

### ***If you have an established milk supply***

If you have been pumping for or nursing your baby before he or she died, you will probably want to continue to pump periodically to help your body adjust to the decreased demand and avoid engorgement, plugged ducts, and mastitis.

You can adjust your schedule so that, over time, you pump less and less. For example, if you have been pumping 6 times in 24 hours, for a few days you could drop to 5 times, and then to 4. You can continue this process until you are no longer pumping at all. In addition, you can follow the suggested protocol above to help your body to stop producing milk. If you have a supply of frozen milk, you can refer to the below suggestions for donating your breast milk.

### ***Donating your breastmilk***

For some mothers, it can be very healing to pump their breast milk and donate it to another baby in need. Breastmilk donated to milk banks is provided to premature babies in NICUs and very ill infants. It can be lifesaving.

While the idea of pumping can feel much too difficult for many mothers, those who feel drawn to the idea usually take great comfort in their ability to put their baby's milk to use. If you have been pumping for your baby, it can be extremely difficult to think of discarding your milk.

To begin the donation process, visit the website of the Human Milk Banking Association of North America: [www.hmbana.org](http://www.hmbana.org). There you'll find a list of milk banks. If there isn't a milk bank in your area, contact milk banks outside your area. Milk banks are generally able to accept donations from outside their areas using overnight shipping.

Becoming a milk donor involves a screening process. This includes a phone interview, a

written questionnaire, blood testing, and a letter from your doctor. *When you start the process please be sure to indicate that you have experienced the loss of your baby.* If you are approved to donate, the milk bank will waive the minimum donation amount for you, and gratefully accept any amount of milk you are able to provide. If you aren't approved to donate, some milk banks will still accept your milk and use it for research or training.

### **Sources:**

“Weaning after infant loss” Children’s Hospitals and Clinics of Minnesota Patient/Family Education 2525  
Chicago Avenue South Minneapolis, MN 55404 (612) 813-7654 (651) 220-7126, 2009

“Breast Feeding – Weaning After Infant Loss”  
Copyright © 2000-2010 The Children's Mercy Hospital; 2401 Gillham Road, Kansas City, MO 64108 (816) 234-3000

La Leche League International - [www.llli.org](http://www.llli.org).

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# *Lactation after Loss*



## *A Guide for Bereaved Mothers*

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***Your first days and weeks at home without your baby in your arms will be extremely difficult. One of the most challenging times for many bereaved mothers is when their milk comes in.***

In the past, many mothers have been unprepared for how to cope during this time. We hope that this brochure will help you to think through the different options that you have for helping your body and your emotions through this experience.

Throughout your pregnancy, your breasts have been growing and changing in preparation to feed your baby. When your baby dies, your body will not know that the milk is not needed. Hormones will signal your body to begin milk production. For the first few days, you will notice a thick, yellowish substance called colostrum, and you are unlikely to experience discomfort. It is usually on the second or third day that your mature milk will come in.

At this time, many mothers anguish over the sad fact that there is no baby to feed. The milk comes in when most mothers have left the hospital and the company of the caregivers who helped them through their labor and delivery. Facing the arrival of your milk when you're at home, without your baby, can be a very difficult experience.

When your milk comes in, your breasts will feel very full, and the pressure from the increasing amount of milk will become uncomfortable. As long as your breasts sense that there is a demand for milk, they will keep producing it. When there is no demand, they will eventually stop.

Some bereaved mothers find that the presence of milk is upsetting and want to eliminate it as quickly as possible, while other mothers find the milk to be a comforting reminder of their

body's ability to care for the baby they so love and had wished to care for. There is no right or wrong way to feel. It is your choice to follow whatever path feels best for you. The grief can be overwhelming, and we hope you will be very gentle with yourself as you begin to heal.

***How you can help your body to stop making milk***

For most bereaved mothers, when their milk comes in, they begin the very difficult process of helping their body to stop producing milk. You may be surprised by the sudden engorgement you will feel when your milk comes in, and how quickly you may become physically uncomfortable.

In the past, mothers were told to wear a very tight bra, or bind their breasts to help to cease milk production. We do not recommend this practice, as it can be very painful, can lead to infection, and does not substantially affect the decrease in milk production. We recommend wearing a bra that is supportive but does not restrict your circulation.

When your breasts feel painful from the pressure of the milk, there are a number of things you can do:

- Stand in a hot shower and let the water run over your breasts. This can stimulate some milk release and help you to feel less full.
- Sit in a warm bath and lean into the water. This will allow some milk to leak out.
- Express just enough milk, by hand or with a breast pump, to make yourself feel more comfortable. To hand express, hold your breast with your fingers a few inches back from the areola. Push your hand back toward the chest wall, then roll your fingers forward toward the nipple, taking care not to slide your fingers over the skin.

- Wear a comfortable but supportive bra that does not restrict your circulation.
- A traditional remedy for engorgement is to place cabbage leaves inside your bra to slow milk production. Wash cold, raw, green cabbage leaves and crush the leaf veins to release the enzymes. Replace the leaves about every 2 hours as they wilt.

- Apply ice packs for 5-15 minutes at a time to your breasts to reduce swelling and pain.
- Take a pain reliever such as acetaminophen or ibuprofen.
- Drink sage tea, which is thought by some to reduce milk production.

Please note that, although you are allowing milk to flow, this will not increase your milk supply. Allowing some milk to flow will decrease the chance of plugged milk ducts, infections, and serious engorgement.

You should watch for blocked ducts, which will appear as tender and painful lumps in your breast, or a breast infection which would manifest itself in a tender, reddened area and would be accompanied by a fever or chills. Should either of these conditions present, contact your doctor, midwife or a lactation consultant for further assistance.

During this time, you may find that your emotional pain is aggravated by the physical pain of this weaning process. We encourage you to be very gentle with yourself and to follow the steps that bring you not just the most physical comfort, but also emotional comfort. Even if your goal is to dry your milk up, it is not unusual to be curious about the milk that would have nourished your baby. Many mothers want to see the milk and to taste it. If having milk in your breasts makes you feel connected to your baby, you are not alone. Take the time that you need to allow this weaning process to happen at a rate that feels comfortable for you.