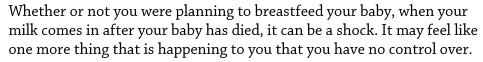


# **Breast Care**

After the loss of your baby

This handout explains breast care after the loss of a baby. It explores the grieving process, suggestions to help with breast engorgement, signs that require a call to the doctor, and a list of helpful resources.



You may produce milk if you lost your baby as early as 16 weeks gestation. How much milk you make depends on your body, breast stimulation, and the grieving process. Although the average time for milk to come in is 2 to 3 days after birth, the grieving process can delay that by several days.

#### **Emotions and Grief**

• When your milk comes in, you may have quite a range of feelings, from sadness to bitterness and extreme anger:

I had to wear breast pads for 4 weeks. I leaked all over. I thought about my friend who didn't have enough milk for her baby, and I had all this milk and my baby was dead. I thought, "When will this ever end?" (Debbie)

• Part of grieving is having opposite feelings at the same time:

When my milk came in, I thought, "What is the matter with my body – doesn't it know my baby is dead?" When I was engorged, I wished it would go away and stop torturing me. When it went away in only 3 days I was furious it gave up so easily. (Linda)

 When you are grieving, you may have fears that you think are silly, but you can't stop thinking about them:

I was afraid all the milk lumps would permanently clog my breasts and if I ever had another baby, I wouldn't be able to breastfeed her. (Diane)



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 While many women cannot bear the thought of having milk and no baby, others want their milk to come in:

My only baby died – I wanted my milk to come in. I didn't want to do anything to stop it. I wanted as much of the full mothering experience as I could have – even if I could never breastfeed him. (Sally)

I was glad it was painful – I hurt so bad on the inside, and I wanted people to see that it hurt on the outside, too. (Kathleen)

 For a long time after your baby has died, you may think, dream, or feel things that you think are "crazy." This is a normal part of grieving:

My breasts tingle like my milk is coming down and I look down and nothing is there. (Jackie)

I wake up at night to nurse the baby. I hear her crying – and she's not there. (Kim)

### **Help for Breast Engorgement**

Your body will learn quickly that it does not need to produce milk if you follow a plan like this:

Do not express any milk from your breasts. When the pressure of milk inside the milk ducts builds up, it causes milk production to stop. If you release that pressure by expressing milk, your breasts will make more milk.

This pressure, and the lumpy feel of milk and tissue swelling, may be uncomfortable for 3 to 4 days. For some women, it may last up to 10 days. You may or may not have milk after this, but it will not be painful. Over time, the milk will re-absorb. But you may have a few drops of milk for several months.

#### To help lessen the engorgement:

- Wear a supportive, well-fitting bra day and night. A sports bra works well.
- Use cloth-covered ice packs or bags of frozen peas. Leave the packs on your breasts for 20 minutes and then remove them for 20 minutes.
- Most doctors advise taking ibuprofen (200 mg) to help lessen tissue swelling and pain. Take 2 to 3 tablets every 6 hours for at least 24 hours. Take this same dose as needed for the first 3 to 4 days.
- Do **not** drink less fluids drinking less will not reduce your milk supply and can make you dehydrated.

- Hot showers help some women and make others feel worse. Some
  will leak milk after a hot shower, which relieves the pressure in the
  breasts a little without bringing in more milk. Others will not leak
  milk and will feel even more full. If you are leaking milk, stand with
  your back to the water flow to avoid heat on your breasts.
- Talk with your doctor about the milk-suppressant drug cabergoline (Dostinex). If taken by the first day after birth, 1 dose of this drug will keep your body from producing milk.

#### **Breast Infections**

It is very rare for a woman to get a breast infection while her milk production is stopping. Still, your breasts may be hot and lumpy during this time. Call your doctor if you have:

- Fever
- Headache
- Nausea
- Redness in one area of the breast
- Chills
- Achy joints

# When Milk Supply Is Established

If your baby died suddenly, you may choose to slowly reduce your milk supply or to stop it quickly. If you have a low milk supply and want to stop production quickly, follow the instructions under "Help for Breast Engorgement." If you have a lot of milk, you may be more comfortable if you slowly lessen your supply.

For some women, it may be easier emotionally to slowly reduce your supply by pumping your milk. Start at 6 times a day for about 10 minutes each time. Each day, pump 1 less time and shorten the pumping time. Or, you may prefer a less structured approach, such as pumping only enough to release pressure and keep your breasts comfortable.

Cabergoline (Dostinex) may also be prescribed for women with an established milk supply. Talk with your doctor to learn more.

If your baby was in the hospital for a long time or you pumped extra milk at home, you may have milk that you don't know what to do with. It is heartbreaking to throw away milk you pumped to feed your baby. You may want to donate your frozen milk to a milk bank. Some women feel this is one way to help other babies.

#### Information for milk bank resources:

Mother's Milk Bank

503.469.0955

email: info@nwmmb.org

• Human Milk Banking Association of North America

817.810.9984

email: info@hmbana.org

www.hmbana.org

(only accepts large amounts of milk)

## **Helpful Resources**

- Empty Cradle, Broken Heart Surviving the Death of Your Baby by Deborah Davis, PhD
- Empty Arms by Sherokee Ilse
- Help, Comfort & Hope After Losing Your Baby in Pregnancy or the First Year by Hannah Lothrup
- Other books and pamphlets are available through the Centering Corporation:
  - 0 866.218.0101
  - o <u>www.centering.org</u>

#### **Questions?**

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

This brochure was adapted from "The Bereaved Mother: Breast Care" by Linda Coleman Pugmire, RNC, MN, IBCLC.

Heartfelt thanks to all the women who made contributions to this handout.