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BUSINESS RULE
COVER SHEET

Health
South Eastern Sydney
Local Health District

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SUMMARY	Information and support for mothers who chose or need to suppress lactation from birth or who need to wean once lactation has been established. Pharmacological suppression may be offered for mothers who experience perinatal loss.
Key Words	Supressing, lactation, weaning

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Suppression or Weaning of Lactation — RHW CLIN165

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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

The aim of this CBR is to:

- Assist and support woman who decides to suppress lactation for a medical or non-medical indication
- Support woman who has experienced a still birth, perinatal loss or neonatal death with lactation suppression
- Provide education and support for woman who wishes to wean early in the postpartum period

2 RESPONSIBILITIES

2.1 Clinical Midwifery/Nurse Consultant Lactation

Provide individual assessment, information and support with a mother who decides or needs to suppress lactation.

2.2 Medical, Nursing and Midwifery Staff

Provide general information and support on suppressing lactation that may or may not include pharmacological suppression. Provide referral to CMC/CNC Lactation or Australian Breastfeeding association where appropriate.

3 PROCEDURE

3.1 Clinical Practice

- Identify if suppression is occurring in the immediate postpartum period or the woman has already established lactation
- Discuss strategies to manage suppression or weaning that are relevant and acceptable to the woman depending upon her circumstances
- Provide written information to the woman's situation:
- SESLHD patient information "Weaning or Suppression"

- SESLHD patient information "Breast care after your loss"

3.1.1 Immediate Suppression of Lactation Postpartum

- Instigate non-pharmacological methods to suppress lactation as outlined below, to help alleviate lactation naturally
- Discuss analgesia options with woman
- Discuss the role and potential side effects of pharmacological suppression of lactation with woman
- Administer medications if requested by woman and ordered by a medical officer

- **3.1.2 Non-pharmacological Methods for Lactation Suppression**

- Avoid unnecessary breast stimulation
- Wear a firm supportive bra or top day and night for breast support
- Apply cold compresses, gel packs or cabbage leaves as required to relieve any pain or swelling
- Maintain normal fluid intake
- Allow leakage of breastmilk to occur and express breast only for comfort
- Use analgesia if required
- Suggest the following for comfort:
- Apply breast pads to assist in soaking up any breastmilk leakage. Encourage changing pads when they become soaked
- Advise woman to lie on her back or one side with extra pillow to support her breasts. If she would like to lie on her front, place a pillow under her hips and stomach to ease the pressure on her breasts. A soft towel or cloth nappy can be placed across her breasts to soak up any leaking milk

3.1.3 Pharmacological Methods for Lactation Support

- Counsel woman with regards to potential side effects, interactions and contraindications (see appendix 1)
- Chart or prescribe Cabergoline (Dostinex®) for lactation suppression as the drug of choice
- Advise woman rebound lactation sometimes occurs 1 to 2 weeks after treatment
- Advise woman not to breastfeed or express breastmilk for further use, once pharmacological treatment is initiated
- Document discussion and woman's preference, regarding pharmacological suppression in EMR

3.1.4 Suppression of Established Lactation

- Advise woman suppressing lactation can result in discomfort, breast inflammation (mastitis) and may escalate to infective mastitis causing sepsis.

- Recommend gradual suppression of lactation to reduce discomfort and risk of mastitis.
- Reduce the number of breastfeeds or breast expressions gradually over several days/weeks and ensure the breasts remain comfortable
- Increase the length of time between breastfeeds or breast expressions gradually over several days/weeks and ensure the breasts remain comfortable
- Give expressed breastmilk to neonate unless contraindicated
- Refer to SESLHD Mastitis (Lactational) Treatment if mastitis is diagnosed
- Advise woman diagnosed with mastitis who wishes to wean, to wait until mastitis has resolved before weaning

3.1.5 Weaning

- Discuss with woman her reasons for wanting to wean, to ensure this is the appropriate decision for her
- Discuss and provide specific strategies for gradual weaning that are consistent with the age of the neonate and cultural beliefs
- Avoid abrupt or sudden weaning as this may pose a risk for breast pain and mastitis
- Inform woman, 'baby-led' weaning may occur over weeks or months
- Encourage woman to reduce the number of feeds gradually every few days
- Suggest woman who is not directly breastfeeding, to express for comfort as required and slowly reduce the times and volume she expresses. Watch for any signs of mastitis e.g. erythema, pain or flu-like symptoms. If signs or symptoms of mastitis occur, advise woman to continue to express, and contact a healthcare professional for review e.g. General Practitioner, Australian Breastfeeding Association or Child and Family Health Centre
- Instruct mothers who are directly breastfeeding to withdraw another feed when breasts feel comfortable
- Continue to reduce feeds in this way, usually about one feed a week, until breasts are completely comfortable without needing to breastfeed or express

3.2 Educational Notes

- The Royal Hospital for Women supports all women in their feeding choices. It promotes a baby-friendly environment for all pregnant and birthing women. The hospital supports the right of the individual to make an informed decision with infant feeding in accordance with the implementation standards of 'The Ten Steps to Successful Breastfeeding'[11]
- A woman who decides to not to breastfeed may experience potential stress and grief. All staff are to support each woman's feeding decisions[1,11]
- A woman who decides to suppress lactation in the early postpartum period may experience breast pain, engorgement and milk secretion during the days following birth, until lactation is suppressed. Appropriate management should help diminish the breastmilk supply and minimise the risk of complications. The application of cold therapy may be soothing, is unlikely to cause harm, and cabbage leaves are readily available as an effective treatment

for engorgement. Analgesia is effective for engorgement breast pain if not contraindicated[1,11]

- A woman who suppresses lactation for a stillbirth, perinatal loss or neonatal death requires additional support and should be referred to social work or perinatal mental health services[3,5,6,7,8]
- A woman who suppresses lactation for a stillbirth, perinatal loss or neonatal death may choose to lactate then suppress gradually as it may help with their grieving process. All staff need to provide support for a woman who chooses this option for lactation suppression[3,5,6,7,8]
- Women who are HIV Positive are advised not to breastfeed their neonate(s) to prevent vertical transmission[13]
- Women who may need to suppress or wean due to a medical condition, procedure or medication should be referred and offered counselling and support from Mothersafe and CMC/CNC Lactation[15]
- Pharmacological and non-pharmacological suppression options should be offered to all women[15]
- Cabergoline is the preferred medication for use as a lactation supressing agent, as it has a lower rate of significant side effects than other dopamine agonists[5,11,15]
- Carbergoline has a longer half-life and a lower rate of rebound lactation. Pharmacological side effects are to be clearly explained, discussed and documented prior to prescribing[5,11,15]
- Cabergoline suppresses lactation and inhibits the release of prolactin from the anterior pituitary gland. The oral doses ranged from 0.4mg to 1mg, usually given as a single dose within 12 hours of birth, however, it may be given as a divided dose over 2 days. A 1mg dose appears to be the most effective for long-term suppression of lactation[5,11,15]
- Rebound lactation has been documented within one or two weeks after initial pharmacological suppression 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[4,10,14]
- Women with an established supply will benefit from gradual weaning. It is important for the physical and emotional well-being of both the mother and child. Abruptly suppressing an established milk supply increases the risk of discomfort, mastitis and a 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 neonatal immune system and protect the woman against breast infections[3,13]

3.3 Related Policies/procedures

- NSW Health PD2018_034. Breastfeeding in NSW: Promotion, Protection and Support
- Breastfeeding Protection, Promotion and Support
- SESLHDPR/352 - Mastitis (Lactational) Treatment
- Perinatal Death (stillbirth and neonatal): Diagnosis, Investigation, Birth, Documentation, Transport and follow-up

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4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 NATIONAL STANDARDS

- Standard 4- Medication Safety
- Standard 5- Comprehensive Care

7 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
25/06/2001		RHW Council
July 2004		Lactation CNC
20/09/2004		Quality Council
2007/8		Lactation CNC
May 2012		Obstetrics LOPs Committee
21/06/2012		Quality and Patient Safety Committee
February 2016		Lactation Working Party
03/03/2016		Quality and Patient Safety Committee
08/03/2019		Maternity Services LOPs
15/03/2025		Draft complete
15/05/2025		UAT complete
04/08/2025		RHW BRGC

Appendix 1

Dosage	Side Effects	Drug interactions	Contraindications/Precautions
If Lactation not yet established-1mg cabergoline PO (single dose of 2 x 0.5mg tablets) during the first day, but, preferably within the first 12 hours	Headache Dizziness Fatigue Orthostatic hypotension Nose Bleed	Dopamine antagonists e.g. metoclopramide, phenothiazines, butyrophenones and thioxanthines can reduce the prolactin lowering effects. Carbergoline should not be taken until four hours after metoclopramide, prochlorperazine or promethazine.	**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
If Lactation has been established – 250mcg orally, every 12 hours for 4 doses.			Gradual suppression of lactation is advised to reduce the risk of mastitis and breast abscess formation.