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Breastfeeding difficulties: The role of integrative medicine (IM) in breastfeeding support

The benefits of breastfeeding for mother and child have been well documented, yet only a small percentage of mothers reach their own breastfeeding goals. In part, this disconnect is due to women's need for ongoing clinical breastfeeding support, however there is a marked difference between the type of care required by mothers and the lactation support provided in primary care settings. If appropriately trained, integrative medicine (IM) practitioners are uniquely positioned to fill this gap and provide the care nursing mothers need to meet World Health Organisation (WHO) recommendations for breastfeeding.

Many women access IM for preconception and pregnancy care [1,2]. This role in women's maternity care offers IM practitioners an opportunity to broaden their clinical focus during this period to address the modifiable risk factors which may influence breastfeeding success in the postnatal period. With a patient-centred approach, long-standing therapeutic relationships and longer consult duration, IM lends itself to uncovering deeper issues relating to breastfeeding that may not be identified during routine antenatal check-ups or postnatal visits with a doctor. For these reasons, IM practitioners are well-positioned to holistically address breastfeeding issues, avert many common breastfeeding difficulties before they arise and provide the level of woman-centred support needed to assist women towards breastfeeding success.

Breastfeeding complications are often complex with varied and individual underlying causes which can be physical, social and/or emotional in nature. Many women experience a lack of confidence as a result of a perceived difference between their actual and expected milk supply while breastfeeding [3]. They often do not receive adequate ongoing clinical support to increase milk supply in a way that facilitates natural, physiological mechanisms and emphasises the health of the mother and baby. Research examining infant feeding practices has found that many mothers cited their perceived insufficient milk supply as a reason for stopping breastfeeding [4]. In an effort to increase their milk supply, many women self-medicate with herbal medicines because they perceive herbal medicines to be safer than conventional medicines, but they also report a lack of informative resources related to insufficient milk supply [5]. While some herbal medicines may be safe, and even appropriate to use to stimulate breastmilk supply, there are many other factors which can influence women's breastfeeding success and identification of these factors requires a holistic approach.

It is also worth noting that, while herbal medicines may prove useful to increasing lactation for some women, insufficient milk supply may be secondary to maternal conditions such as a medicated birth, postpartum haemorrhage, breast reduction surgery, or infant factors such as tongue-tie or ill health [6,7]. In light of these possible causes, a holistic preventive medicine approach requires an expanded treatment approach beyond prescription of herbal galactagogues when supporting women with insufficient milk supply. Some of these factors, for example, can be raised with mothers prior to birth (either during preconception or antenatal periods) so that women are able to make informed choices about possible health interventions as they relate to the impact of such interventions on future breastfeeding success.

Social and psychological factors can also influence the initiation and duration of breastfeeding. Longer breastfeeding duration is most significantly associated with an elevated sense of self-confidence and empowerment leading to an improved sense of social health [8]. However, research has shown that many mothers decide not to breastfeed during pregnancy based on lack of confidence in their ability to breastfeed successfully in part driven by perceived family norms and social stigma, fear of embarrassment and lack of paternal support [9]. Known psychological barriers to breastfeeding include postnatal depression which has a significant negative impact on breastfeeding duration [10]. Violence against women can affect women's ability to breastfeed, although abuse survivors often express an intention to breastfeed and are more likely to initiate breastfeeding than their non-abused counterparts [11]. Breast feeding has the potential to trigger a broad range of emotions and cognitions in mothers. These may be unfamiliar, unexpected and both positive and/or negative in nature. There is the potential for a resultant conflict in emotions that may impact the way they view themselves and relate to their children [8]. Some breastfeeding mothers experience strong embodied emotional sensations of irritation or aggression, often referred to as nursing aversion [12]. Breastfeeding is influenced by cultural, social and political factors of numerous and expansive dimensions, thus health professionals need to be prepared to provide pertinent clinical management and apply appropriate

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communication techniques to offer effective support throughout the preconception, antenatal and postnatal period [13]. Psychological issues may be beyond the clinical scope of an individual IM practitioner and require involvement of a qualified counsellor to ensure a strong support team for the mother.

IM practitioners have an opportunity to positively reframe the thinking of expectant mothers that lack confidence, and support breastfeeding women experiencing not only physiological dysfunction but also psychologically- and socially-influenced breastfeeding difficulties. This opportunity has the potential to be extended beyond that afforded by conventional care providers as IM practitioners apply a clinical approach that acknowledges the importance of psychosocial health on physical outcomes. Furthermore, IM practitioners are likely to have a therapeutic relationship with a woman which extends from the preconception period and as such has the capacity to identify and support women to address psychological and social influences on breastfeeding success in a proactive manner.

However, in order for IM practitioners to provide this support, they must be aware of the multiplicity of factors which may be affecting a woman's ability to breastfeed successfully. Once fully aware of the potential influences, IM practitioners must employ their holistic paradigm to ensure an individualised support program is developed; one which moves beyond the simple prescription of galactagogues and ensures social and psychological influences are appropriately addressed. When providing care to breastfeeding mothers who are experiencing difficulties, IM practitioners should emphasise a long-term model of care and support. This individual approach to assessment and holistic treatment is a unique type of care that IM practitioners can provide for breastfeeding mothers and inimitable support that they would not otherwise find. Improved lactation training for IM practitioners would increase both practitioner and patient confidence and nursing mothers would receive the ongoing, holistic, individually tailored care required to achieve the associated health benefits for themselves and their children.

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