



## PAIL NETWORK Resources for Bereaved Families

# *Milk production (lactation) after a pregnancy or infant loss*

**We hope this guide will help you understand lactation (your body making milk) and what to do after your pregnancy has ended or your baby has died. We are deeply sorry this has happened.**

After a pregnancy or infant loss, your body may start to make milk or will continue to make milk if you have already been breast or chest\* feeding. While some people may start earlier, it is most common when a person has a loss after 15-16 weeks gestational age in a pregnancy. Many people find milk production very sad, shocking, and distressing, as this is another reminder of your baby that died or your pregnancy that ended. Many people say they feel anger towards their body or the situation, or deep distress that their body is making food for a baby that isn't there. Some people feel pride when they make milk. Many people feel a mix of emotions. However you feel, you are not alone.

### ***What should I do?***

If your body is making milk, you have options. There is no right or wrong choice. We hope you can decide on a plan that feels best for you, and that you have the help you need during this time. Your healthcare team can talk with you about your plan and answer questions that you have. If your healthcare team does not bring it up, you can ask them about it or ask them if there is someone you can talk to about it when you feel ready. If you have questions, you can try talking to:

- *Your primary care provider (family doctor, midwife, nurse practitioner) or healthcare team (nurse, obstetrician, etc.)*
- *A Public Health or Community Health Nurse (you may want to look up your local public health department)*
- *A Lactation Consultant or breastfeeding clinic (You may want to look up if your local hospital or public health unit has a breastfeeding clinic. They will be able to answer your questions and help you with your plan.)*

*\*Chest feeding is a term used by some people who feel it better reflects the preferred language they have for their body, and their experience of infant feeding (versus breastfeeding). In this information sheet we use the term breastfeeding to also include chest feeding.*

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### ***What to do: Stopping milk production***

Most people will choose to stop milk production after their baby is born or their pregnancy ends. The biggest thing that impacts milk supply is how fully and often the breast/chest tissues are emptied. This is because when milk is removed from the breast or chest, your body will make more to replace it. So, when you pump or hand express milk, your body makes more.

If you want to stop your body from making milk, the goal will be to have the breast/chest tissue to remain as full of milk as possible while not having very painful filling of the breast/chest tissue (called 'engorgement'). We also want you to avoid an infection that can happen in the breast/chest tissue (called 'mastitis').

Although the goal will be to have most of the milk stay in the breast/chest tissue so that your body knows to stop making more, removing small amounts (drops or teaspoons) is okay. You cannot slow down or stop the amount of milk you make by drinking less fluids.

### ***While waiting for your milk to stop, you may find it helps to:***

- *Gently hand express your milk (gently massage and squeeze your with your hand to remove drops or teaspoons for comfort only) or pump to remove a small amount of milk. Doing this just for comfort will not increase milk production, and it will help you avoid blockages and infection (called 'mastitis'). This may help if your breast/chest tissue becomes hard or firm.*
- *Immediately after hand expressing/pumping, apply cold compresses. To do this, place cold compresses or a bag of frozen vegetables on for 15 minutes. Repeat as needed every hour. To avoid damage to your skin, do not apply the frozen items directly to your skin (wrap in a wet tea towel or cloth first).*
- *Avoid the use of heat, as this can increase breast/chest tissue swelling and increase your chances of an infection.*
- *Take pain pills such as ibuprofen or acetaminophen as needed. Both of these medications can be bought over-the-counter. Talk to your healthcare team to see if these medications are right for you. If you take the medications, follow the instructions on the bottle or from your healthcare team.*
- *Wear a comfortable (not tight) fitting bra or top that does not have an underwire (metal wire). We do not suggest wrapping or binding your breasts/chest tightly. Doing this, as well as wearing bras or tops that are too tight, may cause problems such as blocked milk ducts or mastitis (infection). Wear what you find most comfortable.*
- *Watch for signs of infection. These may include a hard, red area on the breast/chest that may feel warm or hot to the touch, or flu-like symptoms (fever or chills). If you think you may have an infection, call your healthcare provider or local breastfeeding clinic or public health program.*



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### *A note on while waiting for your milk to stop:*

If your milk supply has already been well established because you have been pumping or feeding a baby that has died, you can slowly decrease your milk supply by slowly decreasing how often you express and the amount of milk that you express.

### *How long will this last?*

There is no exact timeline for how long your body will continue to make milk, but this time can range from a few days to a few weeks. If you have any concerns or think you may have an infection, please contact your primary care provider (doctor, midwife, or nurse practitioner). You may also wish to call a local breastfeeding clinic or your local public health program. When you call, explain why you are calling and ask to speak with a public health nurse. Some hospitals will have clinics with lactation consultants, nurses, or other healthcare professionals that will be able to help you.

### *What to do: Continuing milk production and donating your milk*

Some people may decide to keep their milk supply as a way to stay connected to their baby or role as a parent. While some people may do this for a short time, others may choose to do so for longer. Some people will wish to explore pumping their milk and donating it to a Human Milk Bank to help another baby in need. In order to become a donor, there is a screening process.

Your healthcare team will be able to talk to you about this and help you to get started. You may also want to check out the Human Milk Banking Association of North America's website at [www.hmbana.org](http://www.hmbana.org) to find a Human Milk Bank near you. In Ontario, there is one milk bank, based in Toronto. They accept donations from across the province.

### *Keepsakes or memory making*

Some families have also found other options meaningful, such as saving and storing frozen milk in the home or having a piece of jewelry or other type of keepsake made by companies that specialize in this type of service.

We hope you have found this guide helpful. There is often no rush to decide what to do, and one of the most important things is that you feel you have the information you need to make the best decision for you and your family. If you have more questions or feel you need more help, please reach out to your primary healthcare provider, a local public health nurse, or a local breastfeeding clinic.