

Lactation after Loss

We are very sorry that your baby has sadly died. Some mums and lactating parents find producing breastmilk very painful as it reminds them of their loss. They want to stop their milk production as quickly as possible. Others find making and expressing their milk comforting. There is no right or wrong way to feel, or decision to make. This leaflet explains the options that you have, and your healthcare team can support you to make the best decision for you and answer any questions that you may have.

Natural Milk Production

The amount of milk produced in the breast will vary from person to person and will reduce naturally over a period. If breastfeeding has already been established, your breasts may continue to produce milk for some time.

It is extremely important not to abruptly stop the production of milk if breastfeeding has already been established, as this may increase the risk of severe breast engorgement and mastitis.

Engorgement

Engorgement is when the breasts become swollen, firm, and painful. It can happen between 2-5 days after the death of your baby. Your breasts can leak milk and feel uncomfortable for up to 7-14 days. This can settle on its own. If severely engorged, your breasts can become hard, shiny, warm, and slightly lumpy to touch. Breast engorgement actually helps to suppress the production of breast milk. However, painful breast engorgement is not necessary and can be avoided.

Relieving Symptoms of Engorgement

There are a variety of methods that can be used to reduce milk production including prescribed medication and a milk reduction routine. These are a few suggestions to help relieve engorgement.

- Take regular pain relief.
- Wear a support bra e.g. a sports bra day and night.
- Use breast pads to absorb leaking milk.
- Use cold compresses for 15-20 minutes – avoid heat.
- If your breasts feel very full, hand express a small amount off for comfort.
- Have a warm bath or shower to allow the breasts to leak naturally (ensure shower water jets are not directly on the breasts)
- Sleep on your back.

Mastitis

Mastitis is inflammation of the breast, which, if left untreated, can develop into a more serious infection. Symptoms include:

- red, swollen area on the breast that is hot and painful to touch.
- breast lump or area of hardness on the breast
- white or blood-stained nipple discharge
- flu-like symptoms including fatigue, chills, fever.

If you display any of these symptoms it is recommended that you contact your midwife, health visitor or GP as antibiotic treatment may be required.

If You Need to Hand Express

To hand express, hold your breast with your fingers a few inches back from the areola (the dark part around the nipple). Push your hand back toward the chest wall, and then roll your fingers forward toward the nipple, taking care not to slide your fingers over the skin.

Reducing Your Milk Supply

If you were expressing regularly for a premature or ill baby, you will need to gradually reduce the amount of breast milk produced. This can be done through increasing the time between hand expressing, over a few days and eventually coming to a stop. If you are unable to find relief using hand expressing a pump can be used, however only spend as long on the pump as it takes to reduce the pressure in your breasts; emptying your breasts will encourage your body to produce more milk.

Medication

Cabergoline (Dostinex) suppresses milk production by blocking the hormone that is secreted to produce milk. It should be used alongside a milk reduction routine. The dose of Cabergoline is 0.25 mg twice a day for two days if breastfeeding is established, or 1mg in a single dose if breastfeeding has not yet been established. Your neonatal nurse, midwife or GP will be able to arrange this for you.

What can I do with milk that I have already expressed?

There are different options available if you have milk that you have already expressed, and you may wish to do one or a combination of these.

- Donating your milk to a milk bank for recipient or research donation

- Keeping a container of milk for a keepsake
- Using some of your milk to be turned into a keepsake for example breastmilk jewellery. (You can find details of companies online who make these for a fee)
- You may not want to keep or donate your milk, and you can ask the hospital to dispose of the milk safely on your behalf.

The Funeral

Around the time of your baby's funeral is going to be highly emotional. This unfortunately can affect your milk production and you may experience engorgement even though you thought things were settling down. If possible, sit down and support your breasts with your arm. Let people know not to hug you too hard if your breasts are painful.

Continuing to express for donation

Some parents find that expressing milk for donation can be comforting. Parental grief is very complex and personal, and this may not be a choice for everyone. If you decide that you want to keep on expressing, you may wish to consider milk donation. Your nurse/midwife will be able to give you more information if you feel as though this is a choice that you would like to make.

Local Support

It is important that you are supported through your bereavement. The hospital has a dedicated bereavement team called The Honeysuckle Team. Please contact the team on 0151 702 4151 / email honeysuckle@lwh.nhs.uk or search Honeysuckle Team on Facebook.

Support

Helpful organisations:

Stillbirth And Neonatal Death charity (SANDs) www.uk-sands.org Helpline: 02074365881	Child Bereavement UK http://www.childbereavementuk.org/ Helpline: 0800 0288840
Winston's Wish www.winstonswish.org.uk Helpline: 0845 030405 Phone: 01242 515157	Childhood Bereavement Network www.childbereavementnetwork.org.uk Helpline: 020 7843 568900
Twins Trust www.twinstrust.org Phone: 01252 332 344	Children of Jannah www.childrenofjannah.com Phone: 0161 480 5156
	Muslim Bereavement Support Service www.mbss.org.uk Phone: 020 3468 7333

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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