Suppression of Lactation

SCOPE (Area): All clinical areas
SCOPE (Staff): Midwifery, Nursing, Medical and Allied Health

BACKGROUND/RATIONALE

Breastfeeding is not always possible after birth or women may make a personal choice not to breastfeed. When milk is not regularly removed from the breast, milk production eventually stops of its own accord. In the meantime women may experience breast engorgement, leakage of milk, discomfort and pain and may require specific education and support.

DESIRED OUTCOME/OBJECTIVE

- To suppress lactation in those mothers who are unable to breastfeed due to medical, personal or social reasons.
- To minimise the discomfort experience by women suppressing lactation.

INDICATIONS

- Reasons why a mother may suppress lactation include;
  - Pregnancy loss or still birth
  - Death of a newborn baby or breastfed child
  - Adoption
  - Maternal medical conditions (eg. Treatment with immunosuppressant’s or chemotherapy)
  - Infant medical conditions (eg. Galactosemia)
  - Infant self weans unexpectedly
  - HIV positive mother
  - Difficulties with breastfeeding
  - Personal/social choice

ISSUES TO CONSIDER

All women should have full knowledge and access to support services when making the decision to suppress lactation.

- Support services include:
  - The Ballarat Health Services Breastfeeding Support Service Ph 53204977.
  - Australian Breastfeeding Association Advice Line 98850653 and web.
  - Maternal and Child Health local centre.
  - 24 Hour Maternal and Child Health Advice Line 132229.
  - General Practitioner

- Drug treatments to suppress lactation include oestrogens and bromocriptine which lowers prolactin levels. An increased risk of thromboembolism, cerebrovascular accident and myocardial infarction have been reported with their use.
Physiological suppression of lactation is associated with fuller breasts, more milk leakage and more discomfort on day 4 and the lactation process is completely finished by day 14 compared to pharmaceutical suppression of lactation which is prolonged to at least day 16.

Abrupt unplanned weaning or suppression due to a still birth can be stressful for the mother. Appropriate counselling and support services should be sourced for the woman and her family based on individual needs.

PROCEDURE

Patient Education – Suppression of lactation immediately following birth

1. The breasts should be well supported immediately postpartum with a firm but not tight bra or crop top worn night and day.
2. Avoid breast stimulation however if the breasts become uncomfortably full or painful the mother may need to hand express a little milk occasionally for comfort.
3. If lactation is already established it is best to reduce breastmilk production over a week or longer if possible.
4. When the baby has died, or weaning has to be immediate, many mothers find gradual reduction in milk production by expressing to drain the breasts a couple of times a day for a few days is less painful than sudden cessation.
5. Application of cold compresses can alleviate painful breasts.
6. Observe breasts for signs of inflammation, lumps or painful areas.
7. Inform the mother that milk leakage may occur and breast pads may be required.
8. Avoid suddenly ceasing breastfeeding or expressing if mastitis is present.
9. Advise the mother the process of lactation varies but generally if lactation is not established discomfort may last 24-72 hours.
10. Women who have had a still birth or neonatal death may be prescribed Cabergoline (Dostinex) which can suppress lactation after birth. See issues to consider.
11. Regular mild analgesics may be beneficial (eg. Panadol).
12. Ensure mother has appropriate education regarding infant formula and bottle feeding prior to discharge if appropriate. See CPG Artificial Feeding of the Healthy Term Newborn and pamphlet “A Guide to Infant Formula and Bottle Feeding”.
13. Ensure mother has been given the pamphlet ‘Breastmilk Suppression’ prior to discharge.

Patient Education - Suppression of lactation when lactation is established and/or mastitis is present

1. Advise the woman that mastitis is NOT an indication to wean.
2. However if the woman with mastitis has decided to wean anyway, advise her that this is not a good time to wean as this may increase her risk of developing a breast abscess.
3. Gradual reduction in milk production by expressing to drain breasts is preferable to sudden cessations.
4. Antibiotic cover for at least 10-14 days or longer is necessary if there continues to be lumpy or painful areas in the breasts.
5. Gradually increase the length of time between expressions as the condition improves.
6. When only expressing once a day cease.

Patient Education – Planned weaning

1. Slowly replace each feed with an infant formula feed.
2. Commence with replacing one feed per day and if no discomfort or engorgement issues replace a second feed and so on.
3. Generally reducing the number of breast feeds every few days or one feed per week will reduce the risk of breast discomfort.
4. If the breasts become full and uncomfortable express by hand or pump only enough to relieve the discomfort.
5. Watch for signs of mastitis including inflammation, temperature, lumps and/or painful areas.

RELATED DOCUMENTS

Internal
Artificial Feeding of the Healthy Term Newborn – CPG/A039
Breastfeeding Challenges - Mastitis & Breast Abscess – CPG/B026
Expressed Breast Milk - Methods of Expressing – CPG/E017
Pamphlet – Breastmilk Suppression

REFERENCES
