

# FALSE CLAIMS ABOUT MALE “LACTATION”: BABIES’ SAFETY FIRST



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**Uncovering Fake News Project:  
"Male can breastfeed"**

**FALSE CLAIMS ABOUT MALE "LACTATION": BABIES' SAFETY FIRST**

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## INTRODUCTION

On the way to scientific progress regarding new reproductive technologies, we can see throughout the 20th century an increasingly intense project to split the life reproducing abilities and, therefore, women's sexed bodies. Technologies such as surrogacy, In vitro fertilization, sexual selection and artificial insemination are some of the innovations that find fertile grounds on the field that turns human life into merchandise and the act of reproducing into technological artifice.

On the same path of splitting women's bodies and functions - and their dehumanization masked as scientific progress - it's possible to see an intensified offensive towards the definition of woman based on tangible reality, a totality that covers and makes inherent biological, social and political aspects. For this new belief system - the Queer Theory - men and women are identities self determined by the individuals and not a scope of singular, material and easily distinguishable characteristics. Here, the sexed body loses room for a limited notion of performance and, therefore, women lose room for men's desires to be women, which they see as alternatives for manifesting their gender identities based on mannerisms, stereotyped behavior and pharmaceutical industry fed cosmetics interventions.

Under the auspices of technological advancement, that allows changing the experience of female reproduction into an uncontinued and split act, the male reproductive experience glimpses at the desired continuity on an experience that, up to this point, was specific and discontinuous. Gena Corea, in 1986, points to the dyad continuity/discontinuity in the human reproductive experience as a characteristic that stems from the reality of the sexual dimorphism of our species:

For woman [*sic*], reproduction is a continuous experience. She participates in intercourse. The fertilized egg grows within her body

during the nine months of pregnancy. She births the child in an act of labor, sometimes nourishes the child with her milk, and raises the child.

For man [*sic*], reproduction is a discontinuous experience. He ejaculates his sperm into the woman and then goes about his business. Nine months later, a woman bears a child that is his as well as hers. But he has a hard time imagining that child is his. To make a connection between copulation and the birth of a child much later requires an intellectual act. Paternity, then, is an abstract idea - conceptualizing a cause and effect relationship between copulation and childbirth - while maternity is an experience.<sup>1</sup>

What we can observe through technological advances in this field is the swap in this dyad. Women subjected to invasive procedures and experiments having parts of themselves collected for the purpose of producing babies, experiencing fragmentation and discontinuity, previously considered masculine, as highlighted by Kathryn Pauly Morgan in 1989.

Biological motherhood is being literally dismembered from the moment the first woman starts to be evaluated for the "high quality" of her eggs; then a second woman is evaluated for her usefulness as an incubator during the first stages of pregnancy; and also a third, for her usefulness as a long-term incubator, after the conception and embryo transfer. Finally, a fourth woman will be considered the appropriate social nurturer of the child. The psychological outcome of this is that women, medical researchers and technical professionals play roles in motherhood in a radically different way: it becomes a collective noun, a collective experience that is intrinsically and socially constructed in order to "optimize" the arrival of a child.<sup>2</sup>

While women and babies become products, many customers on this new niche market are men. These technologies, though, have not yet arrived at the stage of overcoming the need of female sexed bodies, the only one with the capability to make, birth and nurture babies of the human kind. And

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<sup>1</sup> COREA, 1986, p. 287

<sup>2</sup> MORGAN, 1989, p.74

to get around the, so far, impossibility of uterus transplant for men, other ways of appropriating female's reproductive capability has been, unethically, developed. In this framework is where, in the 21st century, the fallacy of breastfeeding performed by individuals of the male sex arises, a new derivative reproductive technology that seeks to achieve the mimicry of maternal breastfeeding with the purpose of ensuring the "right" to gender affirmation for individuals of the male sex, regardless of the preservation of dignity and nutritional needs of infants.

Violating the babies' right to safe breastfeeding is the newest field of ideological dispute that we are witnessing in the last few years in the western world. The amount of attempts to use babies to fulfill "desires" of performing a maternal identity and to detach this exclusive act from women have surprised by the audacity of such imposition and disrespect towards both babies and women who are mothers. Throughout this document we will bring elements that corroborate this finding, showing that far from being a naive and unpretentious attempt, there are interests, anti-scientific attitudes, and, of course, a breach of ethical standards in our society.

## **BREASTFEEDING IS FEMALE EXCLUSIVE**

The breast physiology differs between the sexes. Until the 2nd month of pregnancy, the gonads and genitals remain undifferentiated, the reason why the male population also have nipples and small ducts.

However, from that point on, the fetal development differs and women come to have lobes and ducts, that complete development during teenage years, and allow the production of breast milk. The breasts also constitute live tissue that changes during pregnancy, lactation and menopause (Reisman et al., 2019), showing an intricate cascade of events that is exclusive to human females. Some studies with male population using cross-sex hormones, show that the breast development under testosterone suppressors and exogenous estrogen usage results in incomplete mammary development (Alcon et al., 2021; Fisher et al., 2016). The development of the mammary tissue is assessed through the Tanner scale, in which boys and girls are born with undifferentiated mammary tissues, and among girls the tissue reaches level 5 by the end of puberty. A medium term study with male patients under continued hormonal usage shows that the development of the mammary tissue reaches level 3 (Alcon et al., 2021), that would be compatible with breasts at puberty stage.



Figure 1 - Image of a male patient using cross-sex hormones, taken from the article "The Breast Response to Estrogenic Stimulation in Transwomen Classification: Evaluation of Breast Response to Estrogenic Stimulation in Transwomen", authored by Alcon and collaborators 2021. The image shows the patient's insufficient breast development, despite undergoing exogenous estrogen intake.

Despite the fact that puberty blockers usage is being highly spread as protocol for girls with gender dysphoria, they are often not capable of braking breast development completely, resulting on high numbers of teenagers being put under double mastectomy despite their usage (van de Grift et al., 2020).

Regarding the male population, they don't have the necessary physiology to produce breast milk and there is no hormonal induction capable of developing said characteristics in their bodies. Male people who take hormones can increase fat tissue of the breast (which increases its appearance) and produce, in their small ducts, a limited quantity of a substance called galactorrhea. Studies also suggest that male patients that have undergone hormone therapy protocols show insufficient breast development (Wierckx et al., 2014). Breast development on male patients who have undergone hormonal therapy results in a development suitable with stage III of the Tanner scale (stage IV is typically reached by 15 years old girls) (Reisman et al., 2019), and it is not clear on the available studies if the insufficient breast development shown allows babies' nutrition and health maintenance. Another concerning factor is the prevalence of cancer cases in male patients undergoing cross-sex hormones, leading to the prevalence of abnormal growth of breast cell tissue (neoplasia) and the appearance of cancerous tumors (Andrews et al., 2022).

Available studies about "male breastfeeding" are, in general, case studies with little or no control over the sent "milk" samples, making it impossible to know who produced the milk in the sample given by the patient. Also, no authorization from the ethical committee for human research was provided, no follow up on the weight gain or development of the babies subjected to the "male breastfeeding" protocol was provided either, making it impossible to vouch for the practices safety.



## BABIES' SAFETY AS AN AFTERTHOUGHT

### *The babies rights to breastfeeding and the unprotection of babies being used as means to validate "gender identities"*

Unlike what gender-affirming protocols state, that aim to place breastfeeding - as well as the biological sex - on a range of social activities culturally built, breastfeeding is, prior, a natural ability for females from the class of mammals, which allows babies' nutrition after birth. It is not possible to detach the natural female body conditions from social and cultural aspects.

The natural world is real, "physical materiality is real and humanity is part of the natural world, while it has ontological independence, and exists before and beyond humans" (Colerato, 2023, p. 22). In no other mammal species the male has the physiological capability to gestate and breastfeed and we, human beings, are mammals who belong to the natural world order. Even though breastfeeding was influenced through history by various social and cultural factors that directly affect the relation between mothers and their babies' nutrition, this was always an activity done by females, arising from physiological differences in the sexual body and therefore a natural activity.

There are countless certified benefits for the mother. Long term, there is the decreased risk of cancers (breast, ovarian, and endometrial), endometriosis, diabetes, osteoporosis, heart disease, high blood pressure, metabolic syndrome, rheumatoid arthritis, Alzheimer's, and multiple sclerosis. Short term, breastfeeding is an important process to recovery of the puerperal and it relates to important physiological processes such as: uterine involution, reduction of bleeding and infections, lactational amenorrhea, and

the reduction of postpartum anxiety, stress, and depression. (Del Ciampo, L. A., & Del Ciampo, I., 2018)

It is valuable to emphasize that these physiological activities are not performed according to a subjective self-perception, that is, they are not performed in males because they declare themselves "women". Breastfeeding occurs, essentially, on females that have been through the process of pregnancy. The statement that "when talking about motherhood and breastfeeding, it is important to acknowledge that both cisgender and transgender women can fit as mother and a lactating woman" (Costa et al., 2023), is false. Motherhood and breastfeeding can not be seen as a framing that starts from behaviors, desires and performances; It is, rather, the result of a wide range of physiological events arising from fertilization, gestation and childbirth, which takes place only in the body of females, and is therefore a complex condition acquired through the materiality of the sexed body. The mother is not any person that wishes to be a mother, but a woman, a human female, that went through pregnancy and gave birth. Breastfeeding is the direct result of natural physiological transformation lived by a woman that carried and gave birth with her own body. The lactating is not any person that wishes to breastfeed, but a woman, who, being through pregnancy and, because of it, acquires the natural capability of producing breast milk with the only purpose of nursing the newborn.

As a way of trying to deny this complex female physiological process, some people turn to questioning about adoptive mothers that breastfeed. Adoptive mothers are women, human females, and every woman has naturally the bodily predisposition to breastfeed. On adoptive mothers this process starts through stimulation and proper handling. It only stands and can only happen because the mother is a woman. In adoptive mothers, after the lactation-inducing process, the lactogenesis and galactopoiesis occurs without the need of continuous usage of medication, since females have a body that is

prepared to breastfeed. That does not happen to men that, during the period of producing galactorrhea, will necessarily be under the effects of inducing medication, considering that their bodies don't have the physiology that predicts this phenomenon. Stimulating milk production on women who are adoptive mothers is not comparable to the process of stimulating galactorrhea on male people.

Articles with ideological bias that are favorable to the notion that male people can breastfeed, usually bring up false arguments that come exclusively from general social hypothesis and "critical social analysis" that seek to relate breastfeeding with "heteronormativity", "desires", "subjectivity" and "structural issues". The relation is without correspondence and concrete evidence. For example, it is found on Costa et al. (2023) article that "heteronormativity is a challenge to be faced and transgender mothers should challenge the current dominant social constructs." However, the barriers to enabling breastfeeding by males are not due to the "heteronormativity" that imposes itself as a "challenge" to overcome, but rather to the sexual physiological nature of human beings.

It is evident that a male person does not have the capacity to achieve any physiological condition resulting from breastfeeding performed by females, since he has not gone through pregnancy, is not in puerperium and does not have his natural female body. It is also mistaken in the perception that a male person can be a mother, since motherhood is a whole process, not a social status acquired through desire and self-affirmation. This domination inappropriately directed to male people that demand to be seen as "mothers" and order a warranted "right" to perform motherhood, despite all difficulties faced by women and their children within the context of life reproduction, make the lack of respect with which mothers and their children are treated in our society even more evident.

Although we are emphasizing the inherent issues of females as an essential condition for motherhood, it is important to highlight that the main role in the breastfeeding process is not the mother's, but the baby's, which is the subject that possesses the centrality and biggest interest in the activity. The milk produced by mothers is the only food that has the ability to nourish and assure the baby's macro and micronutrients necessary for their development during early childhood. The statement that breastfeeding is a "right" that must be assured to the male population so they can assert themselves in their "gender identities" overshadows all the risks that these experimental protocols impose to babies, and place them as validation objects to adults.

It is important to emphasize that no baby submitted to this protocol - essentially experimental and risky - has access to colostrum, exclusive breastfeeding, prolonged breastfeeding and the benefits of breast milk.

***The complete lack of childhood safeguarding and fetishization of women's physiological processes***

Submitting babies to suck on male nipples is a **violation of rights**. Newborns do not have the cognitive maturity to understand the risks involved in the use of galactorrhea as a side effect of drugs produced by males. The nutritional choices made in this period, and that will affect the baby's health directly, are the responsibility of the responsible adult, who must look after the child's well-being first and foremost. Babies must have their right to integrity respected, which encompasses the guarantee of nutrition, but also the guarantee of not being subjected to situations that may be a source of abuse and compromise of their integral health.

The physical integrity and babies' human rights are ignored when the "transgender" perspective is placed at the center of the issue. For example, in Costa et al., (2023) it is claimed that "breastfeeding is a gender-affirming strategy for transgender women and should be encouraged whenever possible". Such a claim shows the displacement of the main subject from the breastfeeding process, as well as the purpose of said physiological process. This perversion of the central subject, who ceases to be the baby to become the male adult, and of the purpose of breastfeeding, which ceases to be the baby's nutrition and becomes the adult's "affirmation", is a serious violation of ethics and science, which is not being taken seriously.

It is important to consider the reports of feelings of "euphoria" (García-Acosta et al.,2019) in the studies and reviews produced based on these experiments, as well as cases of desire to perform fetishistic performances related to women and motherhood, which can be observed both through social networks (attached) and even disguised as "scientific studies". Fetishism is a sexual practice and indicator of paraphilia<sup>3</sup>. Fetishism, euphoria and autogynephilia are aspects observed and documented by the researchers in male groups, since the 80s for example, with Blanchard (1989), but constantly "bounced off" by ideologized arguments that they would be promoting stigmas to this group (Bagagli, 2021).

The eroticization and simulation of physiological female processes are ever more frequently explicit as "transgressive expressions". For example, em Lehmiller (2017), a brief report is done about the "erotic lactation: exploring the male fetishes with breast milk":

A surprisingly large number of men reported that they have fantasized about breast milk, which led me to write an article on this topic to my last column for Playboy. In this article, I analyze some of the different ways men act according to these fantasies (including buying breast milk online and, in some countries, visiting real "lactation bars" where they can order breast milk).

Another example of emulating the female body characteristics fetish involves the "reproductive fetish", quoted in Bonfante and Gonzalez (2022):

"Images re-semanticize the male anus as a female organ, destabilizing the anatomical system of gender classification and promoting a re-inscription of the body into the politics of desire. The semiotic reconfiguration of the anatomical body makes it possible to discuss the performativity of images, that is, their agentive, transformative power." (Bonfante and Gonzalez, 2022)

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normalizar tal performance genital de acordo com os repertórios de gênero e sexualidade próprio pesquisador, um homem gay. A descrição acima performa, cita, incita e recita as imagens que seguem:



Figura 1: Sequência de *O Parto*: performance íntimo-espetacular compartilhada em grupos BB em 2015

Image available in the Bonfante and Gonzalez (2022) article in which a "birth" is simulated with a doll. The article says: *"The 'ass-pussy' performance analyzed above recycles the way as the birth performances are usually staged. It is an innovative copy of a birth, of a different production in the midst of repetition. The 'ass-pussy' performance also distorts the male body itself to accommodate this feminine experience."*

The finding that studies on "breastfeeding" by males do not focus on the baby is, in itself, indicative of the object position in which newborns are placed. As Rodrigues (2022) writes:

(...) the place of children and babies, when women are reduced to a feeling, is that of non-persons, of objects. (...) Men are simulating breastfeeding. Making this act a joke, a parody. Subjecting babies to suck nipples from which nothing will come out or from which a secretion artificially produced by synthetic hormones will come out and whose effects on the health of newborns are unknown.(...) The fantasy that men could be women, get pregnant and conceive is not new.

In Brazil, a place where, by 2023, children up to 13 years old represent the majority of rape victims, where the domestic environment accounts for 70% of these cases, and where even newborn babies are victims of male sexual violence, ignoring the fetishistic and autogynephilia present in males, leading towards a perspective of "affirmation and inclusion of identities" is an unethical and risky attitude for the most vulnerable human beings - babies.

### ***Right to nourishment***

According to the Brazilian Children's Food Guide

"The recommendation is that children be breastfed until two years of age or more. And, while the child is exclusively breastfed, that is, until 6 months of age, no other type of food needs to be offered: not even liquids, such as water, coconut water, tea, juice or other milk; nor any other food, such as fruits, vegetables, baby food and porridge." (Brazil, 2021)

Furthermore, according to the Ministry of Health (2015) "The WHO, endorsed by the Brazilian Ministry of Health, recommends breastfeeding for two years or more, being exclusive for the first six months."

The practice of mimicking breastfeeding by males cannot be compared to breastfeeding. The medicalized substance obtained as a result of these experiments is neither similar in quality nor in quantity to the milk that,



produced by the mother's body, is demanded by the baby. For comparison purposes, according to a review carried out by Costa et al. (2023), in order to promote the practice of mimicking lactation by males, the production of the substance resulting from the drug induction process recorded by patients varied between volumes of 89ml-147ml (Wamboldt, 2021) and 240ml (Reiman; Goldsheim, 2018) diaries. In both cases, the newborn's diet was supplemented with formula, with no exclusive breastfeeding. In mothers, on the other hand, lactogenesis is a complex process that begins during pregnancy and has three phases, made up of the action of various hormones produced by the female body. According to the Ministry of Health (2015, p. 25), the volume of milk also varies according to the baby's age, the frequency of feedings and the amount ingested by the child. The first phase begins during pregnancy, when the body is preparing for the baby's arrival and subsequent breastfeeding. In the second phase of lactogenesis, which occurs from the moment of birth until the third or fourth day of birth, the volume varies between 40-50ml on the first day and 300ml-400ml on the third. From the third phase onwards, known as galactopoiesis, the volume progressively increases and it is recorded that mothers have the capacity to produce an average of 800ml of milk daily while exclusively breastfeeding. It can be concluded, therefore, that in quantitative terms, galactorrhea as a side effect of drugs expelled by males does not have a volume comparable to that of breast milk.

Evidence of macronutrients present in medical galactorrhea cannot be considered a prerogative for the use of this substance for the nutrition of babies, considering that several human fluids are also made up of macronutrients. Medical galactorrhea does not have the capacity to provide the baby with the wealth of components present in breast milk. Under this regime, babies are prevented from having access to colostrum, a thick, yellowish milk that is produced by women after birth and until the first 3 to 5

days of birth. Rich in antibodies, it is directly responsible for strengthening the baby's immune system, in addition to enabling the maturation of the gastrointestinal system, contributing to the release of meconium and preventing digestive disorders. Furthermore, colostrum is an ally in preventing neonatal mortality and helps to prevent hemorrhage in mothers.

In addition to the deprivation of colostrum and other nutrients from mature milk - such as lipids, proteins, IgA, IgM and IgG antibodies, macrophages, neutrophils, B and T lymphocytes, lactoferrin, lysosome and bifid factor -, children subjected to the practice of mimicking breastfeeding by males do not have a guarantee of exclusive breastfeeding up to six months, given that the volume and quality of medicalized substance produced do not constitute what is necessary for the nutrition of the baby, who will have to have their diet supplemented (most likely through the consumption of formula) to survive. Nourishment that, in many cases, will be offered through the use of artificial teats, whose prolonged use also poses risks to the baby's health.

For record purposes, in addition to the nutritional benefits, according to Araújo et al. (2009) exclusive breastfeeding of babies contributes to the development of oral motor coordination, the ability to coordinate breathing and food readiness. The sucking movement necessary in the breastfeeding process contributes to the mandibular opening and closing ability, which helps prevent malocclusion. These developmental benefits are lost when exclusive breastfeeding is affected.

## CONCLUSION

There are no studies on the quality of the liquid produced by a male breast after taking hormones. What exists are isolated cases in which males were subjected to a hormonal protocol to increase galactorrhea, with no focus on an in-depth study of the nutritional composition of this substance, its hormonal dosage or the long-term monitoring of babies subjected to this regimen. None of this can be considered scientific evidence in favor of the practice of offering the production of medical galactorrhea from male breasts to babies. Furthermore, the available anecdotal cases reveal that they were all necessarily supplemented with artificial formulas.

By way of comparison, in just one of the countless existing studies regarding the quality of breast milk, the milk of more than 3 thousand women was analyzed. There is no equivalent study for males. Also problematic is the medicine used to stimulate the production of male secretion. Domperidone was not developed for this purpose and the manufacturer itself advises against its use to stimulate milk production, even in women, as there is a risk of possible heart problems in the baby.

The studies presented in defense of the practice of subjecting babies to male galactorrhea fail to meet ethics committee standards for human experimental studies (Delgado et al., 2023; Reisman et al., 2018; Weimer 2023). None of them are approved by committees, and are based on isolated case studies and opinions of participants. There is no control over the milk samples presented, nor any health report on the babies subjected to the practice. The studies presented on the practice of lactation induced by domperidone in males do not present a nutritional composition of micronutrients, nor of components present in breast milk such as colostrum, immunizing agents and others (Weimer 2023). In one of the studies (Weimer 2023), the substance submitted for analysis was delivered to the author of the

article directly by the male patient, who took the sample at home, outside controlled laboratory conditions, which makes it impossible to even certify whether the sample was in fact produced by him. Weimer reports that the partner (mother of the baby) of the male person in question was breastfeeding, and had gestated the baby subjected to galactorrhea. Babies subjected to the male galactorrhea production induction protocol did not receive long-term monitoring of their health conditions, nor was there a broad-spectrum toxicological analysis presented, ensuring that the substance consumed by the babies did not present an exogenous hormonal dosage (originating from treatments for gender dysphoria) outside of what is recommended. To date, none of the studies available in the literature present long-term pediatric follow-up (verification of weight gain, height, motor functions) of babies subjected to male galactorrhea.

The benefits presented in relation to the practice are all from the point of view of strengthening the "gender identity" of male people, and there is no evidence that the practice brings benefits to the baby when subjected to these protocols. There is a clear description that the amount of galactorrhea produced by males is much lower than what would be necessary for the baby's growth and weight gain (Weimer 2023, Wamboldt 2021, Reisman 2018), and that supplementation with artificial milk is required. One of the studies (Weimer 2023) points out that domperidone, a substance used to induce lactation in males, increases the risk of cardiac arrhythmias and sudden death in patients, and its effects on the baby subjected to the practice are not clear. WPATH, an international association that aims to produce health protocols for the treatment of "transgender" people, and which endorses the possibility of male people breastfeeding, admits that the information in the literature is scarce, and that some hormones, even if in smaller amounts, are excreted in milk and recommend discontinuation of the practice in some cases (Coleman, 2022). In the studies in existence, there is a reduction in the

volume of galactorrhea produced by males after a period between 8 weeks (Wamboldt, 2021) and 12 weeks (Reisman 2018). In the cases in the literature to date, what is described is lactation induction (induction of milk production), but none of the studies demonstrated that the protocol is sustainable and feasible throughout the entire breastfeeding period recommended by the world health recommendations (6 months of exclusive breastfeeding) nor that the process can be considered milk production, given the differences already mentioned between breast milk and medical galactorrhea.

All studies that are presented with sensationalist titles boast false, precarious, inaccurate and/or insufficient conclusions.

As a final reflection, we leave some summary points:

- It is not possible for our society to recognize as valid any debate about breastfeeding that does not place the baby's well-being at the center and ignores the importance of the mother who gave birth to that baby. They are fundamental subjects for this debate.
- Males do not breastfeed and there is no reason to think that this is debatable. The validation of "gender identities" cannot be done at the expense of the well-being of babies.
- It is urgent to establish limits on people's desires. Nothing that turns children and women into objects, to validate desires, is correct, fair, adequate or negotiable.
- Women need support for breastfeeding, and there is still a need for public policies, support, incentives, clarifications, tackling the sexualization of this act when in public places, and quality

information. This is all left aside when the desires of men are placed at the center.

- Dangerous precedents are set when the “need” for an adult male to breastfeed is considered.
- Males breastfeeding babies are BY DEFINITION offering "artificial milk." To induce secretion in male breasts, it is necessary to use hormones and medications such as domperidone and clonazepam and testosterone blockers. The male body does not produce colostrum, transitional milk and is not capable of producing milk, even in satisfactory quantities.
- When we come across male people advancing in fulfilling desires in an increasingly explicit way in society, and being validated as just an "expression of human diversity", what we notice is that in the eagerness for this validation, women and children are immensely disrespected , violated and made vulnerable.
- Exposing babies to health risks in order to validate masculine identities is an act of violence.

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## ANNEX

Carrying out fetishistic performances related to women and motherhood - two illustrative cases:

### 1. Male person simulating having just given birth to a baby.

Image description: a male person lying in a hospital bed, with a hospital wristband, placing a newborn baby on his chest. In other scenes of the available video, it shows this person in a wheelchair, simulating having just given birth.



Video source: <https://www.instagram.com/reel/C6vtuOrPu4m/?igsh=c2h5cDI4MzY1Njc1>

### 2. "9 Months with Courteney Cox" Documentary Season 3, Episode 8

In this part of the video, a male person tries to put the newborn baby to suck its nipples. The caption, in English, says: "Are they drinking milk?"

Using the pronoun "they" for only one baby indicates that the couple is using "non-binary" pronouns for the baby. The baby's mother identifies as a "trans man" and has her breasts mutilated. The new mother does not breastfeed the baby and hands it over to the man, who is unable to nourish the baby.



source: <https://www.facebook.com/watch/?v=419335079379931&rdid=owLUF4mhsnkciJVY>