

# Chestfeeding 101: An Overview of Lactation Concerns for Transmasculine and Non-binary People

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August 2022

# Expectations for this presentation

I'll be asking a few questions during the presentation, participation is not required but is appreciated.

Please keep your answers concise so as not to crowd the chat box.

There will be a Q&A after the presentation, please put those questions in the chat box.

This will not be a forum to debate trans rights or whether 'they' is a grammatically correct singular pronoun.

My contact for questions you don't feel comfortable asking is [jbengelsman@gmail.com](mailto:jbengelsman@gmail.com).

# Learning objectives

1. You will be able to define terms related to transgender support and identify gender neutral language.
2. You will recognize different steps people may take when they decide to transition and how these steps may affect milk production.
3. You will be able to apply inclusive language to your notation and paperwork.
4. You will be able to recall ways to create a more gender inclusive environment.

# Agenda

- 1) Vocabulary
  - a) Gender inclusive terminology
  - b) Clinical language
- 2) Clinical tools for inclusion
  - a) SOAP
- 3) Easing gender dysphoria while lactating
  - a) Binding
  - b) Top surgery
  - c) Testosterone hormone treatments
- 4) Day-to-day inclusivity
  - a) Speaking
  - b) Learning more

# Why is gender inclusivity important?

- **Non-maleficance**
  - Not being sensitive to the specific needs of trans and non-binary patients harms their children.
- **Beneficence**
  - By the same token, if we are inclusive of gender diverse patients we doing good by their babies.
- **Justice**
  - If we don't discriminate against patients based on other factors, it is unfair to discriminate based on gender or gender identity.
- **Autonomy**
  - Patients have a right to choose what is best for them and their babies, if we withhold information for them to make an informed choice we are interfering on that right.

# Terminology for working with the trans community

- Trans or transgender
- Cis or cisgender
- Afab or amab
- Transmasculine or transfeminine
- Non-binary or enby
- Top surgery
- Gender dysphoria
- Misgender
- Dead name

# Words that are already gender neutral

- Lactate
- Milk
- Feed
- Parent
- Most of the tools we use  
(pump, shield, sns)
- They

**If you ever aren't sure of someone's gender, it is always grammatically and socially correct to use 'they'.**

# Words for genitals

- If you find it necessary to ask a client about their genitals; ask if they are comfortable using medical terminology.
- If they are uncomfortable with medical terms, ask what their preferred terminology is.
- Everybody has a perineum.



“...Although both men and women have breast tissue, the word ‘breast’ is more associated with the female sex which will generate discomfort in trans\* men who feel more comfortable with the term ‘chestfeeding’ than with the term ‘nursing.’”

# Gender inclusive paperwork

1. Preferred Name:
2. Name as it appears on insurance:
3. Pronouns (circle): he / she / they / something else \_\_\_\_\_
4. I prefer the term (circle): breastfeeding / chestfeeding / nursing / something else\_\_\_\_\_

# SOAP notes

- Subjective
  - What the patient reports is the problem
- Objective
  - What the clinician observes to be happening
- Assessment
  - What the clinician believes is causing the problem
- Plan
  - The treatment for the patient

# Subjective

Original- Reports concerns with latch. Reports initial latch in hospital was “fine” but seems to have gotten worse due to maternal nipple soreness. Mother reports she has difficulty breaking the latch when it is shallow, to attempt a deeper latch; as infant’s suck is strong. Only feeding on 1 breast at most feeds as infant falls asleep.

Modified- Reports concerns with latch. Reports initial latch in hospital was “fine” but seems to have gotten worse due to nipple soreness. Parent reports difficulty breaking the latch when it is shallow, to attempt a deeper latch; as infant’s suck is strong. Only feeding on 1 side at most feeds as infant falls asleep.

# Objective

-Breast appearance: Round, well developed, closely spaced and symmetrical, protractile nipples and pliable areolar tissue.

-Breast tissue (bilat): firm nipples (right, left not viewed today) STAGE 2 NIPPLE DAMAGE

For this one, the only change we could make would be to replace the word 'breast' with 'chest' or leave it off entirely. Given the context of the notes, if it just said Appearance and Tissue it would still make sense.

# Assessment

“Patient is a lactating adult female. Adjusting well to mothering this infant. Milk supply is adequate for this stage postpartum. Engorgement is occurring as infant is not fully draining the breasts. 50% of this visit spent in education and counseling re: general breastfeeding management.”

How can we modify this to be more gender inclusive?

# Plan

“Mom: Exclusively pump and bottle feed for 48 hours to allow nipples to heal. Pump both breasts every 2-3 hours for 15-20 minutes. Sore nipple care: medihoney, saline soaks, wash with soap and water once daily.”

How can we modify this to be more gender inclusive?

# Easing Dysphoria While Lactating





# Binding



*What is it?*

A binder is an undergarment used to flatten the chest and give a more masculine appearance.

*How does it impact lactation?*

Binding can be problematic during lactation. Discomfort, can lead to clogged ducts, mastitis, engorgement, etc.

Finding out you can't comfortably bind may cause patients to decide to stop lactating earlier than they had originally planned. Which is a mental health decision we need to respect.

# Top surgery



2 weeks + 6 days by Charles Hutchins at  
<https://www.flickr.com/photos/celesteh/4814682507/in/album-72157624451831368/>

*What is it?*

Subcutaneous mastectomy during which the NAC (nipple areola complex) might be removed and regrafted.

*How does it impact lactation?*

Was ductal tissue removed?

Were the nipple and areola removed?

If no, results would not be much different from a reduction mammoplasty. If yes, could result in difficulty expressing milk leading to clogged ducts, etc.

# Hormone treatments

## *What is it?*

Injections of testosterone to encourage masculinization such as facial hair growth, muscle development, and voice deepening.

## *How does it affect lactation?*

Testosterone is thought to inhibit milk production, however there is limited data.

Inhibiting milk production may be the desired outcome, however.

However, it does not affect milk quality so if you wanted to chestfeed and start taking testosterone, you definitely could.

Let's briefly touch on inducing  
lactation



# Who induces and why?

- Trans women who may be the biological parent of a child
- Cis women who are not a biological parent (families with multiple mothers)
- Other family members; sisters, aunts, cousins, grandmothers

## Why?

- Birth parent can't or doesn't want to
- To help their own bonding with the baby
- To share the labor of nursing

# How to do it?

Ideally start at the beginning of the second trimester.

Pumping is the most important part because you're trying to trick your body into thinking you have a hungry baby.

There are various herbs, supplements, and medications that are known or believed to help.

You should really recommend they speak to an IBCLC who has specific experience with inducing.

# Please remember:

If a person has never given birth and has never lactated, they are *inducing lactation*.

If they have given birth or have induced lactation in the past, they are *relactating*.

If you want to learn more about inducing, read *Breastfeeding Without Birthing* by Alyssa Schnell, IBCLC.

For more on relactating, read *Relactation* by Lucy Ruddle, IBCLC.

# Getting in the habit of being gender inclusive

- Update your referral list with local resources
- Normalize using pronouns and gender inclusive language
- Learning more about trans issues regarding birth and lactation.



# Referral list should include:

Clinicians comfortable and competent with trans issues in the following fields:

- IBCLC, Certified Lactation Consultant
- Obstetrician
- Gynecologist
- Midwife
- Endocrinologist
- Therapist for gender dysphoria

# Practice using gender inclusive language

- Practice using the singular 'they' (a great thing about 'they' is that everyone can be 'they')
- Introduce yourself with pronouns. If it seems weird, try to make it normal.
- Think of pronouns more like a title or name. If you call somebody calls you by the wrong name or calls you doctor, you don't want to disrupt the consultation. Just a quick apology, correction, and move on.

# What if...

Instead of treating pronouns as something you can tell right away, like a person's approximate age, height, or weight; we thought about it like someone's name where you don't know until you ask or are told and second guessing someone is thought of as ridiculous?

# Practice messing up (at home, in the mirror)

Try an exercise, either by yourself in the mirror or with a friend, where you misgender each other, briefly apologize, and get back on track.

This can be a roleplay exercise where one of you is the patient or a group exercise where someone is introducing another person and uses the wrong gender.

That way, when you do misgender a patient you don't get flustered and make it more uncomfortable.

“...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.”

# Learn about trans issues

- Trevor MacDonald, *Where's the Mother? Stories from a Transgender Dad*
  - Memoir of a man during his pregnancy and first year of parenthood
- Liesel Burdich, *Queer Nursing: The Phasing System*
  - A book about a new method of weaning, but a good example of inclusive writing
- *Trans Bodies, Trans Selves: A Resource Guide for the Transgender Community* (2nd ed. just came out, which I wrote a section for)
  - A reference book with several authors as an overview of trans medical issues

# Conclusion

- We've gone over some terminology as well as gender-inclusive language which may be used in new ways
- We've gone over steps transmasculine people may take to transition including top surgery and testosterone therapy and how those may affect lactation
- And we've gone over gender inclusive note-taking as well as other things you can do in your professional environment to prepare for the possibility of trans or non-binary patients.

# Citations, links, contact information

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# Citations, continued.

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Learning more:

[5 Meaningful Ways to be a Gender Inclusive Provider](#)