

Subject: Inducing Lactation
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Is It Really Possible To Induce Lactation

The question is often asked: "Is it really possible to induce lactation, and produce enough milk to breast feed without first being pregnant?"

The ability to lactate and breast feed is an autonomous function of the female body, occurring independently of the reproductive organs. As long as her breasts remain healthy and undamaged by disease, trauma or surgery, under optimal conditions, most women have the ability to induce lactation, and produce enough milk to breast feed, regardless of whether she is now or has ever been pregnant. Or whether she is in many cases, capable of becoming pregnant.

Because a woman's mammary glands function autonomously of her reproductive organs, under optimal conditions, it is also possible to induce lactation while being post-Oophorectomy^[1] or post-menopausal. While some degeneration of mammary tissue is to be expected as a woman advances in age, neither age, nor absence of functioning ovaries presents an insurmountable obstacle to successfully inducing lactation.

When a woman's breasts reach full maturity during adolescence, each mammary gland consists of 2000^[2] or more milk producing cells, (alveoli^[3]), and being so, as a woman advances in age, there are usually enough healthy milk producing cells remaining to produce at least some milk. Successfully inducing lactation depends more on the good health of the woman's breasts and endocrine system, than on her age, or the condition of her reproductive organs.

However, while the preceding statement correct in context, the operative phrase is, "under optimal conditions." Obviously, the endocrine system must be in good health, and capable of producing not only the hormones necessary for lactation, but in the correct balance. Also, both the mammary glands and the nerve ending in the breasts, (particularly those in and around the nipples), must be healthy and intact. For example: surgery such as a full mastectomy, or breast augmentation that damages the nerve ending in and around the nipples would likely eliminate any realistic possibility of inducing lactation.

With this point made however, the phrase "under optimal conditions" does not refer

just to the physical conditions necessary for successful lactation and breast feeding, but moreover to a particular mental or emotional state of mind. Even under the best of environmental and physical conditions, to produce enough milk to breast feed depends heavily on the female maternal instinct.

One would think that just being a woman, a strong maternal instinct would be a given; however, in our current world of liberation and feminism, many women have shut out their inner-self completely. The inner-self of a woman, (the inner psychological core of a woman that makes her emotionally different from a man), is the maternal instinct: the innate emotional need to nurture. Without this strong emotional need to nurture, producing enough milk to breast feed will be a struggle at best.

It is difficult to explain to any useful degree, the emotional involvement necessary to bring about a successful physical end such as lactation; however, in history we can find examples of how mindset plays a critical role in the ability of a woman to lactate and breast feed outside of pregnancy.

In the early 1930s, American anthropologist Margaret Mead^[4], (while studying sex and temperament among adolescents in primitive cultures in Papua New Guinea), made note of an observation in the margin of her journal. She noted there were occasions when a woman gave birth, the child was given to a close female relative to breast feed and raise as her own, rather than given to the birth mother.

The remarkable thing about this observation is the women to whom the newborns were given. Dr. Mead noted, while the surrogate mother had breast fed recently, she was dry at the time she received the newborn. This may seem odd, or even callous to us today, but there was a valid reason why newborns in the past were sometimes taken from the birth mother and given to a close female relative to breast feed.

Before reliable birth control and commercially available baby formulas, when a woman gave birth, she may have already been nursing one or two babies, and simply could not produce enough milk to breast feed another. The solution was to give the child to a close female relative to breast feed. It was not uncommon for children in centuries past to be raised in extended families, rather than in nuclear family units as is the common practice today.

Obviously, any child born into this situation could not wait days or weeks for the surrogate mother to relactate^[5], and being the case, for the child to thrive in the

first few days of life, the surrogate mother would have to bring back her milk almost immediately. The question is how?

As odd as it may sound, the answer is: "Because no one told them they couldn't!"

Young women today grow up in a world of confused social values. Almost from birth, young girls are faced with an implied social stigma against lactation and breast feeding: a veiled social bias where women who chose to breast feed are seen as somehow demeaning all women. Some of the more radical feminists even advocate that motherhood in its self is a disgrace to progressive womanhood.

When a young girl grows up in this kind of negative social environment, it can, and often does create a subconscious emotional block against lactation and breast feeding: a subconscious mental block of which the woman may be consciously unaware. When this occurs, no matter how sincere the woman's conscious efforts are to induce lactation, her subconscious simply will not signal her pituitary gland to create the balance hormones necessary for lactation.

On the other hand, young girls growing up in early twentieth century New Guinea faced no such social bias: from birth, it was not only accepted, but expected that young adult women would bear children and breast feed. And when a woman's sister had too many babies to breast feed, she would simply take the child, relactate and breast feed newborn as if it was her own. She could do this easily because the prevailing social environment had not created a subconscious doubt as to whether she should, or even could lactate outside of pregnancy.

The difference is in mindset. Today, as to not arouse the simple-minded pervert, women of all ages, not only cover their upper body with clothing, but farther obscure their breasts under less than comfortable bras; whereas, women of early New Guinea didn't bother to cover their breasts at all. Where women in western cultures are raised to question whether they should, or even can produce milk outside of pregnancy, women in primitive cultures never questioned their ability to relactate and breast feed when milk was needed.

The balance of hormones necessary for lactation is controlled by the endocrine system. The endocrine system is controlled by the pituitary gland, which in turn is controlled by the brain, which as we all know, is controlled by thought, or in this case, an innate subconscious need to nurture. While every woman whose breasts are healthy and undamaged by disease, trauma or surgery is capable of inducing lactation and producing enough milk to breast feed, the enigmatic obstacle to success more often lies, not in the physical process of inducing lactation, but in the

woman's subconscious mindset.

To even question the ability of your body to produce milk outside of pregnancy can create an unseen obstacle to successfully inducing lactation.

"Is it really possible to induce lactation, and produce enough milk to breast feed without first being pregnant?" Absolutely! However, the first step to successfully breast feeding outside of pregnancy is accepting the fact that the ability of the female breast to lactate is innate and immutable, and the primary purpose of this unique ability is to complete your emotional need to nurture. It is your right as a woman to pursue happiness as you need, and no one should be able to take that right away from you by creating doubt within your subconscious.

The secret to inducing lactation, and producing enough milk to breast feed outside of pregnancy, is believing in yourself!

With Regards, Hudson

Footnotes:

1. Oophorectomy is the surgical removal of the ovaries. Lactation is dependent on the hormone produced by the ovaries; not on physical presence of the organ. In the case of surgery or menopause, the missing estrogen can be replaced with supplements.
2. The mammary gland is a compound tubuloalveolar gland containing 15 to 25 irregular lobes radiating outward from the nipple(s). Each of these irregular lobes can contain up to 100 individual alveolar, (milk producing cells). Each mammary gland can contain from 1500 to 2500 individual alveolar, connected to the nipple(s) through an interconnecting network of lactiferous ducts.

Reference: Breastfeeding: A Guide For The Medical Professional (1999). Ruth A. and Robert M. Lawrence. ISBN: 0-8151-2615-8, Fifth Edition.

3. Milk producing cells are composed of myoepithelial cells, epithelial cells, lumen, capillaries and transitory somatic cells; however, in toto, they are referred to as alveoli, (pl), or alveolus (sing).
4. Margaret Mead, PhD., (1901–1978) An American cultural anthropologist who gained national recognition as a lecturer and author during the 1960s and 70s. In 1923 she earned her bachelor's degree at Barnard College in New York City, and her M.A. and Ph.D. from Columbia University.
5. Induced lactation refers to a woman's efforts to lactate outside of pregnancy for the first time, having never been pregnant or lactated in the past.

Relactation refers to a woman who inducing lactation after having produced

milk as the result of pregnancy or having successfully induced lactation in the past, but is dry at the time of her efforts to lactate outside of pregnancy.

A woman who has breast fed in the past six months can relactate almost immediately; however, if it has been longer than six months, or if she has never lactated before, it normally takes longer.