

# Common Challenges Facing the Lactation Professional Supporting Non-Gestational Parents

## handout

60 minutes

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### Obstacle 1:

Non-gestational parents are not often recognized as a breastfeeding parent

- By family
- By peers
- By health care providers
- In the workplace
- By insurance providers

ICD-10 Codes:

092.3 (no milk)

092.4 (low milk)

### Solutions

- Include partners in consultations, in the process, practical support
- Raise awareness within and – perhaps more importantly – outside the lactation profession: private adoption professionals, government agencies for foster and adopt, surrogacy professionals, parent communities, LGBTQIA+ communities
- Involve allied health care providers: PCPs, OBs, Endocrinologists, Acupuncturists
- In the workplace, break time to pump
- By insurance: lactation consultations, pump: own or rent

### Obstacle 2:

Non-gestational parents present with diverse hormonal and anatomical characteristics

- Infertility
- Insufficient glandular tissue (IGT)
- Post menopausal
- Trans female
- Intersex

### Solutions

- Infertility: collect health and fertility history on intake; balance hormones with dietary changes, herbs, acupuncture, etc.; adjust expectations
- Insufficient glandular tissue (IGT) associated with PCOS, a leading cause of infertility: Collect information on risk factors for IGT on intake: hormonal medication, eating disorder, or significant weight changes during puberty; increase insulin sensitivity; adjust expectations
- Post menopausal:

- Due to age or surgical removal of ovaries
- Estrogen levels are lower than a pre-menopausal non-lactating woman but similar to a pre-menopausal lactating woman.
- Progesterone levels are lower than a pre-menopausal woman whether lactating or not.
- Parent may be on hormone replacement therapy.
- In my practice, women over age 50 have not induced lactation beyond drops
- Adjust hormone therapy: increase progesterone and estrogen above baseline pre-menopausal levels to prepare the breasts for lactation; increase progesterone levels to baseline pre-menopausal levels and maintain estrogen levels at menopausal level during lactation
- Adjust expectations for clients over 50 years old
- Trans woman
  - Less glandular breast tissue if transitioning after puberty.
  - Parent likely doing gender-affirming hormone therapy: estrogen, androgen receptor blocker
  - Adjust hormone therapy: add progesterone and increase estrogen so both are above baseline cis-female pre-menopausal levels to prepare the breasts for lactation; maintain, decrease or eliminate progesterone and decrease estrogen levels at lowest comfortable level during lactation
  - Adjust expectations
- Intersex
  - Rare; information based on androgen insensitivity syndrome
  - Parent likely doing hormone therapy: estrogen [LeCain et al., 2020]
  - Progesterone critical for milk production
  - Adjust hormone therapy: add progesterone and increase estrogen so both are above baseline cis-female pre-menopausal levels to prepare the breasts for lactation; maintain, decrease or eliminate progesterone and decrease estrogen levels at lowest comfortable level during lactation
  - Adjust expectations
- ...and for all these clients
  - Mental health issues such as anxiety, depression, PTSD, are common due to infertility, recurrent miscarriage, infant loss, gender dysphoria, discrimination and social stressors
  - Previous hormone therapies very common

### Obstacle 3:

#### Parents need positive and realistic expectations for milk production

- Amount of milk production varies greatly
- Factors that influence milk production
- Communication skills

- Measuring success beyond milk production

## Solutions

- Factors that positively impact milk production
  - History of sufficient lactation
  - Use of domperidone
  - Frequent and effective milk removal
  - Supportive supplementation
  - Supportive people
  - Accurate information
- Factors that negatively impact milk production
  - History of insufficient lactation
  - Evidence of hormonal imbalance: PCOS, insulin resistance, infertility due to unknown causes, etc.
  - Less developed glandular breast tissue
- Communicate Positively
  - Factors that positively impact milk production
  - Even small amounts of milk benefit baby
  - Benefits of breastfeeding are much more than the milk
  - She can achieve *her* “full milk supply”
- Communicate Realistically
  - Factors that negatively impact milk production
  - Everyone will expect to supplement
- Success is More Than Milk Production
  - Making **any** amount of milk without pregnancy
  - Closeness and connection with baby
  - Length of breastfeeding relationship
- Milk Will Not “Come In”
  - Milk will “trickle in”
  - If milk production is very slowly increasing, inducing lactation is working

## Obstacle 4:

### Domperidone is not an FDA-approved medication

- Frequency of use in the U.S.
- Interpreting the Code of Professional Conduct for IBCLCs
- Providing evidence-based information
- Offering alternatives to domperidone

## Solutions

- Parents are using it anyway: 1 in 37 lactating parents using in the United States
- Lactation professionals can refuse to discuss, refer to another source, or **provide information**.

- From the *Code of Professional Conduct for IBCLCs* (as of 3/2020): “1.3 Supply sufficient and accurate information to enable clients to make informed decisions”
- Providing evidence-based information on domperidone
  - Legal status of domperidone
  - Cautions and contraindications for use
  - How to discuss with doctor/midwife/nurse practitioner
  - Dosage information
  - Current safe methods of obtaining
- Offer alternative methods for increasing prolactin
  - Moringa
  - Beta glucans
  - Medroxyprogesterone (brand name Provera)
  - Extra hand expression
  - Acupoint Small Intestine 1
  - Metoclopramide (brand name Reglan)?
- Adjust expectations

## Obstacle 5:

### Popular protocols for inducing lactation do not meet varied needs

Newman-Goldfarb Protocols® do not account for

- A need/desire to avoid certain methods
- An interest in other methods
- Varied hormonal or anatomical profiles
- Irregular or unknown timeline
- Long term need for supplementation

## Solutions

- The Newman-Goldfarb Protocols® were developed for one pre-menopausal cis-female intended mother starting 6 months before her baby arrived. Does not account for
  - A need/desire to avoid certain methods
  - An interest in other methods
  - Varied hormonal or anatomical profiles
  - Irregular or unknown timeline
  - Long term need for supplementation
- Lactation plans are not “one size fits all”
- Use a flexible and customizable approach
  - Allowing for a variety of methods
  - Adjustable timelines to meet individual circumstances
  - Accommodates various hormonal and anatomical profiles
  - Accounts for long term supplementation needs
- The Three Step Framework for Inducing Lactation™
  - Step 1: Initiating milk production

- Step 2: Establishing milk production with pumping
- Step 3: Feeding baby, making more milk
- The Newman-Goldfarb protocols fit within this framework
- So does every other published protocol for inducing lactation
- Methods for each step customized to parent's individual needs.
- Steps may be eliminated or combined
- Timing of each step is flexible and can be adjusted as situations evolve
- Step 3 includes long term plans for supplementation

## Obstacle 6:

### Most parents will have a long-term need for supplementation

- Optimize breastfeeding management to minimize need for supplementation
- Supplement when needed
- Supplement the “just right” amount
- Choose the best-suited device for delivering supplementation

## Solutions

- Supplementation is defined here as providing supplemental human milk or formula to a baby feeding from the breast: parent's expressed milk, donor milk, infant formula. NOTE: Different from Academy of Breastfeeding Medicine's definition of Supplementary Feedings which does not include parent's expressed milk but may include other milk substitutes such as glucose water.
- Optimize breastfeeding management **during a breastfeed**:
  - undress baby down to diaper or at minimum uncover hands
  - pull down on baby's chin
  - position to facilitate head extension
  - align baby's head and torso
  - feed from both breasts at each feeding
  - breast compression
  - switch nursing
- Optimize breastfeeding management **between breastfeeds**:
  - Skin-to-skin
  - Baby in close proximity to nursing parent
- Optimize breastfeeding management **frequency of breastfeeds**:
  - Feed according to baby's cues not the clock
  - Breastfeeding less than 7 times per day is associated with reduced milk production
  - If a baby receives less milk at a feeding, that baby will be more likely to cue to feed sooner than a baby who received more milk at a feeding
  - “When in doubt, whip it out!”
- Supplement smart **with the “just right” amount**
- Supplement smart **when needed**

- Time of day: Milk production varies throughout the day
- Baby's age: Babies need very little milk the first couple of days of life
- Babies' needs begin decreasing once solids are introduced
- Supplement smart **using the best-suited device** usually a bottle or nursing supplementer
  - Bottle advantages: readily available, familiar and easy to use, easy to clean, can be administered by a caregiver other than the nursing parent
  - Bottle disadvantages: baby may develop a flow preference, faster flow may result in more supplementation than needed, milk production is likely to slow without regular pumping
  - Bottle-feeding suggestions: explain risks; bottles and bottle-feeding techniques that reinforce a breastfeeding latch and flow; create a manageable long-term plan for expressing milk; adjust expectations for milk production
  - Nursing supplementer advantages: reinforces breastfeeding; encourages skin-to-skin; allows entire feeding to take place at the breast; if baby has an effective suck, milk production is stimulated; additional milk expression no longer necessary.
  - Nursing supplementer disadvantages: May be more difficult to latch baby with feeding tube; unfamiliar, expensive; time-consuming to assemble, fill, clean; difficult to use in public
  - Nursing supplementer suggestions: connect client with peers; suggest type/brand of nursing supplementer; provide instruction in latching baby with a feeding tube; suggest practicing filling and assembling with water before baby arrives; suggest client purchase multiple devices and prefill for day; engage partner support for filling and assembling, cleaning

## Obstacle 7:

### Co-lactation: parents may share the breastfeeding role

- Definition of co-lactation
- Ensure sufficient lactation between two parents
- Minimize supplementing feedings...even with parents' own milk
- Communication between parents

### Solutions

- Co-lactation is defined as the of sharing of breastfeeding among the child's parents
- In most cases, co-lactation involves a gestational parent and a non-gestational parent. If a non-gestational parent desires to produce milk for the purpose of breastfeeding, they do so by inducing lactation.
- Lactation research and education based on a single nursing parent. What happens when there are two?
- Ensure sufficient lactation between both parents
  - At least 7 milk removals (breastfeeding or pumping) each day for each parent

- Once lactation is well established, pumping sessions may be gradually reduced as long as combined milk production remains adequate
- Minimize need for supplementation...even with parent's own milk. Frequent feeding when milk production is lower minimizes need for supplementation
- Parents communicate values and goals for infant feeding
  - When non-birthing parent begins breastfeeding
  - Vision of a typical day of co-lactating
- Honest, open and respectful communication between parents
  - Fears about not making enough milk
  - Concerns baby will develop a preference nursing with one parent
  - Negotiating an equitable share in breastfeeding

## Obstacle 8:

### Parents primarily informed by social media

- Be a resource or refer to other lactation professionals
- Direct parents to evidence-based information

## Solutions

- Using information from mass media correlated to a decrease in relactation success.
- Be the resource and/or refer to another professional.
  - Medical professionals were the only significant source of information in relactation success, when compared with friends, mass media, and internet search. In fact, using information from mass media correlated to a decrease in relactation success.
  - Regular and specific information from lactation professionals was shown to significantly increase relactation success rates. By day 2 of intervention, parents receiving regular and specific information from lactation professionals were able to provide an average of 1 more feeding per day. By day 14, they were able to provide nearly 6 more feedings per day.
- Direct parents to quality information and support
  - Books, podcasts and websites authored by an IBCLC or Doctor of Breastfeeding Medicine
  - Social media (because we know they will use it anyway) monitored by a lactation professional: posts are screened for accuracy and bias, information is balanced, non-judgmental and inclusive environment

## Obstacle 9:

### Many lactation professionals lack experience working with inducing lactation

- Apply general lactation expertise to inducing lactation
- Connect with more experience

- Market to gain more experience

## Solutions

- Most lactation professionals see a handful or fewer inducing lactation clients per year.
- Their physicians and midwives are likely to see even fewer.
- Use the experience you already have
  - Helping parents increase milk production
  - Supporting exclusive pumping
  - Supporting long-term supplementation
- Use the experience you already have
  - Step 1: Initiating Milk Production = Preparing for breastfeeding during pregnancy when there are risk factors for low milk production: indications of IGT, breast reduction surgery, previous low production, etc.
  - Step 2: Establishing Milk Production with Pumping = Use a pump to establish milk production for a parent of a preterm or otherwise non-latching infant
  - Step 3: Feeding baby, Making More Milk = Birthing parents with primary lactation insufficiency
- Connect with more experience
  - Get more education and training specifically on inducing lactation
  - Team up with a professional with more experience
- Market to get more experience
  - Your website
  - Your social media posts
  - When talking with your referral network