



## CLINICAL PRACTICE GUIDELINE

# Breastfeeding: Suppression of lactation

This document should be read in conjunction with the [Disclaimer](#)

### Aim

- To suppress lactation in those mothers who wish to formula feed, mothers with a medical condition that precludes breastfeeding and those who have experienced a stillbirth or neonatal death.
- To minimise the discomfort experienced by women suppressing lactation.

### Milk Suppression Immediately Following Birth<sup>1</sup>

1. The breasts should be supported immediately post-partum. A firm (but not tight) bra or crop top may be worn both day and night.
2. Advise the patient to avoid stimulating her breasts, but if the breasts become very full and painful she may need to express a little milk occasionally, for comfort.
3. Full breasts need to be handled gently as they may bruise easily
4. If lactation is already established it may take longer to reduce the milk supply. It is best to reduce breast milk production over a week or longer if possible.
5. Even when a baby has died, or weaning has to be immediate, many mothers find a gradual reduction in milk production by expressing to comfort when necessary for a few days is less painful than sudden cessation.<sup>1</sup>
6. Application of cold compresses can alleviate painful breasts.
7. Mild analgesics, e.g. paracetamol, can also alleviate painful breasts, or Ibuprofen.
8. Observe breasts for signs of inflammation.
9. Inform the patient that milk leakage may occur and breast pads may be required.
10. Avoid suddenly ceasing breastfeeding or expressing if mastitis is present.
11. Advise the patient the process of lactation varies but generally if lactation is not established discomfort only lasts 24 - 72 hours.
12. Women who have had a stillbirth, neonatal death or have a medical condition that excludes breastfeeding may be prescribed Cabergoline. See [Clinical Guidelines Section P, A – Z Cabergoline](#).

## Suppression of lactation when lactation is established and mastitis is present


- Advise the woman that this is not a good time to wean, as it increases the risk of breast abscess formation
- Gradual reduction in milk production by expressing to drain the breasts is preferable to sudden cessation.
- Antibiotic cover for at least 10-14 days or longer is necessary if there continues to be lumpy or painful areas in the breasts.
- Gradually increase the length of time between expressions as the condition improves. When only expressing once a day, then cease.

### References and resources

1. Brodribb W. Lactation Suppression. Breastfeeding Management in Australia. Fourth edition 2012

### Related policies

### Related WNHS policies, procedures and guidelines

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