

*"As doctors, we can support mothers who perceive 'low milk supply' through explaining the normal physiology of breastfeeding to help them better understand their babies' behaviours."*

## Domperidone and breastfeeding

Traditionally, the role of GPs in supporting breastfeeding has been signposting women to appropriate local resources. Is discussion of galactagogues soon to be a common consultation?

Domperidone stimulates prolactin release driving milk production. Ordinarily, prolactin production is induced by effective suckling, producing a positive feedback loop, and establishing milk supply. Using galactagogues to augment milk supply is common practice in some parts of the world, including British Columbia, Canada, where one in five women who delivered at term were prescribed domperidone.<sup>1</sup> Is domperidone an underused treatment, or are we at risk of overmedicalising infant feeding?

Evidence for use of domperidone to augment lactation is not compelling. In 2015, a systematic review identified four relevant randomised controlled trials.<sup>2</sup> These studies did show that domperidone increases milk production; however, in only one very small study was the infant actually fed on the breast (the rest measured expressed milk) and two trials recruited only preterm infants. There is currently no evidence that use of domperidone improves breastfeeding outcomes.

Use of domperidone for lactation is off licence and not without risk. In April 2014, the European Medicines Agency issued a warning about its use, highlighting serious, but rare, adverse effects including prolongation of the QT interval, arrhythmias, and sudden cardiac death.<sup>3</sup> These risks need to be balanced against the fact that not prescribing domperidone could lead to the unintentional loss of the significant benefits of breastfeeding to mother and child.

Breastfeeding is undoubtedly the best way to fulfil the nutritional needs of infants. However, breastfeeding rates in the UK are poor. In 2010, 69% of UK mothers exclusively breastfed at birth.<sup>4</sup> This dropped to 49% at 1 week, and 23% by 6 weeks. At 6 months, exclusive breastfeeding had decreased to 1%. A treatment that would improve breastfeeding rates could be potentially very useful. One of the common reasons cited by women for stopping breastfeeding is feeling that they have 'insufficient milk'.<sup>4</sup> Perception of low milk supply may not equate to actual low

supply. Mothers may feel their supply is poor due to their misinterpretation of exhausting episodes of cluster feeding or very frequent feeds early on when milk supply is established. As doctors, we can support mothers who perceive 'low milk supply' through explaining the normal physiology of breastfeeding to help them better understand their babies' behaviours. An excellent resource to help us do this is the GP Infant Feeding Network UK website (<https://gpifn.org.uk/>).

Advice about naturally augmenting through pumping and increased suckling may be all that is needed. Breastfeeding is new to mums and babies, and needs to be learned like any other new skill. Highlighting the importance of social support may enhance the mother's chance of successfully breastfeeding. Most importantly, we should always ensure that a woman seeks skilled advice from an appropriate professional to ensure attachment and positioning are optimised, and that any physical problems, such as tongue-tie, have been considered.

Despite safety concerns and the lack of trial evidence, when all conservative measures have been exhausted and natural augmentation has failed, the use of domperidone may be considered.<sup>5</sup> The mother should have no cardiac comorbidities and be fully aware of the risks of the medication.

Considering the trend towards increasing medicalisation, it is foreseeable that we will be facing more consultations with new mothers, who are desperate for help with breastfeeding, and who want to consider medication. We will have to ensure our patients understand the risks, benefits, and uncertainties of using domperidone. Each clinician will have to make their own decision about the risk they are willing to take to help their patient to breastfeed.

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