Domperidone to increase milk supply

Domperidone is a medication available on prescription from a Medical Officer; that can increase milk supply by increasing prolactin levels. It is prescribed when other methods of stimulating breastmilk production have proved ineffective.

When used with strategies such as frequent milk expression or breastfeeding, it can assist with relactation or increasing a low milk supply.

While taking Domperidone, it is essential to maintain a regular pumping and feeding routine at least every three hours during the day and four hours during the night.

It is important to maintain contact with the Lactation Consultant at the Breastfeeding Centre.

Domperidone (Motilium®)

Dose: ONE tablet (10mg) three times a day.[1]

Duration of treatment:

Four to six weeks or more depending on the response.[2]

Taper the dose at end of the course under direction of a health professional.

Contraindications:

Please ask your pharmacist if Domperidone is safe to take with any other medications you may be taking. Domperidone is contraindicated with drugs that prolong the QT interval.[3]

Cautions:

Do not take if you have pre-existing prolongation of cardiac conduction intervals, significant electrolyte disturbances or underlying cardiac disease.

Adverse effects:

Dry mouth, headache, abdominal cramps, rash, insomnia, dizziness, palpitations, fainting, seizures.

Transfer to breastmilk:

Relative infant dose is very low (less than 0.1%). No adverse effects have been reported in infants exposed to Domperidone.

Further information can be obtained from:

Department of Pharmacy Drug Information Service

King Edward Memorial Hospital
Phone: (08) 9340 2723

1 Hale T. 2012 Medication and Mothers' Milk, 15th Ed Hale Publishing. Texas

2 Newman J. 2005.The Ultimate Book of Breastfeeding Answers

3 Johannes CB, Varas-Lorenzo C, McQuay LJ, Midkiff KD, Fife D. Risk of serious ventricular arrhythmia and sudden cardiac death in a cohort of users of Domperidone; a nested case-control study Pharmacoepidemiol Drug Saf. 2010 Sep;19(9):881-8

This information is available in alternative formats upon request

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