

*local wealth for local health*

Most adoptive parents know that breastmilk is the optimal infant nutrition and are interested to learn that their adopted child can be provided with breastmilk, through induced lactation and/or donor milk.

## **Adoptive Breastfeeding Resources**

Breastfeeding an adopted child is a wonderful way to promote attachment while also providing the benefit of human milk. ANY amount of breastmilk is beneficial – it offers one million white blood cells of immunity protection *per teaspoon* and countless beneficial bacteria to colonize and protect the infant gut. While inducing lactation requires a lot of commitment, education and support, many women have found the effort worth the numerous benefits of breastfeeding – nutritive and non-nutritive – for both mother and child.

Suggested reading:

### **Adoptive Breastfeeding Resource Website**

<http://www.fourfriends.com/abrw/index.html>

### **Breastfeeding Without Birthing by Alyssa Schnell (website and book)**

<http://www.breastfeedingwithoutbirthing.com/>

### **Webinar by Alyssa Schnell on basics of inducing lactation:**

<https://drive.google.com/file/d/0B4xyksHshNRBcIBUUV9fZUtQT1U/view>

### **Academy of Breastfeeding Medicine: Induced lactation protocol**

<http://www.bfmed.org/Media/Files/Protocols/Protocol%209%20-%20English%201st%20Rev.%20Jan%202011.pdf>

### ***Mental health, attachment and breastfeeding: implications for***

***adopted children and their mothers***, Karleen D Gribble, International Breastfeed Journal. 2006; 1: 5.

<http://www.internationalbreastfeedingjournal.com/content/pdf/1746-4358-1-5.pdf>

### **Dr. Jack Newman's adoptive breastfeeding handout**

<http://ibconline.ca/information-sheets/breastfeeding-your-adopted-or-surrogate-born-baby/>

### **Kellymom.com - Induced lactation resource list**

<http://kellymom.com/ages/adopt-relactate/relactation-resources/#linksadopt>

### ***Local lactation consultants and physicians who have assisted mothers with induced lactation:***

Adria Cannon, IBCLC, (608) 698-0182 <http://madisonbreastfeedinghelp.com/>

Helpful professionals:

**Karen Liang**, IBCLC, (608) 884-4863 [klaing@birthwaysinc.com](mailto:klaing@birthwaysinc.com)

**Dr. Anne Eglash**, MD, IBCLC [UW Health, Mount Horeb](#) (founding member of the ABM – above)

**Dr. Jill Mallory**, MD, IBCLC [Wildwood Clinic](#) (takes most other insurance, except UW Health and GHC)

**Rachel Pugh** (920) 918-8239 [shebirth@live.com](mailto:shebirth@live.com) La Leche League Leader who specializes in adoptive breastfeeding here in WI. (She lives in Sheboygan). Good resource to contact on how to begin, can provide support and information.

**Mothers' Milk Alliance, Inc.** [www.mothersmilkalliance.org](http://www.mothersmilkalliance.org)

While adoptive mothers can produce a significant amount of milk via induced lactation, and providing any amount of your own breastmilk is better than none, most will need to supplement to meet their infants' full nutritional needs. When an adoptive mother's (or the birth mother's) milk is not sufficient or available, Mothers' Milk Alliance (MMA) is dedicated to providing milk (as available) for babies up to six months old.

Some parents are not familiar with the concept of milk-sharing. While there is never a guarantee of a completely safe method of feeding, this article may help provide better understanding of risks inherent in each feeding method.

*Milk sharing and formula feeding: Infant feeding risks in comparative perspective*  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3395287/>

A few things you should know about donor milk from MMA:

- Donor milk is free and available on a first come, first served basis. Youngest or sickest infants are prioritized. Our freezers go through milk quickly and supply and demand are hard to predict.
- MMA will be unable to provide 100% of your child's nutrition. We suggest exploring complementary sources of mother's milk through social, work and community circles. We have seen outpourings of willing donors and freezers full of unused milk, when personal connections are appealed to this way. MMA is always happy to help facilitate direct exchanges through health screenings and the use of MMA documents.
- Normal breastmilk varies in color, consistency and odor. Breastmilk can range from bright yellow to pale blue in color, depending on the mother's diet, time of day milk is pumped, and individual differences.
- Recent research has shown significant loss of vitamin C during during milk storage, and bottle systems can affect the ascorbic acid level. When an infant receives all his or her nutrition from expressed, stored milk, we recommend supplementing your infant with dye- and additive-free vitamin C drops. We support standard recommendations for vitamin D3 supplementation as well.
- MMA milk is NOT pasteurized. Please see the MMA Documents page for easy, evidence-based instructions in stove-top flash-heat pasteurization for breastmilk.
- If you become an ongoing MMA recipient, please consider making a tax deductible monetary contribution to MMA in proportion to lab costs for multiple donors or the amount you would be spending on formula.