

# Breastfeeding and Medication



## Stillbirth and Milk supply

Sadly, sometimes for no reason that is immediately obvious babies die around the time of birth. Stillbirth is defined as a birth after the 24<sup>th</sup> week of pregnancy and sadly affects one in every 200 births in England. Sometimes there may be problems with the placenta which provides nourishment from the mother's body. Sometimes the placenta separates from the wall of the uterus or the umbilical cord can prolapse. Maternal pre-eclampsia, diabetes or an infection can cause stillbirth. Sometimes no reason can be found. See <https://www.nhs.uk/conditions/stillbirth/causes/>

Whatever the reason you will experience having to deal with the milk supply that follows birth. Colostrum production begins during pregnancy and as the placenta is delivered hormonal changes are triggered for the body to begin to produce whether or not there is a baby to nourish or indeed even if you had chosen not to breastfeed. The emotional impact of a milk supply after your baby is born sleeping is difficult and women choose to deal with it in different ways. The choice is yours but please do not feel pushed into making a decision quickly. If you have a sibling to your baby born sleeping they may be willing to continue to suckle and deal with the new flow of milk.

1. Lactation suppression: you may request/be offered to dry your milk supply up as quickly as possible (see below)
2. You may express enough milk to be comfortable so that supply slows naturally over a few days. In the meantime, you may need paracetamol and ibuprofen as painkillers
3. You might decide to express your milk to donate it to babies in special care or whose mothers cannot breastfeed because of medication for instance during chemotherapy after delivery.
4. You may want to keep some milk to be made into jewellery in memory of your baby

### ***Medication to suppress lactation***

Two drugs have been marketed to stop milk production. These are bromocriptine (Parlodel™) and cabergoline (Dostinex™). In the past they have been commonly used to dry up the milk of mothers of babies born sleeping or those who die soon after birth. In this situation the mother's body will initiate milk production as normal.

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June 2020 *The information on this sheet is based upon my professional experience as a pharmacist with a specialised interest in the safety of drugs in breastmilk, supported by evidence from expert sources. However, I cannot take responsibility for the prescription of medication which remains with the healthcare professionals involved. I am happy to discuss the evidence by email [wendy@breastfeeding-and-medication.co.uk](mailto:wendy@breastfeeding-and-medication.co.uk)*

These drugs have very severe side-effects, including vomiting, postural hypotension, fatigue, dizziness and dry mouth. Also, particularly with high doses, women may suffer confusion, psychomotor excitation, hallucinations; rarely diarrhoea, gastro-intestinal bleeding, gastric ulcer, abdominal pain, tachycardia, bradycardia, arrhythmia, insomnia, psychosis, visual disturbances, and tinnitus. Cabergoline can also cause depression. They should be avoided if the mother has experienced pre-eclampsia. Both drugs can produce sudden onset sleep or excessive daytime drowsiness and driving should be avoided.

The BNF contains a warning on the use of bromocriptine:

Postpartum or puerperium

Should not be used postpartum or in puerperium in women with high blood pressure, coronary artery disease, or symptoms (or history) of serious mental disorder; monitor blood pressure carefully (especially during first few days) in postpartum women. Very rarely hypertension, myocardial infarction, seizures or stroke (both sometimes preceded by severe headache or visual disturbances), and mental disorders have been reported in postpartum women given bromocriptine for lactation suppression – caution with antihypertensive therapy and avoid other ergot alkaloids. Discontinue immediately if hypertension, unremitting headache, or signs of CNS toxicity develop.

Although bromocriptine and cabergoline are licensed to suppress lactation, they are not recommended for routine suppression when women have decided not to breastfeed, or for the relief of symptoms of postpartum pain and engorgement that can be adequately treated with simple analgesics and breast support. If a dopamine-receptor agonist is required, cabergoline is preferred.

The FDA approved indication for the use of bromocriptine for lactation suppression has been withdrawn, and it is no longer approved for this purpose due to numerous maternal deaths. In 2015, the French pharmacovigilance program published a review of the adverse events associated with bromocriptine use to cease lactation. This group reported 105 serious adverse reactions including cardiovascular (70.5%), neurological (14.4%) and psychiatric (8.6%) events. There were also two fatalities: one 32-year-old female had a myocardial infarction with an arrhythmia, and a 21-year-old female had an ischemic stroke (reported in Hale online, accessed August 2016).

For the suppression of established lactation, cabergoline 0.25mg is taken every 12 hours for two days for a total of 1mg. However, this drug also has significant side effects, including headache, dizziness, fatigue or insomnia, orthostatic hypotension (feeling faint when you stand up), oedema, nose bleed, dry mouth, inhibition of lactation, nausea, constipation, anorexia and weakness. There may of course also be interactions with the drugs prescribed that have caused the cessation of breastfeeding.

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## *Expressing for comfort*

- Whenever your breasts feel too full, express a little milk. Express only enough to make you comfortable. You can express by hand or using a breast pump – your maternity unit or health visitor may be able to lend you one
- Cold cabbage leaves against your breast inside your bra can be soothing – they contain an ingredient which is proven to help the engorgement which is what you are experiencing
- You may find that a hot bath or shower helps the milk to flow then a cold pack afterwards will reduce the pain and swelling. It is essential that you handle your breasts very gently as they can become bruised easily
- Some people suggest that restricting the volume you drink helps, drink according to your thirst
- It may be more comfortable to lie on your back or sides whilst your breasts are very full rather than your tummy. Do not be surprised if you leak milk overnight – wear breast pads and change them frequently inside a well supporting bra but make sure it doesn't cut into your breasts. Some people find that wrapping a towel around them helps to soak up the milk.
- The milk will reduce and stop over a few days but when you think about your baby or become tearful you may find that the milk flow increases. It is a hard time and frequent reminder of the loss of your baby so be kind to yourself as you begin to grieve.
- Ibuprofen and paracetamol may help the physical pain.

## *Donating your milk*

For some mothers, the choice to donate their breastmilk, following loss of their baby is a comfort and seen as a tribute to the baby's memory.

*"In 1975, when I gave birth to my stillborn daughter, I was given a dry up shot without them even mentioning donating to milk banks as an option. There were a lot of them in those years before HIV/AIDS became an issue. I would have LOVED donating Marisa's milk. -Chantal"*

*"A counsellor at the hospital instructed her in techniques to dry up her milk."*

*"It's funny," Weidner said. "No one told me about milk donation. I don't know how I knew about it. I learned when I was planning the C-section, I knew donor milk was an option, but didn't know who donated it, never suspected I would become one who would be a milk donor."*

Milk that you donate, particularly the early colostrum is invaluable to tiny premature babies who for one reason or another cannot receive their own mother's milk. You may want to consider donating the milk you express through a milk bank; some mothers continue for some time as part of their grieving process. Others for just a few days. For

## *Personal stories in the media'*

Gary Barlow shared the story of when he and his wife Dawn lost their baby

<https://www.bbc.co.uk/news/entertainment-arts-45784302?fbclid=IwAR2zAWpRHyrDEgXJE9dNzUvOnNrcPvp6JZoS1cSzjvT6kNthBU-4pbqufTA>

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### *Further information and support*

- Human Milk Foundation: <https://humanmilkfoundation.org/>
- Lactation after infant death: <https://www.breastfeeding.asn.au/bfinfo/lactation-after-infant-death>
- Lactation after stillbirth and infant loss <https://breastfeeding.support/lactation-after-stillbirth-infant-los>
- Managing Milk Production after miscarriage, stillbirth, or neonatal loss: <http://unspokengrief.com/milk-production-after-loss/?fbclid=IwAR09ZuZrLXmCZoLeSVRZF0IkY5KRm4JdKGpMa98luPd69neHNhThC5O8vd4>
- National Breastfeeding Helpline; <https://www.nationalbreastfeedinghelpline.org.uk/>
- SANDS: <https://www.sands.org.uk/>
- Tommy's : <https://www.tommys.org/pregnancy-information/pregnancy-complications/pregnancy-loss/stillbirth/physical-effects-stillbirth>
- UKAMB; [www.ukamb.org](http://www.ukamb.org)

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