

POLICY

BC Women's Hospital and Health Centre is a World Health Organization (WHO) recognized breast-feeding and 'baby-friendly' hospital. There are however circumstances when avoidance of breastfeeding is necessary and suppression of lactation is desirable.

- Breastfeeding is contraindicated for infants born to HIV positive mothers irrespective of maternal antiretroviral therapy and viral load. HIV positive women should be supported when using alternate feeding methods for their infants.
- Women with stillbirth or second trimester termination may wish to offer their breast milk to the milk bank or to suppress their lactation.
- Women taking medications contraindicated in breastfeeding.

Appropriate treatment should be provided to manage potential pain and engorgement in non-breastfeeding women until lactation ceases. All non-breastfeeding women should be offered pharmacological methods of lactation suppression.

Applicability: Care of a woman who requires immediate suppression of lactation occurs in the Acute Perinatal Program.

PROCEDURE

1.1 Immediate Suppression of Lactation after Birth

- There is insufficient evidence to recommend one single form of non-pharmacological or pharmacological treatment.
 - **Non-pharmacologic Strategies**
 - Avoid unnecessary breast stimulation.
 - Wear a firm supportive bra or top.
 - Apply external agents (cool cloths, ice packs, washed cabbage leaves).
 - **Pharmacological Strategies**
 - Advise the woman regarding the options for analgesia (e.g., acetaminophen, NSAIDs if not contraindicated).
 - Advise the woman regarding the option of using cabergoline for the prevention of lactation, including its role and potential side effects.

1.2 Cabergoline Summary

- Dopamine ergoline derivative which directly stimulates D2 receptors on pituitary lactotrophs to inhibit prolactin secretion.
- Moderately protein bound (41%) with long elimination half-life (63-69 hours).
- Metabolized by hydrolysis into inactive metabolites; no involvement of CYP-P450 enzyme system.

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| DOSAGE | 1 mg (2 x 0.5 mg tablet) orally on the <u>first</u> postpartum day <i>(may be given up to 2-3 days postpartum; most effective on first postpartum day)</i> | <ul style="list-style-type: none"> • Give with food to improve tolerability • No dose reduction required for mild or moderate hepatic or renal insufficiency |
| ADVERSE EVENTS | Headache, Fatigue, Dizziness, Nausea, Orthostatic hypotension | <ul style="list-style-type: none"> • Maximal hypotensive effect occurs ≤ 6hrs after drug intake |
| CONTRA-INDICATIONS | <ul style="list-style-type: none"> • Hypersensitivity to cabergoline or any ergot derivative • Hypertensive disorders in pregnancy | |

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| | <ul style="list-style-type: none"> • Postpartum hypertension and receiving anti-hypertensives • Pulmonary or cardiac fibrotic disorders • Cardiac valvulopathy |
| PRECAUTIONS | <ul style="list-style-type: none"> • <i>Hypotension</i> • <i>Raynaud's syndrome</i> • <i>History of psychosis</i> • <i>Gastrointestinal bleeding</i> |
| DRUG INTERACTIONS | <p>Dopamine antagonists (e.g., metoclopramide, phenothiazines)</p> <ul style="list-style-type: none"> • Co-administration may reduce prolactin lowering effect of cabergoline |
| | <ul style="list-style-type: none"> ▪ Ergot alkaloids (e.g., ergometrine) ▪ Macrolide antibiotics (e.g., Erythromycin / Clarithromycin) <ul style="list-style-type: none"> • Theoretical additive toxicity with ergot alkaloids; no documented interaction documented • Pharmacokinetic study reported increased clarithromycin levels; no documented clinical adverse effects |

DOCUMENTATION

Prescriber's Orders
Medication Administration Record

REFERENCES

1. Money D, Tulloch K, Boucoiran I et al. Guidelines for the care of pregnant women living with HIV and interventions to reduce perinatal transmission. *J Obstet Gynaecol Can* 2014;36(8):721-51.
2. Oladapo OT et al. Treatments for suppression of lactation (review). *Cochrane Database of Systemic Reviews* 2009, Issue 1
3. Dostinex® Product Monograph, Kirkland, Quebec: Pfizer Canada Inc. July 2013

APPENDIX

[Appendix 1: Literature Summary for Lactation Suppression Treatment for Post-Partum Women](#)
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