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**Preface:**

This is the third 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.

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**Nursing for Couples — A Tutorial**

**by Walt & Sarah**

**Dec. 28, 2001**

**Introduction.**

What We Are Going To Talk About.

All nursing involves a couple but we will be talking about a woman breastfeeding 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. No short article can include everything you need to know about breastfeeding so we also recommend a book and some web sites and other resources.

**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."

**This Is Dedicated...**

To our friends on SNCLIST whose experiences filled holes in our knowledge, who's shared stories told us what was important, and whose caring made it worthwhile. No names are used here, but you know who you are.

## **NURSING 101:**

### The Short Story — It's Not Easy.

The first question everyone asks is "Can I, (my wife/girlfriend), make milk?" The answer is almost always "Yes", but the job takes so much time and work that very few succeed. Nearly any woman of child bearing years can produce breast milk. If she is already nursing a baby, couples nursing is simple; it can be started with the man taking 'leftovers' and then replacing the baby as it is weaned. Bringing in milk when the woman hasn't just had a baby is also possible; this is called 'inducing lactation.' 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 induce but she may not get as much and it may take longer. Since shifting from a nursing baby to an adult partner usually is simple, we'll talk mostly about how to induce lactation. 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 often not practical.

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; missing most of a day may mean some loss of supply even if she pumps.

Not only is there a very demanding schedule, there will be 'how to' and 'oops' problems to be solved. The woman's breasts must be stimulated and her milk removed; the man could do these jobs every time, or let her do it all or most of the time. How will you work this out? Like anything complicated you do together, nursing puts some strain on a relationship and many couples may not feel that it's worth it. After you get started there will be at least a couple of hundred dollars of expense.

On the other hand, lactation and nursing is a skill; the woman has to learn to use new parts of her body as well as other tools and many women find this very satisfying. (As the old book title says, it really is "the womanly art of breastfeeding"!)

Most of the work and learning can be shared by the man and this sharing can be fun, even wonderful. Breastfeeding is probably the single most

important thing she can do after birth to give a baby a good start and the woman who knows how to nurse an adult partner is likely to find a baby a cinch. And many nursing couples can't imagine giving it up.

If you want to try, the best approach is to think of it as a shared experiment, an adventure to be taken and enjoyed together, wherever it may lead.

### **Concerns About Breastfeeding:**

If couples nursing is a new idea, some concerns are natural. All of these are discussed in more detail later on; this is just the 'Cliff's Notes' version.

**Her concern:** Her breasts will suddenly burst out of all her clothing making people stare.

**The facts:** Breast size increase happens over several weeks and is never 'amazing'; the amount of increase depends on how much milk she makes and will nearly always be in line with other common changes such as her monthly cycle or starting to take birth control pills. With full lactation the increase will be one or two cup sizes but large breasts will increase less than small ones.

We will use the term 'full lactation' to mean roughly a quart of milk a day which is about the requirement for a six-month old baby right before starting solid foods. This is about as much as any partner is likely to want.

**Her concern:** What if she should leak milk while at work or visiting her mother?

**The facts:** Leaking milk sometimes happens after a woman has a baby because of the flood of milk triggered by the birth process. It is very rare after the first few weeks because the breasts adjust and don't make so much milk. We have only heard of one woman who induced lactation who had this happen, although a few do have leakage during the night if they sleep through.

**His concern:** There may be less sex, maybe even a lot less.

**The facts:** This is possible but it may be much better sex. You'll have to talk about it and work it out.

**His concern:** He'll be more 'tied down', will lose his independence, she'll be using him just as a milking machine to empty her breasts.

**Her concern:** He'll only be interested in her as a cow. She'll become dependent on

him both for nursing itself and for help with the other work and problems; then maybe he won't be available when she needs him.

**The facts:** Breastfeeding does mean greater dependence of each partner on the other. You need to talk frankly about this, not once but regularly. Often an ongoing discussion like this is the beginning of a better relationship.

**Her concern:** Her breasts are too small to make any milk. (Or, her breasts are so large she'll be gushing all over the place.)

**The facts:** Most of the breast is fat which pads and protects the milk making glands but does not actually do anything. Women with very small breasts and those with large ones have different amounts of fat in their breasts but the 'machinery' is nearly the same. Both can, (nearly always), make enough milk and neither is likely to gush.

**Her concern:** What if she has to go to the doctor? Won't he/she Notice?

**The facts:** A doctor is very unlikely to examine her breasts unless she's there for a physical exam or breast problem. Even if he does it's no big deal — you will nurse or express before going and finding a little milk in a woman's breasts isn't uncommon.

**His concern:** He might gain weight.

**The facts:** Weight gain is possible; if it does happen it will be slow and he can adjust his diet and exercise.

### **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 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 much overdue and the woman has a lot of milk, 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.

### **Lactation Endocrinology**

You don't have to read this section to induce lactation but if you are interested, it will help you understand some of the trickier things about how lactation and nursing works.

'Endocrinology' is the study of glands which make chemical signals that circulate in the blood to control body functions. Chemicals that do this are called 'hormones.' There are many hundreds of hormones but just four of them do most of the control of the breasts.

Estrogen is made mostly in the woman's ovaries but some is also made in fat cells throughout the body. It is the basic 'I am a woman' hormone and causes most of the difference in body shape between men and women. Its effect on the breasts is to tell them to enlarge and build the foundations for the milk-making equipment but it also tells the breasts not to make milk now.

Behind the bones at the back of the inside of your nose and up under your brain is the pituitary gland. It is connected by nerves to the nipples and gets signals when they are stimulated as they would be by a baby sucking. When this happens it makes two hormones:

Prolactin causes milk-making cells in the breasts to go to work. Combined with estrogen it tells the breasts to make more milk cells.

Oxytocin tells the breasts to push the milk toward the nipples — the 'letdown' effect. It also causes muscles to contract in other places. The uterus is one and oxytocin causes the contractions of orgasm and also those which push a baby out. Many women feel the pleasant contractions caused by suckling of their nipples. The digestive system is also affected by oxytocin; a 'growling stomach' is a good sign that stimulation of the woman's nipples is working.

The last hormone we need to know about is dopamine. Dopamine does many things; one of them is to tell the pituitary "Don't make so much prolactin." Drugs that reduce the amount of dopamine mean more prolactin and can be used to make lactation easier. Two common 'dopamine antagonist' drugs are metoclopramide and domperidone; they are discussed later.

"We now return to our regular programming."

### **How to Bring in Her Milk:**

Lactation requires some things that are natural and automatic; it also requires knowing how to operate parts of the woman's body and use some other tools. When lactation happens after a baby, nature does most of the work, but inducing requires a lot more knowledge and skill and you will have to do a lot of work. At the start it takes more time than nursing a baby.

To induce lactation you must do two things: first, you must frequently and effectively stimulate the nipples to tell the brain "There is a hungry baby here", and second, you must at every session completely remove any milk which is produced 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;

any method that does not, will fail.

The best nipple stimulation is the suckling of a partner. This is not the flicking or teasing of the nipple which is often part of sex, but actual squeezing of the nipple and the dark area around the nipple called the 'areola.' Suckling is what a baby does and of course it also removes the milk.

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 isn't as good because bending the breast closes off some ducts meaning that the breast can't be completely emptied. Also many women find this uncomfortable and others don't like the idea or don't like the taste of their milk.

Second best for stimulation is the woman's hand, ('hand stimulation'), rolling and squeezing the nipples themselves. Although this must be done gently it can be tiring; she may get cramps and sore muscles in her hand at first if she uses it a lot. Hand stimulation, however, is a very effective method, the equipment costs nothing, and it is always with you so it is 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. The hand cramps and other problems will go away with practice. Once the milk comes in you can also gently squeeze and massage the breast to remove the milk as you stimulate the nipple; this is called 'hand expression.'

Knowing how to hand stimulate and express milk is very useful. It may take time to learn but it is worth it.

Third and much worse are breast pumps. None of the ones we've tested gave good nipple stimulation. However breast pumps can be helpful for removing milk when you have a lot because the milk goes in a bottle rather than squirting out as with hand expression.

### **More About Breast Pumps:**

The inexpensive electric pumps found in most stores, (Gerber and Evenflo are two brands), are useless for inducing because they don't give strong enough stimulation and can't completely empty a breast. Also they are hard to work because you must turn the suction on and off by hand.

The 'hospital', 'rental' or 'professional' grade electric pumps made by companies like Medela and Ameda Egnell all have 'automatic cycling' and can get more milk

from a breast but they're much more expensive to buy — \$150 and up, some are over \$250. They can, however, be rented from medical supply or larger drugstores in most towns if you want to try one for a month. (You will have to buy a kit of parts that touch the milk so rental isn't as cheap as it may sound.) These pumps don't give nearly as effective stimulation as a partner's mouth and they can hurt your breast; if you try one, be careful.

A company called White River Concepts claims that their pump produces nipple stimulation as good as that from the sucking of a baby and tests have been done that seem to show this, but when we tried one we couldn't get it to work any better than the others. Also their electric pumps are very expensive and because of the special soft cup design we thought they were hard to use. In the spring of 2000 the company was hard to contact and not helpful in finding a dealer from whom to buy their products.

This situation doesn't make sense. Cows use breast pumps all the time: they are called milking machines and they are very effective for stimulation as well as removal. As we finished this revision Whittlestone Inc. had started selling a new type of electric breast pump based on the same theory as the milking machine and said to be less likely to hurt the breast than other electrics. A few months back they also said it was more effective at stimulating the nipples but that claim seems to have been dropped in favor of talk about how comfortable it is to use. It sells for about \$320. We have tested one and we know another woman who is lactating who has tried one. The idea sounded great, it is quiet and certainly comfortable, but it produced a lot less milk than the little hand pump we talk about below. In our opinion this pump is a waste of money for inducing lactation.

All the other more powerful electric pumps we know about are noisy — way too loud to use where there's someone on the other side of your door.

In our opinion no high-price pump available now is worth buying to induce. You should keep your money and the woman should work with her partner and her hands. Nearly every woman — maybe 95% or more? — can successfully induce this way. Until there's something better on the market, pumps are only for removing milk.

For good milk removal at a reasonable price we recommend the Avent Isis hand pump at about \$40. Unlike most electric pumps this is silent — you can use it in your bedroom, office or the john without anyone hearing it. You can work it with one hand and it's small enough to carry in a large purse. After a little practice most women find it easy to use though there are a lot of parts to put together. The Isis

is available on the web and in some of the better stores. Try it both with and without the soft silicon rubber insert in the cup; some women like it better one way, some the other.

No matter what method or equipment you use, don't do anything that hurts. Sore nipples and bruised breasts are a lot easier to prevent than cure.

### **How To Tell If Your Pump Is Working:**

To see how well a pump is 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 at all, compare how the woman feels when using it to how she feels when the partner nurses. If she gets uterine contractions from suckling and doesn't get them from a pump, it's not stimulating her nipples enough and all it is doing for her is removing any milk she has. We don't know of any pump that works well for stimulating nipples.

### **How To Nurse From A Breast:**

Suckling should be as a baby does it: get a 2" circle of breast with the nipple just above the center, (the end of the nipple will be near the middle of the tongue), and suck and squeeze at the same time while pressing upward with the tongue. Release immediately but hold the lips against the breast. Suck—Squeeze — release — wait/suck—squeeze — release — wait/suck—squeeze... This should be done about 3 or 4 times every 5 seconds or 35-50 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 would. This is easiest if his lips are just damp rather than wet.

The 'sucking' part of this action should be gentle; it has less effect on milk removal and nipple stimulation than does the squeezing, and too-hard sucking will cause sore, (stretched), nipples and perhaps other problems. If he is able to hold on to the breast while squeezing, he's sucking hard enough. When he first starts to get some milk, he may be tempted to suck too hard; try to avoid this as sore nipples will be a definite setback.

To give the best stimulation, (and get the most milk!), suckling should squeeze the sinuses under the areola. 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 gently 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, (but usually gentler; only a few women have orgasms when nursing), and should coach the partner until they get these feelings.

However, don't worry about getting the sucking exactly right. In the beginning all that matters is plenty of gentle squeezing of the end of the breasts; later, when there is milk, he will naturally adjust his technique so he gets the most milk.

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, but it is easier for the man. He should use his hand to roll or sweep milk toward the nipple just before the suck—squeeze part of the suckling pattern.

Suckling one breast helps the other let down, so nurse each side at least twice at each feeding. Be sure to empty both breasts completely. Because the second breast nursed will be the most fully emptied, he should nurse one side first during one session and the other first the next time. A good pattern for a session is:

Left breast, right breast, left with massage, right with massage, left with massage again.

When you next nurse, reverse left and right so the pattern is:

Right, left, right with massage, left with massage, right with massage again.

If you don't switch the side you start with, one breast will have much less milk than the other and there may be other problems.

Once her milk starts to come in, he will be tempted to take all the milk in a few minutes and stop. Don't do that — the breasts need just as much time to give the brain signals as they did when there wasn't any milk. If things are going well, this will only be a problem during the second and into the third month; after that she'll have enough milk to last 20 minutes or more.

Be gentle, especially at first. Hard sucking and massaging will not bring milk much sooner and may cause sore nipples or bruise the breast. If you want faster results

nurse more often, (up to 20 minutes every hour and a half if you have time and nothing hurts), or use other methods we'll discuss later; don't use more force. After a couple of weeks you can gradually start sucking or massaging a little harder as long as it feels good to the woman and doesn't leave the breast sore or bruised.

Suckling much 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.

### **Using Your Hands:**

When no partner is available, the woman should use her hands. For hand stimulation of the nipples you squeeze and release the nipple and areola to imitate a baby's mouth. You can use two fingers and a thumb, the base of your thumb and first finger, curl your 'pinky' around the nipple, or squeeze against your palm with any two fingers. If one motion makes your hand tired you can switch to another. You can use both hands at once and get double the effect! Start with five minutes on a side and increase gradually to at least ten minutes as long as nothing is sore.

Hand expression of milk is different. To do this you work further back on the breast with both hands. Use a rolling motion rather than sliding skin on skin to avoid trouble with chafing. Breastfeeding books like the one mentioned below have more details on hand expression; you can also look up 'Marmet technique'.

When you start inducing you only need to stimulate the nipples. Once she gets sips of milk, each session should end with enough hand expression or pumping to remove all her milk. Of course if her partner is suckling he does the whole job at one time.

### **Breast Care:**

Because inducing lactation is at first more work for the nipples and breasts than nursing a baby, they need extra good care. You should be super careful to keep the breast area clean and dry. Wear a clean bra every day; going braless when at home is a good idea if you have enough privacy and it's comfortable. Don't wash bras with dirty items, do use a bit of 'safe' bleach and do be sure bras get completely dry before putting them on. Don't cover the breast after a session or shower until it and especially the nipple area is completely dry. Don't put anything, (such as cream or lotion), on the end of the nipple; if bacteria get into the ducts you can get a nasty breast infection.

Breast or other creams aren't necessary but if dryness or chapping occurs you can use a breast cream such as Lansinoh, (great but expensive), Udderly Smooth or

any hand lotion that works. "Works" means it feels good, 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 you have some milk, a drop or two rubbed around the nipple and areola and allowed to dry is better, (it is an antibiotic!), 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 not to suck too hard. This is also the answer if he has soreness of the lips or elsewhere in his mouth.

Nipple soreness can also happen when a tooth rubs the nipple or areola. As much as possible the partner should squeeze with his lips rather than his jaw muscles and keep his lips over his teeth.

Nipples should be checked after every session at first for any signs of blisters or rubbed areas; if you see a problem or she starts to feel pain, figure the problem out now as it will get much worse in a hurry.

Also watch out for any whitish or greenish 'crud' around or on the nipples as this could be a fungus. Treat fungal infections immediately by keeping the area extra dry and using both a yeast cream, (as for vaginal yeast problems), and one for athlete's foot; these should be wiped off before nursing. If it doesn't start to get better within a few days, stop nursing and see a doctor. 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 suckling to manual stimulation can be soothing when her nipples or his mouth are sore.

### **Nursing Schedules:**

You'll work out your own, but to help you think about it here is an example of what can work. This is an easy situation because the woman is home most of every day:

7 AM — Nurse partner who goes to work

10 AM — Hand stimulate

1 PM — Hand stimulate or nurse partner if he can come home for lunch.

4 PM — Hand stimulate

7 PM — Nurse partner

10 PM — Nurse partner, go to bed.

1 AM — Nurse partner

4 AM — Nurse partner

This is 8 sessions a day. The exact times can of course be adjusted to fit other things the woman does but should stay in the range 2-4 hours apart most of the time. If the length of each session is a bit over 20 minutes then the total time is three hours. This couple is almost certain to succeed. Once she starts to get milk she can express it by hand or add a few minutes to the session and use a pump when he's not available.

It may seem strange right now, but once you get started, the time the woman spends actually nursing her partner can be used to read, watch videos or TV, even to snack. During the night she'll mostly sleep through feedings. She can even nurse while taking those long boring phone calls from her aunt or college girlfriend! (We have a hand signal to say "Let's nurse" silently.) One of the nice things about nursing is it mostly isn't an exciting big deal — just something you love doing together.

If the woman works, then her daytime sessions will have to be done at work. Use the john, (disgusting maybe, but...), use your office, go out to your car at lunch, stimulate on breaks — whatever it takes. Almost every woman can, but those who aren't mostly at home who do, will have worked very hard for their success.

When we talk to people who are having trouble inducing the reason is nearly always 'not enough time' — usually when we count up the time it's less than two hours a day and often only an hour. A woman with so little time will probably never get beyond a few drops and may never see any milk at all.

### **Are You Getting Anywhere?**

If there is enough stimulation, (at least 8 sessions, total three hours a day or more, 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. If there is no progress in a month there may never be any unless you change your routine.

Different women start in different ways. Some will have a few drops of milk on the

first day, then nothing for a week or more while others will have nothing at the start. Next may come some clear salty tasting fluid, then drops of salty milk; this may be whitish or brownish in color. All of these are normal and show that the breasts are starting to make milk; the salt is caused by direct leakage from the blood into the alveoli and will stop within a few days of continued stimulation. The brown is a few red blood cells coming along.

Once she has some milk you will probably notice that production will decrease slightly in the last five days or so before her period starts. Do not nurse less when this happens — instead you should nurse more if possible. 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.

## **MORE MILK FASTER?**

### **What About Herbs?**

Read any breastfeeding email list for a week and someone will talk about using herbs to increase milk supply. Every culture and every place and time has had special foods thought to help nursing women increase their milk. However, there are no studies that we know of, (we have looked), proving that any of the usual suggestions in our culture work or even that they are safe.

It is possible that the herb fenugreek has some effect. However as long as the manufacturer doesn't claim it does anything, (they don't), and the product doesn't hurt you when taken exactly as directed, (the recommended dose will be much less than 'people say' is enough), no government agency tests or regulates such products. They can be useless and no law has been violated. 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 or even recommended by the maker to help you make milk; the most you'll get will be 'recommended as a dietary supplement to improve digestion.'

We did try fenugreek for few days; it seemed to increase her milk some but there was a definite smell to her sweat and urine, (usually described as 'maple syrup'), and also an unpleasant taste to her milk. You can find the dosage on the web. Even if this herb increases supply, there is no reason to think it will bring the first drops any sooner. The reason all women don't have milk all the time is they don't have milk-making cells in their breasts. Building those cells requires hormone signals caused by day-after-day nipple stimulation and herbs don't change that.

## **Drugs?**

Nearly all women can induce lactation and in just a few months make a quart a day of milk without drugs. Drugs make the job a little easier and faster but they are not always a good idea.

One special situation would be inducing to nurse an adopted baby when you know you'll be getting the baby right away. In this case you can see a doctor. Doctors who are willing to help would most likely prescribe one drug to increase breast milk-making equipment, then another to kick off milk production.

It's very unlikely that a woman wanting to nurse an adult partner will find a willing doctor. She can still use a drug, (the 'increase equipment' drug is not really needed), but she and her partner should think about whether speeding things up is a good idea. It's a little like learning to ride a motorcycle: you shouldn't start with a large powerful machine because you can get in more trouble than you are ready to handle and you may get hurt.

Remember that inducing lactation requires both nipple stimulation to induce milk and regular complete milk removal. A drug can give you more milk from the same stimulation but it won't remove that milk. Removal is important so the breasts don't stop making milk but it is also important for the woman's health. Breast engorgement can be painful and a breast infection can be very serious and generally will need a doctor's care; both are much more likely if you don't have a good regular schedule for milk removal.

Another way to say the same thing: having milk in a woman's breasts isn't like keeping a beer in the fridge because once she starts making milk it has to be taken out just as fast as nature puts it in. A drug can make it easier to put in but you still have to get it out by nursing, expressing, or pumping on a schedule. There are a lot of things to work out when a couple starts nursing and no matter how good the directions, you have to learn to do it one step at a time.

We strongly recommend that beginners not use drugs to induce. Instead, start the

purely natural way with nipple stimulation alone, take your time and build your knowledge and skills.

### **How To Use A Drug To Induce:**

If after a few months she has some milk, the scheduling and relationship issues have been worked out, and you both want to do more, then you can consider using a drug if you want to.

The drug used to increase the breast machinery is estrogen. This is both unnecessary in most cases because most women have enough of their own to do the job with just a month or two more time, and somewhat dangerous because it makes some breast tumors grow faster. On a doctor's advice this drug can be good for certain health problems and other things, but absolutely do not use it on your own to help induce.

In the U.S., doctors prescribe metoclopramide, (Reglan, made by Robbins), to help women induce. This drug causes more prolactin to be made for a certain amount of nipple stimulation. Unfortunately it gets into the brain and it can cause very serious side effects; depression is the worst of the common ones. A much better drug is domperidone, (Motillium, made by Janssen Cilag). Domperidone is not approved by the FDA and thus can't be prescribed or even sold in this country but it works the same way as metoclopramide and is just as effective and much safer. The reason domperidone is safer is that very little enters the brain; this avoids most of the bad side effects of metoclopramide. The reason it is not approved here is that the U.S. approval process is very expensive and the manufacturer gave up trying since it would have been hard to make money competing with metoclopramide which is already well-established.

(If you read the section on Lactation Endocrinology, you may remember that metoclopramide and domperidone were mentioned there as dopamine antagonists.)

Domperidone is available in every other country in the world; in some it is available without prescription. In the U.S. you can get it by mail by ordering on the web or by telephone from one of those countries. Ask how to do this on SNCLIST or other breastfeeding lists. It seems to be legal to bring it in to the U.S. for one's own use; the only problems we know about are occasionally having to have your supplier send it again if it gets lost on the way. You should order 500 10mg tablets to start; the price will be from about \$5/100 to \$30/100 depending on who you get it from. Before ordering you must read the 'prescribing information' for this drug. It's available on the web at:

[Http://medsafe.govt.nz/Profs/Datasheet/m/motiliumtab/htp](http://medsafe.govt.nz/Profs/Datasheet/m/motiliumtab/htp)

Another site is:

[Http://www.rxmed.com/rxmed/a.home.html](http://www.rxmed.com/rxmed/a.home.html)

At this site you need to search on 'motilium', then click 'motilium' in the search results.

You do not have to read the chemical stuff but do read everything about effects and problems. Because domperidone is usually given for digestive problems; breast size increase, ('gynecomastia'), and milk production, ('galactorrhea'), are considered side effects in this info.

Do not take a larger daily dose than mentioned in the prescribing information. Notice that the drug is discussed mostly for short time use; that means there is very little information about side effects if you take it for a long time. We believe that 'digestive dependence' happens after a few weeks; to avoid nasty indigestion when stopping, you should decrease the dose slowly, particularly at the end. Be sure to plan your supply so you can do this.

Do not use domperidone or any similar drug if you take prescription drugs. There can possibly be serious interactions between drugs that are perfectly safe when you take them alone.

So... Should you use domperidone to induce? The good things are that it can make it happen somewhat faster in all cases and that in a few 'on the edge' situations it may make lactation possible when it would otherwise not be. However, in borderline situations you may not be able to keep milk without staying on the drug indefinitely and in our opinion that's usually a bad idea.

The bad things are that every drug has side effects and although domperidone is safer than most drugs that doesn't mean it will be safe for you. Long time use has not been very much studied. If you get into trouble you won't find a doctor in the U.S. who has ever seen domperidone side effects. It will make it easier to get milk production and milk removal out of kilter and thus get breast engorgement and other problems. And in our experience, most borderline situations are couples who don't really have enough time to have a nursing relationship. We think it is wiser to put the idea away until another time in life when you will have time, than to try to force it now and risk messing yourselves up. However, there can be special

cases such as health benefits for one partner or the other or nursing an adopted baby that would change the situation.

That is the best information we can give you on both sides. Make your own decision. Our personal situation is we have enough time for a nursing relationship and there are important health benefits. We did not use domperidone when we started the first couple of times but we do use it now for a couple of months when we have to stop and restart.

### **Other Things That Will Help Induce And/Or Increase Supply:**

All of these will work, (they helped us), and they're safe and natural.

Stimulating the nipples more often: You can stimulate as often as every 1-½ hours. Five to ten minutes of hand stimulation on each side in between nursing or other regular sessions will both speed up inducing and build her supply.

Stimulate both nipples: When nursing one partner or the other can hand stimulate the other nipple if the position allows. This sounds too easy to make any difference but it definitely does!

Drinking more: Drinking a gallon a day will increase her supply once she has some milk. Don't go much higher than this; even water can cause health problems if you drink too much.

Drinking a cup of ordinary tea 15-30 minutes before a session: This will help letdown after she has some milk and better letdown means more complete emptying so, (gradually), more production.

Hot compresses on the breasts before a session: These will help letdown. They should be as hot as is comfortable. Gentle massage of the breasts has the same effect.

Hot compresses on the breasts for 15 minutes after a session: By increasing blood flow in the breasts these will bring more prolactin and thus help build her supply.

You can use a heating pad instead of hot compresses but keep it low enough that the skin only gets warm and read and follow the other precautions — don't lie on it or go to sleep with it on.

### **MORE ABOUT BASICS:**

## **Equipment.**

She already has everything you need to get started. However we strongly recommend you buy 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. Get this book and read it — you can skip the parts about the baby if you want. Inducing lactation and keeping a milk supply is not easy. If you want to succeed, both of you should try to become breast and nursing experts.

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 and it is handy to have some of the nursing kind with cups that drop down. Pressure on the breast can be uncomfortable and can cut off circulation and cause serious problems so the "close 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 at the tightest time of the day; it's okay if the cups are filled, but if they are at all tight, they're too small.

Keeping a good fit as her milk is coming in may mean buying an in-between size or two. Since her final size depends on how much milk she makes, don't rush buying the last set of bras. When you do, we suggest a single brand and style so the cup hooks will all be alike. We like the Playtex #4173 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; and they're attractive, moderately priced, (\$20-30 each), and long lasting — we just wore out our first set after almost three years.

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 should not be 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.

The Isis breast pump is a good idea but you don't need it until she has at least a couple of ounces of milk a day.

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 in sizes to 40D. On the World Wide

Web try Lady Grace, ([www.ladygrace.com](http://www.ladygrace.com)), for selection and Big Girls Bras, ([www.biggerbras.com](http://www.biggerbras.com)), for price — this is where we've been getting the Playtex #4173. Motherwear Inc., ([www.motherwear.com](http://www.motherwear.com)), has several styles of bras and a good line of nursing clothing and other needs; prices are not the cheapest. If you need large bras, (to around band 48-52, cups I-K), try [www.trevas.com](http://www.trevas.com) and [www.buststop.com](http://www.buststop.com); both are pricey, (large bras are never cheap!), but offer a wide variety of styles.

### **Nutrition And Weight:**

Don't get beyond a few drops per session without reading up on nutrition for the nursing mother and adjusting her diet accordingly. The most important point is that the woman must get plenty of calcium to prevent pulling it out of her bones. Osteoporosis happens when bones get soft because of calcium loss; it is a very serious disease and you must not go there. If she's already eating a diet with enough calcium for normal situations she should add 400 mg daily of extra calcium from a supplement like Os-Cal or CitraCal; the formulas with added vitamin D are best because D is needed so the calcium will be absorbed. If in doubt about diet, add more calcium but don't go above 1200 mg daily without a doctor's advice.

In addition 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 a quart of milk per day takes 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 on something else.

### **ADVANCED SUBJECTS:**

#### **Birth Control Pills:**

These may make it harder to induce lactation because they contain hormones which simulate pregnancy and so interfere with milk production. However, you should go ahead and try to induce: the dose of hormones in most modern pills is

small enough that lactation should still be possible. 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, (not as reliable), an IUD or, (even less reliable), condoms or a diaphragm. None of these will interfere with breast milk supply and only the last two may interfere with sex; you can find lots more information on the web. If you want Depo-Provera, Norplant, or an IUD you can tell your doctor that it's hard to remember to take pills every day. Nothing is free so be sure you understand both good and bad things about the new method before you change. Especially be sure that the effectiveness of a method you choose is good enough for your situation. A married couple who want children soon could use methods that would not be good enough for a single woman.

### **The Nursing Couple And The World:**

Those who live alone on a desert island may 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 three. Close friends and relatives may 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. Breastfeeding a baby in public during an all-day shopping trip is okay if you're discreet 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 month or so for it 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; if she really have to answer because it's her mother, something like "Well... I guess I have put on a couple of pounds" should do it. Even mom isn't going to see enough to know that you've added two pounds on your breasts and taken five off in other places!

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 in the past 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. Got a drive-in movie in your area? Park in the last row... a station wagon is especially good if you back in! When she travels alone she can stop and use a hand pump or throw a beach towel around her neck and express.

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.

### **Doctors:**

Doctor's appointments can be an issue. The idea is to confide in and work with a doctor who knows you and 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), right beforehand. There will 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.

It is best not to wear a nursing bra to the doctor! If you forget and the doctor notices, just say "Ummmm... my husband likes them." You probably won't have to try to fake embarrassment; your blush will say it all.

If you have a serious breast problem caused by nursing, (an infection in the breast itself is the most likely case), you will have to explain to the doctor how it happened. However, you only need to explain why you have milk in your breasts

and that that's okay with you, not that you and your boyfriend worked very hard to get it there! Something like this:

"Well, I always had a few drops and my boyfriend is pretty interested in my breasts. I think that made me have more, but this is the first time I've had any problem with it."

A little milk in a woman's breasts is not unusual. Working hard to get it there is unusual but how hard you worked is a private matter which should not concern the doctor.

A doctor finding a woman with lots of milk in her breasts without any good reason will want to have tests done to be sure she doesn't have a problem and would probably send you to a specialist. You should say something like "Well, this only happened when my boyfriend began to suck a whole lot. If he stops, I'm pretty sure it will go away."

Most doctors don't know that it is possible to induce lactation but they should accept this explanation. You might have to choose between stopping for a while to reassure this doctor and finding another one. If you like your doctor, we suggest stopping, except that if you have a breast infection you shouldn't stop until the infection is cleared up.

### **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 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 suckling in this position can start milk flow when she's engorged and thus save you from much worse problems. Wondering if you have a letdown problem or are her breasts just firm because she's getting near her period? 'Cow position' is how you find out. Because it can help solve problems, every couple should practice this position once in a while.

### **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 couple of years.

On the other hand, prolactin cuts down a woman's sex drive. With full lactation 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 will be a problem. If she takes domperidone or metoclopramide, it will cut her drive even more but only while she's actually taking it.

Over time, nursing has led us to an 'inside each other's skin' intimacy that we sometimes find hard to believe and really can't describe. Although we may have less sex than we would have, what we have is wonderful. There's no way to know if that would happen to you, so this probably 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, breastfeeding means an increased commitment to the man; if she found nursing a baby no better than a necessary evil, then nursing an adult partner may feel like a great chance to shoot herself in the other foot.

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; a few even get an orgasm sometimes. Even a woman who starts by saying "Okay, I'm willing to give it a try" may find in six months that she doesn'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, breastfeeding forces you to sink or swim together. Each step from first drops to happy, confident letdown and sucking is your own doing.

In breastfeeding 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 you have to be real partners to nurse successfully.

Breastfeeding 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 two of you have to work together following the rules of her breasts in order to succeed.

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 up to 500 calories a day, (depending on how much milk she makes), without having to eat less.

Of course making all this happen depends on the partners. The truth is that breastfeeding mainly increases what you and your partner already have in a relationship. It is a way to make a relationship that is already good get even better 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. Remember that nursing is a shared experiment. If it doesn't work out now, you can share a decision to stop to stop for now. Life brings changes and perhaps a year or five years from now the situation will be different and you will want to try again.

### **Special Situations**

You want to nurse but don't know what your partner will think. Most people probably haven't thought of a nursing relationship. Some of them would like it if

they tried but they'll have to get used to the idea first. You should bring up the idea and see what the reaction is; most likely it will be one of these:

1. "Eeeewwww... that's disgusting. What are you, some kind of pervert"?
2. "WOW!!! I always wanted to do that!
3. "Huh... I don't know about that... (There may be specific worries expressed after the partner has had time to think.)

The first case doesn't need any advice, at least not advice about nursing. In the second and third cases, you should say that you only want to talk about it now and that even if you did try it, it would be an experiment. Remember that no matter how great the idea sounds, you don't know exactly how it will work. It could happen that you suggest the idea, and it turns out to be okay for your partner but does not work for you. We guarantee that both partners will have some issues to get through. Take things one step at a time and talk so neither of you starts to feel 'trapped.'

If your partner starts thinking about the idea and has questions suggest that he or she read this tutorial. Even better, you could read it together and discuss things as you go. If you do become a nursing couple you will be sharing that, so start out right by sharing the learning, too!

### My Boyfriend Says Milk Would Be Such A Turn On!

By now you know that getting milk in your breasts is a heck of a lot of work: three hours a day for at least three months would be 270 hours! Then you have to keep working at least a couple of hours a day for as long as you want to keep milk. And it can be even harder than 270 hours of work if there are problems, you work away from home, or the BF can't or won't help much with the stimulation. One of you will have to find the money for some new clothing and probably an Isis hand pump. Is it worth it so he can have another turn-on? That's up to you but if you're not living together or planning marriage shortly we'd say 'wait.' No relationship that is good enough to let you be a nursing couple is going to be lost or even hurt because you decide to wait a while to start.

Our experience, (and that of others in successful relationships), is that nursing doesn't so much make sex better because it is a turn on, as it does change your relationship so you are a closer, sexier couple. You can start on that just by reading this tutorial together!

## **A Woman Without A Partner?**

Without a nursing partner, a woman is limited to hand stimulation to induce and hand expression and pumping to remove milk. Nobody we know has much experience with this. We think it can be done in most cases but it will require even more dedication to a schedule.

## **Looking For A Nursing Relationship:**

Wanting to nurse leads many men and women to look for love in a whole bunch of new wrong places. In our opinion, looking for a partner for the purpose of nursing is not a good idea, first because many of the men who are looking for nursing are total jerks or even worse and second because nursing needs a good relationship to start. Do you know even one good relationship built just on great sex? Sex is a heck of a lot easier than nursing!

There is a very old recipe for rabbit stew which begins "First, catch your rabbit." If you want a nursing relationship we strongly recommend looking for the relationship first and avoiding those places where you're going to have to sort through ten jerks, ne'er-do-wells and 'users' to find one possible partner. Even guys should stay away from these places — how many good women are going to hang around and get hit on by all those bums until they find you? Instead, look in places where you find decent, honest people: church groups, hobby and sport groups, on the job, and so on, especially those places where you find more good people of the other sex. There's nothing wrong with expanding a small interest or taking a job that will bring you in contact with people who might be suitable as partner. For example women could get interested in sports, sports cars, repairing their own cars, or ham radio and men could take up gardening, growing flowers, showing or training dogs. This list barely scratches the surface — cruise the 'Groups' on Yahoo and see which ones have mostly the sex you're looking for to get more ideas.