



CLINICAL GUIDELINE

Domperidone for Mothers of Infants with Insufficient Breastmilk Supply

Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To provide guidance for medical staff, midwifery, nursing and pharmacy staff regarding the use of domperidone for mothers with insufficient milk supply.

Background

The benefits of breast milk to preterm and term infants to promote growth and development are well recognised. When compared to formula milk, breast milk is known to reduce the risk of necrotising enterocolitis, feed intolerance, gastrointestinal infections and late onset sepsis¹.

Mothers of preterm or sick infants may experience difficulties with producing sufficient milk due to various circumstances (e.g. preterm delivery, mother-infant separation, maternal illness). Hence, strategies to improve milk supply become an important part of nutritional management for those infants.

While non-pharmacological measures for improving milk supply are considered first line, medications known as galactagogues may be recommended to stimulate breast milk production.

Domperidone is a peripheral dopamine receptor antagonist which is thought to increase breast milk supply by increasing serum prolactin level. Domperidone has been evaluated in two RCTs and demonstrated to be safe and effective treatment for mothers who with decreased breast milk supply in spite of full lactation support and are more than 14 days post-delivery.^{2, 3}

Risk

While domperidone is widely used medication in to improve breast milk production in Australian NICUs⁴, domperidone does not replace the need for good lactation advice and practice. When domperidone is used, appropriate assessment, prescribing and ongoing monitoring should be undertaken to optimise the effect of medication and to minimise any potential harm.

Key Points

- Non-pharmacological methods should be used as first line and are to be continued whilst using domperidone. Refer to the Neonatal Guideline: [Breastfeeding](#)
- Medical staff should assess and prescribe domperidone if medically and clinically appropriate with consideration of the contraindications/precautions.

- Domperidone can be prescribed 10mg three times a day for 7 days^{2, 3}. Mothers are encouraged to see their GPs (or Emergency Department for mothers from rural areas) for ongoing monitoring and for further prescriptions.

Process

Initial assessment

- Midwifery and nursing staff are to review the current progress with breast feeding and significant maternal or infant history prior to recommending the use of domperidone.
- Decision to commence domperidone should be after 6-7 days post- birth. Earlier consideration may occur with past history of low supply or delay in normal lactation activation despite frequent feeding or expressing.
- Medical staff should speak with the person requiring the prescription for domperidone and ensure that none of the Contraindications and Precautions is present. Any doubts should be discussed with a consultant.

Contraindications^{5,6}

- Hypersensitivity
- GI obstruction or conditions that stimulation gastric mobility may be dangerous
- Prolactinoma
- Cardiac conditions where cardiac conduction intervals are impaired, plus underlying cardiac disease such as congestive cardiac failure
- Co-administration with drugs that prolong QT- interval (e.g. erythromycin, clarithromycin, fluconazole, voriconazole, SSRIs, methadone, tacrolimus). Refer to QT- prolonging drugs available via <https://www.crediblemeds.org/>
- Co- administration with potent CYP3A4 enzyme inhibitors (e.g. azole antifungals)
- Moderate to severe hepatic impairment

Precautions^{5, 6}

- History of breast cancer
- Mild to moderate hepatic impairment
- Severe renal impairment
- Routine baseline ECG may be considered on mothers of concern prior to commencement of domperidone and at 48 hours. In which case, referral to GP should be made.

Prescribing

- Only medical staff who are licensed to prescribe for adults (i.e. General Registration with AHPRA) can prescribe domperidone.
- Provide the mothers with the following information.
 - Adverse effects of domperidone
 - To seek immediate medical attention if experiencing prolonged QT interval. (e.g. dizziness, palpitation, seizures)
 - Patient information leaflet
 - Regular expressing (minimum every 4 hours)

- Recommend follow up with GP (or Emergency Department for mothers from rural areas) for ongoing monitoring and assess if further course of domperidone is required. More than 7 days' supply is permitted under neonatologist's authorisation.
- Dosage is 10mg three times a day for 7 days; PBS quantity = 25 tablets.
- Domperidone should be prescribed in an outpatient PBS prescription. Ward pharmacist should be contacted for dispensing by the PCH Satellite Pharmacy 3.
- Document on infant's progress note that there has been a discussion about potential risks versus benefits of domperidone and that the mother has been provided with written information.

Monitoring

- Monitor the effectiveness and adverse effects (dry mouth, headache, insomnia, thirst, abdominal cramps, diarrhoea, nausea, rash, urticarial, pruritis)
- Document care as appropriate in infant's progress notes.

Related CAHS internal policies, procedures and guidelines

[Medication Supply to Parents and Carers of Inpatients](#)

[Breastfeeding](#)

[Postnatal Midwifery Care for Mothers on 3B](#)

References and related external legislation, policies, and guidelines

1. Donovan TJ, Buchanan K. Medications for increasing milk supply in mothers expressing breastmilk for their preterm hospitalised infants (Review). Cochrane Database of Systematic Reviews. 2012 Mar;14(3)
2. Silva OP, Knoppert DC, Angelini MM, Ferret PA. Effect of domperidone on milk production in mothers of premature newborns: a randomised, double-blind, placebo-controlled trial. Canadian Medical Association Journal 2001; 164(1): 17-21
3. Campbell- Yeo ML, Allen AC, Joseph KS, Ledwidge JM, Allen VM, et al. Effect of domperidone on the composition of preterm human breast milk. Pediatrics. 2010; 125(1):e107-e114
4. Gilmartin CE, Amir LH, Ter M, Grzeskowiak LE. Using domperidone to increase milk supply: a clinical practice survey of Australian neonatal units. 2017; 47: 426-430
5. Domperidone drug information. Australian Medicines Handbook 2018 (online). Adelaide: Australian Medicines Handbook Pty Ltd; Available from: <https://amhonline.amh.net.au/> (Accessed on December 2018)
6. Domperidone drug information. UpToDate. Waltham, MA: UpToDate Inc. <http://www.uptodate.com> (Accessed on 17/12/2018)

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File Path:			
Document Owner:	Neonatology		
Reviewer / Team:	Neonatal Coordinating Group		
Date First Issued:	January 2019	Last Reviewed:	21 st January 2019
Amendment Dates:		Next Review Date:	21 st January 2022
Approved by:	Neonatal Coordinating Group	Date:	22 nd January 2019
Endorsed by:	Neonatal Coordinating Group	Date:	22 nd January 2019
Standards Applicable:	NSQHS Standards: 		

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