Chat Log (Abridged)

00:16:00 Olivia G. Ford (she/they) - The Well Project: To join the Infant Feeding listserv, drop your email here *or* email me at oford@thewellproject.org!

00:16:20 Olivia G. Ford (she/they) - The Well Project: Register for the perinatal roundtable here! https://ucsf.zoom.us/meeting/register/tJcoc-yqqz8jH9AtZmgzH726jYPSv-thYEKN


00:22:32 Catherine Hanssens: And please let me/CHLP know of any providers you encounter who are NOT supportive of women living with HIV who choose to breastfeed. Chanssens@hivlawandpolicy.org

00:24:45 Pamela Morrison: Jenna, great trip through memory lane! I would love some of the links to those activities and presentations etc to share with my British colleagues

00:25:25 Singh Robert B.: Why it is call also chest feeding.

00:26:25 Jenna Conley: Of course, Pamela! this links to most of the work I mentioned: https://www.thewellproject.org/hiv-information/breastfeeding-chestfeeding-and-hiv-supporting-informed-choices

00:27:04 Vickie Lynn (she/her/hers): Singh, it is a term that is inclusive for all who feed and nurture their child by feeding them milk from their chest.

00:27:25 Vickie Lynn (she/her/hers): Bodyfeeding is another term used.
Singh Robert B.: okay, will that be the milk that only comes from the woman's breast?

Vickie Lynn (she/her/hers): A person's breast, yes.

Heather O'Connor: Some lactating individuals do not identify with having breasts and therefore use the term "chestfeeding" or "bodyfeeding".

Singh Robert B.: okay, thanks a lot I do not wish to speak I am beginning to come to terms with these new terminologies. I can see I am way behind with regards to the terminologies.

Heather O'Connor: That's totally fine! These are safe spaces to learn and grow! :)

Vickie Lynn (she/her/hers): Thank you Heather - I miss spoke

Heather O'Connor: No you didn't, Vickie! Was just trying to further elaborate. <3

Vickie Lynn (she/her/hers): Thank YOU!!

Krista Martel (she/her), The Well Project: Deb has been one of the amazing provider allies working hard for many years for women and better/more support!

Krista Martel (she/her), The Well Project: Please be sure to read Ci Ci's blog from 2019 where she talks about her experience not being able to breastfeed her son (now 11): https://www.thewellproject.org/a-girl-like-me/aglm-blogs/liquid-gold

Krista Martel (she/her), The Well Project: And her blog from 2022 and recent experience with her newborn: https://www.thewellproject.org/a-girl-like-me/aglm-blogs/gold-ish-liquid

Singh Robert B.: do you work with men or male partners along with the person who want to do breast or chest feeding?

Krista Martel (she/her), The Well Project: Here is a link to the BEEEBAH programming Ci Ci spoke about - which we will add this webinar to, as long as many other programs as they are developed: https://www.thewellproject.org/hiv-information/beeebah-building-equity-ethics-and-education-breastfeeding-and-hiv

Heather O'Connor: There are many things a male partner can do to support a lactating partner and often these options are explored and practiced with a lactation consultant.

Singh Robert B.: Is there a lot of women living with HIV need to do breast or chest feeding? From my experience the medical community is not likely to support this cause.

Krista Martel (she/her), The Well Project: We have created a list of supportive providers in the US- and would like to continue to add to it - so please fill out the form if you would like to be added, or share with your networks: https://www.thewellproject.org/hiv-information/list-us-based-providers-who-support-informed-infant-feeding-choices-parents-hiv

Catherine Hanssens: www.hivlawandpolicy.org

Bose Oladayo: Yes so true our story our life.
00:59:37 Pamela Morrison: Yep. I've been advocating for breastfeeding in context of HIV since 1995!

00:59:41 Heather O'Connor: Your earrings are fierce, Catherine!

01:01:32 Catherine Hanssens: There is almost no funding for legal and policy advocacy on this issue.

01:01:54 Olivia G. Ford (she/they) - The Well Project: Keep dropping your questions in the Q&A box - or raise a hand and we will bring you off mute to speak your question!

01:03:00 Bose Oladayo: I remembered, how happy mothers with HIV were, when it was announced that women living with HIV can breastfeed their babies in the clinic where I access treatment for HIV almost 10 years ago.

01:09:50 Olivia G. Ford (she/they) - The Well Project: YES to the doula model of support/presence! <3

01:10:07 Bakita Kasadha: Doulas are fantastic

01:11:23 Catherine Hanssens: Also, as everyone knows with medical consent forms, you are not expected to actually read them, and you often experience harassment for trying to read it — and that is something to raise if that kind of form is used against you down the road.

01:12:34 Grissel Granados: I think Cynthia was the one who mentioned about consent forms so I am curious in what context she mentioned it

01:12:53 Catherine Hanssens: When care is conditioned on signing a consent form, the signature is not “consensual.”

01:15:33 Catherine Hanssens: Also pushing back against hospital/facility lawyers who create these stupid forms.


01:17:28 Heather O'Connor: It is also a huge problem that there is no information regarding how to care for a lactating person living with HIV in lactation education. Anytime it is mentioned it is in the context of "DO NOT". Therefore lactation issues become a solid "DON'T DO IT" when issues like mastitis arise. A strategy could be developed with a lactation consultant, but not if they are not educated on what to do and how to do it.

01:17:54 Dee Conner: Right Cynthia, and they should not be in fear.. It's their choice..

01:18:22 Pamela Morrison: I'm a lactation consultant. We have a duty of care to support a mother's own choices!

01:18:31 Catherine Hanssens: Cynthia, so so important — once child protective services gets involved, a parent and their family usually are subjected to endless surveillance.
Heather O'Connor: Absolutely! I am speaking specifically to lactation certification courses in the United States. I am not sure whether or not HIV is included in education in the UK.

Pamela Morrison: should maybe add, we supply the info, the client makes the choice!

Lisa Diane White: HIV stigma/criminalization furthers the perpetuation of a climate of fear. Thank you for these powerful conversations.

Pamela Morrison: Exam is international, and HIV is on the topic list.

Heather O'Connor: When I completed my breastfeeding certification course, information on how to care for a lactating person living with HIV was not included in the course. The only time it was mentioned was to not allow a mother living with HIV to breastfeed and to make sure donor milk was coming from an HIV negative person.

Pamela Morrison: Oh Heather, shocking!

Heather O'Connor: Interested to know if more information is included in the IBCLC test... that's something that I don't know. In the US, lactation support is so severely needed, but often not provided at the rate that it should be...especially for folks living with HIV who require a specific treatment plan.

Pamela Morrison: Martha, very good points

Pamela Morrison: CC so good. Selective risk!

Bakita Kasadha: Thank you Martha, Ci Ci and Krista, such important points

Pamela Morrison: Heather, maybe we can talk about this more...

Heather O'Connor: Yes! Absolutely!

Heather O'Connor: A lot of it has to do with the marketing of formula at such a high rate.

Ciarra "Ci Ci" Covin (she/her): Our pediatrician gave us a choice of the ARVs Zuri received after birth. 1 or 3 med regimen.

Pamela Morrison: Heather, yes Formula is seen as so normal.

Heather O'Connor: Right! It is oftentimes immediately offered to mother post-birth and in cases of unnecessary supplementation while mother’s milk comes in fully.

Pamela Morrison: Deborah, BHIVA in UK only give infant prophylaxis for 4 weeks.

Heather O'Connor: ^^^ this!

Krista Martel (she/her), The Well Project: Please complete this quick survey! https://www.surveymonkey.com/r/NWGHAAD22
Finn Schubert: Catherine, I would like to discuss how we can better engage hospital legal/risk management departments which often become involved in clinical decisions - I will contact you.

Catherine Hanssens: chanssens@hivlawandpolicy.org

Bakita Kasadha: Fantastic discussion, thank you all!

Pamela Morrison: Thank you all so much!!!

Catherine Hanssens: Finn, please do — just shared my email. I think that’s an important conversation to have.

Jessica Sanchez: Thank you!!!!

Carsen Beckwith: Thank you all for this wonderful conversation!

Heather O'Connor: Thank you so much!!

Dee Conner: Thank you ladies!!

Dee Conner: Here to support

Singh Robert B.: Thanks a million

Finn Schubert: Thank you everyone! This was a fantastic discussion!

Martha Martha Cameron: This was excellent - thank you so much.

Zandraetta Tims Cook: Thank you. Very informative and provocative discussion.

deborah cohan: I learned so much today. Thanks everyone! Yes to pushing for guidelines changes and providers taking responsibility for changing the paradigm to one of reproductive justice and autonomy!

Bose Oladayo: Thank you so much for all your sharing. I am so inspire.

Olivia G. Ford (she/they) - The Well Project: Survey link again! https://www.surveymonkey.com/r/NWGHAAD22

Nicolette Lovingood: They need to have more of these talks. Thank you!