



Breast milk
and bereaved
parents.



Your milk. Your grief. Your choice.

The death of an infant is a tremendous loss. You may feel a range of emotions including sadness, anger, disappointment, frustration, denial, exhaustion, guilt, anxiety, numbness, or depression.

These are all normal and valid expressions of your grief. While you grieve your infant, you may also be experiencing physical changes due to postpartum recovery and lactation.

Depending on the age of your infant and circumstances, your milk may just be coming in or you may have a full supply. You might also have stored expressed milk at home or at the hospital.

Feelings regarding lactation after a loss vary from parent to parent. Your breast milk is the last tangible physical link to your baby. Some parents want to stop lactation as quickly as possible while others want to take more time. Parents may want to donate stored breast milk to a milk bank while others feel that the milk they produced was just for their baby. There is no right or wrong choice and you will need to decide what is best for you.

“Our son, Ashton, was born at 29 weeks with severe complications. While being amazed by our little fighter in the NICU, I was fortunate to pump and freeze every drop of milk. The NICU staff explained breast milk was medicine which no synthetic drug could ever replace. We were hopeful for the day Ashton would be stable enough to have breast milk for food; however, he only received 2 teaspoons before he became our Angel Baby. Donating my breast milk has been a bright, positive light in our bereavement journey knowing other NICU families may spend an extra hour, day or lifetime with their baby.”

-Val



Tips for discontinuing lactation

If you have an established supply:

For days, weeks, or months, you have been nursing or pumping for your little one. This was truly a labor of love. It will take time for your body to adjust and stop production. Abruptly stopping the removal of milk from the breasts may cause discomfort, plugged ducts, or mastitis. You will need to pump or hand express milk, gradually decreasing frequency for at least several days. How often you need to pump or hand express depends on how often you have been nursing or pumping. For example, if you have been pumping six times in 24 hours, drop to five times in 24 hours for a day or two. Then drop to four times in 24 hours. Continue this process until you are no longer pumping at all. When pumping or hand expressing, the goal is not to drain the breast but to just remove enough to make you comfortable.

If your milk is just coming in:

For months, your body has been preparing for lactation. Birth signals your breasts to begin to produce milk. For the first few days you will notice small amounts of thick, yellowish colostrum. A couple of days to a week after birth, your milk will “come in,” meaning that mature milk begins to replace colostrum. This is when your breasts will fill and you may experience engorgement. If the breasts are not drained of this initial milk, the body quickly gets the message to stop production. Try the following tips to ease engorgement.

“I initially planned to donate my milk when I lost my baby but I quickly realized it was too much for me to handle at that moment. I was too exhausted and devastated. I wanted to feel heroic at a time when it was already heroic just to care for an older child so I decided to let my milk dry up. I’m grateful I had support to do what I needed to do for myself.”

-Hope

Dealing with engorgement and discomfort

Applying cold compresses can reduce swelling and ease discomfort. Apply compresses for 15 to 20 minutes four times a day, or as needed.

Consider using an over-the-counter pain reliever such as acetaminophen or ibuprofen, with the guidance of your healthcare provider.

Similar to cold compresses, some women find the application of chilled cabbage leaves (washed with the ribs removed) to be helpful.

Pump or hand-express milk just enough to relieve pressure. Standing in a warm shower while massaging your breasts can stimulate milk release.

If your breasts are too full to release milk comfortably, try reverse pressure softening prior to expression or pumping. Lean back, place the palms of your hands on either side of the nipple and apply firm pressure towards your rib cage, hold for a minute, stroke away. Repeat several times until the areola and nipple are soft.

For more information about hand expression refer to our video resource, *Breast Massage and Hand Expression Following Perinatal Loss*, which can be found on the *Bereaved Families* page at midatlanticmilkbank.org.

Plugged ducts and mastitis

When breasts remain very full, they may develop a plugged duct. A lump appears and the breast can be sore, reddened, or warm. If you develop symptoms of a plugged duct, try the following home care measures:

- Pump or hand-express milk every few hours. You may need to remove more milk than usual to clear the blockage. You can resume reducing your milk supply after the plugged duct resolves.
- Apply warm compresses to the affected area for 15-20 minutes before pumping or expressing milk.
- Gently massage the breast working from nipple to the armpit. This can be done during and in between pumping or hand expressing sessions.

Sometimes, a plugged duct can contribute to mastitis, an inflammation of the breast tissue. Mastitis can develop quickly and its symptoms include fever, achiness, and breast pain. If you develop flu-like symptoms, cannot clear a plugged duct within 24 hours, or have any other reason to believe that you have mastitis, please contact your healthcare provider. Mastitis is easily treated with antibiotics. It is important to seek medical advice as mastitis, if left untreated, can result in an abscess.

Your body and its breast milk

How long will it take for my body to stop producing milk?

Every parent will have a different experience. Factors such as the age of your baby, the stage of your pregnancy, or how often you were previously nursing/pumping may play a part. Discontinuing lactation is relatively easy and quick for some parents while it takes several weeks for others. Sometimes breasts may produce drops of milk for weeks or months after pumping is stopped.

What is milk donation?

One option for expressed milk is to donate it to a local milk bank. Mid-Atlantic Mother's Milk Bank is a non-profit milk bank accredited by the Human Milk Banking Association of North America (hmbana.org). We provide hospitals and outpatient infants with pasteurized and tested milk from screened donors.

Many parents find the act of donation to be healing. It may be a one-time donation of stored milk or milk donated over a period of time. Some parents continue to pump specifically for donation.

If you would like to donate your breast milk, you will need to go through a screening process. Screening consists of a brief phone interview, completion of an application packet, and blood screening performed at a lab close to your home. There are no costs associated with screening or shipping.

Milk may be shipped or dropped off depending on where you live and whether your milk is stored at home or in the hospital. Most hospitals can store your breast milk for a period of time while you make a decision about donation.

Donate your milk to babies in need.

To begin the screening process, contact us at donate@midatlanticmilkbank.org or 412-281-4400.

Please visit midatlanticmilkbank.org for more information.

Partners, family members, and friends

You may be wondering how you can best support your loved one in this often unanticipated aspect of infant loss. Especially as you are navigating your own grief.

Feelings regarding lactation after loss are deeply personal. There are no wrong choices, and one of the best ways to provide comfort is simply to validate your loved one's decision regarding her breast milk. Some parents feel that the milk they have stored was meant only for their baby, while others are interested in donation. Pumping for donation may be the goal for some mothers but discontinuing lactation as quickly as possible is the right option for others.

Whether your loved one is pumping/expressing milk for donation, or to gradually discontinue lactation, here are some ways to provide support:

- Bring her a snack and beverage while she is pumping
- Keep her company during pumping/expressing sessions
- Be aware that it is also okay if she wants to be alone during some of these sessions. The ritual of pumping/expressing can be a time of reflection for some parents
- Wash and sanitize the pump parts
- Act as a liaison for your partner with hospital staff/lactation staff
- Continue to talk openly about lactation and keep in mind that your loved one's wishes may change

“Allowing my daughter Amelia’s memory to survive by supporting my wife through the pumping process and making a milk donation to help NICU babies was an honor. ”

—from a father/partner

Seeking help

Do not hesitate to ask questions about your lactation concerns. A lactation consultant or your obstetrician or midwife can provide additional support and assistance. Mid-Atlantic Mothers' Milk Bank has several IBCLCs (International Board Certified Lactation Consultant) and CLCs (Lactation Counselor) on staff who are always happy to answer questions and refer families to resources.

Additional Resources

As part of our mission, Mid-Atlantic Mothers' Milk Bank is committed to the well-being of parents with infants in the NICU and parents who have experienced the loss of an infant. You do not need to be a donor to participate in our programming. An updated list of resources for parents who have experienced the loss of an infant is maintained by the Mid-Atlantic Mothers' Milk Bank. You can access the list by visiting the "For Bereaved Families" section of our website at midatlanticmilkbank.org.



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Proud to be part of the Human Milk Banking
Association of North America (HMBANA)

