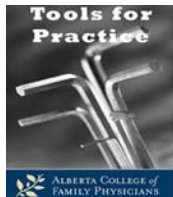


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[\(en français\)](#)



Need milk? Domperidone for increasing breast milk supply

Clinical Question: What is the efficacy and safety of domperidone to increase milk supply in breastfeeding mothers?

Bottom Line: In mothers of pre-term infants, domperidone increases milk volume by ~90 ml more than placebo after 14 days, with an additional 1 in 5 women experiencing a 50% increase in milk supply. Doses above 30 mg/day are likely not needed and may increase the risk of arrhythmias. Optimal length of treatment unknown.

Evidence:

- **Efficacy:**
 - Newest systematic review of 5 placebo-controlled trials of 192 breastfeeding mothers of pre-term infants. All used 10mg PO TID for 5-14 days:¹
 - Mean increase in expressed breast milk volume: 88 ml/day over placebo.
 - Maternal adverse effects: no difference.
 - Infant adverse effects: either no difference or not reported.
 - Largest RCT from above systematic review (90 mother-baby pairs):²
 - Women with 50% increase in milk supply at 14 days: 78% domperidone versus 58%, Number Needed to Treat (NNT)=5.
 - Mean daily milk volume: 267 ml domperidone versus 168 ml (not statistically different, but likely underpowered).
 - No difference in breastfeeding rates at 6 weeks.
- **Cardiac harms:**
 - Canadian observational study of 45,518 women given domperidone in the 6 months postpartum:³
 - Risk of hospitalizations for ventricular arrhythmia: 1.3/10,000 (domperidone) versus 0.55/10,000 (no domperidone): no statistical difference.
 - If real, would equal a number needed to harm of 12,950.
 - Systematic review of 6 case control studies, mainly in men over age 60:⁴
 - Arrhythmia risk highest in doses >30 mg/day (OR=3.32) versus ≤30 mg/day (OR=1.63).

Context:

- Small RCTs (7-15 women) found no difference in efficacy between 30mg/day and 60mg/day.^{5,6}
- Low amounts of domperidone enter breastmilk (example <7mcg/day based on 80mg daily dose),⁷ but infant adverse effects similar to placebo.^{2,7}
- In 2015, Health Canada warned of domperidone use and abnormal heart rhythms/sudden cardiac death. While available evidence may not apply to breastfeeding population, domperidone is contraindicated if risk of arrhythmias (examples cardiac disease/conduction abnormalities, concurrent QTc prolonging drugs or potent CYP3A4 inhibitors).⁸
- There is insufficient evidence on the use of herbal galactagogues (example fenugreek).⁹

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Disclosure:

The authors have nothing to disclose.

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