Letters to the Editor

Keeping Abreast of the Latest Terminology

"We we writing our previous clinical pearl about the decline in babies in our NICU receiving maternal breast milk, I originally entitled it "Mother's own milk". One of my co authors, Poj Lysouvakon, suggested that we use a more gender neutral word for "mother's own", so I talked with my wife Sally, who is a pediatric nurse at Lurie Children's for 44 years and she suggested 'breast milk.'"

Dear Dr. Goldstein:

We we writing our previous clinical pearl about the decline in babies in our NICU receiving maternal breast milk, I originally entitled it "Mother's own milk". One of my co authors, Poj Lysouvakon, suggested that we use a more gender neutral word for "mother's own", so I talked with my wife Sally, who is a pediatric nurse at Lurie Children's for 44 years and she suggested "breast milk". Another suggestion was "human milk". Then I was talking with another of my colleagues, Allyson Ward, who is an NNP at Comer Children's Hospital about this "controversy", so I could be better informed. She told me that another term being used is actually "chest milk". What terminology are you using in the NICU for the breast milk and what is your perspective about what is appropriate nowadays.

Sincerely,

Joseph R. Hageman, MD (he,him,his)

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No one is useless in this world who lightens the burdens of another. Charles Dickens

Dear Dr. Hageman,

In a world increasingly sensitive to gender operatives, it is not unreasonable to ask this question. Certain medical conditions result in the secretion of milk from male, female, or intersex individuals. The most common of these, pregnancy, with the subsequent delivery of an infant, results in a prolactin surge in those who usually identify as female. However, this is not always the case. Indeed, there have been numerous instances where lactation has been documented in individuals who identify as male, usually in association with a pathological condition (e.g., prolactin-secreting tumor), but it is also feasible for lactation to occur with the use of a galactagogue such as Domperidone (Dad's Own Milk – peridone?). (1)

With an increase in gender fluidity and a rejection of increasingly gender-specific terms, perhaps Mother's Own Milk (MOM) is presumptuous. However, regardless of gender or sexual orientation, humans do have breasts and areolas. Although milk does come from the general region of the chest, it lacks specificity. Although there is some evidence that "chest" came to replace "breast" which referred to this same region in bygone days, there is insufficient overlap to use this term. The Spanish language is better able to handle this issue. "El pecho" (a masculine noun) can refer to either the chest or the bosom/breast.

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Although I routinely hear "Mother's Own Milk" in my practice. I have been prejudiced by the fact that it is almost without exception that this milk has come from those individuals identifying as a mother. A more apt question then may be whether the word "mother" is gender-specific. It may not be. With the proper hormonal conditioning and a uterus that may be congenital or transplanted, an individual of any gender or orientation could functionally give birth and become a mother.(2-4) Etymologically, "mom or mamma" is invariably tied to lactation (i.e., mammary gland). Indeed, some mothers adopt, do not give birth, and do not lactate. In essence, anyone of any orientation who chooses the role could identify as a mother.

I am afraid that I may have confused the issue further. But, there is even evidence that infant biologic sex differences may influence the composition of the milk provided to the infant. (5) Yet, "Mother's Own Milk" is sufficient but not necessary to describe the relationship between the substance that we increasingly define as best for the baby's growth and nutrition and the individual that provides it. (6)

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Sincerely,

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Please address your response in the form of a letter. For further formatting questions and submissions, please contact Mitchell Goldstein, MD at LomaLindaPublishingCompany@gmail.com.

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Neonatology Today is not aware of any erratum affecting the June, 2021 edition.

Corrections can be sent directly to LomaLindaPublishingCompany@gmail.com. The most recent edition of Neonatology Today including any previously identified erratum may be downloaded from www.neonatologytoday.net.

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