Stored breast milk

If you have frozen breast milk stored at home or on the neonatal unit, we can discuss what you would like to happen to it. Some mothers who have an older baby, toddler or child decide to take their milk home and feed it to them. Others simply want to keep their milk at home or in the hospital until they feel ready to make a decision as to what to do with it.

If you’re thinking about donating your frozen breast milk to a hospital milk bank, we can give you more information about becoming a donor. You don’t have to make a decision immediately, while you’re deciding, we can look after any breast milk you choose to leave in the hospital. If you decide you don’t want to take the milk home or donate it, please let us know. We are happy to be contacted to talk through the options with you.

Exclusions

- Smoking
- Using nicotine replacement
- Drinking more than 4 units of alcohol a week
- Some medications

Useful contact details:

UK Association for Milk Banking info@ukamb.org

With thanks to the Milk Bank, Lactation and Bereavement specialists at Imperial College Healthcare NHS Trust for providing the original text upon which this leaflet is based.
The Neonatal team would firstly like to offer our condolences at this sad time.

How we can help you?

A member of the neonatal team will help you develop a plan that will suit you best. We will talk together about how much milk you may have stored (at home and in the hospital) and how often you have been expressing your milk for your baby or breastfeeding.

If you need a breast pump, we can help you obtain one and make sure you know how to express your milk comfortably. You can get further advice and support from your midwife or GP, or we can help you get in touch with a specialist lactation consultant.

Reducing your milk supply

If you want to stop your milk supply, it’s important that you don’t stop expressing too quickly because this can lead to blocked ducts and mastitis. Blocked ducts can be painful and most mothers feel very unwell if they develop mastitis. It’s better to gradually reduce the number of times you express to stop your milk production over a number of days or weeks without ill effects.

The aim is to release enough milk to keep you comfortable without stimulating your breasts to produce more. We don’t advise taking medications to ‘dry up’ your milk as these can have side effects.

Coping with painful breasts

Family and friends will want to hug you and this may be painful if your breasts are full. Folding one arm across your chest will stop your breasts being squashed and help make hugs more bearable.

Ways to comfortably reduce your milk supply:

- Gradually go longer between expressions
- Gradually express for less time in total
- Take warm showers and allow your milk to leak. This can provide comfort without stimulating your supply
- Place cooled cloths (use cold water) on your breasts to provide pain relief and decrease swelling
- Wear a well-fitting, non-underwired bra which supports your breasts but doesn’t constrict the ducts, especially under your arms
- Avoid touching your breasts, particularly the nipple and areola as this can stimulate milk production
- Take paracetamol to relieve pain if necessary

Continuing lactating

Some mothers want to continue expressing until they decide it’s the right time to stop for them. Continuing to produce breast milk may provide an ongoing link with your baby as you begin to adjust to the loss. Lactating can also have long-term health benefits for mothers.

“Donating my milk for another premature or sick baby in memory of my daughter helped me feel closer to her”

If you’re considering donating your milk to other babies, we recommend you get in touch with the UK Association for Milk Banking (UKAMB). Contact details are overleaf and a list of milk banks can be found at www.ukamb.org. Milk bank staff will provide further information about what is involved.