Growing trans inclusive perinatal mental health services

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Warming the Whare Project

Learning outcomes

- Understand the need for trans inclusive perinatal mental health services
- Explore key components to growing trans inclusion in services
- Apply learnings from the Warming the Whare project to your own setting

Ko wai tātou?

Why trans inclusive perinatal mental health services?

- Trans whānau experience higher levels of distress in general

- 77% of participants reported *high* or *very high* psychological distress, compared to only 12% of the general population.
- (Counting Ourselves, 2022)

- Perinatal care can be a driver of distress for trans whānau
- Perinatal Mental Health Services (PMHS) may be percieved as unsafe

"The incredibly gendered space of pregnancy, childbirth and post-partum care did huge amounts of damage to my mental health, my physical health, my sexual health and my sense of identity. My experiences forever changed my relationship with my whare tangata [uterus]." (Non-binary, adult)" (Counting Ourselves, 2022)

(Kirubarajan et al., 2022)

- Lack of system and workforce readiness
- PMHS committed to expanding their model of care to ensure their services are safe and inclusive for trans whānau

(Miller et al., 2025)

Warming the Whare Project

- A three- year relationship-centered participatory action research project funded by Health Research Council of NZ
- Implementing and evaluating Te Whare Takatāpui and the Warming the Whare Guideline in two perinatal mental health services to build their capability for trans inclusion
- Poses the question: *“How might we change things at the same time as studying them?”*

Our approach

Exclusion in reproductive and perinatal healthcare is a systemic problem and is unlearned through:

1. Cultural humility
2. Intersectionality
3. Te Tiriti o Waitangi responsiveness

Cultural humility:

- Learning about ourselves first
- Trans exclusion is a structural injustice embedded throughout the service and wider system

Intersectionality:

- Look to see where trans exclusion is entangled with other forms of exclusion and harm e.g. racism

Te Tiriti informed:

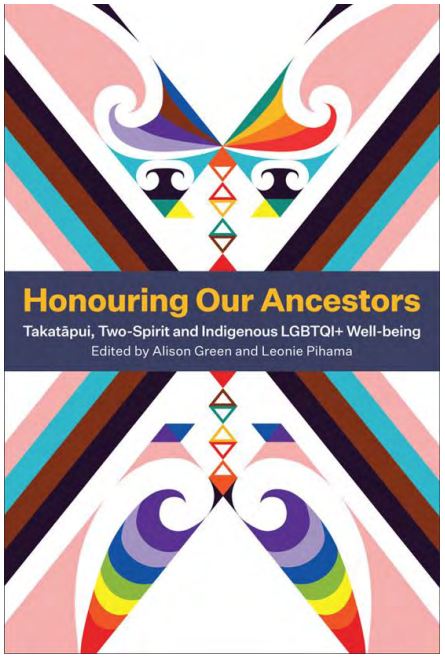
- Takatāpui self-determination in the research
- Centre mātauranga Māori with oversight and accountability

Te Whare Takatāpui

Developed by Takatāpui activist and scholar, Dr Elizabeth Kerekere.

A conceptual wharenui (ancestral meeting house) to shelter and nurture all Takatāpui/LGBTIQ+ and their whānau.

- Whakapapa (genealogy)
- Wairua (spirituality)
- Mauri (life spark)
- Mana (authority/self-determination)
- Tapu (sacredness of body and mind)
- Tikanga (rules and protocols).



The Warming the Whare Journey

- The health service is at the centre of the project
- Researchers and whānau with lived experience wrap support around the service to:
  - Self-reflect and collectively reflect
  - Prioritise change activities
  - Implement and evaluate
- The health service becomes a resource and peer leader in the wider system

Phase 1: Project induction process (the first reflection phase)

Phase 2: Prioritisation framework development (the first action phase)

Phase 3: Implementation and evaluation (the second action phase)

Phase 4: Development and dissemination of the blueprint (the second reflection phase)

Phase 3 Implementation priorities

1. Service name considerations
2. Documentation which supports visibility and assists with individualising care
3. Physical spaces reflect inclusion, diversity and settle staff and clients wairua
4. Inclusive language embedded in practice
5. Education package development and delivery
6. Ongoing reflective practice around capability (MDT'S)

Reflection

- Ongoing reflection supports cultural safety and ongoing change
- What has reflection looked like in this process?

Language

- Inclusive or additive language supports visibility and welcomes people in

- What changes to language have you implemented?
- What has supported making these changes?

Challenges

- Acknowledging the challenges assists in clarifying values and ongoing commitment to inclusion
- How has the political environment impacted on the work?
- What values have supported your ongoing commitment?

Summary

- Initiate conversations around beginning this work at a service level
- Explore gender: what assumptions and norms are present in your service, self and practice
- Identify capabilities and gaps
- Build from smaller commitments to larger ones
- Practice makes perfect
- Commit to ongoing reflection and support

For reflection

- Where is the gender of service users assumed in your service or practice (if at all)? E.g. in service names, imagery, documentation, how you talk about or to people?
- How do you get information about service user's gender and pronouns?
- What do you know about the unique lived realities of trans family building? Where do you get this information?
- What reflective work have you done/are you doing on your own gender and values and norms around family building and how these shape your practice with diverse whānau?

References and useful sources of information

Counting Ourselves report https://countingourselves.nz/2022-survey-report/

Kerekere (2017). Part of the whānau: The emergence of **takatāpui** Identity-he whāriki **Takatāpui**. **https://openaccess.wgtn.ac.nz/articles/thesis/Part_of_The_Wh_nau_The_Emergence_of_Takat_pui_Identity_-_He_Wh_riki_Takat_pui/17060225/1?file=31547636**

Kirubarjan et al, (2022) LGBTQ2S+ childbearing individuals and perinatal mental health: a systematic review https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/1471-0528.17103?casa_token=MzSj2-sqGe0AAAAA:4RS6nni2KnQ8eLyGiarwx9AlsO7MgbXspyDsivjD9eSH0w3QD5QaKZxgvvYg2YCTy9OGYqy_J0_Ojfg

Miller et al (2025). Understanding midwives' perspectives about **trans** inclusion in **perinatal** care in Aotearoa New Zealand: A national survey

Parker et al (2023). Warming the Whare Report and Guideline https://openaccess.wgtn.ac.nz/articles/report/Warming_the_Whare_for_trans_people_and_wh_nau_in_perinatal_care/23918700?file=41954733

Parker et al (2025) Warming the **Whare**: an Indigenous knowledge centered guideline for trans health justice in perinatal care https://www.tandfonline.com/doi/full/10.1080/26895269.2025.2476231

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