Lactation suppression

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 thought you had finished breastfeeding, but woke a few days later with very full breasts
- your baby died during pregnancy or at term
- your breastfed 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, they may notice that their breasts are making colostrum. This yellow or straw-coloured fluid is low in volume but high in protein and anti-infective factors which protect the new baby from illness 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 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. This can happen as early as 16 weeks into a 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 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. Factors such as warmth, breast massage, touching the nipples, lovemaking 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. This helps the uterus 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 your milk because your breasts feel tight and sore or because it reminds you of your loss. 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 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.
Lactation suppression

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. Disposable or reusable ones work equally well. Change them as they become wet.
- 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.
- 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 yourself comfortable. Warmth and being 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. 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.
- 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 mild pain-relieving medication that may help.
- Most prescribed drugs used to suppress lactation 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. 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

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.

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 pain killers 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.
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. 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.

But first you will need to deal with the problem of overfull breasts. 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 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.

Things to watch for

Engorgement (painful, overfull breasts)
Engorgement often happens in the first few 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 turned on. 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 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 12 hours. 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 now 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, 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 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 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 12 hours.

• An anti-inflammatory painkiller may also help.
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 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 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 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.

As your milk supply lessens

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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 approach for support. An ABA breastfeeding counsellor can discuss the process of stopping your milk supply and there are 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.

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 such as anaesthetics, painkillers, sedatives or antidepressants, which doctors may prescribe.

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 coaxed an older baby or toddler back to the breast. If your child is willing, 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.

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.
- 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.

Helpful organisations

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.

These vary from state to state. Look in your local telephone book or on the internet for the following:

- SANDS (Miscarriage, Stillbirth and Newborn Death Support) sands.org.au phone 1300 072 637
- SIDS and Kids sidsandkids.org phone 1300 308 307
- Angel Babies Foundation angembabies.org.au phone 1300 283 238
- The Compassionate Friends (NSW) thecompassionatefriends.org.au phone 02 9290 2355
- Sudden Infant Death Syndrome Parents’ Network (QLD) phone 07 3341 1176
- Cradle Inc (NT) cradle.org.au phone 0438 272 353

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