

Male Wet Nurse Wanted Part 2

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You have decided that developing breasts and the possible social fall out is worth the opportunity to experience the bonds of breast-feeding your adoptive or surrogate baby. Last week we talked about the socio-physiological issues involved with male breast-feeding. Now we will talk technique.

It is important to remember that you need the assistance of a medical doctor and a lactation counselor. While this article will tell you the protocol to bring milk to your breasts for feeding, it is not something that you should tackle alone. You and your baby deserve the best and the best is having support and help from people experienced in adoptive lactation.

Now on to the nuts and bolts! First of all you need to assemble the equipment. Yup! It isn't just you, your breasts and your baby! In order to start your milk flowing you need to pump it with a breast pump. This is a small pump that fits over the breast and simulates a baby's sucking action. The pumping action will help to stimulate your milk production.

The best pump to use a hospital grade pump with a double pumping kit. The double pumping action helps to release the supply of prolactin, the hormone that actually starts up your milk flow. Pumps can be rented or purchased. For a comparison of hospital grade pumps, check out http://marimar_1.tripod.com/bpump_compar...

Pumping instructions: Do a nice gentle and firm breast massage before each pumping. You may want to use a light moisturizing cream on the breast. On initial pumping sessions, you may want to use olive oil or lanolin on the nipples to prevent friction rubs. Pregnancy builds keratin that the adoptive parent may not have built up on her nipples and areolas. There is a controversy on when to start pumping. However, Dr. Jack Newman, one of the foremost experts on lactation recommends, "start pumping as soon as the baby is in sight, even if this means you will be pumping for 4 months. You do not have to pump frequently on a schedule. Do what is possible. If twice a day is possible at first, do twice a day. If once a day during the week, but 6 times during the weekend can be done, fine." From Handout #23 Breastfeeding You're Adopted Baby. January 1998 Written by Jack Newman, MD, FRCPC If you prefer a more structured pumping schedule, Mechell Turner, M.ED. IBCLC, CCE offers up this protocol to start lactation

Pumping may be accelerated if baby comes in a hurry. This protocol is for a parent who knows about when the baby will arrive.

Week 1 (6-8 weeks prior to baby) Using a hospital grade pump with a double pumping kit. You need to pump 6 times daily for 10 minutes.

Week 2 (4-6 weeks prior to baby) You are to pump 6 times a day for 20 minutes per pumping.

Week 3 (4 weeks prior to baby) Parent is to pump 6-8 times daily for 20 minutes.

Week 4 (3 wks. prior to baby) Parent is to set a routine 8 –10 times daily at least one pumping at night. This is followed until the baby arrives.

Since it is likely that you will not be able to produce as much milk as your baby needs, most parents practicing adoptive breast feeding choose to use a supplement that will make sure your baby gets all the nutrition he or she will

need. You can supplement with formula, previously expressed breast milk or donated/banked breast milk. If you choose to use banked breast milk you will need a doctor's prescription to obtain the milk.

You will need to use a nursing supplimenter to deliver whatever type of supplement you decide to use. According to kellymom.com "A nursing supplementer consists of a container for the supplement (either a bag or a bottle), which hangs on a cord around mom's neck and rests between her breasts. Thin tubing, leading from the container, is taped to the breast, extending about 1/4 inch past the nipple. You usually see the tubing going directly from the bottle (between the breasts) to the nipple. You can also wrap the tubing down & around the breast before bringing it up to the nipple."

Your lactation specialist can help you hook up with a supplimenter. The benefits of this supplimenter are that it is very much like breast-feeding and therefore can be a part of the bonding process. You can find info about different suppliers at this web page <http://www.geocities.com/Heartland/Prair...> about the LLLI Conference presented by Sharon Larson, RN and Kerr Yancy Dolan on July 4th, 1999.

The only thing left is the scheduling of herbs and medication to help your milk come in as much as possible. Again we turn to Mechell Turner, M. ED. IBCLC, CCE:

Herbs for induction:

Alfalfa Tablets Contains estrogenic precursors and has lots of vitamins and minerals in absorbable form. (400-600 mg tablets) Start with 1 capsule 4 times a day and work up to 8 capsules a day. If stools get too loose stop and only use 1 dose less. You should end up taking 2 tablets 4 times daily.

Fenugreek (450-600 mg capsules) (Trigonella-foenum-graceum) Capsules 3 caps 3x daily or 3 ml tincture 3-4x daily.

Goat's Rue (galega officinales) 3 ml tincture 3x daily.

*****Caution with Goat's rue and Fenugreek- rare allergic reactions- more common these are both known to lower the need for insulin in IDDS use with supervision.

Marshmallow Root, 1 capsule daily Or .5 (1/2) ml 3x daily.

Borage seed oil 2- 1000 mg caps daily. Or 1 pint of borage leaf tea daily. This is high in Gamma Lenolenic Acid and Gamma lenoleic Acid. Makes for richer mother's milk.

Or use 2 1000 mg caps of Evening Primrose oil, which does essentially the same thing.

LACTUCA VIROSA: A homeopathic that works well use 200c or 30C strength try 5 pellets or tincture drops every 2-4 hours for 24 to 48 hours.

The tinctures may be taken with water or Red raspberry tea. Caps can be as well.

The Domperidone should not be used until you actually have the baby since it is an actual medication as we talked about in part 1. A physician must also prescribe this.

Bear in mind this is not medical advice and should not be used as such. You need to work with a lactation consultant who is experienced in adoptive breast-feeding. They can help you choose the best herbs for you and work to find a

protocol you can live with.

So, if you pump, work with a lactation consultant specializing in adoptive breast feeding, take the appropriate herbs and meds at the times they should be taken and love your baby to come, anyone, male or female should be able to breast feed their baby.

As we mentioned in part 1 this is a very controversial subject, but if you can deal with all the issues, you and your baby can have a wonderful experience that will nurture both of you and begin a bond that will last through out your life time.