Abstract
Reduced breast milk production (called hypogalactia) is the most frequent cause of breastfeeding failure. For this reason, physicians need to provide information regarding best practices for breastfeeding and, if necessary, they should indicate methods to support breast milk production, for example the use of galactagogue medications, making sure that these problems do not lead to cessation of breastfeeding. Galactagogues are synthetic or plants molecules able to induce, maintain and increase milk production in women. The most frequently used natural galactagogue products include galega and silymarin. Unfortunately, all herbal extracts are characterised by low solubility with poor bioavailability and for this reason, in order to increase the absorption and efficacy of silymarin, a new formulation was developed and used as a delivery system: Silitidil®, a phytosome composed of silymarin and phospholipids. Silitidil® is able to improve the bioavailability of silymarin, in comparison with pure silymarin and micronised silymarin. Moreover, a recently published pharmacological study from Capasso et al. has evaluated the effect of Silitidil® and the association of Silitidil® plus Galega officinalis on prolactin blood levels in mature female Wistar rats, versus control and micronised silymarin. Silitidil® plus Galega officinalis showed improved bioavailability and prolactin plasma levels compared with the oldest formulations of silymarin. Based on available data, this formulation could be considered a safe and effective natural product able to improve daily breast milk production in healthy women after delivery, without affecting milk quality.

Breastfeeding: benefits to mothers and newborns
Maternal milk is still considered the optimal feeding for all babies till 1 year of age, because it is a species-specific nourishment for the baby and has a direct impact on growth, development and health.

Keywords: Breastfeeding woman stimulation of lactation galactagogues
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As shown in the Infant Feeding Practices Study II (IFPSII) longitudinal study, continued professional support may be necessary to address mothers and help them to meet their desired breastfeeding duration [8]. The study evaluated the prevalence and factors associated with not meeting desired breastfeeding duration in 1177 mothers aged ≥18 years who responded monthly to several questions about their pregnancy up to one year later. The most important finding was that approximately 60% of mothers stopped breastfeeding earlier than desired, with a mean breastfeeding duration of only 3.8 months. In particular, the lack of enough milk, considered as a nutritional factor, was reported by 57.8% of mothers who did not meet their desired breastfeeding duration versus 29.9% of those satisfied with the duration (p<0.0001). Also, early termination was positively associated with mothers’ concerns regarding difficulties with lactation, infant nutrition and weight, illness, the need to take medicine and the effort associated with pumping milk [8].

The issue of hypogalactia

Reduced breast milk production (also known as hypogalactia), which is the most frequent cause of breastfeeding failure, can occur after a preterm birth, illness of the mother or child, mother–baby separation, re-lactation after a prolonged suspension, indirect lactation (breast pump or manual milk expression), or episodes of anxiety, fatigue and/or emotional stress [1]. Furthermore, the perception of reduced breast milk production is one of the main reasons for medical consultation in the first months of a baby’s life [1, 8].

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The correlation between stress and hypogalactia

Birth is a stressful event and there are significant changes in the hormonal profile associated with parturition, particularly in the stress-related hormones. Chen et al. demonstrated that primiparity, long labour, stress during labour and delivery and elevated cord glucose are risk factors for delayed lactogenesis. In particular, they found a significant correlation between delay of breast fullness, delay of casein appearance, low levels of milk lactose concentration on day 5 and higher levels of cortisol, one of the most important stress hormones [9]. The influence of stress on plasma oxytocin and prolactin (the hormone essential for the lactation) concentrations on milk production was evaluated in 18 mothers of preterm infants. The results