



University Hospitals Sussex

NHS Foundation Trust

Trust Headquarters

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23 August 2023

Private and Confidential – addressee only

Children of Transitioners

Email to: [REDACTED]

Dear Children of Transitioners

Thank you for your email of 20 May 2023 raising concerns about the University Hospitals Sussex NHS Foundation Trust policy “Perinatal Care for Trans and Non-Binary People”. I am writing to you as the Medical Director for the Trust, on behalf of Dr George Findlay, Chief Executive.

I want to begin by offering my apologies for the time it has taken our organisation to respond to your complaint. The Trust endeavours to respond to concerns in a timely fashion and I am sorry that this has not been your experience.

The Trust welcomes feedback and discussion about all our policies and procedures. The Perinatal Care for Trans and Non-Binary People policy did generate a considerable amount of attention when it was published in February 2021 and we responded to a large number of enquiries from within the UK and internationally. We are sorry that the Children of Transitioners feel safer providing feedback in an anonymised way, particularly within the context of a policy which starts from the basis of inclusivity, fairness and equal treatment for all. We acknowledge that people will approach this subject from different viewpoints and I would like to reassure you that staff want to ensure an open discussion with all interested parties, with people able to express themselves within a framework of respect and tolerance.

Although staff strived hard to produce the best policy possible and tried to incorporate policies, advice and guidance from external organisations to produce a document which provides best practice guidance within a legal framework, they acknowledge no process is perfect and there may well be omissions or issues that were overlooked at the time the policy was being developed. All policies and guidance issued by the Trust are timetabled to be reviewed and updated to ensure our policies are responsive to new issues and developments. Sometimes things become apparent over the passage of time which were not anticipated when guidance was initially created. I hope this reassures you that staff have been open to the issues you have identified in your complaint.

In my letter the term “human milk” is used instead of the term “bodily secretions” which is used in your email. Staff further clarify that the term human milk is meant to be neutral and is not gender-biased.

I will turn now to the specific concerns you have raised:

- 1. The policy gives no consideration to the wellbeing, safeguarding and protection of children/babies of transitioners from our fathers and other parents, including those who wish to feed babies drug induced bodily secretions as part of a sexual fetish**

The Trust works from the perspective that all prospective parents wish the very best for their children. Sadly, as we know from reports in the media about serious safeguarding cases, this is not always the case however, and staff work hard to ensure all babies in the care of the Trust are kept safe.

Staff can assure you that all members of the team who deal with the perinatal care of babies with Trans and non-binary parents have participated in and received appropriate and current safeguarding training and adhere to national and local policies. We can assure you that they would have no hesitation in raising safeguarding concerns through the normal and specified routes when there is a suspicion that an infant might be at risk of harm and this is the same for every pregnancy. Our staff are guided by United Kingdom law which specifies the various ways in which harm can be caused to infants either directly or because their needs are not being met appropriately.

- 2. There are no details/links to any scientific/medical source which has tested the composition of any such male secretions for safety and nutritional value ie evidence and medical trials and feeding babies these drug induced secretions is safe and beneficial**

Although formula milk provides safe and effective full nutrition for infants, there is clear and overwhelming evidence that human milk is the ideal food for infants when this can be provided <https://www.who.int/health-topics/breastfeeding>.

Trust staff would always advise any parent who is taking medication (for whatever reason) to seek advice on the possibility of that medication being transferred to the baby through breastfeeding and also the health implications for the baby and the advice would be specific to the medication and the individual circumstances.

Medications are sometimes used to induce lactation, similar to the natural hormones which encourage lactation to develop when the baby is newly born although occasionally some people are able to induce lactation without hormonal treatment. The evidence which is available demonstrates that the milk is comparable to that produced following the birth of a baby. The following papers on the composition of human milk after induced lactation (nonpuerperal lactation) versus lactation after birth are informative resources:

- a) LaLeche League - <https://lila.org/breastfeeding-without-giving-birth-2/#:~:text=The%20composition%20of%20milk%20produced,any%20artificial%20hormones%20at%20all>
- b) Hermann E (1977) Breast Feeding the Adopted Baby. Birth, 4:165-173
<https://doi.org/10.1111/j.1523-536X.1977.tb01235.x>

- b) Kulski J K, Hartmann P E, Saint W J, Giles P F and D H Gutteridge (1981) Changes in the milk composition of nonpuerperal women. American Journal of Obstetrics and Gynaecology, 139(5), 597-604
- d) Perrin M T, Wilson E, Chetwynd E and Fogelman A (2015) A pilot study on the protein composition of induced nonpuerperal human milk. Journal of Human Lactation, 31(1), 166-171
- e) Weimer AK. Lactation Induction in a Transgender Woman: Macronutrient Analysis and Patient Perspectives. Journal of Human Lactation. 2023;39(3):488-494. doi:10.1177/08903344231170559

Since reviewing the literature when developing the Trust protocol on Perinatal Care for Trans and Non-Binary People, staff advise that a scientific paper was published in 2022 which measured infant milk testosterone concentrations with a calculated infant dose of under 1%, with no observable infant side-effects and undetectable serum testosterone concentrations during the five month study period (Oberhelman-Eaton S, Chang A, Gonzalez C, Braith A, Singh R J and Lteif A. Initiation of Gender Affirming Testosterone Therapy in a Lactating Transgender Man. Journal of Human Lactation May 2022).

The Drugs and Lactation Database also contains other references which were available to the group who developed the initial Trust policy.

3. Absence of health outcomes for infant children of transitioners

Staff can assure you that all young infants are monitored for their health and wellbeing through community based health systems such as GPs and health visitors. Any concerns about a child's health or failure to thrive generates a referral to the appropriate healthcare professional for assessment and advice.

4. Failure to consult the Children of Transitioners

When the policy was being developed in the Trust, the group were unaware of the Children of Transitioners organisation and so did not consult them as an interested party, for which staff are sorry.

5. Information on the Children of Transitioners website

Staff note the information on your website. The Trust does not believe that the Perinatal Care for Trans and Non-Binary People policy conflicts with the rights and health needs of any individual infant.

6. Please advise whether your insurers have authorized the Trust to enable feeding newborn babies these drug induced secretions and what cover you have for midwives medical negligence for failing to protect babies in a hospital environment

Staff reiterate that the Trust has safeguarding policies which are aimed at the protection of all newborn infants. All professionals working at the Trust are obliged to take action, as dictated by the codes of their professional organisations and informed by UK law, if they believe a baby may come to harm. The Trust is subject to the same indemnity arrangements with NHS Resolution which is similar to insurance.

The Trust policy on the induction of lactation advises a referral to and careful discussion with a neonatologist, who has a particular interest in medication used in pregnancy and during infant feeding, and an infant feeding midwife when induced lactation is being considered. This would involve a review of the literature available at the time and a careful discussion with the parent of the risks and benefits. The discussion would include consideration of what doses of medication are planned and at what point during gestation, as the effects of medication can vary significantly during fetal development as gestation progresses.

7. Your policies are clearly biased towards the demands of transpeople rather than the wellbeing of children of transitioners or females as a sex

The Trust works hard to balance and address the needs of all patients and relatives equitably and with respect and we do not agree that our policy is biased. The policy advises that people treated by the Trust are addressed according to their individual wishes.

I would like to reiterate that the Trust takes the wellbeing and safeguarding of children extremely seriously. When the wellbeing and safeguarding of children is in conflict with the expressed wishes or behaviour of their parents, and they are at risk of suffering harm as defined by the law, then staff are obliged to take further action and intervene to protect the child. I can assure you that the Trust has acted in this way in the past.

8. Please advise how you as a Trust protect and ensure accessibility to services of children of transitioners, including as adults, in your hospitals

The Trust treats all patients equally and on the basis of their health needs and acknowledges that patients for a wide variety of reasons may have a preference for being cared for by a male or female nurse or in a single sex ward and staff will always be sensitive to and mindful of the preference of patients. However, the limitations of the hospital environment and the clinical and non-clinical staffing profiles on wards and in outpatient clinics means that this is not always possible. Although, as I am sure you are also aware, gender reassignment is also a protected characteristic under the Equality Act 2010.

9. Please also advise how adult children of transitioners as either staff or patients will be protected from victimisation if they raise concerns about your policies

We are sorry that you feel the children of transitioners would be victimised by raising a concern or challenging our policies. The Trust welcomes feedback on our services and policies and actively encourages a culture of openness and transparency among our staff and within our organisation.

I hope that my letter has reassured you that the Trust has taken the concerns you raised extremely seriously and addressed the issues you raised.

Yours sincerely



Dr Rachael James
Medical Director on behalf of Dr George Findlay, Chief Executive

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If you remain unhappy with this, our final response to your complaint, and would like to take the matter further, you can contact the Parliamentary and Health Service Ombudsman. The Ombudsman makes final decisions on complaints that have not been resolved by the NHS, government departments and some other public organisations. The service is free for everyone.

To take a complaint to the Ombudsman you can go to www.ombudsman.org.uk/making-complaint or call the helpline 0345 015 4033. It is important you make your complaint as soon as you receive our final response as there are time limits for the Ombudsman to look into complaints.

You can also contact the Ombudsman by writing to:

*The Parliamentary and Health Service Ombudsman
Citygate
Mosley Street
Manchester
M2 3HQ*