

Induced Lactation and Relactation

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Presented by

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Definitions

- **Induced Lactation:** Also known as "adoptive breastfeeding" refers to the ability for a woman to breastfeed without going through a pregnancy.
- **Relactation:** A nursing mother stopped breastfeeding before she had planned and now wants to go back to breastfeeding the same baby.

- **If the mother breastfed 5 or 15 years ago**
She is NOT relactating!
- **Her breasts will need help.**

Why Induce Lactation or Relactate?

We know:

Breastmilk and breastfeeding are very important for infants because:

- **Breastmilk is species specific** (Riordan, 2005).
- **Immune protection** (Hanson, 1998, Baumslag & Michels, 1995)
- **Breastfeeding promotes mother-infant attachment** (Fergusson & Woodward, 1999, Sears, 1989).

We also know:

WHO/AAP recommends:

- Exclusive breastfeeding for the first 6 months of an infant's life. (WHO 2003, AAP 2005)
- Start solids and continue to breastfeed for up to 2 years and beyond. (WHO 2003, AAP 2005)

But really.....why induce lactation?

Failure to conceive and carry to term leads to:

- Body betrayal
- Low self-esteem
- Feelings of Inadequacy
- Depression
- Longing to be “normal”

Solution: Breastfeed!

- Breastfeeding without pregnancy is like climbing the **Mount Everest** of lactation.
- Suddenly the mother is a hero to be admired and respected → **Great for Self-Esteem.**
- But most importantly, she's able to feed her baby like any **"normal"** mother can.

Relactation

Priority #1

- ❖ Avoid situations where mothers “need” to stop breastfeeding before they planned
- ❖ It is rare to need to stop breastfeeding because of:
 - Maternal medications
 - Maternal illness
 - Infant illness
 - Painful nipples, “not enough milk”
- ❖ It is rare to need to “treat” breastfeeding problems with bottles

How do we manage this?

- ❖ The success of relactation depends on:
 - The length of time since the mother stopped
 - Her milk production before she stopped
 - The age of the baby when she stopped
 - The determination of the mother
 - The support she has from those around her.

Two aspects

1. Bring back the milk supply
 - Domperidone
 - Hormones?
 - Pumping

And

2. Get the baby back to the breast

- Often the most difficult
- With patience, it is possible:
 - skin to skin,
 - Lactation aid

It's important not to starve baby or force to the breast.

- Bottle to Breast Protocol.

**If worse gets to worst, the baby
will at least get the mother's milk
and that's something**

Induced Lactation

Brief History

- < 1900's a baby who did not receive his mother's milk was doomed to die
→ Wet nurses
- 1930's artificial infant milk for adopted babies or babies whose mothers had died in childbirth.



Lact-aid 1971

Photo: <http://moxie.blogs.com/lactaid.jpg>



Medela Supplementary Nursing System 1980's

<http://www.medela.com/>

The SNS or Lact-aid was filled with either donor milk or artificial infant milk and baby put to breast, with the idea that the mother's own milk supply would be stimulated eventually.

Brief History

- 1985 Anderson
- 1994 Peterson
- 1998 Hormann & Savage:
WHO: Relactation

Typical Advice Given to the Adoptive Breastfeeding Mother

- No advance preparation.
- Put baby to breast and milk will come eventually.
- Put baby to breast with supplemental feeding device filled with formula.
- Supplementation is **always** necessary so why bother?
- Bottle feed, her milk won't be good enough.

The Hormann & Savage Review of the Available Literature (1998)

- Most women **can** relactate
- Produced breastmilk within a week
- 50% of mothers were able to breastfeed within a month.
- Growth of infants was **normal**

The Hormann & Savage Review of the Available Literature (1998)...

- Relactation is possible and practical.
- Birth mothers were able to breastfeed exclusively more often than adoptive mothers.
- Main emphasis of investigators was on short term outcomes.

The Hormann & Savage Review of the Available Literature (1998)...

- Nothing mentioned about a medicated approach.
- Published before the protocols for inducing lactation were conceived and implemented.

The Development of the Protocols to Induce Lactation

The Protocols for Inducing Lactation

- Developed in 1999
- For Intended Mothers (via surrogacy) or Adoptive Breastfeeding Mothers
- Medications and pumping simulates what happens to the breasts during pregnancy and brings in their milk
- Reduces the need for supplementation

Lenore's Story

- 1995 Lenore becomes pregnant via IVF “piece of cake”.
- Immune therapy begun: Heparin, Aspirin, Prednisone, LIT, IVIG.
- Routine ultrasound at 8 weeks heartbeat seen.
- 16 weeks doctor's visit to hear heartbeat....
- Emergency ultrasound reveals baby died in-utero.

Lenore's Story

- Following 5 myomectomies, 3 laparoscopies, several IVF attempts, and 8 miscarriages, Lenore and her husband pursue gestational surrogacy.
- Lenore is devastated she cannot carry her baby and horrified by the idea that she would not be able to breastfeed.
- Lenore is convinced there must be a way.

**At about the same time
the Internet is born**

Lenore's Story

- Lenore **searches the internet** for information and contacts every health professional she knows.
- Lenore **investigates** medications for low milk supply and orders adoptive breastfeeding books and journal articles.
- A pharmacist provides an article about induced lactation by Judy Gershon, Lenore contacts her, and she learns about **Dr. Jack Newman**.

Lenore's Story

- Lenore contacts Dr. Newman and together they devise a strategy for Lenore to breastfeed.
- Dr. Newman suggests a combination birth control pill and domperidone but cannot say which birth control pill.
- Lenore discovers the “right” birth control pill.
- Feb 1999 the Goldfarbs learn their baby is on the way.

Lenore's Story

- April 1999 Lenore undergoes another ovum retrieval for future sibling.
- Lenore begins a protocol to induce lactation 48 hours later, at 8 weeks gestation. Ortho 1/35 & domperidone.
- At 29 weeks surrogate diagnosed with placenta previa and has several bleeding episodes and preterm labor. OB orders hospitalized bedrest, steroids, IV medications.
- Lenore stops Ortho 1/35, maintains domperidone, and begins pumping with excellent dual electric breastpump at 29 weeks gestation.

Recap

- Lenore begins a medicated, hormonal protocol to induce lactation at 8 weeks gestation.
- 29 weeks the gestational surrogate goes into pre-term labor.
- Lenore begins pumping with dual electric breastpump.



Adam, 32 weeks, 2040g



An Intubated Infant Cannot Receive Oral Feeds



Holding Adam for the first time-day 2



Skin-to-skin day 2 (with nasal canula)
Adam gavage fed with Lenore's milk
mixed with surrogate's colostrum.



Adam's first breastfeed at 9 days.



Breastfeeding Adam at 4 months,
I never used a feeding tube device.

The Protocol Works!

- Lenore is the **first** woman in the world to induce lactation with this method.
- Although the NICU insisted Adam receive human milk fortifier while there...
- Lenore produces **32 ounces** of breastmilk per day!
- Lenore went on to breastfeed Adam until he was 8 months old and 20 pounds.

What we have learned since:

- If a mother is committed to relactating, or breastfeeding her adopted baby or her baby born via surrogacy, she can do it.
- Any amount of breastmilk she is able to provide for her baby is a precious gift.
- There is more to breastfeeding than the milk!
- Over 2000 mothers have done it!

**It is not necessary to have been
pregnant or
to have ovaries or a uterus
in order to breastfeed**

Adam Today



Photo courtesy of Adam Goldfarb

“No matter what I have done, no matter what I may achieve in the future, finding a way to bring my son into the world and breastfeed him with my own milk supply, are the greatest achievements of my life.”

- Lenore Goldfarb, 2002-2007

Biology of Induced Lactation and Relactation

In a nutshell:

- **During pregnancy a woman's body produces increasing amounts of progesterone, estrogen (via the placenta), and prolactin (via the pituitary). These hormones ready the breasts for breastfeeding.**
- **Once the pregnancy is completed, progesterone and estrogen levels drop and prolactin levels increase resulting in lactation.**
- **The protocols to induce lactation are designed to mimic what happens during and after pregnancy.**

Hormones

- ❖ Hormones responsible for the growth, development and preparation of the breast:
 - placental lactogen
 - prolactin
 - chorionic gonadotropin
 - estrogen
 - progesterone

Estrogen

- ❖ Increases the secretion of prolactin during pregnancy
- ❖ Helps in the growth and proliferation of the ductal system of the breast

Progesterone

- ❖ Increases the growth of alveoli.
- ❖ Impedes the production of milk during the pregnancy due to the the production of prolactin.

Prolactin

- ❖ Prolactin is essential for further growth and development of the alveoli, and ultimately, for the production of milk.

Protocols to Induce Lactation Clarified (Part 1)

Lenore investigates further. . .

- **Dairy Cattle** (Davis et al.,1983)
- **Goats** (Cammuso et al.,2000)
- **Horses** (Chavatte-Palmer et al., 2002)

And further. . .

- Petraglia et al. (1985)
- Gershon (1997)
- Soykan (1997)
- Beirvliet et al. (2001)
- DaSilva, et al. (2001)
- Franzeze, et al. (2002)
- Gabay (2003)
- Buhimschi (2004)

Our protocols

- ❖ Developed by Lenore Goldfarb and Dr. Jack Newman.
- ❖ Based on knowledge of pregnancy and lactation (but, obviously, which can change with further research)
- ❖ Based on the experience of several hundred women who induced lactation

“Simulating” a pregnancy

- ❖ What we are trying to do is simulate pregnancy but...
- It's not practical to give enough progesterone and estrogen to simulate what happens in pregnancy (side effects would be dramatic)
- And we cannot easily give hormones like human chorionic gonadotropin (requires injections, expensive)

Medications/Galactogogues/Herbs

Medication to Simulate Pregnancy

1. Progesterone-estrogen combination specialized birth control pill (Not for contraception! It's for the mother's breasts).
 - ❖ **Not the “mini-pill”!**
2. Domperidone 20 mg four times a day, or better, 30 mg three times a day.
 - ❖ Can be replaced by metoclopramide (Reglan) but side effects of metoclopramide are more common and more severe. **NOT A GOOD IDEA!**

Specialized Birth Control Pills:

Most popular:

- Ortho 1/35 one pill per day, skipping the placebos OR
- Yasmin, one pill daily, with no placebo or break OR
- Norinyl 1/35 two pills (not just one) a day, skipping the placebos (mother will need almost three packs a month)

“But we’ve been told to avoid the birth control pill”.....

- **But the mother is not lactating yet!**
- a little hormonal support to bring in a breastmilk supply
- is better than 100% formula feeding.

Remember:

- Formula is 100% over-the-counter medication!
- **ANY** amount of breastmilk a mother can provide is a special gift.
- A little breastmilk is better than no breastmilk.

Domperidone and related drugs...How do they work?

- ❖ The secretion of prolactin from the pituitary is inhibited by the secretion of dopamine
- ❖ Domperidone inhibits the secretion of dopamine by the nuclei of the hypothalamus
- results in an **increase in prolactin** secretion

(Newman, 2006; Hale 2006)

Domperidone and related drugs

- ❖ Not currently approved by the US FDA.
- ❖ Not approved by Health Canada for induction of lactation or to increase milk supply, so use is “off label”.
- ❖ This does not mean it’s not permitted in Canada, as a “reasonable” use is allowed.
- ❖ Approved for use for gastric motility problems in Canada for over 20 years. **We have a paediatric dose.**
- ❖ Domperidone is **93% bound** to the mother’s plasma (Hale, 2006).

Side effects of domperidone

1. Headache (usually not severe)

- Not common, but not rare at dosages above 80 mg a day
- Will disappear by lowering the dose.
- But also will usually disappear if the mother waits.
- Aspirin, ibuprofen, acetaminophen help.

Side effects of domperidone

2. Abdominal cramps, diarrhea

- Our experience is that these symptoms are
 - Uncommon
 - Mild
 - Disappear after a few days without stopping the domperidone and without any specific treatment.

Side effects of domperidone

3. Menstrual irregularities

➤ Less common

—breakthrough bleeding between periods.

➤ Most common

—menses stop once the milk supply comes in

➤ No treatment necessary for either, since the breakthrough bleeding is minimal amounts.

Side effects of domperidone

- ❖ Other side effects are even less common:
 - Water retention and edema
 - Dry mouth
 - Skin rashes
 - Leg cramps

Domperidone and tumours

- ❖ Studies on rodents showed an increase in breast tumours while on domperidone (they received huge doses for many years).
- ❖ This increase in breast tumours has never been demonstrated in humans.
- ❖ And breastfeeding decreases the risk of breast tumours.

(Newman, 2006)

What if the mother becomes pregnant?

- ❖ There is no proof that domperidone affects the fetus.
- ❖ On the other hand, there is no proof it is safe.
- The mother should stop the domperidone.
- In any case, it is extremely unlikely domperidone would work if the mother is pregnant (hormones of pregnancy).

Newman, 2006

Domperidone

- ❖ How long should the mother take domperidone?
- Our experience is that she will need to use the domperidone for the entire breastfeeding experience, but there may be situations when the mother can stop it (wean off it *slowly*).
- Dropping the dose may be possible.

We have had mothers on domperidone for 2 years, Lenore was on it for 3 years, and gastroenterologists have patients on domperidone for several years

Metoclopramide

- ❖ Metoclopramide (Reglan) is similar to domperidone, and will increase breastmilk production in the same way.
- ❖ However, it has many more side effects than domperidone, especially central nervous system side effects (e.g. depression, irritability, oculogyric crisis), crosses the blood-brain barrier.
- ❖ Domperidone is not known to cross the blood brain barrier very well.

(Newman, 2006)

Other medications

- ❖ Major tranquilizers of the phenothiazine type can increase milk supply or induce lactation again by inhibiting dopamine.
- Chlorpromazine, haloperidol are two examples.
- Though they work, the side effects in the mother and the unlikely but possible side effects in the baby should discourage their use for increasing milk supply.

(Newman, 2006)

Herbs

- Fenugreek Seed (500-700 mg per capsule)
- Blessed Thistle (300-400 mg per capsule)
- 3 capsules of each, 3 times per day.

The result of all these treatments? The intended/adopting mother has hormone levels which more or less simulate those of pregnancy → high prolactin, high estrogen, and high progesterone

How long to use these medications/herbs?

- ❖ At least a couple of months for the hormones, better 16 to 28 weeks, and even longer.
- ❖ Domperidone may have to be used much longer.
- ❖ Problem: often the mother learns the baby is available only days before the birth, sometimes even after.

Unhelpful information

- ❖ We have not found that a history of successful breastfeeding of a biological baby has been very predictive of which mother will bring in a full supply.
- ❖ We have not seen that a history of previous pregnancies (completed or not) has been predictive of amount of milk produced.
- ❖ It is our impression that hormonal problems resulting in infertility does have some predictive value (less milk, but not necessarily so).

Protocols to Induce Lactation Clarified (part 2)

In the “ideal” situation

The Regular Protocol

- ❖ The baby will be born in 8 to 9 months (usually baby to be born by surrogate)
- Begin hormones (oral contraceptives)
- Begin domperidone 10 mg 4 times a day for the first week and then increase to 20 mg 4 times per day.
- Mother may feel fatigued in the beginning...caffeine ok.

In the “ideal” situation

The Regular Protocol

- Some mothers prefer 30 mg domperidone 3 times per day because they feel it's easier to remember.
- The intended/adoptive mother continues the hormones until about 6-8 weeks before the baby is to be born.

Eight weeks before due date

- ❖ The intended/adopting mother stops the hormones and she will get a vaginal bleed.
- ❖ She continues with domperidone.
- ❖ The drop in estrogen and progesterone, plus the elevated prolactin simulates the situation after birth.
- ❖ The intended/adopting mother starts expressing her milk every 2-3 hours by day.

Why 8 weeks?

- ❖ It doesn't have to be 8 weeks.
- The idea is that the mother probably does not have to be “pregnant” for more than about 5 months to get the full effect.
- By pumping for 8 weeks, she can build up a supply of breastmilk.
- The baby might be born early.

Pump or express milk

- ❖ To increase the milk supply.
- ❖ To have a reserve of breastmilk in order to avoid the “need” for supplementing the baby with formula.
- ❖ To encourage the adopting mother, so she can see she is producing milk.
- ❖ To save up milk for the same reasons as any other nursing mother might.

Is the milk “good” milk?

- ❖ In studies done in animals, there is no difference between induced and naturally produced milk.
- ❖ We have had a couple of mothers test their milk and the milk is, with regard to protein, fat and carbohydrate content the same as “naturally produced” milk.
- ❖ If the mother produces enough, the babies seem healthy and grow well.

How often should the mother express?

- ❖ As often as it is practical and comfortable for the adopting mother.
- ❖ One can say 8 times a day for 20 minutes/side, but if the adopting mother is working, this is not so easy.
- ❖ It's worth it to rent a good pump which pumps both breasts at the same time.

If time is short?

The Accelerated Protocol

- ❖ The adopting mother should seriously consider taking domperidone.
- ❖ We try to get at least 2 months of hormonal treatment.
- There will be some changes in the breast, but less time for pumping before the baby is born.

So what happens if the baby is due in 2 days?

- ❖ Should the adopting mother take the hormones?
- ❖ Not an easy question.
- ❖ If the adopting mother takes the hormones for at least 2 months, she will likely get more milk.
- ❖ On the other hand, the hormones block the effect of prolactin and thus the milk production will be inhibited during these two months.
- ❖ Domperidone alone could still be very useful.

What if mom has no uterus or ovaries?

Menopause Protocol

- It is not necessary to have a uterus or ovaries in order to breastfeed.
- Mother must have breast (s) and a functioning pituitary.
- Need a **minimum** of 60 days on the hormones/domperidone but **the longer the better.**

We must individualize. We don't know what will happen in each individual case. We cannot make guarantees. We are guessing.

Things to consider

- When is the baby due to arrive?
- Balance the above time for hormones/pumping (if mom chooses to do a protocol). Try for at least 1 month of hormones.
- Mom's medical/infertility history.
- Mom's motivation.
- If protocol not possible, offer alternatives.

Alternative Protocols

1) If the mother cannot take the birth control pill:

- Goat's rue, domperidone and pumping.
- Start ASAP.

OR

2) More Hormones:

Estrogen patches + medroxyprogesterone
(Provera)

- Patch stimulates the breast locally perhaps decreasing the systemic effect
- Estrogen patches (those used for menopause) 0.025 mg/day estradiol (2 such patches on *each* breast) changed each weekly
- Provera 10 mg tid (large dose)

More alternatives:

- putting baby to breast as often as possible and supplement with bottles of artificial infant milk or donor milk.
- putting baby to breast with the help of a supplementary feeding tube device filled with either artificial infant milk or donor milk.
- using either of the two methods above together with herbs and/or medications to increase milk supply.

And More:

- preparing to breastfeed by inducing lactation in advance (**like Lenore did**).
- not preparing in advance.
- pumping their breasts with an electric or manual breastpump prior to baby's arrival.
- using hand expression techniques.
- breastfeeding and then pumping after feeds.
- all or some of the above in combination.

**Inform the mother, it's her
decision!**

**The Role of the Lactation Consultant
and
the Importance of
Medical Supervision**

Important

- ❖ The adopting mother needs to be followed by a physician.
- ❖ Any drug can have serious side effects
- ❖ Combination progesterone-estrogen:
 - Deep vein thrombosis
 - Stroke
 - Migraines
 - Hypertension

Role of Lactation Consultant

- To support the intended/adoptive mother in her efforts to induce lactation.
- To provide evidence, if asked, to support the health care practitioner's efforts to assist the mother:
 - copy of the guide to the protocols (Newman and Goldfarb, 2002)
 - references (Morhbacher and Stock, 2003; Riordan, 2005)
 - website URLs
- To help the mother to get baby to the breast if possible.
- To be mom's cheerleader, coach, & confident.

What **not** to do

- Do not prescribe medications or suggest a change of dosages...this is the role of the Health Care Provider.
- Do not provide or sell medications...this is beyond the scope of practice of an IBCLC.
- When in doubt: **Refer!**

www.asklenore.info or
www.drjacknewman.com

The Lactation Consultant's Most Important Role:

Help the mother!
If possible, help the baby
take the breast.

The essential!
Breastfeeding is more than milk.

How can we assure this?

- ❖ Get baby and mother skin-to-skin.
- ❖ Start breastfeeding as soon as possible.
- We have had several adopting/intended mothers in the labour and delivery room with the birth mother.
- The adoptive/intended mother took the baby immediately and put the baby to the breast.

Expectations and limitations of current methods to induce lactation/relactate

Before starting...

- ❖ What is it the mother wants or expects?
 - It is better to have realistic expectations
- ❖ Likely, a good number of adopting mothers will not produce all the milk the baby needs.
 - And will need to supplement.
- ❖ For the adopting mother, is it a question of “all or nothing?”
 - If so, she really needs to reconsider the idea.
 - Still, you never know how she will feel after getting the baby.

Of course, in the situation of breastfeeding the adopted baby, the mother may not produce a full supply, but...

**Breastfeeding is more than
breastmilk!!**

Ethical Considerations

What about the birth mother?

- ❖ She could breastfeed the baby if the intended/adopting mother is not available immediately.
- ❖ But there could be a danger for the adopting mother...
- ➔ We cannot push the notion that breastfeeding helps induce an attachment between mother and baby without considering the possibility that the birth mother might change her mind about the adoption (not as much of an issue with surrogacy).

There are advantages

- ❖ The baby will get colostrum.
- ❖ The baby will learn to breastfeed early.
- ❖ There are likely psychological advantages to be skin to skin and breastfeeding immediately after birth.
- ❖ Is it really bad that the biologic mother have this time with the baby? (closure)
- Same advantages as for any mother.

It's a difficult issue

- ❖ If the birth mother feeds the baby and changes her mind about giving the baby up...
- Is it wrong that she have this opportunity?
- Shouldn't she make an informed choice about keeping or not keeping the baby?
- Some won't want to feed the baby, but maybe they should have the option.

What about supplementation?

Important

- Danger of re-victimizing mother: We must encourage her efforts!
- There is more to breastfeeding her baby than the amount of milk:
 - Attachment/bonding, immunities, growth factors
 - Hand-eye co-ordination (switch sides)
 - Teeth and Jaw formation
 - etc, etc, etc.....101 reasons!

Avoid bottles and pacifiers

- ❖ The adopting/intended mother should advise the maternity department (social worker, lactation consultant) as soon as possible, before the baby's birth, if possible, that she is going to breastfeed the baby and that if she cannot breastfeed immediately, nobody should give the baby bottles or pacifiers.
- The newborn can be fed by cup, or, less desirably, by finger feeding (this technique is mostly for helping to latch a baby on, not avoiding a bottle).

Rapid milk flow

- ❖ Babies respond to milk flow, not what's in the breast.
- If flow is rapid, baby is usually content.
- If the mother is unable to produce enough milk, she will need to supplement the baby.
- This is best done with a lactation aid because:

Why the lactation aid?

1. Babies learn to breastfeed *by breastfeeding*
2. Mothers learn to breastfeed *by breastfeeding*
3. The baby *continues to get milk* from the breast even while being supplemented
4. The baby won't refuse the breast
5. There is *more* to breastfeeding than milk.

Alternate Lactation aid



Photo courtesy Jack Newman, MD, FRCPC



Photo courtesy Jack Newman, MD, FRCPC

Breast compression



Photo courtesy Jack Newman, MD, FRCPC

Lactation aid in place



Photo courtesy Jack Newman, MD, FRCPC

Ease the breast away slightly



Photo courtesy Jack Newman, MD, FRCPC

Find the corner of the baby's mouth



Photo courtesy Jack Newman, MD, FRCPC

Push the tube *straight* back, slightly upwards towards the palate



Photo courtesy Jack Newman, MD, FRCPC

Twins



Photo courtesy Jack Newman, MD, FRCPC

Breastfeeding Management

Repeat: babies like fast flow

- ❖ If flow slows too much, the baby may no longer be happy at the breast.
- He may pull, cry, go on and off the breast, may release the breast and cry or suck his hand.
- ❖ The mother may need to start a lactation aid, or start its use earlier than before to keep the baby breastfeeding.

Or if the baby is taking solids, the baby can be given some before putting him to the breast, so that he is not ravenous when he goes to the breast and will be less likely to pull and cry.

If the baby refuses the breast?

- ❖ Same approach one would use in any situation of breast rejection.
- ❖ Avoid bottles and other artificial nipples.
- ❖ Try to get the largest milk supply possible (e.g. increase domperidone to 40 mg 4 times a day).
- ❖ Try finger feeding for a minute before attempting baby at the breast.
- ❖ Best latch possible, compress as the baby comes onto the breast.
- ❖ *Patience, persistence, keep up hope.*

(Newman, 2006)

If the baby refuses the breast?

- Cup feed.
- Bottle-feed at the breast.
- Begin Bottle to Breast Protocol.

The baby is already 6 months old

- ❖ Undoubtedly this makes it more difficult.
 1. Try to establish a good supply.
 2. Avoid bottles (cup, solids).
 3. Lots of skin to skin contact, mother and baby in bed, no pressure to take the breast.
- maybe the baby will take the breast
- ❖ At the very least, he'll get the adopting mother's milk.

Case Studies

Can this work?

Au Naturel

- Adoptive mother of preemie born at 33 weeks gestation. Baby discharged at 2 1/2 months and was breastfed with Lact-aid since his 2nd day home (he took right to the breast).
- Initially, Mom used bottles whenever they were away from the house because it was a transracial adoption and she was uncomfortable with public reaction.
- Mom had pumped for a month or so before she brought baby home, but took no medications or herbs.

Au Naturel

- Mom was sure baby was receiving some breast milk, but she didn't think it was much. Baby takes anywhere from 2-4 oz supplement per feeding.
- Mom contacted Lenore when she had stopped the bottles for about 3 weeks and was supplementing with the help of the Lac-taid.
- At same time she had started taking fenugreek the day before, in hopes of increasing her milk supply.

Au Naturel

- Mother said her pediatrician is very supportive of adoptive breastfeeding, but says to just nurse with the Lact-aid, not to use herbs or domperidone so mom didn't know what to do.
- Mother reported she was fine using the supplement, but her baby “seems to have tummy trouble when he gets too much formula...he gets very gassy and constipated, and I hate for him to feel bad. If you think I should do something differently, can you please tell me what and how many I should take?”
- What would you do?

Au Naturel

- This is a situation where my hands were tied. The pediatrician would not support anything other than his personal point of view.
- In this case I encouraged mom to continue breastfeeding with the Lact-aid as well as offered encouragement about her relationship with her baby and what a great mother she is and how any amount of breastmilk is a precious gift.
- Mother contacted our message board and the other moms provided additional support.

Foster-adopt

- 34 year old mom
- History of infertility and on Quebec adoption waiting list for 3 years
- Had a baby naturally who she breastfeed for 2 years and had weaned 3 months earlier
- She foster-cared for the baby for the 1st 6 weeks but was told she couldn't breastfeed until 30 days when the papers were signed from the birth mother

Foster-adopt

- Mother visited the clinic when baby was 4 weeks old
- Mom had occasionally put the baby to the breast before this
- She had been pumping ~6 times a day
- Baby latched beautifully but the milk was low so she used the alternative lactation device (French 5 tube/bottle)
- Our doctor provided prescription for domperidone

Foster-adopt

- Mother also used Fenugreek, Blessed Thistle and Goat's rue.
- Baby needed only small amounts of Artificial Baby Milk ~200ml per 24 hours
- By 3 ½ months exclusively breastfeeding and breastfed beyond a year (don't know if baby has weaned yet)
- She has been one of our mothers that helps by talking to other moms wanting info about breastfeeding an adoptive baby

Baby's first breastfeeding at the clinic



Photo courtesy Carole Dobrich



Regular Protocol

- 32 year old mother
- Infertility history – never pregnant
- Adopted 1st child from Thailand (now 2 ½)
- Didn't breastfeed – didn't know it was possible
- Started process for International adoption again
- Has a friend who was preparing to pass the IBLCE exam who mentioned induced lactation
- Friend referred mother to our clinic

Regular Protocol

- Seen at Clinic by LC and one of our doctors was prescribed Ortho 1/35 and domperidone.
- After 5 months, mother stopped the Ortho 1/35, maintained the domperidone and began pumping with good dual electric pump
- Followed at clinic 3 times prior to starting pumping and seen at clinic the day she started pumping for further explanation.

Regular Protocol

- Mother noted a definite breast increase
- 1st time pumped 5 mls at clinic.
- By 6 weeks when she left for China she was pumping 8 times in 24 hours and was pumping ~500mls.
- She came home from China with a beautiful 13 month old girl
- She did lots of Skin-to-skin and gave her daughter her breastmilk

1st 3 days of pumping following Protocols for Induced Lactation



Photo by Carole Dobrich

Regular Protocol

- Her daughter never suckled at the breast but spent time there with Skin to Skin
- Mother provided breast milk for 4 months and she was really happy because as she said...

“I feel truly connected to my daughter because I have given her something from me...my breast milk and this has made the adoption transition much easier”

Triplets

- Mother previously breastfed biological infant for 19 months, 1 year before.
- Diagnosed with heart condition following the birth and decides to apply to adopt.
- Learns triplets will be available and begins researching adoptive breastfeeding.
- Receives all the usual advice and begins pumping without any medication.

Triplets

- After several weeks of pumping every two hours, mother gets drops of milk.
- Mother is very discouraged until a lactation consultant steers her toward the Ask Lenore Website www.asklenore.info
- Mother begins **Accelerated Protocol** 6 weeks before birth.
- Mother begins pumping **after 30 days** on Accelerated Protocol...leaving her **2 weeks** to bring in her milk supply before the birth.

Triplets

- At birth, mother was pumping 2 oz per pumping session.
- Breastmilk supply **quadrupled** in 2 days.
- Mother breastfed all three babies without supplementation!
- Last report at 12 weeks, she was still breastfeeding without supplementation and reported milk supply increased with growth spurts.

No Reproductive Organs

- ❖ Adopting mother has never been pregnant.
- ❖ Underwent extensive surgery following burst appendix and lost all reproductive organs.
- ❖ Mother previously breastfed two children with the help of the Lact-aid.
- ❖ Mother applies for adoption and contacts Lenore via email.
- ❖ She starts pumping immediately to see if anything would happen...nothing does.

No Reproductive Organs

- ❖ Mother agrees to begin hormonal protocol under her doctor's supervision.
- ❖ Begins Ortho 1/35 and domperidone for 30 days followed by pumping, but results are disappointing.
- ❖ Mother agrees to resume protocol but this time stay on it longer (until a baby is in sight) and increase the hormones under doctor's supervision.

No Reproductive Organs

- Once baby is in sight, mother stops the hormones, maintains the domperidone and begins pumping with a good dual electric breastpump.
- Mother's milk supply comes in and the **Menopause Protocol** is created!
- This mother went on to breastfeed another adopted child via the menopause protocol.

Cancer

- Biological mother, did not breastfeed.
- 2-year-old diagnosed with leukemia.
- Mother desperate to “relactate” after learning of interferon property in breastmilk.
- After weighing all the options, mother decides to do the **Accelerated Protocol** for 30 days under doctor’s supervision.

Cancer

- Mother successfully and rapidly brings in her milk supply after double pumping, and which she provides to her child via cup.
- Child survives after receiving conventional medical treatment and mother's breastmilk.

Cancer and other diseases

- There are several more stories of mothers using the protocols to induce lactation for their children (young AND adult) suffering from cancer or other medical conditions.
- One woman induced lactation for her husband who was suffering from cancer.
- One woman induced lactation for her friend who had contacted me concerning his cancer.
- One older mother induced lactation for her adult son who was diagnosed with ulcerative colitis.

Two Moms

- A lesbian couple contacts Lenore when one partner is 14 weeks pregnant.
- Both mothers would like to breastfeed because the birth mother will be returning to work about 2 months after the birth.
- Inducing mother begins **Regular Protocol** with Ortho 1/35 and domperidone under doctor's supervision.

Two Moms

- About 6 weeks before the baby is due, the inducing mother stops the Ortho 1/35, maintains the domperidone.
- She adds the herbs blessed thistle and fenugreek.
- She begins pumping every 2-3 hours by day for about 20 minutes with a dual electric breastpump.

Two Moms

- By the time the baby is born, the inducing mom is pumping 12 oz per day.
- The priority is now to feed the baby!
- The **birth mother is the primary** breastfeeding mother so that the baby receives colostrum.
- The inducing mother puts baby to breast but mostly pumps and stores her breastmilk.
- By the time the birth mother is ready to return to work, the inducing mother has a full milk supply and lots more stored in the freezer.

Two Moms

- **Inducing mom become primary** breastfeeding mother and birth mother pumps to maintain her milk supply.
- Baby is breastfeed alternatively between the two mothers depending on who is home.
- Sometimes the baby gets an appetizer, main course, and desert!

Androgen Insensitivity Syndrome

- Lenore is contacted by a soon to be adoptive mother who has a **male** genotype (xy) but female phenotype.
- She is essentially an individual with ambiguous genitalia who underwent surgery at birth to remove her “testicles” and later at puberty her “uterus” was removed.
- She received hormonal support thereafter.
- Her body cannot process testosterone.

Androgen Insensitivity Syndrome

- Mother followed the **Menopause Protocols** with Yasmin for two months together with Domperidone, herbs (fenugreek and blessed thistle) and pumping.
- She was able to pump 12-14 oz. a day and successfully breastfed her adopted infant (with a little supplementation) for nearly 3 years!

Transgendered Male to Female

- Adoptive mother was post-operative male to female transgendered.
- She followed the **Menopause Protocol** with Ortho 1/35 plus 2.5 Provera until her baby was in sight.
- Mother began pumping with dual electric breastpump.
- Top milk production was 8 ounces per day. Mother is currently still breastfeeding.

Following photo:
14-month-old (at the time still
breastfeeding) baby via
gestational surrogacy with older
child also previously breastfed via
same method



Same baby with his mother



Photo courtesy Lenore and Ethan Goldfarb

The Future....



For more information

❖ Website

➤ www.asklenore.info

➤ Email address for Lenore Goldfarb:

➤ lenore@asklenore.info

➤ Email address for Dr. Jack Newman:

➤ drjacknewman@sympatico.ca

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