



GUIDELINE

Domperidone for Mothers of Infants with Insufficient Breastmilk Supply

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

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

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.

Risk

While domperidone is widely used 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.

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 producing sufficient breast 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. Two RCT's have

demonstrated Domperidone to be a safe and effective treatment for mothers who are 14 days post-delivery and continue to have inadequate breast milk supply despite full lactation support.^{2, 3}

Key points

- Non-pharmacological methods should be used as a first line and are to be continued whilst using domperidone. Refer to the Neonatal Guideline: [Breastfeeding](#).

Process

Initial assessment

- Lactation consultant, or if unavailable, midwifery and nursing staff are to review the mother's current progress with establishing breast milk supply, as well as any significant maternal or infant history prior to commencing the use of domperidone.
- Decision to commence domperidone should be after 6-7 days post- birth. Earlier commencement may be considered in mother's with a past history of low supply or delay in normal lactation activation despite frequent feeding or expressing.

Prescribing

- Due to contraindications and precautions of Domperidone, as well as the need for ongoing monitoring, Neonatology staff are unable to prescribe Domperidone to mothers.
- Mothers residing in the metropolitan area are directed to their GP for further advice and prescriptions.
- At KEMH, mothers from rural areas are directed to the Emergency Centre with a letter from the lactation consultant.
- At PCH, mothers from rural areas are given a list of GP's close to the hospital who bulk bill, or given the option of presenting to the emergency department at Sir Charles Gardiner Hospital or KEMH.

Documentation

- Document discussion of risk / benefit of Domperidone and ensure mother has been supplied with written information on [Domperidone](#).

Related CAHS internal policies, procedures and guidelines

Neonatology Guidelines

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

Useful resources (including related forms)


Consumer Information

- [Expressing breast milk for your baby in the Neonatal Intensive Care Unit](#)
- [Providing breast milk for preterm and sick babies](#)

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. Australian Medicines Handbook. Updated January 2022. Accessed January 20, 2022. <https://amhonline.amh.net.au/chapters/gastrointestinal-drugs/antiemetics/dopamine-antagonists/domperidone#top>

This document can be made available in alternative formats on request.

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