

# Induced lactation

## Information for parents and carers



# What is induced lactation?

This means creating a supply of human milk without being pregnant. The amount of milk produced when inducing lactation can vary widely – some people make no milk, others can feed their baby exclusively, and most people will make partial milk production.

## Who can induce lactation?

- Women and birthing people.
- Non-gestational parent/parents/carers (e.g. LGBTQIA+ people when the gestational parent may choose not to, or cannot, lactate; a situation where both parents choose to lactate).



- Adoptive parents.
- Intended parents via surrogacy.
- A friend or relative where a woman/birthing parent chooses not to breast/chest feed because of, for example, they are HIV positive, illness or death, or cannot fully breast/chest feed.

Parents with HIV are often advised to formula feed; however, they may choose to breast/chest feed if they have an undetectable viral load and follow strict guidance.



## Who can support with inducing lactation?

Speak to your midwife before your baby is born; they can offer referral to the infant feeding specialist midwife who can offer information about pathways for inducing lactation, feeding options, and ongoing feeding support until baby is six weeks old.

Staff can offer feeding support for women and birthing parents, and partners or carers who are body feeding or expressing their own milk. This includes sharing antenatal information (getting breast/chest feeding off to a good start, hand expressing, skin to skin and bonding with baby). There is also postnatal support such as information about responsiveness and brain development, safe sleep and hands-off feeding support.

All parents who are feeding baby/babies will have 24 hour access, seven days a week, in the clinical area their baby is currently staying within.



# Co-nursing considerations

If your plan includes more than one person breast/chest feeding (co-nursing), the birthing parent needs to feed baby frequently (at least eight times in 24 hours, including overnight) in the first six weeks after birth, to adequately build their milk production. This includes skin to skin after birth, and directly feeding baby within the first hours after birth.

If you are baby's non-gestational parent/carer and wish to feed baby directly during this time, it is vital that the birthing parent simultaneously expresses milk to stimulate production if a direct feed is missed.

Once milk production is established (six weeks after birth) all parents/carers who want to continue producing milk should body feed or express at least eight times in 24 hours (including overnight).

You may also consider how you will cope with scenarios such as baby preferring to feed from one person compared to the other, or if one parent/carer has issues with low milk production or latching. Also, about how sharing feeding will affect your relationship, or home and work-related tasks and responsibilities.

## How is lactation induced?

Previous birth or lactation experience is not necessarily required.

If you are a non-gestational parent or carer you can also request infectious diseases screening (HIV, syphilis, hepatitis B) from your GP.

Pathways at Sherwood Forest Hospitals include a non-medicated option, and a medicated plan. The latter involves:

- **Priming – developing glandular tissue.**
- **Prolactin promotion – to encourage milk production.**
- **Expressing – to maintain milk production.**



## Important medical considerations

The GP/ prescriber will ask about your medical history, and request a blood pressure reading, prior to prescribing medication. If you have contraindications to either medication there is also the option of an unmedicated pathway.

**Please contact your GP or NHS 111 if you experience any side effects.**

	<b>Combined pill</b> Your blood pressure needs to be measured prior to prescribing.	<b>Galactagogue</b> No medicines are licensed in the UK for the treatment of low milk supply and are therefore used off-licence.
<b>Contraindications (Do NOT take)</b>	Includes: <ul style="list-style-type: none"> <li>• Allergies to ingredients.</li> <li>• Bad migraines.</li> <li>• Blood clots (including a family history of this).</li> <li>• Cancer.</li> <li>• Currently pregnant.</li> <li>• Liver disease.</li> <li>• Other conditions not detailed here. For the full list, please read: <a href="https://www.medicines.org.uk/emc/files/pil.1147.pdf">https://www.medicines.org.uk/emc/files/pil.1147.pdf</a></li> </ul>	Includes: <ul style="list-style-type: none"> <li>• Allergies to ingredients.</li> <li>• Your ECG (electrocardiogram) shows a heart problem called 'prolonged QT corrected interval'.</li> <li>• Low level of potassium or magnesium, or a high level of potassium in your blood.</li> <li>• Liver problems.</li> <li>• Other conditions not detailed here. For full list please read: <a href="https://www.medicines.org.uk/emc/files/pil.3188.pdf">https://www.medicines.org.uk/emc/files/pil.3188.pdf</a></li> </ul>
<b>Warnings</b>  <b>Inform your Doctor if you have experienced any of the following, prior to prescription</b>	<ul style="list-style-type: none"> <li>• Migraine.</li> <li>• Headaches.</li> <li>• Slow or sudden development of visual disturbances such as complete or partial loss of vision.</li> <li>• Asthma.</li> <li>• Epilepsy.</li> <li>• Fibroids.</li> <li>• Severe depression.</li> <li>• Diseases of the heart and blood vessels.</li> <li>• High blood pressure (hypertension).</li> <li>• Kidney disease.</li> <li>• Diabetes.</li> <li>• Other conditions not listed in this leaflet – for the full list please read: <a href="https://www.medicines.org.uk/emc/files/pil.1147.pdf">https://www.medicines.org.uk/emc/files/pil.1147.pdf</a></li> </ul>	<b>Patients at higher risk of serious cardiac events include:</b> <ul style="list-style-type: none"> <li>• Those with cardiac disease.</li> <li>• Severe liver problems.</li> <li>• Electrolyte imbalances.</li> <li>• Taking medicines affecting the QT interval or which interact with domperidone.</li> </ul> For further information, please read: <a href="https://www.sps.nhs.uk/articles/using-domperidone-for-low-milk-supply/#:~:text=domperidone">https://www.sps.nhs.uk/articles/using-domperidone-for-low-milk-supply/#:~:text=domperidone</a>

## Risks

- Psychiatric disorders.
- Thrombosis (blood clot).
- Breast/cervical/liver/ endometrial and ovarian cancer.

**Call 999 immediately** if you experience an allergic reaction after taking this medicine. Rare but severe symptoms include:

- Sudden wheeziness.
- Difficulty in breathing.
- Chest pain.
- Fever.
- Sudden swellings.
- Rash or itching (especially affecting the whole body).

Increased risk of heart rhythm disorder and cardiac arrest – may be more likely in those over 60 years old or taking doses higher than 30mg per day for longer periods, or when taking other drugs/additional risk factors present.

**Call 999 immediately** if you experience an allergic reaction after taking this medicine or experience:

- Uncontrolled body movements.
- A fast or unusual heartbeat (palpitations).
- Trouble breathing.
- Loss of consciousness.
- Seizure.

Please read the full domperidone patient information leaflet here: <https://www.medicines.org.uk/emc/files/pil.3188.pdf>

## Side effects

**Please contact your GP or 111 if you experience any side effects**

- Feeling sick.
- Stomach upset.
- Weight gain.
- Changes in appetite.
- Changes in the way your body breaks down sugars, fats or vitamins.
- Headache.
- High blood pressure.
- Depression.
- Swollen or sore breasts.
- Change in sex drive. Worsening of womb disorders.
- Irregular vaginal bleeding.

- Dry mouth.
- Headache.
- Dizziness.
- Abdominal cramps.
- Diarrhoea.
- Allergic reactions.

**Seek prompt medical attention if symptoms such as maternal syncope or palpitation arise during treatment.**

Mothers/parents are advised to report any changes in their baby's behaviour immediately.

**No serious side-effects have been reported in infants exposed to domperidone via breast milk.**

## **Further sources of information**

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

## **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

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