Information on the use of Domperidone to increase milk production in lactating women

Information for women and healthcare professionals

The use of Domperidone to increase milk production in lactating women
If a woman is separated from her baby for prolonged periods, e.g. if the baby is sick or premature there is a risk that her supply of milk will decrease over time following delivery. This is especially so if the baby is hospitalised for more than four to five weeks.

Research suggests that there is a medication that may help with the initiation and maintenance of a milk supply in these circumstances.

Domperidone is a medication that is often prescribed within the general population for dyspepsia, reflux oesophagitis and vomiting. However a side effect is, that it increases prolactin secretion, and consequently milk production.

Indications for use
Domperidone can be used for women who are breastfeeding but are experiencing a temporary reduction in milk supply. Several studies have indicated that it may be beneficial for women who are temporarily unable to provide adequate milk to supply the daily nutritional intake of their baby. Please note that this is an unlicensed use for this medication and therefore GP’s may need to review the literature available before prescribing.

Prior to use
It is important that a woman and her baby’s breastfeeding technique is assessed to ensure:
• the positioning and attachment are correct
• there are positive signs of milk transfer, e.g. audible sounds of sucking and swallowing
• the baby is offered both breasts at each feed for an unlimited time.
Women using breast pumps should be assessed to ensure that:
• breasts are expressed a minimum of 6-8 times in 24 hours including once at night, as this will increase the prolactin released
• both breasts if possible are expressed simultaneously
• technique of milk expression is evaluated, refer to the leaflet called Expressing your breastmilk (Number 671n).

Dose
The recommended dose of Domperidone is 20mg four times daily = 8 tablets of 10mgs in 24 hours for 2 weeks.

**How long will it take to work**
Some women will notice an increase in milk supply within 24 hours, however it can take three to four days before an effect is noticed, and two to three weeks for women to benefit fully.
In most cases Domperidone may increase the amount of milk expressed to previous levels, or sometimes more than the level previously experienced.

**During the initial phase of taking the medication**
It is important to:
- continue ensuring correct positioning and attachment
- observe for signs of positive milk transfer
- consider additional use of breast pump following breast feeds, to evaluate and increase milk production
- consider increasing frequency of expressing in women who are unable to feed their babies.

**Reducing the medication**
Once an increase in milk supply has been established, the medication may be reduced, this should be in stages to assess the impact on milk production, and the following is a guide:
- medication should be reduced in stages of 10mg, ie one tablet at a time
- a period of five days should be left between each reduction to allow assessment of the effect on milk production
- if milk supply is unaffected, continue to reduce the dose as above
- should the milk supply be affected, return to previous dose for a minimum of two weeks
- reducing the dose can then be attempted again after this time
- following this staged reduction should ensure that women receive the lowest effective dose
- women should continue with the level of medication which supports their milk supply.

**Benefits**
The benefit of taking Domperidone in this way, is increased milk production enabling continuation of breastfeeding. Breast feeding is known to have numerous health benefits for both the baby and the women. For further information on health benefits of breast feeding visit; www.babyfriendly.org.uk

**Risks**
Side effects of taking Domperidone are rare, but there have been reports of women experiencing the following:
- dry mouth
- headache which resolved when the dose was reduced
- abdominal cramps.
Alternatives
The use of Fenugreek could be used as an alternative herbal preparation, for more information refer to a qualified herbalist.

Metoclopramide has been the medication of choice, used in the past, however the side effects and its efficacy compared to Domperidone has determined it is no longer used.

Who to ask for more information
Your Midwife / Health Visitor / staff in SCBU
Breast feeding women giving support and advice:

Harwich
Tel: 07984 865661 or 07984 865704

Clacton
Tel: 01255 687150

Infant Feeding Co-ordinators;
Tel: 01206 742779 (Voicemail)

National Childbirth Trust
Tel: 08704 44 8708

National Breastfeeding Network
Tel: 0870 900 8787

There is research available to support the use of Domperidone in this way:

Children’s and Women’s Services
Colchester General Hospital
Turner Road
Colchester
CO4 5JL

Tel: 01206 747474

Page 3 of 3