

Supporting a Transgender Parent with Chestfeeding: A Case Study on Cultural Safety



This case study focuses on how you can support a transgender parent in ways that contribute to a culturally safe experience. Use the LEARN model to guide supportive conversations with parents.

Recommendations and management strategies for most factors that influence breastfeeding or chestfeeding and weaning are the same for transgender and cisgender parents. As with all parents, respectful and effective lactation support for the transgender parent includes early awareness about the parent's preferences and feeding goals.

Case Information

You've been asked to see a transgender parent who needs help with feeding their newborn infant.

You introduce yourself to the parent.

- "Hi, my name is...my pronouns are..."
- "What name and pronouns do you use?"
- "What name and pronouns do you use for your child?"

The parent thanks you for asking and shares that he uses he/him pronouns for himself and they/them pronouns for his child. He is open about his gender identity and does not have any concerns about confidentiality.

Practice Tip: Using inclusive language

- Historically, reproductive health care has been labelled as "women's health". A person with a uterus who doesn't identify as female may have experienced real or perceived discrimination, feelings of exclusion and misgendering within the health care system. When you use inclusive language, you demonstrate your understanding of cultural safety and trauma-informed care.
- Avoid assumptions, such as the person who has given birth identifies as a mother or that they use gendered pronouns for their child. This can help a transgender parent feel safer to disclose their gender identity.
- It's okay to ask questions, as long as they are related to care.⁽¹⁾
- If you make a mistake with pronouns or other terminology, forgive yourself, provide a brief apology and move on. Continue to practice your inclusive language skills.⁽²⁾

Terms to Know

You can support cultural safety by becoming familiar with terms you may need to know when working with gender diverse families. Practice using these terms until you're comfortable doing so.

Binding Using specially designed clothing or bandages to flatten breast tissue.⁽³⁾ Some transmasculine parents may want to bind their chests while chestfeeding as a way to cope with gender dysphoria. As a coping mechanism, the practice of binding may help some parents to extend chestfeeding.⁽⁴⁾

Chestfeeding A term used by many trans masculine and non-binary parents to describe how they feed and nurture their children from their bodies.⁽⁵⁾

Cisgender A person whose gender matches the cultural expectations to their sex assignment at birth.⁽²⁾

Cultural safety An outcome experienced and defined by the person receiving care – a feeling of safety. Based on respect for diversity and an understanding of power differentials between HCPs and patients. Requires the HCP to acknowledge the impact of their own cultural beliefs, attitudes and assumptions on the care they provide.⁽⁶⁾

Next, you establish the parent's priorities for this appointment and his feeding goals.

- "What can I help you with today? Do you have any concerns?"
- "Do you have a feeding goal?"
- "Is there anything else that's important to you to talk about today?"

The parent's goal is to chestfeed, but he's worried that he may not have enough milk. He would like some support to know if baby is getting enough milk and whether he can start lightly binding his chest for short periods. You acknowledge his concern and explore this further. You learn he has not had chest surgery, is not currently taking hormones and experienced expected pregnancy breast changes.

Practice Tip: Confidentiality

Every person has a right to decide who they share their gender identity or sexual orientation with. "Outing" someone by sharing this information is not only disrespectful but, in many cases, it could put the person at significant risk of discrimination, harassment and violence.

Ensure you understand your patient's needs for confidentiality:

- Ask the patient permission to include gender identity information on the chart.
- Confirm what details they are comfortable sharing with other healthcare team members.
- Ensure they understand who may have access to this information.

You:

- Thank the parent for sharing this information with you, and reassure him that you are here to support him with his chestfeeding goals.
- Reflect back the language he uses to describe feeding and his body by using the terms chest, chestfeeding and milk instead of breasts, breastfeeding and breastmilk.
- Ask if it would be okay to assess a feed.
- If required, ask permission to touch the parent (e.g., to help reposition the parent's hand) and baby, and explain what you are doing and why, before you do it. Be sensitive to any concerns related to physical examinations.⁽¹⁾
- Assess for effective milk transfer.

Gender A person's internal sense and experience of identity as female, male, both or neither, regardless of sex assigned at birth.⁽²⁾

Gender dysphoria A feeling of emotional distress because a person's gender identity doesn't match societal gender norms based on sex assigned at birth. Experiences of gender dysphoria vary widely, and symptoms may include being uncomfortable with or upset about body parts, anxiety/depression or feeling stressed.⁽⁷⁾

Misgendering Referring to a person using their chosen name, personal pronouns or other words that do not reflect the person's gender identity. Purposeful misgendering is a form of discrimination.⁽⁸⁾

Non-binary Refers to gender identities that are not exclusively male or female.⁽⁹⁾

Pronouns Words we use to talk about people, when we don't use their name⁽²⁾ e.g., female pronouns (She/Her), male pronouns (He/Him) and non-binary pronouns (They/Them).

Sex Categories (male, female) to which people are typically assigned at birth based on physical sex characteristics (e.g., genitals) and may appear on proof of identity documents unless a person has documentation changed.⁽²⁾ In addition to male and female, intersex is an umbrella term used to describe people who have chromosomes, hormone profiles or genitals that do not typically fit into the binary and social constructs of male/female.⁽¹⁰⁾

- Explain the indicators of effective milk transfer and how the parent can tell if his baby is getting enough milk. Offer strategies to improve milk supply.
- Explore the parent’s chestfeeding knowledge, and provide education as needed on chest care, including binding and potential for decreased milk supply, plugged ducts and mastitis.
- Navigate strategies together by discussing acceptable alternatives to binding until milk supply has been established, such as wearing layered clothes.
- Explain that it may be helpful to limit the amount of time and tightness of binding, and to start gradually (e.g., wearing the binder for 30 minutes or less).
- Support follow-up if needed. Note that previous experiences of discrimination may impact seeking help or accessing services.

Practice Tip: Know the basics

Familiarizing yourself with basic information on topics to support the transgender parent is an important aspect of promoting culturally safe care.

Particular topics that may come up in lactation support with trans men include:

- Feelings about body image changes and any challenges they anticipate—when a transgender parent experiences significant distress, it could be gender dysphoria.
- Gender-affirming practices such as binding, testosterone hormone therapy, or top surgery and how these may influence feeding.
- Any potential concerns that the parent may have when chestfeeding in public

When working with trans women, it can be helpful to explore expectations related to induced lactation.

After spending some time with the parent, he tells you that he’s feeling comfortable with the information provided and more confident with knowing how to tell if his baby is getting enough milk. He decides to continue with chestfeeding, and can articulate signs of plugged ducts and mastitis.

You document your assessment and discussion to communicate with other members of the parent’s health care team.

Testosterone hormone therapy

Testosterone normally causes the cessation of menstruation and ovulation, and brings about male secondary sex characteristics such as deepening of the voice, growth of facial hair, and male pattern baldness. There is limited evidence about testosterone hormone therapy and lactation, but new information is emerging. We do know that hormones play a role in milk synthesis and excretion; therefore, it is important to consider that testosterone will likely interfere with milk production.⁽¹³⁾

Check Lactmed for the most up-to-date information.

Top surgery Some transgender people choose to have chest-contouring surgery to create a male-appearing chest. Some but not all mammary tissue is removed. The complete removal of tissue would result in a sunken chest.⁽⁴⁾

Transgender An umbrella term for people whose gender identity and/or expression differs from what is typically assigned at birth. Not all gender-nonconforming people use the term transgender and some people may describe themselves using one or more of a wide variety of terms.^(2,4)

Questions for reflection

- 1 Health care professionals often say things in a particular way when working with families, out of habit or based on assumptions. For example, it's common to use the terms mom and dad without confirming the accuracy of these terms. Can you identify other words or terms that make an assumption about a person, their identity or their relationships? How can you make those words or terms inclusive?
- 2 Reflect on the phrase 'chestfeeding man'. How do you feel? Recognizing how you feel is an important part of examining your assumptions to provide care that supports cultural safety.
- 3 How can you document information related to medical history, gender identity, pronouns, and preferred terminology so that the next care provider can provide the best care possible?



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