The Magical Process of Relactation

Karolina Ochoa BSN IBCLC

And two superhumans: Je’Miere Colbert and Nichelle Clark
So happy you’re here!

But before we dive in… Let me tell you a little bit about my own journey

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Mother-Baby Nurse, Lactation Consultant
RELACTATION

What hides under the term Relactation?

• Relactation is a process of reestablishing a milk supply after baby has stopped breastfeeding or the mother has stopped pumping.

• It can be started days, weeks, months or years after mother has stopped producing breast milk.
WHY DO FAMILIES CHOOSE TO RELACTATE?

LOW MILK SUPPLY
Milk supply appears so low that mothers decide it is not worth to continue fighting or suggested ways to increase supply are draining.

MATERNAL/INFANT SEPARATION
If either mother or baby requires hospitalization, this temporary separation may be the cause of unintended weaning.

RESOLVED LIFE CRISIS
Mothers often stop breastfeeding during a crisis situation, such as sudden onset of PPD or PPA.

FORMULA INTOLERANCE
Some mothers intend to exclusively formula feed but then discover their babies do not tolerate formula well.

UNNECESSARY WEANING
Sometimes unaware medical professionals offer incorrect advice in regards to maternal medications or surgical procedures.

REGRET
Though weaning sounded like the right decision at the time, mothers often regret premature weaning and wish to relactate.
PREVENTATIVE CARE

*How do we prevent mothers from NEEDING to relactate?*

According to WHO, mothers who receive good support from healthcare professionals in their community should rarely need to relactate.

If this need arises, it may be an indication that routine support in the community should be closely looked at and improved - including *initiation of breastfeeding* as well as *establishing and sustaining milk supply*. 
PHYSIOLOGY OF RELACTATION
Physiological basis of lactation and relactation process

GROWTH
Growth of secretory alveoli in glandular tissue of the breast

SECRETION
Secretion of breastmilk by the secretory alveoli

REMOVAL
removal of milk from the breast by the infant or by pump/hand expression.
PROLACTIN

PROLACTIN INCREASES

SENSORY IMPULSES FROM NIPPLE

BABY SUCKLING / PUMPING
ROLE OF PROLACTIN

• Prolactin is produced by the pituitary gland and is the most important hormone in lactation. Prolactin is produced in response to nipple stimulation, weather by the infant or the breast pump. Sensory nerve impulses pass from the nipple to the brain which causes secretion of prolactin.

• In a non-lactating breast, prolactin will stimulate the growth of secretory alveoli and once these develop, prolactin will stimulate these cells to produce and secrete breastmilk.
WHAT ABOUT OXITOCIN?

• Oxitocin is produced another hormone produced by the pituitary gland which also responds to suckling. Oxitocin causes the contraction of the secretory alveoli and "pushes" the breastmilk out towards the nipple.

• Oxitocin does not seem to be helpful when there is no milk present in the breast, however, it is helpful later in the process.
MILK REMOVAL

Removal of as much milk as there is available will increase and maintain the milk production.

suckling + milk removal + prolactin increase
= key to relactation
CLINICAL MANAGEMENT

There are many factors to consider when a patient reaches out to you about relactation:

<table>
<thead>
<tr>
<th>Circumstances</th>
<th>Baby’s age</th>
<th>Time passed from last milk expression</th>
<th>Medicated/Unmedicated</th>
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<tbody>
<tr>
<td>Consider patient’s circumstances, understand the reasons for relactation, talk about patient’s goals and offer real-life advice</td>
<td>Baby’s age will be an important factor if mother desires to get the baby back at the breast. This factor is not as important if mother desires to exclusively pump.</td>
<td>Time since last time that mother has expressed her breastmilk or last breastfed will be an important factor when planning the timeline of relactation.</td>
<td>There are medications and herbs that can aid in relactation process depending on geographical location and patient’s will to use medication while relactating.</td>
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CIRCUMSTANCES

• It is important to discuss with the mother her motivation for relactating, discuss her past ability to produce full milk supply but most importantly assess availability of support from her family, community and health workers.
• If mother experienced problems with breastfeeding prior to weaning, dig deeper to understand what was the root cause and find solutions
• Understand what is the individual goal for this mom and counsel about different techniques of relactating.
• Relactation can be a very time consuming process and it’s important to make sure that mother understands the time and effort it will require before making a decision.
• Talk about possible obstacles and try to discuss how to resolve them ahead of time.
BABY’S AGE

• Babies that still have the sucking reflex will be much easier to get back to breastfeeding
• Babies past that stage but under 4 months of age may also be more likely to get back to or start breastfeeding
• When speaking with the mom, help her with managing expectations. Mother of a baby older than 6 months old but wishing to get baby back to breastfeeding may need a lot of support from her family, community and more than anything – from YOU.
TIME PASSED FROM LAST MILK EXPRESSION/BREASTFEEDING SESSION

• On average, it may take about the same amount of time to produce a full milk supply as has passed since mother weaned (provided, she had a full milk supply)

• If mother’s menses returned, it may take slightly longer and mother may need calcium/zinc/magnesium supplementation from day 14 of the cycle until 1st day of menses.

• The longer it has been, the older the baby is which may decrease chances of getting baby back at the breast
• There are medications and herbs to aid the process of relactation. It is important that mother discusses possible risks and benefits of using any medications while breastfeeding.
IF MOTHER DESIRES TO
GET THE BABY BACK AT
THE BREAST
GETTING BABY BACK AT THE BREAST

**Bottles & Pacifiers**
Discuss how limiting or even completely eliminating the use of pacifiers and bottles can aid in getting baby back to the breast. Teach mom how to feed her younger baby using a cup or syringe instead.

**Find Root Cause**
If mother stopped due to breastfeeding difficulties, pain, discomfort, low milk supply – perform a full history and try to identify the cause. Check baby for possible oral restrictions if mother was experiencing pain or prolonged feeds prior to weaning. Assess breast anatomy for IGT.

**If the infant is willing to latch on**
Encourage mother to put baby to breast frequently, every 1-2 hours if possible, at least 8-12 times a day. Mother should offer both breasts per feeding whenever possible. If baby is frustrated and not wanting to stay on, offer limited amount of supplement PRIOR to breastfeeding - this technique is called "finish at the breast". You can also teach mother how to use at-breast supplementer.

**If infant is unwilling to latch on**
Assess for oral ties, suggest plenty of skin to skin and "rebirthing" technique in the bath, try the at-breast supplementer or drip-drop method, try nipple shield or Laally device, support increase in milk production via pumping, at least 15-20 minutes every 2-3 hours around the clock.
IF MOTHER DESIRES TO EXCLUSIVELY PUMP
IF MOTHER DESIRES TO EXCLUSIVELY PUMP

**Breast Pump**
Make sure that mother has a good quality consumer or hospital grade double electric breast pump and knows how to use it properly.

**Flange Size**
Make sure mother is pumping using the correct flange size. The 3 golden rules of flange sizing are: It must feel comfortable, it must empty the breast efficiently and virtually NO AREOLA should enter the narrow tunnel. Many brands make flanges smaller than 21 and go all the way down to 13mm.

**Frequent emptying**
Mother should pump every 2-3 hours, 8-12 times per day. If mother is anxious about her low milk supply, suggest to put a sock on the bottle to cover the amount pumped. Hand expression after pumping may yield additional milk.

**The MOTN pump...**
The dreaded Middle Of The Night Pump! The pumping session around 2-3 AM may be the most important pump of the day. If this pumping session is difficult to achieve due to tiredness, discuss some of the ways that pumping at night can be easier.
HOW DOES THE RIGHT FLANGE FIT LOOKS LIKE?
PERFECT FIT 15MM

BAD FIT 27MM

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**DRUGS AND HERBS** that aid relactation process

### Domperidone
The suggested dosage is 10mg 4 x a day for 1 week, then increase gradually, up to 20mg 4 times a day as per Canadian Breastfeeding Foundation and Dr. Jack Newman. Side effects of domperidone may include: headaches, abdominal cramps, dry mouth, weight increase.

### Goat’s Rue
Suggested dosaging: 1 to 2 mL of tincture 2 to 3 times a day or pills - 1400 mg divided in 2 doses (700mg twice a day). If mother has diabetes or suffers for hypoglycemia, she should consult her doctor before starting taking Goat’s Rue supplement.

### Reglan
Metoclopramide is a commonly used drug in United States. Reglan is not as effective as Domperidone. Side effects: decrease in energy levels, diarrhea, headache, drowsiness, restlessness, insomnia, increase in depression and anxiety symptoms.

### Blessed Thistle
Blessed Thistle Dose: Up to 2g, in capsule form, daily. There are reports that consuming more than 6g a day can cause vomiting.
HOW TO GRADUALLY REDUCE SUPPLEMENTATION?

When baby is finally back at the breast and mother still works on increasing her milk supply, slow reduction of supplemental milk can encourage more enthusiastic and efficient breastfeeding. We have to be careful not to reduce too much, as that can make the baby too hungry and too frustrated to feed actively.

<table>
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<th>50mL</th>
<th>10mL</th>
<th>7 days</th>
<th>125g</th>
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<td>Reduce the amount of supplement by 50mL. Every 24-48 hours</td>
<td>Reduce in 5 feeds per day at 10mL per feed rather than all at once</td>
<td>Continue reducing supplement for 7 days</td>
<td>After a week, check infant's weight. An increase of at least 125g (in first 4 months of life) is a green light to continue Decreasing the supplementation</td>
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If infant doesn’t show increase in weight gain above 125g, keep the same amount of supplement for another week and check weight again to see if it increased.

If after another week infant still appears hungry and has not gained appropriate weight, increase the supplement by 10mL per feed, max 50mL a day and continue the cycle.
MANAGING THE EXPECTATIONS
Breastfeeding is more than just breastmilk. What if the mother can’t produce a full milk supply or no supply at all?

<table>
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<th>1 tsp a day</th>
<th>Bonding</th>
<th>Oral development</th>
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<td>- According to the Iowa Extension Service, every teaspoon of breastmilk has 3,000,000 germ killing cells in it; so if a baby gets even one tsp. a day, it is very valuable!</td>
<td>- Closeness and intimacy of breastfeeding that is so important for both mom and baby cannot be underestimated</td>
<td>- Breastfed babies have a better chance of dental health because of the effects of breastfeeding on the development of the oral cavity and airway. With fewer malocclusions, these children may have a reduced need for orthodontic intervention</td>
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EMOTIONAL SUPPORT

• We need to remind our patients to be **KIND TO THEMSELVES**.

• Relactation is not easy and it’s a process far from providing an instant gratification. Mothers will spend **many days and many hours seeing no effect of their hard work whatsoever** and it will be so easy to give up.

• If they reach out to you in a crisis, **remind them the reasons WHY they decided to take on that journey**. Write affirmations together that she could read on another crisis day.

• Remind the mother **to never to give up on a bad day!**
EMOTIONAL SUPPORT

If it starts feeling like too much and the mom you work with feels like quitting – please remind her that it **DOES NOT, in any way, make her a bad mother!** That her worth as a mother is not measured in ounces of breastmilk she is able to produce.

Let her know that **only SHE knows what’s best for her baby.** If she can’t stimulate a milk supply or she feels like she is attached to the pump 24/7 and it’s stripping her from all the joy of having a baby/toddler…..

….**PLEASE** let her know that the right thing is simply keeping your baby healthy and providing her with nutrition she needs, whether it’s breastmilk, formula or solids when older.
NOW LET’S HEAR FROM OUR HEROES!

Je’miere Colbert and Nichelle Clark
Hey friends, let’s talk!
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