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Domperidone use during Breastfeeding

The information provided is taken from various reference sources. It is provided as a guideline. No responsibility can be taken by the author or the Breastfeeding Network for the way in which the information is used. Clinical decisions remain the responsibility of medical and breastfeeding practitioners. The data presented here is intended to provide some immediate information but cannot replace input from professionals and voluntary breastfeeding personnel.

Caution

Care should be taken with the use of high doses of domperidone to mothers to increase milk supply - for which there seems to be anecdotal, but no research -based evidence

N.B.The Academy of Breastfeeding Medicine (ABM) protocol has been updated from that used by the UKMI 2010)

UKMi Q&A 73.3 Drug treatment of inadequate lactation 2010) in the face of recent articles www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Drug-treatment-of-inadequate-lactation/?query=lactation&rank=100

Academy of Breastfeeding Medicine (ABM) Protocol Committee. (2011) Use of galactogogues in initiating or augmenting the rate of maternal milk secretion (First Revision January 2011). *Breastfeed Med* **6(1)**: 41-9
www.bfmed.org/Media/Files/Protocols/Protocol%209%20-20English%201st%20Rev.%20Jan%202011.pdf

Summary of important information regarding use of domperidone

Some epidemiological studies have shown that domperidone may be associated with an increased risk of serious ventricular arrhythmias or sudden cardiac death in doses in excess of 30mg (one tablet three times a day).

- Domperidone should be used at the lowest effective dose in adults and children.
- Domperidone should be avoided in patients who are taking concomitant medication known to cause QT prolongation (such as ketoconazole and erythromycin).

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

Calls to 0300 numbers cost no more than calls to UK numbers starting 01 and 02 and will be part of any inclusive minutes that apply to your provider and call package

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- Caution should be taken when treating patients who have:
 - existing prolongation of cardiac conduction intervals (particularly QTc);
 - significant electrolyte disturbances;
 - or underlying cardiac diseases

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McNeil Products Ltd. and Winthrop Pharmaceuticals UK Ltd (Trading as Zentiva- a Sanofi company) would like to inform you of new information regarding cardiac risks of domperidone products (Motilium® and all available generic products).

- Some epidemiological studies have shown that domperidone may be associated with an increased risk of serious ventricular arrhythmias or sudden cardiac death.
- These risks may be higher in patients older than 60 years and in **patients who receive daily oral doses of more than 30 mg.**
- Domperidone should be used at the lowest effective dose in adults and children.
- Patients should be advised to seek prompt medical attention if symptoms such as syncope or tachyarrhythmia appear during treatment.
- Domperidone should be avoided in patients who are taking concomitant medication known to cause QT prolongation (such as ketoconazole and erythromycin).
- Non-prescription domperidone products - sold under the supervision of a pharmacist (P legal status) - should not be supplied to patients with underlying cardiac disease.
- The benefits of domperidone continue to outweigh the risks.

In 2010, two new epidemiological studies [1,2] were published in the scientific literature concerning the risk of ventricular arrhythmia or sudden cardiac death and a possible association with domperidone. A weak association with sudden cardiac death was found. It was concluded that there is some evidence to support that particularly at higher doses (>30mg/day) or in patients older than 60 years, domperidone may be associated with an increased risk of serious ventricular arrhythmias or sudden cardiac death.

Healthcare professionals should be aware of these risks and be particularly cautious when treating patients who have: existing prolongation of cardiac conduction intervals (particularly QTc); significant electrolyte disturbances; or underlying cardiac diseases such as congestive heart failure.

1. Van Noord C. et al. Drug Saf 2010; 33 (11): 1003-1014

2. Johannes C. et al. Pharmacoepidemiology and Drug Safety 2010; 19:881-888

Domperidone Dose (BNF 2011)

By mouth, ADULT and CHILD body-weight over 35 kg, 10–20 mg 3–4 times daily; max. 80 mg daily;

CHILD body-weight up to 35 kg (nausea and vomiting only), 250–500 micrograms/kg 3–4 times daily; max. 2.4 mg/kg daily

Passage into breastmilk (Hale Medications and Mother's Milk online version accessed Dec 2011)

- Relative Infant Dose Range: 0.01% - 0.04%
- Following a dose of 10 mg three times daily, the average concentration in milk was measured as 2.6 µg/L (Hofmeyr GJ, van Iddekinge B, Blott JA. Domperidone: secretion in breast milk and effect on puerperal prolactin levels. Br J Obstet Gynaecol 1985; 92(2):141-144)

Withdrawal from domperidone

After a slow withdrawal from domperidone, one study found no significant increase in formula supplementation suggesting that once sufficient milk production is established, it is maintained even without the use of domperidone (Livingston V, Blaga Stancheva L, Stringer J. The effect of withdrawing domperidone on formula supplementation. Breastfeeding Med. 2007; 2:278, Abstract 3.)