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Luke E. Grzeskowiak, Lisa H. Amir

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A Journal of Human Lactation, 2015; 31(2):315-316

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Published version available via DOI: <http://dx.doi.org/10.1177/0890334414567895>

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14 March 2018

<http://hdl.handle.net/2440/97123>

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Luke E Grzeskowiak, Lisa H Amir

Luke E Grzeskowiak, PhD, BPharm (Hons), GCertClinEpid, FSHP

1. School of Paediatrics and Reproductive Health, The Robinson Research Institute, The University of Adelaide, Adelaide, South Australia, Australia

E-mail: Luke.Grzeskowiak@adelaide.edu.au

Lisa H Amir, PhD, MBBS, MMed

1. Judith Lumley Centre, La Trobe University, Melbourne, Victoria, Australia
2. Breastfeeding Service, Royal Women's Hospital, Melbourne, Victoria, Australia

E-mail: L.amir@latrobe.edu.au

Corresponding Author:

Luke Grzeskowiak

The Robinson Research Institute, The University of Adelaide

Lyell McEwin Hospital

Haydown Road

Elizabeth Vale, 5112

South Australia, Australia

T: +61 8 8133 2133

F: +61 8 8182 9337

E-mail: Luke.Grzeskowiak@adelaide.edu.au

Word Count:

Main Text: 470

Key Words: Domperidone; Galactagogue; lactation; breastfeeding; insufficient milk supply

Declaration of Conflicting Interests

The author declares no conflicts of interest

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The statement made by Paul *et al.* in their systematic review, that “the use of domperidone as a galactagogue is worrisome as drug-induced long QT syndrome occurred mostly in women”¹, is extremely misleading and not reflective of current evidence. To be clear, there is no evidence that the risk of QT interval prolongation associated with the use of domperidone is higher among females.^{2,3} Not discussed by Paul *et al.* are the results of a recent case-control study investigating the risk of serious ventricular arrhythmia and sudden cardiac death associated with the use of domperidone, in which an increased risk was only observed among males (adjusted Odds Ratio [aOR] 2.23; 95% Confidence Interval [CI] 1.59, 3.13), but not females (aOR 1.25; 95% CI 0.93, 1.67).⁴ Furthermore, an increased risk was only observed among those > 60 years of age (aOR 1.64; 95% CI 1.31, 2.05), and not among those ≤ 60 years of age (aOR 1.1; 95% CI 0.35-3.47).⁴ Also omitted from the review by Paul *et al.*¹ is any discussion of a recent randomised, placebo-controlled, double-blind, crossover study evaluating the impact of domperidone on QT prolongation among healthy volunteers aged 18-39 years (representing the likely cohort of breastfeeding mothers).⁵ In the study of volunteers, domperidone was demonstrated to prolong the QT interval among males, but no difference in QT interval was observed among females.⁵ Taken together, these findings provide evidence of a favourable safety profile of domperidone use in breastfeeding mothers.

In addition the review by Paul *et al.*¹ lacks any consideration of the risks associated with not breastfeeding. It is unclear how the benefit-risk profile of domperidone without considering its role in maintaining breast milk feeding. We also direct the authors towards a recent article investigating the effect of breastfeeding on postpartum depression. In this study, the highest risk of postpartum depression was observed among women who had planned to breastfeed and had not been able to achieve their goal.⁶ The authors stressed the necessity to provide expert breastfeeding support to women who want to breastfeed, but also the importance of providing compassionate support for women who had intended to breastfeed, but who find themselves unable to. This highlights the importance of maintaining access to a medication such as domperidone that can assist with the

management of low milk supply. Despite its use being ‘off-label’, domperidone has a long track record of use in lactating mothers,⁷ with no reports of significant adverse effects. While the use of domperidone should never be considered a magic bullet nor as a substitute for effective non-pharmacological breastfeeding support and encouragement, we strongly feel that it can be used safely and effectively where appropriate.^{2,3} We firmly believe that the misguided interpretation of the current evidence risks subjecting breastfeeding women to the status of therapeutic orphans and causing more harm than good.

Conflict of Interest:

The authors have indicated that they have no financial relationships or conflicts of interest relevant to this article to disclose.

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