

The Intricacies of Induced Lactation for Same-Sex Mothers of an Adopted Child

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Abstract:

The definition of a modern family is changing. In this case study, we describe the breastfeeding experience of a child receiving human milk from all 3 of his mothers: his 2 adoptive mothers, who induced lactation to nurse him, and his birth mother, who shared in his early feeding during the open adoption process and continued to pump and send milk to him for several months. We review the lactation protocol used by his adoptive mothers and the unique difficulties inherent in this multi-mother family dynamic. Both adoptive mothers successfully induced moderate milk production using a combination of hormonal birth control, domperidone, herbal supplements, and a schedule of breast pumping. However, because of the increased complexity of the immediate postpartum period and concerns with defining parental roles in a same-sex marriage, maintenance of milk production was difficult.

Keywords: adoption | breastfeeding | induced lactation | lesbian

Article:

Background

Induction of lactation in the absence of pregnancy is used in developing countries without access to clean water for formula in the setting of illness or death of the mother¹ as well as in developed countries to nurse adoptive babies. However, true prevalence trends for nursing without pregnancy (nonpuerperal lactation) are difficult to ascertain due to the lack of available research.

The literature on the success of nonpuerperal lactation is mixed.² In Auerbach and Avery's³ 1981 survey of 240 adoptive mothers using breast stimulation and dietary supplements (nutritional yeast and B complex vitamins) to induce lactation, most women, especially those without a history of lactation, achieved only partial production.

Nemba⁴ and Abejide et al⁵ reported on 37 and 6 mothers, respectively, the majority of whom had previously lactated. Whereas the mothers in the study by Abejide et al used only breast stimulation, those in Nemba's study used chlorpromazine or metoclopramide, and if they had never previously lactated, a single injection of depoprovera. All mothers in the study by Abejide et al, and 89% of the mothers in Nemba's study achieved exclusive breastfeeding of their infants.

In contrast, Banapurmath et al⁶ studied 10 mothers who had previously lactated. After 2 weeks of breast stimulation and metoclopramide, 20% had achieved full lactation, 30% partial lactation, and 50% did not lactate. Finally, Thearle and Weissenberger⁷ reported partial lactation in 6 mothers without previous lactation.

Szucs et al⁸ presented an interesting case report of exclusive breastfeeding of adopted premature twins. The mother, who had never previously nursed an infant, induced lactation using oral contraceptive pills, domperidone, fenugreek, and blessed thistle, combined with breast massage and pumping. At birth, the adoptive mother was producing 700 mL per day and was able to exclusively breastfeed both babies. In the remaining case studies, although most mothers successfully induced lactation, a few who had not previously lactated were able to exclusively breastfeed their babies.⁹⁻¹⁴

Case Report

We followed the lactation induction and breastfeeding experience of a lesbian couple as they initiated milk production to share in nursing their adoptive son, who came to them through a process of open adoption. The women's ages were 38 (A) and 46 (B) with body mass indexes of 22.5 and 20.5, respectively. Neither had a history of pregnancy or lactation. The couple decided to use a combination of hormone therapy, domperidone, herbal supplements, and breast stimulation after discussing their options with their primary care providers and their International Board Certified Lactation Consultant (IBCLC). They chose domperidone instead of metoclopramide because of A's father's history of hospitalization due to an adverse reaction to metoclopramide. Prior to the birth of the baby, both women pumped a minimum of 15 minutes, 4 times a day using an electric hospital-grade pump.

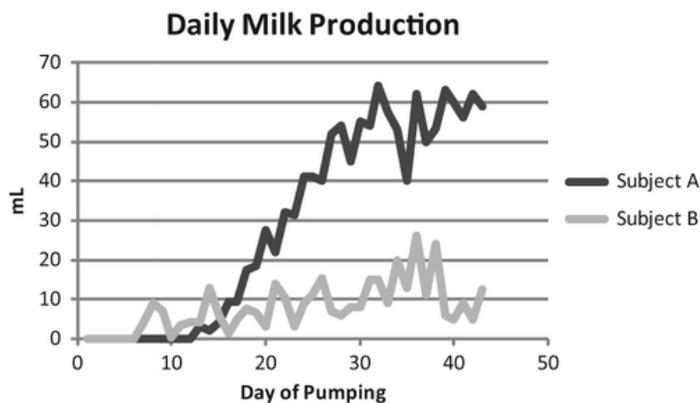


Figure 1. Daily Milk Production by Day of Pumping, prior to the Birth of the Baby. Pumping occurred for at least 15 minutes, a minimum of 4 times a day.

Starting 3 months before their baby's due date, A took drospirenone/ethinyl estradiol, 3 mg/0.03 mg for 8 weeks. After her last dose, she began pumping and drinking herbal tea that included fenugreek. Although A had originally decided not to use domperidone, on the fifth day of pumping she began taking it because B, who was using domperidone, was noticing drops of milk. On the twelfth day of pumping, she began seeing drops of milk from both breasts. The milk was thin and white and had the appearance of mature milk rather than colostrum. Three days

after milk production began, she produced 3 mL/day, which increased steadily to a maximum of 64 mL/day (Figure 1).

Starting 2.5 months before their baby's due date, B took ethynodiol diacetate/ethinyl estradiol, 1 mg/35 mcg for 6 weeks. On the third week of birth control, she initiated domperidone, and on the fifth week, she began drinking the same herbal tea with fenugreek and taking 2 malunggay (*moringa oleifera*, a tree leaf used as a galactagogue¹⁵) pills 3 times a day. After stopping the birth control pills, she pumped 4 to 5 times per day. On the second day, she began to see drops of white milk. After 7 days, her daily production was 4 mL. The amount of milk she produced fluctuated greatly, ranging from 1.5 to 26 mL/day (Figure 1).

The baby was born at term via a spontaneous vaginal delivery. He weighed 3.8 kg (70th percentile). After the baby was born, both mothers stayed with the birth family for 10 days. During this time, both adoptive mothers as well as the birth mother nursed the baby. Both adoptive mothers continued their medications and herbal supplements but found it difficult to maintain their pumping regimen while at the birth mother's house and consistently pumped only once a day. The baby had a preference for A's left breast over her right, either of B's, or the birth mother's, and as a result, it was this breast that received the most stimulation. Despite the adoptive mothers' anxiety about demonstrating that they could comfort and care for the baby, which resulted in decreased pumping frequency and nursing the baby primarily on the breast he preferred, they felt that the nursing helped them bond with the infant and increased the comfort of the birth mother in giving the baby up for adoption.

Once home, both adoptive mothers nursed using a supplementer made by the midwife out of a bottle with a neonatal nasogastric tube inserted through the nipple. Supplements were a combination of cows' milk formula, breast milk pumped by the birth mother and shipped for several months after the birth, and breast milk donated by friends. Neither mother pumped since they were putting their son to breast, trading back and forth with each feeding. They tried using a commercially available supplementer rather than the constructed supplementer but found they preferred the more rapid flow of the larger tube, even though they had to take the tube in and out of their son's mouth while he was nursing to regulate the flow. When possible, the mothers weighed the baby before and after feedings, with the largest recorded feeding being 14 mL from his favorite breast. A's right breast and both of B's breasts transferred very little milk once they were nursing.

Although both women felt that breastfeeding was important for bonding, producing milk was more important to A than to B. The couple discussed A doing the majority of the feedings in order to maximize their potential milk production; however, they decided against this due to the disequilibrium it would introduce into their shared feeding responsibilities. In addition, B enjoyed using the supplementer for bonding and comforting the baby.

At 1 month, the baby weighed 4.7 kg (66th percentile). At this time, A began to pump 1 to 2 times a day, but after a month, milk production had not changed appreciably. Both mothers continued to nurse for 4 months and, after returning to work, nursed at night until the baby was 7 months old. Both mothers felt that, although they had not produced as much milk as they had

hoped, the experience of nursing their infant had been worthwhile. Ethical approval for this study was obtained from the institutional review board of the University of Alabama at Birmingham.

Discussion

This case demonstrates the first published example of a lesbian couple in which both mothers induced lactation in order to breastfeed their adopted infant. With increasing social acceptance of same-sex relationships, the proportion of same-sex adoptions in the United States is increasing. Between 2000 and 2009, the number of same-sex adoptions in the United States doubled, and lesbian and bisexual women are considering and pursuing adoption at rates higher than heterosexual couples.¹⁶ These women cross socioeconomic, geographic, and racial lines and have historically had poorer access to and utilization of health care due to a combination of social, economic, and political factors, including difficulties in accessing culturally competent care.¹⁷ An increase in adoptions combined with an increased emphasis on breastfeeding is likely to result in rising numbers of women in same-sex relationships considering inducing lactation to feed an adoptive baby.

Health care providers advising women inducing lactation should remain open and attentive to the myriad arrangements that may present themselves during counseling. In this case, the dynamic of 3 nursing mothers during the first week postpartum likely contributed to the decrease in milk production. Given the highly variable success rates in levels of milk production, the non-nutritive benefits³ are as important to emphasize as the nutritive reasons for nursing an adoptive baby, while not disregarding interventions that may help improve milk production.

For same-sex couples inducing lactation, the duplication of biologically defined roles intrinsic to nursing shared between multiple mothers introduces unique physical considerations, such as the lack of full breast stimulation. In addition, the adoption process for a same-sex couple can introduce unique demands and anxieties because of continued discriminatory practices or policies that exist in some states or agencies. Careful attention to these particular circumstances is necessary when counseling same-sex couples when they choose to relactate or induce lactation. Women should be counseled in the nutritive and non-nutritive benefits of breastfeeding, and the personal priorities of each mother should be addressed individually and with an awareness of the possible effect that different family configurations and open adoption situations can have on milk production.

Conclusion

There is a unique complexity to initiating and maintaining lactation when breastfeeding tasks are shared among multiple women. This case explores the unique counseling considerations necessary when more than 1 mother is lactating for a single child.

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Authors' Note. At the time of the research, Erica Wilson was a medical student at the University of Alabama School of Medicine. She is currently a PGY1 at the Mountain Area Health Education Center Family Medicine Residency in Asheville, North Carolina.

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