

Adoptive/Induced Lactation

Adoptive or Induced lactation is defined as breastfeeding without a current pregnancy. The breast is normally prepared for breastfeeding during pregnancy under the influence of hormones such as prolactin, estrogen, progesterone, etc. Without pregnancy, the same hormonal changes can occur with nipple stimulation, however having a previous pregnancy helps with induced lactation.

Beginning

- If time permits, allow up to 2 months of manual nipple stimulation (hand stimulation, manual or electric breast pump) prior to arrival of infant
- Instruct the mother to maintain a set schedule for stimulation similar to an infant feeding schedule, although ensure that the schedule is practical for mother
- Provision for additional nourishment during time of milk establishment should be made, especially in cases where not enough time has been given prior to arrival of infant
- Onset of the first few drops of milk can be anywhere from 1-6 weeks, with 4 weeks being the average with regular nipple stimulation
- Upon arrival of infant, Supplemental Nursing Systems (SNS) may be used to feed infant while stimulating the nipple

Medications that assist in Inducing Lactation

Chlorpromazine

- Thought to act as a galactagogue
- Acts via the hypothalamus and thought to reduce levels of prolactin inhibitory factor
- Given in very small doses in conjunction with breastfeeding a normal infant

Theophylline

- Thought to increase pituitary prolactin secretions
- Found in tea and coffee
- Given in large amounts may inhibit milk let-down response

Metoclopramide

- Thought to induce prolactin release
- Suggested regimen: 10 mg, 4 times per day for 1 week. Gradually taper
- Effect is seen within 1 hour and lasts for up to eight hours