SUPPRESSION OF LACTATION OR WEANING

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

• AIM
  • A woman who suppresses lactation is supported in her decision and managed appropriately

• PATIENT
  • Newly birthed or lactating woman

• STAFF
  • Registered midwives
  • Registered nurses
  • Student midwives
  • Enrolled/Endorsed/Mothercraft nurses
  • Medical Officers

• EQUIPMENT (as required)
  • Firm supportive bra or top
  • Cool cloths or chilled clean cabbage leaves

• CLINICAL PRACTICE
  • Discuss strategies to manage suppression that are relevant and acceptable to the woman depending upon her circumstances
  • Provide written information appropriate to woman’s situation and discuss same\(^1,2\)
  • Identify if suppression is going to occur in the immediate postpartum period or the woman has established lactation

Immediate suppression of lactation post birth:
  • Avoid unnecessary breast stimulation
  • Wear a firm supportive bra or top
  • Apply cool cloths, gel packs or cabbage leaves as required
  • Maintain normal fluid intake
  • Allow leakage of breastmilk to occur, sufficient expression to maintain comfort may be required
  • Advise the woman regarding options for analgesia (paracetamol)
  • Discuss the role and the potential side effects of pharmacological suppression of lactation with the woman
  • Administer medication if requested by woman and ordered by a medical officer
  • Do not breastfeed/give baby any expressed breastmilk once pharmacological treatment initiated\(^3\)
Cabergoline (Dostinex) is registered for use to suppress lactation\(^3,4\). It does however have side effects, interactions and contra-indications for use. In the immediate postpartum period the following regimen is recommended\(^3,4\):

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Side Effects</th>
<th>Drug Interactions</th>
<th>Contraindications/Precautions</th>
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<tbody>
<tr>
<td>1mg Cabergoline orally during the first day but preferably within the first 12 hours of birth (single dose of 2 x 0.5mg tablets)</td>
<td>Headache, dizziness, fatigue, orthostatic hypotension, nose bleed</td>
<td>Interaction is more common with anti-emetics commonly used in the postpartum period. Do not use with other dopamine antagonists such as metoclopramide, the phenothiazines, butyrophenones and thioxanthenes as these may reduce the prolactin lowering effects.</td>
<td>Contraindications: Hypersensitivity to the drug, other ergot alkaloids or to any of the excipients, pre-eclampsia or postpartum hypertension. Precautions: Renal disease, Raynaud syndrome, liver disease, pulmonary or cardiac fibrotic disorders, gastrointestinal bleeding, history of psychosis, hypotension</td>
</tr>
</tbody>
</table>

**Suppression of established lactation:**
- Recommend gradual suppression of lactation to reduce risk of mastitis and breast abscess\(^5\)
  - Gradually reduce the number of breastfeeds or breast expressions over several days/weeks ensuring the breasts remain comfortable
  - Unless contra-indicated any expressed breastmilk can be given to the baby
- Cease breastfeeding
  - Express for comfort only
  - Wear a supportive bra
  - Apply cool cloths, gel packs or cabbage leaves as required
  - Maintain normal fluid intake
  - Advise the woman regarding options for analgesia (paracetamol)
  - Discuss the role and the potential side effects of pharmacological suppression of lactation with the woman
  - Administer medication if requested by woman and ordered by a medical officer

**DOCUMENTATION**
- Integrated clinical notes
- ObstetriX
- Maternal medication chart
EDUCATIONAL NOTES

- As a baby friendly accredited facility RHW supports every woman’s right to make an informed infant feeding decision in accordance with the implementation standards of “The Ten Steps to Successful Breastfeeding”.
- The woman suppressing lactation in the early postpartum period is at risk of pain and engorgement in addition to potential stress or grief over her decision not to breastfeed. Appropriate management will diminish the milk supply with as little discomfort as possible and minimisation of any complications.
- Depending on the reason for suppressing lactation the woman may require additional psychological support and be referred to social work or perinatal mental health services.
- There are no recent high quality studies to recommend one form of treatment over another when suppressing lactation in the immediate postpartum period, although pharmacological and non-pharmacological measures appear to be better than no treatment at all.
- Pharmacological or non-pharmacological suppression should be offered to all women according to their preference; however there is limited evidence that this is effective after the immediate postpartum period.
- Bromocriptine has been implicated in serious puerperal complications such as cerebral accident and myocardial infarction and thromboembolic complications. In 1989, the United States Food and Drug Administration recommended against the routine use of bromocriptine for suppression of postpartum lactation, noting that while there was no clear proof of adverse effects, there were also no proven health benefits. Cabergoline appears to have fewer side effects than bromocriptine, although there is limited data re adverse events from randomised controlled trials.
- Some women with a stillbirth/neonatal death choose to lactate then suppress gradually as it helps with their grieving process, other women do not wish to experience lactation at all.
- Washed cabbage leaves have been documented as a treatment for engorgement. There is however currently insufficient evidence to recommend the widespread use of any particular treatment. The application of cold therapy may be soothing, is unlikely to cause harm, and cabbage leaves are readily available.
- With regards to pharmacological analgesia, evidence for engorgement suggests NSAIDs are effective if not contraindicated.
- Cabergoline is a dopamine ergoline derivative, with potent and long-lasting prolactin-lowering activity. The prolactin lowering effect is dose-related both in terms of degree of effect and duration of action.
- Potential side effects are to be clearly explained when ordering the medication and discussion points appropriately documented in the woman’s integrated notes.
- Rebound lactation has been documented within one to two weeks after initial treatment i.e. resumption of milk supply as demonstrated by filling of the breasts and possible leakage of milk. The woman needs to be informed of this possibility.
- The woman with an established supply will benefit from gradual weaning, it is important for the physical and emotional wellbeing of both the mother and child. Abruptly suppressing an established supply increases the risk of blocked ducts, mastitis and breast abscess. Gradual weaning allows the fat tissue to replace glandular tissue. The levels of protective factors in breastmilk increase during the weaning period providing a final boost to the baby’s immune system.
- There are currently no studies to clearly identify a pharmacological regime for suppressing established lactation. The following regime for Cabergoline (Dostinex) has been suggested:
  - 0.25mg Cabergoline orally every 12 hours for 2 days for a total of 1.0mg (i.e. 4 doses of ½ tablet or 0.25mg). It should be noted that this is an unlicensed indication, not based on randomised controlled trial evidence.
SUPPRESSION OF LACTATION OR WEANING  cont’d

- RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP
  - Breastfeeding – protection, promotion and support

- REFERENCES
  1. SESIAHS Handout 2009 “Weaning or Suppressing Lactation” (create hyperlink)
  2. SESIAHS Handout 2009 “Breast care when your baby has died” (create hyperlink)
  3. MIMS Full Prescribing Information 2009 Cabergoline (Dostinex)
     http://www.ciap.health.nsw.gov.au or
     hKey=FullPlxmlPath Accessed 25th April 2012
     1 Standards for Implementation of the Ten Steps to Successful Breastfeeding

Acknowledgement: GE2010_006 Suppression of Lactation - NSCCAHS