

Introduction

- Human milk is the optimal food for newborns through 6 months of age.^{1,2}
- Infant feeding practices of parents who are lesbian, gay, bisexual, trans, queer, or sexual and gender minorities (LGTBQ+) is largely unknown.^{3,4}
- For nurse practitioners to optimize support for these families, an understand of what LGBTQ+ families are feeding their infants and how decisions are made is needed.

Purpose

The purpose of this study was to describe infant feeding practices in LGBTQ+ families and to compare to heterosexual or cisgender families.

Methods & Data Analysis

- Secondary analysis of the Household Pulse Survey (April – July 2024).⁵
- Parents with an infant less than 12 months were included.
- Demographic characteristics extracted:
 - Sex at birth
 - Gender identity
 - Sexual orientation
 - Race/Ethnicity
 - Education
- Infant feeding practices were classified as:
 - Human milk only
 - Formula only
 - Mixture of human milk and formula
- Data analysis:
 - Chi-squared test
 - Multinomial regression models

Results

1.6% of participants identified as gender minority and 7.6% of parents identified as sexual minority

No significant differences were seen in infant feeding practices between gender minority and cisgender parents, nor between sexual minority and heterosexual parents. (Fig 1 & Fig 2)

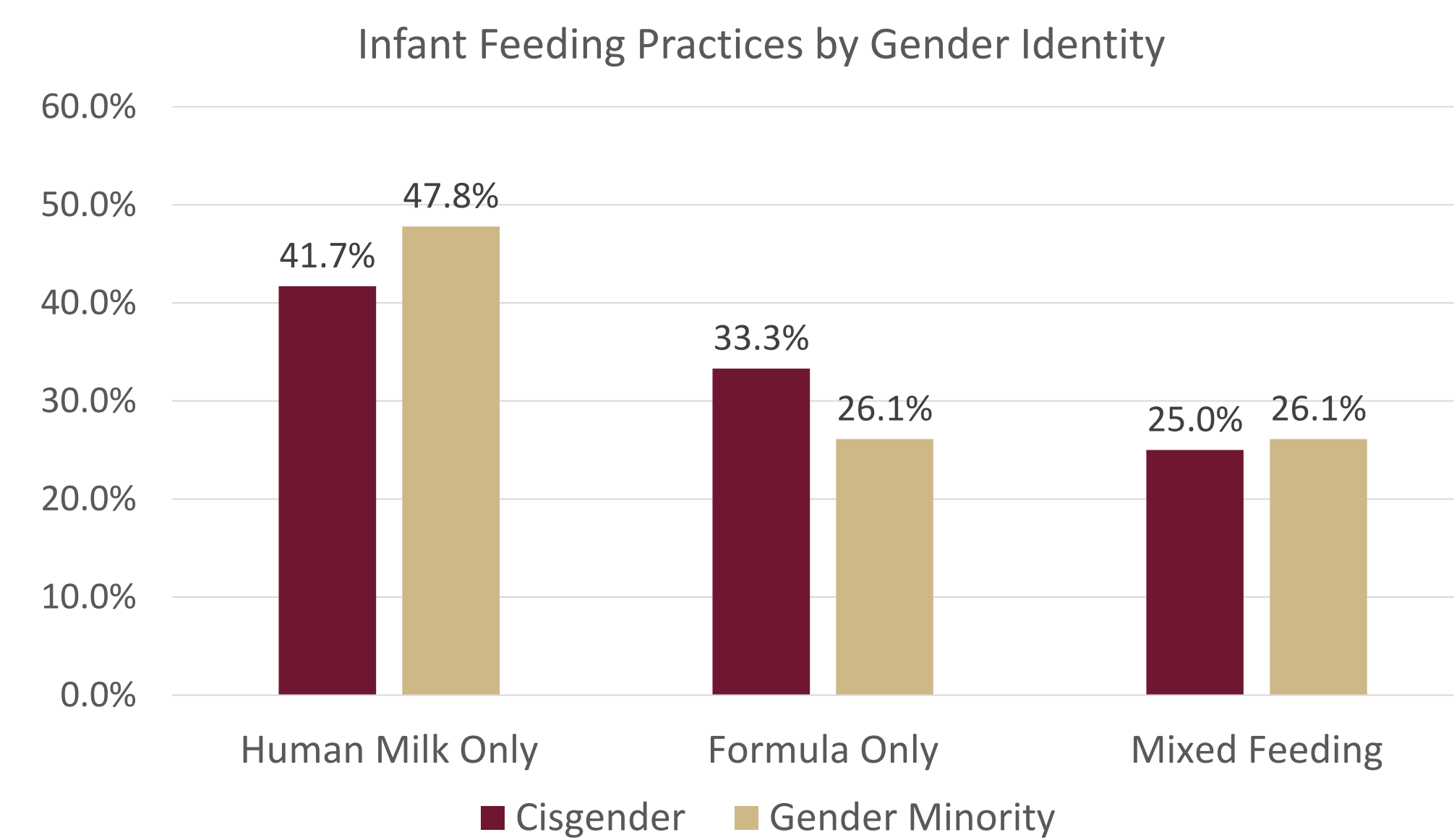


Fig 1. No significant differences in infant feeding practices based on gender identity; human milk only (p=0.71), formula only (p=0.61), mixed feeding (p=1.0)

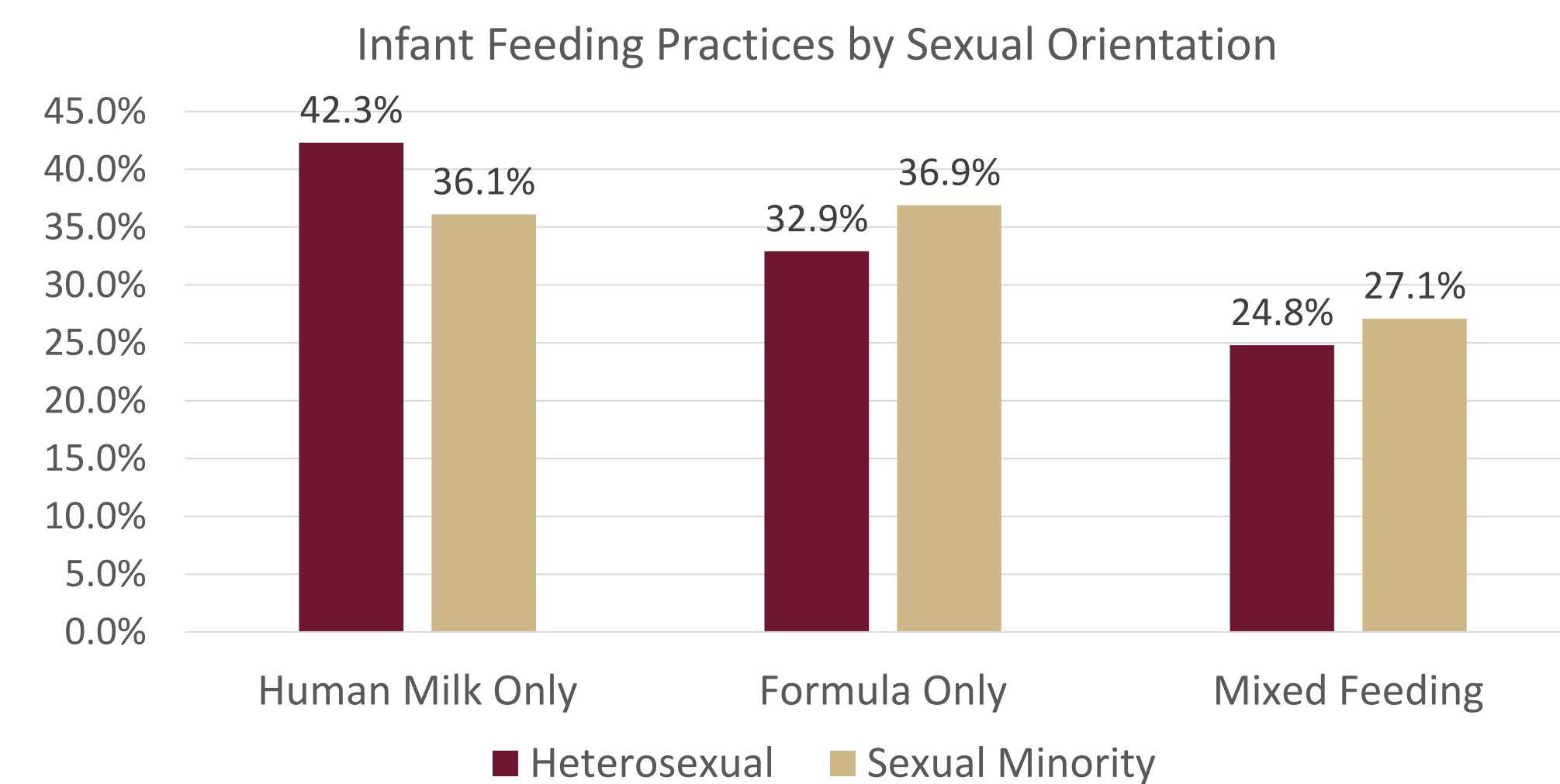


Fig 2. No significant differences in infant feeding practices based on sexual orientation; human milk only (p=0.22), formula only (p=0.43), mixed feeding (p=0.66)

Table 1. Demographic characteristics of parents (N = 1,598)

Variable	N	%
Sexual Identify		
Heterosexual	1,476	92.4%
Gay or Lesbian	22	1.4%
Bisexual	75	4.7%
Another sexual minority	25	1.6%
Gender Identity		
Cisgender	1,575	98.4%
Gender minority	23	1.6%
Race		
White	1,106	69.2%
Black/African American	127	7.9%
Asian	85	5.3%
Another race/multiracial	83	5.2%
Hispanic/Latino	197	12.3%
Marital Status, married		
	1,275	79.8%
Employment, employed		
	1,146	71.7%
How baby is fed		
Human milk only	668	41.8%
Formula only	531	33.2%
Mix of human milk & formula	399	25.0%
	M ± SD	Range
Age (years)	37.1 ± 9.4	20 -88

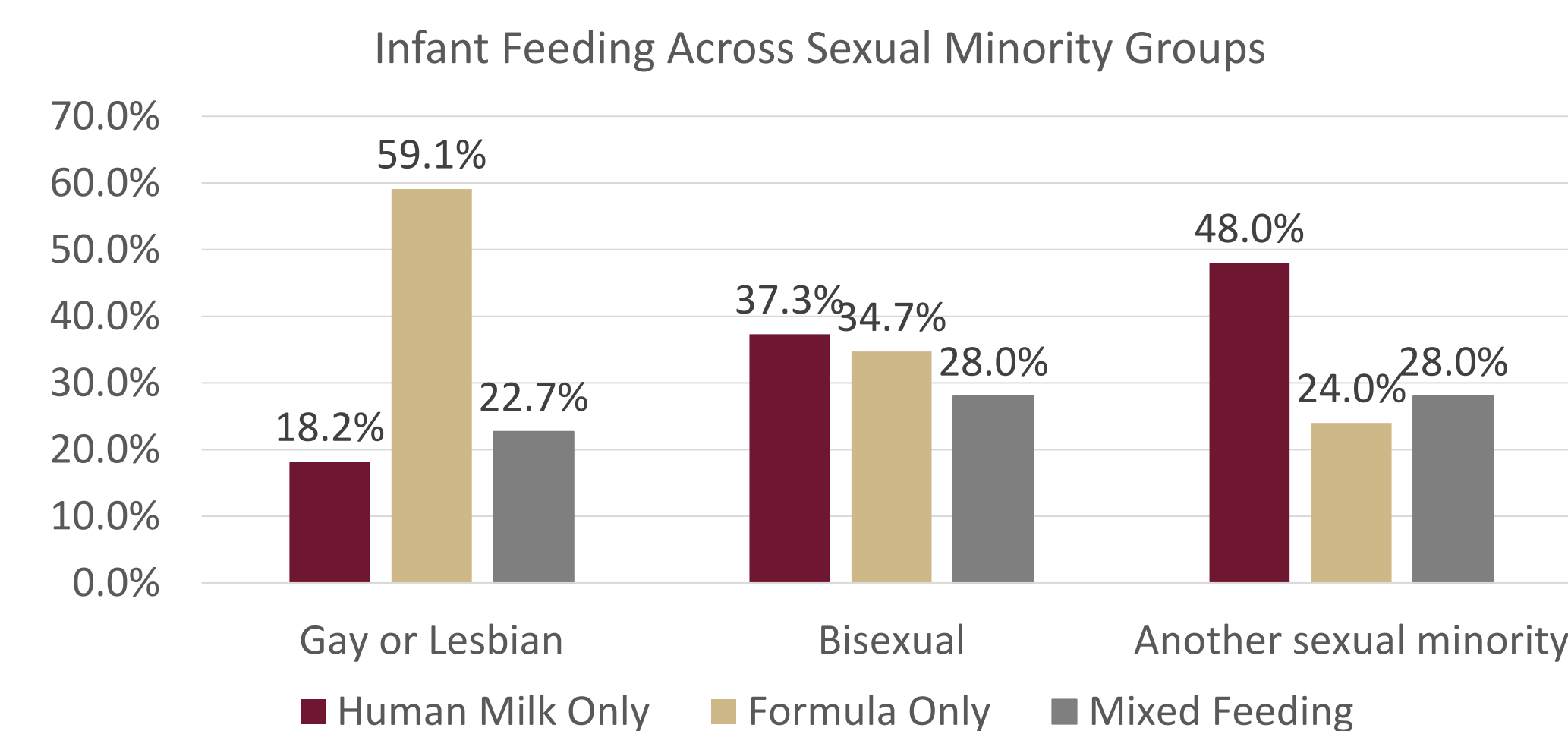


Fig 3. There was a significant difference in infant feeding type of gay and lesbian parents (p=0.01) with the majority formula feeding.

Multinomial Regression Models

Infant feeding practice choice was not dependent on sexual orientation or gender identity after adjust for controls (race/ethnicity, marital status, education, employment, age).

Infant feeding practice choice was not dependent on sexual orientation when examining men and women separately and adjusting for controls).

Conclusions

- Results provide preliminary insight into infant feeding practices of LGBTQ+.
- No differences in infant feeding practices of LGBTQ+ parents compared to cisgender or heterosexual parents in this sample.
- Over 60% of gender minority (73.9%) and of sexual minority (63.2%) were providing some human milk to their infant, similar to national trends.⁶

Limitations

- Small representation of LGBTQ+ parents in this sample.
- Primarily a white, married, employed sample, limiting generalizability to other sociodemographic groups.
- Analyses were limited by the data available (e.g., gay and lesbian were 1 category, no data beyond milk-based feeding)

Clinical Implications

- Nurse practitioners (NPs) should continue to support human milk (and breastfeeding or chestfeeding) as the optimal choice for infants regardless of sexual orientation or gender identity.
- NPs should familiarize themselves which options to provide human milk such as through donors, induced lactation, or chestfeeding.

References

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