NEW MEXICO BREASTFEEDING TASK FORCE

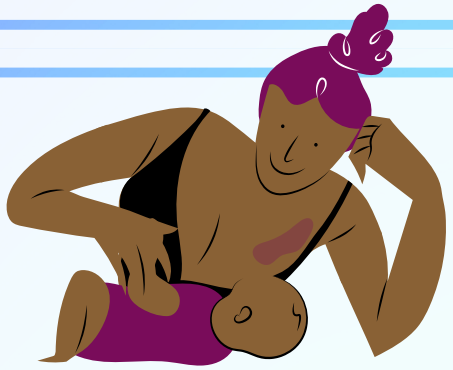
Human Milk Feeding in our LGBTQ+ Families

A RESOURCE GUIDE FOR FAMILIES, LACTATION CARE PROVIDERS, DOULAS, & PEER SUPPORT PEOPLE

SOME BENEFITS OF HUMAN MILK FOR INFANTS & CHILDREN

- Human milk provides ideal nutrition for babies - everything baby needs for the first 6 months of life, in all the right proportions. Its composition even changes according to the baby's changing needs, especially during the first month of life.
- Bodyfeeding encourages skin-to-skin contact and nurturing, working to soothe and comfort babies.
- Babies have fewer cases of ear infections, gastrointestinal infections, bacterial meningitis, urinary tract infections, late-onset sepsis in pre-term babies, and more.
- Reduced Sudden Infant Death Syndrome (SIDS) risk: Nursing your baby for at least a month or more reduces SIDS risks by 50%
- Human milk fed preterm infants have fewer hospital admissions in their first 3 years

SOME BENEFITS *for parents*



- Creates love & connection with your baby, giving parents oxytocin surges
- Reduced Incidences of postpartum depression
- Saves $$$
- Workplace productivity is boosted by fewer parental absences from work

GENDER & LANGUAGE

Gender Identity

- Female /Woman.Girl/She
- Male /Man/Boy/He
- Other Gender{s}/They/Them

Assigned Sex at Birth

- Female
- Male
- Intersex

Sexual Orientation

- Attracted to Women
- Attracted to Both/All/None
- Attracted to Men

Always use the pronouns that refer to an individual's expressed gender, not their assigned birth sex. For example, a male-to-female transsexual woman is 'she'. If you are unsure of which pronouns a particular individual may use, simply ask in a respectful manner. If you make a mistake, apologize promptly and move on. Some people use gender-neutral pronouns, such as 'them' and 'they' or 'ze' and 'zir'.

Please note that the trans community no longer uses the phrase "preferred pronouns" as it implies that trans people's pronouns are a preference, not a fact.

Use 'transgender' as an adjective, not a noun or verb.
He is a transgender person, not "He is a transgender."
A person is transgender, not transgendered. It is never necessary to add the suffix 'ed' to transgender.

Source: MilkJunkies.net

Avoid the phrases “biologically female (or male)”, “genetically female”, and “born a woman.” Biological sex is complex and it is dependent on multiple factors including chromosomes, hormones, secondary sex characteristics, and internal and external reproductive organs. Biological sex is not purely binary. It is more accurate and respectful to mention someone’s sex as it was “assigned at birth” rather than their “biological sex” or “genetic sex”. The phrasing “assigned at birth” reminds us that parents and health care providers commonly presume a baby’s sex and gender based on the baby’s visible reproductive organs.

Misgendering, or calling a patient by a name, pronoun, or parenting term other than their affirmed name/pronoun, is hurtful to the patient. When done intentionally, it may sever the patient/provider relationship and put the patient's health at risk. When done unintentionally, it is recommended to acknowledge the mistake, correct the pronoun, and continue with the visit using the correct pronouns and name. It is best that the mistake be acknowledged so that the individual feels respected, but prolonged attention on the mistake may take the focus off of providing appropriate and affirming health care.

What Is Chestfeeding & Body Feeding?

All humans have nipples and breast, or chest, tissue. Some people use the term “breasts” and some use “chest” to talk about that part of their body. Similarly, the term breastfeeding can be used to explain a method of feeding a baby, but some people will prefer chestfeeding, body feeding or nursing. Always talk with your client a bout how they prefer to talk about their body and feeding method for baby.

Source: MilkJunkies.net

COMMON LANGUAGE	NON-GENDERED ALTERNATIVES
Breastfeeding	Chestfeeding, Nursing
Breasts	Chest Nursing device, nursing pump
Breast Pump	Parent, Birthing Parent Non-gestational Parent,
Mom, Mother	Co-Parent(s), Partner(s), Support Network
Dad, Father	Labouring Person, Person in Labour, Birthing Person,
Women in Labor	Person Giving Birth
Woman, Women	Person with a Uterus, Egg Producing
Man, Men	Person Person with sperm, Sperm Producing Person

Source:https://www.nspirg.ca/wp-content/uploads/2021/06/Queer-Doula-Toolkit-2.pdf

LACTATION OPTIONS & STRATEGIES FOR LBGTQ+ PERSONS

Lesbian Parents

Most lesbian women who get pregnant and give birth can breastfeed their babies. One advantage families with two mommies have is that both parents may breastfeed their babies. If the non-gestational parent chooses to induce lactation, both moms can share in breastfeeding, or "co-nursing." Inducing lactation for the mother who doesn't give birth does requires time and preparation, but it can give her the bonding and maternal health benefits breastfeeding offers. Also, with co-nursing, there's so much more milk to go around, making everyone's breastfeeding goals a little easier. Many gestational mamas welcome the opportunity to share the responsibility of nighttime breastfeeding with their wife or partner!

Gay Parents

When two cisgender gay men choose to have a baby, either through adoption or surrogacy, they will be bottle feeding. But that doesn't necessarily mean feeding infant formula. There are many options to bottle feed human breastmilk from surrogates or a donor, to name two.

- **Surrogate Milk:** Couples who create their family with a surrogate often include lactation, pumping and the provision of human milk in their contracts. This lets baby receive milk that's full of beneficial hormones and antibodies and made to meet baby's individual nutritional and immunological needs.

- **Banked Donor Milk:** The Human Milk Bank Association of North America is 18 non-profit milk banks in the US and Canada that accept milk from donors who have been screened for substances and risk factors and tested for blood-borne diseases. Donated milk is tested and pasteurized before distribution. Milk banks primarily provide donor milk to hospitals, but they also provide milk for babies at home who have certain medical or feeding issues. Banked donor milk is a scarce resource so it's not usually available to healthy adopted babies, but there are some exceptions. Due to its scarcity and cost incurred with screening and processing, it's not cheap. Learn more at https://mothersmilkbanknm.org/

- **Informal Donor Milk Sharing:** Milk Sharing is as old as humanity. Some families still choose to use donor milk because of the significant health benefits of human milk. networks such as eats on feets, and human milk 4 human babies are one way families connect with donated milk. remember: selling or purchasing human milk is against the law in the U.s. and it is always important to practice consent and health screening when sharing milk with others.

Source: https://www.health4mom.org/lactation-options-strategies-for-lbgtq-persons/

Transgender Parents

Transgender mothers and fathers can make milk and feed their babies, just like cisgender women can. Both men and women have breast tissue—just add a functional pituitary gland. This process can be incredibly empowering and affirming for transgender parents; it can create feelings of gender dysphoria for others. Only you can decide what is right for you or your family.

- **Transgender Fathers:** Transgender men who choose to gestate and give birth may also choose to chest-feed/nurse their babies as the process is usually biological and physiologically normal. Transgender fathers who haven't been pregnant may also choose to induce lactation. In doing so, transgender fathers may experience breast tissue growth and swelling, both during pregnancy and the postpartum period, as their mammary glands begin lactating. Avoid binding during this process, especially after your milk "comes in" during the postpartum period, as this can lead to plugged milk ducts, mastitis, and a lot of pain and potentially, infection. Even if you have previously had surgery, you will likely still experience mammary growth, estrogen, progesterone, and prolactin will be busy doing their jobs. This may create feelings of gender dysphoria, particularly among men who never felt comfortable having breasts. Those feelings are OK! This is where lots of support and self-awareness are key. How much milk you make will depend in part on biology and technique, as well as whether you've had top surgery. If you've had this surgery, your milk production may be limited by the extent of glandular tissue that was removed. Still, regarding human milk feeding, every drop counts! Consider working with an LGBTQ-informed International Board Certified Lactation Consultant (IBCLC) at ilca.org to maximize your success.

- **Transgender Mothers:** There have been remarkable breakthroughs on lactation for transgender women. It's important to work closely with both an LGBTQ-informed endocrinologist and an IBCLC regarding which lactation induction method may work best for you, and success varies from woman to woman, depending largely on how completely developed a woman's breasts are before she begins the process of inducing lactation. In addition, gender affirming breast surgery is not required, and may make lactation more difficult.

Source: https://www.health4mom.org/lactation-options-strategies-for-lbgtq-persons/

SOME THINGS TO CONSIDER

CHEST BINDING

Some people may use chest binders, which are gender-affirming garments worn under shirts to flatten their chest. If a persont binds their chest and is pregnant or/plans to chestfeed, there are some considerations to be aware of. Chest-binding soon after delivering baby can increase the risk of blocked milk ducts and mastitis, or decrease milk supply. Sometimes, careful binding is possible, once lactation has been established, but this varies from person to person. Talk with your client about the possible consequences of this situation, such as dysphoria from not being able to bind and/or the impact of binding on lactation.

INDUCING LACTATION

Induced lactation is a researched practice widely used by parents of adoptive children or children born through surrogacy. Unsurprisingly, the research done on induced lactation for LGBTQ+ folks is significantly lacking. Anecdotal evidence indicates that induced lactation is possible for many types of bodies, including trans men and women. Assure your clients that trans or non-gestational caregivers are capable of chestfeeding, and refer them to a care provider with the credentials to help. Encourage your clients to read the protocols for themselves and take that information to their doctor or health care provider.

Typically, inducing lactation involves taking birth control pills (which mimic pregnancy) as well as an additional hormone for a number of months before baby is born. Then, birth control pills are stopped and pumping begins. It can be a lengthy process of pumping before milk production can start.

A reminder, that chestfeeding is not only about milk production. Skin-to-skin contact is important for baby's health and for creating bonds between baby and their caregiver. If your client has tried to induce lactation with no result, remind them that even if baby is latching with no result, they are spending important bonding time together. Chestfeeding can also continue with the help of an at-chest supplement feeder, often called a 'supplemental nursing system.' This is a common tool used for nursing parents who, for various reasons, might not be producing as much milk as baby requires. A thin, flexible tube is run from a bottle of milk and held at the nipple, into baby's mouth while nursing continues.

Source:https://www.nspirg.ca/wp-content/uploads/2021/06/Queer-Doula-Toolkit-2.pdf

LEARNING RESOURCES & INFORMATION FOR LGBTQ+ FAMILIES & THEIR PROVIDERS

Academy of Breastfeeding Medicine. **ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients:** https://www.liebertpub.com/doi/full/10.1089/bfm.2020.29152.rlf

Facebook-based Birthing and Breast or Chestfeeding Trans People and Allies: www.facebook.com/groups/TransReproductiveSupport

La Leche League International: **SUPPORT FOR TRANSGENDER & NON-BINARY PARENTS:** https://www.llli.org/breastfeeding-info/transgender-non-binary-parents/

Language: For more detailed information about using respectful, accurate language, see the GLAAD media guide: www.glaad.org/reference/transgender

Lee, Robyn PhD. **Queering Lactation: Contributions of Queer Theory to Lactation Support for LGBTQIA2S+ Individuals and Families.** Journal of Human Lactation Volume 35, Issue 2, May 2019, Pages 233-238. https://journals.sagepub.com/doi/epub/10.1177/0890334419830992

MacDonald, T. **Trans Women and Breastfeeding: A Personal Interview**, 2013, available at www.milkjunkies.net/2013/05/trans-women-and-breastfeeding-personal.html.

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MacDonald, T, et. al, **Transmasculine individuals' experiences with lactation, chestfeeding and gender identity: a qualitative study,** BMC Pregnancy and Childbirth, 2016. bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0907-y

Marcoux, Nicole and Roberts, Jordan. **Queer Doula Toolkit**. https://welcomebaby.labestbabies.org/wp-content/uploads/2022/08/Queer-Toolkit-for-Doulas.pdf

West, D. **Defining Your Own Success: Breastfeeding After Reduction Surgery**, La Leche League International, 2001. Contains information relevant to trans women and men who have had breast or chest surgery. Also see Diana's website: bfar.org.

Wolfe-Roubatis, Emily, and Spatz, Diane L. **Transgender Men and Lactation: What Nurses Need to Know**. 2015 Lippincott Williams & Wilkins. https://ksbreastfeeding.org/wp-content/uploads/2019/10/Transgender_Men_and_Lactation__What_Nurses_Need_to.6.pdf

United States Breastfeeding Committee (USBC). **LGBTQIA+ Resources and Pride Month.** https://www.usbreastfeeding.org/lgbtqia-resources-and-pride-month.html

Infant Feeding Plan

Birthing parent name: _____ (pronoun) _____.
Non-birthing parent name: _____ (pronoun) _____.
Baby name: _____ (pronoun) _____ Birthdate: _____
I/We would like to use the term: _____, for feeding baby.
Important information for our provider: _____
_____
_____
_____
_____
_____
Accessibility Needs: _____
Educational Needs: _____

ROUTINE/CHECK ALL THAT APPLY:

- ☐ **Skin to skin:** please place our baby skin to skin on my chest after delivery. Please do check-ups and procedures on our baby while they are skin to skin, when possible.
- ☐ **Emergency Cesarean:** if I am unable to hold the baby skin to skin at birth, please allow my (partner status)_____, (name)_____ to do so and latch for the first time.
- ☐ **Exclusive Bodyfeeding:** our goal is to exclusively bodyfeed our baby. Please do not give my baby any formula.
- ☐ **No bottles or pacifiers:** please do not give pacifiers or bottles without speaking with us first.
- ☐ **Feed on cue:** please help me to learn the signs that my baby is hungry and feed my baby when they are ready to eat.
- ☐ **Rooming in:** please help our baby and I stay in our room together 24 hours per day.

FOR CO-LACTATION/CHECK ALL THAT APPLY:

At the time of delivery, my (partner status)_____, (name)_____ is making _____mL per day of milk.

- ☐ Initial skin to skin and latch will be done by _____, if we are medically able.
- ☐ If I am not available after birth to do skin to skin and latch, please allow my _____, (name)_____ to do so and latch for the first time.
- ☐ After the first latch, we would like _____ to primarily feed the baby at the breast/chest/body.
- ☐ After the first latch, we would like to both feed at the breast/chest/body. We know that if we do this, whoever is not feeding baby will need to hand-express or pump milk, and this may result in a decreased milk supply. We also understand that if my (partner status) _____, (name)_____ is not making milk, a supplemental nursing system will need to be used. In all cases, baby's weight will need to be closely monitored.
- ☐ Please provide my (partner status)_____, (name)_____ help with a supplemental nursing system while in the hospital. After we go home, we would like to:
  _____

The benefits of human milk feeding are very important.
I/We would like to have our guidelines supported as long as it is medically safe.

WORKS REFERENCED

Academy of Breastfeeding Medicine. ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients: https://www.liebertpub.com/doi/full/10.1089/bfm.2020.29152.rlf

GLAAD Media Reference Guide: Transgender People. https://www.glaad.org/reference/transgender. Accessed on 9/30/22

LASHEA HAYNES, MED, MSN, APRN, AGCNS-BC, RNC, C-EFM. Human Milk is So Amazing; Here's Why!. https://www.health4mom.org/human-milk-is-so-amazing-heres-why/

Queer Doula Toolkit. NICOLE MARCOUX AND JORDAN ROBERTS/ Accessed on 10/4/22. https://welcomebaby.labestbabies.org/wp-content/uploads/2022/08/Queer-Toolkit-for-Doulas.pdf

Tips for supporting LGBTQ Families. B.J. Epstein Woodstein. https://abm.me.uk/breastfeeding-information/tips-for-supporting-lgbtq-families/. Accessed on 9/30/22

Trevor MacDonald. Transgender parents and chest/breastfeeding. https://kellymom.com/bf/got-milk/transgender-parents-chestbreastfeeding/

New Mexico
Breastfeeding Task Force

www.breastfeedingnm.org

The mission of the New Mexico Breastfeeding Task Force is to create environments in which lactation is the norm and human milk is available to all infants and children.

NMBTF's vision is a world without barriers to lactation.

The values of NMBTF include evidence-based practice, respect for all, consistent messaging, support, all voices heard, diversity, inclusion, and transparency.

The purpose of NMBTF is to bridge the gap in breastfeeding/chestfeeding disparities by ensuring all families have the support they need to reach their breastfeeding/chestfeeding goals. A breastfeeding/chestfeeding culture includes all forms of feeding human/mother's milk, including pumping, donor milk feeding, and milk sharing.