Lactation suppression

Introduction

The death of your baby is a devastating and life-changing experience no matter how it happens. If it was sudden, you have had no time to prepare yourself for the worst and may well be in shock. You may have been involved in an accident and/or had surgery yourself.

It is important for you to have support.

For parents, this time is a roller-coaster ride. You will feel a range of emotions as you grieve for your precious little one. You may be surprised, or even shocked, when you realise that you not only have to cope with the death of your baby, but you still produce milk for him or her. When a baby dies during pregnancy or during the birth, the first sign of your milk may be when you wake with very full breasts. This can be quite frightening for some mothers. Full or overfull breasts may also occur when a breastfed baby or toddler dies.

This booklet explains how your body makes milk and some of the physical changes that may occur. It gives you some practical ways of coping during this time, as you suppress your milk supply and come to terms with the death of your child. We hope that it will answer some of your questions along the way.

How milk is made

During pregnancy the breasts develop and begin to produce milk (lactate). The timing of this varies between different women. Most mothers are ready to produce milk halfway through pregnancy. During the last 3 months of pregnancy, they may notice that their breasts are making colostrum. This yellow or straw-coloured fluid is low in volume but high in protein and antibodies to protect the new baby after birth.

The breasts start making mature breastmilk from about 30–40 hours after the placenta is delivered. For many mothers the milk ‘comes in’ slowly, but for some it happens quite quickly. Most mothers notice their breasts feeling full and even tight and sore around this time. The milk appears whether or not the baby has sucked at the breast.

Because the body gets ready for breastfeeding well before the baby is due to be born, you will make milk even if your baby dies. The placenta makes hormones to stop the mature milk being made until after the baby is born. When the placenta is gone, the hormone levels drop and the breasts start making milk. This can happen as early as the 16th week of pregnancy and is common from about 18 weeks. A woman is more likely to produce milk early if she has been pregnant before, and even more so if she has previously breastfed a baby.

The let-down or milk-ejection reflex is important in breastfeeding because it allows the baby to get the milk stored in the breasts. A hormone called oxytocin acts to push milk along the ducts from the milk glands towards the nipples. This happens when a baby sucks at the breast. However,
seeing or hearing another baby, or even thinking about your own baby, may trigger your let-down and cause your breasts to leak. Very full breasts can also do this.

You may find your milk lets down at times, even if you don’t know the reason. In the early days after your baby’s death, the let-downs can be frequent and sometimes painful. Other factors are also known to cause a let-down in some cases. These include warmth, breast massage, touching the nipples, lovemaking and orgasm. Oxytocin also causes the womb to contract during labour and after the baby is born. This can be painful but helps the womb to return to its pre-pregnant size.

**To stop making milk you will need to reverse the milk-making process.**

To do this, you will need to limit milk removal. You may want to express the milk because your breasts feel tight and sore and because they remind you of your loss. However, to give them the message to stop making milk, it is best to express only enough to keep them comfortable. The fuller you leave them, the sooner they will stop making milk. However, they don’t have to be left painfully full for this to happen.

There are also medications and herbal supplements that may help the process work faster. You might like to discuss the pros and cons of using these with your doctor.

*The more milk that is removed from the breast, the more milk it will make.*

**The Golden Rule for Lactation Suppression:**
*Express only for comfort, unless you need to clear a blockage to prevent mastitis.*

### Will I make milk?

If you are still pregnant but have just found out that your baby has died, you may be wondering if you will lactate and how much milk you will make. This will depend on a number of factors. The most important of these is the stage in your pregnancy when your baby died and the placenta is delivered. You are most likely to lactate after the 18th week of your pregnancy. This may occur even earlier in some cases.

The effects of shock and how your body reacts to any surgical procedure may also affect whether you make milk. We all react differently when in shock.

*I had breastfed Alex throughout my pregnancy with James. To our great distress and shock, James died during delivery and my milk supply seemed to completely disappear, so there was not even some for Alex.*

Surgical procedures such as a D&C (dilatation and curettage), caesarean section, episiotomy and forceps delivery, or medical treatment after an accident, put stress on the body. This, on top of the emotional shock from the death of a baby, can affect milk coming in. People also react differently to medications such as anaesthetics, painkillers, sedatives or antidepressants, which doctors may prescribe.
Lactation suppression

Firstly, we will deal with how to suppress lactation where a baby has died during the pregnancy, at birth or soon after, before being breastfed. You may also use some of these suggestions if you have been breastfeeding your baby for some time. Or you may prefer to suppress your milk supply more gradually.

Suppressing the milk supply at the start of lactation

If your breasts are firmly supported and you don’t express milk more than needed for comfort, your milk supply will gradually decrease.

- Wearing a firm bra both day and night supports your breasts and keeps you more comfortable. You may need a larger size for a while.
- Use breast pads to soak up leaking milk. These can be either the disposable or reusable type. Change them as they become wet.
- Sometimes a bra feels too tight as your breasts fill up. You may prefer to use a length of soft fabric, such as towelling or stretch cotton. Wrap this around your chest just tightly enough for firm support. Your breasts should be lifted up and in. The wrap should be supportive but not be uncomfortably tight. In the past, some mothers used a ‘breast binder’, a very tight wrapping around the chest, designed to put pressure on the breasts. This was very uncomfortable but people believed it helped stop milk production. Breast binders are no longer used as it is now known that extra pressure does not suppress lactation.
- Relieve pain and swelling by putting cold/gel packs in your bra or inside a wrap, or use cold compresses after a shower or bath.
- Cold cabbage leaves worn inside the bra can also be soothing. Wash and dry the leaves before use and cut out any large, bumpy veins. Keep them in the fridge as they need to be cold. Change the leaves every 2 hours or when they become limp. Continue using the leaves until the breasts stop feeling overfull.

Danielle’s baby, Braden, was stillborn at 24 weeks gestation:

I found cold cabbage leaves worn inside my bra quite soothing. I was much more comfortable within 12 hours. I was able to stop using the cabbage leaves after about 48 hours, without my breasts getting uncomfortable again.

- Handle your breasts very gently as they can bruise easily.
  - Whenever your breasts feel too full, express a little milk. Remember that the more you express, the more milk you will make. So express only enough to make you comfortable. Warmth and being relaxed will help your milk to let down.
  - If your breasts are sore and full, have a warm shower or bath. This may be enough to allow some milk to leak out. Start with lukewarm water and slowly increase the temperature. Take care as it is easy to burn yourself, especially when the skin is stretched tight. Use a plastic chair or stool in the shower if you cannot stand for long.
  - If you don’t wish to undress fully, or can’t use a shower or bath, place your breasts into a
large wide-mouthed bowl of very warm water (or two bowls). Take care that the water is not too hot. Sit the bowl/s on a table, bench or bed tray, at breast height. Lean forward, so both breasts are fully into the water. You might also be able to do this in the bathroom basin or kitchen sink.

- Mild painkiller medications may help relieve pain. Your doctor will be able to advise you about this.
- Drink when you are thirsty. Cutting down fluids will not help reduce your milk supply.
- For the first few days you may be uncomfortable lying in bed because your breasts are so full. Try lying on your back or on one side with an extra pillow supporting your breasts. If you like to lie on your front, place a pillow under your hips and stomach to ease the pressure on your breasts. Place a soft towel or cloth nappy across your breasts to soak up any leaking milk.
- There are some prescribed drugs that have been used to suppress lactation. Most of them act by reducing prolactin, the hormone involved in making milk. For this reason they only work in the early stages of lactation when prolactin levels are high. They are much less effective if used after weeks or months of breastfeeding. Bromocriptine (or Parlodel) was often used in the past, but has been withdrawn from routine use because it was found to have a number of side effects, some quite serious. In many cases, lactation starts again when the mother stops taking this medication. Cabergoline (or Dostinex) is sometimes used now. It also has side effects but is considered better than bromocriptine. It is possible to suppress lactation without medication. Talk over the pros and cons of using lactation suppression drugs with your doctor before making a decision about whether they are necessary in your case.

Most mothers will be able to suppress their lactation by limiting the volume of milk removed, wearing a firm bra, using cold packs or cabbage leaves and medication for pain and inflammation if required.

Clare’s baby, Grace, was stillborn at 26 weeks gestation:

The morning after I arrived home, I woke with full, hard breasts. A visiting nurse came to see me a bit later that day, checked my breasts and wrapped me in a cloth. I seem to recall it was a longish piece of flannelette cloth, pinned in the front and served the purpose of a firm bra. I took no medication to suppress my milk supply but found it gradually declined over about a week. I continued to wear a firm bra with plenty of nursing pads. My breasts were quite painful and tender for several days — particularly if anyone hugged me.

When a breastfed baby dies

Suppression of milk supply after weeks or months of breastfeeding

The ideas above may not be enough if your baby died after the newborn period. First you will need to deal with the problem of overfull breasts. Then it may take some time to stop the milk being made. If you suppress your milk supply slowly, your hormone levels will reduce and your breasts will return to ‘normal’ more slowly. This is more like natural weaning.
Start by expressing 3–4 times a day for several days or weeks. Over time, reduce the amount of milk you express each time and/or drop one expression every 3–4 days. If your breasts become overfull, you can slow down the process and express a little more to keep yourself comfortable. When you are ready, simply stop expressing.

Your milk supply may have been falling for some time if your baby had been ill and wasn’t taking as many feeds. On the other hand, if breastmilk was the only food your baby could handle while ill, your supply may have increased. Use the ideas that seem to work best for the amount of milk you are making.

Grief and breastfeeding
Until now your main focus has probably been caring for your little one. You may find you have mixed emotions about breastfeeding. The memories of feeding your baby may both comfort and upset you. Most mothers feel grief and a sense of loss after they have weaned their babies. At times you may miss breastfeeding your child almost as much as you miss your child.

Christine’s daughter, Amelia, died of a malignant brain tumour:

*My first child died at almost 2½ years, still breastfed. It wasn’t a mutual weaning, mother-led or baby-led either, as she desperately tried to suck in her last days ... The grief you experience is twofold, the loss of your child but also the loss of the breastfeeding experience between mother and child.*

Help from an older baby
If you have an older child who is still breastfeeding, this can help you manage your overfull breasts and ‘wean’ more slowly. Some mothers with other children have coaxed an older baby or toddler back to the breast. If your child is willing, this may help provide emotional comfort for you both as you grieve for the baby who has died, as well as helping manage your milk supply.

Stephanie’s daughter, Nicole, was stillborn at 37 weeks gestation:

*Our first child, Lucy, was 27 months old at the time and still having an occasional breastfeed. When my milk came in, it was very comforting to have Lucy to relieve my aching, full breasts. I was very aware that I did not want to use Lucy to empty my breasts, if that was not what she wanted. She was, however, only too happy to oblige. Over the next few weeks Lucy finally weaned herself and my milk supply adjusted accordingly. It was a great comfort, both emotionally and physically to have Lucy continue to feed for a time.*

Things to watch for

Engorgement (painful, overfull breasts)
Engorgement often happens in the first few days after a baby’s birth when increased amounts of blood and other fluids, as well as milk, build up in the breasts. This may happen as milk production is turned on. However, breasts can become engorged with milk at any time there is a sudden change in the feeding pattern. Engorged breasts become very swollen, tender and hard. If the ideas already given do not ease your discomfort, it may help to express all the milk in the breasts, just once, with an electric breast pump. This can relieve the pressure and from then on, you may be able to prevent it building up to that point again.

Wear a firm bra and express only for comfort.

**Blocked ducts and mastitis**

When breasts are left very full, there is a risk of blockage in one of the ducts that carry milk to the nipple. A lump forms and the breast begins to feel sore. Sometimes there is a red patch on the skin or the breast may feel hot. If the blockage remains, milk can be forced out of the duct and into the breast tissue, which becomes inflamed. You may get the shivers and aches and feel like you are getting the ‘flu’. This is called mastitis and can come on very quickly. Mastitis usually responds well to antibiotic treatment, so see your doctor if you get the flu-like symptoms or if you cannot clear a blockage within 12 hours. This is one instance when you will need to express much of your milk to clear the blockage. If mastitis is not treated, a breast abscess may develop. Fortunately, these are now quite rare.

You need to treat blocked ducts and mastitis quickly to prevent further problems.

- Apply warmth to the affected area for just a few minutes. Then express your milk. Use a well-wrapped hot-water bottle, warm towel, first-aid heat pack or small bag filled with grain warmed in the oven or microwave. Take care not to burn yourself.
- Express every few hours to keep the breast as empty as possible. When the mastitis has passed, you can go back to reducing your milk supply.
- While expressing, massage gently but firmly. Work along the duct line to the lump and stroke towards the nipple.
- Gently support the breast with one hand as you massage. This will help reduce the pain from the breast dragging down under its own weight. Use oil to lubricate your fingers.
- If you can hand express, a good place is under the shower or in a deep warm bath with your breast supported by the water.
- Between expressing sessions, use well-wrapped cold packs (a face washer cooled in the freezer, a frozen nappy wet with water or a first-aid cold pack) to reduce swelling and relieve pain. Cold cabbage leaves can also help in this situation.
- Consult your doctor straight away if you have a fever, feel unwell, or if you cannot clear a blocked duct within 12 hours. You may need antibiotics.
- An anti-inflammatory painkiller may also help.

---

Annie’s baby, Ruth, was stillborn at 21 weeks gestation:

*My worst moment came 6 days after delivery. I had been feeling full and sore for a few days and woke feeling very uncomfortable. As the day wore on, my left breast began to throb and was extremely tender. I was frightened of increasing my milk supply if I expressed but the thought of*
getting mastitis was worse. I expressed under a warm shower. I massaged my sore breast and expressed out yellow, cheesy globs. There seemed to be a mixture of colostrum from some ducts and milk from others. I stayed under the shower until the hot water ran out and emptied the breast as best I could. As it softened, I could feel the knotted lumps below and I worked along the duct lines towards the nipple. I cried buckets in that shower, but it did the trick and I only had to do it once.

How long before the milk goes away?

This will depend on a number of things. These include:

- How old your baby was and how much milk you were making, or your stage of pregnancy if you had not yet given birth.
- How much milk is taken from the breast through expressing, let-downs and leaking.
- How much your nipples are touched, such as in lovemaking.
- Another pregnancy.

Some mothers find it takes weeks for their milk to go away completely. Others will be over the worst of it in a few days. You may notice milk stains on your bra or that you leak during or after a shower. You may even feel the let-down months or even years after losing your baby. Every mother will have a slightly different experience.

Other things to consider

Can my milk be used to help another baby?

Some mothers wonder if the breastmilk they express can be used to help another baby. There are only a few human milk banks in Australia. If you would like to know more about this, ask your doctor or the hospital staff if there is one in your state which might accept your milk. Milk donors need to be screened by having blood tests before they can donate their milk.

A frozen memento?

Many parents like to keep mementos of their baby. You might like to freeze a small container of your breastmilk to remind you of the special bond you had with your little one. As no one will be using it, you can keep it as long as you like — only you need know it is there. You can discard it when you are ready. One mother kept a little jar of her breastmilk in her deep freezer for a number of years and found it a comfort when she came across it from time to time. She did not have any more babies and it remained her silent memorial to motherhood.

Funeral day

How you approach your baby’s funeral is a personal matter for you and your family. In some states you may choose not to have a funeral if your baby died before 20 weeks gestation. When planning
a funeral, your family priest, minister or a social worker can help arrange the details with the funeral director. Ask if there is a private room where you could express your milk or change nursing pads. In most cases, the funeral will be held within a few days of the baby’s death. If your baby was stillborn or died very shortly after birth, your milk may come in on the actual day of the funeral. This may make the day even harder for you. You may need to deal with full breasts and leaking milk. It will be an emotional time and you may have many let-downs. Some families have a special viewing and farewell cuddle of their baby before the funeral service. If the service is followed by refreshments, it will be a long, physically-tiring and emotionally-draining day for you.

Some tips that may help:
• Be prepared for leaking milk.
• A soft cloth wrapped around your chest may be more comfortable than a bra if your breasts are very swollen. The hospital staff, your community nurse or a lactation consultant may be able to help you with this.
• A consoling hug from a friend, a thought or a memory can bring a flood of milk. On this day especially, choose breast pads that absorb liquid well, so that leaking milk is less likely to show on your clothing. With some types of pads, you may need several layers if you can fit them inside your bra. A new type of breast pad is designed to prevent leakage rather than soak it up. It consists of a non-absorbent material that sticks to the breast. These are sold through Mothers Direct.
• If possible, wear a dark-coloured, patterned top. Wet patches are likely to show less on matt than on shiny fabrics. A jacket, wrap or other loose, outer layer of clothing may help hide wet spots.
• Express milk for comfort before you go and when you have some private time during the day. Remember to express only enough for comfort. The more milk you express, the more you will make. Some women would rather express a little more on the funeral day, to avoid a leakage problem and deal with any extra milk later, in private. Others prefer not to touch their breasts any more than they have to.
• If you feel your milk leaking or letting down, cross one or both arms firmly across your breasts to stop the flow.
• Take a spare set of clothes, especially if you will be out for a while.

One step at a time
It can take a long time to recover from the death of a baby. There will be times when you feel you have made some headway, only to fall back into the deep sadness of it all. You may find it hard to get to sleep or you may wake often. This is quite normal.

There will also be physical changes as your body adjusts. It can be some time before your hormone levels settle down. If your baby was stillborn, you may notice that it takes longer for your postpartum blood loss, or lochia, to clear. Breastfeeding normally helps the uterus to contract and expel the lochia.

Breastfeeding tends to delay the return of the menstrual cycle. Most breastfeeding mothers will not start their period again for at least a few months after the birth of their baby. The early return of your period, soon after the stillbirth or death of your little one, can come as a rude shock. Doctors or midwives usually do a mother’s postnatal check at the same time as the baby’s 6-week check-up. They may ask you to come in earlier than this, at about 4 weeks. It is hard to think about
another pregnancy while you are grieving for your baby. It is important to consider this and talk about what you want with your partner and your doctor.

I bled for nearly 4 weeks after our baby was stillborn. It was dark and deathly — a constant reminder of our baby every time I went to the toilet. At 4 weeks I went to my postnatal check-up and cried all the way through it. ‘But you were doing so well,’ my doctor said, but I couldn’t be consoled. Before, I was there hearing my baby’s heartbeat; now nothing but emptiness. The next day my period started — I couldn’t believe it. I felt like I’d been bleeding forever and I resented its intrusion.

The hormone relaxin is produced during pregnancy. It softens ligaments and widens the birth canal for labour. Relaxin can remain high for up to 6 months after the birth. During this time, take care during any physical movements. Make sure you have plenty of rest. One mother, spurred on by the feeling that she had to stop moping, badly damaged her back doing housework 2 weeks after a miscarriage. This is the time to be kind to yourself. Talking with others who have also lost a baby may give you support and some comfort. Details of support groups are listed below.

A new baby?
Whether and when to try for another baby is a very personal decision. There may be medical issues to consider, as well as how you and your partner feel. No baby will ever replace the one who has died. Each new pregnancy will have the same risks as any other. There are no guarantees with babies.

If you have miscarried, it is normal to feel anxious about a new pregnancy. Even when you are past the time in your pregnancy when the previous baby died, you are still likely to fear that something could go wrong. You may watch and wait for every sign and be very aware of each day’s and month’s progress toward the birth. Even thinking about breastfeeding can be hard, until you know that this new baby is alive and well. The Australian Breastfeeding Association offers support and information to help you breastfeed your new baby. This support can be during your pregnancy as well as after the birth.

Breastfeeding your new baby will help you bond with this new little person in his or her own right. Some mothers have mixed feelings about their new baby. It is almost as if the baby doesn’t belong to them, or is on loan. These feelings can last for some time. Sometimes parents are afraid to get too close, in case something goes wrong again. These feelings are normal. With time, you will find that your love for your new baby grows as strongly as ever. Breastfeeding offers valuable peace of mind as it helps protect your little one from illness. There is also a lower risk of Sudden Infant Death Syndrome (SIDS) in breastfed babies.

If you have questions about breastfeeding your new baby or need information or help, you can phone or email an Australian Breastfeeding Association counsellor, or have a personal chat at a local group activity.
Helpful organisations

There are also a number of organisations that may be of some help to you at this difficult time. These vary from state to state. Look in your local telephone book or on the Internet for the following:

- **SANDS (Stillbirth and Neonatal Death Support)** (phone 1300 072 637)
- **SIDS and Kids** (phone 1300 308 307)
- **Angel Babies Foundation** (phone 1300 283 238)
- **The Compassionate Friends (NSW)**
- **Cradle Inc (NT)**

These organisations may have comprehensive libraries with a wide variety of useful books and other literature for further reading.

December 2010
© Australian Breastfeeding Association