

Description

Investigating IBCLCs: Providing Inclusive Lactation Care

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Summary

An international board-certified lactation consultant (IBCLC) has a role in culturally appropriate care provision to meet infant feeding goals, including supporting LGBTQIA+ families.[1] Individual healthcare professionals (HCP) hold the responsibility to learn about the holistic needs of families in the queer community. The third instalment of this series gives advice increasing inclusivity and why it matters, as well as outlining some alternatives to breast/chestfeeding that still provide human milk.

The power of words

Brighton and Sussex University Hospital Trust suggest gender-additive language by adding gender neutral terms alongside the language of womanhood, such as breast/chestfeeding and human/breast milk.[2] Adding this language to your professional vocabulary is a good first step in making your care more inclusive. The purpose of gender-additive language is not to exclude women, but to represent and affirm the reality of the diverse population who can, and do, become pregnant, give birth, and feed their babies.

For some, this broadening of language may at first be worrying or confusing. Reflect on your existing knowledge and impressions of any marginalised community. This helps to identify unconscious biases and address them to cultivate more inclusive, culturally competent care. Respectful care is denied when someone is discriminated against or denied dignified care, such as having to discuss irrelevant or sensitive aspects of their history.[3] By checking your biases, acknowledging your assumptions, and broadening your perspectives, you can make perinatal care safer. When enquiring about the partner of a pregnant person, we no longer assume they are a married couple, as we might have 25 years ago. Similarly, we must move away from automatically assuming the person's partner is of a different gender.

Facilitating choice

There are a variety of avenues to provide human milk from the gestational and non-birthing parent (Box 1).[4] However, these options may not be routinely taught and therefore not made available to parents. These methods must be investigated to provide parental education and inform decision making.[1] Most of these options are also applicable where

a LGBTQIA+ family has used surrogacy or adoption to expand their family. Infant feeding goals should always be considered and discussed with open-ended questions and awareness of the potential need to collaborate with other HCPs, such as endocrinologists, to meet these goals.

Box 1

- Breast/chestfeeding by the birthing parent. Consider potential gender dysphoria from physiological and hormonal changes[5]
- Induced lactation by either parent, achieved through medication and/or expressing (no standard protocol exists)
- Human milk donation via donor milk bank or peer-to-peer donation
- Supplemental Nursing Systems

Conclusion

When supporting LGBTQIA+ families to meet their feeding goals, the involvement of an IBCLC, as an expert in human lactation, can be the key to success. All HCPs should be appropriately educated on the specific issues this group faces to provide accurate evidence-based information and facilitate informed decision making. **TSM**

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