

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

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<b>FUNCTIONAL GROUP(S)</b>	Women’s and Babies Health
<b>KEY TERMS</b>	Domperidone, lactation, breast milk
<b>SUMMARY</b>	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. RESPONSIBILITIES**

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

**5. DEFINITION**

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.

**6. DOCUMENTATION – Procedure/Forms****6.1 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, 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

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- Decrease non-medically prescribed or unnecessary use of artificial infant formula
- 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
  - Methadone
  - Citalopram/escitalopram
  - 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.

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 Supply of Breastmilk leaflet*. (**Appendix A**)

Domperidone use in low breast milk is an off-label indication therefore complete the SESLHD-Exceptional Use of Medicine Consent Form. (Appendix B)

**Prescribing**

- Inpatient: Prescribe domperidone on the eMEDS
- 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

**6.2 Forms**

- eMEDS
- Electronic Medical Records including (eMaternity)

**7. REFERENCES**

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**8. REVISION & APPROVAL HISTORY**

Date	Revision No.	Author and Approval
February 2015	0	Endorsed be SESLHD Clinical Quality Council
August 2015	0	Drafted by: Mariella De Rosa Senior Pharmacist RHW Claudelle Miles Clinical Midwifery Consultant (CMC), Lactation RHW
August 2015	0	Endorsed by Executive Sponsor to proceed to Draft for Comment
November 2015	0	Endorsed by SESLHD D&QUMC
October 2021	1	Minor review by Katy Hunt CMC Lactation RHW, Lily Byun Senior Pharmacist RHW, Dr Debra Kennedy Director Mothersafe, Alison Brown CMC WCCS & the SESLHD Lactation Specialist Group. Domperidone dose reduced following consultation with Mothersafe. Appendices added. Approved by Manager, Women’s and Children’s Health Stream (Executive Sponsor position vacant). To be tabled at Quality Use of Medicines Committee.
November 2021	1.1	Endorsed by SESLHD Quality Use of Medicines Committee.

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**Appendix A – Increasing your Supply of Breastmilk**



**Increasing your Supply of Breastmilk**

Royal Hospital for Women

July 2021

Many mothers worry about producing enough breastmilk for their babies and many stop breastfeeding because they feel like they don't have enough milk. If you are concerned that your breastmilk supply is low, it is important to seek advice from a breastfeeding specialist, like your Midwife, Lactation Consultant, Australian Breastfeeding Association counsellor or GP.

You will know your baby is getting enough milk if:

- They have at least eight to twelve breastfeeds within 24 hours.
- They have six to eight pale coloured, wet cloth nappies or five to six pale, odourless heavily wet, disposable nappies over a 24 hour period after the first few days.
- They are contented after most feeds.
- They have good skin and muscle tone.
- They show signs of growth or weight gain, after losing 5-10% of birth weight in the first week and they are then back to birth weight by 2-3 weeks.

Bowel movements vary greatly in breastfed babies but should be at least two soft yellow stools every 24 hours for the first 6 weeks. Infrequent bowel patterns in older babies (after 6 weeks) is not a sign of constipation. Breastmilk is so good there is nothing to waste.

Things to try if you are worried about your breastmilk supply:

- Check that your baby is positioned and attached correctly. Any nipple damage or distortion can mean baby is not attached properly and will thus be receiving less milk.
- Increase breast stimulation by increasing how often you feed or the number of times you express, including night time.
- Ask for a breastfeeding specialist to observe a whole feed. They may be able to make some suggestions on how you can feed your baby more effectively.
- Feed from one breast then offer the second breast. Offer both breasts a second time.
- Squeeze your breast for ten seconds while baby is feeding.
- Offer a 'top-up' breastfeed if your baby is unsettled.
- Offer another breastfeed for comfort, rather than using a dummy.
- Encourage skin-to-skin contact.
- Avoid giving your baby other fluids or food unless it is necessary for their health.
- Try to rest, drink adequate fluids and have a well- balanced diet.
- Limit caffeine (tea, coffee, cola and chocolate), nicotine and alcohol. Too much can decrease your milk supply.
- Accept practical help at home.

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- Surround yourself with supportive people.
- Use of medication to increase supply would only be suggested if other means have been unsuccessful. Medication will have the best chance of working if you also continue increased breast stimulation and removal of milk.

**Domperidone (motilium) to increase breastmilk supply**

Domperidone is normally used to treat nausea and vomiting, but it can also increase production of the milk producing hormone prolactin. It may take a week before you notice an increase in your breast milk supply.

It is important to continue frequent breastfeeds that is a minimum of 8 every 24 hours, and/or expressing to help your breasts make more milk whilst taking domperidone.

**Dosage**

Take 1 tablet (10 mg), three times a day, e.g. 6 am, 2 pm, 10 pm.

You should see a response within 7 days but the full effect may take 2-4 weeks.

Once a good milk supply is achieved, begin decreasing the dose over 1-2 weeks before stopping the medicine all together. There is little evidence to support treatment with domperidone for more than one month but seek advice from a Lactation Consultant or your breastfeeding specialist.

**Possible effects on mother**

Tell your doctor if you have any underlying medical conditions or if you are on other medications. A small number of mothers may complain of a dry mouth, skin rash, headache, thirst or drowsiness. If side effects are severe stop the medication and seek medical advice.

**Possible effects on baby**

There is no record of harmful side effects for babies. However, a small amount of the domperidone will pass through to the breastmilk.

**Other Options**

Sometimes herbal/naturopathic preparations may be suggested. There is little researched information available on dosage, effectiveness and safety for either mother or baby.

**Resources**

- Your Midwife, Child and Family Health Nurse, or Lactation Consultant
- Australian Breastfeeding Association [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au) Helpline: 1800 686 268.
- Mother Safe: Medications in Pregnancy & Lactation Service) Ph: 02 9382 6539 or 1800 647 848 if outside the Sydney Metropolitan area or visit [www.mothersafe.org.au](http://www.mothersafe.org.au)
- Mothersafe – 9382 6539
- If you need an interpreter, call Translating and Interpreting Service (TIS) on 131 450


Endorsed November 2021. Reviewed by consumers in development stage July 2021. Should you wish to discuss any aspect of this information please send an email [RHWfeedback@health.nsw.gov.au](mailto:RHWfeedback@health.nsw.gov.au)

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Appendix B – Consent for Exceptional Medicine Use



 <p><b>Health</b> South Eastern Sydney Local Health District Newport Hospital Local Health District Agony Children's Hospital Local Health District</p>	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.O.
<p><b>CONSENT FOR EXCEPTIONAL USE OF MEDICINE</b></p>	ADDRESS	
	LOCATION / WARD	
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	
<p>Exceptional use of medicine includes medication used under the Special Access Scheme (SAS) and some off-label use of a registered medication in an individual patient. See SESIH Area Drug Committee Decision Algorithm for Evaluation of Medicines for Individual Patient Use to confirm justification for exceptional use.</p>		
<p><b>Advice to patient/s carers:</b> This drug is not registered in Australia for use in the condition listed below which means it has not been evaluated by the Therapeutic Goods Administration of the Australian Department of Health and Ageing, and it may only be considered for exceptional use if an individual patient has a serious underlying disease or condition and standard therapy has been unsuccessful or is inappropriate. There may be unknown side effects. You should discuss the known side effects with the treating doctor before the commencement of treatment. If you have not done this, please ask the treating doctor now to discuss this with you. In addition, should this treatment be ongoing, you should ask the treating doctor whether any new and significant information has become available.</p> <p>Written informed consent is required prior to treatment with this drug.</p>		
<p>Drug name and form: _____</p> <p>The condition requiring treatment: _____</p> <p>Alternative therapies that may be considered: _____</p> <p>Potential risks associated with this treatment: _____</p> <p>Expected benefits of treatment: _____</p> <p>Details of additional written material provided: _____</p>		
<p><b>STATEMENT OF CONSENT BY PATIENT</b> I have read the above information and statement of liability. I understand that by signing this form I am agreeing to accept this liability. I acknowledge that the nature, reason for use, and possible risks of the treatment have been explained to my satisfaction. Before signing this document I have been given the opportunity to ask questions relating to any possible harm I might suffer as a result of the treatment and I have received a satisfactory answer.</p> <p>Signature of patient/carer: _____ Date: ____/____/____</p> <p><small>By patient, if over 16 years. Otherwise please state relationship: _____ If adult patient unable to give consent, by guardian/spouse/de-facto/caregiver/Guardianship Board. If patient between 14-16 years, patient plus parent to sign. If under 14 years, parent or guardian to sign.</small></p> <p>I, Prof/Dr _____ (Dr name printed), have fully explained to the patient the nature, purpose and risks of the drug treatment to be employed.</p> <p>Signature of authorised prescriber: _____ Date: ____/____/____ <small>Admitting Medical Officer (Only for Category A SAS may be AMO's Registrar)</small></p> <p>Both signatures witnessed by: _____ (Please print name)</p> <p>Signature of witness: _____ Date: ____/____/____</p> <p style="text-align: center;"><i>Original to stay in patient file    Copy to pharmacy with drug order</i></p>		

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CONSENT FOR EXCEPTIONAL USE OF MEDICINE SEI020.025

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