NEWMAN-GOLDFARB PROTOCOLS FOR INDUCED LACTATION

The Protocols for Inducing Lactation and Maximizing Milk Production:

The Regular Protocol
Suitable for intended mothers expecting a baby via surrogacy or adoptive mothers with a long lead time. Most of the women who have followed this protocol were able to meet most if not all of their baby's breastmilk needs and sustain until weaning.

1. Six months (the longer the better, if the mother can start as soon as she knows a baby is on the way it would be great) before the baby is due, take an "active" birth control pill each day + 10 mg domperidone 4 times per day for 1 week. Then increase the dosage to 20 mg 4 times per day. The breasts will swell. This is normal. The birth control pill actually suppresses milk supply mimicking what happens during pregnancy. No pumping or herbs please until 6 weeks before the baby is due. Pumping before the breasts are ready is not a good idea.

2. Five months before the baby is due, take an "active" birth control pill each day + maintain the domperidone dosage at 20 mg 4 times per day. The milk supply will still be suppressed. Still no pumping or herbs.

3. Four months before the baby is due take an "active" birth control pill each day + maintain the domperidone dosage of 20 mg 4 times per day. Do not exceed this dosage. The milk supply will still be suppressed.

4. 6 weeks before the baby is due, stop the birth control pill and continue the domperidone dosage of 20 mg 4 times a day. The mother should experience vaginal bleeding. This is normal withdrawal bleeding. If the mother does not experience withdrawal bleeding and is fertile, it is recommended that she be examined for potential pregnancy.

Over the next two weeks, start pumping as follows:
* Pump for 5-7 minutes on the low or medium setting
* Massage, Stroke, Shake (see pumping instructions)
* Pump for 5-7 minutes

It is suggested that the mother pump every three hours. Note: Stopping the birth control pill while maintaining the domperidone and then pumping, should cause a rapid decrease in the mother's serum progesterone level while causing an increase in the mother's serum prolactin level. This process attempts to mimic what happens after a normal pregnancy and birth. This should cause the mother's milk supply to come in.

5. One month before the baby is due, the mother should continue the domperidone dosage of 20 mg four times a day. Pump as above and at least once during the night. A mother's serum prolactin levels naturally rise between 1 am and 5 am. Pumping during the night takes advantage of this natural occurrence. Additionally research has shown that frequency of breast emptying is more influential on milk supply than duration of breast emptying. The more often the mother pumps, the more milk she can store, and the better her supply will be.

Once the mother has started pumping, she can add the herbs Blessed Thistle herb (390 mg per capsule) and Fenugreek seed (610 mg per capsule). Take 3 capsules of each 3 times a day with your meals. She should take her domperidone 1/2 hour before meals for best absorption. She should try to eat oatmeal for breakfast at least 3 times a week. Many mothers on the protocols have noticed a significant increase in their milk supplies when they began to add oatmeal to their diets regularly. Fluids are very important as well. The human body naturally consumes and excretes the equivalent of 8 - 10 glasses of water per day. We recommend that mothers drink at least 6 - 8 glasses of water a day if possible. Usually if mothers drink water when they are thirsty during the day, adequate fluid intake is achieved. Beverages containing caffeine should be avoided as they cause rapid excretion of fluids.
The arrival of the milk supply while pumping, follows a particular pattern. It begins with clear drops which become more opaque and whiter in color. Drops will appear, followed by milk spray, and then a steady stream of breastmilk. It may take a few days, a week, or two, or more for the mother's milk supply to come in. Everyone responds differently.

6. Once the baby arrives, the mother should continue the domperidone dosage of 20 mg 4 times per day and continue until either she achieves a substantial milk supply or is ready to wean her baby off the breast. The mother should put her baby to her breast as soon as possible, in the delivery room if she can. She should feed her baby "on demand" as often as possible. It should be emphasized to the mother that the pumping schedule outlined for these protocols represents the bare minimum needed to establish a milk supply and that a newborn typically breastfeeds 10-16 times per 24 hours.

While the mother's milk supply is still building, it is advisable for her to pump for 10 minutes after each feeding. This will help to increase her milk supply, until it is well established. The mother should maintain the herbs fenugreek and blessed thistle and continue until her milk supply is well established and throughout the entire time she is breastfeeding if necessary. Once the mother's milk supply is well established it might be possible for her to slowly decrease the domperidone and even eliminate it completely. See the section on "stopping the domperidone".

SOURCE:
www.asklenore.info/breastfeeding/induced_lactation/regular_protocol.html