

Binding During Pregnancy & Bodyfeeding

Binding during pregnancy

If you used to bind your chest before pregnancy, you might want to continue while you are pregnant. While many people find that binding becomes uncomfortable and less effective during pregnancy,^{1,2} only you can decide what is the best choice for you.

You may experience growth of your chest or breast tissue during pregnancy, which may contribute to or increase gender incongruence or dysphoria. Using a binder or other compressive clothing may help you manage these feelings.

Physical changes

During pregnancy, your body undergoes changes that may impact your ability to bind your chest.

Structural

Your chest or breast tissue undergoes cellular and structural changes to support milk production. Binding during pregnancy may become more uncomfortable, but it is unlikely to impact your chest or breast development.

Your rib cage expands, increasing the amount of air you breathe and ensuring you and your baby get enough oxygen. Binding tightly may make you feel short of breath or interfere with your breathing, leading to shortness of breath at rest or with activity, dizziness, or chest pain.

If you experience any of these symptoms, remove your binder as soon as possible. If pain continues after removing the binder, see your health care provider. If you continue to have trouble breathing, seek medical care immediately.

Immune system

Changes to your immune system may make you more susceptible to infections,⁴ including respiratory and skin infections that are related to binding.⁵

- **Respiratory infections:** symptoms may include a persistent, productive cough, fever, body aches, and feeling more tired than usual. If you experience these symptoms, see your healthcare provider as soon as possible.
- **Skin infections:** symptoms may include redness, sores, or worsening rashes. If you notice sores that are not healing, are getting bigger, have a bad-smelling discharge, or if you have other symptoms of an infection (fever, body aches, feeling more tired than usual), see your healthcare provider as soon as possible.

Physical changes (continued)

Pelvic floor

The growth of your baby will shift your internal organs, which may impact how well your diaphragm and pelvic floor muscles function. Binding may limit the movement of your diaphragm and put more pressure on your pelvic floor, contributing to weakness and dysfunction (bowel or bladder issues, including incontinence). An affirming pelvic floor physiotherapist can provide personalized recommendations around binding, pregnancy, and pelvic floor health.

If you choose to bind during pregnancy, we recommend you discuss this with your care provider and review ways to reduce the possible negative outcomes.

Using a binder during pregnancy

- Choose a binder in a bigger size or with less compression. Alternatively, a sports bra or compression shirt may be more comfortable.⁵
- Wear your binder for shorter periods of time.
- Consider waterproof medical grade tape that does not wrap around the chest (such as Trans Tape).
- Do not use elastic bandages, duct tape, or plastic wrap.
- For more general information, visit the [Binding](#) section on Trans Care BC's website.

Binding after pregnancy

In the first two to three months postpartum, binding will likely reduce milk production. The compression may also increase the risk of inflammation and mastitis.⁶

- To learn more about signs of mastitis, see [What to Expect During and After Pregnancy](#).

After the first two to three months postpartum, or once your milk production is established, binding your chest occasionally may decrease feelings of dysphoria. For some people, this can prolong the bodyfeeding relationship.² Watch for signs of skin breakdown, inflammation or mastitis, and decreased milk production.⁵

If you do not plan on bodyfeeding or want to stop, binding lightly may help decrease or 'dry up' your milk production. Watch closely for signs of inflammation and mastitis, as this can occur even if you are not bodyfeeding.

- To learn more about how to suppress your milk production, see [Lactation Suppression](#) (in development).

For more information, visit transcarebc.ca

References

1. Charter R, Ussher JM, Perz J, Robinson K. The transgender parent: Experiences and constructions of pregnancy and parenthood for transgender men in Australia. *International Journal of Transgenderism*. 2018;19: 64–77. doi:[10.1080/15532739.2017.1399496](https://doi.org/10.1080/15532739.2017.1399496)
2. MacDonald T, Noel-Weiss J, West D, Walks M, Biener M, Kibbe A, et al. Transmasculine individuals' experiences with lactation, chestfeeding, and gender identity: A qualitative study. *BMC Pregnancy Childbirth*. 2016;16: 1–17. doi:[10.1186/s12884-016-0907-y](https://doi.org/10.1186/s12884-016-0907-y)
3. Krebs C. Breast anatomy and milk production. Second edition. In: *Lactation Education Accreditation and Approval Review Committee, Campbell SH, Spencer B, Chamberlain K, Lauwers J, Mannel R, editors. Core curriculum for interdisciplinary lactation care. Second edition. Burlington, MA: Jones & Bartlett Learning; 2022.*
4. Danhausen K, King TL. *Anatomy and physiology of pregnancy. 7th ed. Varney's midwifery. 7th ed. [S.l.]: Jones & Bartlett Learning; 2023.*
5. Peitzmeier S, Gardner I, Weinand J, Corbet A, Acevedo K. Health impact of chest binding among transgender adults: a community-engaged, cross-sectional study. *Culture, Health & Sexuality*. 2017;19: 64–75. doi:[10.1080/13691058.2016.1191675](https://doi.org/10.1080/13691058.2016.1191675)
6. Gender Confirmation Center. "Chestfeeding"; Before we start. In: *Gender Confirmation [Internet]. 5 Jun 2018 [cited 7 Nov 2023]. Available: <https://www.genderconfirmation.com/blog/chestfeeding/>*

This document is designed for informational purposes only and should not be taken as medical advice. Please discuss any ongoing questions or concerns with your health care team.

July 2024

Financial contribution:



Health Canada Santé Canada

The views expressed herein do not necessarily reflect those of Health Canada.

Page 3 of 3