

Relactation – Restarting breastfeeding after a gap

What is relactation?

Relactation is the process by which a woman can resume breastfeeding after a gap. She may have not breastfed for several days, weeks, months or years.

Who would do it?

You might have stopped breastfeeding earlier than you wanted or you may have changed your mind.

Your baby might have been weaned from the breast, but since developed an intolerance to formula.

You might have been separated from your baby or your baby might have been ill.

You may have adopted a baby and want to re-start your milk supply in order to breastfeed him/her. A woman could also breastfeed an adopted baby if she has never breastfed previously or has never been pregnant – this is called 'induced lactation'.

You may want to help a sick friend or relative by breastfeeding her baby.

What are the benefits?

Remember – breastfeeding is not just about the milk but carries a huge number of emotional benefits. In addition, any breast milk given to the baby will have numerous positive health benefits, even if it is with mixed feeding alongside formula.

How is it possible?

Nature is a very clever thing. Breast stimulation alone sends important hormonal signals to switch milk production back on. It is a common misconception that once a woman's milk has 'dried up' she is no longer able to breastfeed. But this needn't be the case, in fact, some grandmothers have been known to relactate in order to feed their grandchildren.

How do you do it?

Learning the basics of breastfeeding is a great place to start. Breastfeeding works on a supply and demand basis, so the more the baby feeds and the breast is stimulated, the more milk the mother produces.

Learn how to recognise if your baby is getting enough milk. Is he producing six wet nappies in 24 hours and if under five weeks, is he pooing three or more times a day? Is he gaining weight?

If the baby will latch onto the breast:

Try to put the baby to the breast as often as possible (every 2-3 hours at least). Even before any milk is being produced, nipple stimulation will release the hormone prolactin which encourages the growth of breast tissue.

Learn how to recognise a good latch. A baby that latches on effectively will stimulate your supply in a way that a baby latching on poorly won't. Has the baby got a nice wide open mouth? Is it pain free? If breastfeeding feels uncomfortable, do get support.

Ways of stimulating your milk supply whether or not the baby will latch on:

Even if the baby isn't feeding, have skin-to-skin time. Keep the baby on or close to your body as much as possible. This will stimulate the release of hormones needed for milk production and encourage the baby to feed. You could try wearing the baby in a sling. You can bottle feed skin-to-skin and near the breast.

Use a pump or hand express for 10-15 minutes on each breast several times a day. Ideally, at least eight times in 24 hours. Don't worry about how much (or little!) milk you are able to express. The nipple stimulation itself will be stimulating your body to produce more milk for the future.

Some mums choose to hire hospital-grade double electric breast pumps but this may not be necessary. If you are pumping frequently, remember that you don't need to wash and sterilise the pump each time. You can store the pump in the fridge in a plastic bag between sessions and just wash it thoroughly once a day.

You may get milk immediately, but if you don't ... don't give up! The volume of milk will increase when the baby starts to feed directly from the breast and as time goes by. It may only take some women a few days to develop their supply. Others pump for several weeks before they see a significant increase in their supply. Everyone responds differently to the process of relactation so it's very difficult to give a definite timeframe.

If a baby will latch, you could also express directly after and /or between feedings. Expressing when the breast is emptier sends particularly valuable signals to the breasts to produce more milk. You may be able to find some time in the day when you 'cluster pump' and pump for ten minutes, break for 5, pump for another ten and repeat that a few times. Pumping should be pain-free.

If your baby is happy to latch on and stay on the breast, it may not be necessary for you to pump at all.

Try not to go too many hours without removing milk from your breasts. Any night feedings will encourage your milk supply, so don't worry too much about a baby sleeping 'through the night'.

Some mums choose to take herbs or even medication (called 'galactagogues') to stimulate the hormones that govern their milk supply. This isn't right for everyone but it's

something you could ask your healthcare provider more about. See the further information section at the bottom of the page.

Continuing to feed other kinds of milk

It is likely that while you are building up your milk supply and getting the baby used to feeding at the breast, you will also be feeding the baby formula (or donor milk). If you are using a bottle, you may want to consider using a technique called 'baby-led bottlefeeding' (sometimes known as 'paced bottlefeeding') which may help your baby transition to the breast. This slows the flow down and requires your baby to work a little harder.

Sometimes supplements can be given via cup or syringe so that a baby's desire to suck can be met by the breast entirely. Syringe-feeding or cup-feeding is something parents usually need to be taught.

Helping the baby to accept the breast

The baby may become frustrated by feeding from an empty breast at first, so you could try hand expressing enough (or pumping just for a moment) to trigger milk flow before putting the baby to the breast.

You want the baby to associate pleasure with being at the breast, so anything you can do to avoid making breastfeeding a battle ground will be useful. It's better not to 'force' the baby into a breastfeeding position but to enjoy time skin-to-skin and present opportunities gently. You could hand express some drips of milk or trickle milk into baby's mouth.

A baby may prefer to breastfeed when they are not desperately hungry or at certain times of day. Especially when your baby is younger, spending time holding the baby tummy-down on your semi-reclined body will trigger innate feeding behaviour.

You could consider the use of a nursing supplementer. This delivers milk from a bottle through a fine plastic tube which enters the baby's mouth along with your nipple. This may help to stop any frustration the baby might show at the breast and will ensure that your breasts are stimulated to further produce milk.

A baby that is very accustomed to the bottle may accept the breast using a nipple shield but this is best done with the support of a breastfeeding counsellor or lactation consultant.

Things to consider:

Why did you stop breastfeeding in the first place? You might want to consider talking with a breastfeeding counsellor, lactation consultant or peer supporter before embarking on your journey to give it another go.

Be prepared to notice a difference to your own body. There may be a change in to your

menstrual pattern as the baby nursing will affect your ovulation. Your breast may physically change in appearance too, the areola may be darker or the breast may be tender or feel full. Due to the hormone changes, you may feel emotionally different. Support is a great help if you are feeling any of these feelings but it is normally a sign that your body is starting to produce milk again.

Remember that if your baby will latch but you are not able to return to a full milk supply, they will still receive important benefits. And if you work hard to increase your supply but your baby is reluctant to latch, they can receive this expressed milk. That is still a valuable achievement.

Relactation may be difficult and time consuming at times, but it IS possible. With the right support, information and dedication, relactation works for women every day and produces happy and valuable results. Confidence and self-belief will help you on your journey.

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