Medications and Herbal Preparations to Increase Breastmilk Production (Galactagogues) CPG

Galactagogues should only be recommended following a thorough assessment of breastfeeding and where appropriate changes have been implemented. Galactagogues alone will not increase breastmilk supply. Appropriate changes to lactation management during treatment need to be maintained.

Commonly available galactagogues

**Domperidone (Motilium®)**

is a peripheral dopamine antagonist. It blocks dopamine receptors in the gastrointestinal tract and the brainstem. It does not enter the brain compartment as it does not cross the blood brain barrier. It is generally used for the treatment of nausea, vomiting or reflux. As it increases prolactin levels, it is accepted for use as a galactagogue to increase breast milk supply.

**Dose:** Breastfeeding Education & Support Services (BESS), Royal Women's Hospital galactagogue recommendation:

- The current regime is to commence one tablet three times a day and on the third day, increase to two tablets three times a day (unless an immediate response is noticed).
- Once an adequate breastmilk supply is achieved, medication can be reduced slowly, for example, one tablet three times a day for a further week then one tablet twice a day for a week then cease.
- It is not necessary to take the medication prior to meals (as it is not being taken for its anti-nausea effect).
- Domperidone is available as 10 mg oral tablets.

**Prescribing:** On the PBS, only 25 tablets are available. Usually, it is preferable to write a private prescription for 100 tablets.

**Duration of treatment:** Women may require treatment for a number of weeks (or months), especially if they are expressing milk for a premature baby or inducing lactation.

- Side-effects: Uncommon - dry mouth, headache, urticarial rash;
- Rare - loss of balance, palpitations, swelling of feet.

**Safety in lactation:** Clinical trials of domperidone have been conducted on breastfeeding women to establish its role as a galactagogue. Very small concentrations of domperidone were found in breastmilk samples and side effects in infants and children have not been reported. The amount ingested by the infant through the breastmilk would be extremely low (less than 0.2 micrograms/kg/day) as compared to doses used to treat infants and children.

In clinical practice, domperidone side effects in breastfeeding women have occurred rarely when compared to metoclopramide (Maxolon®), another galactagogue. Breastfeeding women taking metoclopramide may experience symptoms such as depression and drowsiness. For this reason, domperidone is a preferred galactagogue.

**Metoclopramide (Maxolon®; Pramin®)**

is a central dopamine antagonist. It has an effect in the gastrointestinal tract and in the brain. It is generally used for the treatment of nausea, vomiting or reflux but may also be used as a galactagogue to increase breast milk supply, as it increases prolactin levels like domperidone.

**Dose:** Currently not recommended by Breastfeeding Education & Support Services, Royal Women's Hospital.

The dose is one tablet three to four times a day. Commence with one tablet twice a day and increase to one tablet three to four times a day as required. Once breastmilk supply is adequate, reduce dose slowly.

Metoclopramide is available as 10mg tablets.

**Duration of treatment:** Women may require treatment for a number of weeks (or months), especially if they are expressing milk for a premature baby or inducing lactation.
Prescribing:  On the PBS only 25 tablets are available.

Side effects:

- Common: restlessness, dizziness, drowsiness, headache;
- Uncommon: extrapyramidal adverse effects, hypertension, hypotension, diarrhoea, constipation, depression;
- Rare: agranulocytosis, supraventricular tachycardia, hyperaldosteronism, neuroleptic malignant syndrome, tardive dyskinesia.

Safety in lactation:

Available clinical trials have not reported side effects in infants who are breastfed by women taking metoclopramide. However, due to metoclopramide’s potential side effects on breastfeeding women, it is generally not recommended for use as a galactagogue. See domperidone if a galactagogue is required.

Herbal preparations:

Many herbal preparations such as caffeine, hops, fenugreek, fennel seed, blessed thistle and alfalfa have traditionally been used to increase breastmilk production however; there is little published research to support their effectiveness in increasing milk supply or their safety to mother and infant.

Breastfeeding women who are concerned about their breastmilk supply should consult with a lactation consultant or other health care provider.

References

- Pharmacy Department, The Royal Women's Hospital. Drugs and Breastfeeding. 2004 Melbourne, Australia.
- Caswell A, ed: MIMs online. Mims online database 2005 [subscription required].