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 galactogogue medications, making sure that these problems do not lead to cessation of breastfeeding. Galactogogues are synthetic or plants molecules able to induce, maintain and increase milk production in women. The most frequently used natural galactogogue 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.
in the neonatal period; furthermore, it supports a good mother–baby relationship [1–3]. It has been clearly demonstrated that preterm infants receiving maternal milk have better outcomes, both nutritional (supply of polyunsaturated fat acids and proteins) and non-nutritional (reduced incidence of infections and atopic eczema) [4, 5]. Due to the extensive evidence of the long-term benefits of breastfeeding for infants and mothers, in 2003 the World Health Organization (WHO) recommended infants be exclusively fed with breast milk until 6 months of age [6].

A larger population study, evaluating 92,364 newborns, 56,865 (61.6%) of whom were exclusively breastfed at discharge, showed that older, non-smoking, higher-income mothers with no pregnancy complications or reproductive assistance, mothers cared for by midwives and general practitioners and women with spontaneous vaginal birth were more likely to breastfeed. On the contrary, mothers of twins, women who did not attend prenatal classes, with planned or unplanned caesarean delivery and mothers of preterm infants were less likely to exclusively breastfeed; in addition, birth in a baby-friendly hospital is associated with long breastfeeding [7].

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].

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 galactogogue medications to support breast milk production, ensuring that these problems do not lead to cessation of breastfeeding.

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 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