

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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| NAME OF DOCUMENT | Domperidone for treatment of low breastmilk supply |
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| EXECUTIVE SPONSOR | Clinical Stream Director, Women’s and Neonatal Health |
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| POSITION RESPONSIBLE FOR THE DOCUMENT | CMC Women’s and Children’s Clinical Stream Alison.Brown3@health.nsw.gov.au |
| FUNCTIONAL GROUP(S) | Women’s and Babies Health |
| KEY TERMS | Domperidone, lactation, breast milk |
| SUMMARY | This policy outlines the management of low breast milk supply and the role of domperidone. |

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Domperidone for treatment of low breastmilk supply**SESLHDPR/780****1. POLICY STATEMENT**

This procedure outlines the management of low breastmilk supply and the role of domperidone. The aims of the procedure are:

- 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.

2. 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.

3. RESPONSIBILITIES**3.1 Employees will:**

All staff are expected to familiarise themselves with, and follow this procedure, in order to provide safe and effective treatment for treating low breastmilk supply with Domperidone.

3.2 Line Managers will:

Ensure staff are familiar with the Local Health District policies and procedures and the requirement for adherence (for periodic review at management discretion).

3.3 District Managers/ Service Managers will:

Support all staff in relation to this procedure.

3.4 Medical staff will:

Familiarise themselves with, and follow this procedure, so they can provide safe and effective treatment for women requiring Domperidone for low breastmilk milk supply

4. 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

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- 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 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 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 breastfeeds and 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
- Advise lactose intolerant women to take with precaution, the film coated contains lactose
- 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.

4.1 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.

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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 education on increasing breastmilk supply.

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

4.2 Prescribing

- Inpatient: Prescribe domperidone on eMEDS
- Outpatient: Provide patient with a private prescription.

4.3 Side-effects

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

5. DOCUMENTATION

- eMEDS
- Electronic Medical Records

5. ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the ongoing reviews of this policy.
- When clinical risks are identified for an Aboriginal or Torre Strait Islander woman or their families, they may require additional supports. This may include family, Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services

CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: [NSW Health Policy Directive PD2017_044 - Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

6. AUDIT

- For periodic reviews at manager's discretion

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10. [NSW Health Consent to Exceptional Use of a Medicine](#)
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8. VERSION AND APPROVAL HISTORY

| Date | Version | Version and approval notes |
|-----------------|---------|--|
| 15 January 2025 | 1.2 | Minor review by SESLHD Lactation Group and RHW Pharmacist TL Lily Byun. NSW Health Consent for Exceptional Use of Medicines form link updated and Increasing your Supply of Breastmilk leaflet updated. Endorsed by SESLHD Drug and Therapeutics Committee. Converted from SESLHDPR/287 policy to procedure document type and template. Approved by Executive Sponsor. |

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Appendix A – [NSW Health Consent to Exceptional Use of a Medicine](#)

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|---|--|-----------------------|---|
|  SE1020025 Holes Punched as per AS2628 1: 2019 BINDING MARGIN - NO WRITING |  Health South Eastern Sydney Local Health District Illawarra Shoalhaven Local Health District | FAMILY NAME _____ | MRN _____ |
| | Facility: _____ | GIVEN NAME _____ | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| | CONSENT TO EXCEPTIONAL USE OF A MEDICINE | D.O.B. ____/____/____ | M.O. _____ |
| | | ADDRESS _____ | |
| LOCATION / WARD _____ | | | |
| COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE | | | |
| Information for prescribers. This form should be completed with the patient when using a medicine under either of the following circumstances: 1. Use of an unregistered medicine under the Therapeutic Goods Administration Special Access Scheme (SAS), or 2. Off-label use of a registered medicine in an individual patient, in a manner that is not considered routine (i.e. not supported by consensus guidelines or other high-quality evidence of clinical effectiveness and safety). This form is to be completed and signed by the responsible Senior Medical Officer or the team Advanced Trainee. | | | |
| Provision of Information to Patient, Parent or Guardian* I, Dr _____ have discussed with the patient, their parent or guardian the various ways of treating the patient's condition, including use of the following medicine: Medicine name and form: _____ The condition requiring treatment: _____ | | | |
| I have informed the patient, parent or guardian of the following: | | | |
| Possible risks of this treatment, and the likelihood of these risks e.g. if 100 people were treated, how many would have the adverse effect? | | Details: _____ | |
| Benefits of this treatment, and the likelihood of these benefits e.g. if 100 people were treated, how many would get the benefit? | | Details: _____ | |
| Other medicines/treatments that could be used | | Details: _____ | |
| Additional information | | Details: _____ | |
| Details of any written information provided (e.g. consumer medicines information): Medical Practitioner Name _____ Signature _____ Date ____/____/____ | | | |

CONSENT TO EXCEPTIONAL USE OF A MEDICINE


SE1020.025

NO WRITING

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|--|-----------------------|------------|---|
|  <p>Health South Eastern Sydney Local Health District Ilanvema Shoalhaven Local Health District</p> | FAMILY NAME _____ | MRN _____ | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| | GIVEN NAME _____ | | |
| Facility: _____ | D.O.B. ____/____/____ | M.O. _____ | |
| | ADDRESS _____ | | |
| CONSENT TO EXCEPTIONAL USE OF A MEDICINE | | | |
| LOCATION / WARD _____ | | | |
| COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE | | | |
| <p>Patient, Parent or Guardian* Consent</p> <p>Dr _____ has discussed my / my family member's condition with me and the different ways it can be treated.</p> <p>The medicine _____ has been recommended.</p> <p>I am aware that:</p> <ul style="list-style-type: none"> • The medicine is not registered in Australia for this use <ul style="list-style-type: none"> - This means that it has not been through an Australian government approval process • This medicine should only be used if medicines registered for this use haven't worked, are not suitable or are not available • There may be risks with use of this medicine <ul style="list-style-type: none"> - It is possible that not all of the risks are known. <p>I have had the opportunity to ask questions and I have understood the answers to my questions.</p> <p>I understand that I can withdraw my consent to use of this medicine at any time. This means that I can change my mind and say "No". I understand that I need to tell my doctor straight away if I change my mind, because some medicines must not be stopped suddenly.</p> <p>I consent to use of the medicine described above.</p> <p>Name of patient _____ Signature _____ Date ____/____/____</p> <p>Name of parent/guardian _____ Signature _____ Date ____/____/____</p> <p><i>*To be signed by patient if over 16 years.</i> <i>For patients 16 years and above without capacity; person responsible under the Guardianship Act 1987 to sign</i> <i>If patient between 14-16 years, patient plus parent/guardian to sign.</i> <i>If under 14 years, parent or guardian to sign.</i></p> <p>Interpreter's name _____ Signature _____ Date ____/____/____</p> <p>Employee ID/Provider no _____</p> | | | |

Holes Punched as per ASC228 1: 2019
BINDING MARGIN - NO WRITING

