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I want to breastfeed... my partner ^[1]

Dear Alice,

Is it possible for nonpregnant women or women who have never been pregnant to lactate? If so, what would be the best way to stimulate in a safe, healthy way? I'd love to please my new husband with this. Are there any draw backs?

Lisa

Answer

Dear Lisa,

Thanks to an increasing understanding of the human body and its workings, it is possible for non-pregnant women to lactate. Historically, the motivation for women who have not just given birth to lactate has been to feed an infant whose mother died or was unable to breastfeed. More recently, women who adopt infants and want to breastfeed them are also seeking ways to induce lactation. And of course, some couples who find breastfeeding erotically exciting are exploring these strategies as well. The most successful cases of women who haven't just given birth lactating usually include a combination of hormone therapy and physical stimulation of the breasts and nipples.

During pregnancy, elevated levels of the hormones estrogen, progesterone, and prolactin prepare the breasts for milk production. After delivery, there is a dramatic decline in estrogen and progesterone, but prolactin levels remain high and initiate the onset of lactation. Women who aren't pregnant but who wish to lactate can take a daily regimen of hormones to mimic these processes that occur during pregnancy. Typically, hormone therapy is discontinued shortly before breast-feeding begins. At that point, the baby's suckling is thought to stimulate and maintain milk production.

Regular stimulation of the breasts and nipples can also help to produce and maintain milk flow. Some experts suggest pumping both breasts with a hospital-grade electric breast pump every three hours, beginning about two months before you hope to begin breast-feeding. You can also manually stimulate the breasts and nipples (this is where partner participation may come in handy). Breast stimulation can encourage the production and release of prolactin. A qualified lactation consultant

[2] may provide you with specific techniques for stimulation and hormone therapy. You could also contact a local hospital or clinic to see if they have lactation consultants on staff, or visit your primary health care provider for a consultation.

While breastfeeding is a natural process, and one that many women find fulfilling, there are some potential drawbacks. As breasts begin to produce milk, they become larger, heavier, and more tender. Some women find this engorgement painful or uncomfortable. Breastfeeding women can also cause plugged ducts, when a milk duct does not drain properly and becomes inflamed, causing a tender lump in the breast. Breast infection may also be an unwelcome result of breastfeeding, and is often characterized by soreness or a lump in the breast in addition to fever or flu-like symptoms. It's also important to keep in mind that certain viruses and bacterial infections are transferable through breast milk, including HIV/AIDS, hepatitis B and C, and tuberculosis. In addition, some medications seep into breast milk, so keep in mind that if you have any drugs or viruses in your system that you don't want to pass along, lactating for your partner's consumption may not be the best sexual activity.

If hormone therapy or breast stimulation treatments are not the route you'd like to go, you can check out a feeding aide that delivers formula or milk through a device that attaches to your breast. For an erotic alternative, you could also drizzle milk on your breasts and invite your partner to imbibe that way.

Alice!

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