

INFORMATION FOR PATIENTS

Lactation suppression for the bereaved woman/birthing person

This leaflet aims to provide you with information on lactation suppression, with practical advice to reduce the physical symptoms of breast/chest engorgement that you may experience during this difficult and emotional time.

Milk production

The amount of milk produced in the breast/chest will vary from person to person. If breast/chest feeding has already been established, your breasts/chest may continue to produce milk for several weeks after birth, and expression of your milk should be reduced gradually over time.

You will also experience engorgement as the body suppresses milk production.

Hand expression

Hand expression can be used to relieve pressure within the breast/chest to 'soften' the area and ease discomfort.

You can also try reverse pressure softening – this aims to move fluid away from the nipple area. Press five fingertips in a flower-like shape around the base of your nipple. Apply pressure for around one minute. This technique should **not** be used if you have mastitis symptoms.

Engorgement

Engorgement is when the breasts/chest become swollen, firm, and painful.

If severely engorged, they may also become hard, shiny, warm and slightly lumpy to touch. It can happen between 30-72 hours after birth, or while reducing lactation gradually to suppress milk production. Painful engorgement needs to be avoided.

Mastitis

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

- If you have white skin- a red, swollen area on the breast/chest that is hot and painful to touch.

If you have brown or black skin, please be alert to other non-visual symptoms of mastitis.

- A lump or area of hardness in the breast/chest.
- White or blood-stained nipple discharge.
- Flu-like symptoms including fatigue, chills and fever.

If you display any of these symptoms it is recommended to contact your midwife, health visitor or GP as soon as possible for support. Antibiotics are needed if symptoms are not improving within 12-24 hours, or if you are acutely ill.

Relieving symptoms of engorgement

At first your breasts/chest may feel very full and possibly tender. To help with this we recommend you:

- Take regular pain relief, such as paracetamol.
- Wear a well-fitting bra, day and night - avoid underwired bras.
- Use breast/chest pads to absorb leaking milk.
- Regularly apply cold compresses or gel packs onto the breast/chest to reduce heat and inflammation.
- To 'soften' a very full breast/chest, have a warm bath or shower to allow the breasts/chest to leak naturally.
- Sleep in a supine (lying face upwards) position or use extra pillows to avoid pressure on tender, full breasts/chest if side-lying.

Reducing your milk production

Methods include:

- Natural remedies.
- Prescribed medication.
- A milk reduction routine if feeding is already established. It is extremely important to stop gradually, and not stop expressing quickly, as this may increase the risk of severe engorgement and mastitis. You can hand express or use a pump.
- Express just enough milk to reduce discomfort and then stop expressing.
- Reduce the time you express by five minutes every day.

- Reduce the amount you express by one session a day.

For example, if you usually express or feed eight times in 24 hours, for 25 minutes each session:

- **Day 1** - express each breast for 20 minutes, seven times in 24 hours.
- **Day 2** - express each breast for 15 minutes, six times in 24 hours.
- **Day 3** - express each breast for 10 minutes, five times in 24 hours.
- **Day 4** - express each breast for five minutes, four times in 24 hours.
- **Day 5** - express each breast for five minutes, three times in 24 hours.
- **Day 6** - express each breast for three minutes, twice in 24 hours.
- **Day 7** - express each breast once, long enough to relieve discomfort.
- **Day 8** - avoid expressing if possible and follow advice for engorgement if your breast/chest feels full.

Medication

Two drugs are available to stop milk production. These are bromocriptine (Parlodel™) and cabergoline (Dostinex™).

Both drugs have serious side effects - more information can be found on the following link (type into your browser):

- <https://breastfeeding-and-medication.co.uk/wp-content/uploads/2020/06/sillbirth-and-milk-supply-.pdf>

Your hospital doctor or your GP can prescribe these. It is important to discuss any implications and possible side-effects with your doctor.

Milk donation

Not every woman/birthing person wishes to stop lactating at this difficult time. You can continue to express eight to ten times in 24 hours and liaise with the UK National Milk Bank to discuss milk donation for premature and sick babies.

Telephone: 020 838 33559

Website: www.ukamb.org

Local support

It is important that you are supported through your bereavement. Ongoing support may be available from your midwife, infant feeding midwife (telephone 01623 622515, extension 6095), health visitor, GP, and the Child Bereavement Team at either King's Mill Hospital or the Queen's Medical Centre.

National support

SANDS

Stillbirth & Neonatal Death Charity

Helpline: 02074 365881

Website: www.uk-sands.org

Childhood Bereavement Network UK

Telephone: 0800 028 8840

Website: www.childbereavement.uk

Winston's Wish Family Line

Helpline: 0845 203 0405

0808 8020 021

Website: www.winstonswish.org.uk

General enquiries: 01242 515157

Further sources of information

NHS Choices: www.nhs.uk/conditions

Our website: www.sfh-tr.nhs.uk

Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

King's Mill Hospital Triage: [01623 676170](tel:01623676170).

Newark Hospital: 01636 685692

Email: sfh-tr.PET@nhs.net

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email sfh-tr.PET@nhs.net.

This document is intended for information purposes only and should not replace advice that your relevant health professional would give you.

External websites may be referred to in specific cases. Any external websites are provided for your information and convenience. We cannot accept responsibility for the information found on them.

If you require a full list of references for this leaflet (if relevant) please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

To be completed by the Communications office
Leaflet code: PIL202609-07-LS
Created: May 2013 / Revised: September 2026 /
Review Date: September 2028