

The Unique Needs of Non Gestational Parents

adoption, surrogacy, LGBTQIA+ and more

DISCLOSURES

I have competing interests or affiliations that could be perceived as having a bearing on my presentation:

I have written a book *Breastfeeding Without Birthing* and receive royalties on its sales.

I also receive income for The **Breastfeeding Without Birthing Professional Pack** online training, a professional supplement to the book.



LANGUAGE

This presentation 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 this presentation, **breastfeeding** refers to direct feeding from the breast by a parent of any gender identity or expression. The term breastfeeding is used here because it is medically accurate.

Some parents may identify as **chestfeeding** rather than breastfeeding. It is an important aspect of an inclusive lactation practice to honor and respect gender-inclusive language used by parents.

Nursing is used in the United States as another alternative word for breastfeeding. This term may not only feel less gendered to some individuals and it does not limit this to an act of *feeding*.

LANGUAGE

Not all breastfeeding parents identify as mothers.
This presentation will generally use the term parent rather than mother.

The terms birthing parent or gestational parent / non-birthing or non-gestational parent are used interchangeably.

Language around breastfeeding and lactation continues to evolve.

MY LACTATION PRACTICE TODAY

Almost exclusively non-gestational parents

Adoptive parents

Intended parents

Foster parents

Partners of the birthing parent

MY LACTATION PRACTICE TODAY

And those on their team

Gestational carriers

Birthing parents who are co-nursing

MY LACTATION PRACTICE TODAY

As well as birthing parents with similar needs

Current or anticipated difficulty with milk production,
including relactation

NONGESTATIONAL PARENTS HAVE OPTIONS FOR BREASTFEEDING

Induce lactation

Feed at breast using a nursing supplementer

Nurse for comfort and connection

NONGESTATIONAL PARENTS HAVE OPTIONS FOR BREASTFEEDING

Induce lactation

Initiate and establish milk production without pregnancy

NONGESTATIONAL PARENTS HAVE OPTION BREASTFEEDING

Induce lactation

Initiate and establish milk production without pregnancy

- Breastfeeding
- Milk expression
- Hormone therapy
- Galactogogues
- Other supportive techniques

[Cazorla-Ortiz et al., 2020]

NONGESTATIONAL PARENTS HAVE OPTIONS FOR BREASTFEEDING

Induce lactation

Initiate and establish milk production without pregnancy

The Three Step Framework for Inducing Lactation™ [Schnell, 2022]

NONGESTATIONAL PARENTS HAVE OPTIONS FOR BREASTFEEDING

Induce lactation

Initiate and establish milk production without pregnancy

- Requires significant commitments of time and potentially expense
- Often begins several months before baby arrives

NONGESTATIONAL PARENTS HAVE OPTIONS FOR BREASTFEEDING

Feed at breast using a nursing supplementer

Refer to previous presentation for more information

NONGESTATIONAL PARENTS HAVE OPTIONS FOR BREASTFEEDING

Nurse for comfort and connection

No milk required. In lieu of a pacifier/dummy in developed countries

NONGESTATIONAL PARENTS HAVE OPTIONS FOR BREASTFEEDING

Induce lactation
Feed at breast using a nursing supplementer
Nurse for comfort and connection

Often in combination

NONGESTATIONAL PARENTS GROW THEIR FAMILIES IN VARIOUS WAYS

They may be

Adoptive parents

Intended parents

Foster parents

Partners of the birthing parent

Poll – Have you seen clients/patients who are:

Adoptive parents

Intended parents

Foster parents

Partners of the birthing parent

NONGESTATIONAL PARENTS MAY ALSO EXHIBIT VARIOUS PHYSICAL AND HORMONAL SEX TRAITS

Menopause (due to age or surgery)
Trans female
Intersex

By understanding each of their specific needs, we respect and serve them better

SOME COMMON EXPERIENCES OF NON-GESTATIONAL PARENTS

Complex road to becoming a parent
Lack of access to or discrimination by healthcare providers [Bamberger & Farrow, 2021]
No pregnancy to initiate lactation
Not often recognized as a breastfeeding parent
Likely to require long-term supplementation

NONGESTATIONAL PARENTS NEED

Evidence-based information about options for feeding their baby
Support from peers, family and their healthcare providers
IBCLC support if they are considering breastfeeding

[Cazorla-Ortiz, 2019]

NONGESTATIONAL PARENTS NEED

Respectful language. Reflect the language parents use for themselves.

ADOPTIVE PARENTS

Examples of appropriate language

Before baby is born: Expectant mother, Pregnant person

After release of custody: First mother, Birth mother/father/parent

ADOPTIVE PARENTS

Examples of *inappropriate* language

Real mother/father/parent

Biological mother/father/parent

ADOPTIVE PARENTS

Why might breastfeeding be especially important?

normalcy
secure attachment
poor or lack of prenatal care*
healing infertility
a biological connection

*Prenatal substance
abuse impacts
attachment [Stutzman,
2022]

ADOPTIVE PARENTS

Why might breastfeeding be especially important?

normalcy
secure attachment
poor or lack of prenatal care
healing infertility
a biological connection*

*Epigenetics:
Genetic material in
the adoptive parent's
milk (microRNA)
affects how the
baby's genes get
expressed. [Melnik, 2013]

ADOPTIVE PARENTS

Why might breastfeeding be especially important?

For families of the Muslim faith: milk kinship requires that an adoptive mother feed baby to satisfaction 5 times according Sunni Islamic law and 15 times according to Shia Islamic law [Al-Mohsen,& Frookh, 2020; Praborini, 2019; Moran, 2007]

ADOPTIVE PARENTS

Parents are likely to have experienced
infertility

Emotional distress

Exposed to rigorous fertility treatments

Hormonal imbalances

Insufficient Glandular Tissue (IGT)

ADOPTIVE PARENTS

Adoption plans are uncertain, and not always ideal for planning

Wait time for adoption match
Length of lead time between match and baby's arrival
Location of baby's birth
Baby's health status
Circumstances around birth parents

ADOPTIVE PARENTS

May initiate breastfeeding with newborns, older babies, toddlers or even preschoolers. Baby's needs vary by age and development.

ADOPTIVE PARENTS

Adoptions may be (at least somewhat)
open

Adoptive parents must decide if and how to communicate breastfeeding plans with expectant/birth parents.

ADOPTIVE PARENTS

Adoptive parents may need to travel to the state or country where baby is born and remain there for a period of time.

For U.S. domestic newborn adoptions, **Interstate Compact on the Placement of Children (ICPC)**

ADOPTIVE PARENTS

Adoptive parents may need to travel to the state or country where baby is born and remain there for a period of time.

ADOPTIVE PARENTS

Adoption plans may fall through

Failed or disrupted adoption

ADOPTIVE PARENTS

SUMMARY

Adoption comes with many unknowns. Ongoing contact and a flexible plan are keys to success.

Parent and the baby are more likely to have some extra emotional and health needs.

Parents may need lactation support where they live and where the baby is born.

INTENDED PARENTS

Examples of appropriate language

Gestational carrier (GC) or surrogate
Surrogacy or gestational surrogacy

Intended mother (IM)
Intended parent (IP)

INTENDED PARENTS

Examples of *inappropriate* language

Surrogate mother

INTENDED PARENTS

Why might breastfeeding be especially important?

Normalcy
Secure attachment
Healing infertility

INTENDED PARENTS

Parents are likely to have experienced
infertility

Emotional distress

Exposed to rigorous fertility treatments

Hormonal imbalances

Insufficient Glandular Tissue (IGT)

INTENDED PARENTS

Surrogacy provides a fairly definite lead time of 8 months.

INTENDED PARENTS

Surrogacy plans are secure

Binding legal contract between gestational carrier and intended parents.

Baby is likely conceived with the egg and/or sperm of the intended parents.

INTENDED PARENTS

May need to travel and remain in the country or state where the baby was born

Until safe for baby to travel, usually as soon as baby released from hospital

Until baby receives a passport if baby born in a foreign country

INTENDED PARENTS

Gestational carrier may provide her milk for baby

Breastfeed or express colostrum during the hospital stay
Express milk for a period of time after release from hospital

INTENDED PARENTS

SUMMARY

Surrogacy is a stable arrangement with a long lead time.

Gestational carrier may provide her milk for a period of time, perhaps making milk production feel less essential to intended parents.

Intended parents may need lactation support where they live and where baby is born.

FOSTER PARENTS

Examples of appropriate language

Foster breastfeeding may be more appropriate language than breastfeeding because it implies that the person breastfeeding the baby is someone other than parent.

Birth mother/birth parent

FOSTER PARENTS

Why might breastfeeding be especially important?

secure attachment

poor or lack of prenatal care

FOSTER PARENTS

When might foster breastfeeding be appropriate?

Baby is unable to tolerate infant formula [Mannel & Bennett, 2020]

FOSTER PARENTS

When might foster breastfeeding be appropriate?

Long term expectations for baby's care should be considered:

- Baby in foster care for a longer time
- Expectation that foster parents will eventually adopt
- The birth parent wishes to resume breastfeeding if baby returned to her care

[Gribble, 2005]

FOSTER PARENTS

Concerns about foster breastfeeding and attachment

In Denmark, there is a “requirement [of foster parents] not to get too attached to the children” [Kjeldsen & Kjeldsen, 2010]

Research has shown that children have healthier attachments in the long term after a strong attachment that had been broken than after a lack of attachment.

[Gribble, 2005]

FOSTER PARENTS

Government regulations may be based on misinformation

Countries or states may have regulations regarding the feeding of human milk to a foster baby that do not serve the best interest of the baby.

“State officials should review their policies and regulations for providing human milk to children in their care and facilitate access to that milk when needed.” [Mannel & Bennett, 2020]

FOSTER PARENTS

SUMMARY

The lens through which lactation is viewed is different for foster parents, because the foster parent is not the “forever” parent (yet).

Laws may impact options for feeding a foster baby. However, parents and lactation professionals can help educate and inform, especially when myths may misinform policies.

PARTNERS OF THE BIRTHING PARENT

Examples of appropriate language

Non-birthing or non-gestational
parent/mother/father

Co-breastfeeding
Co-nursing
Co-lactating

PARTNERS OF THE BIRTHING PARENT

Examples of appropriate language

See May 2021 issue of *The Journal of Human Lactation* for further examples of appropriate and inappropriate language for sex and gender inclusiveness. [Baumberger & Farrow, 2021]

PARTNERS OF THE BIRTHING PARENT

Why might breastfeeding be especially important?

May allow both parents to have a biological connection.

Allows parents to share the responsibility and the connection of feeding, while avoiding early introduction of a bottle.

PARTNERS OF THE BIRTHING PARENT

Usually both parents are assigned female at birth (AFAB) and identify as female or non-binary.

One or both parents may be transgender, or the non-birthing parent may be cis male.

PARTNERS OF THE BIRTHING PARENT

The non-birthing parent may be the only lactating parent, oftentimes when lactation causes gender dysphoria in a transmasculine or non-binary birthing parent.

Or the non-birthing may be **co-breastfeeding / co-nursing / co-lactating** with the birthing parent.

PARTNERS OF THE BIRTHING PARENT

Co-breastfeeding Key to Success:
Each parent identifies values and goals
for infant feeding

- when the non-gestational parent begins breastfeeding
- vision of a typical co-breastfeeding routine

[Schnell & Lien, 2016]

PARTNERS OF THE BIRTHING PARENT

Co-breastfeeding Key to Success:
Honest, open and respectful
communication between breastfeeding
parents

- fears about not making enough milk
- concerns that baby develops a preference for breastfeeding with one parent
- negotiating an equitable share in breastfeeding

[Schnell, 2022; Schnell & Lien, 2018; Wilson et al., 2015]

PARTNERS OF THE BIRTHING PARENT

Co-breastfeeding Key to Success:

Start with at least 7-8 milk removals per day for each parent

- Until lactation established, when one parent breastfeeds the other parent may need to pump [Wilson et al., 2015]
- Once lactation established, gradually decrease pumping if adequate lactation is maintained

[Schnell, 2022]

PARTNERS OF THE BIRTHING PARENT

Co-breastfeeding Key to Success:

Breastfeed on cue rather than on schedule

Frequent feeding when milk production is lower minimizes need for supplementation

[Kent et al., 2006]

PARTNERS OF THE BIRTHING PARENT

**We can learn about
breastfeeding when one baby
feeds from two parents.**

One parent may experience nipple
soreness when the other does not.

PARTNERS OF THE BIRTHING

PARENT SUMMARY

Co-breastfeeding requires some extra time in the beginning, careful management, and healthy communication between parents.

Co-breastfeeding supports parents to meet the needs of their baby as well as the needs of one another.

NONGESTATIONAL PARENTS GROW THEIR FAMILIES IN VARIOUS WAYS

They may be

Adoptive parents

Intended parents

Foster parents

Partners of the birthing parent

NONGESTATIONAL PARENTS MAY ALSO EXHIBIT VARIOUS PHYSICAL AND HORMONAL SEX TRAITS

Menopause (due to age or surgery)
Trans female
Intersex

NONGESTATIONAL PARENTS MAY ALSO EXHIBIT VARIOUS PHYSICAL AND HORMONAL SEX TRAITS

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Intersex

Some hormones that impact development of mammary tissue and lactation may be impacted: estrogen, progesterone, androgens.

Prior to inducing lactation, parent may be on hormone therapy to simulate non-pregnant, pre-menopausal female hormone levels. Hormone therapy may be adjusted to simulate both pregnancy and lactation hormone levels to support inducing lactation.

TRANSFEMININE PARENTS

Usually the partner of the birthing parent.

May be co-breastfeeding. [Reisman & Goldstein, 2018;
Schnell & Lien, 2016; Sperling & Robinson, 2018]

TRANSFEMININE PARENTS

Why might breastfeeding be especially important?

Additional benefits may include...

- supporting gender identity
- growing and developing breasts

TRANSFEMININE PARENTS

Are likely to already be receiving
gender-affirming hormone therapy:
androgen antagonist, estrogen, and in some
cases progesterone [Reisman & Goldstein, 2018; Sonnenblick
et al., 2018]

TRANSFEMININE PARENTS

Likely to have less glandular breast tissue than parents assigned female at birth (AFAB).

Amount of glandular tissue may depend on what age gender-affirming hormone therapy began.

TRANSFEMININE PARENTS

SUMMARY

Transfeminine parents are usually the partner of the birthing parent. They may be co-breastfeeding.

Both hormones and amount of glandular breast tissue impact how much milk she can produce. [Reisman & Goldstein, 2018]

PARENTS WITH INTERSEX TRAITS

Why might breastfeeding be especially important?

This parent will also be in one of the previous categories. Additional benefits may include...

- supporting gender identity
- growing and developing breasts?

PARENTS WITH INTERSEX TRAITS

May have less glandular breast tissue than parents.

Amount of glandular tissue may depend on what age gender-affirming hormone therapy began and what that was.

PARENTS WITH INTERSEX TRAITS

Likely to already be receiving gender-affirming hormone therapy:

estrogen [LeCain et al., 2020]

PARENTS WITH INTERSEX TRAITS

SUMMARY

Parents with intersex traits are rare.

Both hormones and amount of glandular breast tissue impact the ability to produce milk.

A parent with intersex traits can produce milk.

MY LACTATION PRACTICE TODAY

Non-gestational parents

Adoptive parents

Intended parents

Partners of the birthing parent

Occasionally a parent is menopausal (due to age or surgery).
Occasionally the partner of the birthing parent is transfeminine.

Rarely a parent is intersex.

Foster parents are rare.

MY LACTATION PRACTICE TODAY

Gestational parents/carriers

Birthing parents who are relactating

Birth parents (adoption or foster)

Gestational carriers

Co-breastfeeding partners

Thank You for Participating

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