

ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients

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Abstract

A central goal of The Academy of Breastfeeding Medicine is the development of clinical protocols for managing common medical problems that may impact breastfeeding success. These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

Definitions

Several sources have defined terms related to LGBTQ health. In this study, we reference the University of California San Francisco Transgender Care and Treatment Guidelines¹ and the National LGBT Health Education Center's glossary of terms.² However, it is important to note that terminology is fluid and community specific. In countries speaking languages other than English, these terms may have adaptations, or may be irrelevant entirely. Consulting with members of LGBTQ advocacy communities in such areas, where possible, may be helpful to ensure that language is respectful and inclusive.

LGBTQ+: A term for people who identify as lesbian (L), gay (G), bisexual (B), transgender (T), queer (Q), questioning (Q), and people with other diversities in sexual orientation and gender identity. (There are a variety of these terms internationally with their own acronyms. This term is meant to be inclusive.)

- B **Lesbian** (adj., noun): A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.
- B **Gay** (adj.): A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity but is more commonly used to describe men.
- B **Bisexual** (adj.): A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

- B **Transgender** (adj.): Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.
 - B **Queer** (adj.): An umbrella term used by some to describe people whose sexual orientation or gender identity is outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Owing to its history as a derogatory term, the term queer is not embraced or used by all members of the LGBT community.
 - B **Questioning** (adj.): Describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.
 - B **“+”/Plus:** The plus sign represents the ever-growing list of terms people use to describe their sexual orientation or gender identity. There are many different variations of the LGBTQ acronym, and the “+” acknowledges that it is not possible to list every term people currently use.
- Affirming care:** Refers to care that supports a patient's gender identity, and must include inclusive terminology, practices, insurance coverage, and knowledgeable providers.
- Preferred pronouns and name:** Pronouns and name that are chosen by the individual and, therefore, best represent their gender identity. People in the LGBTQ community may have changed their name and gender,

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informally or legally, to those that affirm their true gender identity and stigma, including in medical interactions. Their medical care is often inadequate, ranging from a failure of health care professionals to recognize their unique needs (e.g., in terms of gender assignment at birth medically and sexual and reproductive health care), to the enforced use of socially, generally based on genital anatomy. These heteronormative procedures (e.g., registering a trans man as a woman, families who had been unable to raise children because of their gender identity and/or sexual orientation now have the opportunity to become parents. This is largely due to the liberalization of adoption policies, along with advances in fertility management, surrogacy, and transition-related health care for transgender individuals. Pregnant people and parents who identify as LGBTQ, therefore, need access to nontraditional lactation supports that may be available to those who have had chest/top surgery (to alter or remove mammary tissue).

Assigned female at birth, assigned male at birth: Terms refer to gender assignment at birth medically and socially, generally based on genital anatomy. These terms may be abbreviated (AFAB, AMAB) to refer to someone whose gender identity aligns with the gender assigned to them at birth. For example, someone who was AFAB who identifies as a woman.

Cisgender: Someone whose gender identity aligns with the gender assigned to them at birth. For example, someone who was AFAB who identifies as a woman.

Chestfeeding: A term used by many masculine-identified trans people to describe the act of feeding their baby from their chest, regardless of whether they have had chest/top surgery (to alter or remove mammary tissue).

Colactation: When more than one parent breastfeeds their child.

Gender-affirming surgery: Surgeries specific to transgender people include feminizing and masculinizing procedures that align secondary sexual characteristics with a person's gender identity. These may include facial, voice, genital, and hair removal/addition procedures.

Gender-expansive, genderqueer, nonbinary: Different terms for a broad category of gender identities in which the individual identifies outside of a binary concept of gender (binary meaning "male" and "female"). This can mean identifying as both feminine and masculine, or as neither.

Gender identity: A person's innate sense of their own gender. It does not necessarily correspond to anatomy, sex assigned at birth, or how someone expresses themselves. Examples include, but are not limited to, cis woman, cis man, trans man, trans woman, nonbinary, gender expansive, and gender "fluid" (as opposed to "fixed"). Not the same as sexual orientation (see hereunder).

Gender incongruence, formerly "gender dysphoria" or "gender identity disorder": Incongruence between an individual's experienced or expressed gender and their assigned sex. Dysphoria refers particularly to suffering as a consequence of this incongruence.

Heteronormative/cisnormative: The assumption and/or preference of individuals and institutions that everyone is heterosexual and cisgender. This leads to invisibility and stigmatization of people in the LGBTQ community.

Transition: The process and time during which a person assumes their affirmed gender expression that may or may not include legal, medical, or surgical components.

Sexual orientation: The aspect of someone's identity that refers to the gender(s) of the people to whom they are attracted. Examples include, but are not limited to, homosexual, lesbian, gay, heterosexual, bisexual, asexual, and pansexual.

Purpose

Children raised by LGBTQ parents are well adjusted and healthy, and in such families children thrive. Despite this, people who are transgender and/or whose sexual orientation is not heterosexual frequently experience misunderstanding

- B Introductions to a patient can include a provider's own pronouns, which may make the patient feel more at ease sharing their own. (e.g., "My name is Dr. X, I use she/her pronouns.")
 - B Predominantly masculine pronouns he/him/his/himself
 - B Predominantly feminine pronouns she/her/hers/herself
 - B Gender-neutral pronouns they/them/theirs/themselves; Ze/Zir (Hir)/Zirs (Hirs)/Zirself (Hirself).
- Patients may also use different terms for parenting

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With patient consent, contact the lactation consultant or breastfeeding support person(s) at the birth hospital; this is likely to encourage accurate pronoun and name use, discuss milk status of the parent providing milk, and discuss assistance for feeding at the breast/chest if this is desired by the parent (i.e., supplemental feeding tubes at the breast/chest, supplementation, etc.)

Birth, Birth Plans, and Breast/Chestfeeding

The birth experience for LGBTQ parents may be socially complex if the birth facility is not prepared to work with families with gender and sexual diversities. In addition, families may have experienced discrimination, substandard care, and/or trauma in the health care setting.⁴¹ In these cases, the lactation support team has the unique opportunity to be prepared, respectful, and kind.

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ABM protocols expire 5 years from the date of publication. Content of this protocol is up-to-date at the time of publication. Evidence-based revisions are made within 5 years or sooner if there are significant changes in the evidence.

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FOR COLACTATION (CHECK ALL THAT APPLY):

, At the time of delivery, my (partner status)____
_____, (name)_____ is