

## Breastfeeding Your Adopted Baby or Baby Born by Surrogate

So, you would like to breastfeed your baby, born via surrogate or adoption? Wonderful! Not only is it possible, it is fairly easy and chances are you will produce a significant amount of milk. It is different, though, than breastfeeding a baby with whom you have been pregnant for many months. With some determination and perseverance, you will enjoy the wonderful bond that breastfeeding brings and both you and baby will benefit from this experience.

### Breastfeeding and breastmilk

There are really two issues in breastfeeding such a baby. One is getting your baby to breastfeed. The other is producing breastmilk. It is important to set your expectations at a reasonable level. Since there is more to breastfeeding than breastmilk, many mothers are happy to be able to breastfeed without expecting to produce all the milk the baby will need. It is the special relationship, the special closeness, and the biological attachment of breastfeeding that many mothers are looking for. As one adopting mother said, "I want to breastfeed. If the baby also gets breastmilk, that's great".

### Getting the baby to take the breast

Although many people do not believe that the early introduction of bottles may interfere with breastfeeding, the early introduction of artificial nipples can indeed interfere. The sooner you can get the baby to the breast after he is born, the better. However, babies need flow from the breast in order to stay latched on and continue sucking, especially if they have gotten used to getting flow from a bottle or another method of feeding (cup, finger feeding). So, what can you do?

1. Speak with the staff at the hospital where the baby will be born and let the head breastfeed and lactation consultant know you plan to breastfeed the baby. They should be willing to accommodate your desire to have the baby fed by cup or finger feeding, *if you cannot have the baby to feed immediately after his birth*. In fact, more and more frequently, arrangements have been made where You, the biological mother or, in the case of adoption, You, the adoptive mother, is present at the birth of the baby and takes the baby immediately to breastfeed. The earlier you start the better.
2. Keeping your new baby skin to skin with you, you naked from the waist up and baby naked except for the diaper, is critically important at this time. It helps to establish the necessary exchange of sensory information between you and your baby and helps to establish many physiologic processes: maintenance of baby's blood sugars, heart rate, breathing rate, oxygen saturation, and the same bacterial colonization as you. Furthermore, it helps baby to establish this new habitat as his own habitat and helps to encourage him to breastfeed while helping you to make milk.
3. Some surrogate carriers (or, in the case of adoption, biological mothers) are willing to breastfeed the baby for the first few days. With adoption, there is some concern expressed by social workers and others that this will result in the biological mothers' changing her mind. This is possible, and you may not wish to take that risk. With surrogacy, this may set up some unexpected feeling of resentment and remorse between the surrogate and the biological mother. However, this has been done, and it allows the baby to breastfeed, get colostrum, and not receive artificial feedings at first.
4. Latching on well is even more important when the mother does not have a full milk supply as when she does. A good latch means painless feedings. A good latch means the baby will get more of your milk, whether your milk supply is abundant or minimal. (See handout: *When Latching*).
5. If the baby does need to be supplemented, this should be done with a lactation aid with the supplement being given *while the baby is breastfeeding* (Handout *Lactation Aid*). Babies learn to breastfeed by breastfeeding, not cup feeding, finger feeding, or bottle feeding. Of course, you can use your previously-expressed milk to supplement. And if you can manage to get it, banked breastmilk is the second best supplement after your own milk. With a lactation aid, the baby is still *breastfeeding* even while being supplemented; after all, isn't *breastfeeding* what you wanted

for your baby?

6. If you are having trouble getting the baby to take the breast, come to the clinic as soon as possible for help.

### Producing Breastmilk

As soon as a baby is in sight, contact a breastfeeding clinic and start getting your milk supply ready. Please understand that you may *never* produce a full supply for your baby, though you may. You should not be discouraged by what you may be pumping before the baby is born, because a pump is never as good at extracting milk as a baby who is sucking well and well latched on. The main purpose of pumping before the baby is born is to draw milk out of your breast so that you will produce yet more milk, not to build up a reserve of milk before the baby is born, though this is good if you can do it.

- A. Taking Hormones**—Oestrogen and Progesterone. If you know far enough in advance, say at least 3 or 4 months, treatment with a combination of oestrogen and progesterone (similar to the birth control pill, but without a break, or oestrogen patches on the breast plus oral progesterone) plus domperidone will simulate the hormonal milieu of pregnancy somewhat and may allow you to produce more milk. Get information about this protocol from the clinic and see the Newman-Goldfarb Protocols for Induced Lactation at [www.asklenore.info](http://www.asklenore.info) )
- B. Pumping.** If you can manage it, rent an electric pump with a double setup. Pumping both breasts at the same time takes half the time, obviously, and also results in better milk production. Start pumping when you stop the birth control pill. Do what is possible. If twice a day is possible at first, do it twice a day. If once a day during the week, but 6 times during the weekend can be done, fine. Partners can help with nipple stimulation as well (See handout *Expressing Milk*)
- C. Domperidone.** Handout *Domperidone, Getting Started and Domperidone, Stopping*). This drug can help you produce more milk. It is not necessary for you to use it in order to breastfeed an adopted baby, but it will help you develop a more abundant milk supply faster. There is no such thing as a 100% safe drug. If you do decide to take it, the starting dose is 30 mg three times a day, but we have gone as high as 40 mg 4 times a day. Check the handout for more information. Ask at the clinic. Using pumping and domperidone, most adopting mothers have started to produce drops of milk after two to four weeks.

### But will I produce all the milk the baby needs?

Maybe, maybe not. If you do not, breastfeed your baby anyhow, and allow yourself and him to enjoy the special relationship that it brings. In any case, some breastmilk is better than none.

**Please note:** If you decide to take the medications (the hormones and/or the domperidone), your family doctor must be aware of what you are taking and why. It is best to have a physical and have your blood pressure checked before starting the protocols. Significant side effects have been rare, but that does not mean they cannot happen. Your doctor needs to be following you, and once the baby is with you, your baby's doctor needs to know that you are breastfeeding him and needs to follow the baby's progress just as s/he would any other baby.

**Questions?** Email Jack Newman at [drjacknewman@sympatico.ca](mailto:drjacknewman@sympatico.ca), or Edith Kernerman at [breastfeeding@sympatico.ca](mailto:breastfeeding@sympatico.ca) or consult: Dr. Jack Newman's Guide to Breastfeeding (called *The Ultimate Breastfeeding Book of Answers* in the USA) or our DVD, *Dr. Jack Newman's Visual Guide to Breastfeeding*; or *The Latch Book and Other Keys to Breastfeeding Success*; or *L-eat Latch & Transfer Tool*, or the *GamePlan for Protecting and Supporting Breastfeeding in the First 24 Hours of Life and Beyond*. See our website at [www.drjacknewman.com](http://www.drjacknewman.com). To make an appointment email [breastfeeding@ccnm.edu](mailto:breastfeeding@ccnm.edu) and respond to the auto reply or call 416-498-0002.

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