pact's point of view
The newsletter for adoptive families with children of color

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Director's Corner

Adoptive Breastfeeding

Pact's Point of View

by Beth Hall

In Summer 2010, Pact's Point of View published a cover article on adoptive breastfeeding [see green box starting on page 1], along with a personal testimonial from one of our staff members [see orange box starting on page 3] about how it can work—and a photograph of an African American infant feeding at the breast of her white adoptive mother. When we invited a frequent presenter at Pact's infant-care workshop to write the article, we were thinking that there was value in reminding/informing the adoption community that breastfeeding is an option for women who have not given birth to their children, something that many of our readers might not know is possible. Editor Michele Rabkin and I—both adoptive mothers who never breastfed—understood that this was an emotionally loaded issue, and we tried to ensure that the article respected the sensitivities of adoptive parents. Nevertheless, the final article and the way we presented it provoked quite a few responses and questions from our readers—some of which we failed to anticipate.

What is perhaps most interesting to me is the unwritten messages that we missed in publishing this article – and doesn't that mimic real life, and the misunderstandings that can so easily spring from well-intentioned conversations about family, and about race? As parents, our words and actions often have consequences we didn't anticipate—and it is up to us to learn from these experiences. So I want to take this opportunity to re-examine Pact's actions and dig deeper into their implications, in order to model self-examination as a means for growth—for Pact, and hopefully our community.

Is breastfeeding better than bottle-feeding?

One of our readers wrote:

> *I felt emotionally impacted (negatively) by this section--- on the one hand, it feels like it's supposed to be giving you permission to not have to do everything right, but on the other hand, it's saying that if you can't breastfeed, you're going to have to mourn that too. Again? You've hopefully already mourned it if you mourned not being a bio-mom, and now you have to mourn it again because you're supposed to try to breastfeed your adoptive baby? I wanted to read, somewhere in the article, and I don't feel like I did: not all adoptive families decide that breastfeeding is an important way to bond with and nurture their child.*

Well said! We regret that the prominent placement of this article, and the sidebar that featured a Pact staff member, may have given readers

Breastfeeding Your Adopted Baby

By Molly Brannigan, MA, IBCLC
Summer 2010

Adoptive mothers usually assume that because they were not pregnant before their child arrived, they won't be able to breastfeed. As a matter of fact, breastfeeding is an option for adoptive mothers—one that a small but growing number of women are exploring.

Why Breastfeed Your Adopted Baby?
Most adoptive mothers who breastfeed do so because breastfeeding is an integral part of their vision of mothering. Others have more specific reasons. Some feel that breastfeeding is a building block for attachment. Some hope that breastfeeding can be a therapeutic experience for babies who have experienced trauma or neglect before their adoption. Other mothers may not intend to breastfeed, but their babies have other ideas, and the moms follow the babies' lead.

For these mothers, breastfeeding their adopted baby is about creating and deepening family relationships through the intimate and nurturing act of nursing. Whatever milk the baby gets is a bonus. It is known that human milk contributes to physical health, but research also shows that babies derive physical and emotional benefits from the act of breastfeeding itself, including reduced levels of cortisol (which reduces physiological and emotional stress), increased levels of oxytocin (which increases feelings of well-being), improved physical development of the eyes, mouth and jaw, and increased eye contact.

Because the breastfeeding relationship offers so many opportunities for building emotional and physical health, a growing number of health organizations, including the American Academy of Pediatrics and the American Academy of Family Physicians, recommend that health professionals support adoptive parents in establishing nursing.

Is It Better For My Baby If I Breastfeed?
Adoptive parents can be particularly susceptible to trying to "make up for" the loss they understand their child has already experienced by having to move from one family (at least) to another, so they put pressure on themselves to do everything "right" or "best." In truth there is no one right way, and no mother should feel defensive about making the choices that works

the impression that Pact was "endorsing" or advocating adoptive breastfeeding. It is not Pact's stance, nor is it my personal belief, that breastfeeding is either better or the only way to attach to an adopted child. We know that there are many voices in the world that say otherwise, holding up breastfeeding as a somehow integral piece of mothering and seeming to undermine the validity of all mother-child relationships that do not include this experience. This is a chorus we have no interest in joining.

In adoption, so much of our vision of parenting has to change if our original image involved bio-children. Each of us must ask ourselves if we are holding onto somewhat-attainable pieces of that vision because we are afraid that adoption is inherently second-best. Might breastfeeding become a goal because it mimics the "ideal" of biologically-based parenthood and minimizes the "difference" of the adoption experience? Just as we must fight heterosexist and racist messages when they imply that the way of the majority is always best, we must also fight adoptism.

Is breastfeeding healthier? Can it be therapeutic for trauma?

There does seem to be evidence that babies are healthier if they drink human milk rather than formula. Of course this does not mean that if they are not fed human milk they are not healthy, just that a large group of human-milk-fed babies were generally healthier than a large group of formula-fed babies. Many adopted babies who are breastfed are not getting human milk and there doesn't seem to be evidence that it is the breast that matters, rather the milk itself.

There is evidence that touch reduces stress, but of course breastfeeding is not the only form of touch that parents can practice with infants. Infant massage and close holding while feeding have been scientifically proven to help infants and babies overcome stress and promote health, including the reduction of cortisol and increasing levels of oxytocin. These methods for keeping babies happy and healthy can be used with or without breastfeeding.
Babies thrive by being nurtured. Not feeding a child when he or she is hungry, not offering comfort when a child is disturbed or distressed, or limiting body contact during feeding, throughout the day, and during stressful parts of the night: these are the things that interfere with long-term child health. In terms of therapeutic impact, "breast or bottle" may be less important than the quality of the interactions that caregiver and child have in a consistent, ongoing way.
Are there any negatives to adoptive breastfeeding?

Adoptive parents who understand the benefits of open adoption for their children are often concerned with preserving what can be a somewhat fragile relationship with their child's birth mother. It is worth noting that many birth parents struggle with the idea of adoptive breastfeeding. Perhaps it is one of the few things that they feel they can hold onto proprietarily, similarly to carrying the child in pregnancy; learning that the adoptive mother is breastfeeding can make them feel as if they are being written out of a relationship with their child. Of course this is not universal, but often pre-adoptive mothers have decided to pursue breastfeeding without input from their child's birth parent, which can be perceived as a form of claiming meant in part to minimize or exclude the significance of the birth parent.

Also, if breastfeeding is seen as the "best" way to promote parent attachment with an adopted child, then "failure" can seem like a recipe for a failed adoption. This is completely unfounded in research or anecdote. Given the already ambiguous attitude of society regarding the legitimacy of the adoptive connection, adoptive parents certainly don't need any new reasons to feel they are not "real" parents or that their connection to their child is not authentic, any more than they need to feel excluded from the possibility of breastfeeding their adopted child if that feels to them like a positive way to support the relationship they are developing.

best for her and her child. Finding the right path for your own family is the key to a happy and stress-free experience.

Not all adoptive mothers find themselves in circumstances that allow them to breastfeed. Inability to nurse their children can be a source of pain or shame for some women. If breastfeeding is not an option for you, you may need to mourn the loss, but hold on to the knowledge that are many, many ways to be a loving, nurturing mother.

Who Can Breastfeed?
Every mother can breastfeed. All mothers interested in nursing can feed and nurture at the breast, with or without the help of a supplementation device. Most women will make some, much, or all of the milk their baby needs. It is not necessary to have a uterus or ovaries to produce breast milk, just breasts, a willing baby and the desire to breastfeed.

Typically, babies under eight weeks old are still wired to breastfeed, and the in-born reflexes and instincts that drive breastfeeding behavior remain active. It is not necessary to "teach" newborns to breastfeed, rather, these babies can be brought to breastfeeding mainly through igniting the neural pathways in their brain that are responsible for breastfeeding actions. Lots of instinctive baby care, plenty of skin-to-skin contact, plenty of opportunities to latch on to the breast, effective positioning at the breast and lots of quiet family time will do the trick for most young babies. Newborns who breastfed in the first days of their lives before adoption generally go to breast fairly easily.

Some babies over eight weeks take readily to breastfeeding. In fact some babies over eight weeks will try to initiate breastfeeding even before Mom gets a chance. Other babies over eight weeks need more help from Mom to figure out breastfeeding. The older the baby is, and the less physical contact they are accustomed to before being adopted, the more help they will need. With effective support and patient attention, many babies up to ten months, especially those who had high quality and affectionate care, can learn to breastfeed over the course of weeks.

Babies over one year can sometimes learn to breastfeed. This typically requires more time and support than helping younger babies, but it is not unheard of for toddlers to begin to breastfeed after adoption. For children over ten months, or children younger than ten months who did not receive a lot of high-touch, loving care, the process of coming to breast can be a long one, as the child will may first need to practice accepting physical and emotional closeness before they are ready to move on breastfeeding. Mothers of these babies may want to keep an open mind, and let trying to breastfeed be their goal, taking time to celebrate any incremental successes.

Building a Milk Supply
Mothers can begin building a milk supply before the arrival of their baby, or may decide to begin after their

Magic!
By Martha Rynberg

I thought adoptive breast feeding was akin to magic. Over the years I had heard about it, like some kind of whispered mythology, far away and mysterious. But, when we were waiting for our second child, I met an adoptive mom who was breast feeding her kiddo right before my eyes. In that moment I was hooked.

I love breast feeding. It suits my parenting style and my values. I love how weird and normal it is at the same time. And I love having a little bit of food on hand no matter where we go.

As a parent who spends a lot of time pondering choices and options, weighing consequences and assessing outcomes, the best part was that it didn't matter how "successful" I was at it—the fact that I was doing it was the success. There was no getting it wrong. There were no expectations to be met. I let it be easy. I didn't worry about milk production or nutrition. A supplemental feeding system worked great for us for months—and when it didn't anymore, we stopped. Even though a pumping regime is highly recommended, when I felt like it wasn't a good match for me (after two weeks!) we took the pump back to the lactation consultant. We got some help on latching technique but mostly, I just enjoyed how lovely it was to connect with my daughter. Nursing makes the world slow way down. There's not much to do but stare at your beautiful baby—and she stares back. That's the real magic.

Martha Rynberg, at twenty months (and counting) of adoptive breastfeeding, is as solo performance artist who has a one-woman show, "Best Feeding." She is also Pact's Transracial Adoption Specialist and LGBT Family Consultant.

What does breastfeeding have to do with race?

We heard from an African American pre-adoptive mother:

> *I write you today to express something I have found disturbing and to hopefully engage in a productive dialogue. I received Pact's Summer/Fall 2010 Newsletter last month. I was eager to see it because you told me to expect the cover article on Breastfeeding Your Adopted Baby, something I myself am interested in trying. The photo on the cover with a white breast with a black child suckling was shocking! I am completely offended by this image. I am well aware that your tireless work includes a dedication to educate and advocate for interracial and transracial adoptions. You also have clients, however, like my husband and I, who are same race adopting. A photo(s) that reflects the diversity of Pact's adoptive parent pool would have been far more inviting, inclusive and appropriate. Why not a photo with many women of diverse backgrounds, with their faces included, holding their adoptive children? I am hopeful this was not your intention, but for me the image excludes our adoption. To me, the racialized image implies that transracial adoption at Pact takes priority over same-race adoption. It is hard for me to believe that you intended such a message to be conveyed. I feel it is important that you know how strongly I feel about this image and hope you find this information helpful.*

I was very grateful for this feedback. While Michele and I had wondered if anyone would be offended by the image of a bare breast on our front cover, it hadn't occurred to us (two white women with adopted children of color) that the racial composition of the image would be disturbing to people of color. As soon as I read the message above, I realized that the photo brought up issues related to race that were not addressed anywhere in the article it accompanied. I was reminded once again how difficult it is for those of us who are white to understand or remember all the ways that people of color have been made invisible in our society.

baby has arrived. Mothers choosing to prepare ahead of time typically take birth control pills for a period of months to simulate the hormone profile of pregnancy, followed by medication and a routine of breast pumping to increase the milk production capacity of the breast tissue. Many of these mothers hope to have a substantial milk supply by the time the baby arrives. There are a number of medication protocols available; the most common one can be found at www.AskLenore.info.

Some mothers wait to start building their milk supply until after the baby has arrived. They build their milk supply by combining lots of feeding at the breast using a supplementer with extra pumping, often with the support of herbs and/or medications.

Mothers breastfeeding adopted babies usually start out feeding pumped breast milk (their own, banked or donor milk) or formula through a supplementing device while they breastfeed. A supplementer allows the mother whose supply does not match (or does not yet match) the requirements of the baby to do all her feeding at the breast. Milk or formula flows through a small tube taped to the breast, so while the baby breastfeeds, she gets both the milk flowing out of the mother's breast and the milk flowing from the tube device.

If the mother's supply increases to match the baby's milk requirements, she can stop using the supplementer.

What You Need Most

A supportive community is invaluable for getting adoptive breastfeeding (and parenting in general) off to a good start. Friends and family willing to take other responsibilities off your plate so that you can spend more time getting to know your baby and practicing breastfeeding are invaluable. Focus on talking to "cheerleaders," and minimize conversations about feeding with folks unsupportive of your plans.

A friend or relative who can listen without judgment, celebrate your successes, and support you during your challenging moments may be your greatest asset. Many mothers find support from other moms breastfeeding adopted babies critical to success. There are a number of online support forums, some of which are listed below.

It is tremendously helpful to have an understanding of the basic physiology of breastfeeding. Knowing how to give your body the signals to maximize comfort and milk production will make creating a satisfying and successful breastfeeding relationship easier. There are many excellent books about breastfeeding available.

Seeing babies breastfeeding before you try it on your own is also helpful. Expectant mothers, including mothers through adoption, are welcome at La Leche League meetings. At meetings, you will have the opportunity to see babies of all ages breastfeeding, including babies still trying to get the hang of nursing as well as babies who are very experienced. Baby-Led Breastfeeding,a DVD produced by Dr. Christina

These issues became clearer to me when I began to search for the type of images the reader describes above. I had no idea how racially imbalanced the imagery of breastfeeding is. A recent Google search for images of "breastfeeding" resulted in 156 photos, of which 140 portrayed white babies feeding at white breasts. Of the sixteen remaining images that seem to represent infants and women of color, seven were of people in traditional garb of non-Western countries, three appeared to be Latino, two appeared to be Asian, and four appeared to be African American—of which only two showed actual breastfeeding. (This situation is further complicated by traditions of personal modesty and fiercely guarded privacy in the African American community—themselves the result of a long history of violation and exploitation.) As an acknowledgment of this racist imbalance, as a validation of the beauty of the mother-child relationship expressed during breastfeeding in the context of the African American family, we offer these photos in contrast to the images that so dominate our culture.

Ultimately, Pact supports connected parenting that is both honest and child-focused. It is our belief that this can be accomplished with either breastfeeding or bottle-feeding. Whichever you pursue, it is always worth pushing yourself to ask deeper questions about motivation and assumptions.

Smillie is available in many libraries and online. This video has excellent information about positioning babies for optimal comfort, and lots of chances to see babies breastfeeding.

Resources and Assistance

The Adoptive Breastfeeding Resources Website and AskLenore both have extensive information pages regarding nuts and bolts of inducing lactation, and forum boards for moms to look for support and information from other mothers breastfeeding their adopted babies. ABRW tends to lean more toward establishing breastfeeding after the baby arrives, with less use of medication. AskLenore puts more emphasis on preparation before the arrival of the baby through the use of medication to build a milk supply. Both strategies are effective, and adopting mothers interested in breastfeeding their babies are best served by choosing the approach that feels right to them.

Many mothers, especially those without a lot of experience seeing breastfeeding, benefit from support from an experienced Board Certified Lactation Consultant. A Lactation Consultant can help mothers and babies attain optimal positioning, breastfeed comfortably and maximize milk supply, and learn how to use supplementing devices comfortably.

Mothers may also work with doctors. If you plan to take the medication before the arrival of the baby or during breastfeeding, you will need to work with your gynecologist, primary care doctor or pediatrician to obtain necessary prescriptions. When you choose a pediatrician, it is helpful to find someone supportive of adoptive breastfeeding. Note that not all pediatricians or gynecologists are knowledgeable about breastfeeding. You may need to ask around to find someone able to support you effectively.

Parenting is a Journey

Breastfeeding can be a wonderful way to connect with your baby, helping both of you grow closer together, share an intimate bond and enjoy a mutually comforting ritual. It allows us to love our children with our minds, hearts and bodies.

Resources

- Breastfeeding the Adopted Baby and Relactation by Elizabeth Hormann
- The Nursing Mother's Companion by Kathleen Huggins
- Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers by Nancy Mohrbacher and Kathleen Kendall-Tackett.
- www.asklenore.info
- www.kellymom.com/bf/adopt/index.html
- fourfriends.com/abrw/
- www.llli.org/WebIndex.html
- groups.yahoo.com/group/1ABSupportGroup/
- www.ilca.org (directory of Board-Certified Lactation Consultants)

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