SESLHD POLICY COVER SHEET

Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Domperidone for treatment of low breastmilk supply
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POSITION RESPONSIBLE FOR THE DOCUMENT	Senior Pharmacist RHW and Lactation Midwife Consultant RHW
KEY TERMS	Domperidone, lactation, breast milk
SUMMARY	This policy outlines the management of low breast milk supply and the role of domperidone.

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1. POLICY STATEMENT

This policy outlines the management of low breastmilk supply and the role of domperidone.

2. AIMS

- To help prevent early cessation of breast feeding due to low milk supply
- To ensure domperidone is prescribed appropriately and in conjunction with non-pharmacological therapies.

3. TARGET AUDIENCE

- Medical staff
- Midwifery and nursing staff

4. BACKGROUND

Low milk supply is the one of the most common reasons given for early weaning, therefore it is imperative the condition is diagnosed accurately and if confirmed, managed appropriately. Undersupply may be real, or perceived. Mothers may perceive their infant's need for frequent feeding and comfort as a problem with milk supply. Awareness of normal feeding patterns and growth and the developmental stages of infants can help mothers to be more reassured about their own infant's feeding behaviour.

5. RESPONSIBILITIES

Midwives, nurses and doctors caring for women with low breastmilk supply should follow this policy.

6. PROCEDURE

- Ensure a low milk supply exists (perceived vs actual supply) and seek input from lactation services.
- Take a full history of mother, baby and birth. An adequate milk supply is dependent on sufficient glandular tissue, intact nerve pathways and ducts, adequate hormones and hormone receptors and adequate frequent, effective milk removal and stimulation.
- Ensure non-pharmacological approaches have been trialled such as:
    - Correct positioning and attachment (whilst observing an entire feed), and manage any nipple trauma
    - Increase the number of breastfeeds: wake the infant more often and/or offer the breast for comfort instead of using a dummy/pacifier
    - Massaging breasts prior to feeds and breast compressions during feeds may increase milk transfer
    - Educate the mother regarding infant hunger and satiety cues and the signs of effective milk transfer
    - Decrease non-medically prescribed or unnecessary use of artificial infant formula

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- Implement ‘switch feeding’: change the infant from one breast to the other several times during a feed when swallowing has ceased to keep the infant alert and to increase milk intake
- Increase skin-to-skin contact
- Additional breast stimulation and drainage through double regular expressing after or between breastfeeds
- Good maternal nutrition, rest, relaxation and domestic support and reduce smoking, caffeine and use of alcohol

- Inform the woman that domperidone will increase milk supply ONLY in conjunction with frequent breast drainage (frequent breastfeeds/expressing- at least eight feeds every 24 hours)
- Ensure mother does not have any contraindications to treatment with domperidone:
  - Significant personal or family history of cardiac arrhythmia, underlying cardiac disease or electrolyte disturbances
  - In situations when stimulation of gastric motility may be dangerous
  - Prolactin releasing tumour (prolactinoma)
  - Moderate/severe hepatic impairment
  - Lactose intolerance
- Ensure mother is not taking any other medications that may prolong the QT interval and/or inhibit the metabolism of domperidone:
  - Ketoconazole
  - Erythromycin
  - Other CYP3A inhibitors which can prolong the QT interval such as fluconazole, voriconazole, clarithromycin and amiodarone
- Discuss the benefits and risks of domperidone use with mother to ensure she is making an informed decision
- Reassure mother that domperidone is safe in lactation. Very low levels are detectable in milk as the molecule is poorly lipid soluble and highly protein bound in maternal plasma.

Dosing

Domperidone 10mg (one tablet) three times daily. A response to treatment should be evident within 7 days, with maximal effects likely to be achieved after 2 to 4 weeks. There is little evidence to support prolonged treatment. Treatment should not be continued for more than 4 weeks.

If supply remains low, increasing the dose to 20 mg (two tablets) three times daily may be beneficial. Once an adequate breast milk supply is achieved, women may benefit from titrating the dose downwards over 1 to 2 weeks before ceasing, avoiding an abrupt withdrawal of treatment.

Provide patient with SESLHD Increasing your breast milk supply leaflet

Domperidone use in low breast milk is an off-label indication therefore complete the SESIH Exceptional Use of Medicine Consent Form.

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Prescribing
Inpatient: Prescribe domperidone on the NIMC

Outpatient: Provide patient with a private prescription.

Side-effects

- Common – dry mouth, headache
- Uncommon – urticarial rash, insomnia
- Rare – loss of balance, palpitations, swelling of feet, restlessness

7. DOCUMENTATION

- Integrated Clinical Notes
- National Inpatient Medication Chart or electronic equivalent
- ObstetriX

8. REFERENCES

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7. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
February 2015	0	Endorsed by SESLHD Clinical and Quality Council
November 2015	0	Endorsed by SESLHD D&QUMC
August 2015	0	Endorsed by Executive Sponsor to proceed to Draft for Comment
August 2015	0	Drafted by Mariella De Rosa Senior Pharmacist RHW Claudelle Miles Lactation Midwife Consultant RHW

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