1. Introduction and who the guideline applies to:

This guideline is intended for the use of clinicians caring for postpartum women in whom lactation suppression is required (most commonly following stillbirth or neonatal death, although may also be considered in women with a blood borne infection in whom breastfeeding is contraindicated).

Related UHL Documents:

Termination of Pregnancy in the Second or Third Trimester
Intrauterine Death in the Second Trimester or Stillbirth

Background:

Offering lactation suppression to women who have had a stillbirth or a neonatal death is considered good practice (RCOG green top guideline 55). Cabergoline can be used to successfully suppress lactation in >90% of women, with few adverse side effects. It is contraindicated in women with pre-eclampsia and hypertension.

2. Recommendations:

1. Lactation suppression should be discussed with all women who have a stillbirth or neonatal death.

2. Women who would prefer pharmacological lactation suppression should be prescribed Cabergoline.

Recommendation One:

Lactation suppression should be discussed with all women who have a stillbirth, neonatal death, or late intrauterine death from 16 weeks gestation.

Different methods of lactation suppression should be discussed including both pharmacological and non-pharmacological methods. Women should be advised that more than one-third of women who opt for non-pharmacological methods will be troubled by significant discomfort. There is no recommended lower gestation limit to advise regarding lactation suppression, however it is reasonable to consider it from 16 weeks onwards.
Recommendation Two:

Women who would prefer pharmacological lactation suppression should be prescribed Cabergoline.

Cabergoline successfully suppresses lactation completely in 78% of women, with partial suppression in a further 15% of women, with few adverse effects.

Contraindications:

- It should not be prescribed for women with pre-eclampsia or hypertension.
- Other contraindications include severe hepatic dysfunction, history of puerperal psychosis, cardiac valve disease, and pulmonary, pericardial and retroperitoneal fibrotic disorders.
- It should not be prescribed to women with sensitivity to ergot alkaloids, or women on antipsychotic medication

Side effects:

Side effects are rare. The commonest are dizziness and headache (approximately 5% of women experience each of these). Less common side effects include abdominal pain, nausea, vomiting and hypotension.

Cautions:

- Do not prescribe with macrolide antibiotics (e.g. erythromycin, clarithromycin) as these increase the risk of side effects from Cabergoline.
- Manufacturer advises avoid pregnancy for 1 month after administration
- Blood pressure should be checked periodically in the days after administration – blood pressure should be checked prior to discharge home, then the community midwife should check blood pressure within 48 hours of discharge home.

Dosage for prevention of lactation:

Prescribe Cabergoline 1mg po as a single dose only within 24 hours of the birth.

Dosage for suppression of established lactation:

Prescribe Cabergoline 250 microgram po every 12 hours for 2 days (total of 4 doses).

3. Education and Training:

None

4. Auditable Standards:

All women experiencing stillbirth, neonatal death, or late intrauterine fetal death should be offered lactation suppression advice
5. Key References:


Late Intrauterine Fetal Death and Stillbirth. Green Top Guideline no. 55. RCOG London 2010