

## Galactagogues

Information taken from - Dr Louise Santhanam, GP, <https://gpifn.org.uk/galactagogues/>

For more information – [infant.feeding@lancashirecare.nhs.uk](mailto:infant.feeding@lancashirecare.nhs.uk) 01254 612582

If **low breastmilk milk supply** is suspected it is essential that:

- A breastfeeding assessment is undertaken by an appropriately trained health professional (eg HV, Midwife, Specialist Infant Feeding Team ) in order to
  - Encourage maternal confidence
  - Assess a full feed
  - Provide information on effective positioning, attachment and sucking behaviour
  - Encourage frequent feeds, effective breast drainage and expressing breastmilk to stimulate milk production
  - Encourage skin-to-skin contact to facilitate frequent feeding
- Causes of decreased maternal responsiveness to infant feeding cues are considered and addressed eg. depression and anxiety
- If there are concerns about the infant's health eg. dehydration or poor weight gain then a paediatric assessment should be undertaken.

### Indications for Use of a Galactagogue

- Treatable causes, such as ineffective attachment and positioning have been optimised.
- Increased frequency of breastfeeding, hand expression of milk, and breast pumps have all been tried without effect.
- There is a faltering milk supply due to illness in the infant or mother or due to prematurity.
- There has been unavoidable separation of the infant and mother.
- After expression of milk by hand or by pump for weeks, there is a decline in milk production.
- Re-lactation (re-establishing milk supply after cessation of breastfeeding) is advisable.
- Establishing adoptive nursing

**Although in special circumstances the use of Galactagogues can be of value to increase the milk supply in the breastfeeding mother they should only be used as a last resort and when all the non-medical methods have failed.**

### Domperidone and Cardiac Risk

In 2014 a warning was issued regarding the use of domperidone, further studies were completed and the European Medical Agency found it to be associated with a small increased risk of serious cardiac adverse effects which was higher in people over 60yrs, those on more than 30mg dose per day and those with certain cardiac conditions. Due to the efficacy of domperidone as a galactagogue, the age and the lack of evidence of concerns in lactation women this warning was challenged by the UK medicines information.

The following advice is given by the UK Drugs in Lactation Advisory Service (UKDILAS) (2016)

- A maternal daily dose of 30mg Domperidone should not be exceeded
- The maximum treatment duration should not usually exceed one week
- Domperidone should not be used for inadequate lactation where the mother or infant has a cardiac disorder or are receiving treatment with drugs known to affect the QT interval e.g. ketoconazole or erythromycin, in which case Metoclopramide is preferred