



# Lactation suppression

Suppression of lactation may be required for many reasons:

- the mother has chosen to formula feed,
- the mother has a medical condition that precludes breastfeeding,
- the mother requires medications that preclude breastfeeding,
- the infant has a medical condition that precludes breastfeeding, or
- the mother has experienced a stillbirth or neonatal death.

## Breast milk suppression immediately following birth

- Prescribed drugs used to suppress lactation act by reducing prolactin, the hormone involved in making milk.
- For this reason these medications work best in the early stages of lactation when prolactin levels are high. They are much less effective if used after weeks or months of breastfeeding.
- Cabergoline may be prescribed for suppression of lactation.
- It is possible to suppress lactation without medication.
- 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.
- Relieve discomfort and swelling by placing cold packs from the fridge, not the freezer on your breasts.
- 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.
- **Express only enough to make your breasts comfortable.**
- 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 across your breasts to soak up any leaking milk.
- If your breasts are uncomfortable, you can take simple pain relief, such as paracetamol or ibuprofen. Discuss this with your doctor if you have concern with these medications.

## Things to watch out 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 increases.
- Engorged breasts become very swollen, tender and hard.
- If a firm bra, cold, expressing to comfort and simple analgesia 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.
- Continue to wear a firm bra.
- Continue to **express only for comfort**.

### Blocked ducts and mastitis

- When breasts are very full, there is a risk that one or more of the ducts will become blocked.
- A lump forms and the breast begins to feel sore.
- Sometimes there is a red area on the skin and / 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 have 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 have the flu-like symptoms or if you cannot clear a blockage.
- If you have blocked ducts you will need to express more milk than usual to clear the blockage.
- If mastitis is not adequately treated, a breast abscess may develop.

### Treat blocked ducts and mastitis quickly to avoid further problems

- Apply cool pack or cloth to the affected area.
- Then express your milk.
- Express every few hours to keep the breast as empty as you can; while expressing, gently stroke your breast, towards the nipple. When the mastitis has passed, you can go back to reducing your milk supply.
- Between expressing sessions, use cold packs from the fridge, not the freezer. A face washer cooled in cold water to reduce inflammation and relieve pain is also useful.
- **Visit your GP** if you have a fever, feel unwell or if you cannot clear a blocked duct, as appropriate antibiotic treatment for 10 – 14 days is necessary. An analgesic or anti-inflammatory medication may also help.
- **Avoid breast milk suppression when mastitis is present.**
- Express until the mastitis resolves, then gradually decrease the number of expressions / days over a period of several days until the breasts only become full after 24 to 48 hours – then cease.

For further support and advice, please contact the Breastfeeding Centre of WA on (08) 6458 1844, or ring (08) 6458 2222 and ask for pager 3310. Monday to Friday, excluding public holidays.



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