Inducing Lactation in Any Body:
A handout on making milk for non-gestational parents

Many people want the opportunity to feed their babies from their own body even if they were not pregnant and wouldn't lactate spontaneously. The Strathcona midwives have supported many people to induce lactation along with the guidance from physicians in our community.

Every body has the potential to make milk but not everyone can make a full milk supply. When inducing lactation it is important to understand that there will be a variation in milk production from person to person. Some people may have a significant supply while others may only produce a few drops per feed. As a result, it is important to think about your hopes and goals for inducing lactation. Some people are hoping to make as much milk as possible while others are happy to have body feeding as a comfort option for their baby regardless of supply.

These are some factors to consider before starting the protocol:
- How much glandular tissue do you have in your chest/breast? For Transfeminine people, having been on HRT and having developed their own glandular tissue will improve milk supply. If someone is inducing lactation after chest surgery that has removed glandular tissue, a lower supply will result.
- Are there reasons why any of the medications will not be safe for you to take? The protocol contains progesterone, oestrogen and domperidone. You will need to talk to your doctor or midwife about these medication to assess if there are any concerns or contraindications.

This protocol has been adapted from the asklenore.com website and was created by Jack Newman, MD, FRCPC and Lenore Goldfarb, PhD, CCC, IBCLC, ALC. It was originally created for adoptive parents but over time has become an important resource for queer and trans families, parents of babies born from surrogacy, co-parents and chosen family.

<u>The Protocol:</u>

Ideally the person inducing lactation will have 6 months on the protocol before beginning body feeding, but as little as one month prep time can also work. More lead time will usually result in more milk supply.

Step one: Start taking an active birth control pill (Ortho 1/35 or equivalent) daily along with 10mg domperidone 3 time per day for one week then increase the domperidone to 20mg, 3 times per day. The breasts or chest will swell, but no milk will be produced while on the birth control pill. Continue this treatment until 6 weeks before you plan to start body feeding.

Step two: 6 weeks before you plan to start body feeding, stop taking oral contraception but continue the domperidone. If the person inducing lactation has a uterus, they should now experience withdrawal bleeding (a period) from stopping birth control.

At this time start pumping, you can use a double or single, electric or manual pump: pump 10 minutes each side and hand express a few minutes before and after pumping. It is recommended to pump every 3 hours, even at night. Your body will be mimicking postpartum hormones and you will notice your milk starting to come in.

Step three: 4 weeks before body feeding start on herbs. We recommend the lactation tincture from Finlandia Pharmacy in Vancouver and have had good results with it. However, you can also take capsules of Blessed Thistle and Fenugreek, take 3 capsules of each 3 times per day. Start eating galactagogue foods that help increase milk supply. The easiest and most well know are oats, but other foods of note are brewers yeast, dark leafy green veggies, flax and

almonds. Some people will make lactation cookies that contains oats, brewers yeast, almonds and flax.

Step four: Start body feeding! Keep taking the domperidone, herbs and nutritional galactagogues and body feed baby as soon and as often as possible. If the person inducing lactation is the only one body feeding the baby, then feed with baby's cues, this is usually 8-16 times in 24hrs. Keep pumping for 10 minutes after each feed to help establish your milk supply or to replace a feed if the baby isn't feeding regularly every 3 hours. If you are co-nursing with anyone else, then make sure you pump or nurse baby every three hours to maintain and support your milk supply.

Drink plenty of fluids to stay hydrated as making milk takes a lot of fluids from your body.

Many people will stay on the herbs and domperidone for the duration of the time they are lactating. However, once an adequate milk supply is established, it is important to taper down to the lowest possible dose of domperidone.

When you are ready to stop the protocol you will need to wean off domperidone. It is recommended to taper by 5mg every 4 to 7 days. Tapering slowly off the medication will reduce the risk of developing depression symptoms.

Please consult your midwife, doctor or lactation consultant to create a protocol that will be safe and work best for you.

See www.asklenore.com for more details on this protocol.