans inclusive. This talk will outline the current issues for trans people attempting to access abortion care in Northern Ireland, as well as how we in the trans community sector have worked towards decriminalisation in a way which ensures that trans communities aren't left behind. Chris will address the importance of access to appropriate and LGBT+-inclusive RSE and sexual health testing, and how the lack thereof has impacted trans communities in NI as well as outlining action taken by the community sector to address these shortcomings.

### **Creating Trans-Inclusive Abortion Services**

*A.J. Lowik (University of Bristol Columbia, Canada)*

Abortion provision and pro-choice activism are typically focused on the needs of cisgender women, to the exclusion of trans men and non-binary people who also need access to legal, safe, non-judgmental abortion services. This presentation will share insights from my decade of academic and community work in this area; insights gained from my Masters' thesis which sought to identify barriers to trans-inclusive abortion services and spaces; insights gained from the authorship of a manual for providers on operationalizing trans-inclusivity in an abortion setting, which has been adapted for use throughout Canada and the United States; insights gained from the development of a National Abortion Federation online learning module for administrators, clinicians and counsellors looking to expand their knowledge and skills in this area; as well as insights gained from the delivery of numerous in-person lectures and interactive workshops on this topic.

This presentation will explore the major barriers that still exist for trans people who need abortions and identify strategies to mitigate those barriers. Free-standing abortion clinics and hospitals ought to be actively engaged in developing trans-inclusive policies and practices and working to create spaces and services that trans people can safely use, without judgment or fear. Beyond that, however, this presentation will argue that trans people's access to abortion could be improved by

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expanding the list of providers authorized to perform surgical and medication abortions (i.e. to include primary-care physicians, midwives, nurses, etc.) and by altering public and clinical perceptions of self-managed abortion options. In general, this presentation will identify how framing abortion as a uniquely and quintessentially women's issue does not account for the plethora of non-woman-identified people who need and access abortion services throughout the world.

**13:30-14:30**

**Meditation for Transgender and Gender Nonbinary People**

***Room 5***

Facilitator: Chance Krempasky

*"Relax into your body. Close your eyes and focus on your breath. Bring your attention into the present moment."*

Have these words triggered anxiety and fear in supposedly safer spiritual spaces? Simple on the surface, these instructions can be difficult to comprehend when dysphoria strikes or on a spiritual retreat without transgender representation. Group meditation spaces often do not address the challenges we as trans people face, and cisgender teachers may not understand the added difficulties in approaching mindfulness meditation.

Despite these setbacks, spiritual support and connection can be helpful during transition. Meditation offers tools to work with stress, anxiety, and unpleasant feelings like anger and sadness. Cultivating practices of gratitude and joy help us tap into resilience: the richness, beauty, and deliciousness of life. Are you searching for energy, concentration, and inner wisdom when responding to the changing relationship to our bodies and the flux of different needs and circumstances of life?

Join for a conversation on meditation concepts as they relate to transness, spiritual bypass, and heart practice, as well as opportunities to join the group in guided meditation. We welcome all levels of experience -- beginners encouraged! -- and ask that those who participate do so with care and respect for everyone in the space.

*Please note: This event is for trans and non-binary attendees only. There are limited places available, so please sign up in advance if you want to attend.*

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**14:30-15:30**

**Reproductive Justice, Reproductive Futures**

***Auditorium***

Chair: *Ruth Pearce*

**Transparental Designations and the Limits of Legal Recognition**

*Ido Katri (University of Toronto, Canada)*

Appeals of people who gave birth to be recognized as fathers, of people who provide sperm to be recognized as mother, and of nonbinary people to be designated as just parents, are at the heart of pivotal litigation around the globe. Cases stand in front of the European Court of Human Rights, the family divisions of the High Court in the UK, the Israeli Supreme court and Superior Court of Quebec, Canada. Other cases have recently concluded in Germany, Sweden, and the US. In all these jurisdictions and legal system, the court seems to baffle with the alleged incongruence between when the law believes to be biological facts and lived realities where bodies and selves exceed, they birth assignments.

This talk will offer a close reading on the growing body of jurisprudence on transparental designations focusing on the administrative psychic meltdown that occurs when trans people use their own bodies and body material to do what is assumed to be most 'natural', to reproduce. The talk will explore the interrelations within family law and administrative law between the ways in which courts understand the needs of trans parents in relation to the interest of their children and the interest of the state. The talk will suggest that while the law is moving toward legal recognition of subjective gender identity, sex is still imagined as immutable truth determined at birth. Exposing the truth-making power of both sex and parental designations, the talk will critically consider the question: can family and administrative law be nonbinary?

**Transformative Justice as Mutual Care**

*Mijke van der Drift (Royal College of Art London, England)*

In this paper I will discuss the difference between 'inscribing norms' and shaping environments from a perspective of transformative justice. To shape new modes of life without determining what these lives will look like, requires thinking about collective emergences. Fred Moten and Stefano Harney discuss indebtedness as basis for sociality that could structure such a notion of collective emergence. Indebtedness lays a claim to acknowledge that we owe each other everything. Building from this, social life can be comprehended through various logics.

In this paper I will outline two different logics; semantic approaches that attempt to inscribe the "right norms" and geometric approaches that think through shaping forms of life. I will discuss these approaches through examples from literature, film and quantum physics. This will aid opening up discussions on transformative justice: how do we leave a fairer world for the future?

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## **Queer and Trans Social Reproduction and Reproductive Justice**

*Nata Raha (Edinburgh College of Art, Scotland)*

Queer and trans social reproduction theorises the labour that maintains the everyday lives of LGBTQ people. It is an expansion of the formulation within social reproduction/Marxist feminism that accounts for the birthing, rearing and maintenance of workers, traditionally within the Western nuclear family, who under capitalism sell (or will sell) their labour-power in exchange for wages.

Drawing together theoretical ideas from queer Marxism, Black feminism, queer femme and trans cultures, queer and trans social reproduction conceptualises the community and communally-oriented forms of work and knowledge sharing through which trans reproduction, marginalised lives and genders, deviant sexualities and modes of existence are made possible.

I will argue that trans social reproduction undergirds the conditions through which trans bodily autonomy is, or may be, developed. How might the social reproduction framework expand the possibilities of bodily autonomy for trans people? What forms of knowledge sharing and practical solidarity are needed for this? How does the uneven institutional support for trans people, communities and families mediate the possibility of bodily autonomy?

**15:45-17:00**

### **Closing Session: Discussion and Reflections**

#### ***Auditorium***

An opportunity to collectively reflect on the event; what we have learned, and how we want to take our work forward in the future. Hosted by the Trans Pregnancy project team.