



Your Breastfeeding Journey: Induced and Co-Lactation Feeding

A person does not need to give birth to be able to breastfeed, chestfeed or lactate. This decision can be made as a family, along with who will participate.

Induced Lactation

With medical supervision, you can consider inducing lactation to produce your own milk. This provides a beautiful way to bond with your baby and enjoy the many benefits of breastfeeding or lactating. Induced lactation is an intense workload and may not always produce the desired milk supply.

Co-lactation

Some parents may have an established milk supply while their partner gives birth to their next child. They may also want to feed the baby at the breast or chest, or with their milk.

Families inducing lactation are encouraged to seek education and support from a lactation specialist prior to birth. Both parents need to understand how to protect each other's milk supply along with a plan to dedicate time to induce and maintain milk supply.

Benefits of Induced and Co-lactation:

- More time skin-to-skin bonding
- Increased milk supply for baby
- A shared responsibility for both parents
- Additional support throughout breastfeeding/chestfeeding

Tips for Success:

- When available, prioritize colostrum feeding with the gestational parent.
- Support milk production. Lactating parents are encouraged to maintain a milk supply by feeding or expressing milk 6-8 times a day.
- Take turns latching or make your own plans for who will latch with baby and who will express milk.
- Monitor your baby's intake, output and weight gain.
- Both parents should be encouraged to provide skin to skin care.
- The non-gestational parent may consider supporting breastfeeding or chestfeeding with a supplemental nursing system.

Recommendations for Families Who are Inducing Lactation or Co-lactating:

- Determine breastfeeding or chestfeeding expectations and goals
- Plan for who will do skin-to-skin at birth, who will feed and when, and how will multiple milk supplies be maintained
- Know that co-lactation is unlikely to decrease the "workload" for the gestational parent
- Work with a breastfeeding and lactation medicine provider, before birth, to help navigate inducing lactation for the non-gestational parent
- Follow all safety precautions to reduce risk of infection exposure to your baby

It is strongly encouraged that the non-gestational parent receive testing for the following transmissible infections (HIV, syphilis, hepatitis B and C) prior to delivery. These lab results are routinely recommended for prenatal care and will guide pregnancy and lactation management. They should be drawn for each parent who plans to provide breast milk. Not having these labs on hand can be one barrier for staff at hospitals to support a co-lactation plan.



**We Are Here For You,
Every Step of the Way**

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