

## INDUCED LACTATION— STIMULATING A MILK SUPPLY

The approach the mother chooses to induce lactation will depend in part on how important a full milk supply is to her, how much she is willing to do, and how much time she has before her baby arrives.

Take into account a mother's priorities and her situation when helping her formulate a plan. If her goal is to breastfeed mainly for the closeness, she may want to wait until the baby comes and use a nursing supplementer at feedings to provide supplement at the breast and stimulate her milk production. However, if her goal is to bring in a full milk supply, she may want to work on her milk supply well before her baby comes by taking prescribed medicines, medicinal herbs, and pumping. Her situation will also affect her choices. How far in advance will she know for certain when she will receive her baby? Is it a traditional adoption? In this case, sometimes things change at the last minute, which may affect her willingness to work on her milk supply in advance. Is a surrogate mother carrying her baby? If so, she may have much more lead time and greater certainty as to when she will be bringing her baby home.

Go through the following strategies with the mother in light of her priorities and situation and help her come up with a plan that takes her unique circumstances into account.

The following points describe strategies to stimulate milk supply, but the mother may not have the time or inclination to try them all. For example, a woman may resist taking prescription medicines but find medicinal herbs acceptable. Another woman may find the idea of taking medicinal herbs foreign, but be comfortable taking prescribed medicines. Some women may not have the time or money to express their milk with an automatic double pump, while others would prefer pumping over nursing the baby. Let the mother guide you when making a plan. If the mother is given a plan that she is not comfortable with, she will not follow it.

Prescribed medicines are used in some parts of the world to prepare the adoptive mother's body to produce milk for her baby.

In some parts of the world, prescribed medicines are used to prepare an adoptive mother's body for lactation and help establish her milk supply. In a study of adoptive mothers in Papua, New Guinea, 24 out of 27 mothers were able to fully lactate with the help of medication. The mothers who had never breastfed received a single injection of 100 mg of medroxyprogesterone (Depo-Provera) a week before beginning their efforts to induce lactation then took 10 mg of metoclopramide (Reglan) or 25 mg of chlorpromazine (Thorazine) four times daily until they had enough milk to sustain their babies. The mothers who had previously breastfed received the oral medication without the injection until adequate lactation was established (Nemba 1994).

In Canada, some new protocols have been developed that appear to enhance milk production for mothers inducing lactation.

If a mother has advance notice of her baby's arrival and her goal is to stimulate as close to a full milk supply as possible, suggest she review with her doctor the protocols developed by Canadian pediatrician Dr. Jack Newman and one of the first mothers to try them, Lenore Goldfarb (Newman and Goldfarb 2001). The Web site [www.asklenore.info](http://www.asklenore.info) describes their protocols in detail. Three protocols have been developed as of this writing, the Regular Protocol, for women who have six months notice or more before their baby's arrival, the Accelerated Protocol, for women who have less than six months notice, and the Menopause Protocol, for women who have had surgical removal of their reproductive organs or who have had naturally occurring menopause.

All three protocols involve taking one active oral contraceptive pill (containing 1 to 2 mg of progesterone and no more than 0.035 mg of estrogen) without interruption each day to help grow breast tissue plus a prescribed medicine (domperidone) to help increase milk supply. When the oral contraceptive is stopped (the timing varies depending upon the protocol), this causes a drop in the mother's progesterone level while the domperidone, which the mother continues to take, stimulates an increase in her prolactin level, causing her milk supply to come in. This mimics the hormonal changes that naturally occur after birth, although at much lower levels. Medicinal herbs are begun once the oral contraceptive pill is stopped and the mother begins pumping every three hours with an automatic double pump to bring in her milk.