

Lactation suppression: Medication safety concern

The Alberta Medical Association Committee on Reproductive Care, functioning under the Alberta Perinatal Health Program in its quality assurance role in the study of perinatal mortality and morbidity, has identified a patient safety concern regarding the use of bromocriptine (Parlodel®) for lactation suppression for women experiencing a stillbirth or neonatal death.

- It has become apparent that some health care providers have been prescribing bromocriptine (Parlodel®) to women to suppress breast engorgement and initiation of lactation.
- The drug was previously used for this purpose. However, there have been reports of serious adverse reactions including stroke, seizures, myocardial infarction, severe hypertension, hypotension and postpartum psychosis.
- As a result, the US FDA indicated in 1989 there is no need for the pharmacological suppression of lactation. It recommended that medicinal agents should no longer be used for lactation suppression.
- The pharmaceutical manufacturer withdrew the indication for postpartum lactation suppression in 1994.¹
- A well-fitted support bra was found to be the most comfortable solution for women not breastfeeding, in a recent study by Swift and Janke² comparing breast binding to use of a support bra. They concluded that breast binding should be discontinued as a method of lactation suppression.
- Herbal remedies (e.g., sage) or cabbage leaves have not been reported to be superior to a support bra.
- There is no supporting evidence for the use of diuretics for engorgement or suppressing lactation³.
- The best recommendation for these postpartum women appears to be all of the following:
 1. Use support for seven-10 days post-delivery until involution has occurred, recognizing that there may still be small amounts of leakage until return of menses.
 2. If the breasts become extremely engorged and warm, the use of local ice packs may be helpful.

¹ Merck Manual – On-Line Edition, 2008.

² Swift K, Janke J. "Breast Binding ... Is It All That It's Wrapped Up To Be?" *J Obst Gyne Neonatal Nursing* 32;332–339:2003

³ Consultation with Dr. S Gross, Physician Lactation Consultant

3. If the breasts become extremely engorged and tender, the use of an appropriate analgesic may be helpful.
4. Ensuring that when they are discharged home, they will have a supportive environment available to them.

For women who need to stop breastfeeding abruptly, pumping with gradual decrease in frequency may provide relief; suppression of lactation may take one-to-two weeks.⁴

April 2008

⁴ Consultation with Dr. S Gross, Physician Lactation Consultant