Relactation and induced lactation

By Marianne Kaufmann, NCT breastfeeding counsellor

A continuum

A few years ago a local mother contacted me and explained that she was expecting a baby via surrogacy: she had heard that it was possible to breastfeed and asked if this was something I could help her with. Until then, my exposure to the topic of induced lactation had been limited to a presentation I had given to fellow students in my tutorial group.

Supporting this mother was very rewarding for me and involved a steep learning curve. From this experience I went on to develop an NCT Study Day on the topic of Relactation and Induced Lactation.

Relactation is for mothers who have previously given birth and wish to restart breastfeeding after having stopped, or who wish to breastfeed a subsequent (for example, an adopted) baby – even if the gap has been weeks, months or years. Induced lactation is for the production of breast milk for the first time, ie for a mother who has never given birth. ¹ ² ³

Counselling a mother wishing to relactate is something that breastfeeding counsellors are familiar with. Most of us have supported a mother who:

• has gradually introduced more and more ‘top ups’ of formula until her milk supply has diminished⁴
• has stopped breastfeeding completely but wishes to go back to partial or exclusive breastfeeding⁵
• had a difficult birth and never established breastfeeding.
Testing our boundaries

Supporting a mother who wishes to induce lactation can test a breastfeeding counsellor’s boundaries as it involves emotions, hopes and fears that may go well beyond those that a counsellor experiences when supporting mothers who have given birth. Everything seems magnified.

As counsellors, we need to remind ourselves of Carl Roger’s core conditions: empathy, congruence (genuineness) and unconditional positive regard (respect). We could find that it is more challenging to adhere to these core conditions. Unconditional positive regard in particular could be difficult if we hold any personal views on surrogacy, inter-country adopting, breastfeeding older adopted children, lesbian couples, older mothers – views that may affect our ability to genuinely support a mother without being in any way judgemental.

Evidence around induced lactation

There have been several studies about induced lactation, although some of the research did not clearly distinguish between relactation and induced lactation, which can be confusing.3,6,7

It is possible, for some mothers, without ever having given birth, to achieve exclusive breastfeeding. Other mothers who induce lactation never achieve a full milk supply, although many produce enough milk for partial breastfeeding. A small number of mothers who attempt to induce lactation do not produce any milk.6 The difficulty is that she will not know until she tries.

There are indications that mothers who have previously given birth generally find it easier to produce milk and achieve a full milk supply, although even for twins, than mothers who have never given birth.8 However, it is just one of many different factors that affect a woman’s ability to lactate.1,7 Other factors, in the case of adoption, include the baby’s age, previous breastfeeding experience and willingness to take the breast. Factors in the mother include her motivation, support from her partner and health professionals, and her physical health. Reasons why a mother may not be able to produce milk include reasons for infertility, damage to breasts after surgery and damage to the pituitary gland.

Methods for relactation or induced lactation

There are many ways to increase a mother’s milk supply, and all of these ways are useful when wishing to relactate or to induce lactation:6,9,10,11

• Maximising skin-to-skin
• Carrying your baby in a sling
• Putting your baby to the breast more often
• Expressing milk frequently12
• Using a lactation aid/supplemental nursing system like the one from Medela
• Using galactagogues (herbal and/or medication, e.g. domperidone) to increase milk production.

I find it helpful to think of the issue as a continuum: increase milk supply -> relactate -> induce lactation.
**Domperidone**

Until recently, domperidone was the drug of choice that was used when inducing lactation. It does not cross the blood/brain barrier and was considered safer than other drugs.  

However, the European Medicines Agency (EMA) issued guidelines in 2014, then adopted in the UK, restricting the maximum dose and period that domperidone can safely be taken — under licensed use — to a level well below the one necessary to induce lactation. Use of domperidone as a galactagogue is an unlicensed use which continues to be advocated by some breastfeeding experts.

The protocols for inducing lactation, developed by Dr. Jack Newman and Lenore Goldbarb, involve a regime of taking the contraceptive pill together with domperidone. A few weeks before the expected arrival of the baby the mother stops taking the pill, continues with domperidone, and starts expressing milk (this mimics the process of pregnancy and lactogenesis after birth). This method has been used successfully and safely for three decades by many women who induced lactation.

A mother who is planning to apply one of the protocols will need to find a GP who is supportive of breastfeeding, can explain risks and benefits of taking the medication, and is willing to take responsibility for prescribing domperidone in doses that exceed EMA guidelines for licensed use.

**Possible challenges and issues for the breastfeeding counsellor**

We also face the decision of where to draw the line, to what extent we get involved, not just emotionally, but also in terms of interacting with other people and organisations.

Should we offer to share information with the partner?

Might it be appropriate to share our understanding with the midwives (remembering that a mother who is receiving a baby via surrogacy or adoption may get less midwife support)?

Will the mother’s employer be willing to allow her to express milk frequently during working hours to induce lactation before baby arrives? Legally, is a mother entitled to take time off work to express during working hours in order to induce lactation, i.e. before baby is born?

Do we encourage the mother who is having a baby via a surrogate to attend antenatal classes, or the breastfeeding class? She and her partner might feel out of place when they attend an antenatal class. As practitioners we may need to review how we run our sessions for parents and be especially mindful of the inclusivity of our language.

In the case of adoption or surrogacy, is the birth mother or surrogate mother able to breastfeed the baby after birth so the baby gets some colostrum? Is she happy to do this? Is this something that the intended mother would like to happen? The milk produced by a mother who is inducing lactation is similar to the milk of mothers who have given birth, except that she does not any produce colostrum.

Antenatally, as a breastfeeding counsellor you will walk alongside the mother and explore areas of concern.
Counselling and supervision

Becoming a parent is a challenge for all first time parents, perhaps even more so with mothers who are hoping to induce lactation. These mothers can be riding an emotional rollercoaster – and while we as breastfeeding counsellors are riding alongside them, we may need to remind ourselves that breastfeeding is just one of many aspects of parenthood that they experience.

It is important for counsellors to get supervision. In my case, although I was moved to tears of joy when I witnessed the mother that I supported breastfeeding her baby a few days after the birth, I felt sad and disappointed that I had not done enough when she stopped breastfeeding within a week. ‘Think about it’, my supervisor said, ‘she HAS HAD A BABY!’. To be able to breastfeed her baby, for this mother, was the icing on the cake. It allowed her a time of intimacy straight after birth and to bond with her baby – her long awaited baby after years of infertility; her baby that she had not given birth to.

Summary of skills for supporting mothers in relactation and induced lactation

- Listen
- Support:
  - What support would this mother like?
  - What support can I give (time, experience, skills)?
- Unconditional positive regard (respect)
- Watch your language:
  - Mother - which mother? (Birth mother/surrogate mother/co-mother/intended parent)
- Increase confidence without raising unrealistic expectations (manage expectations)

Those who may be involved:

- Mother’s partner
- Birth mother (adoption)
- Surrogate mother
- Health professionals caring for the intended parent (adoptive mother or mother expecting via surrogacy):
  - GP
  - Midwife
  - Health visitor
- Health professionals caring for the surrogate or the birth mother (in the case of adoption):
  - Midwife
- Mother’s employer
- The baby
References
17) Email from Goldfarb L to author, 25 September 2016.

• Share information:
  – Success stories from other mothers
  – Technical information
• Networking:
  – Introduce mother to other mothers who have induced lactation  
    (NCT Breastfeeding Counsellor e-group can help with finding mothers 
    who have recently experienced this themselves)
• Draw up a plan of action
• Consider boundaries
• Get supervision