

Subject: Inducing Lactation
Genre: Tutorial
Author: Walt and Sarah
Origin: SNCLIST, (Lactation Group)
Publish Date: 15 March 2000
Revision: Second Edit

Preface:

This is the second edit of a three part tutorial posted on the message board of the adult nursing group SNCLIST. The contents of these tutorials are the personal experiences of Walt and Sarah, an adult nursing couple who induced lactation on their own. Each successive tutorial is an update of the previous.

Nursing for Couples - A Tutorial

By W. and S.

March 15, 2000

Introduction.

All nursing involves a couple but we will be talking about a woman breast-feeding a man, rather than a baby. This might be because the couple thinks nursing might be enjoyable or for another reason, such as preparation for adopting a baby. We'll cover how to make the "machinery" work, what nursing demands from and gives to a relationship and some of the special issues of couples nursing. This short article can't include everything you need to know about breast feeding so we also recommend a book.

Disclaimer.

We're a nursing couple without special medical or other related training. The information that follows is a mixture of our own experience, book learning, and a few doses of the experience of others; while we've been as careful as possible in preparing it, it is still "use at your own risk".

And A Few Words Of Thanks.

To our friends on SNCLIST whose experiences filled holes in our knowledge and whose stories showed us what was important. No names are used here, but you know who you are.

The Short Story.

The first question everyone asks is "Can I, (or my wife/girlfriend), lactate again?"

The answer is almost always "Yes" but the job is so hard that very few succeed.

Nearly any woman of child-bearing years can produce breast milk; when the woman hasn't just had a baby this is called inducing lactation. If she is already nursing a baby it is simple: couples nursing can be started with the man taking leftovers and then replacing the baby as it is weaned. A woman who isn't nursing now but has before probably can bring in milk again, (relactate), in two or three months. A woman who has not nursed can still bring in milk but she may not get as much or as soon.

Since shifting from a nursing baby to an adult partner usually is simple, we'll talk mostly about how to start if the woman doesn't already have milk. This is a lot of work, in fact it is so much work that if the woman works away from home or does not have a full time partner it is most likely impractical.

How much work is a lot? Something like 20-30 minutes each session for at least eight sessions a day for two or three months. After that, five or more 20-minute sessions a day may be needed if she wants to keep a full supply. The schedule doesn't have to be rigid but it must be regular, (no sleeping through the night, no "let's just skip today"), both to bring in milk and to maintain the supply. And for as long as nursing continues, missing two or more sessions in a row may require either squeezing some milk out by hand or pumping in order to keep her comfortable.

Not only is there a very demanding schedule, there will be problems to be solved. Like anything complicated you do together, couples nursing can put a strain on a relationship and many couples may not feel that it's worth it. On the other hand, many nursing couples can't imagine giving it up. If you want to try, the best approach may be to think of it as a shared experiment, an adventure to be taken and enjoyed together, wherever it may lead.

Breast Basics.

Milk is produced in hundreds of tiny sacs called "alveoli" inside the breast. These sacs are connected by tiny tubes, (ductules), which join to make 10-25 larger tubes, (ducts), each ending in a tiny hole in the nipple. There are bulges in the ducts just below and behind the nipple area; these are called "sinuses" and are about ¼" in diameter.

Both boys and girls are born with the beginnings of this system. As a girl becomes a woman, becomes pregnant, and carries her baby, the breast machinery develops from these beginnings until she is able to nurse right away after delivery. When

the baby is weaned, the machinery turns off and is mostly removed but even years later some of it will still be there. With the right stimulation a full milk supply generally will come back.

Through the months a baby is being nursed the amount of milk adjusts to its needs. A baby who is always hungry because he has outgrown the milk supply will nurse longer and probably be put to the breast more often than one who is getting plenty. The stimulation of the nipples caused by the alternate squeezing and sucking of the baby's mouth signals a part of the woman's brain to make prolactin, a chemical which tells the alveoli to make milk; longer and more frequent nursing means more chemical signals to make milk.

It is this system that lets a woman who does not have milk to start production without having a baby. If she applies lots of nipple stimulation to signal a need for more milk, then over a few weeks or months production will increase from nothing to tiny drops to as much as she wants. A woman who has not been pregnant may not be able to bring in a full supply, (the experts don't agree on this), but probably can make enough to satisfy most couples.

A feeding begins with most of the milk in the alveoli, which have been making it since the last feeding. When the woman gets a cue she connects with nursing, (such as thinking of her partner nursing), an automatic response called letdown pushes her milk out of the alveoli and through the duct system to the sinuses. Letdown is often felt as a tingling or prickling sensation behind the nipple as the sinuses fill. After letdown, the pressure of the partner's mouth and tongue on the sinuses pushes the milk out of the openings in the nipple into his mouth. If the feeding is overdue, letdown may not only fill the sinuses but make milk dribble or even squirt from the nipple.

Because letdown is also partly triggered by milk pressure, it won't happen when production is just starting. You'll probably have to massage the breast to bring down those very first drops.

How to Bring in Milk.

Inducing lactation requires two things: first, the nipples must be frequently and vigorously stimulated to tell the brain "There is a hungry baby here", and second, any milk which is produced must be completely removed at every feeding so the breast doesn't get the idea that there's plenty and shut off. Any stimulation method that does both these things without hurting the breast will bring in milk and any method that does not, will fail.

The best nipple stimulation is the sucking of a partner. This is not the flicking or teasing of the nipple which is often part of sex, but actual sucking and squeezing of the nipple and the dark area around the nipple called the areola'. Since it is the squeezing which sends the signals to the brain the woman should coach her partner if necessary.

A few women can suckle their own breasts. Those who can may find this almost as effective as a partner at the start. Once her milk comes in it can't really be just as good because some ducts are usually closed off meaning that the breast can't be completely emptied. Moreover, many women find this uncomfortable and others don't like the idea or don't like the taste of their milk.

Second best is the woman's hand, (manual stimulation), rolling and squeezing the nipples themselves. This is tiring; she may get cramps and sore muscles in her hand at first if she uses it a lot. Manual stimulation, however, is an effective method, the equipment costs nothing, and it is always with you — very convenient if you aren't always at home. We know of women who use this method every time they go to the john at work and even one who does it in her cubical.

Although many women try to induce with electric breast pumps, they are actually not very effective, in fact we don't know of anyone who has induced using mainly or only a pump.

The inexpensive pumps found in department stores, (Gerber and Evenflo are two brands), are useless for inducing because they don't give correct or strong enough stimulation and can't completely empty a breast. Also they're hard to use because you must work the suction by hand. The hospital, rental or professional grade electric pumps made by companies like Medela and Ameda Egnell all have automatic cycling and can mostly empty a breast but they're much more expensive to buy — \$150 and up, often \$250 or more. They can, however, be rented from medical supply or larger drugstores in most towns. Even these pumps do not provide as strong stimulation as a partner's mouth and they should be used as little as possible when inducing.

A company called White River Concepts claims that their pumps produce nipple stimulation as good as that from the sucking of a baby; if so these pumps should be usable as the main part of a plan for inducing. Unfortunately their electric pumps are very expensive and because of the special soft cup design they're awkward to use. When we were revising this, the company was hard to contact and not helpful in finding a dealer from whom to buy their products, (they sell only the

lower priced items through their web site), but perhaps these problems will have been solved by the time you read this.

Some manual breast pumps, (but usually not the cheapest ones), work fairly well; you will have to experiment. No matter what method or equipment you use, don't do anything that hurts. Sore nipples and bruises are a lot easier to avoid than cure.

How To Tell How Good A Pump Is.

To see if a pump is completely emptying the breast, the partner should try to suck right after pumping. If he gets more than a taste, the pump isn't getting all the milk.

To know if your pump is stimulating the nipples well enough, compare how the woman feels when using it to how she feels when the partner nurses.

How To Nurse From A Breast.

Sucking should be as a baby does it: get a 2" to 3" circle of breast with the nipple just above the center, (the end of the nipple will be well back on the tongue), and squeeze while pressing upward with the tongue. Release immediately but hold the lips against the breast while sucking gently. Squeeze - release - wait/suck... squeeze — release — wait/suck... This should be done about 45 times a minute. Try to keep the teeth mostly off the breast, don't slide the lips but stay latched in place, as a baby should.

To give the best stimulation, (and get the most milk!), sucking should squeeze the sinuses. When things are working right, this will feel like chewing soft clay. If the end of the breast is firm, let go and latch again or switch to the other breast for a while. If that doesn't work, (it often won't when you're starting), then just press softly on the firm area. Because the man, the woman, and the woman's breasts are all learning and changing at once it takes a while to get the hang of this but in a couple of months it will be completely natural.

Women who have nursed a baby will remember how that feels. Those who have not should expect contractions of the uterus similar to those of orgasm and should coach the partner until they get these feelings.

When her milk first starts to come in there'll be a few drops of milk with each suck at the start of a feeding, then quickly less until there seems to be none. You can get more by massaging the breast with a cupped hand. Either partner can do this, squeezing at the same time as the nipple is being sucked rather than when it is

being squeezed.

Stimulating one breast helps the other let down so nurse each side at least twice at each feeding. Be sure to empty both breasts completely. And because the second breast nursed will be the most fully emptied, you should nurse one side first during one session and the other first the next time.

Be gentle at first. Hard sucking and massaging will not bring milk much sooner and may cause sore nipples or hurt the breast. If you want faster results use more frequent feedings, (up to 20 minutes every hour and a half if you have time and nothing hurts), not more force. After a couple of weeks you can gradually start sucking or massaging harder as long as it feels good to the woman and doesn't leave the breast sore or bruised.

Because of how prolactin is made, suckling longer than about 30 minutes doesn't give any more make milk signals. You must stop for an hour or so before the signal can be given again.

For manual stimulation use a rolling motion rather than sliding skin on skin to minimize trouble with sore nipples. Breastfeeding books like the one mentioned below have more details under manual expression.

Start with five minutes on a side and increase gradually to ten minutes if nipple soreness isn't a problem. Allow the nipples to dry before covering the breasts. Breast or other creams aren't necessary but if chapping occurs she can use a breast cream such as Lansinoh, (great but expensive), Udderly Smooth or any hand lotion that works. "Works" means it prevents chapping, tastes okay, doesn't sting when you put it on, and doesn't make the nipple so slippery that the partner can't latch. Once she has some milk, a drop or two rubbed around the nipple and areola and allowed to dry is usually just as good and it's both free and 100% natural.

If soreness is a problem it's probably due to stretching of the skin around the nipple. The nursing partner should be careful to latch properly and to not suck too hard. This is also the answer if he has soreness of the lips or elsewhere in his mouth. The only rubbing that's normal is between the end of the nipple and the back of his tongue and roof of his mouth and even this may leave him with a sore tongue. Switching from sucking to manual stimulation can be soothing when nipples are sore.

Are You Getting Anywhere?

If there is enough stimulation, (at least 8-10 sessions, total four hours/day, no big gaps in the schedule), the woman will notice within a week or so that her breasts are getting larger; very likely her nipples and areolas will darken. She can expect drops of milk in two weeks to a month, a sip or squirt in one to two months and a pint or more per day in two to four months.

If a month goes by without definite progress you need to change something.

Once she has some milk you will probably notice that production will decrease slightly in the last week or two before her period starts. Do not cut back on nursing when this happens; even though her milk supply doesn't show it her breasts are growing inside and by the second day of her period you will see more milk, maybe even a lot more!

As you get close to what you want you can cut the number of daily feedings by one a week until you find how many it takes to keep her supply, however milk production may gradually stop if you don't keep at least one middle-of-the-night feeding. Experts differ but various sources say "at least one, (or two or three), feedings per day" and "at least 90 minutes per day" are needed to keep a supply of milk.

Birth Control Pills.

Generally a bad idea if you are trying to induce lactation because they all contain some combination of hormones which simulate pregnancy and so interfere with milk production. However, you should go ahead and try: if you can't adjust your life to allow effective nipple stimulation at least 8 times a day it probably won't matter whether she takes the pill or not.

If however you get the schedule and other problems solved but can't get beyond a little bit of milk then if she's taking the pill just for birth control she can consider the long-acting, (very low dose), hormonal methods Depo-Provera and Norplant, (tm's of the respective makers), or an IUD. All are very effective and will not interfere with breast milk supply or cause problems for him. If you don't want to discuss the details with your doctor, you can say it's hard to remember to take pills every day. Nothing is free so **BE SURE YOU UNDERSTAND THE DISADVANTAGES OF THE NEW METHOD BEFORE YOU DECIDE TO CHANGE.**

What About Herbs And Drugs?

It is possible that certain herbs, (fenugreek and milk thistle are two that are frequently mentioned), have some effect. However as long as the manufacturer

doesn't claim they do anything, (they don't), and the product doesn't hurt you when taken exactly as directed, (usually less than people say' is enough), no government agency tests or regulates such products. They can be impure or simply useless and no law has been violated. Some manufacturers commit outright fraud. If you do buy herbal supplements we recommend getting a brand that is independently tested or guaranteed by a reputable distributor such as one of the large drug chains. Do not, however, expect to find an herbal product guaranteed to help you induce milk.

We did try fenugreek for few days; it seemed to increase her milk some, (look up dosage on the web), but there was a definite smell to her sweat and urine, (usually described as maple syrup), and also an unpleasant taste to her milk.

There are prescription drugs that may help both milk production and letdown but you'd have to get them from a doctor or from another country which is illegal.

No drug is safe to take indefinitely. At best drugs may shorten the job of bringing in milk. When inducing to prepare for adopting this may be useful. For couples nursing, however, if you can't stimulate enough to induce without drugs you probably won't be able to keep milk either so why take any risk? We recommend the natural method: build her supply with nipple stimulation from a loving partner.

Equipment.

You already have everything essential to get started. We strongly recommend a breastfeeding book to help you solve problems and to fill in details not included here; we like "The Complete Book Of Breastfeeding" by Eiger and Olds, ISBN 0-553-26232-7, in paper for under \$10.

If the woman isn't nursing now, then her breasts probably will get one or two cup sizes and possibly a band size larger. She'll need new bras; it's handy to have some of the nursing kind with cups that drop down. Pressure in the breast signals the body to cut down milk production and can cause other problems so the "painted on but comfortable" fit that was perfect before she started to induce would be one size too tight now. Bras should however give good support to prevent sagging and minimize breast soreness and the chance of back problems. Look at the fit just before the biggest feeding of the day; it's okay if the cups are filled, but if they are at all tight they're too small.

Large breasts usually don't increase in size as much as smaller ones.

Keeping a good fit as her milk is coming in may mean buying an in-between size

or two. Since her final size depends somewhat on how much milk the couple wants, don't rush buying the last set of bras and when you do, we suggest a single brand and style so the cup hooks will all be alike. We like the Playtex ones because the cups can be released with the flick of a finger and hooked back up with one hand even if you can't see what you're doing.

Blouses that used to fit will now be too tight; a minimizer bra, (flatter cups than normal), may allow wearing them for short periods but will interfere with milk supply if worn all day. Loose fitting button-front maternity shirts are handy for around home wear and can be undone or pulled up to nurse. Nursing clothing with slits or flaps can be fun and convenient; if the wrong person knows what it is she can always say she got it at a yard sale and wondered why it was made that way.

A breast pump may be useful for removing extra milk, (say from missed feedings), after it comes in; if this will be a daily thing you might want the type that pumps both sides at one time. Other small things may be needed but you'll figure them out as you go.

There are catalog companies that specialize in maternity and nursing wear. The best department store selection of nursing bras is probably at WalMart; at this writing they carry the Playtex line in two styles, (we like #4173), in sizes to 40DD. On the World Wide Web try Lady Grace, (www.ladygrace.com), for selection and Big Girls Bras, (www.biggerbras.com), for price. Motherwear Inc., (www.motherwear.com), has several styles of bras and a good line of nursing clothing, quality pumps and other needs. If you need large bras, (to around band 48-52, cups I-K), try www.trevas.com and www.buststop.com; both are pricey but offer a wide variety of styles.

Nutrition And Weight.

Don't get far beyond a few drops without reading up on nutrition for the nursing mother and adjusting her diet accordingly. The basics are that the woman must get plenty of calcium to prevent pulling it out of her bones, (osteoporosis is a very serious disease: you do not want to go there); she needs a balanced diet with enough vitamins and minerals and she may need a little more to eat. A woman who is satisfied with her weight before nursing can at first be guided by her hunger. Since full milk production takes up to 500 calories out of her body, the woman who wants to lose weight should find it fairly simple if low calorie foods are used to satisfy hunger — fat free yogurt, diet drinks, fruits, vegetables and so on. She must not lose more than a pound a week nor allow herself to become underweight. She should check her weight at the start and then weekly thereafter,

remembering that the increase of breast size will add two or more pounds as her milk comes in.

She needs at least enough extra liquid to replace her milk but as mentioned above up to a gallon will give more milk.

The nursing partner's diet can go either way. He will be getting up to 500 calories a day extra so he may need to cut back elsewhere. Or, feedings of high nutritional value milk may substitute for high-calorie, low-value "junk food," and his over-all nutrition and weight may improve.

The Nursing Couple And The World.

Those who live alone on a desert island will find couples nursing to be simple but most of us in the real world will have "issues." It's hard to keep a weekend visitor from noticing if you go off together for half an hour out of every four. Close friends and relatives will notice the change in her figure. If either partner works away from the home she'll have to pump or express milk at least once during the work day if she doesn't want her supply to drop. Breast-feeding a baby in public during an all-day shopping trip is okay if you're discrete but feeding a man is not; longer trips are an even bigger challenge.

All of these situations need to be thought through. Once nursing is well established you'll probably find that skipping one feeding causes little problem if you don't do it often. If you have to be apart for up to a week, using a hand pump or expressing at least three times a day is enough to keep her supply from completely going away; we find that it takes a week or two to recover. Longer separations may have to be handled by stopping nursing for a while but perhaps you can get more than one bird with the same stone, for example by scheduling annual medical work next to a Christmas visit to the family. Comments on her figure can be ignored or deflected.

Public places may have secluded corners where it's possible to nurse once you're skilled although security concerns these days mean fewer such spots than formerly and there may be a camera watching. When traveling by car we often stop in the end parking spot of at roadside rest areas, he puts his head in her lap, she covers him with a sheet or blanket and reads. A woman apparently sitting alone in a car parked in plain view in a cemetery will draw no notice. When she travels alone she stops and uses a hand pump or throws a beach towel around her neck and expresses.

If you can't handle problems like these you may find that "nursing lite" will work:

bring in her milk, then very gradually cut back the number of feedings. Some women will still be able to give an ounce or more of milk almost at any time while feeding as little as two or three times a day, and on this schedule going 24 hours without a feeding once in a while won't be a problem. The "lite" approach will take a while to work out because it gives mixed signals to the breasts about how much milk is needed, (you may have to start over a time or two), but it can get you some of the joy with much less complication than the quart-per-day routine.

Doctor's appointments can be an issue. The idea is to confide in and work with a Doctor who has a professional, nonjudgmental attitude. The reality though is that couples nursing is going to be a new idea and most doctors aren't very flexible. In many areas of the country you will be lucky even to find a doctor who is good with ordinary health problems. You'll have to decide what to do based on your own situation.

Either way the usual office visits can be taken care of by nursing, (or expressing), beforehand. There will be nothing to explain if the doctor gets a few drops of milk during an exam since about ¼ of women who have nursed a baby will have a bit of milk in their breasts long afterward and a drop or two isn't rare even for a woman who hasn't had a baby.

Stopping.

If you have to stop quickly switch to bras that put pressure on the breasts, (one or two cup sizes smaller than her nursing size), and keep a bra on day and night. Stretch the time between feedings by one or two more hours each day and take only enough milk to relieve the pressure.

When nursing, stimulate the nipples as little as possible. The partner should latch in the normal way, but suck gently without squeezing, as from a soda straw. The breast may be massaged if milk won't flow. It will take about a week to go from full production to being comfortable for 24 hours without nursing, and about another week to get back to roughly normal breasts.

Stopping isn't a total waste. When we had to do it for a few days we discovered we really were a nursing couple: stopping was almost as hard as stopping kissing would be. It's easier to start back up than relactating was the first time; we got small sips on both sides after just a couple of days.

Positions.

Most of the usual positions with for feeding a baby won't work for adults. The most

popular position is side-by-side on a bed or couch. This is comfortable and natural feeling; it is especially nice when you wake up at night to feed. Other positions are:

1. The woman sits up with the man's head in her lap. This works well with nursing clothing or a loose-fitting top that can be pulled up and is convenient in the car.
2. The man sits on a couch or chair with the woman on his lap. This only works if your relative sizes are right.
3. "Cow" position. The woman gets on her hands and knees on a bed or soft rug on the floor; the man lies on his back with his head under her breasts. This may be undignified but because gravity helps the milk flow it can be very helpful when there are problems with letdown. Massaging breasts while sucking in this position can start milk flow when she's engorged and thus save you from worse problems.

Breastfeeding And Sex.

This is more complicated than it may seem. You'll be together in a private, intimate situation several times a day so there's going to be more opportunity. And most men find a woman's breasts erotic; as far as we can tell they're no less so after nursing for a year.

On the other hand, prolactin cuts down a woman's sex drive. With full nursing or close to it, she may be a lot less interested in sex than before. This could be a good thing if she's high drive and he's low; if the reverse, it could be a problem. This is the place to remember that nursing is just an experiment until you decide otherwise.

It's Not Easy, Part Two.

Not only must both partners keep a schedule and solve "how to" problems together, they'll have social problems to work out, they'll need new clothing and equipment, sex may be different and her body is going to change. Breastfeeding is going to take over a chunk of your life for months while you get started, and possibly for a lot longer.

There is, however, yet another level of "not easy." Full nursing brings more dependence than many people can get comfortable with. Most men like to think of themselves as independent, going places and doing things as they please and some might want the woman to have milk available any time they want it but not bother them with most of the work. For the woman nursing means an increased

commitment to the man; if she found breastfeeding a baby no better than a necessary evil, nursing an adult partner may feel like a great chance to shoot herself in the other foot.

Obviously there are sensitive issues here. Power and control in the relationship, fairness, masculine and feminine roles, conforming to what other people expect or going your own way, are some examples. Some couples may enjoy getting closer as they talk about these issues, others may not.

So why do it?

There are things about couples nursing that make some people really like it:

- Feeding another person from your body or being fed from the body of another is wonderfully intimate. Of course nursing a baby is intimate, but this is your chosen and wonderful adult partner. Imagine the "high" when you wake up in the morning, and, looking into each other's eyes, he takes an offered breast and starts her milk flowing.
- Some women feel a strong need to nurse and many find that it feels terrific. Even women who start saying "Okay, I'm willing to give it a try" may find in six months to a year that they don't want to quit!
- What a comfort when one partner wakes from a nightmare or can't quit worrying about the bills or has a hard day at work, to offer or ask for a breast. Each of you is saying "you are all that matters to me" in the clearest way possible.
- Because it is so private, breast feeding forces you to sink or swim together. Each step from first drops to happy, confident letdown and sucking is your own doing.
- In breast feeding each partner gives the other something he or she could get from no one else. Marriage can be no more than a piece of paper, sex can be a one night stand, but only partners can nurse.
- Breast feeding is intimacy you can have several or even many times a day — sex with your clothes on and without the sweat, you might say.
- The nursing couple puts everything and everyone else aside and concentrates on each other every few hours. When things get rough between you, you do not have the choice of staying mad all day.
- It's sharing on a very different basis from sex — a real team activity because if the woman can't relax, her milk won't let down and so will be almost

impossible to get. In effect the partners must work together following the rules of her breasts in order to succeed.

- A healthy snack is always available. For us, breast feeding is first when we wake up in the morning then the man starts breakfast and chores while she goes back to sleep until he brings coffee and toast.
- Because of all the new issues, nursing takes your partnership down new pathways. The "you" that will be after her milk is in and you're settled as a nursing couple will be different from what exists today. The nursing bond is unbelievably tough and elastic and once it forms, all sorts of small problems between you may fade to unimportance.
- From the man's point of view, breast milk usually tastes wonderful — often between sweet cream and melted vanilla ice cream. Men also like the absolutely knockout figure that a nursing woman can have. Women generally are delighted to have a way to get rid of 500 calories a day, (depending on how much she feeds and how often), without having to eat less.

Of course making all this happen depends on the partners. The truth is that breast feeding mainly reinforces what you and your partner have in a relationship. So it is a way to build, (and enjoy!), a relationship that is already good, but probably won't help one that has big problems. Finally, it's a wonderfully private thing to share and it's just plain fun. If you both really like the idea, starting isn't a big decision. If it doesn't work out you can stop and perhaps a year or five years from now things will have changed.