

## Greater Glasgow & Clyde Obstetric Guideline

### Breast care / lactation management when your baby has died

The time after the death of a baby can be physically and emotionally exhausting.

Colostrum (early breastmilk) is produced as early as 16 weeks into the pregnancy. Even when your baby has died, your breasts will make milk. Some women welcome this as proof their baby was real while other women find the reminder very painful. Caring for your breasts is important, as it will help make them more comfortable and reduce the risk of blocked ducts and mastitis.

Medication (Dostinex – cabergoline) to suppress breastmilk can be ordered by your doctor, but needs to be given within 24 hours of the birth. This medicine may not be suitable for use for all women. **(Please see BNF for contraindications)**

### As breasts become uncomfortable

- A comfortable, supportive bra worn day and night and breast pads may be useful.
- Apply cold packs and change often (e.g. chilled washcloths or a bag of frozen peas covered in a light cloth).
- Avoid heat on your breasts
- Take paracetamol as directed to relieve pain and discomfort.
- Express enough milk to relieve fullness and keep breasts comfortable. This does not increase your supply because you are not emptying the breasts.

It may be necessary to continue expressing for several days to help prevent the pain of sudden engorgement or mastitis.

### If your milk supply is established and your baby dies

Medication (Dostinex – cabergoline) to suppress breastmilk can be ordered by your doctor, but needs to be taken every 12 hours for 2 days. This medicine may not be suitable for use for all women. **(Please see BNF for contraindications)**

Gradually decrease over several days the number of times you express and the amount of milk removed from your breasts while maintaining breast comfort. This is particularly important for any mother who has been expressing with a pump for more than 1 or 2 days.

Depending on your circumstances, this could take place either in hospital or at home.

Make sure you drink plenty of fluids.

If you are unsure about your particular situation seek the guidance of a healthcare professional or a Breastfeeding Association Counsellor.

## **THINGS TO WATCH FOR**

### **Engorgement**

Breasts become swollen, hard and painful. If this happens, express your breasts completely **once** to relieve the pain. Over the next several days express enough milk to keep your breasts comfortable, apply cold packs or washcloths, avoid heat and take paracetamol to increase comfort.

### **Mastitis**

Mastitis is inflammation of the breast which, if left untreated, can develop into a more serious infection. You may feel flu-like symptoms including fatigue, chills and a fever. If you display any of these symptoms it is recommended that you contact your midwife, health visitor or GP as antibiotic treatment may be required.

### **Mementos**

Some mothers may like to freeze a small amount of breastmilk as a memento.

### **How long will I have milk?**

It may take some weeks (or even longer) for your milk to disappear completely. If you are unsure, talk with your midwife or doctor.

### **The Day of the Funeral**

This will be a long and emotional day. These hints may help:

- Express milk for comfort before the funeral and during the day as needed.
- Your breasts may leak milk, so be prepared with breast pads and have some spare.
- Wear your bra comfortably firm but NOT tight.
- Dark-coloured or patterned tops are less likely to show wet patches.
- A cardigan or jacket may help hide wet spots
- Paracetamol taken as directed will help ease breast pain.

Time is not a factor in the grieving process. After the loss of your precious baby, feelings of grief and sadness may come and go as you try to move on with your life. Family and friends will want to show they care even though they may not understand exactly how you feel.

It may help to speak with others who have lost a child (e.g. SANDS ) or you may wish to contact a grief counsellor or counselling service.

## Local support

It is important that you are supported throughout your bereavement. Ongoing support may be available from your midwife, health visitor, GP and the Clinical Psychology services within GG&C. You can self refer to the Clinical Psychology service or be referred via a relevant health professional using following contact telephone numbers:

Princess Royal Maternity 0141 211 4532

Royal Alexandra Hospital 0141 211 4532 / 0141 232 4333

South Glasgow Maternity 0141 232 4333

## National support

**SANDS** Stillbirth & Neonatal Death Charity Helpline: 02074 365 881 [www.uk-sands.org](http://www.uk-sands.org)

**CRUSE-** Cruse Bereavement Care Scotland **CBCS** Helpline: 0845 600 2227 [www.crusescotland.org.uk](http://www.crusescotland.org.uk) Contact for any enquiries about bereavement support.

**Bluebell PND** – CrossReach offers free counselling and support through the Bluebell PND service for Ante/Postnatal Depression. Helpline 0141 221 3003 [www.crossreach.org.uk/antepostnatal-depression-bluebell-pnd-service](http://www.crossreach.org.uk/antepostnatal-depression-bluebell-pnd-service)

**Relate** – The relationship people - offers relationship counselling. [www.relate.org.uk](http://www.relate.org.uk)

**Relationships Scotland** – Relationship counselling (individual & couple) Glasgow Tel 0141 248 5249 [www.relationships-scotland.org.uk](http://www.relationships-scotland.org.uk)

## Appendix 1 Cabergoline pharmacy information

**Authors** on behalf of GGC Obstetric Guidelines Group

Dr Ann Duncan, Consultant Obstetrician, PRM – **Lead Author**

Dr Alan Mathers, Clinical Director PRM

June Grant, Lead Clinical Pharmacist, PRM

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A.M. Mathers, Clinical Director..... Date .....

# Greater Glasgow & Clyde Obstetric Formulary

## Cabergoline (Dostinex)

### BNF 6.7.1 BROMOCRIPTINE AND OTHER DOPAMINE RECEPTOR STIMULANTS

#### Cabergoline 500 microgram tablets

#### Applicable unit policies:

- **Fetal loss folder (see cautions and contra-indications before prescribing).**
- **Neonatal Unit bereavement guidelines folder – obtain input from on call Obstetric team if a prescription for cabergoline may be required. Note that this medicine may not always be appropriate. Each case should be risk assessed on an individual basis. Any maternal prescription must be provided and documented by Obstetric staff. See relevant guideline on Breast care / lactation management when your baby has died.**

Drug		Dose	No. of doses	Route
Cabergoline	<b>prevention of lactation</b>	1mg	during 1 <sup>st</sup> day post partum as a single dose, preferably with food.	Oral
	<b>Suppression of lactation where breastfeeding is established.</b>	250 microgram	every 12 hours for 2 days, preferably with food.	Oral

#### Notes

Cabergoline, although licensed to suppress lactation, is **not** recommended for routine suppression (or for the relief of symptoms of postpartum pain and engorgement) that can be adequately treated with simple analgesics and breast support. Care in use is required. See BNF for full details and contraindications.

#### Contraindications include:

Hypersensitivity to cabergoline, any of the excipients listed in the SPC or any ergot alkaloid.

History of pulmonary, pericardial and retroperitoneal fibrotic disorders.

Cabergoline is contraindicated in patients with hepatic insufficiency and with toxemia of pregnancy. Cabergoline should not be co-administered with anti-psychotic medications or administered to women with a history of puerperal psychosis.

#### POSTPARTUM OR PUERPERIUM

Should not be used postpartum or in puerperium in women with high blood pressure requiring treatment, coronary artery disease or symptoms (or history) of psychosis; monitor blood pressure carefully (especially in the first few days) in postpartum women. See BNF section for full information, including the section on bromocriptine as the two drugs have similar actions.

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