Guideline No: 99  Use of Domperidone for Lactation

VERSION 2

AMENDMENTS MADE: Layout, authors, non-drug measures, before prescribing, drug interactions, references.

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Document Review History

<table>
<thead>
<tr>
<th>Version</th>
<th>Review Date</th>
<th>Reviewed By</th>
<th>Approved By</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>April 2013</td>
<td>F Fenna</td>
<td></td>
</tr>
</tbody>
</table>
MONITORING COMPLIANCE WITH THE GUIDELINE

<table>
<thead>
<tr>
<th>Minimum requirement to be monitored</th>
<th>Auditable Standards – See below</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process for monitoring</td>
<td>Audit of Guideline</td>
</tr>
<tr>
<td>Responsible individual/group/committee</td>
<td>Risk Management Department</td>
</tr>
<tr>
<td>Frequency of monitoring</td>
<td>3 yearly</td>
</tr>
<tr>
<td>Responsible individual/group/committee for review of results</td>
<td>Obstetric &amp; Gynaecology Audit Meeting</td>
</tr>
<tr>
<td>Responsible individual/group/committee for development of action plan</td>
<td>Infant Feeding Specialist</td>
</tr>
<tr>
<td>Responsible individual/group/committee for monitoring of action plan</td>
<td>Divisional Clinical Governance Steering Group</td>
</tr>
</tbody>
</table>

COMPLIANT WITH:

1. Medication and Mothers Milk 15th edition 2012

AUDITABLE STANDARDS

1. Prescription written correctly in all cases as indicated within this guideline
2. The decision to start domperidone must be made following assessment by the infant feeding specialist in all cases.
3. The mother’s past medical history and baby’s medical history must be documented in the health care record before prescribing domperidone
4. All mothers prescribed domperidone should be given an information leaflet and evidence of this should be recorded within the healthcare record
Guideline No: 99 Use of Domperidone for Lactation.

CONTENTS
1.0 INTRODUCTION..................................Error! Bookmark not defined.
2.0 GUIDELINE REGIME.............................Error! Bookmark not defined.
2.1 Pharmacology of Domperidone ....Error! Bookmark not defined.
2.2 Ideal Patient Population...............Error! Bookmark not defined.
2.3 Safety and tolerability of oral domperidone Error! Bookmark not defined.
   2.3.1 Mother ..................................Error! Bookmark not defined.
   2.3.2 Baby ....................................Error! Bookmark not defined.
2.4 Prescribing Domperidone ......Error! Bookmark not defined.
   2.4.1 Authorised Prescribers ..........Error! Bookmark not defined.
   2.4.2 Before Prescribing .................Error! Bookmark not defined.
   2.4.3 Concomitant Medication ..........Error! Bookmark not defined.
   2.4.4 Recommended dose and duration of treatment Error! Bookmark not defined.
2.5 Review and follow up:...............Error! Bookmark not defined.
3.0 REFERENCE ..................................Error! Bookmark not defined.
4.0 RELATED DOCUMENTS......................Error! Bookmark not defined.
1.0 INTRODUCTION
The impact of reduced breast milk production in a nursing mother can be very distressing. Several factors may result in insufficient milk supply. These need to be addressed before drug treatment is considered to increase milk production.

Non-drug measures:
1. Ensure the mother is well supported in community and hospital.
2. Where a baby is breastfeeding, check that positioning and attachment is correct and is effective. Taking full feeding history.
3. Ensure the mother is feeding/expressing eight to ten times in 24 hours and at least once during the night. Dual pumping as required. Expressing technique to be observed
4. Ensure the mother is having as much skin to skin contact with her baby as possible.
5. Use breast compressions during feeding.
6. Ensure the mother is feeling positive about her baby’s medical progress and reassure if necessary (if baby is on SCBU).
7. Ensure the mother is able to rest adequately and is eating regularly.
8. To avoid the use of nipple shields and dummies.

Where all the above measures have been considered, and the mother still has insufficient milk production, drug treatment is an option. It MUST NOT be used first line, and must be used as an adjunct to the non-drug measures.

2.0 GUIDELINE REGIME

2.1 Pharmacology of Domperidone
Domperidone is the galactagogue of choice. It is generally used to treat nausea, vomiting, feeling of fullness, upper abdominal discomfort and reflux. It blocks peripheral dopamine receptors in the gastrointestinal wall and chemoreceptor trigger zone in the brain stem, resulting in its gastrokinetic and anti-emetic effects. However, the suppression of peripheral dopamine promotes the release of significant amounts of prolactin from the pituitary, which in turn is responsible for the production of breast milk. It has the advantage that it does not cross the blood-brain barrier and affect central dopamine, so it has a favourable side effect profile.

The use of domperidone to stimulate lactation is an unlicensed indication.

2.2 Ideal Patient Population
A better response to domperidone is found in:
- Mothers with an established milk supply, who are expressing milk for premature and/or poorly babies whose milk begins to decrease four to five weeks after the baby is born.
It is less effective in:
- Mothers expressing milk for premature and/or poorly babies who have not established a full milk supply

2.3 Safety and tolerability of oral domperidone

2.3.1 Mother
Domperidone is generally well tolerated. The most common adverse effect a mother may experience is headache, which tends to be dose dependent. Other adverse effects include abdominal cramps, dry mouth and alteration of menstrual cycle.

2.3.2 Baby
The amount of domperidone reaching breast milk following maternal ingestion is minimal, and evidence suggests, the risk to the infant which is likely to follow use of domperidone in a breastfeeding mother, is remote. The total amount of drug being ingested by the infant via milk would be about 180 nanograms/kg/day. Domperidone is used occasionally in neonates to treat symptoms suggesting reflux, and the doses employed are 100-300 micrograms/kg 4 to 6 times per day.

2.4 Prescribing Domperidone

2.4.1 Authorised Prescribers
The decision to start domperidone must be made following assessment by the infant feeding specialist which will be documented in the health care records.

Nurse independent prescribers may prescribe medicines independently for uses outside their licensed indications/UK marketing authorisation (so called ‘off-label’). Therefore domperidone for this use may be prescribed by independent prescribers as well as doctors. As it is an ‘off-label’ use for the medication the prescriber must take responsibility for its use.

2.4.2 Before Prescribing
Before prescribing domperidone for lactation augmentation, please check and document within the health care record:
- The mothers’ medical history and current medication, especially if any cardiac or hepatic conditions. Avoid in mothers with known QT interval prolongation, hypokalaemia or cardiac conduction abnormalities.
- The baby’s weight, age, gestation and medications and overall medical progress should be examined to ensure that any exposure to domperidone, albeit minimal, would be appropriate.

2.4.3 Concomitant Medication
Do not co-prescribe domperidone with:
Erythromycin, ritonavir or ketoconazole – these increase plasma levels of domperidone through hepatic enzyme inhibition and can also increase the risk of cardiac conduction abnormalities.

Refer to current BNF/SPC for a complete up-to-date list of drug interactions.
Do not prescribe in pregnancy.

2.4.4 **Recommended dose and duration of treatment**
Domperidone 10mg three times a day for 14 days.
- All prescriptions must be written on hospital prescription forms (TTH or in-patient), endorsed ‘Lactation purposes’ and dispensed by the hospital pharmacy.

- Document treatment in both the mothers and baby’s healthcare record.

2.5 **Review and follow up:**
**Onset of effect:** The mother should be advised that onset of effect may occur within 24 hours, but may take up to 3 to 4 days. Advise the mother on potential side effects and instruct her to report any adverse effects in her baby to the nurse. (An information sheet should be given to the mother in addition to verbal information; a record of this should be documented within the healthcare record).

The mother and baby must be reviewed every 5 to 7 days during the treatment course by the infant feeding specialist. Ask the mother to complete a daily diary sheet. This is for audit purposes and must be returned to the Infant Feeding Specialist when complete.

A second course of domperidone can be considered following full review and discussion with the mother.

3.0 **REFERENCE**
Medication and Mothers Milk 15th edition 2012, Thomas W Hale PhD
UKMI Q&A 73.4. March 2012

4.0 **RELATED DOCUMENTS**
Domperidone Patient Information Leaflet
Daily Diary Sheet