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Alyssa has been helping parents and babies with breastfeeding for the past 13 years. She has been accredited as an IBCLC since 2009. Her private practice, Sweet Pea Breastfeeding Support, provides individual lactation consultations, both locally and nationwide, via phone or Skype. She is excited to announce that early 2016, Sweet Pea Breastfeeding Support will be expanding to provide online community support as well, with podcasts and webinars called Breastfeeding Outside the Box: Nourishing and Nurturing Babies in Extraordinary Families. Alyssa enjoys working with all mothers and babies, but she has an extra special place in her heart for helping mothers through adoption and surrogacy to breastfeed their babies. She is the author of Breastfeeding Without Birthing: A Breastfeeding Guide for Mothers Through Adoption, Surrogacy, and Other Special Circumstances. Alyssa is the proud mother of three breastfed children, two by birth and one by adoption.

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BR: How did you become interested in writing the book *Breastfeeding Without Birthing*? How is this different than adoptive breastfeeding?

AS: Well, breastfeeding without birthing is a little more inclusive. It includes mothers through surrogacy, we call these intended mothers, a nongestational mother in a same-sex female couple, or it could even be a mother who has birthed, just not recently, and she's relactating. Those are the people I want my book to reach. My belief is all mothers and all babies deserve the opportunity to be breastfed, no matter how a baby arrives in a family. That baby deserves the chance to have the nurturing, attachment, and health benefits of breastfeeding, just like any other baby. In fact, these babies may need it even more. In my mind, breastfeeding has two parts of the equation: making milk and suckling the baby at the breast. Inducing lactation only addresses the making milk. There's so much more to breastfeeding than just making milk. In fact, many of the breastfeeding-without-birthing mothers choose not to make milk, they will bottle feed their baby for nutrition and suckle the baby at the breast for comfort and connection. Or they will exclusively feed at the breast with an at-breast supplementer, which is a bag or a bottle that hangs around mom's neck and it carries expressed milk or formula through a tiny feeding tube to the mom's nipple. We think of that as the external milk duct, and that's a way the mother doesn't have to produce any milk, and still be able to breastfeed.

BR: You really have a special place in your heart for adopted babies. You have three children, two that you had by birth, and one by adoption.

AS: I gave birth to my first two children and breastfed them, and it was an amazing experience. When we planned to adopt our third child, I knew that breastfeeding was going to be part of the picture. And I'll have to be honest, even though breastfeeding was amazing with my two biological children; it was like, super amazing with adoption. It was important and special for both of us. I wanted to make this knowledge accessible to anyone, regardless of where they were coming from with breastfeeding.

BR: Tell us about what's happening on your new website.

AS: My site is going to be geared towards, not just adoptive and intended mothers, mothers through surrogacy, but anybody who is breastfeeding "outside the box." That's what we're calling this new piece. So it is for anybody who is breastfeeding in an atypical situation. It could include adoption or surrogacy, relactation, breast surgery, or people from the LGBTQ community—anyone who's breastfeeding outside a typical scenario. These people are not typically getting the support they need right now.

BR: What are your client's expectations when seeking help from you regarding breastfeeding without birthing? Is it realistic for them to think that they might build a full milk supply?

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AS: Usually when they come to me, their expectations are about how much milk they will make. I try to gear them a little bit towards the broader breastfeeding experience, that it is a lot more than making milk. The clients that I have worked with who have felt most successful in their experiences are the ones who go in with the attitude that however much milk I make is just right for me. In fact, there are a couple of excellent Facebook groups for intended mothers, mothers of surrogacy. One of my moms was on there and she posted, "I have reached a full milk supply. I am making enough milk to provide 40% of my child's needs." I loved that because she's looking at it like that was *her* full milk supply, and I think that's a great attitude to have going into it. That being said, I can kind of give them an idea of how much milk they might expect to make. Most mothers who induce lactation do produce between 25% and 75% of the milk their babies need. There are a few that make a full milk supply, but some women will produce only drops. Mothers who have previously breastfed tend to make more milk. Mothers who have experienced fertility issues due to hormonal reasons tend to have more difficulty making milk because those same hormonal issues that made it difficult to get pregnant can make it difficult to make milk. We see this also with mothers who have given birth but have had fertility issues. Mothers who use the at-breast supplementer tend to make more milk. Mothers who use the pharmaceutical, domperidone, tend to make more milk. Mothers who work with an IBCLC tend to make more milk, and that's not just a plug; it's true! When you work with somebody who is going to make a customized plan that suits your individual needs, and also offers that ongoing support, there tends to be more successful outcomes.

BR: I think your point about the hormones is really important in this particular subject. Often a mother who is getting a baby without birthing, often it's hormonally related, and we know from Lisa Marasco, when we think about the milk making equation, we need our working breasts, we need the proper hormones, and we need milk removal. If we are missing pieces, it can be trickier for sure. So what can we do? We have a mom who has struggled with infertility, she is lacking some of these hormones. How can we help her body bring in milk without the hormones?

AS: I would go back to setting expectations and letting her know up front that this is the situation, and that it may be harder for her. She may decide that that's a lot of work. A lot of these moms feel like their body has already failed them. They're kind of feeling like an open wound.

Here it is, the fertility again! So, maybe those [moms] are really good candidates to not worry about bringing in milk. Becoming one of the mothers who exclusively are doing the comforting at the breast, or who are using the at-breast supplementer. But there are certainly things we can do to support them, even if they have infertility. There are certain herbs and medications that are particularly helpful with mothers with hormonal issues. We have metformin. It's a pharmaceutical medication that has been helpful for mothers with PCOS (polycystic ovary syndrome). Metformin is derived from goat's rue.

BR: I didn't know that! Well, well!

AS: That's also [helpful] for moms with PCOS. The herb Shatavari is a hormone balancer that is good for mothers with infertility, or mothers who are having difficulty with making milk due to hormonal reasons. There are also lifestyle changes, dietary changes that can help balance hormones. Acupuncture is also something that's been really helpful for moms inducing lactation. Although there's no research on it, just anecdotally I've heard some great reports.

BR: Tell us a little bit, walk us through, what is the process of inducing lactation or helping mothers optimize their milk and what does it look like on a daily basis?

AS: I think of the process of inducing lactation as having three steps.

Step 1 starts before baby is born. We don't have to do this, sometimes adoptions fall through, so mothers will choose not to start the process before. Sometimes with adoption too, they have what we call the "stork drop," where you are planning to get ready and then the phone call happens, and the baby arrives, and come tomorrow. You might have wanted to prepare, but there's no time.

The mom can start getting her breasts ready for making milk. And this is similar to what happens during a pregnancy, where the mammary tissue starts to develop, the mothers notice tenderness, enlargement, and heaviness. They are not making milk, but their breasts are getting ready to make milk. We can simulate this both with some physical techniques, usually they tend to be manual techniques: massage and nipple stimulation. We can also take medications that simulate that hormonal state of the pregnancy.

Then we can go into Step 2, which is again before baby arrives, and again optional, where the mother starts to bring in milk before the baby arrives. Most mothers take about 6 weeks in Step 2. The reason why there is this

Step 2 is when a mother gives birth in those first weeks, the milk comes in very quickly and increases rapidly, but when we induce lactation it comes in so, so slowly, so moms may want to take a little bit of lead time to start bringing the milk in. So that's what's happening in those 6 weeks. It's up to each mom to decide how she wants to handle that, but she will start expressing her milk, with hand expression (manually), an electric breast pump, or with a combination of both. This tends to work really well, to start bringing in milk before baby arrives, so she's started to establish milk production. And while she's doing that, some mothers will also add on herbs or pharmaceutical medications.

Then once the baby has arrived [Step 3], the mother is going to be breastfeeding, hopefully with an at-breast supplementer, I'm a huge proponent of that. Most mothers are not going to have a full milk production at this point, so they are going to be doing some breastfeeding and some supplementation, which could happen with an at-breast supplementer or with the bottle. They can continue to do manual techniques or pumping if they want to, and they can continue to use these herbs and pharmaceutical medications. It is complicated, and that's why it's nice to have support. When I work with mothers, I create a written plan that says "In Step 1, which is this date to this date, you're going to do this, and Step 2, which is this date to this date," so it's all very written out for them. It's not something that I create, but it's something that we create together.

BR: Right. Give them all the options and then create a plan together as to what her desires and needs are.

AS: Right.

BR: "At-breast supplementers," tell me a little bit about those. I will say my moms have not been terribly happy with them. They talk about feeling that they feel like they are wrestling an octopus. I tend to have most success with them when I am having a mother who is going into a situation like adoptive nursing. We will definitely talk about at-breast supplementers, but when I have a mother struggling with milk supply problems, she says, "It's just too much. It's just one more thing. I am already pumping, I'm already taking all the herbs. I'm already breastfeeding. And now you want me to do this?" Tell me a little bit about how it's going with your clients. How can I help my clients? Because it sounds like it's a very successful technique for bringing in more milk, even if she just has a low milk supply, not even a special situation like this. How can I help her feel more comfortable with this?

AS: That's a great question, and honestly, I have the same situation.

BR: Ok! It's not just me!

AS: No! I do tell the moms that the at-breast supplementer takes the place of the pumping and bottle because it's creating that extra stimulation, so they may be able to give up the pumping because they're getting that extra stimulation at the breast. And I also tell them that they can do all the feeding at one place. They don't have to come at the breast and some at the bottle. The intended and adoptive mothers know that they are going to be using this, and I encourage them before the baby arrives to play with the at-breast supplementer, put water in it, fill it with water, take it apart, put it together, so they're more comfortable with it when the time comes. In contrast, I have had trouble with my low milk supply moms being comfortable using it. That was actually one of my motivations in *Breastfeeding Outside the Box* [her new Website], to create more support for things like this. Where it feels like there is nobody else in the world using this thing, so how can I use it? But if they see people, if we talk about it in our podcasts, I'm even hoping to ever get some videos to use in our webinars of mothers actually using them. Both of using them, putting them together, filling them, and cleaning them, and all the parts you have to do. Because what I hear from the moms that are using at-breast supplementers is that there's a learning curve. But once you get past that, it just becomes part of your routine, and it's not a big deal.

BR: We need this resource. Like how to put the at-breast supplementer together, how to clean it, how to get a baby to latch with it, what is the optimal way. Many of these techniques are good for moms who did birth their babies, but are struggling with supply. So how does this cross over? Thinking of all of your work with your tricky cases, does it help with the more straightforward cases? The moms who actually have birthed? How's that been going?

AS: Right, I agree. Part of it is just a confidence. I know about helping increasing milk supply. I have done it from 0 milk myself. Once babies already arrived, that stuff really isn't any different than if a mother has given birth. All the same things she can do to increase milk supply, using an at-breast supplementer, and pumping, taking herbs or pharmaceuticals, if those are appropriate, that kind of thing.

BR: I do tell my moms, if you can make some milk, you can usually make some more. I am there to help support them emotionally and help them find peace

with their situation. Because I think finding peace and having whatever breastfeeding relationship you can is very important.

AS: I think that it's really important for us to communicate that breastfeeding is not all or nothing. There are a lot of messages that if I can't make all of the milk, I guess I just might as well [give up], what's the point?

BR: I think that babies suck on pacifiers all the time, and they get no nutrition, no food, so the idea that using the breast as comfort, I love that idea. What is your advice to a mother who is interested in breastfeeding without birthing? In a nutshell, what do you say to her?

AS: My quick answer is, of course, whenever in breastfeeding, education and support are crucial. In any kind of special situation, this is going to be even more important. General breastfeeding education is going to be very helpful and then some specialized education and support regarding breastfeeding without birthing. I point them toward my book, and I will soon be pointing them toward *Breastfeeding Outside the Box* as well. Then I encourage them strongly to work with an IBCLC . . .

BR: Your book is a nice read. You don't have to be a research scientist to read it. It is very mom friendly as well. When can we expect to see some of your new resources available? When can we look for them?

AS: *Breastfeeding Outside of the Box* was started at the end of January.

BR: Making this part of our community, not so outside of the box, everybody wants to be part of a community, there are lots and lots of mothers who are doing things a little differently, who are breastfeeding without birthing, so this is wonderful that you are creating this for all of us. Thank you so much for talking with us! Any take home messages you want to leave us with?

AS: Thank you. Yes, breastfeeding is more than making milk. As Diana Cassar-Uhl said, "Mothering success is not measured in ounces or drops of milk that flow from breast to mouth. It's measured in the love that flows between mother and baby." No matter how much milk you make, you can be a successful breastfeeding mother.

BR: Absolutely. Every drop counts.



Barbara D. Robertson has been involved in education for more than 25 years. She received a Bachelor's degree in Elementary Education in 1988 and her Master's in Education in 1995. Barbara left teaching elementary students in 1995 to raise her two children. She is a board-certified lactation consultant. Barbara is the director of the Breastfeeding Center of Ann Arbor. Barbara has developed a 90-hour professional lactation training and a 20-hour course that fulfills the "Baby Friendly" education requirements. Barbara volunteered for the United States Lactation Consultation Association as the director of Professional Development for 4.5 years. Barbara is currently an associate editor for *Clinical Lactation*. She loves working with mothers and babies, helping them with breastfeeding problems in whatever way she can.

U.S. Army Updates Breastfeeding and Lactation Policy

The United States Army has released a revised breastfeeding and lactation support policy on the official Army Publications Directorate website: http://www.apd.army.mil/pdf/files/ad2015_43.pdf. The revised policy strengthens workplace support for breastfeeding women, including important language concerning the meaning of "adequate time" to pump, the significance of breastfeeding, lactation support in TRICARE, and clarification on what lactation rooms should include.

Source: USBC