

“A deeply compelling memoir from a transgender man who birthed and breastfed his children – it’s informative, inspiring, and transformational.”
– DIANA WEST, co-author of *The Womanly Art of Breastfeeding*, 8th edition

Where's THE MOTHER?

Stories
from a
Transgender
Dad



Trevor MacDonald

Foreword by **Fiona Giles**

Author of *Fresh Milk: The Secret Life of Breasts*

Praise for “Where’s the Mother?”

"Well-written, engaging, friendly, informative, and laugh-out-loud in places – I really enjoyed it."

– **FIONA GILES** (Author of *Fresh Milk: The Secret Life of Breasts* and *Dick for a Day: What Would You do if You Had One?*)

“Trevor's story is both unique and universal. It is about a man breastfeeding his child, which is certainly unique, but it is also about a parent striving to give a baby the best possible nourishment, love and care – which is something every parent understands. Despite the challenges, Trevor doesn't take himself too seriously: he always keeps his sense of humor and his humility. You can't help but be drawn into his story.”

– **TERESA PITMAN** (co-author, *The Ultimate Book of Breastfeeding Answers* and *The Womanly Art of Breastfeeding, 8th edition*)

Where's **THE MOTHER?**

Stories from a Transgender Dad

Trevor MacDonald



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Cover: Helping to poke fun at gender roles is Jacob's milk donor Tara, an ivy-league PhD candidate. Photo: Rahim Ruda.

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*Dedicated to my husband and children, who
provided the basis for the subject material in the
first place, and then made it nearly impossible to
write it down;*

*to you, the ally who has come to read, learn, and
laugh with me;*

*and to all the trans and genderqueer folks who live
their beautiful lives in this difficult world.*

Going With the Flow

Foreword by Fiona Giles

“People are different from each other. It’s astonishing how few respectable tools we have for dealing with this fact.”

Eve Kokofsky Sedgwick, *Epistemology of the Closet*, 1990

Last week one of my teenagers came home from school and said, “Something interesting happened today.”

“What?” I asked.

“We had a school assembly and the Deputy Principal Miss Lawrence said that one of the kids from my year, Kimberly, is now Tom.”

“Did it create a stir?”

“No, not really. Miss just said they’d changed all his documents and he’d like to be treated the same as everyone else.”

Around the same time that this conversation with my teenager took place, celebrated United States Olympic athlete and television personality, Caitlyn Jenner—formerly Bruce Jenner—was featured on the cover of the July 2015 issue of *Vanity Fair*, photographed by Annie Leibowitz. In the context of media history, this was reminiscent of an earlier *Vanity Fair* cover by Annie Leibowitz, in August 1991, which featured the actress Demi Moore, naked, and in her seventh month of pregnancy. A socio-political milestone had been reached.

Soon after the Jenner edition of *Vanity Fair* was released, celebrated African-American transgender actress and blogger, Laverne Cox, was also making news, quoted as saying that, unlike Jenner, she'd decided against facial surgery because she prefers to keep her nose the way it is. "This is my black nose," she said, "and it's gorgeous."¹ The conversation in the media had moved on from the spectacle of difference-made-glamorous to a discussion of mundane aesthetics about body size and shape. It was interesting to see how the transgender debate was being absorbed into the familiar compare-and-contrast exercises between celebrities that are found every week in celebrity magazines the world over. Representations of transgender people had moved, just slightly, from freakishness to fabulosity. And in the realm of body modification—from botox to breast surgery and beyond—what's a little nose job, or gender confirmation surgery?

In the same period, still in the middle of 2015, the United States made international news when it joined seventeen other countries in legalising same-sex marriage. With similar laws in several other countries, such as Ireland and Finland, soon to be enforced, and popular support in others such as Australia, marriage equality is on its way to broader acceptance, at least in some Western countries. Another milestone in the journey toward equality is moving closer, adding this much-needed judicial stamp of approval to the symbolic achievements represented by the media in recognizing sexual difference. Battles for marriage equality and for transgender rights have in many ways been conducted separately; and at times these marginalized groups have been in conflict. Thus the timing of these advances provides a real sense of progress, as both the law and mainstream media support the rights of formerly persecuted individuals. There is of course considerable work still to be done to recognize the rights of transgender citizens, particularly in being granted adequate legal documentation,

¹ Laverne Cox, "Now I have the money to feminize my face I don't want to" Guardian, 15 June 2015, <http://goo.gl/aFw6IU>

and equal access to health care. But gradual advances are being made in order to free all of us just that little bit more from the constraints of heteronormativity. Although transgender individuals need priority in this regard, it's important to remember that their achievements will loosen the ties that bind all of us into uniformly gendered expectations. Progress in so-called minority rights benefits everyone.

How odd then, that also around this time, the June 2015 issue of Australian *Elle* magazine featured the fashion model Nicole Trunfio breastfeeding her four-month-old son Zion on its cover, but declined to release this version on its newsstands. Instead the editor chose to release the image on the subscriber edition only, calling it an opportunity to “say thank you” to its regular readership.² The edition available on newsstands showed the same model fully clothed, and holding her baby, naked and sleeping. While the editor, Justin Cullen, called this a “commercial decision” and a “beautiful bonus” for loyal readers, Trunfio was keen to distance herself from this line of argument, tweeting that the unplanned image taken while breastfeeding during the photo shoot deserved a wider release in the interests of normalizing breastfeeding.³

In the context of the increasing acceptance of transgender rights and marriage equality, and for body modification and the diversity of sexualities, breastfeeding stands out as an issue that remains stuck in the past. In particular, any images of breastfeeding in public are tightly regulated, so that mainstream social media has been late to accept that breastfeeding parents might feel free to post online photos of themselves while feeding their babies. Beyond Facebook controversies, with breastfeeding photos removed for “nudity violations” as late as January

² Mary Ward, “Nicole Trunfio didn’t think ‘Elle’ breastfeeding cover would be a ‘big deal’” *Sydney Morning Herald*, 27 May 2015, <http://goo.gl/dIumpi>

³ Maybelle Morgan, “‘Elle’ under fire after refusing to sell controversial cover of supermodel breastfeeding her young son in shops”, *Daily Mail*, 22 May 2015, <http://goo.gl/1OxlUK>

2015,⁴ other more artistically framed breastfeeding selfies have also made the news, with Sky Boucher's image on Tumblr, "Tea for Two," showing her tandem nursing her twins, going viral, and attracting "a barrage of both criticism and acclaim".⁵ #Brelfies is now a dedicated Twitter feed for parents to protest image restrictions by uploading more pictures.

The furore surrounding the controversial *Time* magazine cover of 21 May 2012, which showed a three-year-old boy standing on a chair to breastfeed, while he and his mother met the viewer's gaze, indicates the unease many people continue to feel concerning the use of human breasts as a source of food. As long as parents breastfeed under strictly normative circumstances, they are revered for being dutiful, virtuous, "good mothers." This ideal breastfeeding is conducted in private, domestic spaces; and if it occurs in public, then it's preferably a low-traffic area, with breast and baby covered by scarves or clothing. Departures from this protocol, with breasts or breast milk visible, or an older child breastfeeding, can incite ejection from premises, social harassment and shaming, despite women being protected by law in many countries to breastfeed in public.⁶ Even cautiously breastfeeding parents, who have taken their baby to a secluded position in, for example, a public swimming pool, and where it's normal to be scantily clad, have been targeted.⁷

As Petra Bueskens notes, it's as if breastfeeding in public triggers

⁴ Rachel Moss, "Facebook clarifies nudity policy" *Huffington Post UK*, 16 March 2015, <http://goo.gl/xFCOf3>

⁵ Sonja Boon and Beth Pentney, "Virtual Lactivism: Breastfeeding Selfies and the Performance of Motherhood", *International Journal of Communication*, 9 (2015): 1760.

⁶ Legislation in many areas specifically names breastfeeding women, and it is unclear whether or not men and genderfluid individuals have the same legal protections.

⁷ Nor are these isolated cases, with frequent reports in recent years from UK and Australia in the news, for example: <http://goo.gl/TKRd6o>; <http://goo.gl/Jg6697>; <http://goo.gl/vsuO7l>

the last form of veiling for women in Western secular cultures; and lactating breasts represent one of the final bastions of modesty to be observed in order for mothers to qualify as public citizens.⁸ If a mother can conduct herself in public while mothering, then her mothering body must remain concealed. Given that attention to decorum is rarely applied so intensely to other activities that entail the sharing of food, it appears to be the lactating body that is yet to be fully accepted.

Such difficulties might seem trivial compared to the many other challenges faced by working, single, or inadequately supported parents to produce enough milk to exclusively or even partly breastfeed their children. Yet the public rejection of breastfeeding taking place when and where the child needs to be fed represents a significant obstacle to the acceptance and success of breastfeeding overall. As Dowling, Naidoo, and Pontin write in their essay on “Breastfeeding in Public,” “The crux of our argument is that for women to be successful in breastfeeding, they have to be able to breastfeed in public.” Furthermore, they add, even though the “public spaces where women are most likely to breastfeed are spaces of consumption (shops and cafes); paradoxically, these are the very places where women find it most difficult to breastfeed.”⁹ Again, it is the role of the mother’s body as a producer (not consumer) of milk, that causes alarm.

So what might happen when a transgender man chooses to breastfeed his baby? What happens when he seeks help through friends, neighbours, online postings, and his local La Leche League group? How might he locate the people who are in a position to help, and are willing to accept him? What happens when a transgender, gay

⁸ Bueskens, P. “Breastfeeding in public: A personal and political memoir,” in *Mothers at the Margins*, ed. M. J. Jones Porter, and L. Reith, (Newcastle upon Tyne: Cambridge Scholars Press, 2015), 204-224.

⁹ Dowling, Naidoo and Pontin, “Breastfeeding in Public,” in *Beyond Health, Beyond Choice: Breastfeeding Constraints and Realities*, ed. Paige Hall Smith, Bernice Hausman and Miriam Labbok (New Brunswick: Rutgers University Press, 2012), 250.

man seeks breast milk donors online? What happens when his interest in and passion for breastfeeding results in him wishing to become a volunteer with La Leche League? And what might happen when he writes about his experiences?

Here is a marginalized individual, who struggled with his gender identity throughout childhood, and into his twenties, who is in an openly gay relationship, and who finds that the most daring act he has committed to date is to use his own chest to feed his baby.

* * *

Mainstream media profiles of transgender celebrities have been published since the mid 20th century, beginning with Christine Jorgensen's memoir in 1952.¹⁰ In 1974, celebrated Welsh travel writer, Jan Morris, wrote *Conundrum*, the story of her transition to womanhood and her travels to Morocco for surgery. Since the '90s, with the explosion in popularity of the memoir genre, which continues unabated today, a subgenre of transgender memoirs has also emerged, with numerous autobiographical narratives such as *The Testosterone Files: My Hormonal and Social Transformation from Female to Male*, by Max Wolf Valerio (2006), Aleisha Brevard's *The Woman I Was Not Born to Be: A Transsexual Journey* (2001), and *Crossing: A Memoir* by Deirdre McCloskey (1999), to name just a few.

Given this history, it's perhaps unsurprising that a transgender

¹⁰ Jorgensen was not the first person to undergo this surgery, merely the first to have a high profile memoir published. For example, Lile Elbe had surgery in stages beginning in 1930; and there may be others before her, as yet unknown.

– Pages omitted from this preview –

Just a year after my surgery, Ian and I talked for the first time about starting a family. The thought had not crossed my mind until I transitioned. Suddenly, I had new space in my soul to care for others.

I wasn't sure I liked kids. I hadn't spent much time with any, and I was a bit scared of the ones I knew. Kids say exactly what they are thinking, including things like, "Are you a boy or a girl?"

It seems, too, that many can tell in an instant if an adult is not feeling confident. Luckily for me, our baby would be born a baby and not a kid, and we would have time to get to know each other well before the need to negotiate over candy, bedtimes, or car keys.

I also took courage from the fact that Ian was, and is, amazing with kids. Friends of ours have been surprised more than once to hear their normally standoffish babies and toddlers crying for him, asking to be held, played with, and read to. Ian had assumed that as a gay man, he'd never have children of his own.

As surprised and unprepared as we both were (neither of us had ever changed a diaper before our own kid was born), we knew that we wanted to raise a baby together. We wanted a little person to love, cuddle, delight in, and guide as best we could.

At first we considered adoption, but rapidly concluded that no one would let us adopt a kid. There is a substantial age difference between us, we don't have piles of money, and, yes, there's the transgender issue. Canadian courts have ruled that being transgender or deciding to transition should not affect child custody arrangements, but many people are still suspicious of transgender parents (a quick

perusal of the comments on any article about transgender parenting provides copious proof). We assumed that we would be stuck on an adoption waiting list for years and never get a call.

We next looked into the homegrown variety. I think Ian was afraid to ask me if I would carry a baby. I had just transitioned and was finally feeling (mostly) good about my body. I can't remember who brought it up first. We sort of chatted about it together over many months and confirmed that it was something we both were certain we wanted. Ian was extremely gentle about discussing babymaking, although I know now he was badly hoping that I'd be willing to try. The temporary nature of pregnancy gave me the assurance I needed to be able to go ahead. If I felt wretched, excruciating gender dysphoria as a pregnant person, at least it would be over eventually.

Neither of us have any serious genetic diseases in our families. I was at an ideal, low-risk childbearing age. We approached various doctors about the plan to have a child and none could foresee problems. I was advised to stop taking testosterone, wait a while for my system to sort itself out, and then try. Doctors said my voice would continue to be low and my facial hair would keep growing (an immense source of comfort for me, but which I now realize was also great personal luck – I've since met trans guys whose facial hair fell out and voices became higher in pitch when they went off testosterone), but, on the inside, my female hormones would start up again, reducing my muscle tone, redistributing my body fat, and preparing my womb for potential pregnancy.

A very traditional couple, we chose to marry and then give it a go. We were so conventional and *mainstream*, in fact, that our due date, April 17, 2011, was precisely forty weeks from the day of our wedding. We married at home in our back yard in the presence of friends and family who came from Winnipeg, Vancouver, Ontario, Nova Scotia, Montana, and Australia-via-Turkey to be with us.

When we were planning our pregnancy, we spent a lot of time with our friends Simone and Teddy, whom we knew from work. They had two kids, Tim and Samantha, aged four and one. We loved our friends' empathetic, thoughtful parenting style, and tried to soak up as much information and experience as we could. We often helped with the standard dinner-hour frenzy and then hung around for much-anticipated "adult time" after the kids were in bed, when we talked endlessly about birth, babies, and work.

Simone had planned to have Tim at home, under the care of a midwife, but ended up in the hospital after a long, exhausting labour. The birth of her daughter, at home, was a completely different experience. Simone told us she wished that she had read Ina May Gaskin's *Guide to Childbirth* before having Tim. The book is a cornerstone of the natural childbirth movement, Ina May being the world's most famous midwife. A strong advocate of natural childbirth, she is also the only midwife to have a medical technique – the Gaskin maneuver – named after her. The first half of the book is a compilation of personal birth stories, from labours that took mere hours to those that went on for many days. Simone didn't know until reading Gaskin's guidebook that a long labour could be normal and healthy. I bought the book and listened for more advice from Simone, meted out bit by bit over wine for her, and chamomile tea for me.

Reading Ina May was pure inspiration for me at the time, although the writing was very mother, mother, mother, mom, mom, mom, WOMAN!!! I expected all books about pregnancy to be that

way, and hopefully assumed that if Ina May had known about people like me, she would have included more gender-neutral language.³⁴

“As soon as you pee on the stick, you have to call the midwifery clinic, before telling Ian.” Simone had joked. Midwives were few and far between in Winnipeg and demand for them vastly outstripped supply.

I was pretty sure I wanted a natural, midwife-attended home birth. I couldn’t imagine showing up at a hospital during labour and explaining over and over again to strange nurses and doctors as the shifts changed that, “Well, oh, just a minute, oooooowwwwwweeeeeeee, well, I was born female, uh, hoooooooooooooh, haaaaaaaaaaaaah, and then I took male hormones, heeeeeeeeeeeeee, but we saw my endocrinologist who said...”

If we got into a midwifery clinic, we would be attended by the same team of three practitioners during pregnancy, labour, birth, and postpartum (six weeks). Hopefully we would never have to enter a hospital at all.

Ian and I were in a motel on the road when we got our positive pregnancy test. I was shaking, both from excitement at our news and at the thought of telling an unknown receptionist that I was a pregnant guy in need of midwifery services.

I called the clinic long distance, and told the woman on the phone that we had just taken our pregnancy test. We thought we were about three and a half weeks pregnant.

“Congratulations!” she said. “I will need to speak with your wife or girlfriend.”

Here we go, I thought. “Well, I’m actually the one having the

³⁴ I met Ina May in 2014 when we spoke together on a panel at a birth conference. When I thanked her for her work and acknowledged how essential it was to my birth experience, she was polite. In 2015, I was shocked when Ina May signed a letter that argued against the need for gender-inclusive language and questioned whether trans people should be included in midwives’ scope of practice. It can be viewed here: <http://goo.gl/oqstzi>.

baby. I'm transgender. That means I was born female..." It was the first of many times that I would give this explication. The woman took my information down without comment. She said we'd get a phone call in about three weeks if we were accepted. If not, we'd receive a letter in the mail.

When we arrived home from our adventures there was no phone message and nothing waiting for us in the mail. A month had passed. Maybe we were too unusual for the midwives, who typically only take the most average, low-risk cases. Complicated pregnancies are always left to the obstetricians. Although I should have been as low risk as anyone according to my GP and endocrinologist, we speculated that the midwives might have worried about the effect of my pre-pregnancy testosterone use on the fetus.

I was most concerned with how we were going to get the baby out, but Ian was starting to think of life with the actual baby. Which room would become the baby's room? What colour should it be? We decided on a bright, gender-neutral yellow and Ian sewed some cheerful curtains to match. There remained the question of a crib, a change table, a stroller, a car seat, receiving blankets, clothes, and probably a bunch of other stuff we'd never even heard of.

What would he or she eat?

Ian, being a true Winnipegger, is always on the lookout for the best deals. Living in this city is cheap, as it is located in the middle of nowhere and, depending on the season, it's alternately bone-achingly cold or swarming with mosquitoes bigger than your head. Housing prices are low, so are salaries, and finding items at a reduced price is the preferred sport and birthright of the Winnipeg local. Fifty-percent-off old cauliflower, two-for-one bottles of pop, and marked-down short-dated organic milk are all considered excellent buys. The savings are so great, really, that it is as if the store is paying us money to take these things off its shelves. If we don't get them, we are the losers. Never mind that the cauliflower was already going off, we shouldn't drink pop anyway, and nobody knows what to do with three

jugs of milk in a family of two. We get cheap chocolates even cheaper the day after Easter, and cinnamon hearts for half-price post-Valentines' Day. We often pay for Groupon discounts, even though by now we've missed the expiration date for seeing the Da Vinci Exhibit, we forgot about the one for ceramics until after the discount period was over (we went anyway and paid full price), and we've realized that we have to get our house professionally cleaned four times in the first two weeks of January in order to redeem our Groupons at the sale price we bought them for (this sparkling start had better bring us good luck and health in the New Year).

When Ian learned early in our pregnancy, in the fall of 2010, that baby formula companies would send free samples, he became excited. He supplied them with our address and the anticipated due date of our baby, and then eagerly checked the mail. We happily received big tubs that were hardly sample size! Included was information on how to prepare the food and feed it to our baby, as well as how our baby would grow and develop. They even provided instructions on breastfeeding, noting that this is, in fact, the best way to feed a baby.

Ian once saw a bumper sticker that read, "My baby is exclusively breastfed. Not one drop of formula!"

That is how the breast milk versus formula debate gets inflamed and ugly, isn't it? "Breast is best," but if it isn't available, there are alternatives. That is the miracle of modern living.

We were sure that breastfeeding wouldn't be possible for us, so we were happy for the support of the friendly people from the formula companies, and especially for the free gifts.

We had a good start researching different types of formula, and now we needed a delivery system. We read about the Bisphenol A (BPA) controversy³⁵ and decided that there was no way our little baby was going to be ingesting weird chemicals. We found some used "Born-Free" bottles in great condition that were guaranteed BPA-free.

³⁵ BPA is often found in hard, clear plastics and is believed to be an endocrine disruptor that mimics estrogen.

We were getting ready.

After waiting and waiting to hear from the midwives, suddenly the calls flooded in. We were accepted by three out of the four midwifery clinics in Winnipeg, a situation practically unheard of. We made an appointment with the first one that had contacted us, and then informed the others that we had found care.

We learned that the midwives had not been intimidated in the slightest by our queer family – they had chosen to prioritize us. As part of their mission, they serve “marginalized communities.” We were incredibly touched to be welcomed in this way, and a bit worried (*in what ways might we be marginalized by the health care system?*).

I was aware, however, that having a midwife was no guarantee of a stress-free home birth. Simone had warned me, “With Tim’s birth, my labour was so long. Eventually, I was exhausted and scared, and feeling so vulnerable. I think the people around me had a hard time seeing me in such pain. They caught my fear and amplified it. The midwives started to talk to me about going to the hospital, which I hadn’t wanted to do, but the mere mention of the word was enough. I agreed to go, and it was such a disaster. In hindsight, there was nothing actually wrong with my labour – it was just long. The baby’s heart rate was good and my vitals were fine. For Samantha’s birth, I told everyone that they should not speak the word ‘hospital’ within earshot of me unless the midwives thought my life or the baby’s was at risk.”

I couldn’t imagine my determined and strong-willed friend caving the way she supposedly did. Behind her five foot five frame, friendly smile, and business-like hairdo and dress, there is fire, especially where her children are involved. Not exactly a pushover or a conformist, this is the same woman who still breastfeeds her five-year-old because she and he both want to (nursing toddlers and older children is standard outside of Western culture) and explained to her dentist that there is “not a chance” that she’ll stop nursing her two-year-old anytime soon. “Sugary juice drinks and candy, not nursing, lead to dental caries,” she

said with confidence, having read enough academic articles on the subject to know more than the dentist.

At our initial meeting, our midwife, Mandy, mentioned something about how she liked to see adequate “progress” of about 1 cm dilation per hour, and in the back of my mind a red flag appeared. Didn’t Ina May Gaskin say that dilation of the cervix is a wildly unpredictable process whereby the body leads and the health care professionals must patiently follow? I knew it was possible to dilate only two centimetres over the course of many hours and then another eight in 30 minutes, rendering average dilation per hour meaningless.

I couldn’t contain my excitement over the pregnancy itself and having found a midwife to care for us. I let the mention of “progress per hour” slide. Mandy seemed friendly and otherwise flexible.

For the first 12 weeks or so, we kept our pregnancy private. We told my parents and Ian’s, and a few close friends – the people who we knew would be ecstatic, and the only people we’d want to talk to if I miscarried.

I experienced a lot of nausea, known to me as “all-day sickness,” which was frustrating as well as hard to disguise around others. Triggers included the smell of most cooked foods, cigarette smoke (even a hint of it from someone walking on the opposite sidewalk from me), and car exhaust. There were a few occasions when I stayed in the bathroom for much of the day. I craved dairy throughout the pregnancy. Ian made me sweet, icy, milk-based smoothies that I could usually keep down.

At the end of the first trimester I wasn’t showing at all yet, but we decided to share our news with our work colleagues and casual acquaintances. The pregnancy was well established. Everyone was excited and congratulatory. A few people asked us how we knew the pregnancy would be safe, so we related our conversations with my endocrinologist and other doctors.

One co-worker, Dan, asked, “But what about the breastfeeding?”
Was not being able to breastfeed a reason not to have a baby? We

reminded him that Ian had been adopted and fed on formula. Dan politely backed down, but then talked at length about how great a responsibility it is to have children, as if we hadn't thought of that.

The most common result, however, of telling people that I was pregnant, was that they started using female pronouns and calling me "mom." These were people who had met me when they thought I was a woman, and then watched me transition to male. For the past two years, they knew I was Trevor and had seen me using the men's bathroom and wearing men's clothes. I had a beard that I refused to ever shave and I spoke in a decent-sounding baritone. Suddenly, my transition was reversed in the eyes of our colleagues because we were starting a family.

When I corrected one woman, Jess, she told me, firmly, "If you're giving birth, then you're a mother."

I wondered about all the women who adopted babies but didn't give birth to them. Did Jess feel they were a different class of "mother"? Were the women who gave up their children for adoption the "real" mothers because they had given birth?

I had a hard time responding to statements like hers, not because I believed them, but because they revealed how poorly I was understood by people with whom I thought I had good relationships. Some felt they had a right to name my identity for me. I didn't know where to start. Besides, I was trying valiantly to keep my food down, an effort that went largely unnoticed but took up much of my concentration.

Another colleague asked us soon after we became pregnant, "Well, did you, umm, enjoy the process, you know, of making the baby? Cuz, I hope you did. I hope it's not horrible that I'm asking you."

Regardless of whether it was horrible, she blustered on. "I mean, it hasn't always been entirely pleasant for me. Sex, that is. Anyway, I'm just wondering, did you like it?"

I'm sure most people wonder this. How do the cisgender gay man and the trans guy make whoopee?

Trust plus Time.

Ian knows that I am a man, and I trust this. Despite my unique physical traits, he always treats me in a way that matches how I feel.

Opening up to let out a baby, however, especially while some medical professional is shoving her hands inside me, was not something I could see myself doing. I would have to focus on parts of me that I didn't feel belonged to me, and that I was constantly surprised I had.

Everything I read said that, where possible, minimal interference during labour, pushing, and birth makes the whole process safer. As a trans person, I wholeheartedly agreed. Birth has a natural rhythm. If you let your body do what it is supposed to, in most cases everything will be just fine. In the event that you are one of those unlucky birthers with some kind of complication, the midwife or doctor will step in and do whatever needs to be done. In Manitoba where midwifery is legal, we can have the best of both worlds: natural birth at home with top-of-the-line medical treatment as backup. For me the problem was that I defined "interference" extremely broadly. The term included, obviously, pelvic checks, but also feeling my body being watched closely and hearing distracting medical talk.

Trans guys are notorious for avoiding PAP smears. At clinics that serve the trans population, they put up posters reminding us "non-biological" men (as a friend of mine puts it, does this mean we're made of styrofoam or something?) that if we still have female organs, we can get cancer in them and they need to be checked regularly.

When anyone aside from Ian comes close to touching my down-there parts, they close up tight. My deepest fear during my pregnancy was that if I had a pelvic exam in labour, my muscles would contract and I would never open up again. That baby could stay stuck inside for weeks, maybe even years. I'd be forever wearing massive sweaters to hide my permanently pregnant body.

I started to fantasize daily about labouring and pushing the baby out so fast that our midwife wouldn't have time to get to our house.

This type of rapid birth is known as a “precipitous labour” and many people fear it because it can be an intense, out-of-control experience. Our midwife said most cases of precipitous labour result in perfectly healthy babies because all the circumstances have to be just right for a baby to come out so quickly. The baby would be well-positioned, with the hips opening at just the right angle and the cervix fully dilating and becoming completely effaced.

I dreamed of being on a walk at my favourite park just outside of the city, and suddenly, labour would start, out would come the baby, and I’d walk back to the car carrying my new infant with my faithful dog trotting at my side (probably after she’d enthusiastically polished off the placenta – let’s be realistic). Despite my daydreams, I knew that I had to prepare for a certain amount of medical intervention.

I felt utterly stuck and fearful about the upcoming birth, so I went to see a good therapist that Ian had once worked with. She was sympathetic but had some trouble understanding my problem. She kept talking about how I had to “heal this old wound.” I tried to imagine what this wound would be or how I might heal it, but the metaphor of injury and recovery simply couldn’t describe my situation. I was a guy with typical female body parts, attempting to do what some might argue is a rather female task, and I felt terrified by the idea of doing it in front of others.

At the end of a visit with Simone, she loaned me a copy of the book, *Breastfeeding After Reduction Surgery: Defining Your Own Success* by Diana West. Simone was a volunteer leader with La Leche League, an international breastfeeding support organization.

She said, “I don’t know if you want this. It might just be too painful and frustrating to read, or frankly irrelevant to you.”

She knew that my surgery had been extensive. She said that if I could produce milk, it might only be drops.

Breastfeeding after surgery? Drops of breast milk? I had assumed that nothing would be possible and hadn’t given it a second thought.

When I read the book, I realized that there was no way for me to know how much milk I could produce unless I tried. Even my surgeon couldn’t tell me how many milk ducts he severed or how much glandular tissue was removed. In general, surprisingly little is known about breast anatomy. We do know, however, that pregnancy hormones drive the body into high gear, developing more breast tissue and sometimes healing milk duct injuries, a process called re-canalization.

I quickly discovered that books on breastfeeding tend to begin with a heavy-handed, guilt-inducing chapter about why nursing is much more normal, from the baby’s perspective, than formula: feeding artificial milk increases chances of asthma, allergies, cancer, childhood diabetes, obesity, and dozens of other problems. Diana’s book brought an essential nuance to this discussion by stating that breastfeeding does not need to be all or nothing. You can define your own success and feel good about doing what you can instead of being remorseful

over not exclusively breastfeeding. Even drops of breast milk would be important for our baby's health. Tiny amounts are packed with infection-fighting antibodies, for instance.

Some of the differences between bottle and breast don't even come from the milk itself, but from the action of nursing. Suckling a breast (or chest) promotes normal jaw development while using a bottle does not.³⁶ Even if our baby had only formula, I could feed him at my chest using an at-breast supplementer, maybe keeping him from one day needing some of the dentist's more torturous devices.

A supplementer consists of a bottle of supplement with a long, thin tube going into it. You put the other end of the tube next to your nipple and then latch the baby onto the tube and your nipple at the same time. This way, the baby gets the milk that the parent can produce and the supplement through the tube, too. Using a supplementer avoids the "nipple confusion" that can come from bottle-feeding. Since sucking on a bottle is a different action from suckling at the chest, young babies who are given artificial nipples such as bottles and pacifiers may have difficulty breastfeeding. In addition, these infants may develop a preference for the faster flow of the bottle over the breast and begin refusing the chest altogether. Keeping the baby at the chest helps to stimulate the parent's own tissues to create more milk – breastfeeding depends on the feedback of a supply and demand system.

I also learned that breastfeeding is a simple, effective method of parenting, independent of its usefulness as a means of delivering food. Babies nurse to cope with stress or pain, and to fall asleep. I could see from Simone's parenting example that nursing is an ideal way to help a toddler handle big emotions like anger, frustration, and fear.

³⁶ Palmer, "The Influence of Breastfeeding on the Development of the Oral Cavity."

– Pages omitted from this preview –

About the Author

Trevor MacDonald started his blog, www.milkjunkies.net, to share his experiences of transitioning, becoming pregnant, and breastfeeding with the use of supplementary donated human milk. Since 2011, milkjunkies.net has received over half a million visitors.

Trevor founded the first online support group for transgender people interested in pregnancy, birth, and breast or chestfeeding. He has initiated and helped to design and carry out a study funded by the Canadian Institutes of Health Research on the experiences of trans-masculine individuals with pregnancy, birth, and infant feeding.

He received international media attention in 2013 when his application to volunteer with his local chapter of La Leche League, a worldwide breastfeeding support organization, was blocked on the grounds of his gender identity. He successfully campaigned for a change to LLL's policy in 2014.

Trevor is a Huffington Post featured blogger, and has appeared as a speaker and workshop leader at conferences such as Yonifest (with Ina May Gaskin and Michel Odent); the Philadelphia Trans Health Conference; the Canadian Professional Association for Transgender Health; the Canadian Association of Midwives; and the International Lactation Consultant Association, to name a few. He frequently presents educational sessions for church groups, university courses, LGBT youth groups, and health care workers.

Trevor lives near Winnipeg, Manitoba, Canada. This is his first book.

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