

## Relactation/Induced Lactation

### SUPPORTING PARENTS TO BREASTFEED

Relactation is the process of restarting lactation so a mother can resume breastfeeding after stopping for a period of time. It is not always easy, requiring determination and dedication from the mother and support from those around, but it is possible. Whether the breastfeeding gap is a week, a month, a year, or more, some women can breastfeed without ever being pregnant – a process called ‘induced lactation’.

#### WHY MIGHT A WOMAN WANT TO RELACTATE?

There are many reasons why a mother might be keen to restart breastfeeding after a gap.

- She may have been separated from her baby (perhaps during a hospital stay).
- She may have had a difficult start to breastfeeding but wants to give it another try.
- A physiological problem that made breastfeeding difficult or impossible (such as a partially retained placenta in the mother, or tongue tie, or cleft palate in the baby) which is now resolved.
- The baby is allergic or intolerant to alternative milks.
- The mother had to take medication or undertake medical treatment (such as chemotherapy) which made breastfeeding unsafe for a while.

#### WHY MIGHT A WOMAN WANT TO INDUCE LACTATION?

- Adopting a baby. Breastfeeding supports the bonding process and provides health benefits for both mother and baby.
- Having her baby through a surrogate.
- Her female partner is having a baby and she wants to share breastfeeding.

Whatever the reason, choosing to relactate or induce lactation is an immensely personal and often emotional decision. It is important to discuss expectations and goals including other duties (such as chores, work/income, and infant care) and support available for mother and infant especially during the first two to three weeks. Mothers should be prepared for the physical changes they will notice in themselves such as their breasts feeling fuller or firmer, or leaking milk. It is also important mothers have support to ease any doubts they may have. Mothers need to be listened to and encouraged that they are doing well.

## How does relactation work?

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There are two parts to relactation:

- Teaching a woman's body to produce milk.
- Teaching her baby to latch and feed from the breast.

Both can be challenging and time-consuming, and they may not happen simultaneously. Any breastmilk produced by the mother before her baby has learned to latch can be expressed and given in a syringe, cup, supplemental nursing system, or bottle and teat.

Frequent stimulation of the breasts and nipples, whether by a baby suckling, or breast pump, or hand expression, sends hormonal signals to the pituitary gland in the brain to secrete prolactin, the milk-producing hormone. For lactation to occur, these signals need to be sent at least eight times a day, which means expressing or breastfeeding every two to three hours. Prolactin levels are highest at night, so ideally at least one expressing or feeding session should be between 1am and 4am.

The other hormone essential for successful breastfeeding is oxytocin, which causes the milk-ejection reflex that pushes milk along the ducts and out of the nipple.<sup>1</sup> Nicknamed the 'cuddle chemical', oxytocin levels rise when a mother feels securely connected with her baby, loved, calm and relaxed. That is why close physical contact between mother and baby, as well as support from the mother's partner, family and friends, are essential in any attempt to restart or induce breastmilk production.

Once a woman's breasts have started to produce milk, breastfeeding works on a supply and demand basis with her body replenishing any milk removed, whether by a baby nursing or by expressing. The more milk removed from the mother's breast, the more her body produces to replace it.

## How long does relactation take?

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According to the World Health Organization (WHO), most mothers who start to relactate can produce drops of breastmilk within a week and roughly 50% are able to breastfeed exclusively within a month.<sup>2</sup> Success rates tend to be higher in younger babies (under three to four months) and in mothers and babies who have breastfed previously, although every mother-infant pairing is different and there are no guarantees of success or failure.

Mothers of older babies who have never been breastfed, and women who have never been pregnant, can vary widely. Scientific studies suggest that a mother who induces lactation can produce 25% to 75% of her baby's nutritional needs.<sup>3</sup> It is worth remembering that any amount of breastmilk has tremendous health benefits for both the mother and infant. Mothers should be encouraged to provide as much breast milk as possible and supported with regular lactation reviews or follow-ups.

There are remarkable stories about relactation and induced relactation such as an adoptive mother of twins exclusively breastfeeding both babies<sup>5</sup> and, a male-to-female transgender woman exclusively breastfeeding her adopted baby.<sup>6</sup> Relactation can be time-consuming and difficult at times, but it is possible with the right support. Introducing women to other mothers who have relactated is a positive way to build confidence and self-belief.



Just 5ml of breastmilk contains 3 million germ-killing cells, so a teaspoonful a day is a tremendous boost to a baby's immune system<sup>4</sup>

## How can expressing help with relactation or induced lactation?

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The most effective way to induce or boost breastmilk supply is to use a double electric breast pump, ideally every two to three hours, or eight to twelve times in a 24-hour period. Start out slowly, pumping only for 5-10 minutes on low suction to begin with. Gradually increase the length of each expressing session to about 15-20 minutes.

A mother should not get disheartened if her first pumping sessions produce only a few drops, or no milk at all. This is completely normal, and frequent pumping should, in time, send the hormonal signals her body needs to make milk.



Double pumping saves time when expressing, but it is also clinically proven to produce almost 14% more milk on average than pumping from each breast in turn as it stimulates the milk ejection reflex more effectively.<sup>7</sup>

Every woman and family situation is different, so a mother wanting to relactate or induce lactation should consider what sort of pumping schedule is realistic for her. It may be that she can express seven times a day, perhaps with an additional pumping session on a good day. Or perhaps she can express for five minutes each time she walks past her pump. Whatever her pumping plan, it needs to be achievable and done at her own pace. The basic message is simple though – the more you express, the more milk you produce.

Many women find that additional breast stimulation when pumping helps to get their breastmilk flowing. The emptier the breasts, the stronger the message they receive to make more milk.

Here are some techniques that increase the volume of milk a mother expresses:

- Massaging the breast while pumping (called 'hands-on pumping'). This helps women drain the breast more fully.
- Feeding from one breast while pumping from the other.
- Using warm compresses, flannels, or having a shower or bath beforehand encourages blood vessels in the breast to open, making it easier for milk to flow.
- Expressing by hand after pumping can release any milk remaining, even after the pump flow has stopped.

Mimicking 'cluster feeding' is common in young babies in the early weeks of breastfeeding. This is another method that some mothers find helps build their milk supply rapidly. Known as 'power pumping', this involves spending an hour each day pumping for 20 minutes and resting for 10 minutes, then pumping for 10 minutes and resting for 10 minutes, then pumping for 10 more minutes. If a mother wants to try power pumping, she should do it in addition to her regular pumping sessions throughout the day.

To encourage a baby back to the breast, it is important to remind them that the breast is a safe place to be. Skin-to-skin is important to achieve this as it 'hones' a baby's inbuilt breastfeeding skills, and releases oxytocin in the mother, keeping both feeling comfortable and relaxed. If baby is unsure about latching, mothers should keep working on gently offering the breast to see if baby will latch when both are relaxed.

Some babies are content to latch, and this should be encouraged. Breastfeeding is about comfort and connection as well as nutrition and being at mother's breast will increase this wonderful bonding experience.

Reassurance and support are essential at this time. Relactation and induced lactation take time and as a mother's milk supply builds, it is likely baby will rediscover the joy in breastfeeding.

## What else can help?

### WHAT OTHER EQUIPMENT IS USEFUL?

A **supplemental nursing system (SNS)** has a thin, flexible feeding tube which is fixed alongside the mother's nipple to provide her baby with supplementary expressed or formula milk while she breastfeeds. This means the mother gets the all-important nipple stimulation and her baby can practise latching and nursing at the breast while having a reliable supply of alternative milk. SNS are available to buy, or some mothers make their own using thin nasogastric tubing.

A **nipple shield** can be a useful aid for a baby who is used to taking their milk from a bottle, as it covers the mother's nipple with an artificial teat. Nipple shields are designed as a short-term solution, used under the supervision of a skilled breastfeeding expert to ensure the baby has a good, deep latch.



### CAN GALACTAGOGUES HELP?

Galactagogues (also known as lactogenics) are substances taken to increase breastmilk supply. Some foods and dietary supplements are culturally or anecdotally recommended to mothers who want to increase production of breastmilk. These include fenugreek, milk thistle and brewer's yeast, as well as wholefoods such as oats, oatmeal, fennel and raw seeds. There is no robust scientific evidence that any of these are effective at boosting milk supply.<sup>8</sup> Certainly a balanced diet rich in wholefoods will help a mother stay healthy and well-nourished while breastfeeding, but it's best for a re-lactating mother to discuss any supplements (galactagogues or a particular food) with a breastfeeding expert before starting to take them.

No galactagogue, dietary or medicinal, is a substitute for frequent stimulation of the breast, whether by a baby or by breast pumping or hand expressing.



### If a woman re-lactates or induces lactation, will she have the same sort of breastmilk as other breastfeeding mothers?

Yes! The breastmilk from mothers who relactate or induce lactation has the same composition and properties of mothers who were able to breastfeed following the baby's birth. The only significant difference is the absence of colostrum, the yellowish first milk produced during the first few days following birth, as this is triggered by the placenta detaching.

## TOP TEN TIPS FOR WOMEN WANTING TO RE-START OR INDUCE BREASTFEEDING

1. Research: Mothers need to have as much information about relactation or induced lactation to understand the commitment involved, the most helpful techniques and equipment, and the likelihood of success.
2. Encourage mothers to join a support group or online forum for mothers in a similar situation.
3. Mothers should be prepared to spend two to three weeks focusing on breastfeeding above all else. Family support is necessary to help with household chores, meals, and caring for other children.
4. The more milk expressed, the more the body will produce. To make pumping sessions as efficient as possible, mothers should buy or rent a double electric breast pump. Focus on breast massage, hand expressing, and power pumping to help boost milk yield.
5. Promote as much skin-to-skin contact with baby as possible, snuggling on the sofa, bathing together, wearing a sling, and sleeping alongside them safely at night.
6. Reassure mothers not to let themselves or their babies become anxious, frustrated or distressed by attempts to breastfeed. If it is not working right now, calmly stop and try again later. Support babies by associating breasts with feeling safe, comforted and nurtured, whether they feed from them or not.
7. While building up breastmilk supply, mothers should ensure their baby is getting enough nutrition by reducing any supplements or expressed milk very gradually. Encourage mothers to learn their baby's cues such as checking she has at least five heavy wet nappies a day.
8. Avoid using artificial teats if trying to encourage baby to feed from the breast.
9. If mothers do use a bottle, encourage paced bottle feeding as this allows babies to control the feed as they would at the breast.
- 10 Advise mothers not to have fixed expectations of their re-lactation or induced lactation journey as every journey is unique. Explain there will be triumphs and setbacks along the way and try to enjoy this time of closeness with their baby.

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