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In this booklet your baby is referred to alternately as she and he; her and him.

Cover photo courtesy of Joy Anderson:
Australian Breastfeeding Association’s ‘Mother’s Love’ rose

The Australian Breastfeeding Association began in 1964 when six young mothers saw the need for more accessible breastfeeding knowledge. Since then the Association has grown Australia-wide, with volunteers running local groups in most areas.

Lactation Suppression
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Introduction

There are many reasons why women need to suppress their lactation (stop their milk supply). It can be because:
- you have decided to wean quickly for personal reasons
- you have a medical need to stop breastfeeding
- you thought you had finished breastfeeding, but woke a few days later with very full breasts
- your baby has died.

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, as you suppress your milk supply and come to terms with why you need to do this. We hope that it will answer some of your questions along the way.

How milk is made

While you are pregnant your breasts develop and begin to produce milk (lactate). The time varies between women, but most mothers are ready to produce milk halfway through pregnancy. During the last 3 months of pregnancy, you may notice that your breasts are making colostrum. This yellow or straw-coloured fluid is low in volume but high in protein and anti-infective factors which protect your new baby from illness after birth.

Mature breastmilk is made 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. Breastmilk is made whether or not the baby has suckled at the breast.

Hormones from the placenta stop the breasts from making mature milk until after the baby is born. Once the placenta is delivered, the hormone levels drop and the breasts start making milk. In the case of a miscarriage, milk can be produced as early as 16 weeks into the pregnancy and is common after 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 already 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 also trigger your let-down and cause your breasts to leak. Very full breasts can also cause your milk to let down.
You may find your milk lets down at times, even if you don’t know the reason. Factors such as warmth, breast massage, touching the nipples, sex and orgasm may also cause a let-down in some cases. Oxytocin also causes the uterus to contract during labour and after the baby is born. It may feel like uncomfortable cramping in your lower abdomen. This helps the uterus to return to its pre-pregnant size.

### Lactation suppression

**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 your milk because your breasts feel tight and sore. However, it is the excess milk stored in the breasts that signals the body to produce less. The fuller you leave them, the sooner they will stop making milk. They don’t have to be left painfully full for this to happen, but it is best to express only enough to keep them comfortable.

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

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

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**The Golden Rule for Lactation Suppression:**

Express only for comfort, unless you need to clear a blockage to prevent mastitis.

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**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, well-fitting bra both day and night supports your breasts and keeps you more comfortable than the outdated practice of tightly binding your breasts.² You may need a larger size bra for a while.
- Use breast pads to soak up leaking milk. Disposable or reusable ones work equally well. Change them as they become wet. There is more information about leaking milk towards the end of this booklet.
- Sometimes a bra feels too tight when your breasts get very full. Instead of a bra, you can 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. This is different
from the ‘breast binders’ used in the past. These were wrapped very tightly around the chest, to put pressure on the breasts. They were very uncomfortable but people believed it helped stop milk production. It is now known that extra pressure does not suppress lactation.\(^2\)

- Relieve pain and swelling by putting cold packs in your bra or inside a wrap, or use cold compresses after a shower or bath.\(^3\)
- Cold cabbage leaves worn inside the bra can also be soothing.\(^3\) 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 yourself comfortable. Warmth and relaxing as much as you can will help your milk to let down.
- If your breasts are sore and full, have a warm shower or bath, or dangle your breasts in two bowls of warm water. This may be enough to allow some milk to leak out. In the shower, 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.
- Drink when you are thirsty. Cutting down fluids will not help reduce your milk supply.
- For the first few days full breasts may make lying in bed uncomfortable. 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.
- If you are suffering from breast pain speak to your doctor about pain-relieving medication that may help.
- Most prescribed drugs used to suppress lactation work 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. It is preferable to suppress lactation without medication. Talk over the use of lactation suppression drugs with your doctor before making a decision about whether they are appropriate 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.*
Jenny didn't want to breastfeed:
My milk came in on day 3 even though I didn’t put my baby to my breast. I didn’t expect my breasts to be so sore and uncomfortable. I was told to express for comfort but I didn’t want to do this. I needed painkillers and used towels to soak up the leaking milk and cold packs to help relieve the tightness from my enlarged breasts. After about 5 days my breasts were no longer sore.

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

**Suppression of milk supply after weeks or months of breastfeeding**
The ideas above may not be enough when a baby dies after the newborn period or an older baby is weaned suddenly. A mother of a fully breastfeeding baby can produce up to a litre of milk a day or more. It can take some time to stop all this 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 and helps prevent mastitis.

However, first you may need to deal with the problem of overfull breasts. Start by expressing as many times as you had been breastfeeding, or less depending on your own comfort. 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. You may find that you need to express once every few days towards the end.

Your milk supply may have been falling for some time if your baby was ill and not 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.

Sandra needed to wean suddenly:
When my baby was 9 months old I needed to wean immediately. I was seriously unwell and needed to go on strong medication*. I didn’t have any options but to wean. I expressed just enough to stop my breasts being painful and noticed after a few days my breasts were no longer getting engorged. I was very sad to wean my baby so suddenly and cried each time I gave her a bottle.

* Although weaning was necessary in this case, most medicines are safe for breastfeeding mothers and their babies. See details of drug information phone lines at breastfeeding.asn.au/bf-info/safe-when-breastfeeding/breastfeeding-and-prescription-medications
Engorgement (painful, overfull breasts)
Engorgement often happens in the first 1–4 days after a baby’s birth when extra blood and other fluids, as well as milk, build up in the breasts as milk production is switched on. Leaking, engorgement and breast pain usually peak at 3–5 days after the birth and recede within 10 days. However, breasts can become engorged with milk at any time there is a sudden change in a baby’s 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 from then on express only for comfort.

Blocked ducts and mastitis
When breasts are left very full, there is a risk that one or more of the ducts that carry milk to the nipple will become blocked. 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. See your doctor if you get the flu-like symptoms or if you cannot clear a blockage within a few days. If this happens, you will need to express more milk than usual to clear the blockage. If mastitis is not treated, a breast abscess may develop. Fortunately, these are quite rare.

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 washer, heat pack or wheat bag. Take care not to burn yourself.
- Express every few hours to keep the breast as empty as you can. 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 as the weight of your breast drags it down. Use vegetable oil to lubricate your fingers.
- If you can hand express, you may find it easier 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 a few days.
- An anti-inflammatory painkiller may also help.
Annie’s baby, Ruth, was stillborn at 21 weeks:

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.
As your milk supply lessens

**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 during sex.
- Another pregnancy.

Some mothers find it takes weeks for their milk to go away completely. Others find it starts to calm down after only a few days. Some mothers continue to leak milk for about 2 weeks.1 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 you think all the milk has gone. Every mother will have a slightly different experience.

**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 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. Note that milk donors need to have their blood screened before they can donate their milk.

**A 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 to know it is there. You can discard it when you are ready. One mother kept a little jar of her breastmilk in her 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.

Another option is to have some of your breastmilk professionally preserved in a piece of jewellery, as a permanent keepsake and reminder of your baby. You can search online for businesses that create these sorts of items.
When a baby dies

The death of a baby is a devastating and life-changing experience no matter how it happens. If it is sudden, there is no time to prepare yourself for the worst and you may well be in shock. You are even more vulnerable if you lost your baby in an accident or medical emergency where you were also involved.

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 to realise that while you are coping with the death of your baby, you still produce milk. 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. Some mothers find this quite frightening. Full or overfull breasts may also occur when a breastfed baby or toddler dies and you may feel quite strong let-downs.

It is hard to cope with this alone. Your partner, family and friends are likely to be dealing with their own distress. They will want to help but may not know how. If you feel you can’t talk to family members, remember that there are other people you can ask for support. An Australian Breastfeeding Association counsellor can discuss the process of stopping your milk supply. Free telephone counselling is available to all callers within Australia from the 24-hour, 7-day-a-week National Breastfeeding Helpline (1800 686 268). There are also support groups that help parents deal with the loss of a baby (see the list of organisations at the end of this booklet). Your doctor can refer you to other professional support.

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 dies 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, a postpartum haemorrhage 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 that may be prescribed, such as anaesthetics, painkillers, sedatives or antidepressants.
Help from an older baby

If you are still breastfeeding an older child, this can help you manage your overfull breasts and 'wean' more slowly. Some mothers with other children have offered an older baby or toddler breastfeeds even if they have already weaned. If your child is willing and remembers how to suckle, this may bring emotional comfort to you both as you grieve for the baby who has died, as well as helping you 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.*

Managing milk leaking when away from home

**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 an unexpected flood of milk. Choose breast pads that absorb 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. Carry spare breast pads with you when you go out.

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 a little milk before you go out. Remember to express only enough for comfort. The more milk you express, the more you will make.

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 for more important occasions or if you will be away from home for a while.
Website articles
Use the search function of the Australian Breastfeeding Association’s website
breastfeeding.asn.au to locate these articles:
• When breastfeeding doesn’t work out
• Guide to feeding your baby formula
• Blocked ducts
• Engorgement
• Mastitis

Helpful organisations
Look on the internet for the following:
• **SANDS** (Miscarriage, Stillbirth and Newborn Death Support) sands.org.au phone 1300 072 637
• **Red Nose** (sudden or unexpected infant death) rednose.com.au phone 1300 308 307
• **Stillbirth Foundation Australia** stillbirthfoundation.org.au
• **The Compassionate Friends** thecompassionatefriends.org.au phone 1300 064 068. See website for state contacts.

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


The Australian Breastfeeding Association website [breastfeeding.asn.au](http://breastfeeding.asn.au) has information about many aspects of breastfeeding. There are articles on different topics and a discussion forum where parents can talk with each other about a variety of issues (see details below).

**Problems or concerns with breastfeeding?**
Free telephone help is available to all callers from within Australia from the National Breastfeeding Helpline 1800 mum 2 mum (1800 686 268) — 24 hours a day, 7 days a week.

- If you are deaf, or have a hearing or speech impairment, contact us through the National Relay Service. For more information, visit: [relayservice.gov.au](http://relayservice.gov.au)
- If you need an interpreter, call TIS National on 131 450 and ask them to call the National Breastfeeding Helpline on 1800 686 268.
- Australian Breastfeeding Association members can also access help via email from the website.

**Local groups**
To find your local group, go to: [breastfeeding.asn.au> services> local support groups](http://breastfeeding.asn.au/services/local/supportgroups) and type in your postcode.

**Electric breast pumps**
Electric breast pumps are available for hire through many Association groups. Go to: [breastfeeding.asn.au> services> hire a breast pump](http://breastfeeding.asn.au/services/hire/breastpump), or contact your local group or the National Breastfeeding Helpline 1800 686 268 for more details. A discount applies for members of the Association.

**Online forum — forum.breastfeeding.asn.au**
A place where parents can talk with others on a variety of different issues. The link is on the main page of [breastfeeding.asn.au](http://breastfeeding.asn.au).

**Australian Breastfeeding Association products — shop.breastfeeding.asn.au**
The Association produces many items under its own brand. Go to the online shop — [shop.breastfeeding.asn.au](http://shop.breastfeeding.asn.au) — where you can purchase either digital or hard copies of our booklets and other products.
Breastfeeding information series booklets

- Breastfeeding: an introduction
- Breastfeeding: and your supply
- Breastfeeding: breast and nipple care
- Breastfeeding: expressing and storing breastmilk
- Breastfeeding: weaning
- Breastfeeding: when your baby refuses the breast
- Breastfeeding: women and work
- Breastfeeding: your premature baby

Parenting information series booklets

- Breastfeeding: and crying babies
- Breastfeeding: and family foods
- Breastfeeding: and sleep
- Breastfeeding: as your family grows
- Breastfeeding: diet, exercise, sex and more
- Breastfeeding: supporting the new mother

Special situation information series booklets

- Breastfeeding: and reflux
- Breastfeeding: babies with a cleft of lip and/or palate
- Breastfeeding: caesarean birth and epidurals
- Breastfeeding: lactation suppression
- Breastfeeding: relactation and induced lactation
- Breastfeeding: twins, triplets and more
- Breastfeeding: using a breastfeeding supplementer
- Breastfeeding: your baby with Down syndrome
Some of our member services include:

Local support groups
... informal gatherings where parents can discuss breastfeeding and parenting issues; especially worthwhile for expectant and new mothers. Contact details can be found on the Australian Breastfeeding Association’s website or you can phone a counsellor on the National Breastfeeding Helpline for details.

Breastfeeding help
... free to all within Australia 24 hours a day, 7 days a week. Phone 1800 mum 2 mum (1800 686 268).

Help via email is also available to members of the Australian Breastfeeding Association.

Essence Magazine
... quarterly publication with informative articles and member news.

Breastfeeding Information and Research
... the Australian Breastfeeding Association has breastfeeding information from world-wide sources.

Resources for parents and health professionals
... wide range of handout literature and education aids, books and more are available for purchase. Details and pricing are on our website: shop.breastfeeding.asn.au

By joining the Australian Breastfeeding Association, you help support women through counselling and breastfeeding promotion in the community. You can also assist this volunteer organisation by making tax-deductible donations or bequests. For more information please contact our Head Office.