

# WHOLE PERSON APPROACH TO INDUCED LACTATION

## FAST FACTS

- Induced lactation is the process to “make milk” for a baby when you did not give birth. Other names for this practice include adoptive nursing and breastfeeding without pregnancy.
- Relactation means resume making milk for a baby when you have nursed before but stopped any time from a few weeks to many years ago.

## NURSING: NOT JUST FOR BIRTH PARENTS

Milk production, or lactation, is part of a natural sequence of events that occur during pregnancy and birth. The hormones made during this time stimulate milk to come in shortly after birth. Early milk is called colostrum, which is filled with immune-boosting compounds that help protect your newborn.

However, the milk-producing hormone changes can also happen without pregnancy and birth. All humans have a gland called the pituitary located at the base of the brain. This gland is involved in milk production. Almost anyone with the desire to nurse a baby can produce some milk, even those not born with a uterus. This can include an adoptive or other parent who did not give birth or a grandparent or other relative who wants to help feed the baby.

“The people I see interested in induced lactation are parents who have adopted or used a pregnancy surrogate,” says Karen Bodnar, MD, an internationally board certified lactation consultant. Bodnar is also a fellow of the American Academy of Pediatrics and the Academy of Breastfeeding Medicine. “I also see same-sex partners and people who have gone through [gender] transition, as well as Muslim families who believe breastfeeding creates a biological tie.”

## Why induced lactation?

You may want to nurse your baby but believe it is not possible if you do not give birth. If this describes you, the idea that you can produce milk can be very exciting.

Human milk is the optimal source of nutrition for a human infant. It contains antibodies that help build your baby’s immune system, and it is also the best fit for the digestive system. While you may not be able to provide all your baby’s nutrition, every drop of breast milk is beneficial. The World Health Organization and American Academy of Pediatrics recommend breast milk alone for feeding babies up to six months old.<sup>1</sup> Babies who are breastfed have lower rates of many diseases later in life, including asthma, obesity, ear infections, and lung disease.<sup>2</sup> “The benefits to a parent and baby are enormous,” Bodnar says.

Nursing is also an incredible way to bond with your baby. It includes skin-to-skin contact, cuddling, and eye gazing. However, it is not the only way to do those activities.

## Many words, one special way to nurture your child

As you learn about induced lactation, you may see many different words for making milk, from breastfeeding and nursing to chestfeeding and suckling. You are welcome to use any terms you prefer to talk about feeding your baby. Here, we will generally use “nursing.” We do this because it takes the focus off body parts and talks about a shared activity that supports mind-body-spirit health for you, your child, and your family.

## Can I make enough milk?

When inducing lactation, it can be helpful to think about how you are providing nutrition your baby needs rather than worrying about whether your body produces every drop of that nutrition.

“Everyone has a different experience,” Bodnar says. “It’s important to remember that the anecdotes you read may not be typical examples.”

Talking with a physician who specializes in lactation is important for setting expectations. It is also OK to do your research and make a different decision. “Probably three-quarters of the people I talk with do try induced lactation,” Bodnar says. “Those who do not have usually decided that it requires a lot of effort for, potentially, not a great deal of milk. Others have health concerns that make induced lactation less likely to succeed.”

Women in the peak reproductive years of late teens to late 20s are most likely to breastfeed easily and produce plenty of milk. Dr. Bodnar’s patients tend to fall into a different demographic. “Most of the people I see are older, have more health concerns, or have used assisted reproduction, so breastfeeding potential can be very different,” she says. “For example, if I have a patient who is 55 and wants to induce lactation, I have to tell her that the likelihood of producing all the food her child will need is not high.”

## Other options for feeding your baby

If this is the case, you may opt to induce lactation but provide the baby’s main nutrients from other sources. For example, you can provide human milk from a donor milk bank. A relative or co-parent may induce lactation along with you, so that together, you produce more food. You may use formula, and at a certain point, add soft foods.

“There are many, many ways to bond with your baby,” Bodnar says. “One of my tasks is to help parents who feel unsuccessful because they cannot provide all their child’s nutrition by breastfeeding. It can be important to hear that what you are doing is enough.”

You can also use a supplemental nursing system (see resources below) to have the bonding experience of nursing your child while using donor milk or formula. If you try tube feeding, it can be more beneficial to work with someone who can give hands-on instruction rather than simply watching videos and reading. Hands-on instruction provides both reassurance and course correction during what can be an emotionally and physically challenging time.

Working with a specialist in breastfeeding medicine can make a difference. “I had one patient who came to me via the emergency department,” Bodnar says. “She had done a telehealth consultation with a well-known lactation consultant, but did not have anyone to make sure she was on track afterward.”

For donor milk, Bodnar recommends only high-quality vetted milk banks. “Informal milk sharing is common, but you may not know every medication the donor is taking or how the milk has been handled,” she says. Contact your state department of health or visit the Human Milk Bank Association of North America to find a bank that screens its donors for good health and ensures milk is handled correctly.

## Methods for induced lactation

There are several different ways to induce lactation. You can choose from the different options, combine them, or try one and then another.

Please have a conversation with your health care provider before trying any method. For example, if you are interested in the Newman-Goldfarb protocol, based in Canada, you will need to find a physician who is willing to prescribe to you. One of the medications used, domperidone, is not currently available in the United States.

The basic methods are:<sup>3</sup>

- Hormone and medication protocols (discussed and linked below), often combined with herbal supplements and certain foods, such as oatmeal.
- Frequent breast pumping, sometimes with hand stimulation of the breasts and nipples. May be combined with a protocol.
- Suckling an actual baby several times a day or more (using a supplemental nursing system or other feeding if you are not yet producing milk).

If you are struggling to pump milk successfully, talk with a breastfeeding specialist. “When the breast pump was invented, its engineers chose the size of flange – the part that goes on your nipple – they thought would fit most women,” Bodnar says. “It’s usually 24 millimeters. But a 17-millimeter flange fits most women better.” That means that most people will need to purchase different flanges in addition to purchasing the pump.

## The hormone cascades

Your body produces milk in response to a hormonal signal from your pituitary gland. Almost everyone who has a pituitary gland and breast tissue, regardless of sex or gender, is capable of producing milk to some degree. This includes trans women who want to nurse a baby.

The other hormones involved in breast development during pregnancy are estrogen and progesterone. In pregnancy, the placenta produces a lot of these hormones until the baby is born and the placenta follows. The sudden drop in estrogen and progesterone, coupled with continued high prolactin levels, leads to secrete gland activation. In someone other than a mom who has just given birth, it’s possible to recreate this cascade of hormonal stimulation to a degree by taking hormones. A combination birth control pill coupled with the medication domperidone, plus pumping the breasts as the time for nursing a baby approaches, is the main approach.

## The hormone protocols

Learn more about the programs, or “protocols,” for getting your body to make milk.

- [The regular protocol](#) (Six months or longer)
- [The accelerated protocol](#) (30 days minimum)
- [The menopause protocol](#) (about 60 days)

Because humans of all genders have breasts, anyone with a working pituitary gland can follow one of these programs to start making milk. Which one you choose may depend on how much time you have, when you know your baby will be born, and other factors, such as whether you are relactating (having nursed a baby in the past).

### About the Pituitary Gland

The pituitary gland is a pea-sized gland that sits below your brain inside the base of your skull. It releases hormones related to growth, metabolism, and reproduction. It also tells other glands in the body to make hormones. If the pituitary gland is damaged or not working properly, it can lead to hormone deficiencies that can make breastfeeding a challenge.

## Maintaining your health (physical, mental, and social) while inducing lactation

Tell your ob-gyn, family doctor, and any other health care providers if you are taking hormones and domperidone to help develop a milk supply. It is very important to know if you are healthy enough to do this. Taking hormones can also raise your risk of certain health conditions, so ask your doctor if taking them is a good idea for you.

Many physicians have not heard of induced lactation. “As a physician and board certified international lactation consultant, I typically see people who have had to search for me, as there are still very few specialists,” Bodnar says. [The North American Board of Breastfeeding and Lactation Medicine](#) is working to develop board certification for physicians.

It's also important to focus on your mental health as you take on this role as a nursing parent in addition to caring for an infant. Around the clock pumping can lessen the little sleep parents of newborns receive, increasing the chances of burnout. Having the support of your partner and family can help with this.

If you plan to breast or chest feed the baby in front of visiting family and friends, it can be helpful to talk to them in advance. Because it is less common to see someone who hasn't given birth

nurse a baby, this can lead to some awkward situations as family visits the new baby. Letting your circle of support know you plan to induce lactation can provide an opportunity for education and conversations about induced lactation before the baby is born.

Talking to your other children is also important as the birth of a sibling can make a child feel jealous. This is true for all parents, not just those inducing lactation. But if you are inducing lactation, the additional time and effort will need to be taken into account and seen as important for the whole family.

Having the support of those around you can be helpful, but so is being connected to a community of those inducing lactation. There are various online communities of people talking about their experiences with induced lactation, relactation, and exclusive pumping on Facebook. While not typically monitored by experts, they can help with some problem solving and feelings of isolation when consulted in addition to a health care professional.

### Can I go medication free?

You are likely to produce more milk with the use of hormones. However, one recent study found that while medications were not always needed to induce lactation, breast stimulation definitely was.<sup>4</sup>

A number of herbal supplements and foods are recommended for lactation and increasing milk supply, including goat's rue, shatavari root, and more. Talk with your doctor or a lactation (nursing) specialist about what is safe, especially with any other medicines or supplements you take.

### Partner with your provider – and your baby's

It's tempting to simply buy products at your local natural foods or health food store, perhaps after consulting with a well-meaning and friendly staff member. But please pause long enough to talk about taking any kind of supplements with your health care provider – including your child's pediatrician – before you buy or take anything new. Products marked “natural” can be just as powerful as prescription drugs.

Also remember that when you are nursing a child, what goes into you generally goes into their body, too. Since they are significantly smaller than you, with a less mature system, something that has a mild or minimal effect on your body may have a much stronger effect on theirs. The friendly clerk at your health food store most likely has much less access to the latest evidence for or against supplements than your family doctor does.

If you do purchase supplements, always be sure to purchase quality supplements from reputable brands. Look for the NSF International, US Pharmacopeia, or Consumer Lab seal. These organizations verify what's inside the product.

## When to get started

Ideally, you should begin several months in advance of when you would like to start nursing your baby, and at least several weeks ahead.

If you are adopting, you can plan around your baby's expected arrival date. If you are a grandparent or transgender parent, you can also begin stimulating milk production with pumping, hand stimulation of the breasts, hormones, and herbal supplements ahead of the baby's arrival.

## What about relactation?

Relactation is resuming lactation after weaning for a time.

Grandparents, adoptive parents who have previously given birth, and others may want to try relactation. You may also start nursing your baby again if you try to breastfeed, have difficulty, and stop. Or you may wean your baby and then decide you want to nurse them longer. Examples as to why this might happen is there is a formula shortage or you learn new information about the physical and emotional benefits of breastfeeding.

Relactation can save lives in countries where a high percentage of mothers die in childbirth or when they have nursing infants. A woman who relactates can provide milk for a baby who might otherwise go without food.<sup>5</sup> You can relactate by having the baby suckle numerous times through the day, using a breast pump, or both. Eating certain foods or taking herbal supplements may help. Learn more.

## Resources

### About induced lactation

- [Breastfeeding an adopted newborn](#) – Information from a nursing (lactation) consultant from the Mayo Clinic.
- [Breastfeeding without giving birth](#) – Information from the international, non-sectarian organization La Leche League on induced lactation.
- [How to induce lactation](#) – By Medela, a company that makes breast pumps and nursing equipment. Includes information on supplemental nursing systems and hospital-grade breast pumps.
- [Transgender and non-binary parents](#) – From La Leche League, this information offers support for parents and prospective parents with varying perspectives on nursing.
- [What is domperidone?](#) – From WebMD. We encourage you to share any questions with your own doctor because your personal health and risk factors are important here.

## Organizations and websites

- [Ask Lenore](#) – A resource for breastfeeding parents as well as those experiencing infertility, miscarriage, and other issues. Includes an FAQ page on induced lactation.
- [Canadian Breastfeeding Foundation](#) – Home of the Newman-Goldfarb protocols for induced lactation, with detailed descriptions of what is involved.
- [La Leche League International](#) – A comprehensive resource on all things related to nursing your baby, including information for LGBTQ, trans, and non-binary parents.
- [The Lactation Network](#) – Connect with an international board-certified lactation consultant. Shop for nursing equipment, learn about insurance coverage, and learn more about induced lactation no matter your gender or biological status.

### References

1. US Centers for Disease Control and Prevention. Facts: Key breastfeeding indicators. Last reviewed August 3, 2022. Available at <https://www.cdc.gov/breastfeeding/data/facts.html>. Accessed November 16, 2022.
2. US Centers for Disease Control and Prevention. Breastfeeding: Why it matters. Last reviewed August 3, 2022. Available at <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>. Accessed November 16, 2022.
3. Mohd Hassan S, Sulaiman Z, Tengku Ismail TA. Experiences of women who underwent induced lactation: A literature review. *Malays Fam Physician*. 2021;16(1):18-30. Published 2021 Feb 1. doi:10.51866/rv0997
4. Cazorla-Ortiz G, Obregón-Guitérrez N, Rozas-García MR, Goberna-Tricas J. Methods and success factors of induced lactation: A scoping review. *J Hum Lact*. 2020 Nov;36(4):739-749. doi: 10.1177/0890334420950321. Epub 2020 Sep 14. PMID: 32926655.