

Guidelines For Rapid Reduction of Breastmilk Supply

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Sometimes breastfeeding mothers must quickly stop breastfeeding. I hope each mother has exhausted all avenues for help before taking this step. Nevertheless, all mothers have a right to wean safely and comfortably. These guidelines have helped many mothers:

1. Contact your physician (obstetrician or family doctor) before and during this process. Contact your baby's doctor for advice on appropriate substitute milks.
2. Be prepared to take 1-3 weeks to reduce supply to the point where you don't have to remove milk to be comfortable.
3. The breasts make milk faster when they are "empty" and slower when they have milk stored in them. (1) (2) Therefore:
 - Remove only as much milk as necessary to keep from feeling "bursting" or swollen, overfilled or lumpy. Allow most of the milk to stay in the breast.
 - Remove milk by pumping and/or hand-expression.
 - The suppressor peptides in the retained milk will gradually signal the gland to stop producing milk.
 - At first, you may have to remove some milk every few hours. As time goes on and supply decreases, you can go longer between removal sessions and take less out each time.
4. If you are engorged or swollen, do NOT use heat on swollen tissue - use cold packs instead. Cold compresses (3) may feel very comforting and reduce any swelling around the milk glands and ducts. Do NOT use a breast binder(4), as these have been shown to increase pain and have no effect on the weaning process.
5. Cool cabbage compresses(5) will reduce swelling quickly, and if left in place for long periods may help diminish milk supply. This method may be used instead of or in addition to removing small amounts of milk to reduce supply. Use fresh green leaves, cleaned and chilled, wrapped around the breasts. Change them about every two hours.
6. Any milk collected during this process can be fed to your baby unless the physician determines it is unsafe, which is extremely rare. The milk may have more protective properties in it during weaning, which will help protect the breast from infection and provide protection to the baby if the milk is given.
7. If only one breast needs to stop production, you may want to consider continuing to nurse on the other. If direct nursing at the breast is not an option, some mothers continue to pump their milk and feed it to the baby.

8. After your breasts have been soft for 24 hours without removing milk, you probably can discontinue expressing. However, if breasts fill up again, continue with the above steps.

9. Once breastfeeding stops, fertility may return in 4-8 weeks. Be prepared!

10. Some physicians prescribe bromocriptine to reduce prolactin. The FDA has not approved this drug for milk suppression. If you plan to use it, discuss the implications and side effects with your physician or pharmacist.

11. You may have to hold the baby in a different position (not in nursing position) until your breasts are soft and the baby stops rooting for the breast. Continue to make feedings a pleasant, cuddly time. Continue to observe the baby for cues to start and stop feedings. NEVER prop a bottle. The baby needs YOU as well as food.

12. If you change your mind or the baby does not tolerate other feeding products, building up your supply again is reasonably easy for about 6 weeks after stopping, regardless of when you stop. Contact a lactation consultant for help.

13. Congratulate yourself for ANY breastfeeding, even just one feeding! Allow yourself to grieve over giving up something that was important for you, but didn't work out the way you planned. It's OK to be sad or regret having to stop breastfeeding. If you are very sad for many days, please seek professional counseling.

13. Keep giving your baby plenty of time and touching. In the long run, those are the most important things!

REFERENCES:

1. Akre, James, Ed. Infant Feeding, the Physiological Basis. World Health Organization Technical Bulletin, 1990.
2. Hartmann, Peter, PhD. "The Determination of short-term breast volume changes and the rate of synthesis of human milk using computerized breast measurement." *Experimental Physiology* (1992), 77, 79-87.
3. Lawrence, Ruth A, MD. Breastfeeding, a Guide for the Medical Profession, Third Edition. C.V. Mosby, 1989.
4. Swift, Kathy, MSN, IBCLC. Masters' Thesis, Louisiana State University. 1996.
5. Rosier, Wendy, RN, RM, B.App. Sci. "Cool Cabbage Compresses." *Breastfeeding Review*. Available from Nursing Mothers Association of Australia, 5 Glendale Street, Nunawading, Vic. 3131.