

BFREE Newsletter

Breastfeeding Resiliency, Engagement, and Empowerment

"Empowering parents to breastfeed every step of the way"

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LETTER FROM THE EDITOR

Dear BFREE Coalition & Community Members,

Happy Summer from the BFREE Team! We hope you and your families are continuing to stay safe and enjoying the weather. We are especially pleased to present the August issue of our newsletter.

We are highlighting the breastfeeding (or chestfeeding)* experiences of non-binary and genderqueer parents. These parents face added barriers in finding breastfeeding support, often due to misinformation about their individual needs. We are grateful to all of the parents and organization advocates who shared their stories and experiences.

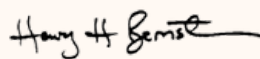
First, we include a glossary defining important terms to promote more gender-inclusive language when discussing breastfeeding. Next, we highlight efforts to connect with our Spanish-speaking communities in our region. Then, we spotlight La Francis Hardiman Kindergarten Annex and La Francis Hardiman Elementary School for achieving breastfeeding friendly recognition. Subsequently, we hear from Melissa Bartick, a breastfeeding researcher and hospitalist. Dr. Bartick discusses when it is appropriate to use gender-inclusive breastfeeding language, such as with patients and in academic writing.

In addition, we are excited to share our Parent's Perspective. For this column, we are sharing a queer couple's experience with co-nursing, including the process of inducing lactation. This perspective was made possible from research by and communication with Alyssa Schnell, MS, IBCLC.

Finally, we advertise our upcoming event, a screening of the documentary Chocolate Milk, which presents three women's stories explaining how socioeconomic factors of race and sex impact breastfeeding rates for black women. See Page 9 for free registration details

As always, we are sincerely appreciative to all of this edition's contributors, to the entire BFREE Steering Committee for its active engagement and sage advice, and to each of you, our many collaborators, for your collective passion in support of breastfeeding. Please email us at BFREE@northwell.edu to share feedback and any potential contribution ideas for future newsletters!

Sincerely,



Henry Bernstein, DO, MHCM, FAAP
Principal Investigator
Creating Breastfeeding Friendly Communities



*The BFREE Team understands that the language around breastfeeding can be very gendered and risks alienating marginalized populations. While we are encouraging more inclusive language, such as "parents" over "mothers", "partners" over "fathers", and "human milk" over "breast milk", we also wanted to stay true to the voices that generously contributed to this newsletter. We hope to continue educating ourselves and expand the inclusivity of our work to promote healthy infant feeding for all parents.

Terms and Definitions to Promote Gender-Inclusivity in Breastfeeding

GENDER-INCLUSIVE LANGUAGE:

Language intended to include those who identify as men, women, intersex, nonbinary, or gender-fluid ¹

Words to incorporate: Parent, chestfeeding, lactating, expressing, pumping, human milk, lactating parent

SEX

Biological assignment as male or female based on chromosomes, hormones and reproductive organs ¹

GENDER

One's cultural roles, and includes personal and social identity ¹

CISGENDER

A person whose gender identity typically aligns with the sex assigned to them at birth ²

TRANSGENDER

A person who identifies differently from their biological sex ²

GENDER DYSPHORIA

A person born with anatomical features that do not fit the definitions of "female" or "male" ²

QUEER

A person that embraces a fluidity of identities and orientations, and an umbrella term for all identities of the LGBTQIA+ community ²

INTERSEX

People born with reproductive or sexual anatomy and/or a chromosome pattern that can't be classified as typically male or female ²

NON-BINARY

An individual who does not identify exclusively as a man or a woman; may identify as being both a man and a woman, in between, or as outside these categories ²

CHESTFEEDING

Masculine-identified trans individuals may use this term to describe the act of feeding their baby from their chest, regardless of whether they have had chest surgery. Some people, including cisgender women, use this to mean women directly feeding at female breasts. ³

REFERENCES:

1. Bartick, M., Stehel, E. K., Calhoun, S. L., Feldman-Winter, L., Zimmerman, D., Noble, L., Rosen-Carole, C., & Kair, L. R. (2021). Academy of Breastfeeding Medicine Position Statement and guideline: Infant feeding and lactation-related language and gender. *Breastfeeding Medicine*, 16(8), 587-590. <https://doi.org/10.1089/bfm.2021.29188.abm>
2. GSMA. (2020, November). Inclusive language guide. Retrieved from https://www.gsma.com/aboutus/wp-content/uploads/2020/11/GSMA-Inclusive-Language-Guide_2020.pdf
3. University of Rochester Medical Center. (n.d.). LGBTQI+, lactating, breastfeeding, and Chestfeeding. LGBTQI+, Lactating, Breastfeeding, and Chestfeeding - Conditions We Treat - UR Medicine Breastfeeding & Lactation Services - Rochester, NY - University of Rochester Medical Center. Retrieved from <https://www.urmc.rochester.edu/breastfeeding/services/lgbtqi-and-breastfeeding.aspx>

Connecting With Our Spanish-Speaking Community

The BFREE Team remains grateful to Yezenia Chaparro (CBC), Paola Duarte (CLC), Sandy McCabe (IBCLC), and Fadhylla Saballos-Tercero (IBCLC) for participating in our ongoing Spanish Baby Cafés to promote services that are culturally and linguistically competent. We would also like to thank our Subcommittee for Spanish-Speaking Communities for recommending this valuable initiative and for working tirelessly to advocate for the community!

The BFREE Team established this cross-collaborative subcommittee in November 2020 to actively engage our community members, partners, and stakeholders in an effort to improve our outreach strategies and cultural competence toward Latinx communities. We'd like to spotlight Dr. Christian Suri, pediatric resident at Cohen Children's Medical Center, and Adesuwa Watson, Director at the Office of Minority Health for the Suffolk County Dept. of Health Services, for participating in radio show interviews with La Fiesta 98.5! Dr. Christian Suri discussed the infant formula shortage and Adesuwa Watson explained how breastfeeding lowers the risk of other illnesses. We are grateful for their valuable insight and for our partnership with La Fiesta 98.5, which expands our capacity to promote healthy infant feeding among Latinx communities across Long Island.

This work is supported by a NYSDOH "Creating Breastfeeding Friendly Communities" grant, which aims to expand community-based breastfeeding partnerships and reduce disparities in the rates of breastfeeding across New York State. Congratulations to all for being recognized for your hard work, and we thank you so much for collaborating with our team!

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Check out our website for more resources: <https://www.bfreecoalition.org>.

Visit us on Facebook at: <https://www.facebook.com/BFREE.Coalition/>

This project is supported by NYSDOH Grant #530390. The content of this newsletter is the responsibility of the Contractor and does not necessarily represent the opinions and interpretations or policy of the New York State Department of Health.

Success Spotlight

The BFREE Team is happy to celebrate La Francis Hardiman Kindergarten Annex and La Francis Hardiman Elementary School in Wyandanch for achieving Breastfeeding Friendly recognition! We would like to thank our site champions Kristin Achziger and Darlene White in LFH Annex and Kisarys Ortega Darlene White in LFH Elementary School for putting in a great amount of effort to support her employees and members of the community during these difficult times.



Pictured are community members at the lactation spaces at La Francis Hardiman Elementary School (left) and La Francis Hardiman Kindergarten Annex (right) with their new Breastfeeding Friendly certificates. With our BFREE team members are Ms. Kisarys Ortega - an LFH school Social Worker (left) and Kristin Achziger, Melyssa Enriquez - an LFH Annex Kindergarten Teacher, and Dr. Kevin Branch (right).

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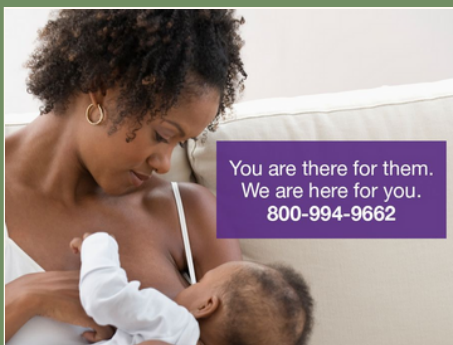
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Office on Women's Health
National Breastfeeding
Helpline: 1-800-994-9662

Call anytime M-F 9am-
6pm to talk with a health
information specialist in
English or Spanish

A Conversation on Breastfeeding Gender Inclusivity and Terminology with Dr. Melissa Bartick



Melissa Bartick (she/her) is a Breastfeeding Researcher and Hospitalist. Notably, she is one of the authors of the [Academy of Breastfeeding Medicine Gender Position Statement](#) which was published last fall.

When and why did the ABM decide to address the infant-feeding and lactation-related language subject?

"We did that at the end of 2021. Policies have to be understood by people all over the world and translatable, for example padre for parent and father can be confusing. There are also cultures where being non-binary or trans isn't acknowledged or comprehended.

We have authors of our policies and protocols that come from all over the world, and we need to have language that is understood all over. We have to be able to reach everybody, and so we just opted for putting a statement at the top of all of our publications that just said we recognize that there are these people, but this is what we mean when we use the word woman, or mother, or breastfeeding."

How does gender inclusive terminology change from one-on-one settings vs General Public Communication?

"It's very important when you're with an individual person to use whatever terminology they want to refer to themselves by.

When you're writing materials for the general public, you have to be cognizant of how things will be understood."

ONE-ON-ONE SETTINGS VS GENERAL PUBLIC COMMUNICATION

Women vs Parent

If you use the word "parent" instead of mother in all cases, that can cause a lot of confusion. And a lot of people won't understand exactly what you mean. And especially if you have people with low literacy skills and whose first language is not English, they may not understand the material that you're putting out. Or if you say "person" instead of "woman", that may be difficult for people to understand what exactly you mean. If you're writing something for the general public, it can be very important to write specific material that is geared specifically for transgender/nonbinary people or to have a statement at the beginning of your material saying that we aim to include everybody.

Chestfeeding and Bodyfeeding

In a one-on-one Setting:

From a medical standpoint, chestfeeding is not a medical term. In medical parlance, the chest does not actually include any breast tissue. The chest is the ribcage and everything inside the ribcage. The general public uses that term and it just depends on who you ask. It can mean anything from breastfeeding to using formula taped to a man's nipple. And the same with body feeding. I would use the word chestfeeding if that's their preferred term, or if they want to say body feeding to describe what they're doing, that's great!

General Public Communication:

To use chestfeeding in a document, I think you need to define it. It's not a medical word, you just have to understand that, bearing in mind that in medical parlance, "breast" refers to male and female mammary tissue.

A Conversation on Breastfeeding Gender Inclusivity and Terminology with Melissa Bartick continued...

What does your research suggest about how language shapes individuals' experience of infant feeding?

"We know that language is important and how we use language is important, but we also know that language has to be clear as well, and it's important that people are understood."

What can health care practitioners do to improve lactation care for LGBTQ+ individuals?

"Ask people what their preferred pronouns are, and if they have some other term they'd like to use, to use the preferred terms for certain things. When you're in a one to one conversation with them, it is important to use their preferred terms, when you're with them, and be respectful of what they want."

What research questions still remain that relate to lactation care and LGBTQ+ patients?

"There are a lot of things that we don't know, especially with transgender people, such as their health outcomes. For example, if they are a transgender man, and they are at risk of breast cancer — what is their risk? Things like that need to be studied. When you have studies that talk about the impact of breastfeeding on different maternal diseases, we don't really know the impact of breastfeeding on those diseases in transgender people. And so we can't really even generalize how that affects transgender people, and the studies, as far as we know, were not done on transgender people."

RAPID RUNDOWN

- How we use language is important
- Ask and respect patient's preferred pronouns and terms
- Write a statement of inclusivity in the beginning of any flyers/handouts/communication material
- Create material specific for non-binary and trans people
- Be aware of the context of the terminology you are using and its audience

Find out about more on the Academy of Breastfeeding Medicine by clicking below:



Read their Gender Inclusivity Statement:

<https://www.bfmed.org/assets/Gender%20Inclusive%20Statement.pdf>

Parent's Perspective*: Co-Nursing Success in a Queer Couple

*It was challenging to locate parents willing to speak with us about their breastfeeding experiences. Instead, we communicated with Alyssa Schnell, MS, IBCLC, who has worked to help queer couples co-nurse. For this issue, our parent's perspective is drawn from communication with Schnell who shared her own, published research on the subject as well as her personal experience working with queer parents.



As parental teams are becoming increasingly diverse, some couples are beginning to share the responsibilities of parenthood, such as breastfeeding, more evenly. For instance, some queer couples might choose to co-nurse, which is when the non-gestational (or non-birthing) parent shares the responsibility of breastfeeding with the gestational (or birthing) parent. The non-gestational parent may induce lactation, and an International Board Certified Lactation Consultant (IBCLC) can help couples in this process.

Alyssa Schnell, MS, IBCLC, works with LGBTQ+ couples on inducing lactation. She recently published an article [“Successful Co-Lactation by a Queer Couple: A Case Study”](#) on this subject in the *Journal of Human Lactation* (1). As she explained to us, this article is important because there is a lack of controlled, clinical research on the topic of inducing lactation and even less published research on the topic of co-lactation/co-nursing. Her article details the process of successfully inducing lactation for the non-gestational parent of a queer couple, so that both partners can share nursing responsibilities. We did not speak with the couple directly, but will summarize some of their experience based on Schnell's article.

The couple's goal was to share breastfeeding responsibilities equally. Before contacting Schnell, the couple had already begun their journey of inducing lactation. The non-gestational parent was taking both an oral contraceptive and domperidone, a drug used to increase prolactin levels, as a way to prepare the breast/body for lactation (Schnell noted they did this based on Newman-Goldfarb Protocols for Induced Lactation®) (2). Although they had already begun the process of inducing lactation, the couple decided they wanted professional help and thus contacted Schnell. Schnell noted that for their first visit, the non-gestational parent already had sufficient glandular tissue and was able to manually express a few droplets of milk. Based on the non-gestational couple's needs and medical history, Schnell created a customized, three-step plan to help induce lactation and lead to successful co-nursing.

The first step was taking the birth control and domperidone as well as manually stimulating the breasts (e.g., massage the breast). Both the use of pharmaceutical and manual stimulation resulted in breast fullness and enlargement, and the manual expression of a few milk droplets. Second, the non-gestational parent's task was to start producing milk before the baby was born. Schnell had the non-gestational parent manually and mechanically express milk 8-9 times per day while still taking domperidone. Milk expression for the non-gestational parent continued to increase during this step, and by the end, the parent was producing about 8.5 oz of milk each day. The third and final step was having the non-gestational parent able to feed the baby and co-nurse with the gestational parent. The couple was able to successfully start co-nursing 6 days after the birth of the child, meaning that both parents were able to more or less evenly share the feedings. To note, the non-gestational parent also used herbs, like goat's rue, and she received acupuncture during this process of inducing lactation. Schnell notes that at the time of the article, the child is over a year old, and the couple is still co-nursing. This indicates both the success of inducing lactation for the non-gestational parent as well as successful co-nursing at the breast for the couple, meaning the couple was able to reach their goals. Schnell was able to detail this important success which will hopefully help other IBCLC's help their clients induce lactation.

Challenges with Inducing Lactation and Co-Nursing

However, Schnell notes that there can be challenges with inducing lactation and co-nursing both at the healthcare, physical, and partner level. For instance, healthcare professionals might not acknowledge the non-gestational parent as a partner in breastfeeding. Physically, given that one parent is not exclusively breastfeeding, it is necessary for the couple to discuss their co-nursing plans so that both the gestational parent can establish breastfeeding and the non-gestational parent can increase and maintain lactation. In terms of the partnership, there is a “constant need to negotiate breastfeeding and milk expression schedules.” In addition, Schnell also writes “parents may have strong emotions around breastfeeding, including feelings of jealousy that might arise when one parent produces substantially more milk than the other, one parent has more opportunities to breastfeed than the other, or the baby indicates a preference for breastfeeding from one parent over the other.” Finally, for the non-gestational parent, they might lack peers to discuss breastfeeding/co-nursing compared to the gestational parent. All of these challenges could make it difficult to co-nurse successfully. Yet, Schnell lays out some pathways to successful co-nursing, including open and honest communication with one's partner, seeking support (both professional and peer), and identifying breastfeeding goals for each parent.

When asking Schnell where parents who are hoping to induce lactation or co-nurse should look for resources, she recommended her book, *Breastfeeding Without Birthing: A Breastfeeding Guide for Mothers Through Adoption, Surrogacy and Other Special Circumstances* or also looking at her [website](#) for more details.



Gender-Inclusive Language and Academic Writing

Given our newsletter's focus on inclusive language regarding breastfeeding, we were interested in how Schnell tackled this when writing her article. In the article introduction, she explains why she chose to use breastfeeding over chestfeeding. She writes, “this article will use the definition of breast used in medical terminology, as the mammary gland. According to the Academy of Breastfeeding Medicine, a breast is both a male and female body part (Bartick et al., 2021). In the remainder of this article, breastfeeding refers to direct feeding from the breast by a parent of any gender identity or expression. The term breastfeeding is used in this article because it is medically accurate.” When we further asked her about this decision, she explained that she had originally submitted the article using breastfeeding/chestfeeding instead of just breastfeeding, and the editor had suggested using just breastfeeding, given the justification included in the article. Additionally, with this couple and with other couples she works with, she refers to the partnership of sharing lactation responsibilities as co-nursing (which we also used in this article). However, for the journal, like with breastfeeding, co-lactation is the most medically accurate term, which is why those terms were used to write up the case study. Therefore, as Schnell highlights, which echoes what we heard from our interview with Dr. Bartick, there might be a disconnect between how we medically report on breastfeeding, than how we might talk about breastfeeding with patients. Furthermore, Schnell explained to us that “in [her] lactation practice, [she] mirrors[s] the language the client is using regarding gender, sexuality, and infant feeding.” Thus, even if there are medically correct terms, it is important to take cues from the client/patient and use the language that makes the patient or client.

References

1. Schnell, A. (2022). Successful co-lactation by a queer couple: A case study. *Journal of Human Lactation*, 08903344221108733.
2. Schnell, A. (2022). The Three Step Framework for Inducing Lactation™. *Journal of Human Lactation*, 38(2), 252-261.

FREE VIRTUAL FILM SCREENING AND PANEL DISCUSSION

Chocolate Milk



Virtual Movie: link available for 72 hours starting August 29th

Panel: August 31st from 3-5pm EDT, zoom link available on August 29th

Chocolate Milk examines how the socioeconomic factors of race and sex influence breastfeeding rates for black mothers in America through the stories of three women.

From sexual objectification of women's breasts to insufficient maternity leave, there are many reasons why mothers in the U.S. struggle with the decision to breastfeed. Yet advocates argue the long-term health benefits to infants - reduced risk of chronic disease, cancer, asthma and obesity - far outweigh the challenges. Add to this the racial, economic, and social disparities that plague the African American community, and it's no wonder African American women breastfeed at significantly lower rates.

This event is first come, first served. Two days before the expert panel discussion, each attendee will receive a custom encrypted link to view the film on their own. The links will be active for 72 hours starting August 29th. This gives attendees two days to watch the film on their own before the live VIRTUAL expert panel discussion held on August 31st from 3-5pm EDT. The zoom link and passcode for the expert panel discussion and the custom encrypted link to view the film will be sent to your email on August 29th. Please be sure to check your spam folder.

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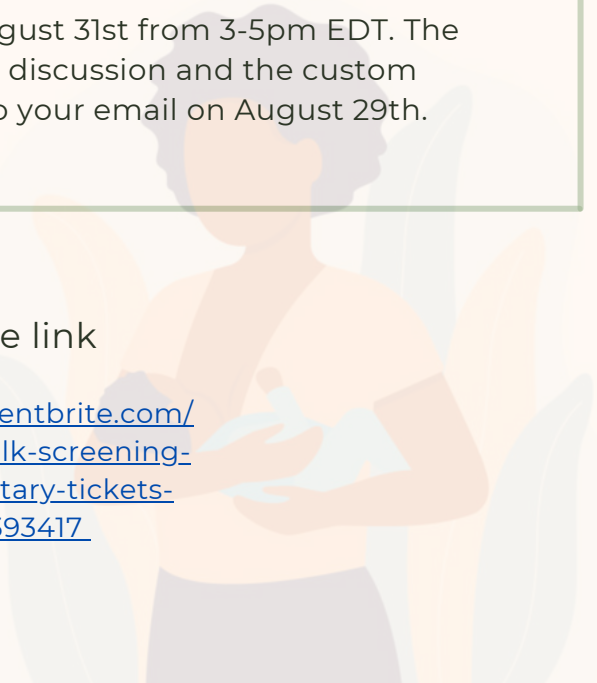
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BFREE: BREASTFEEDING RESILIENCY, ENGAGEMENT, AND EMPOWERMENT




FREE VIRTUAL BREASTFEEDING SUPPORT

Everyone is invited to FREE weekly breastfeeding support groups for expecting and new parents (and their families)! Sessions are available in English and Spanish. Sessions entirely in Spanish are led by bilingual and bicultural lactation professionals.

Join any session by:

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Sessions in English:
 Every Tuesday 7 to 8 pm
 Every Thursday 12 to 1 pm

Sessions in Spanish:
 Every Tuesday 6 to 7 pm

HOSTED BY lactation professionals (IBCLCs, CBCs, CLCs). Any questions/technology concerns? Email BFREE@northwell.edu

  **Creating Breastfeeding Friendly Communities**

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BFREE: BREASTFEEDING RESILIENCY, ENGAGEMENT, AND EMPOWERMENT



APOYO VIRTUAL GRATUITO PARA LA LACTANCIA

¡Todos están invitados a grupos de apoyo a la lactancia materna GRATUITOS y semanales para las futuras y nuevas madres (y sus familias)! Sesiones están disponibles en inglés y español. Sesiones completamente en español son dirigidas por profesionales en lactancia bilingües y biculturales.

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Sesiones en Inglés:
 Todos los martes 7pm-8pm
 Todos los jueves 12pm-1pm

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 Todos los martes 6pm-7pm

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  **Creating Breastfeeding Friendly Communities**

JOIN US FOR BFREE BREASTFEEDING SUPPORT GROUP (BABY CAFÉS)!

Tuesdays

1:30-3pm (English):
<http://bit.ly/sshbabycafe>

6-7pm (Spanish):
<http://bit.ly/bfreezoombabycafe>

7-8pm (English):
<http://bit.ly/bfreezoombabycafe>

Thursdays

12-1pm (English):
<http://bit.ly/bfreezoombabycafe>

JOIN US FOR BFREE PRENATAL CLASS (CARING FOR TWO)!

1st Thursday of Every Month
 12-1:30pm
 (English, Spanish translation available)
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To learn more about the BFREE Team and to access our free resources, please click below:



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