

## Gender “inclusive” language and breastfeeding

Dear Editor,

As an Australian mother of three and breastfeeding counsellor for 14 years, I've watched with increasing concern as the politics of gender identity has encroached upon the mother-baby dyad and breastfeeding. When you “include” gender identity politics as a relevant consideration for breastfeeding, you risk excluding mothers from breastfeeding and creating space for men to identify as breastfeeding mothers entitled to scarce lactation support. When breastfeeding is treated as a rainbow human rights issue, the ability to critically think about the health and support needs of mothers and babies rapidly declines. More worryingly, the authoritarian top-down implementation of changes in language and in practice by breastfeeding charities prioritises affirmation of adult gender identity desires over the baby's human right to his or her mother's milk.

As volunteers with the Australian Breastfeeding Association (ABA), the constitution tells us that as mothers we encourage and give confidence and moral support to mothers who wish to breastfeed their babies. Everything volunteers have been trained to offer other women to help them breastfeed their baby is potentially put at risk if we “non judgementally include ALL parents who wish to bodyfeed their child” as is suggested by some. Where breastfeeding counsellors use such “gender neutral or inclusive” language, surely there is a risk that they alienate some women.

Australians do not appear to support the introduction of so-called inclusive language in maternal lactation. An online survey conducted in May 2021 by KidSpot Magazine<sup>1</sup> with 6500 participants found just 1% were willing to change their language and adopt the word “chestfeeding” as some breastfeeding charities have chosen to. The overwhelming majority of those surveyed, at 97%, prefer to stick with the term “breastfeeding” and the remaining 2% felt uncomfortable expressing an opinion on this hot topic issue. This common-sense acknowledgement of women's biology has also been raised in Australian Parliament, with the collection of Census data this year on the basis of sex, not gender identity.

I've watched as the ABA has allowed some volunteers to work towards language changes which many women including myself experience as offensive, de-humanising and dismissive of our unique female biology. These include trans activist descriptions such as “pregnant people,” “birthing bodies” and perhaps most disappointingly for an organisation founded for nursing mothers, the sex denialist “breastfeeding parents”. At the same time, social media officers, volunteers and staff have together coordinated the removal of the word mum (and mother) from a wide range of ABA's online and printed information materials. Thankfully, in recent months, a clean-up of mum-erasing language is apparently underway and the word “mum” is making a comeback.

However, as the opposing groups of volunteers have not been allowed to work together to resolve their differences and create a shared vision for the Association's future, it seems unlikely that the language truce will last for long and that the parent-prioritising volunteers will truly accept that the very essence of the ABA is a personal and friendly mother-to-mother approach.

The ABA has a code of ethics which specifically prohibits volunteers from using the association to further other personal causes, political or religious views, yet the gender identity issue is new and political (in that there are a range of views) and it is being handled in a political way. If some volunteers or clients came from a religion or culture that believes in pre-lacteal feeds, or the value of controlled crying to a child's development, we wouldn't change ABA's evidence-based practice to “include” their beliefs.

This whole debate about gender inclusive language within the ABA stepped up a gear in November last year when a national consultation was launched by senior leadership. The consultation was very poorly framed and worded to suggest that ABA's long cherished friendly mother to mother approach was potentially excluding parents who don't identify as mothers. Worse still, it framed mother to mother language as excluding trans identifying parents and being potentially discriminatory. Membership concern about the proposed language shift steered the ship back towards an official policy of mother-to-mother language and practice. However, by then, a new specialist resource, a book for

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<sup>1</sup>Cindy Lever, Breastfeeding counsellors accused of bullying for using term 'mother'! Kidspot.com.au. May 18 2021

LGBTIAQ+ families, was nearly complete after two and half years of development. Its content is jarringly mis-aligned with membership thinking about inclusive practice and language and at odds with the outcome of the national consultation. This created a problem for the ABA which it attempted to manage by quarantining trans-affirming, sex denying language to the resource and not allowing it to spread more widely across the organisation. However, it appears that, as some language which prioritises gender identity over female physiology and mothering practice had already spread across the organisation, ABA was not successful in preventing intra-volunteer conflict. In retrospect, as a participant let down by this political process, I have developed the view that the “language” consultation was a first step in a strategy to pave the way for a re-definition of the boundaries of who is a breastfeeding mother/parent based on prioritising gender identity.

In the months following the release of this book, this management decision to include men who identify as breastfeeding mothers in all ABA services gradually revealed itself. In June and July, the new resource and associated training materials asserted that ABA supports all members of the rainbow community and is all about “human milk for human babies” -- in whatever form that “milk” comes. A blog produced by ABA to promote the new body, chest, breastfeeding resource detailed the types of parents that might need ABA’s support including a “trans” and “cis” woman family who may wish to co-feed the baby. Scant information was provided to mother-to-mother trained counsellors about if and how to prioritise the mother baby-dyad in this situation. A firm expectation was expressed that “counsellors would not discriminate” in providing services to male transwomen identifying as breastfeeding mothers.

In the months following the consultation, seven volunteers from four states and territories across the country were targeted for formal anonymous disciplinary complaints by fellow volunteers because they persisted in using mother to mother language in their interactions with the complainants. These breastfeeding counsellors had over 110 years of combined experience and agree that only women, no matter how they identify, should be supported to breastfeed and that babies have a right to their mother’s milk. For the ways in which they expressed this belief, which at that stage was the ABA’s policy, these caring volunteers were called bigots, bullies, or TERF’s Trans Exclusionary Radical Feminists (as they centred mothers in breastfeeding). One was accused of hate speech and bullying for saying that only mothers breastfeed which is why they need maternity leave so they can recover from the birth and breastfeed the baby.

These complaints were upheld for many months by the Association they’ve dedicated years of their lives to support. Although some charges were eventually dismissed as lacking evidence for alleged harassment and intimidation, these mother-supporting breastfeeding counsellors were pressured to accept that they had harmed fellow volunteers who preferred to refer to women as breastfeeding parents and were directed to be more careful and considerate in the future.

The Australian Breastfeeding Association followed LLL International, US, Canada, GB and a number of other breastfeeding charities in swallowing the dictates of radical gender theory which is a “gender and sex neutral” package deal. This includes supporting lactation by transwomen who are biologically male despite a scarcity of evidence that it is safe or suitable for babies. Given the volumes of research into mother’s milk, the nearly non-existent terresearch into lactation by transwomen suggests the hot potato of gender politics is making scientists stay clear. Perhaps fear of being called a bigot, by acknowledging the unpopular truth that human sex is binary and immutable, is an explanation for the lack of scientific study into the medicinal, hormonal, nutrient, living cell, or quantity of any “milk” produced. This failure to investigate on the part of the lactation and scientific communities also suggests a lack of appropriate caution in protecting babies from this experiment in human lactation.

It is equally shocking to me as a breastfeeding counsellor and mother of a teenage girl that radical mastectomy surgeries are being undertaken on minors, apparently sometimes without any counselling about the toll breastfeeding grief may take in the future. In recent months, I’ve watched the abject betrayal of some young women and future detransitioners by some within the Australian Breastfeeding Association, casually affirming “top surgery” for trans identifying dysphoric women, despite knowing that gender identity may change in young people and breastfeeding will, in nearly all cases, never be possible following this irreversible surgery.

Women who identify as men before they reach sexual maturity may never be able to experience the fulfilment and blissful tenderness many mothers enjoy when breastfeeding a child. It is a great sadness that thousands of troubled young girls around the western world are being encouraged by medical professionals to make irreversible changes to their reproductive systems in the hope that it will

alleviate their feelings of gender dysphoria. In fact, the choice to sever all ties with being female means that transgendered men have tapped the mat—signalled their submission. These transmen have forfeited their right to be included in or have any say in the womanly art of breastfeeding.

We cannot, as a breastfeeding support community, compound the harm of plastic surgeons performing “top surgery” by piling on another linguistic falsehood that “men” can give birth or that their chests can make milk. In my opinion, they do not need ill-suited lay “chestfeeding” or “bodyfeeding” counselling. What evidence do we have that such counselling will actually help these transgendered men? In addition, breastfeeding counsellors have sadly little to offer a person who has removed her mammary tissue, and certainly lack the specialist trauma counselling skills for the growing numbers of detransitioned women.

The role of transmen in gender politics also prioritises gender identity over the rights of the baby to his or her birth mother’s milk. The baby’s right to know their mother is set aside when transmen insist that they are “men” and wish to identify out of being their child’s mother. The breastfeeding community should be upholding that breastfeeding is for the baby not for the “lactating parent.” British law has affirmed<sup>2</sup> that children generally have the right to know who gave birth to them and what that person’s status was. The personal gender identity of a transgender person does not, at least in British law, change who the child’s biological mother is. Only women give birth. Breastfeeding and birth are the self-determining business of women and mothers on the basis of our biology.

Australian’s Sex Discrimination Act 1984 contains some aligned protections against discrimination for breastfeeding women and pregnant mothers. Although the sex discrimination act rightly also provides protection for discrimination on the basis of gender identity, it is very clear that both pregnancy and breastfeeding are protected attributes that only women as a sex class share. In other words, the law as written suggests that it is not discrimination against men with a gender identity (i.e. transwomen) to correctly identify their sex and the limitations this biology places on their ability to “breastfeed.”

When exploring the issues of transwomen in lactation, we mustn’t flinch from the truth that we do not know how common autogynephilia is, that is, some males’ propensity to be sexually aroused by the thought of themselves as females. But any transwomen driven by autogynephilia may be using the baby to gratify themselves sexually in the role of a breastfeeding mother.

We do know that some men are aroused by their partner’s lactating breasts and lactation pornography is readily available for those who seek it. Pretending that transwomen, whatever their motivation to induce or even to play with lactation, exist in the same risk category for sexual offenses as women is an ostrich with its head in the sand if every I saw it.

I worry about breastfeeding counsellors who are directed to not discriminate against any “rainbow” parent when hiring out a breast pump from her own home to a former man who identifies as a lactating mother; or when counselling the same individual at a breastfeeding support group with vulnerable mothers just learning to breastfeed; or on the national breastfeeding helpline. Whether or not training has been offered to them in counselling a transwoman seeking to artificially induce lactation, some breastfeeding mum counsellors may not feel comfortable or even safe doing so, and this should be respected.

Women should be supported to trust their personal safety instincts when their boundaries are pushed by strange men (no matter what gender they identify as) and never be afraid to say no. Australian Breastfeeding Counsellors who have undertaken optional training for LGBTQIA+ peer to peer support have been told when counselling to “set aside their emotions and deal with them afterwards. Be kind to yourself knowing you have been kind to another human.” It seems there is no support for or exemption allowable for women who have concerns or objections to enabling a transwoman to interfere in the biological mother and child breastfeeding relationship.

Perhaps the most concerning thing for me in the policy recommendations on Gendered and Inclusive Language offered by the Journal of Human Lactation<sup>3</sup> is this: the lack of evidence that gendered and inclusive language will help breastfeeding, babies or mothers. When making a serious

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<sup>2</sup>Deery, C. (2021) Male Mothers: The Law’s Struggle to Capture the Modern Family. The Oxford University Undergraduate Law Journal Issue X:80-110. [https://www.law.ox.ac.uk/sites/files/oxlaw/ouulj\\_10th\\_edition.pdf](https://www.law.ox.ac.uk/sites/files/oxlaw/ouulj_10th_edition.pdf)

<sup>3</sup>Bamberger ET, et al. (2021). Gendered and inclusive language in the preparation of manuscripts: Policy statement for the Journal of Human Lactation. Journal of Human Lactation.37(2):227-9.

attempt to radically change descriptions of female physiology in academia, wouldn't one at least check in with some global breastfeeding bodies, diverse religious or cultural groups or conduct some research with women and mothers somewhere other than the wealthy West? Why are men who identify as women or women who identify as men privileged by the lactation community for their opinion on standard public health language which is there to support breastfeeding mothers and their babies?

The Academy of Breastfeeding Medicine's "Position Statement and Guideline: Infant Feeding and Lactation-Related Language and Gender"<sup>4</sup> looks to be the first sensible analysis of the risks and benefits of "gender inclusive" language in breastfeeding guidelines. Considering language and cultural differences, honouring breastfeeding mothers, evidence-based health promotion, physiological differences between men and women, and pre- or post-surgical treatment of transmen and transwomen are all examined. Critically, the ABM guideline emphasises that the primary setting for transgendered language is when providing accessible one to one care in a clinical setting.

I will end with the most saddening thing for me, which was being forced to end my 14 years spent as a breastfeeding counsellor due to the complaints of my fellow volunteers who said I used the word "mother" in an exclusionary, bullying way. Volunteering for ABA was a labour of love supporting mothers to breastfeed their babies and celebrating with them their courage and success. In contrast, to use a sports metaphor, this entire misadventure in de-sexed language and counselling practice is a huge "own goal" against breastfeeding and a gift to the formula industry.

Of course, we already know the formula industry is keenly watching. As a much better resourced sector, Big Formula knows exactly who its mum/mom customers are and what they want to hear. Cow and Gate in the UK have already responded by running explicitly female-only online spaces for mothers--no doubt capitalising on the recent pushback by British mums against a number of National Health Service Trusts and breastfeeding charities adopting and including chestfeeding, pregnant people and cervix havers into their language and practices. Despite this, some in the lactation industry continue to think they know women and mothers better than the marketing departments of big formula. Or perhaps these cutting-edge lactation entrepreneurs see an opportunity in gender identity affirming practice to extend market categories into complex trans lactation medicine.

The only job organisations like the ABA have is to protect and empower the mother baby dyad and breastfeeding. Making breastfeeding the preserve of comparatively wealthy women in Canada, the U.S. and Australia who can pay for a lactation consultant and sit around virtue signalling while introducing their babies and their pronouns, is a really poor health promotion strategy. Breastfeeding mothers' groups affected by this sex-denying, destructive ideology will, I suspect, slowly wither. I'm holding out for the alternative that these mothers' groups will be reclaimed by mums without all the politics and myriad gender identities--just babies and breastfeeding. If breastfeeding charities want to meet the breastfeeding counselling needs of transwomen, who remain natal men, the first step should have been to consult with their members and counsellors to gain a social licence for the proposed profound shift in the the mission of the women's health organisations they have the privilege to lead.

The most likely outcome of any further adoption of sex denialism in breastfeeding support communities is—"A Win for Big Formula." Breastfeeding is already hard enough in many western societies that have deconstructed the mother baby bond, without introducing a new sociological minefield. Mothers and babies are incredibly vulnerable as they learn to breastfeed and grow in their loving relationship together. The dyad deserves the unstinting support of organisations established to serve them.

Jasmine Sussex, Breastfeeding Counsellor 2006-2021; [Jasminesussex@gmail.com](mailto:Jasminesussex@gmail.com)

*Editor's note: this revised version of the original letter was resubmitted to the journal by the author.*

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<sup>4</sup>Bartick, M., et al. (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>