

## Lactation after baby loss

Information for patients, relatives and carers

① For more information, please contact:

#### Maternity Services

Please see our contact details on page 11

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## Introduction

We are very sorry that your baby has sadly died. One of the most distressing physical symptoms following the death of your baby can be breast pain and the production of breast milk.

You may want to prevent/reduce this from occurring if your baby has died before you have started producing milk.

If you have commenced expressing or breastfeeding your baby, you may wish to stop doing this and follow a lactation suppression pathway. Some parents may wish to continue expressing and donate their stored breastmilk or continue to express for this purpose. If this is something you would like to consider, please turn to page 8 for further information.

The aim of this leaflet is to provide you with information on how to reduce and stop the production of breast milk. It offers practical advice to ease the physical symptoms of breast engorgement that you may experience during this difficult and emotional time.

## **Natural Milk Production**

The amount of milk produced in the breast will vary from person to person, and will reduce naturally over a period of time. 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 established, as this may increase the risk of severe breast engorgement and mastitis.

#### What is engorgement?

Engorgement is when the breasts become swollen, firm, and painful. It can happen between 2-5 days after giving birth to a baby that has died before/during or shortly after birth or sooner if you have started to lactate (i.e., if you have been either breastfeeding or expressing milk for a poorly baby or expressing prior to the birth). Your breasts can leak milk and feel uncomfortable for up to 7-14 days. This can settle down 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.

## What is 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 or GP as antibiotic treatment may be required.

## How can I relieve the symptoms of Engorgement?

A variety of methods 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 simple pain relief. If you are able to take these medications- paracetamol 1g four times a day and an anti-inflammatory such as ibuprofen 400mg three times a day. These can be taken together.
- Wear a support bra day and night for- example a sports bra. Avoid under wired bras.
- Use breast pads to absorb leaking milk.
- Use cold compresses or gel packs on the breastsapply for 15-20 minutes.
- If your breasts feel very full, hand express a small amount of milk for comfort.
- Gentle massage may help.
- Apply washed and chilled savoy cabbage leaves to the breasts inside your bra.
- Have a warm bath or shower to allow the breasts to leak naturally (ensure shower water jets are not directly on the breasts).
- Sleep in a semi upright position to avoid pressure from heavy breasts, if sleeping on your side then pillows may help to support your breasts.
- Homeopathy or acupuncture.

## Should I Bind my Breasts?

This is not considered an effective intervention for suppression of lactation. However, if this is something that you feel is important to you, please be aware that there is an increased risk of mastitis, and you should be vigilant of this. If you experience any symptoms, then please contact your GP as you may need treatment.

#### How do I 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 towards the chest wall, and then roll your fingers forward toward the nipple, taking care not to slide your fingers over the skin.

#### How do I reduce my milk supply?

If you were breastfeeding or expressing regularly for a premature or ill baby, you will need to reduce gradually the amount of breast milk produced. This can be done through increasing the time between expressing by hand or pump, over a few days until you can eventually stop. We would suggest the following:

Day 1 Pump each breast for 5 minutes every 4-5 hours;Day 2 Pump each breast for 3-5 minutes every 6 hours;Day 3 Pump each breast just long enough to relieve discomfort.

## Can I take any medication to help?

Cabergoline prevents/suppresses milk production by blocking the hormone that is secreted to produce milk. It should be used alongside a milk reduction routine. However, a small proportion of women may experience side effects such as nausea, vomiting, and headaches.

The dose of Cabergoline for prevention of milk production is 1mg but this must be taken within the first 24 hours of the birth of the baby. For suppression of milk production that has already been established, the dose is 0.25mg twice a day for two days. Your midwife or GP may be able to arrange this.

#### Can I donate my milk to the milk bank?

Not every woman wants to stop lactating at this difficult time. There is the option of donating your milk to the UK National Milk Bank for it to be used to treat premature and sick babies. For the most up to date information please contact info@ukamb.org

York and Scarborough hospitals use the local Chester milk bank. If you would like to donate your breast milk, please contact milkbank.chester@nhs.net.

# Are there any contraindications to donating milk?

The list below may indicate that you may not be eligible to donate.

- Medications these may be short term contraindications dependant on medication type. Commonly include but not restricted to; antidepressants, antibiotics, anti-coagulants, pain relief and induction medication following a still birth.
- Smoker in the household Donor uses nicotine replacement therapies or smokes. • Alcohol consumption in excess of 1-2 units of alcohol once or twice a week.
- Caffeine intake of more than 200mg per day
- Milk expressed more than 10 weeks previously.
- Blood transfusion/tattoos/acupuncture may contraindicate a retrospective donation due to delayed blood tests. Can I do anything else with my expressed milk?
- Some milk banks may take expressed milk from bereaved parents for research/quality control.
  Some families may want to explore the possibility of using their expressed milk to make mementoes such as jewellery, pebbles etc.

# Can I do anything else with my expressed milk?

Some milk banks may take expressed milk from bereaved parents for research/quality control. Some families may want to explore the possibility of using their expressed milk to make mementoes such as jewellery, pebbles etc.

#### Baby's/Babies 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.

### Can I get any emotional support?

It is important that you are supported through your bereavement. The hospital booklet "Information to help you following the loss of your baby" is available from bereavement services. If you have not received this, please contact them or your midwife/nurse to obtain a copy. The following pages will give you the hospital contact details that you may find useful, along with both local and national bereavement support charities.

## Useful telephone numbers

Patient Advice and Liaison Service (PALS)	01904 726262	
Infant Feeding Co-ordinator	07766 498290	
Bereavement Midwife Email: yhs-tr.bereavement.midwives@nhs.net		
The York Hospital Site Contacts		
Bereavement Services	01904 725445	
Community Midwives, contact via Maternity Medical Records during Office hours	01904 726720	
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Chaplaincy (Office hours/voicemail)	01904 725579	
Special care baby unit	01904 726005	
Scarborough Hospital Site Contacts		
Switch board	01723 368111	
Bereavement Services	01723 385178	
Chaplaincy	01723 342500	

## **National Support Organisations**

#### **BLISS the premature baby charity**

Support, advice and information for families of babies in intensive care and special care, including bereaved families. www.bliss.org.uk

#### The Child Bereavement charity

The charity provides support and information to all affected by the death of a baby or child. www.childbereavementuk.org Helpline: 0800 02 888 40 or 01494568900

#### Twins and Births Association (TAMBA)

Bereavement Support Group For parents who have lost one or both twins or more from multiple birth. www.twinstrust.org

#### **Edwards Trust Sunrise**

Supports children and families through serious illness and bereavement. www.edwardstrust.org.uk Telephone: 0121 454 1705

#### Stillbirth and Neonatal Death (SANDS)

National helpline open Monday to Friday 10am to 4pm. Telephone number: 0808 164 3332. www.sands.org.uk.

#### **Cruse Bereavement Care**

An organisation to enable anyone bereaved by death to understand their grief and cope with their loss. www.cruse.org.uk Helpline: 0808 808 1677

## British Association for Counselling and Psychotherapy (BACP)

Help and advice finding an accredited counsellor in your area. www.bacp.co.uk/ Telephone: 01455 883300

#### Willow's Rainbox

https://willowsrainbowbox.co.uk/south-asiancommunities/

#### Muslim bereavement support service:

https://mbss.org.uk/

## Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact: yhs-tr.bereavementservices.york@nhs.net or via the contact details on page 11.

### Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

# Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

www.yorkhospitals.nhs.uk

# Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-informationleaflets/

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