

Dosage

The dose of Domperidone (Motilium®) to increase milk supply ranges from 10 mg (one tablet) once or twice a day, up to 20 mg (2 tablets) four times a day usually for 3-8 weeks. When Domperidone (Motilium®) is being taken to increase milk supply, it can be taken before, after or during a meal. The timing with respect to food does not matter. It takes 2–3 days of taking the drug before milk supply will start to increase and it may take several weeks to reach the full effect.

Mothers who previously had a good milk supply will probably find that 10 mg of Domperidone (Motilium®) three or four times a day is a good starting dose.

Mothers who have low milk supply for reasons such as a difficult start with breastfeeding, low prolactin production or who wish to build up a milk supply to nurse an adopted baby, should start at the maximum dose of 20 mg four times a day. If the baby is feeding at the breast but needs more milk, pasteurized donor milk or formula can be given by tube while the baby feeds at the breast. This increases breast emptying and will stimulate the mother's milk supply also.

Stopping Domperidone (Motilium®)

If full milk production is achieved, it may be possible to taper down the dose and stop taking the Domperidone (Motilium®). This is most likely to be possible for mothers who previously had a good milk supply. The dose should be reduced by no more than one tablet every three days. For example, a mother taking two tablets four times a day (eight a day) would reduce to seven tablets e.g. one tablet in the morning, two at noon, supper and bedtime. After three days of taking seven tablets a day, if there is no reduction in breastmilk supply, another tablet can be dropped. If the breastmilk supply drops, the mother should return to the previous dose (in this example eight tablets a day), and stay on it at least another two weeks before trying again.

As with any medication, the benefits of increasing breastmilk with Domperidone (Motilium®) must be weighed against the known risks of replacing human milk with formula.

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Increasing Your Milk Supply



An agency of the Provincial
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Key Points:

- ▶ **Breastfeeding your baby or expressing/pumping both breasts regularly stimulates your body to make milk.**
- ▶ **Establishing, maintaining or increasing milk supply can take time and varies from mother to mother.**

Please see the pamphlet “**Breastfeeding Your Baby**” for more information.

Other pamphlets available are:

- ◆ **Breast Massage Expression and “Hands on” Pumping of Mother’s Milk**
- ◆ **Helpful Hints**
- ◆ **Cleaning equipment, storage and transport of mother’s milk**

For mothers of babies in the the Neonatal Intensive Care Unit (NICU):

- ◆ **Mother’s Milk Diary**
- ◆ **Mother’s Milk: equipment, storage and transport**

Baby’s Best Chance, a provincial resource is available online at: www.bestchance.gov.bc.ca

Borrow the Baby’s Best Chance DVD from the Family Resource Library

Additional information for mothers and their health care providers on using the drug Domperidone (Motilium®)

Women can have problems with milk supply if their baby does not nurse frequently and effectively. Assessment of effective position and latch is helpful.

In situations where babies are unable to breastfeed, use of a hospital grade or rental pump is helpful. In addition, use of the drug Domperidone (Motilium®) is also useful particularly for the mother who has a premature baby. Many mothers find that when their premature babies are able to start going to breast their milk supply is starting to falter. Using motilium is helpful in this situation. However it only works in combination with effective milk removal (breastfeeding and/or pumping).

Domperidone (Motilium®)

Although originally used to treat stomach problems, Domperidone (Motilium®) has the side effect in lactating women of increasing milk supply. Domperidone (Motilium®) increases the mother’s level of prolactin, the hormone that causes breasts to make milk. Domperidone (Motilium®) is most effective when used in conjunction with pumping and/or effective feeding.

Effects

Domperidone (Motilium®) has about the same level of side effects as a placebo: dry mouth (2%), headache (1%), irritability (less than 1%), abdominal cramps (less than 1%), and diarrhea (less than 1%). These side effects can increase with increased dosage or prolonged use. However, as with any drug, any unusual symptoms which develop should be discussed with your doctor.

Although more serious side effects have been reported with high doses given by IV administration, serious side effects have not been reported with use of Domperidone (Motilium®) as a galactagogue.

The American Academy of Pediatrics approves Domperidone (Motilium®) for use in breastfeeding mothers. Only a very small amount of Domperidone (Motilium®) will be present in a mother’s milk.

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How do I stimulate my breastmilk:

1. If your baby is able to breastfeed:

- ▶ Feed as soon as possible after birth
- ▶ Put your baby skin to skin
- ▶ Use both breasts at each feeding
- ▶ Feed on demand or at least 8 times in 24 hours
- ▶ Position carefully, check latch
- ▶ Help your baby to feed actively - use hand compression and massage
- ▶ Feed more frequently and during the night
- ▶ Ask for help as needed

2. If your baby is not yet able to breastfeed, or does not feed actively when put to breast:

- ▶ Hold your baby skin to skin
- ▶ It is helpful in the first few days to hand express regularly
- ▶ Express or pump your breasts at least 8 times in 24 hours after putting baby skin to skin
- ▶ Use a hospital or rental electric pump: minimal pressure to start, increase to comfort, pump each breast for 10 minutes
– **either** 5 minutes twice using single pump parts or both breasts at the same time using double pump parts
- ▶ Increasing pump suction too high (where it is painful) does not help

What are the most common reasons for low milk supply?

- ▶ Mother’s who have had breast surgery or using certain medications (for example: birth control pills)
- ▶ Mother’s whose babies are not breastfeeding well (late preterm babies, jaundiced, sleepy babies, poor latch) who are not expressing or pumping after feeds
- ▶ Mother’s whose babies cannot breastfeed (premature or ill) and hand expression not started soon after birth, infrequent expressing and pumping.

- ▶ Mother's who are only pumping (not breastfeeding) for several weeks. Supply drops over time with fewer daily pumps, sleeping through the night, absence of 'hands on' and pumping

There are many other reasons that some women have a low milk supply. Seek help immediately as the problem can often be solved with quick action. Ask for help as soon as you notice you are getting less milk or that your baby is not satisfied with breastfeeding.

For NICU mothers: if you notice that your milk production is low after the first week or by two weeks you are not pumping more than 500 mls / 24 hours ask for help from your nurse. Check with your nurse before taking any medications or herbs.

What's else can I do to maintain or increase my milk supply:

First try:

- ▶ Spend time skin-to-skin with your baby
- ▶ Breastfeed or empty the breast regularly (at least 8 times in 24 hours)
- ▶ Refer to the other BC Women's pamphlets (see page 1)

Then add:

- ▶ Medication or herbs. These are called galactagogues and can be helpful to increase your milk supply

Medication

Domperidone (Motilium[®], Novo-domperidone[®])

- ▶ Can be used to help increase levels of prolactin, the hormone that stimulates milk production.
- ▶ Is approved by the American Academy of Pediatrics for use in breastfeeding mothers
- ▶ Requires a doctor's prescription
- ▶ Used originally to treat stomach problems
- ▶ May be most helpful particularly for mothers when their babies are premature or adopted
- ▶ Is not used if mothers have prolactinoma, Crohn's Disease, Hepatic (liver) Disease, Irritable Bowel Syndrome or gastrointestinal obstruction, perforation or hemorrhage, cardiac disease
- ▶ Needs to be used with effective breastfeeding and/or pumping

Dose:

- Usual dosage ranges between 10 mg – 20 mg three to four times a day for 3-8 weeks
- Mothers who have had a delay or a difficult start with feeding may need the higher dose of 20 mg four times daily
- Mothers who have had a good supply which has decreased usually take the lower dose
- Once a full milk supply is achieved, most women can slowly stop taking the medication
- Long term use of the highest dose maybe linked with side effects

Side effects:

- Can include dry mouth, headache, irritability, abdominal cramps and diarrhea
- Contact your doctor if any unusual symptoms occur in you or your child

Stopping the medication:

- Reduce the medication by one tablet every three or four days
- If the supply drops, return to the previous dose - for 2 weeks and reduce the dose again

Herbs

- ▶ Not all herbs are safe to take when you are breastfeeding. Read the package carefully and check with your health care provider
- ▶ Women tell us that fenugreek, blessed thistle, fennel and raspberry teas increased their breast milk supply. To date there are no known research studies that confirm herbs increase milk supply
- ▶ No government department is checking to make sure that herbal products are safe
- ▶ Using both herbs and medication at the same time to stimulate milk supply is **not** recommended

Acupuncture / Aromatherapy

- ▶ Women who have tried acupuncture or aromatherapy tell us that they sometimes work
- ▶ To date there are no known research studies that confirm they are helpful
- ▶ Acupuncture or aromatherapy has been helpful for some mothers