SUPPRESSION OF LACTATION OR WEANING

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- Assist and support woman who decides to suppress lactation for a medical or non-medical indication
- Support woman who has experienced a stillbirth, perinatal loss or neonatal death with lactation suppression
- Provide education and support for woman who wishes to wean early in the postpartum period

2. PATIENT

- Postpartum woman

3. STAFF

- Medical, nursing and midwifery staff
- Clinical Midwifery Consultant 2 (CMC2) Lactation

4. EQUIPMENT

- Firm (not tight) supportive bra or top
- Cold compresses or chilled clean cabbage leaves

5. CLINICAL PRACTICE

- Identify if suppression is occurring in the immediate postpartum period or the woman has already established lactation
- Discuss strategies to manage suppression that are relevant and acceptable to the woman depending upon her circumstances
- Provide written information appropriate to woman's situation:
    - SESLHD - Weaning or Suppressing Lactation https://www.seslhd.health.nsw.gov.au/sites/default/files/migration/Planning_and_Population_Health/Health_Promotion/Healthy_Weight/docs/breastfeeding/Breastfeeding_WeaningSuppressing_SESLHD.pdf
    - SESLHD - Breast Care when your Baby Has Died https://www.seslhd.health.nsw.gov.au/sites/default/files/groups/Health_Promotion_Services/docs/resources/Breastfeeding_Died_SESLHD_2018.pdf

Immediate Suppression of Lactation Postpartum

- Instigate non-pharmacological methods to suppress lactation as outlined below, to help alleviate lactation naturally
- Discuss analgesia options with woman
- Discuss the role and potential side effects of pharmacological suppression of lactation with woman
- Administer medication if requested by woman and ordered by a medical officer

Non-pharmacological Methods for Lactation Suppression

- Avoid unnecessary breast stimulation
- Wear a firm supportive bra or top day and night for breast support
- Apply cold compresses, gel packs or cabbage leaves as required to relieve any pain or swelling
- Maintain normal fluid intake
- Allow leakage of breastmilk to occur and express breast only for comfort
- Use analgesia if required

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- Suggest the following for comfort:
  - Apply breast pads to assist in soaking up any breastmilk leakage. Encourage changing pads when they become soaked
  - Advise woman to lie on her back or on one side with an extra pillow to support her breasts. If she would like to lie on her front, place a pillow under her hips and stomach to ease the pressure on her breasts. A soft towel or cloth nappy can be placed across her breasts to soak up any leaking milk

Pharmacological Methods for Lactation Suppression

- Explain to woman that use of cabergoline (Dostinex®) for lactation suppression is an 'off license' indication
- Counsel woman with regards to potential side effects, interactions and contraindications as outlined below:

Dosage	Side Effects	Drug Interactions	Contraindications/Precautions
1mg **cabergoline** PO (single dose of 2 x 0.5mg tablets) during the first day, but, preferably within the first 12 hours postpartum	Headache Dizziness Fatigue Orthostatic hypotension Nose bleed	Interaction is more common with anti-emetics commonly used in the postpartum period. Do not use with other dopamine antagonists e.g. metoclopramide, the phenothiazine's, butyrophenones and thioxanthines as these may reduce the prolactin lowering effects	**Contraindications:** Hypersensitivity to the drug, other ergot alkaloids or to any of the excipients Pre-eclampsia or postpartum hypertension. **Precautions:** Renal disease Raynaud syndrome Liver disease Pulmonary or cardiac fibrotic disorders Gastrointestinal bleeding History of psychosis Hypotension

- Document consent and prescribe, as outlined in table above, by medical officer if after counselling, woman requests pharmacological suppression
- Advise woman rebound lactation sometimes occurs one to two weeks after treatment
- Advise woman not to breastfeed or express breastmilk for further use, once pharmacological treatment initiated

Suppression of Established Lactation

- Advise woman lactation suppression can result in blocked ducts, and subsequently, mastitis. If the 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
- Recommend gradual suppression of lactation to reduce risk of mastitis and breast abscess
- Reduce the number of breastfeeds or breast expressions gradually over several days/weeks and ensure the breasts remain comfortable
- Increase the length of time between breastfeeds or breast expressions gradually over several days/weeks and ensure the breasts remain comfortable
- Give expressed breastmilk to neonate unless contraindicated
- Refer to SESLHD Mastitis (Lactational)Treatment Policy if mastitis is diagnosed
- Advise woman diagnosed with mastitis who wishes to wean, to wait until mastitis has resolved before weaning

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Weaning

- Discuss with woman her reasons for wanting to wean, to ensure this is the appropriate decision for her
- Discuss and provide specific strategies for gradual weaning that are consistent with the age of the neonate and cultural beliefs
- Avoid abrupt or sudden weaning as this may pose a risk for mastitis and breast pain
- Inform woman, 'baby-led' weaning may occur over weeks or months
- Encourage woman to drop one feed every few days
- Advise woman to express for comfort as required and slowly reduce. Watch for any signs of mastitis e.g. erythema, pain or flu-like symptoms. If signs or symptoms of mastitis occur, advise woman to continue to express, and contact a healthcare professional for review e.g. General Practitioner, Australian Breastfeeding Association or Child and Family Health Centre
- Drop another feed when breasts feel comfortable
- Continue to reduce feeds in this way, usually about one feed a week, until breasts are completely comfortable without needing to breastfeed or express

6. DOCUMENTATION

- Medical records

7. EDUCATIONAL NOTES

- The Royal Hospital for Women supports all women in their feeding choices. It promotes a baby-friendly environment for all pregnant and birthing women. The hospital supports the right of the individual to make an informed decision with infant feeding in accordance with the implementation standards of "The Ten Steps to Successful Breastfeeding".
- A woman who decides not to breastfeed may experience potential stress and grief. Midwives, medical officers and CMC2 Lactation are to support each woman's feeding decisions.
- A woman who decides to suppress lactation in the early postpartum period may experience breast pain, engorgement and milk secretion during the days following the delivery, until lactation is suppressed. Appropriate management should help diminish the breastmilk supply and minimize the risk of complications. The application of cold therapy may be soothing, is unlikely to cause harm, and cabbage leaves are readily available as an effective treatment for engorgement. Analgesia is effective for engorgement breast pain if not contraindicated.
- A woman who suppresses lactation for a stillbirth, perinatal loss or neonatal death requires additional support and should be referred to a social work or perinatal mental health services.
- A woman who has had a stillbirth, perinatal loss or neonatal death may choose to lactate then suppress gradually as it may help with her grieving process. Midwives, medical officers and CMC2 Lactation need to provide support for a woman who chooses this option for lactation suppression.
- Women who are HIV positive are advised not to breastfeed their neonate(s) to prevent vertical transmission.
- Pharmacological and non-pharmacological suppression options should be offered to all women.
- Pharmacological interventions have been used to suppress lactation after childbirth and decrease associated symptoms as there is no universal guideline for the most appropriate approach for suppressing lactation in postpartum women. Pharmacological side effects are to be clearly explained, discussed and documented prior to prescribing.
- The drug of choice at the Royal Hospital for Women is currently cabergoline (Dostinex®). This is a treatment reported and used for mothers with hypergalactia. In low doses, cabergoline has been reported to decrease milk supply. It does however have side effects, interactions and contra-indications for use. Use of cabergoline for lactation suppression or hypergalactia is an off label indication. This must be explained to the patient and verbal consent documented.

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- Cabergoline suppresses lactation and inhibits the release of prolactin from the anterior pituitary gland. This action is similar to that of bromocriptine, another prolactin-inhibiting agent. The oral doses ranged from 0.4 mg to 1 mg, usually given as a single dose within 24 hours of delivery, however, it may be given as a divided dose over 2 days. A 1 mg dose appears to be the most effective for long-term suppression of lactation. The manufacturer states that 'Cabergoline should not be used to suppress physiologic lactation because of the known toxicities associated with bromocriptine, when used for this purpose these toxicities include hypertension, stroke, and seizures'.
- Bromocriptine is not used to suppress lactation. It has been withdrawn in the US and other countries because it increases the risk of maternal stroke, seizures, cardiovascular disorders, death and possibly psychosis.
- Rebound lactation has been documented within one to two weeks after initial pharmacological suppression treatment i.e. resumption of milk supply as demonstrated by filling of the breasts and possible leakage of milk. The woman needs to be informed of this possibility.
- Women with an established supply will benefit from gradual weaning. It is important for the physical and emotional wellbeing of both the mother and child. Abruptly suppressing an established supply increases the risk of blocked ducts, mastitis and a breast abscess. Gradual weaning allows the fat tissue to replace glandular tissue. The levels of protective factors in breastmilk increase during the weaning period providing a final boost to the neonatal immune system and protect the woman against breast infections.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- NSW Health PD2011_042. Breastfeeding in NSW: Promotion, Protection and Support
- Breastfeeding Protection, Promotion and Support
- Stillbirths and Fetal Deaths - diagnosis, delivery, documentation and transport
- SESLHDPR/352 Mastitis (Lactational) Treatment

9. RISK RATING

- Medium

10. NATIONAL STANDARD

- Standard 5- Comprehensive Care

11. REFERENCES

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