This information was up to date at the time of release to the Heads of Midwifery.
The editorial board does not accept liability for any errors or omissions following its subsequent publication.
Updating arrangements for the formulary should be decided upon and implemented at a local level.

Lactulose

Legal status (GSL, P or POM on exemption list, or PGD)	▪ P - midwife may supply
Patient group	Antenatal and postnatal women until discharged from midwifery care.
Clinical indication	Treatment and prevention of constipation: ▪ alternative to ispaghula husks if preferred by woman ▪ prevention of constipation in women who have had third degree tear
Pharmacology (Onset and duration of action where appropriate)	Lactulose is an osmotic laxative. It is metabolised in the colon producing lactic acid and other low molecular weight organic acids which lowers the pH of the colon contents, promoting the retention of water by an osmotic effect, thus increasing peristaltic activity of the gut. It takes 2 to 3 days to work.
Pharmaceutical form, strength, route of administration	Lactulose solution BP 3.35g/5ml, for oral administration.
Dose, frequency and maximum number of doses or period of time for administration or supply	Treatment of constipation- 15ml twice daily. Prevention of constipation- 10ml twice a day. To be given TWICE a day as an initial dose, then adjust dose to suit the patient so that a soft, well formed stool is achieved. Avoid giving at bedtime. During admission and up to 300 ml at discharge.
Contra-indications/exclusion criteria	▪ known hypersensitivity to lactulose or any component of the medicine ▪ different brands have different excipients ▪ galactosaemia ▪ gastro-intestinal obstruction
Cautions and action that will be taken if a caution applies	▪ Use with caution in diabetic patients. The dose normally used in constipation should not pose a problem for diabetics. The dose used in the treatment of (pre)coma hepaticum is usually much higher and may need to be taken into consideration for diabetics. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose galactose malabsorption should not take this medicine. It should be taken into account that the exoneration reflex could be disturbed during the treatment. the lactose content should be taken into account when treating patients with lactose intolerance ▪ check and document past medical and drug history and current medication to ascertain potential for overdose ▪ if a caution applies consult with a doctor ▪ document consultation in maternity record

Lactulose	
Medicine interactions and action that will be taken if a patient is taking a medicine that may interact	▪ none known ▪ if there is a clinically significant drug interaction, consult with a doctor before administration or supply ▪ document consultation in maternity record ▪ refer to current BNF for latest information on interactions
Potential adverse reactions and side effects including actions to be taken if adverse medicine reaction is suspected	▪ *increased flatulence, abdominal cramping with distension of the abdomen may occur during the first few days of treatment* ▪ *diarrhoea may occur especially when using higher doses - dose should then be adjusted down and advice given on adequate fluid intake* ▪ *on labour* *Nil* ▪ *on the neonate* *Nil* ▪ *on breast feeding* *Nil* ▪ *if a serious adverse reaction is suspected please report to the MHRA Yellow Card Scheme http://yellowcard.mhra.gov.uk/*
Overdose	▪ signs of overdose are abdominal pain and diarrhoea - conservative management is recommended of ensuring any electrolyte abnormalities, as result of diarrhoea, are corrected ▪ immediate assessment/treatment is essential - refer to medical staff ▪ manage in accordance with established treatment guidelines or see BNF overdose section ▪ for further advice contact National Poisons Centre 0344 892 0111
Action if patient declines	▪ refer to authorised prescriber or doctor ▪ document in maternity record
Additional advice and information	▪ advise to contact midwife/GP if condition worsens or symptoms persist ▪ provide lifestyle advice and give the manufacturer's patient information leaflet to the woman
Patient monitoring arrangements during and after treatment and follow-up required	If there is no response after 2-3 days, the woman should be examined and if lower impaction is present use a rectal laxative. When used to prevent constipation, reassess bowel function after 2 days and refer to medical staff if needed.
Particular storage requirements	-

References

1. Summary of Product Characteristics Lactulose _Mylan. Text revision 7.11.2018 Accessed 23.12.2019 http://medicines.org.uk/
2. http://www.bnf.org