Lactation Affirming Practices for 2SLGBTQIA+ Individuals

This resource provides evidence-informed guidance for providers of perinatal care for Two-Spirit, lesbian, gay, bisexual, trans, queer, intersex, and asexual (2SLGBTQIA+) individuals. The purpose of this document is to review inclusive and affirming language related to lactation, highlight options available for individuals depending on their parenting role and interest in human milk feeding, review some common assumptions regarding lactation, and give some examples for an affirming care approach in this population.

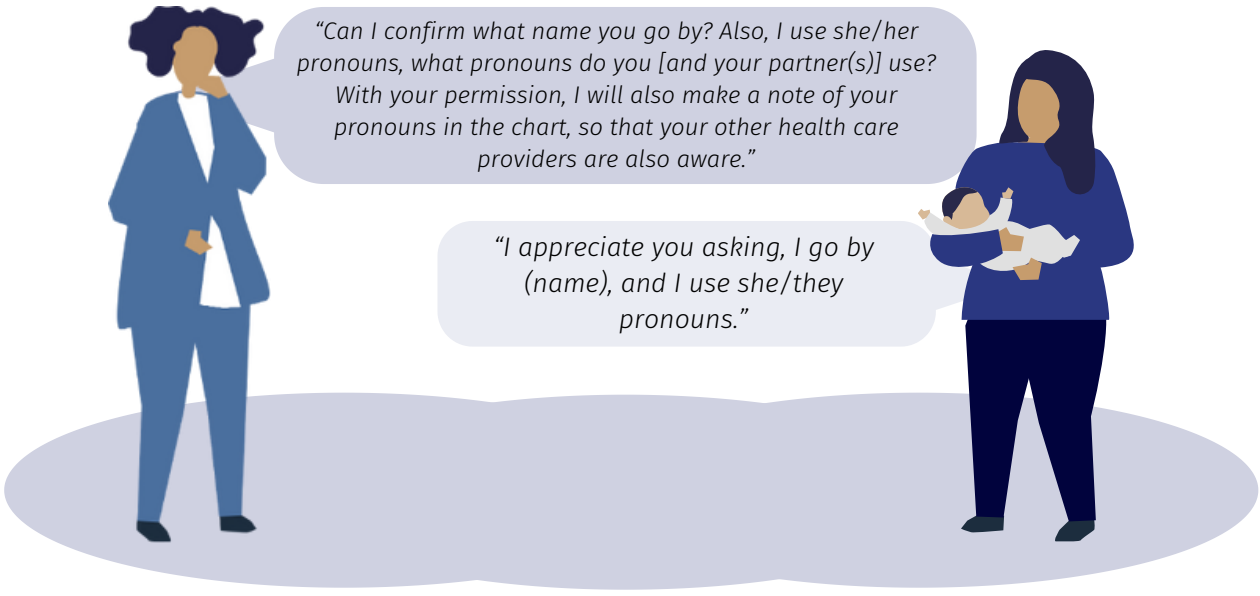
TERMINOLOGY

When providing health care to 2SLGBTQIA+ individuals, it is imperative to use inclusive, affirming, and culturally competent language.[1-3]

Brief Note: We consider the acronym 2SLGBTQIA+ to be the most contemporary and inclusive acronym for sexual and gender minority communities. Nevertheless, language is dynamic and shifts over time.

For a glossary related to 2SLGBTQIA+ identities, see:
https://www.lgbtqhealth.ca/_files/ugd/1332d5_b6d5c2e0b13d4891b2b3b2d1ed0d8740.pdf

It is important to ask 2SLGBTQIA+ individuals in a respectful way how they identify their gender identity and then consistently use this term. Make sure the preferred terminology is included in notes and documents to facilitate consistency among other care providers.



The terminology around lactation is continuously evolving to adapt to different populations. While some people who identify as women might feel comfortable with the term breastfeeding, it is best not to assume that it is the term they want to use, and it is always better to ask for their preferred term.

Alternative neutral terms for breastfeeding:

- Lactation
- Human milk feeding
- Nursing

Transgender people might opt for:

- Chestfeeding
- Bodyfeeding

PARENTING ROLE AND LACTATION OPTIONS

There are unique issues related to lactation for 2SLGBTQIA+ people. Some of these issues arise because in 2SLGBTQIA+ families, there may be multiple parents able to and/or interested in nursing. Because of the lack of information available, some trans and gender diverse parents may wish to body-feed their children but might be uncertain about whether or how this is possible.

1. **Ask about their interest in lactation options.**
   Avoid assuming that someone will or will not be interested in lactation based on their gender, presence/absence of breasts or breast tissue/glands (in the case of mastectomy) or parenting role.

2. **Be ready!**
   Have the knowledge and confidence to provide 2SLGBTQIA+ parents & expecting parents with information about their lactation options. Do not assume that other perinatal care providers have provided this information.

3. **Share Information!**
   Seek out and share current information about lactation that can support 2SLGBTQIA+ parents in making informed decisions about lactation options for their families.

LACTATION OPTIONS

Lactation: production of milk by the birthing parent due to hormonal changes.

- It is important to ask the birthing parent, regardless of their gender, about their thoughts and feelings regarding lactation in a respectful way. The above is key for providing gender-affirming care, creating a supportive space, and avoiding making assumptions about a person's plan toward lactation due to their gender.

Induced lactation: starting the production of milk in the absence of a pregnancy using medications.

- It is possible to induce lactation in non-birthing parents of all genders who wish to lactate, have breast tissue/nipples, and do not have any medical contraindications.[4-5]
- A non-birthing parent might want to lactate to form a secure attachment with their baby or to contribute to the best possible nutrition for their baby.
- A non-birthing parent might want to induce lactation because the birthing parent is not able to lactate or does not want to.
- Induced lactation can take time, effort, and extra resources. This may increase stress levels in the individual and/or family. It is important to talk about these risks with the individual and/or family and weigh them against other feeding options.
- Considerations in determining whether induction of lactation is possible include whether the parent has undergone any top surgery (removal of breast tissue/nipples, or breast augmentation), if they are taking any type of hormone replacing therapy, and any family history regarding blood clotting (among other contraindications).[4]

Co-lactation: One parent is lactating naturally, and the other one induces lactation; or more than one parent induces lactation.

- A non-birthing parent might choose to co-lactate (i.e., sharing nursing with the birthing parent) to form a secure attachment with their baby, to contribute to the best possible nutrition for their baby, or to share a caregiving role.
- It is important to create a plan of action in terms of goals, expectations, duties, milk supply, and workload for the parents who are co-lactating.

Use of pumped or expressed milk from birthing parent: The birthing parent produces milk due to hormonal changes and the co-parent uses that milk to bodyfeed the baby.

- A non-birthing parent might want to breast/chest feed using pumped or expressed milk from the gestational parent to form a secure attachment with their baby.
- The benefit of this practice is that the non-birthing parent gets to bond with the baby, there is no need to induce lactation in the co-parent, and the gestational parent's supply is not affected because they are pumping to produce milk for the co-parent to use.
- The non-birthing parent can use a supplemental feeding tube at the breast/chest that encourages the baby to stay latched.[4] Another option is opting for bottle feeding while their baby finds comfort and connection by suckling at the (dry) breast/chest.[6]

Milk sharing: Parent(s) acquire human milk for their baby through a human milk bank or a milk sharing network in their community.

- The birthing parent might not be producing enough milk or might not want to lactate.
- The non-birthing parent might not want to induce lactation, might not produce enough milk, or might not want to lactate.
- The benefit of this practice is that the baby will receive the advantages of breast milk, including optimal nutrition, antibodies that can protect against certain infections, and easier digestion.
- Human milk banks provide donor milk that has been screened and pasteurized, thus minimizing risks to the baby.[5-7] In Ontario, there is only one licensed human milk bank, The Rogers Hixon Ontario Human Milk Bank, and the milk is only available for sick hospitalized babies, usually those who are high-risk and preterm.

- A parent(s)' decision to milk share through their network or community might be influenced by lack of access to a milk bank, social and cultural reasons, or resisting the medicalization and institutionalization of breastfeeding.[8]
- If your client is thinking about milk sharing with someone outside their family unit, to promote an informed decision you should share the risks of this practice (e.g., lack of control over hygiene, transmission of certain bacteria, viruses, medication, and drugs, risk of contamination during transportation and possible dilution of the milk with other substances), the importance of medical screening of the donor, and the benefits of this practice.[5-9]

TRUE OR FALSE?

All people with breast tissue/nipples will desire to nurse.	Inducing lactation is an option that can be considered by anyone who has breast tissue/nipples, regardless of their gender identity or assigned sex at birth.	There is standard language that should be used to refer to lactation for all individuals.
False	**True**	**False**
There are many reasons why a person with breast tissue/nipples may not desire to nurse, both related and unrelated to sexual orientation and gender identity. This is also true for people who identify as women – some will desire to nurse, and some will not. It's important to ask in a non-judgemental way about each person's desires and concerns related to nursing.	Medically induced lactation can be possible for individuals of any gender (including trans women and cis men), depending on factors such as use of hormone therapies, past surgeries, and medical contraindications.[4-5] Having had chest (top) surgery does not necessarily rule out the possibility of inducing lactation.[5] Many non-birthing parents may not know that lactation could be an option for them – this is important information for you to share.	Particularly for trans and gender diverse people, there is a range of terms that may be preferred. It is important to directly ask clients what terminology they prefer. Also, be mindful that terms as well as identities are fluid and ever changing, thus, it is not uncommon that individuals may change their preferred terminology during the time you provide care to them.

GENDER-AFFIRMING CARE

A crucial part of lactation support for trans, Two-Spirit and gender diverse parents is to provide gender-affirming care which requires the provider to actively affirm the gender identity of the individuals they are supporting.[10] Gender-affirming care is about finding a way to support the individual and their family in terms of presenting their "true, authentic self from a physical and emotional perspective."[10]

Providing gender-affirming care is important to reduce gender dysphoria.

- ✓ Use gender-affirming language and images on intake forms, on all documentation, and any organization resources (e.g., handouts, posters).
- ✓ Use individual's preferred language for both the process of chestfeeding/nursing and for the involved body parts.

Gender Dysphoria

This is a term used to describe feelings of distress that result from a disconnect between one's desired and actual experience of one's body or gender presentation. Because of bodily changes, experiences of pregnancy, childbirth, postpartum or breast/chestfeeding may lead to or exacerbate gender dysphoria.[11-13] Gender dysphoria does not look the same for every transgender person and not all trans individuals experience gender dysphoria.[14] For some individuals, experiences of gender dysphoria may contribute to the development of mental health concerns. It is important to frequently ask about an individual's mental health concerns and well-being during pregnancy and the postpartum period.

Discrimination and non-affirming health care, including assumptions about the reproductive organs as 'female,' and the inconsistent use of pronouns, can be triggers for gender dysphoria.[12-13,15-16]

- ✓ Offer to talk about any lactation-related concerns or questions about hormone therapy or other gender-affirming interventions.
- ✓ Answer questions, or refer to a clinician who can speak knowledgeably, about hormone therapy or other gender-affirming interventions.
- ✓ Open up space, using the principles of gender-affirming care, to talk about how the person is managing any lactation-related changes in their appearance and gender expression at work or school.
- ✓ Check-in more than once during care to ask about pronouns and sexual or gender identity since these are fluid and can change. Therefore, the desires and plans of the person or family towards feeding their baby could also be shifting. It is more respectful to ask and not to make assumptions.

RESOURCES

Healthcare professionals	Pregnant/expecting or parenting individuals
RNAO (2021). Promoting 2SLGBTQI+ Health Equity. Best Practice Guideline. MacDonald, T et al., (2016). Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: A qualitative study. BMC Pregnancy and Childbirth, 16(1), 106. Academy of Breastfeeding Medicine (United States) (2020). Clinical Protocol: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer Questioning Plus Patients. Schnell A. (2022). Successful Co-Lactation by a Queer Couple: A Case Study. Journal of human lactation	Birthing and Breast or Chestfeeding Trans People and Allies: Facebook Group La Leche League International: Support for Transgender & Non-binary parents La Leche League International: Breastfeeding Without Giving Birth La Leche League USA: My Journey: Non-Binary Nursing Trevor MacDonald: Transgender parents and chest/breastfeeding

REFERENCES

[1] Rossi, A. L., & Lopez, E. J. (2017). Contextualizing competence: language and LGBT-based competency in health care. Journal of Homosexuality, 64(10), 1330-1349. https://doi.org/10.1080/00918369.2017.1321361

[2] Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emlet, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. Journal of Gerontological Social Work, 57(2-4), 80-107. https://doi.org/10.1080/01634372.2014.890690

[3] Ross, L. E., Steele, L. S., & Epstein, R. (2006). Service use and gaps in services for lesbian and bisexual women during donor insemination, pregnancy, and the postpartum period. Journal of Obstetrics and Gynaecology Canada, 28(6), 505-511. https://doi.org/10.1016/S1701-2163(16)32181-8

[4] Ferri, R. L., Rosen-Carole, C. B., Jackson, J., Carreno-Rijo, E., Greenberg, K. B., & Academy of Breastfeeding Medicine (2020). ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients. Breastfeeding Medicine, 15(5), 284–293. https://pubmed.ncbi.nlm.nih.gov/32330392/

[5] La Leche League International. (2024). Breastfeeding Info Transgender & Non-binary Parents. Retrieved April 12, 2024, from: https://llli.org/breastfeeding-info/transgender-non-binary-parents/

[6] Schnell, A. (2020). Breastfeeding Without Giving Birth. La Leche League International. Retrieved from: https://llli.org/news/breastfeeding-without-giving-birth-2/

[7] The Rogers Hixon Ontario Human Milk Bank. (2024). Facts about Donor Milk. Retrieved from: https://www.milkbankontario.ca/about-us/facts-about-donor-milk/

[8] Paynter, M. J., & Goldberg, L. (2018). A critical review of human milk sharing using an intersectional feminist framework: Implications for practice. Midwifery, 66, 141-147. https://doi.org/10.1016/j.midw.2018.08.014

[9] Sriraman, N. K., Evans, A. E., Lawrence, R., Noble, L., & Academy of Breastfeeding Medicine's Board of Directors (2018). Academy of Breastfeeding Medicine's 2017 Position Statement on Informal Breast Milk Sharing for the Term Healthy Infant. Breastfeeding medicine : the official journal of the Academy of Breastfeeding Medicine, 13(1), 2–4. https://www.liebertpub.com/doi/10.1089/bfm.2017.29064.nks

[10] Smith, T. M. (2021). What to know about gender-affirming care for younger patients. American Medical Association. Retrieved from: https://www.ama-assn.org/print/pdf/node/79151

[11] De Castro-Peraza, M. E., García-Acosta, J. M., Delgado-Rodriguez, N., Sosa-Alvarez, M. I., Llabrés-Solé, R., Cardona-Llabrés, C., & Lorenzo-Rocha, N. D. (2019). Biological, psychological, social, and legal aspects of trans parenthood based on a real case—a literature review. International Journal of Environmental Research and Public Health, 16(6), 925. https://doi.org/10.3390/ijerph16060925

[12] Greenfield, M., & Darwin, Z. (2020). Trans and non-binary pregnancy, traumatic birth, and perinatal mental health: A scoping review. International Journal of Transgender Health, 22(1-2), 203-216. https://doi.org/10.1080/26895269.2020.1841057

[13] Obedin-Maliver, J., & Makadon, H. J. (2016). Transgender men and pregnancy. Obstetric Medicine, 9(1), 4-8. https://doi.org/10.1177/1753495X15612658

[14] Kirczenow, T., Walks, M., Biener, M., & Kibbee, A. (2020). Disrupting the norms: Reproduction, gender identity, gender dysphoria, and intersectionality. International Journal of Transgender Health, 22(1-2), 18-29. https://doi.org/10.1080/26895269.2020.1848692

[15] Falck, F., Frisén, L., Dhejne, C., & Armuand, G. (2020). Undergoing pregnancy and childbirth as trans masculine in Sweden: experiencing and dealing with structural discrimination, gender norms and microaggressions in antenatal care, delivery and gender clinics. International journal of transgender health, 22(1-2), 42-53. https://doi.org/10.1080/26895269.2020.1845905

[16] Brandt, J. S., Patel, A. J., Marshall, I., & Bachmann, G. A. (2019). Transgender men, pregnancy, and the "new" advanced paternal age: A review of the literature. Maturitas, 128, 17-21. https://doi.org/10.1016/j.maturitas.2019.07.004

Acknowledgements: We want to thank Jen Goldberg, RM, MPH, PhD(c) and Susan Jack, RN, PhD, FCAN, FAAN for their support in reviewing this document and their valuable feedback.

Citation: Andrade-Romo, Z., & Ross, L., on behalf of the PHN-PREP Project Team (2024). Lactation affirming practices for 2SLGBTQIA+ individuals [Professional Resource]. School of Nursing, McMaster University.