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Increasing Milk Supply – use of Galactagogues

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Galactagogues are medicines that aid the initiation and maintenance of milk supply at a level which meets the needs of the baby. The production of milk is controlled by the hormone prolactin. Nipple stimulation controls the release of prolactin whilst oxytocin controls the release of the milk, experienced as the let down.

Poor milk supply can result from:

- Less than perfect positioning and attachment of the baby at the breast resulting in incomplete breast drainage
- Infrequent, restricted, limited feeds
- Reduction in milk supply is frequently noted after premature delivery with milk supply maintained only by expression over a period of weeks
- Smoking is associated with decreased milk production and smokers are more likely to wean earlier because of low milk supply or to notice inhibition of let down

Many cultures have their own remedies to increase milk supply (Riordan and Auerbach). In the past Guinness and Vitamin B supplements have been advocated widely. However there is limited research evidence to support its effectiveness. However if a mother believes it will help her, the positive effect may be apparent - whether due to placebo or genuine effect is unknown.

Medicinal products which have been shown to increase milk supply produce their effect by dopamine antagonism, generally as a side effect, whilst having other therapeutic effects. Use of these medicines as galactagogues is outside of the licence application and prescribers are required to take ultimate responsibility for their use.

Many women perceive that their milk production is inadequate and it is the commonest reported reason given for cessation of breastfeeding earlier than the mother had intended.

To find your nearest Breastfeeding Supporter call the Supporterline 0300 100 0210

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Medication should not be advocated as a solution to unfounded concerns or where additional support and encouragement as well as consistency of information are the prime need. Expert assessment of the latch and the effectiveness of feeding is essential.

Metoclopramide (Maxolon)

This drug is used as an anti-nauseant. Clinical studies have shown that it increases prolactin levels and consequentially milk supply at a dose of 10mg three times daily. However it can produce extra-pyramidal side effects including tremor and slow, shuffling movements as well as precipitating depression.

Domperidone (Motilium)

This drug is used to speed gastric emptying and is used for dyspepsia after meals, reflux oesophagitis and vomiting. It is available as an over the counter medicine to treat bloating after meals. The normal dose is 10mg three times a day but reports of use up to 30mg three times a day have been published (reported in Gabay). Reported side effects are rare. The drug has been evaluated as a randomised double blind; placebo controlled trial although this only involved 20 women (reported in Gabay). Warnings issued by the FDA in June 2004 reported concerns over IV use, which are not applicable in these circumstances (Hale)

Sulpiride and Chlorpromazine have been noted to have galactagogue properties but side effects limit their effectiveness.

Fenugreek

This is a herbal spice, which is a member of the pea family whose seeds are used amongst other things as the artificial flavour in maple syrup. Anecdotal reports of its effectiveness go back to 1945 ((reported in Gabay) but no formal studies have been located. Its mechanism of action has been theorised as stimulation of sweat production (the breast is a specialised sweat gland). The recommended dose is 2-3 capsules three times a day. Since herbal remedies are not standardised the exact amount of fenugreek may vary. Reported adverse events are rare and include maple syrup like odour of the sweat and urine, diarrhoea and aggravation of the symptoms of asthma. Fenugreek can also interact with insulin and warfarin and anyone taking medication is advised to seek advice from a medical practitioner or herbalist. It also stimulates the uterus and should not be used in pregnancy. Hypoglycaemic effects (low blood sugar levels) have also been reported. Milk production is said to increase within 24-72 hours.

Other natural remedies said to increase milk supply include **anise, basil, blessed thistle, caraway, chasteberry** and **fennel** but evidence is anecdotal rather than scientific.

If no increase in milk supply is noted after seven days of taking medication, consideration should be given to removing the medication rather than continuing to expose mother and child. Nursing supplementer devices may prove effective in aiding additional nipple stimulation through suckling.

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