

Bodyfeeding After Chest Surgery

This resource is intended for people who have had chest surgery (reduction or construction) and are considering bodyfeeding their baby after pregnancy.

If you become pregnant after having had chest surgery, there are many options for feeding your baby, including bodyfeeding, feeding with a bottle, or using a combination of feeding methods. For more information, see [Ways to Feed a Baby](#).

While many people who have had gender-affirming chest surgery will not be able to make a full milk supply,^{1,2} any amount of milk you provide to your baby will support their immune system and gut health.

The only way to know how chest surgery has impacted your milk production is by trying to bodyfeed.

Factors that impact milk production

- Chest surgery techniques that leave the nipple stalk intact may be associated with higher rates of milk production after pregnancy.¹
- Chest surgery techniques that remove the nipple and graft it back onto the chest may prevent milk production or expression.^{2,4}
- The amount of chest tissue removed may impact your capacity to make and store milk.
- The amount of chest tissue growth that occurs during pregnancy may indicate the amount of glandular (milk producing) tissue available for milk production.
- Certain medical conditions, such as insulin resistance or hormonal disorders, may impact your milk production.⁵ Speak with your provider if you have any concerns.



Galactagogues

Galactagogues are foods, herbs, and medications that may increase your milk production.⁶ Although there is little formal research about their effectiveness and safety, many galactagogues have been used for centuries by different cultures around the world.

If you have had chest surgery, you should only consider using galactagogues if you are able to express milk after your mature milk has come in (two to five days after birth). If you are unable to express milk, taking galactagogues may cause a build up of milk and lead to engorgement, inflammation, and mastitis.

Always speak to your provider before using galactagogues.

Planning for infant feeding support

Bodyfeeding is a skill that both you and your baby need to learn. If you have had chest surgery and are planning to bodyfeed, you will likely need extra feeding support for the first two to three weeks after your baby is born. This level of support may be provided by your pregnancy care provider or another clinician (such as a nurse, midwife, or lactation consultant). Discuss this with your provider before your baby is born to ensure you will have the support you need.

Clinicians can help with latching or feeding concerns, recommend supplementation amounts, and ensure your baby is gaining enough weight. Where possible, meet them in advance to ensure you are comfortable with them and their approach to care.

- **International Board Certified Lactation Consultants (IBCLCs):** IBCLCs are specialists in providing infant feeding support. They may also be trained as a birth support worker (doula), nurse, midwife, or doctor.
- **Registered Midwives (RMs):** RMs may provide infant feeding support covered by your BC medical services plan (MSP). Some RMs work as IBCLCs and offer lactation consultant services during pregnancy and up to six weeks postpartum. Others provide postpartum care, including infant feeding support, for people they did not provide care to during pregnancy.
- **Hospitals and Clinics:** Some health care settings may offer MSP-funded IBCLC services. Ask your provider or clinic about this option.
- **Private Lactation Consultants:** If you cannot find MSP-funded support or need more support than the available clinicians can provide, you can hire an IBCLC or private lactation consultant. You will need to pay for this service, but some health insurance plans might cover it.
- **Finding an Affirming Lactation Consultant:** Word-of-mouth can be a good way to find someone who has experience working with transgender, Two-Spirit, or non-binary people.



Supplemental feeds

If you have had chest surgery and are planning to bodyfeed, you will likely need to add donor milk or formula to meet your baby's nutritional needs. Before your baby is born, make a plan for what you will feed them and how you will provide these feedings. Learn how to set up, use, and clean your feeding equipment.

- To find out more about how to provide additional nutrition while bodyfeeding, see [Supplemental Feeding Systems](#).
- To find out more about how to plan for a lower milk supply, see [Creating a Milk Production Plan](#) (in development).

Positions for bodyfeeding after chest surgery

There are many different positions and ways to hold your baby when bodyfeeding. Parents and babies often need to try several before finding the ones that work best for them.

Depending on your anatomy, certain feeding positions may be more comfortable. If your chest tissue and skin is taut, positions that stretch out your skin (such as side lying or laid back) will make it more difficult for your baby to latch. Forward leaning positions may increase the amount of tissue available for your baby to latch onto.

For more information, visit transcarebc.ca

References

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