

Worries over formula shortages have stirred interest in re-lactation. Here's what to know.

By **Kimberly Seals Allers**

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Just as people have been panic-buying more toilet paper, bread and meat than they need, infant formula has been flying off retailers' shelves since the novel coronavirus began spreading around the world earlier this year. Now, it seems, anxiety about limited shelf supply of infant formula has sparked an increased interest in re-lactation — when a birth parent resumes production of breast milk after stopping.

Search terms such as “re-lactation tips” and “how to boost milk supply” have spiked on Google Trends. Books on re-lactation have climbed retailers' bestseller lists.

Parents who may have been relying on formula as a backup are now looking to boost their own milk production to meet their babies' needs as the formula industry struggles with supply-chain issues.

“No one considers the risk of formula feeding in times of extreme hardship like a pandemic such as we are in now. Some families are panicking to find formula, other families are stressed because they can’t find bottled water to prepare the formula they have,” says TaNefer Lumukanda Camara, an international board certified lactation consultant (IBCLC) based in Oakland, Calif. “Breast-feeding is the best emergency preparedness plan there is — for an infant it can be life saving in times of hardship, war, famine or natural disasters.”

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Lactation consultants and breast-feeding organizations say phone lines and emails are being flooded with re-lactation questions and that Facebook groups dedicated to re-lactation are seeing an increase in members as women try to resume breast-feeding their babies in the middle of the pandemic. Some are looking to exclusively breast-feed, while others are just hoping to pump enough to store as a backup to formula feeding, they say.

“We have seen an explosion of interest, both in the specialized Facebook group ‘to induce lactation or re-lactate’ as well as from those seeking support from La Leche League leaders,” says Rebecca McCormick, president of La Leche League USA.

It's not just mothers of infants looking to re-lactate. Tommara Grice, a parent advocate and community organizer in Detroit, is concerned about her 2-year old's cow's milk sensitivity. "I usually buy other milks at the higher end, organic food stores, but those stores are also facing shelf supply issues," says Grice, a mother of four, who says she is actively researching and looking for resources to re-lactate.

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"I'm really unsure about the times we are living in. I just want to do whatever I can control, to help my children," Grice says.

According to lactation consultants, even mothers who have had a long gap since breast-feeding may be able to re-initiate their milk supply.

Alyssa Schnell of St. Louis adopted a child 5½ years after her last biological birth and was able to regain full milk supply. Schnell, an IBCLC, is the author of "Breast-feeding Without Birthing," and through her practice works primarily with adoptive, surrogate and other non-birthing parents who want to lactate.

"I tell people, if I can help someone who's never given birth bring in milk, then there's hope for anyone," Schnell says. "But it will take commitment, time and effort."

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While the time commitment involved has deterred many from attempting re-lactating in the past, the pandemic has forced people to stay home and given them what lactation consultants say is the greatest asset in a re-lactation plan: time.

However, even with earnest effort, re-lactation may not be possible for everyone, particularly if there were underlying medical issues with lactation. “Someone with insufficient glandular tissue, for example, or hormonal issues that affect milk production may have more difficulty with re-lactation. Also if you’ve had breast surgeries and were never able to build an adequate milk supply it may be harder to establish,” says Camara, who advises parents on all infant feeding options in her practice.

Otherwise, Schnell says, someone who has stopped breast-feeding in the past three to six months may see results within two weeks, but that will require hand massage and pumping for 15-20 minutes eight times a day.

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Drugs help, but moms in the U.S. have limited pharmaceutical options to help them re-lactate since the main lactation drug, domperidone, which is widely used in Europe, is not approved by the Food and Drug Administration. In the past, some parents have bypassed this by using international online pharmacies, but Schnell says many are not shipping during the pandemic. That leaves mothers with a drug called Reglan, which is FDA approved but has concerning side effects — including severe depression, anxiety and involuntary muscle spasms — that do not necessarily go away once the drug is discontinued.

Without trusted pharmaceuticals, lactation consultants often recommend a group of herbal galactagogues — substances that increase production of breast milk — but advise using them only after a consultation with a lactation professional. Schnell recommends the herbs fenugreek and moringa, and creates custom combinations for clients. “Some herbal galactagogues may not be suitable for all women based on previous health conditions like diabetes or thyroid issues,” notes Camara, emphasizing the need for professional advisement.

If you are considering re-lactation, here’s how to start:

Get handsy. If it's been just a few months since you stopped breast-feeding, Schnell suggests watching a few videos on breast massage and hand expression and doing it, after thoroughly washing your hands, three or four times a day. "Even if you get a few droplets, that shows your body is still producing milk and that's a great start." says Schnell, noting that hand expression is more efficient than a breast pump so even if you are not getting anything out with a pump, try hand expression.

Be prepared to commit. The re-lactation process is simple but not easy. It will require, at least, pumping for 15-20 minutes, up to eight times a day, for at least three to four weeks. It could take several months to achieve enough milk for exclusive breast-feeding. Educate yourself using resources from [La Leche League](#) and [KellyMom](#).

Consider the cost. The type of quality breast pump needed to re-lactate costs at least \$100. Then there's the time and potential emotional toll. "We can't guarantee results. I always explain to mothers that re-lactation is a bit of an experiment." says Lucy Ruddle, who re-lactated to exclusive breast-feeding in eight weeks with no drugs but used fenugreek. She runs a popular re-lactation [Facebook group](#) in Britain that has seen a recent spike in membership.

“The time commitment involved makes it inherently risky for moms who are already feeling vulnerable and carrying a sense of guilt or failure about their previous breast-feeding experience,” says Ruddle, who also wrote a book on re-lactation.

Get a lactation professional. Find an IBCLC or other lactation consultant. Use the La Leche League leader locator to find local support. Women of color looking for a lactation professional of color can use the directory of the National Association of Professional and Peer Lactation Supporters of Color or access a national database of support groups.

Don’t forget WIC. “WIC offices are arranging for remote appointments to ensure continued access to WIC’s breast-feeding support — including IBCLCs and peer counselor services,” says Brian Dittmeier, senior public policy counsel at the National WIC Association, the advocacy arm of the USDA’s Supplemental Nutrition Program for Women, Infant and Children also known as WIC. According to the most recent data, 56 percent of all U.S. infants are eligible for WIC benefits.

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Get ongoing support. La Leche League has an Inducing Lactation & Relactation Facebook group and Camara hosts the Midnight Milk Club, a private late night breast-feeding and infant feeding support group.

Think beyond your own breasts. “It’s an important time to open our minds to informal milk sharing with friends and family that we know well,” says Schnell. “Milk sharing used to be something we practiced, even breast-feeding each others’ babies when necessary. This is a connection we lost as formula became more prevalent,” notes Camara, who adds milk sharing should be encouraged with caution and to be sure to know the health status of the donor, including if they are on medication and what their diet is in case the baby has any allergies.

Kimberly Seals Allers is a journalist and author of five books who writes about motherhood and the intersection of race, class and policy. She is the founder of IRTH, a soon-to-be-launched app to capture and address experiences of bias in maternity and infant health care. Follow [@iamKSealsAllers](#) and [@theIrthApp](#) to learn more.

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