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BEAUTY

The Joy—and Fear—of Breastfeeding with BRCA1

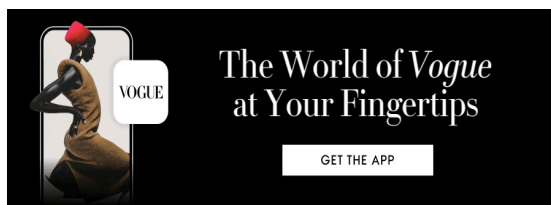
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When I was first diagnosed with the BRCA1 genetic mutation in 2017, various doctors and genetic counselors ran through lists of the things I should do to avoid the cancer my mom had at that very moment. The test results told me my risk of developing breast cancer was 55 to 72% by the time I turned 70; my risk of developing ovarian cancer by the same age was 39 to 44%. The stakes and numbers were high, and there was a lot outside of my control, but *information was power*, they told me... if I followed advice my new medical team gave me. The advice was to begin getting mammograms, MRIs, and whole-breast ultrasounds at age 30, and, if I wanted children, to do that soon, and something a bit more surprising: to breastfeed them as long as possible.

Studies show that breastfeeding for just one year could reduce the risk of breast cancer in BRCA1-positive people by 32%, and more years could yield even better results. How many years, I wondered, did I need to breastfeed my way back to zero? But of course, I could never lower my risk until it vanished, and could never go back to the time before information became power.



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I had been married for seven months when I got my positive diagnosis, and children were still a distant island in a hazy landscape. But breastfeeding sounded like the easiest and most human recommendation in a highly medicalized to-do list, and so I thought, yes, I can just have a couple of children and breastfeed them to lower my risk for breast cancer. Vaguely, I had always wanted children anyway. I told myself having children and breastfeeding them would allow me to put off thinking about the other recommendations—the prophylactic mastectomy, the removal of my ovaries and possibly even my uterus—for a decade, when I had stalled long enough to get serious about what to do with the problems I now knew my body posed. Maybe by then, I told myself, I would be a grown-up who knew what to do. Maybe, the recommendations will even have changed. Maybe they'll be able to tell me they were mistaken or were now able to pinpoint exactly how likely I was to develop cancer, and in fact, I didn't need to carve up my breasts to avoid the fate of so many women in my family.

One of my earliest memories of breastfeeding my first daughter was in the hospital the day she was born, when the lactation consultant confidently grabbed my breast, squeezed it into what she called “a hamburger,” and stuffed it in my infant's mouth. Another one is my cracked nipple bleeding onto my daughter's little rosebud mouth as I cried out in surprised pain. Then there was the time both my husband and my father tried to help me position the baby, my arm, the nursing pillow, and my breast, until my mother laughed at them and told them to back off, that I would figure it out.

And I did eventually figure it out, but that was after my daughter lost 16% of her body weight because my milk hadn't come in and we had to feed her with a syringe. I figured it out after I had so many clogged ducts my breast surgeon advised me to call some man with a farm in Wisconsin and ask him for homeopathic medicine that, according to my breast surgeon, worked if I believed in it (I didn't, but it did). I figured it out after I accidentally texted a picture of my daughter's mouth latched on to my breast to a number I thought was for a lactation consultant but actually was a wrong number. Through every struggle, and every single time I put my baby to my breast, I remembered the statistics I was chasing.

At my six-week postpartum checkup, my OB asked me whether I wanted any more children. “I don't know, I've barely stopped bleeding,” I told her, either out loud or in my

head.

“You’ll have to weigh the benefits of having another baby with the risks of waiting to have the mastectomy,” she told me. Having another baby, then, which I did want, though not at that moment, might let me put off this conversation a little longer. For now, I had established breastfeeding my first baby, and thought, if I just do this as long as possible, I’m at least doing *something* to lower my risk.

I breastfed my daughter through all her preschool illnesses. I did it every night before bed while our family was in Crete, the other writers at my residency eating dinner together while I sat in a dark room, breastfeeding until my toddler fell asleep and I could sneak out again. We breastfed through the pandemic, after I got my vaccine and felt relieved that I was passing along some antibodies. I was so proud of us for making it past the infant stage, and emotional when we stopped. It seemed like a miracle that we had made it nearly two and a half years. It turned out, nursing my child who no longer used me for food but for comfort, was an intimacy I would miss. But I knew I wanted one more baby, so I consoled myself that I would have this relationship again before I had all my breast tissue removed.

Last summer, I had that second baby, whom I know is my last. Like my older daughter, my youngest has a 50% chance of carrying the BRCA1 genetic mutation, and if she inherits it from me, will have her own complicated relationship to her body and the medical industrial complex that asks her to make drastic decisions about her future. Now, there is so little time between this moment and the mastectomy against which family planning has buffered me.

There will be no more babies, which means there will be no more putting off what I’ve always known I would do. I find myself facing the end of two journeys, both nursing and living with the breast tissue I was born with but that contains the genetic misspelling for breast cancer. My breasts are connected to my babies in obvious ways, but in more complicated and emotional ways too. Like all babies, mine have relied on my breasts. But my breasts have also relied on my babies.

Part of what feels especially complicated is that while I’m feeding the baby, I’m actually dependent on her to keep this journey going as long as she can too. I used to scroll my

phone while breastfeeding, but now, as the days of nursing my baby wane, I find myself trying to cocoon us both in a moment I don't want to forget. Each time I breastfeed her, I am acutely aware that the next thing I will do with my body is get a preventative mastectomy, and that another journey will end.

Breastfeeding is not going as well the second time as it did the first. My second daughter, now 10 months, is a distracted eater, and I often can't force her to nurse for long before or after her naps. I feel frustrated with her, which is unfair for an infant who doesn't understand the stakes. I want her to do it as well as her sister did, but she is a different person, and we have a different relationship. She cannot protect me from cancer, cannot reduce my risk to zero. Not even a mastectomy can do that. Still, I will keep nursing her for as long as she wants, because it is the last time I can, and because a new chapter must begin, one in which I am brave.

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