

Domperidone is a prescription medicine mainly used for nausea and vomiting. It can also increase prolactin, a hormone that helps with breast milk production. Medicines that boost milk supply are called galactagogues.

Although Domperidone isn't officially registered in New Zealand as a galactagogue, it's sometimes used when other methods haven't worked. If prescribed, it's important to read the information sheet before taking it.

While using Domperidone, keeping a regular pumping and feeding schedule is essential—about every three hours during the day and every four hours at night. Staying in touch with a Lactation Consultant is also recommended.

Contraindications:

Before taking Domperidone, consult your pharmacist to ensure it's safe with any other medications you're using. It should not be taken with drugs that prolong the QT interval.

Avoid Domperidone if you have pre-existing heart conduction issues, significant electrolyte imbalances, or underlying heart disease. If you have a history of anxiety or depression, use it with caution.

Starting Domperidone:

Take one 10 mg tablet three times a day—typically every 8 hours —until your breast milk supply is well established, which may take several weeks. In some cases, your lactation consultant or doctor may increase the dosage to a maximum of 40 mg (four tablets per day).

How long does it take to work?

You may start noticing an increase in breast milk supply within a week, but it can take four to six weeks to reach the full effect. During this period, it's crucial to continue breastfeeding and expressing milk after feeds to support production.

Discontinuing Domperidone.

After 2 weeks reduce your dose by removing the morning. If there is no change in your milk supply after a week, remove the second and observe supply. If no change in supply continue reducing dose every week until stopped.

If your milk supply drops at any point, then recommence your previous dose and continue as above.

What are the side effects?

Some common side effects of Domperidone include headache, abdominal pain, dry mouth, rash, mood changes, and trouble sleeping. Less common side effects may include restlessness and muscle spasms. If you feel unwell or notice anything unusual, inform your lactation consultant or doctor.

Only very small amounts of Domperidone pass into breast milk, making side effects in infants highly unlikely. No side effects have been reported in breastfeeding babies whose mothers use Domperidone.

This fact sheet does not cover all possible side effects. For more details, please refer to the following links:

http://www.health.govt.nz/ourwork/lifestages/breastfeeding/healthpractit ioners/domperidone

https://www.nzma.org.nz/journal/readthejournal/all-issues/2010-2019/2015/vol-128-no1416/6565

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