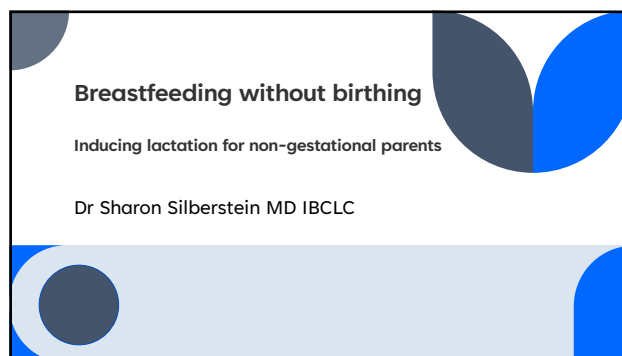



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### Short introduction



Dr Sharon Silberstein, MD and International Board Certified Lactation Consultant


- worked in the field of Infant Feeding for 11 years
- IBCLC since 2019
- Tongue Tie Practitioner since 2016
- Opened Dr Silberstein Clinic in Feb 2022, based in NW London, UK's first (and currently only) doctor led clinic dedicated to Infant Feeding
- Currently seeing around 700+ families annually
- Working with a wide network of Lactation Consultants, Paediatricians, Osteopaths, Chiropractors, Speech and Language Therapists and other related professionals

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### What is Breastfeeding and Lactation Medicine?

Breastfeeding Medicine is a specialty dedicated to the diagnosis and management of Lactation Disorders. Doctors working in this field are specialists in the biology and physiology of Infant Feeding, they support breastfeeding, lactation and human milk feeding

- No official standalone specialty yet, but doctors from various backgrounds are interested in practicing
- ABM - Academy of Breastfeeding medicine runs annual conference
- EABM - European Academy of Breastfeeding medicine
- NABBLM - North American Board of Breastfeeding and Lactation Medicine just established, only board exam worldwide and only for american and Canadian doctors currently
- "Breastfeeding Medicine" journal, monthly publication, evidence-based research and explores the immediate and long-term outcomes of breastfeeding, including its epidemiologic, physiologic, and psychological benefits



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### Breastfeeding without birthing – Inducing lactation for non-gestational parents.

This webinar will cover the following points:

**Induced lactation**

- 1) What is induced lactation?
- 2) Who can induce lactation?
- 3) When is it relevant, who would want induce lactation and for what purpose?
- 4) What are the different ways of inducing lactation and what is the protocol?
- 5) Shared lactation for same sex couples, breast/chest feeding for transgender women

**Relactation**

- 1) What is relactation and who does it apply to?
- 2) Why would mothers relactate?
- 3) How long after stopping lactation can it be restarted?

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### Definitions: Induced Lactation and Re-Lactation

**Inducing lactation:**

➡ The process of producing a milk supply without having gone through pregnancy and birthing process

**Relactation:**

➡ The process of inducing a milk supply after initially stopping breast/chestfeeding

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### Who can induce lactation?

- Any non-gestational parent,
- i.e. the non-gestational parent in lesbian couples
- Adoptive mothers
- Intended mothers (baby born via surrogacy)
- Not commonly requested: transgender females

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### Why induce lactation?

- Breastfeeding is an essential part of parenting, bonding
- Nutrition
- Breastfeeding is the natural way of feeding a baby
- Fostering attachment between mother and baby, possibly even more important for adopted and surrogate babies, part of becoming a mother when pregnancy has not been experienced

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### Why relactate?

- Mums who want to "try again" after an initial "failure" to breastfeed
- Maternal feelings of regret
- Babies with allergies who don't tolerate formula
- Best nutrition

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### Who can relactate?

- Any mother who has lactated before. This can be weeks, months or years after stopping lactation

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### Biology of Induced Lactation

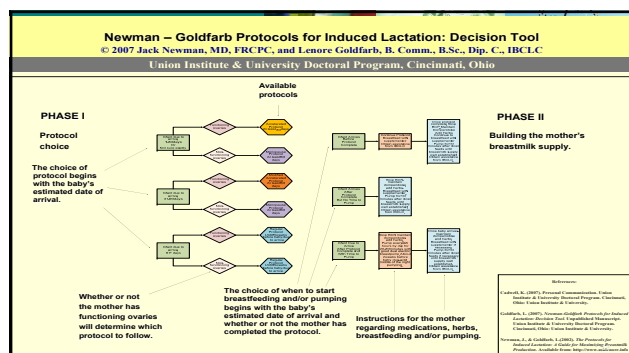
- Oestrogen and Progesterone (produced by placenta) and Prolactin (produced by pituitary gland)
- These hormones help to prepare the mammary glandular tissue for lactation
- After birth when the placenta is removed, the progesterone and oestrogen levels drop and prolactin increases, resulting in lactation.
- Once lactation is initiated the breastmilk supply increases based on frequent and efficient removal of breastmilk. The baby's suckling and/or using a breast pump releases Oxytocin, which is responsible for the milk ejection
- Induced lactation hormones mimic the natural processes

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### Available options for Induced Lactation

- Using a combination of the combined oral contraceptive pill and Domperidone and pumping
- For those where the 'combined pill is not suitable, progesterone only can be used
- Using just Domperidone and pumping protocol
- Herbal Galactagogues (usually goats rue) and pumping protocol
- Pumping protocol on its own

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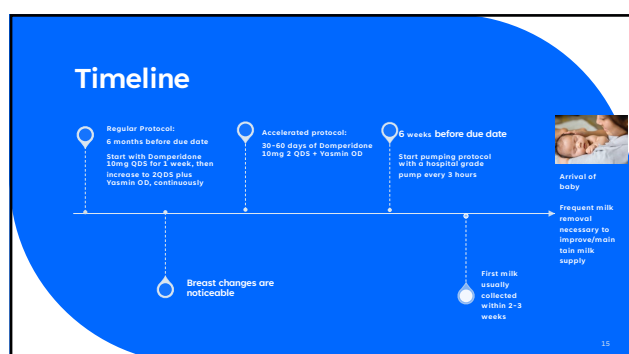


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### Contraindications to using the protocol involving hormones

- Previous history of thrombosis, cardiac conditions (in particular arrhythmia), severe hypertension
- History of depression: sertraline can be taken (compatible with breastfeeding)
- Special caution advised for mothers >35 years of age

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### Herbal Galactagogues

- Alfalfa, supports the function of the pituitary gland, helps to develop breast tissue
- Blessed Thistle, mostly used in combination with fenugreek
- Fennel, said to build breast tissue and to help with milk ejection
- Fenugreek, helps to increase milk production, not suitable for women with hypothyroidism
- Goats Rue, can be used for induced lactation, helpful in women with PCOS
- Saw Palmetto, helps to build breast tissue, helpful in women with PCOS
- Shatavari, helps to increase glandular tissue and increase milk production

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### Domperidone

- Domperidone (Motilium) is licenced as antiemetic/anti-nausea drug
- Used as galactagogue, it increases prolactin levels. Improves milk supply and flow
- MRHA published new guidelines 2014, restricting use due to cardiac risks
- Cardiac risks mainly in male patients >60 years, preexisting cardiac disease, (liver and kidney) and when given i.v., (low oral availability 13-17% resorption)
- Negligible transfer to baby
- Contraindications:
  - patients who simultaneously take drugs which potentially prolong QT-time or CYP3A4 inhibitors
  - Pre-existing cardiac arrhythmia, congestive heart failure, hepatic/renal impairment
- Side effects: usually mild and temporary, often none
  - Headaches, gastric discomfort, increased appetite/weightgain, dry eyes/mouth
- Duration of treatment depending on success
- Important: weaning off gradually, by 10mg a week! (risk of withdrawal syndrome with low mood, restlessness, anxiety and sleeplessness)

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### Case study

- Female same sex couple approached me to begin inducing lactation
- Mum I was 9 weeks pregnant at first contact
- Mum II wants to induce lactation, plan to share breastfeeding
- She is 29 years old, apart from asthma (occasional inhaler) healthy, no cardiac history, no mental health history, no endocrine issues, no regular medication, normal menstrual cycles, normal breast development
- Due date 6 months after initial consultation

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## Case study

- Plan to follow the "Newman-Goldfarb-Protocol" for induced lactation
- Started the COCP Yasmin and Domperidone 10mg 2 QDS
- Yasmin was stopped 6 weeks before due date
- Pumping schedule 8x/day was started,
- 2 days later milk yield 30ml per pump
- Baby is exclusively breastfed by both mothers

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## Handexpressing the first syringes of breastmilk



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## Using a hospital grade pump



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## First pumps using a hospital grade double pump



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## Constantly increasing volumes of expressed breastmilk

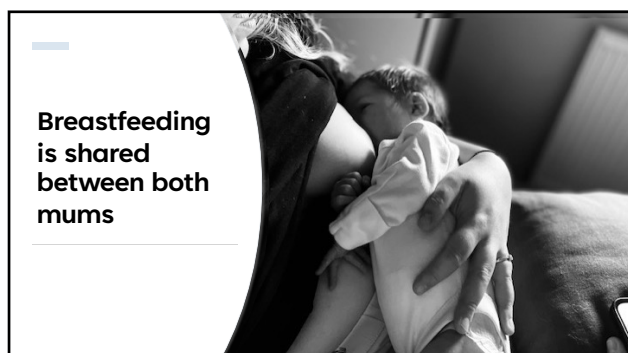


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## A freezer full of milk before baby's arrival



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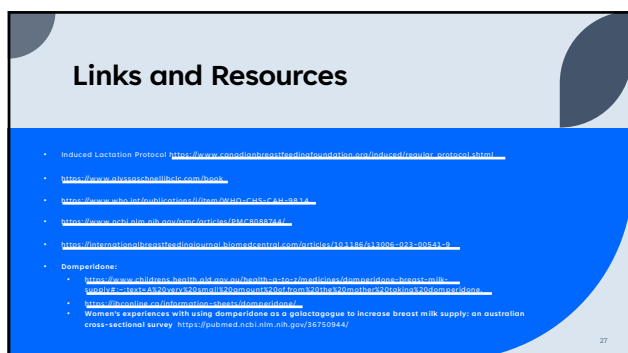
Hello Dr Silberstein.

I just wanted to let you know that breastfeeding is going really well. Our son has been here for 11 days now and between mine and my partners milk he has been packing on the ounces! I am so grateful to you for helping me to be able to breastfeed my son as this is the most beautiful and important thing I've ever done!

I am also opening the eyes of a lot of health professionals up here in Glasgow who had no idea this was possible but who are now very interested in learning more about inducing lactation!

So thank you again!

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