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CORRESPONDENCE

Letter to the Editor for "The lactation and chestfeeding/breastfeeding information, care and support needs of trans and non-binary parents: An integrative literature review"

Dear Editors,

Gargiulo-Welch et al. (2023) aimed to identify the lactation and "chestfeeding/ breastfeeding" needs of transgender and non-binary people to inform midwifery care. Their paper implies that individuals who have had chest masculinisation surgery are quite likely to be able to breastfeed. Unfortunately, this is not the case and midwives who read this article may be misled.

As described in a paper I co-authored (Gribble et al., 2023), the most common form of chest masculinisation surgery is a type of subcutaneous mastectomy. It involves two incisions being made across the breasts, removing breast tissue and then bringing the edges of skin together. The nipple-areola complex is excised and grafted into a new position. Any remaining glandular tissue is not connected to the nipple graft. Nipple grafts are poorly vascularised and enervated and allowing an infant to suckle on them risks damage and infection. Those with small breasts can have surgery that retains the nipple and areola in place with potential for some glandular connections, but if a "nipple reduction" is undertaken, the nipple will not be patent. It is fair to say that breastfeeding in any form will not be possible or advisable for the majority of those who have had chest masculinisation surgery.

Midwives can support individuals who have had chest masculinisation surgery by providing information about the likelihood of being able to breastfeed, anticipatory guidance around infant breast seeking behaviour when skin-to-skin, and assistance with complications like engorgement with no outlet for milk. Individuals may be surprised by their experiences; the New Zealand transition guidelines do not contain a recommendation that breastfeeding implications of chest masculinisation surgery be discussed during consent taking (Oliphant et al., 2018). Those who remain transitioned (MacDonald, 2016), as well as those who have detransitioned (Gribble et al., 2023), may experience breastfeeding grief and require compassionate support.

The lack of inclusion of information regarding the possibilities and practicalities of breastfeeding after chest masculinisation surgery in Gargiulo-Welch et al. (2023) is not the fault of the authors but reflects the inadequacies of existing research. Unfortunately, there are many areas related to trans pregnancy where research is lacking or of poor quality (see Webb et al. (2023) for a critique of one influential study). This must be remedied if we are to ensure transgender and non-binary people receive proper support before, during and after pregnancy.

Declaration of Interest

The author declares that there are no conflicts of interest.

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Yours sincerely,

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Author response to the Letter to the Editor for "The lactation and chestfeeding/breastfeeding information, care and support needs of trans and non-binary parents: An integrative literature review"

The statement we make in our literature review "chestfeeding can be possible after chest masculinisation surgery" (Gargiulo-Welch et al., 2023) acknowledges possibility. The seemingly subtle reframing of our statement to "quite likely to be able to breastfeed" after chest masculinisation surgery assumes a high level of confidence in its probability and is a misrepresentation of our work. The description outlining what is identified as "the most common type of chest masculinisation surgery" is not the only type of surgery available (Hoffkling et al., 2017; MacDonald et al., 2016; Roosevelt et al., 2021). We must therefore consider that chestfeeding/breastfeeding after some gender affirming chest surgeries can be possible. It is equally important to understand that not all trans and non-binary people seek gender affirming surgery. All trans and non-binary parents/whānau require appropriate gender affirming information, care and support from midwives to meet their chest/breast care, lactation and infant feeding needs.

Detailed descriptions of the various surgical options were not available in the literature reviewed. We identify and outline the existence of this gap and others in extant literature within the review. Acknowledging this lack of information, we state the need for an "awareness of the different medical and surgical gender affirming care approaches and the potential impact each of these may have on lactation so that appropriate individualised lactation and infant feeding support is provided" (Gargiulo-Welch et al., 2023, p. 51).

We advocate for increased opportunities that support midwives to develop their knowledge about supporting chestfeeding and breastfeeding for all people, including individuals who have had gender affirming surgery, as suggested.

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