

Short Report

Re-lactation or adoptive nursing

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Re-lactation is the process by which a mother re-establishes lactation after having stopped for some weeks or months¹. Re-lactation can also apply to a mother who previously breastfed her biological child and now wishes to produce milk for an adopted child or a child birthed by a surrogate². Induced lactation³ or adoptive nursing is the process of stimulating the adoptive mother's body to produce milk even though she has not experienced pregnancy. The Indian Academy of Paediatrics recommends human breastmilk as the sole source of nutrition for a baby's first 6 months⁴ and continued breastfeeding after solids are added up to 2 years of age.

Breast milk has numerous health benefits. Even small amounts given alongside formula can make a difference. Re-lactation and induced lactation take a considerable amount of time and effort, but with some persistence and patience, it can happen⁵. Re-lactation generally works best if a mother either has given birth fairly recently (especially if the baby is less than 3 months old) or the mother has only stopped nursing for a short period of time. Indications for re-lactation are:

- If breast feeding was not established successfully after birth of the infant.
- A parent who lactated for a previous child who wants to nurse an adopted infant.
- Infant born to a surrogate mother⁶.

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- Separation from the infant due to an illness⁷.
- Medical procedure that led to earlier than desired weaning.
- A premature infant which will not suck at the breast.
- A non-birth mother who lactated previously and wants to feed another infant, such as parents in a same-sex relationship or transgender parents.

Re-lactation has two components, re-establishing a milk supply and inducing the infant to accept the breast. Breast stimulation alone sends hormonal signals to switch on milk production. Milk supply can be re-established with sufficient, regular stimulation with or without use of galactagogues. Lactation (Figure 1) is a supply and demand process that requires

- 1) nipple stimulation and
- 2) milk extraction.

Frequent stimulation of the nipples by pumping, hand expression, and/or infant nursing is required to re-establish milk production.



Figure 1: Lactation

Once lactation has been established, frequent and complete emptying of the breast ensures adequate milk supply. A lactation support provider can provide specific guidance on re-lactation practices by assessing each family's individual situation. Assistance from a lactation support provider¹ should include an assessment of the infant's age, weight and amount of milk produced. This will

determine the need for supplemental feedings (pasteurized donor human milk or infant formula) while re-lactation and milk supply are being established.

If the baby latches on to the breast, baby is put to the breast as often as possible, at least 2-3 hourly. Nipple stimulation releases prolactin which is needed to make milk. A baby that latches on effectively will stimulate milk production.

Ways of stimulating milk supply whether or not baby latches on to breast: Even if the baby is not feeding, skin to skin time will stimulate production of milk. Baby can be bottle fed skin-to-skin near the breast.

- **Pumping / hand expressing:** Milk has to be expressed with a pump (Figure 2) or hand expressed for 10-15 minutes on each breast several times a day, ideally, at least eight times in 24 hours. Swapping sides every few minutes may be more effective than a longer session on one side. Expressing once nightly will increase milk production as it increases prolactin and ensures that breast is frequently pumped. Initially, only a few drops of milk might be produced, but nipple stimulation is a potent milk producer.



Figure 2: Breast pump

- If possible, mother can hire a hospital-grade double electric breast pump.
- Mother can use the *nursing supplementer*⁶ (Figure 3). This delivers milk from a bottle through a fine plastic tube which enters the baby's mouth along with the nipple. This may help to reduce frustration that the baby might show at the breast and will stimulate the breasts to further produce milk.



Figure 3: Nursing supplementer

Procedure of adoptive nursing

The mother who wishes to perform adoptive nursing will be started on hormone therapy, such as oestrogen or progesterone, to mimic pregnancy. About two months before she plans to begin breastfeeding, hormone therapy will be stopped and she has to begin pumping with a hospital-grade electric pump. This will encourage her body to produce and release prolactin. The falling levels of oestrogen and progesterone and increase in prolactin triggers milk production. Once the baby arrives, she has to feed the baby frequently every few hours during the day and at least three times during the night. In adoptive nursing, pumping is usually started 6 to 8 weeks before the infant is expected, gradually increasing the length and frequency of sessions until mother is pumping to mimic a normal new-born feeding pattern. The milk from mothers with induced lactation has been studied and found to be almost similar to normal puerperal milk.

References

1. Patwari AK, Satyanarayana L. Re-lactation: An effective intervention to promote exclusive breastfeeding. *Journal of Tropical Pediatrics* 1997; 43(4): 213-6. <https://doi.org/10.1093/tropej/43.4.213> PMID: 9283123
2. Mehta A, Rathi AK, Kushwaha KP, Singh A. Re-lactation in lactation failure and low milk supply. *Sudanese Journal of Paediatrics* 2018; 18(1): 39. <https://doi.org/10.24911/SJP.2018.1.6> PMID: 30166761 PMCid: PMC6113782
3. Brown RE. Re-lactation: an overview. *Pediatrics* 1977; 60(1): 116-20. <https://doi.org/10.1542/peds.60.1.116> PMID: 560000

4. Meedya S, Fahy K, Kable A. Factors that positively influence breastfeeding duration to 6 months: A literature review. *Women and Birth* 2010; **23**(4): 135-45.
<https://doi.org/10.1016/j.wombi.2010.02.002>
PMid: 20299299 PMCID: PMC4010858
5. Cho SJ, Cho HK, Lee HS, Lee K. Factors related to success in re-lactation. *Journal of the Korean Society of Neonatology* 2010; **17**(2): 232-8.
<https://doi.org/10.5385/jksn.2010.17.2.232>
6. Muresan M. Successful re-lactation: A case history. *Breastfeeding Medicine* 2011; **6**(4): 233-9.
<https://doi.org/10.1089/bfm.2010.0062>
PMid: 21254794
7. Auerbach KG, Avery JL. Re-lactation: A study of 366 cases. *Pediatrics* 1980; **65**(2): 236-42.
<https://doi.org/10.1542/peds.65.2.236>