Queering reproductive loss: Exploring grief and memorialization

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Lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities have a long history of memorializing loss—The NAMES Project or AIDS memorial quilt, the Transgender Day of Remembrance, and art and fiction memorializing the Stonewall riots. Yet as Heather Love cautions in Feeling Backward, queer losses are frequently hard to identify or mourn since many aspects of historical gay culture are associated with the pain and shame of the closet (2). The subject of reproductive loss—the personal, and sometimes communal, experiences of miscarriage, infant death, and failed adoptions—has often been a silent burden for LGBTQ parents, one frequently intensified by fears of homophobia and heterosexism. Queer losses are also overlooked (or perhaps avoided) in most academic and popular books on LGBTQ reproduction, and queer experiences remain absent from most self-help books on recovering from reproductive loss (Peel and Cain).

J. Halberstam has argued that “failure” to meet conventional standards of success (in this case bringing children into a family, albeit a queer one) can offer creative, cooperative, and surprising ways of challenging heteronormative understandings of love and life (2). Furthermore, Juana María Rodríguez advocates a reconceptualization of a queer sexual politics informed by both utopian longings and everyday failures (7). This chapter takes up the everyday experiences of queer reproductive losses and the memorialization of these experiences through physical memorials, religious and/or spiritual services, and commemorative tattoos.

The personal narratives and photographs included in this chapter are drawn from survey and interview data from LGBTQ parents gathered by two researchers—an American anthropologist and a British psychologist—who met online after their own experiences with pregnancy loss as queer women. Christa and her partner lost a baby in 2009 at eighteen weeks, and Elizabeth and her partner experienced a “silent” miscarriage at twelve weeks in 2008 (Peel and Cain). We found few resources to help us cope with loss in queer families.

We have collected the stories of queer people—primarily lesbian and bisexual women, but also several gay men and trans people—as they have experienced reproductive loss. These stories are drawn from an online survey of sixty non-heterosexual women from the UK, USA, Canada, and Australia (Peel), and interviews with fifty-two LGBTQ people who had experienced loss in the USA, Canada, and a handful of other countries, including Belgium, Italy, Jamaica, New Zealand, and Scotland. Elsewhere, we have argued that for LGBTQ people, challenges in achieving conception and adoption amplify experiences of loss and the severely under-researched experiences of non-gestational parents¹ offer important insights into the range of experience with reproductive loss (Craven and Peel). We reengage that conversation here: first, in the existing literature on reproductive loss in queer communities; second, in the (lack of) support literature currently available; and finally, in the memorial strategies of queer parents in our studies.

**Queer Experiences of Reproductive Loss**

Although there are many similarities in the experiences of all grieving parents, queer experiences of loss are often intensified by homophobic and heteronormative treatment by healthcare
practitioners as well as family and coworkers. Sometimes this occurs outright—several participants in our survey and interviews shared stories of partners being forced to wait outside while they were given the news of a loss, and one had to make burial arrangements alone for a stillborn child. Yet even for those who did not feel they experienced homophobia during their loss, their fear of homophobia frequently kept them from accessing resources such as local loss support groups, which other researchers have shown to be helpful to many heterosexual couples (see Linda Layne’s *Motherhood Lost*).

Although the adoption industry offers few statistics on “failed adoptions,” experiences of having children “reclaimed” by birthparents following adoption placement are devastating. Indeed, these interviews suggest that these difficult experiences may be more likely for LGBTQ families because of homophobia and heterosexism within adoption agencies and among birth families. For instance, several parents explained that the birthmother’s decision to “reclaim” the child was influenced by her family’s discomfort. As one gay male adoptive parent mimicked tearfully, “I don’t want faggots raising my grandchild.” This complicates the popular “reassurance” narratives adoption agencies often put forth to prospective queer clients, of bioparents who want their children to have the presumed affluence associated (particularly) with gay male adoptive parents.

In the academic literature, studies of queer reproduction and parenting have also been popular in the past few decades, yet most make only brief mention of miscarriages and failed adoptions. We review these in greater detail in “Stories of Grief and Hope: Queer Experiences of Reproductive Loss” (Craven and Peel), but for the purposes of this chapter, we will only detail those addressing reproductive loss as their primary focus. 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 ten white lesbian couples in the USA, all of whom had planned their pregnancies. (She notes that about 50 percent of heterosexuals’ pregnancies are unplanned; 483). Wojnar found that, unlike some heterosexual mothers, lesbian mothers frequently bonded with their unborn child early in pregnancy (Wojnar 482).

Michelle Walks has addressed the topic of infertility in queer families, noting in particular the flawed logic of previous studies that highlighted the “fairly unique advantage” for lesbian women, in that if one partner was unable to conceive (or experienced a miscarriage), they could “swap” (Dunne 26). Walks emphasizes 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” (Walks 138).

Joanne Cacciatore and Zulma Raffo published a study on “same-gender (homosexual) bereaved parents” in the journal *Social Work* in 2011. Through interviews with six white lesbian parents, they explore the intersection of what they term “stigmatized relationships” and “stigmatized deaths.” Bereaved lesbian mothers experience a double disenfranchisement, since not only do they experience a dearth of support for their experiences with loss, but they may also avoid support services that require them to explain or justify their family. For all six participants, the authors note that “ritual and remembrance—including things from hand molds to memorial services—appeared to play a key role in the integration of loss [into their lives as the ‘new normal’]” (Cacciatore and Raffo 174), which is a point we will return to below.
The publication of data from Elizabeth’s online survey in 2010 was the first major empirical study addressing queer women’s experiences of pregnancy loss. Among other findings, 85 percent 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. Furthermore, the experience of loss for lesbian and bisexual women was amplified because of the emotional and financial investment respondents reported making in their impending motherhood, and the heterosexism some experienced from health professionals.

The publication of self-help books for parents and professionals on achieving conception, pursuing adoption and surrogacy, and parenting in queer families has also boomed in the past decade. This LGBTQ parenting literature—primarily in the form of guides for conception, pregnancy, surrogacy, and adoption—are notably neglectful in discussing loss, frequently devoting only a sidebar or a few pages to the possibility, if they discuss it at all. For instance, of the top 10 hits in a search of www.amazon.com for LGBTQ conception, pregnancy, adoption, and surrogacy guides, only two discussed miscarriage explicitly (Martin 258; Pepper). This not only speaks to a broader societal discomfort with the notion of loss, but also contributes to a narrative of achieving queer families in a cultural and political moment that frequently hypervalue nuclear, heterosexual family formation. As Petra Nordqvist and Carol Smart argue (albeit in a primarily heterosexual context), “British society (along with many others in the West) has undergone a kind of ‘geneticisation’ of the popular imagination, such that now genes are increasingly believed to be of overwhelming significance in every aspect of life” (4). This is overwhelmingly evident in the dearth of support resources available for LGBTQ bereaved parents, especially non-gestational parents.
Most self-help material on reproductive loss is geared toward heterosexual, married (often white, middle class, and Christian) couples—in fact, none of the top ten hits in a search for “miscarriage” mention LGBTQ experiences at all, nor do those for adoption. The scarcity of support materials on lesbian and bisexual women’s experiences with reproductive loss is only magnified in the dearth of materials on reproductive loss for gay and bisexual men pursuing adoption or surrogacy (Riggs), or the reproductive losses of transgender and other queer parents (Walks). The minimal resources available offer little support for grieving reproductive losses, nor memorializing these experiences in ways that acknowledge and support queer identities and communities.

**Memorialization of Reproductive Loss in LGBTQ Communities: A Beginning**

Little has been written on memorialization of LGBTQ experiences with reproductive loss. Cacciatore and Raffo present four brief quotes describing lesbian parents’ experiences participating in rituals—such as making a birthday cake for their child each year, wearing a locket with their child’s photo, sculpting their child’s face in clay, and getting commemorative memorial tattoos.

In Elizabeth’s survey, questions asked whether the respondents kept mementos or “keepsakes”—such as ultrasound scans, locks of hair, ID bracelets, foot or hand prints, or birth and/or death certificates—and whether they had a memorial of any kind, such as a service, funeral, planted a tree, or do anything to acknowledge the birth date. Nine respondents (15 percent of the survey sample) indicated that they had kept an ultrasound scan of their child; eight
(13 percent) kept their child’s clothes, a lock of hair, hand or foot prints, and ID bracelet or photos following stillbirths; and six (10 percent) retained a birth and/or death certificate. One respondent expressed regret that she had not kept a scan of her child: “We were offered a scan picture at the time and refused—with hindsight I probably would have liked to have it.” Following the loss, nine respondents (15 percent) kept their mementos privately in a box or drawer, and several noted returning to them to read or feel them. Five (8 percent) displayed photos and other mementos publically in their home. None threw them away.

Ten respondents (17 percent) reported having a memorial service—some private, others with family and/or community. Several buried or spread the ashes of their child, one Jewish couple said kaddish, and several planted trees or bushes in the child’s honour, which they continue to visit. Although not asked explicitly, several noted remembering the children in some way on their birthday each year. One respondent who had experienced two losses remarked, “I often feel there should be marks on my body to reflect these pregnancies having happened, and am considering a pair of tattoos/scars/piercings,” but had concern about turning her body into “a tally of loss.”

In Christa’s interviews, nearly half of the participants (n=21) had a physical memorial of some kind; nearly one-third (n=14) had a ceremony dedicated to their child; and 20 percent (n=10) had a commemorative tattoo to mark their experience and/or memorialize their child’s life. What is important regarding the study of LGBTQ experiences with reproductive loss, and the memorialization of reproductive loss more broadly, is that many of these memorials—particularly those that engaged the parents’ communities or were displayed publically—allowed parents to mourn their loss or losses with and within their communities. One participant, Anna,
described what she felt was an enhanced need to memorialize reproductive loss experiences within queer communities.

Anna: In the queer community, there is more need for ceremony around the loss than in the straight community.

Christa: Why do you think that?

Anna: Because there is so much of our experiences that get invisibilized. And I think that there are ways in which the queer community has had to find ways to make our experiences valid or to ritualize things or to make them just as important as straight experiences.

For Anna, a white pagan lesbian, and her Jewish partner Jude, that ritual took the form of a ceremony made by a friend, an interfaith minister. The ceremony that the minister (and close friend) designed for Anna and Jude, and their son Kaleb, who was three at the time, honoured their loss of Josie, their adopted daughter who had been part of their family for five days before her birthmother reclaimed her. Prior to their loss, their minister had begun to knit a hat for Josie, but it remained unfinished when she left Anna, Jude, and Kaleb’s family. Initially, their minister proposed finishing the hat and giving it to Anna and Jude as a gift for a future child. Unsure at the time whether they would enter into the adoption process again—although they did later adopt a second son—Anna asked that the hat remain Josie’s. As a tribute to the strong, primarily lesbian, community that supported their family through the loss, those who attended the ceremony were each asked to add a piece of string to contribute to the memorial. During our interview at her home, Anna walked to a nearby desk and brought out this hat, and noted that even seven years after the loss, she kept Josie’s hat close to her every day.4

[Insert Figure 1]
Nora and Alex’s memorial was also a powerful one. After Nora, a cisgender lesbian, physically experienced a loss and later developed health complications that made another pregnancy dangerous for her, Nora and Alex decided that Alex, who previously identified as FTM and now genderqueer, would carry their next child. The experience of becoming a “social mother” after carrying their first child was also complicated for Nora, as she explained in the interview.

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 US 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 multiplied by the homophobic laws that will now govern her relationship—or lack of legal relationship—with her child born by her partner. The memorials they created also speak to the depth of their experience of losing their daughter Hayden at eight weeks. This memory box holds a remembrance bowl for Hayden. It sits prominently in their bedroom beside the urn that holds her ashes, along with the sentiments that friends and family wrote during a ceremony to honour Hayden.

[Insert Figures 2 & 3]

Many participants also shared the birth announcements that they had made for the child or children that they had lost, as well as their subsequent children, which served as a commemoration for themselves and their community. Giovanna, a single lesbian mother from

Italy, sent the following birth announcement to her friends and family, following the death and birth of her eight-month-old son, Jacob.

In loving memory of my beautiful and perfect baby boy
Conceived on May 8th, 2010
Flew away with the angels on January 10th, 2011
Was born sleeping on January 11th, 2011
Was due on February 7th, 2011
...
I will forever be proud of my beloved son,
Your existence inside me gave me the happiest and most wonderful 8 months of my life. I am grateful we shared so much during the short time we had together.
My life will never be the same again.

Thank you [Jacob], I will miss you so much,
ti amo pulciacchiott,
La tua mamma

Thalia, a lesbian mother from Canada, sent the following birth announcement with the words to “You are my Sunshine” printed on the reverse.

To deny our grief is to deny our love—for we loved her way before she was here
...
Thank you for sharing in our joy when we were expecting [Rachel]
And for sharing in the sorrow of losing our little girl.
We hurt knowing that she never got to see how many people were looking forward to meeting and loving her.

Others posted their memories and requests to social media, a medium that scholars have described as a form of “self-documentation,” an “extension” of forms such as personal diaries,
snapshots, and even formal autobiographies (Kitzman 44). Online forums also frequently serve as a space for what sociologists Deborah Davidson and Gayle Letherby describe as “griefwork” among bereaved parents and their support communities (214). For instance, Karrie—a lesbian mother of four, who lives with her partner Stacia in a rural US community with few other LGBTQ families in her immediate circle of friends—posted the following on Facebook:

Karrie Sands

It’s October 16th again. Eight years ago today, I held my beautiful baby girl in my arms, and tried to figure out how to say hello and goodbye all at once.

This morning I sat down with [my twins], and told them the story of their oldest sister. (It’s something I did with [Arielle, my second daughter] when she was an infant, too.) I know it will be years before they understand, but for now, I want them to have heard. I want them to know that this family is bigger than just what they see. I want them to know who she is, and why she’s important. I want her to know, too—she must know, wherever she is—how much she is remembered and loved…

As we do each fall, we will make a birthday donation in her name. This year, the charity we have chosen is MyStuff. Children who are taken from abusive situations to shelters or foster care often must leave behind all their belongings. MyStuff provides kids in crisis with a duffel bag full of toys, books, toiletries, a stuffed animal and a blanket. Their goal is to provide a bag to each of the 300,000 children who face these situations each year. You can join us in celebrating [Sammy’s] life with your own donation, at www.mystuffbags.org.

It’s hard to believe eight whole years have gone by. When I close my eyes, it feels like just yesterday. Nothing—nothing—will ever erase the love I feel for this precious child. Having the chance, however brief, to be her mother, far outweighs the pain of losing her.

Happy Birthday, precious child. You will live on forever in my heart.

Karrie and Stacia lost Samantha at term (just before forty weeks), and each year, they pick a different charity to support—and encourage their friends and family to do so—in her memory.

The post above received many “likes” and sentiments of support from friends and family, which attests to the forms of community that can support families experiencing loss.
To mark what would have been the second birthday of her son, Giovanna, who was introduced above, sent the following e-card to friends and family that read:

Today … is my son’s [Jacob’s] second birthday: I would like to remember and commemorate him with joy and gratefulness and not just with sadness and longing, would you want to help me? In this case, could you do a “random act of kindness” in [Jacob’s] name and let me know about it? These will be his birthday presents from all of you! This good deed could be towards a human being, an animal, a donation to an association … anything that comes to your mind!

Giovanna also included her first son in the birth announcement she mailed to family and friends for her subsequent son Joshua, keeping the memory of the child she lost integral to the vision of family she sought to convey to her community of family and friends: “[Joshua’s] big brother and guardian angel [Jacob] will always be with us.” Both of these examples express a public (re)acknowledgement of loss that was important in many of the interviews, and indicates an engagement with community around grief and queer experience. Others created physical memorials themselves to honour their children. Amelia and Selena, queer and bisexual women (respectively) living in an urban neighborhood, developed a free lending library that they placed in front of their home in honour of their living son, and their son who was stillborn at thirty-eight weeks.

Michelle and Char—lesbian women who had divorced after experiencing a twelve-week loss but remain committed to co-parenting their subsequent twins—made a more private memorial with an icicle ornament that they hung together each year at the top of their Christmas tree in honour of their first child.
Although ceremonies and physical memorials appeared more common for children who had passed away later during a pregnancy, or who were removed following an adoption placement, parents with a wide variety of reproductive experiences chose to memorialize their experience with tattoos. For instance, Nora and Alex, introduced above, envisioned matching tattoos to mark their experience together. Nora’s iris, inked on almost the full length of her back, was a significant commitment of remembrance for their daughter. Alex explained: “we both would ultimately like to get the iris tattoo. Nora got it right before I got pregnant, and so I plan on getting it after I finish breastfeeding.”

Leah and Jessica, from Maryland, got matching tattoos of the Hebrew transliteration of the letters “V-V-L-B-Y” for Wallaby, which is what they called their unborn baby. Jessica wrote about this experience in an email. “A friend of ours, upon seeing it (because handwritten Hebrew can be so subjective), said: ‘Before reading that it was ‘Vallabee,’ I read it as: ‘oo-levei,’ or, ‘of my heart.’ That always made me happy too.” In this case, their tattoos have functioned not only as a memorial but as part of their long-term healing and their connection to wider communities of support.
As Deborah Davidson writes in the introduction to *The Tattoo Project*—a 2016 edited collection featuring analysis of “The Tattoo Project,” the online digital archive of commemorative tattoos, by archivists, social scientists, and digital humanists—“tattoos puncture and disrupt; what was once unseen appears” (1). Tattoos commemorating reproductive loss offer possibilities for managing grief and engagement with community, particularly when they do not outwardly resemble a memorial as other commemorative tattoos that include more identifiable details (such as birth and death dates for a loved one) can. Many memorial tattoos representing experiences of reproductive loss are symbolic and hold a subjective meaning to their bearer—a way for “the griever to seek and receive support from others” (Davidson and Duhig 66).

In this context, it is significant to note that almost all of the memorial tattoos are in public, visible places on participants’ bodies—even if not always identifiable to someone who does not know their experience. This suggests that the grieving process is a communal one, especially in the ways bereaved parents have shared the meanings of their tattoos with others. As Andreas Kitzman writes of commemorative tattoos about loss or trauma: “[they can function] as conduits for autobiographical narratives to pass through. They remain closed when necessary, but once opened by permission of the host, allow for meaningful exchange of cherished memories and the recantations of life-changing events” (43).

As with those Davidson interviewed in her research on grief and bereavement, it was common among those Christa interviewed to emphasize the importance of talking about death and the child they lost, despite—and sometimes because of—the social taboo of talking about death and
adoptive loss. This was particularly heightened for LGBTQ parents who shared concerns about not only the taboo of talking about death and grief but also their efforts to create families outside of heteronormative expectations. Deborah Davidson and Angelina Duhig write:

Talking about one’s tattoo becomes a method to maintain a memory of someone in our external environment but also introduce this person to new acquaintances by bringing knowledge of their existence into our new relationships. The tattoo allows the bearer to do this with more ease, as the image can normalize conversations about something that would otherwise be a difficult dialogue, and serves as an intuitively yet universally experienced channel whereby this becomes possible. (89)

Although many LGBTQ participants did find ways to normalize conversations about their experiences of reproductive loss, many were also cautious about doing so in spaces where they were concerned about a homophobic response. Most had alternative or generalized explanation of their tattoos ready to share as well.

Some commemorative tattoos also incorporated all of the participant’s children. Danielle, a femme lesbian, has this tattoo on her foot with the Latin words for “Let your light shine.” The sun and the moon represent her twins, five years old at the time of the interview, and the three stars represent three of her losses. She had plans to add a fourth star for her most recent miscarriage.

[Insert Figure 8]

The continued griefwork that the permanency of memorial tattoos encourages creates a form of embodied memorialization extending far beyond the individual or family that has experienced the loss. In fact, contributors to The Tattoo Project found that commemorative tattoos—
including memorials but also other life events, such as survival after sexual assault, educational achievements, spiritual connections, military service, self-forgiveness, and friendship—are relatively common. Tattoo artists interviewed for the book estimated commemorative tattoos represented from 50 percent to 90 percent of all tattoos (6-7).

A significant aspect of commemorative tattoos, but cannot be explored fully here, is that they were accessible to parents across the socioeconomic spectrum. Although a memorial tattoo often costs several hundred dollars, a full burial service frequently costs several thousand. Anthropologist Ken Colson has suggested that the association of tattoos with “low status and marginal or deviant occupations and behaviors” (18) has limited research on memorial tattooing. Yet his research on tattoo testimonials from major tattoo magazines in the United States uncovered what he termed “conventional motifs” (such as the icons and epitaphs common on gravestones) and “unconventional motifs,” often stylized tattoos that were indistinguishable from other tattoos unless the bearer shared their meaning (Colson 18). For many participants in our research, tattoos with “unconventional motifs” offered a relatively low-cost, but high-impact commitment to memorializing their experience and to managing support from others, as they chose to share or not share the meaning behind it.

In a final example, Tanea also incorporated her experience of loss into an existing tattoo incorporating part of a quote from Langston Hughes, “Free within Ourselves” and birds in flight encircling her forearm, that had important meaning for her as a Black, queer woman. She explained this in the interview:

When people ask about the meaning, it’s sometimes easier just to focus on the words, as they apply to race and sexuality and the freedom to be true to oneself, loving yourself in spite of the obstacles before you. The birds are meant to connect to those words and ideas, but for me th[ey] have another meaning, too.
During my pregnancy, images of birds kept coming up for me, and I felt that they represented, in a way, the next chapter of my life. I was planning on decorating the baby’s room with birds, and for a while, I was considering getting a dove tattoo after the baby was born. Of course, all of that symbolism shifted when the baby died. But these birds still represent to me new life, unconditional love for self and others, and freedom. They remind me that I don’t have to let go of all of the positive changes the baby brought to my life—changes like focusing more on self-care than I ever had before, and trusting in the path I'm walking, even if I meet unexpected turns. And the act itself, of putting this art permanently on my body, also holds meaning, as this baby’s love was so special to me, and I know it will never leave me.

[Insert Figure 9]

For Tanea, part of her healing process toward “freedom” and “loving [her]self” was letting go of an abusive relationship with an ex-boyfriend she had been in when the baby was conceived. As she explains, her tattoo holds multiple meanings, and like many of the others presented above, ones that she can choose whether to share with others.

**Conclusion**

Creative responses to loss represent a beginning for many LGBTQ families, not merely the end of a life they cherished. The beginning often takes the form of seeking support and conversation within their communities. Rodríguez’s call to reconfigure an understanding of queer sexual politics with consideration of both utopian longings and everyday failures resonates with memorializing queer reproductive loss in important ways. Creativity in memorialization offers one space within with to challenge heteronormative, and even homonormative, notions of family formation. Reproductive futures for queer families that incorporate grief, sorrow, longing, and
loss have the potential to destabilize “success” narratives in a political moment that valorizes nuclear families within queer communities. The examples in our research suggest that the possibilities for memorialization of reproductive loss can push the boundaries of identity, notions of family, and experiences of grief that serve an important role in queer reproductive experience.

**Endnotes**

1 The terminology here—as with much discussion of queer identity and experiences of reproductive loss—is imperfect. Some researchers prefer “social” mother/parent or “other mother” to identify a parent who did not experience a physical pregnancy, although we feel that these identifiers downplay the shared parenting role. Additionally, in the age of assisted reproduction, a “social” parent may indeed be biologically related to a child if in-vitro fertilization was used or a family member donated sperm. Similarly using “non-biological” can also be inaccurate. We settle on “non-gestational” in this chapter to highlight the ways in which being pregnant, particularly the physical appearance of pregnancy and its subsequent absence in the case of second and third trimester pregnancy loss, infuses the experiences of some queer parents differently than others.

2 Many thanks to Christa’s research assistants Edie Anderson, Jacob Danko, and Abigail Boll for contributing to the search for this information.

3 All names, including those of family members, are pseudonyms. Demographic data is provided for context and where relevant to the participant’s experience, but it is limited in order to preserve confidentiality.

4 Many interview participants generously donated photographs and announcements to include in this project. Christa Craven collected each image and received written permission for its use in publications from the creator. In the interests of maintaining confidentiality, no formal attribution is provided.

**Works Cited**


