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## Review of experience and recommendations for practice



DEPARTMENT OF CHILD

**WORLD HEALTH ORGANIZATION**



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# **RELACTATION**

## **A review of experience and recommendations for practice**

DEPARTMENT OF CHILD AND ADOLESCENT  
HEALTH AND DEVELOPMENT



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## RELACTATION

### A review of experience and recommendations for practice

#### 1. Introduction

WHO recommends exclusive breastfeeding for at least the first 4 and if possible the first 6 months of an infant's life, and continued breastfeeding with adequate complementary food for up to two years of age or more. Yet many infants stop breastfeeding in the first few weeks or months and, as a result, are at increased risk of illness, malnutrition and death.

Breastfeeding can however be re-established. A woman who has stopped breastfeeding her child, recently or in the past, can resume the production of breastmilk for her own or an adopted infant, even without a further pregnancy. This potentially life-saving measure is called *relactation*. Many women who relactate can produce enough milk to breastfeed an infant exclusively. A woman who has never been pregnant can also establish lactation, although the amount of milk produced is less often adequate for exclusive breastfeeding. This is called *induced lactation*<sup>1</sup>(1).

In the past relactation and induced lactation were considered exceptional experiences and were not well researched. However, there are now sufficient reports to show that most women can relactate if they are motivated and have adequate information and support. Effective techniques have been learned empirically and enough is known to provide practical guidelines to enable mothers to relactate. It is the purpose of this review to make relevant information available to health workers caring for women and children who may be in need of such help.

#### 2. Prevention of the need for relactation

When mothers receive good support from health services and from the community to enable them to breastfeed optimally from the time of birth, relactation should rarely be necessary. If the need arises frequently, it indicates that routine support for breastfeeding should be improved. The first priority is to ensure that maternity and child care services in health facilities and in the community provide mothers with the help that they need to initiate, establish, and sustain breastfeeding.

#### Footnote

<sup>1</sup>The terms *relactation* and *induced lactation* are not used consistently in the literature. Some authors call lactation "induced" when a woman who previously breastfed her own infant, breastfeeds an adopted infant or grandchild. However, in this review the term *relactation* is used if the woman has at any time given birth to a child, whether or not she has borne the child whom she is breastfeeding, and whatever the interval since her last pregnancy.

WHO and UNICEF promote supportive practices through the Baby Friendly Hospital Initiative, which introduces the Ten Steps to Successful Breastfeeding in maternities (86); through training of health workers in Breastfeeding Counselling (11); and through the Integrated Management of Childhood Illness initiative (87). Every encounter of a mother and infant with a health worker throughout at least the first year, whether for immunisation, growth monitoring, treatment of illness, or family planning, should include a basic assessment of breastfeeding. If breastfeeding is going well, positive encouragement should be given, but if practices differ widely from WHO recommendations, if the infant is not thriving, or if there is any other difficulty, help should be offered. This relatively simple routine could prevent many difficulties, and the need for more time-consuming procedures such as the intensive and continuing support necessary to re-establish breastfeeding after it has stopped.

### 3. Indications for relactation

There will continue to be occasions when routine care has not proved effective, and breastfeeding has been interrupted or mismanaged; or when a woman is unable to breastfeed her infant because she is ill or not available, and her child's health is at risk from inadequate artificial feeding. In these situations, relactation and induced lactation are important options. In addition to knowing how to support breastfeeding, health workers who care for mothers and children should also be familiar with techniques for helping mothers to relactate, so that these can be practised when the need arises.

The need to consider the possibility of relactation or induced lactation may arise in a variety of circumstances:

- *for case management of sick infants*, such as those under 6 months of age with acute or persistent diarrhoea, those who stopped breastfeeding before or during an illness, and those who have been artificially fed but cannot tolerate artificial milks.
- *for infants who were low birth weight*, and who were unable to suckle effectively in the first weeks of life, and who required gavage or cup feeding.

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