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Lactation Disorders

Troubles de la lactation : évaluation de l'acupuncture

Articles connexes: - conduites thérapeutiques -

1. Revues synthétiques et méta-analyses

1.1. Acupuncture générique

1.1.1. Chu 2026

Chu L, Liu Y, Xu C. Effectiveness of non-pharmacological traditional Chinese medicine therapies in promoting human milk feeding outcomes: a systematic review and network meta-analysis. Int Breastfeed J. 2026;21(1):43. https://doi.org/10.1186/s13006-026-00829-6

Background	This systematic review and network meta-analysis aimed to compare the effectiveness of non-pharmacological traditional Chinese medicine (TCM) therapies in improving human milk feeding outcomes and to provide evidence for complementary lactation support strategies.
Methods	Randomized controlled trials were identified through systematic searches of PubMed, Embase, Cochrane Library, MEDLINE, CNKI, and Wanfang from inception to June 20, 2025. Risk of bias was assessed using the Cochrane Risk of Bias 2.0 tool. Network meta-analysis was performed with STATA 18.0 to compare the effects of different non-pharmacological TCM therapies on exclusive breastfeeding rates, breast milk volume, time to lactogenesis II, and serum prolactin levels.
Results	Thirty-three randomized controlled trials involving 5,710 participants were included. Massage combined with **acupressure** ranked as the most effective intervention for improving exclusive breastfeeding rates (SUCRA=99.3%) and shortening the time to lactogenesis II (SUCRA=86.1%). **Acupuncture combined with auricular point sticking-pressing** ranked highest for increasing breast milk volume (SUCRA=96.3%) and serum prolactin levels (SUCRA=91.0%). Standalone massage and **acupressure** also demonstrated consistent benefits across all evaluated outcomes, with SUCRA values ranging from 49.2% to 72.2%.
Conclusions	Massage combined with **acupressure** and **acupuncture** combined with auricular point sticking-pressing appear to be the most effective non-pharmacological TCM therapies for improving human milk feeding outcomes. Massage and **acupressure** alone may also serve as foundational interventions because of their consistent benefits across multiple outcomes. These findings support the use of non-pharmacological TCM therapies as complementary approaches to conventional lactation support.

1.1.2. Chang 2025

Chang YC, Wang YA, Chang ZY, Liao JA. Acupoint stimulation for postpartum breastfeeding

insufficiency: a systematic review and meta-analysis. Syst Rev. 2025 Feb 3;14(1):32. https://doi.org/10.1186/s13643-025-02773-8

Backgound	Insufficient lactation, known as hypogalactia, is an important reason for weaning. To date, no effective methods have been established to increase lactation volume. With the advantages of low cost and convenience, acupoint stimulation-defined as any stimulation applied at acupoints-is a promising option.
Objectives	The aim of this systematic review was to evaluate the effectiveness of acupoint stimulation for postpartum breastfeeding insufficiency.
Methods	A systematic search of seven databases (PubMed, MEDLINE, Embase, Cochrane, CNKI, Airiti Library, ClinicalTrials.gov) was performed from their inception dates to September 30, 2023. Randomized trials were included. The inclusion criteria of the intervention included acupuncture, acupressure (including tuina and massage), electroacupuncture, laser stimulation, catgut embedding, and auriculotherapy. The primary outcomes were the amount of lactation and the level of prolactin. Secondary outcomes were colostrum time and adverse effects. The risks of bias were assessed using RoB 2.0.
Results	**Twenty-four studies involving 3214 participants** were included. When compared to the control group, the experimental group exhibited improved volume of milk production (MD = 81.30; 95% CI = 58.94-103.67) and higher prolactin levels (MD = 41.90, 95% CI = 28.57-55.22). Colostrum time was shorter in the control group ([MD = - 7.26; 95% CI = - 10.69 to - 3.83] for continuous data; [RR = 1.70; 95% CI = 1.38-2.08] for dichotomous data). Adverse effects were reported in only one trial, which included three cases of fear of acupuncture and one case of hypotension.
Conclusions	Acupoint stimulation may have beneficial effects on postpartum breastfeeding insufficiency. However, the results should be interpreted with caution because of the presence of risks of bias and heterogeneity among studies.

1.1.3. Bao 2024

Bao QN, Yin ZH, Zhou YF, Li YQ, Zhang XY, Xia MZ, Chen ZH, Zhong WQ, Yao J, Wu KX, Zhang ZY, Xu SJ, Liang FR. Efficacy and safety of acupuncture for postpartum hypogalactia: A systematic review and meta-analysis of randomized controlled trials. PLoS One. 2024 Jun 6;19(6):e0303948. https://doi.org/10.1371/journal.pone.0303948

Backgound	Postpartum hypogalactia (PH) is prominent during lactation and may negatively impact the mother's or infant's health. Acupuncture is widely used to increase maternal breast milk production. However, the effects of acupuncture on PH remain unclear. Therefore, this review aimed to evaluate the efficacy and safety of acupuncture in individuals with PH.
Materials and methods	Articles on potentially eligible randomized controlled trials (RCTs) on acupuncture for PH published from database inception to October 2023 were retrieved from the PubMed, Web of Science, Cochrane Library, EMBASE, EBSCO, Scopus, China National Knowledge Infrastructure, Chinese Biomedical Literature Database, WanFang, and VIP databases. Two reviewers independently screened the records, extracted essential information, and evaluated the methodological quality of the RCTs using the revised Cochrane risk-of-bias (RoB) tool. The primary outcome was a change in serum prolactin (PRL) levels before and after treatment. Secondary outcomes included milk secretion volume (MSV), total effective rate (TER), mammary fullness degree (MFD), and exclusive breastfeeding rate (EBR). Meta-analyses were performed using RevMan v5.4. Finally, the quality of evidence was evaluated using the Grading of Recommendations, Assessment, Development, and Evaluation tool.

Results	This study included 19 RCTs involving 2,400 participants. The included studies were classified as having an unclear to high RoB. Our findings indicated that, overall, acupuncture showed a significant effect in increasing serum PRL levels (standardized mean differences [SMDs] = 1.09, 95% confidence interval [CI]: 0.50, 1.68), MSV (SMD = 1.69, 95% CI: 0.53, 2.86), TER (relative risk [RR] = 1.25, 95% CI: 1.10, 1.42), and EBR (RR = 2.01, 95% CI: 1.07, 3.78) compared to that in the control group; however, no difference in MFD (SMD = 1.17, 95% CI: -0.09, 2.42) was observed. In the subgroup analysis, acupuncture combined with Chinese herbs or conventional treatment was significantly more effective in increasing serum PRL levels, MSV, and TER than did Chinese herbs or conventional treatment alone. Moreover, acupuncture alone resulted in significantly higher serum PRL levels compared to Chinese herbs; however, this benefit was not observed for TER and MFD. The quality of evidence was critically low.
Conclusion	Acupuncture may effectively increase milk secretion in women with PH. However, owing to the low quality of evidence, further rigorously designed studies are warranted to confirm our findings.

1.1.4. Bautista-Hernández 2024

Bautista-Hernández MA, Argueta-Figueroa L, Gómez-Jiménez DC, Torres-Rosas R. Evidence of the acupuncture points stimulation for the treatment of hypogalactia: A systematic review and meta-analysis. Enferm Clin (Engl Ed). 2024 Jan-Feb;34(1):61-73. https://doi.org/10.1016/j.enfcle.2024.01.002

Objective	To perform a literature review aimed to analyze if acupoint stimulation increases lactation quantity.
Method	Studies were collected from five electronic databases following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines for systematic reviews. Eligibility criteria were full-text articles in English or Spanish with clinical trial design and observational studies, with no restriction on time of publication, in which the effect of acupoint stimulation on improving the quantity of lactation by conventional acupuncture, electroacupuncture, laser, fire needling, manual stimulation, tuina or catgut had been evaluated. Two authors independently extracted data for the characteristics and main outcomes of the studies selected for inclusion. The risk of bias (RoB 2 and Robins-I) and the quality assessments (GRADE) were performed. For the quantitative synthesis, the standardized mean difference was calculated for each individual study selected and then the data were combined using a random-effects meta-analysis.
Results	A total of **14 studies** were included in the present review. Most of the included studies exhibited some concerns in the risk of bias assessment. The quality of the studies was moderate. The meta-analysis showed that manual acupoint stimulation improves the lactation quantity (SMD 95% CI = 1.63 [1.13-2.13]; $p < 0.0001$).
Conclusion	The literature suggests that manual stimulation of acupuncture points improves the amount of milk produced during lactation.

1.1.5. Fang 2024

Fang YW, Chen SF, Wang ML, Wang MH. Effects of traditional Chinese medicine-assisted intervention on improving postpartum lactation: A systematic review and meta-analysis. Heliyon. 2024 Mar 1;10(6):e27154. https://doi.org/10.1016/j.heliyon.2024.e27154

Importance	Breast milk is the safest food for infants and has many psychological and physical benefits for infants and mothers. However, problems encountered during the breastfeeding process can reduce postpartum women's willingness to breastfeed. Lactation and engorgement may be improved through Traditional Chinese Medicine auxiliary therapy. However, the overall efficacy of various Traditional Chinese Medicine auxiliary therapies and the relevant meridians and acupuncture points for treating breast milk deficiency remain unclear.
Objective	To investigate Traditional Chinese Medicine auxiliary therapy's effectiveness and acupoints for postpartum women who experience problems during the breastfeeding process.
Methods	Data were sourced from Embase, Web of Science, CINAHL, Cochrane, CNKI, PubMed, and the Airiti Library Central Register of Controlled Trials and Clinical Trials from the database inception to October 2022. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. Main outcome measures: The primary outcomes were overall efficiency, prolactin level, milk volume, and breast engorgement in postpartum women with lactation deficiency after-assisted therapies and the correlation between meridian points and milk secretion.
Results	A total of 1,516 studies were initially identified, and 357 articles were assessed. In the final analysis, **20 studies** were included, covering various Traditional Chinese Medicine therapies (acupuncture, acupressure, scrapping, moxibustion cupping, etc.) to stimulate relative acupoints without any acupoint stimulation. The overall efficiency (odds ratio [OR] = 14.17, 95% confidence interval [CI] = 6.49 to 30.92), prolactin level (standardized mean difference [SMD] = 0.36, 95% CI = 0.074 to 0.64), improvement of milk volume (SMD = 0.94, 95% CI = 0.59 to 1.29), reduction of engorgement level (OR= 18, 95% CI = 8.34 to 38.82) demonstrated that Traditional Chinese Medicine therapies can effectively improve lactation and breast fullness, thereby helping patients with breast milk deficiency. The most common acupuncture points used to treat agalactia were classified as the Stomach Meridian, Small Intestine Meridian, and Conception Vessel, with the common acupoints CV17: Danzhong, ST18: Rugen, SI1: Shaoze, ST36: Zusanli, and ST16: Yingchuang.
Conclusion	Adjuvant Traditional Chinese Medicine therapy can improve lactation and breast engorgement, thereby increasing the willingness to breastfeed. Clinical Finding: 1. The best time for Traditional Chinese Medicine acupoint intervention for breast deficiency treatment is within 24 h 2. The most effective acupuncture points for improving milk deficiency and bloating pain are ST18: Rugen, ST16: Yingchuang, ST36: Zusanli, SI1: Shaoze, CV17: Danzhong. 3. Traditional Chinese Medicine is non-invasive and effective techniques such as scraping, cupping, acupressure and ear peas. 4. Traditional Chinese Medicine can be combined with other different acupuncture points according to the different constitutions of post-partum women. Breast acupressure, ear acupuncture, scrapping, cupping, and moxibustion are noninvasive treatments that can effectively help patients during lactation, and their clinical practice should be considered and widely promoted.

1.1.6. Zakarija-Grkovic 2020

Zakarija-Grkovic I, Stewart F. Treatments for breast engorgement during lactation. Cochrane Database Syst Rev. 2020. [212302]. doi

Background	Engorgement is the overfilling of breasts with milk, often occurring in the early days postpartum. It results in swollen, hard, painful breasts and may lead to premature cessation of breastfeeding, decreased milk production, cracked nipples and mastitis. Various treatments have been studied but little consistent evidence has been found on effective interventions.

Objectives	To determine the effectiveness and safety of different treatments for engorgement in breastfeeding women.
Methods	Search methods: On 2 October 2019, we searched Cochrane Pregnancy and Childbirth's Trials Register, ClinicalTrials.gov, the WHO International Clinical Trials Registry Platform (ICTRP), and reference lists of retrieved studies. Selection criteria: All types of randomised controlled trials and all forms of treatment for breast engorgement were eligible. Data collection and analysis: Two review authors independently assessed trials for eligibility, extracted data, conducted 'Risk of bias' assessment and assessed the certainty of evidence using GRADE.

Main results	For this udpate, we included 21 studies (2170 women randomised) conducted in a variety of settings. Six studies used individual breasts as the unit of analysis. Trials examined a range of interventions: cabbage leaves, various herbal compresses (ginger, cactus and aloe, hollyhock), massage (manual, electromechanical, Oketani), **acupuncture**, ultrasound, **acupressure**, scraping therapy, cold packs, and medical treatments (serrapeptase, protease, oxytocin). Due to heterogeneity, meta-analysis was not possible and data were reported from single trials. Certainty of evidence was downgraded for limitations in study design, imprecision and for inconsistency of effects. We report here findings from key comparisons. Cabbage leaf treatments compared to control For breast pain, cold cabbage leaves may be more effective than routine care (mean difference (MD) -1.03 points on 0-10 visual analogue scale (VAS), 95% confidence intervals (CI) -1.53 to -0.53; 152 women; very low-certainty evidence) or cold gel packs (-0.63 VAS points, 95% CI -1.09 to -0.17; 152 women; very low-certainty evidence), although the evidence is very uncertain. We are uncertain about cold cabbage leaves compared to room temperature cabbage leaves, room temperature cabbage leaves compared to hot water bag, and cabbage leaf extract cream compared to placebo cream because the CIs were wide and included no effect. For breast hardness, cold cabbage leaves may be more effective than routine care (MD -0.58 VAS points, 95% CI -0.82 to -0.34; 152 women; low-certainty evidence). We are uncertain about cold cabbage leaves compared to cold gel packs because the CIs were wide and included no effect. For breast engorgement, room temperature cabbage leaves may be more effective than a hot water bag (MD -1.16 points on 1-6 scale, 95% CI -1.36 to -0.96; 63 women; very low-certainty evidence). We are uncertain about cabbage leaf extract cream compared to placebo cream because the CIs were wide and included no effect. More women were satisfied with cold cabbage leaves than with routine care (risk ratio (RR) 1.42, 95% CI 1.22 to 1.64; 152 women; low certainty), or with cold gel packs (RR 1.23, 95% CI 1.10 to 1.38; 152 women; low-certainty evidence). We are uncertain if women breastfeed longer following treatment with cold cabbage leaves than routine care because CIs were wide and included no effect. Breast swelling and adverse events were not reported. Compress treatments compared to control For breast pain, herbal compress may be more effective than hot compress (MD -1.80 VAS points, 95% CI -2.07 to -1.53; 500 women; low-certainty evidence). Massage therapy plus cactus and aloe compress may be more effective than massage therapy alone (MD -1.27 VAS points, 95% CI -1.75 to -0.79; 100 women; low-certainty evidence). In a comparison of cactus and aloe compress to massage therapy, the CIs were wide and included no effect. For breast hardness, cactus and aloe cold compress may be more effective than massage (RR 0.66, 95% CI 0.51 to 0.87; 102 women; low-certainty evidence). Massage plus cactus and aloe cold compress may reduce the risk of breast hardness compared to massage alone (RR 0.38, 95% CI 0.25 to 0.58; 100 women; low-certainty evidence). We are uncertain about the effects of compress treatments on breast engorgement and cessation of breastfeeding because the certainty of evidence was very low. Among women receiving herbal compress treatment, 2/250 experienced skin irritation compared to 0/250 in the hot compress group (moderate-certainty evidence). Breast swelling and women's opinion of treatment were not reported. Medical treatments compared to placebo Protease may reduce breast pain (RR 0.17, 95% CI 0.04, 0.74; low-certainty evidence; 59 women) and breast swelling (RR 0.34, 95% CI 0.15 to 0.79; 59 women; low-certainty evidence), whereas serrapeptase may reduce the risk of engorgement compared to placebo (RR 0.36, 95% CI 0.14 to 0.88; 59 women; low-certainty evidence). We are uncertain if serrapeptase reduces breast pain or swelling, or if oxytocin reduces breast engorgement compared to placebo, because the CIs were wide and included no effect. No women experienced adverse events in any of the groups receiving serrapeptase, protease or placebo (low-certainty evidence). Breast induration/hardness, women's opinion of treatment and breastfeeding cessation were not reported. Cold gel packs compared to control For breast pain, we are uncertain about the effectiveness of cold gel packs compared to control treatments because the certainty of evidence was very low. For breast hardness, cold gel packs may be more effective than routine care (MD -0.34 points on 1-6 scale, 95% CI -0.60 to -0.08; 151 women; low-certainty evidence). It is uncertain if women breastfeed longer following cold gel pack treatment compared to routine care because the CIs were wide and included no effect. There may be little difference in women's satisfaction with cold gel packs compared to routine care (RR 1.17, 95% CI 0.97 to 1.40; 151 women; low-certainty evidence). Breast swelling, engorgement and adverse events were not reported.

Authors' conclusions	Although some interventions may be promising for the treatment of breast engorgement, such as cabbage leaves, cold gel packs, herbal compresses, and massage, the certainty of evidence is low and we cannot draw robust conclusions about their true effects. Future trials should aim to include larger sample sizes, using women - not individual breasts - as units of analysis.
Acupuncture	It is uncertain if more women stop breastfeeding following treatment with acupuncture compared with usual care because the certainty of evidence is low and the CIs were wide, indicating that the true eHect may be either appreciable harm or benefit (RR 0.50, 95% CI 0.17 to 1.49; 210 women; studies = 1).

1.1.7. Mangesi 2016 Ø

Mangesi L, Zakarija-Grkovic I. Treatments for breast engorgement during lactation. Cochrane Database Syst Rev. 2016. [186251].

Background	Breast engorgement is a painful condition affecting large numbers of women in the early postpartum period. It may lead to premature weaning, cracked nipples, mastitis and breast abscess. Various forms of treatment for engorgement have been studied but so far little evidence has been found on an effective intervention.
Objectives	This is an update of a systematic review first published by Snowden et al. In 2001 and subsequently published in 2010. The objective of this update is to seek new information on the best forms of treatment for breast engorgement in lactating women.
Methods	SEARCH METHODS: We identified studies for inclusion through the Cochrane Pregnancy and Childbirth Group's Trials Register (30 June 2015) and searched reference lists of retrieved studies. SELECTION CRITERIA: Randomised and quasi-randomised controlled trials. DATA COLLECTION AND ANALYSIS: Two review authors independently assessed trials for eligibility, extracted data and conducted 'Risk of bias' assessments. Where insufficient data were presented in trial reports, we attempted to contact study authors and obtain necessary information. We assessed the quality of the evidence using the GRADE approach.

Main Results	In total, we included 13 studies with 919 women. In 10 studies individual women were the unit of analysis and in three studies, individual breasts were the unit of analysis. Four out of 13 studies were funded by an agency with a commercial interest, two received charitable funding, and two were funded by government agencies.Trials examined interventions including non-medical treatments: cabbage leaves (three studies), **acupuncture (two studies)**, ultrasound (one study), acupressure (one study), scraping therapy (Gua Sha) (one study), cold breast-packs and electromechanical massage (one study), and medical treatments: serrapeptase (one study), protease (one study) and subcutaneous oxytocin (one study). The studies were small and used different comparisons with only single studies contributing data to outcomes of this review. We were unable to pool results in meta-analysis and only seven studies provided outcome data that could be included in data and analysis. No differences were observed in the one study comparing acupuncture with usual care (advice and oxytocin spray) (risk ratio (RR) 0.50, 95% confidence interval (CI) 0.13 to 1.92; one study; 140 women) in terms of cessation of breastfeeding. However, women in the acupuncture group were less likely to develop an abscess (RR 0.20, 95% CI 0.04 to 1.01; one study; 210 women), had less severe symptoms on day five (RR 0.84, 95% CI 0.70 to 0.99), and had a lower rate of pyrexia (RR 0.82, 95% CI 0.72 to 0.94) than women in the usual care group.In another study with 39 women comparing cabbage leaf extract with placebo, no differences were observed in breast pain (mean difference (MD) 0.40, 95% CI -0.67 to 1.47; low-quality evidence) or breast engorgement (MD 0.20, 95% CI -0.18 to 0.58; low-quality evidence). There was no difference between ultrasound and sham treatment in analgesic requirement (RR 0.98, 95% CI 0.63 to 1.51; one study; 45 women; low-quality evidence). A study comparing Gua-Sha therapy with hot packs and massage found a marked difference in breast engorgement (MD -2.42, 95% CI -2.98 to -1.86; one study; 54 women), breast pain (MD -2.01, 95% CI -2.60 to -1.42; one study; 54 women) and breast discomfort (MD -2.33, 95% CI -2.81 to -1.85; one study; 54 women) in favour of Gua-Sha therapy five minutes post-intervention, though both interventions significantly decreased breast temperature, engorgement, pain and discomfort at five and 30 minutes post-treatment.Results from individual trials that could not be included in data analysis suggested that there were no differences between room temperature and chilled cabbage leaves and between chilled cabbage leaves and gel packs, with all interventions producing some relief. Intermittent hot/cold packs applied for 20 minutes twice a day were found to be more effective than acupressure ($P < 0.001$). Acupuncture did not improve maternal satisfaction with breastfeeding. In another study, women who received breast-shaped cold packs were more likely to experience a reduction in pain intensity than women who received usual care; however, the differences between groups at baseline, and the failure to observe randomisation, make this study at high risk of bias. One study found a decrease in breast temperature ($P = 0.03$) following electromechanical massage and pumping in comparison to manual methods; however, the high level of attrition and alternating method of sequence generation place this study at high risk of bias. Women treated with protease complex were less likely to have no improvement in pain (RR 0.17, 95% CI 0.04 to 0.74; one study; 59 women) and swelling (RR 0.34, 95% CI 0.15 to 0.79; one study; 59 women) on the fourth day of treatment and less likely to experience no overall change in their symptoms or worsening of symptoms (RR 0.26, 95% CI 0.12 to 0.56). It should be noted that it is more than 40 years since the study was carried out, and we are not aware that this preparation is used in current practice. Subcutaneous oxytocin provided no relief at all in symptoms at three days (RR 3.13, 95% CI 0.68 to 14.44; one study; 45 women).Serrapeptase was found to produce some relief in breast pain, induration and swelling, when compared to placebo, with a fewer number of women experiencing slight to no improvement in overallbreast engorgement, swelling and breast pain.Overall, the risk of bias of studies in the review is high. The overall quality as assessed using the GRADE approach was found to be low due to limitations in study design and the small number of women in the included studies, with only single studies providing data for analysis.

Authors' Conclusions	Although some interventions such as hot/cold packs, Gua-Sha (scraping therapy), acupuncture, cabbage leaves and proteolytic enzymes may be promising for the treatment of breast engorgement during lactation, there is insufficient evidence from published trials on any intervention to justify widespread implementation. More robust research is urgently needed on the treatment of breast engorgement.

1.1.8. Mangesi 2010 ~

Mangesi L, Dowswell T. Treatment for breast engorgement during lactation. Cochrane Database Syst Rev 2010;9:CD006946. [165383].

Objectives	Breast engorgement is a painful and unpleasant condition affecting large numbers of women in the early postpartum period. During a time when mothers are coping with the demands of a new baby it may be particularly distressing. Breast engorgement may inhibit the development of successful breastfeeding, lead to early breastfeeding cessation, and is associated with more serious illness, including breast infection. To identify the best forms of treatment for women who experience breast engorgement.
Methods	SEARCH STRATEGY: We identified studies for inclusion through the Cochrane Pregnancy and Childbirth Group's Trials Register (February 2010). SELECTION CRITERIA: Randomised and quasi-randomised controlled trials where treatments for breast engorgement were evaluated. DATA COLLECTION AND ANALYSIS: Two review authors assessed eligibility for inclusion and carried out data extraction.
Results	We included eight studies with 744 women. Trials examined a range of different treatments for breast engorgement: **acupuncture (two studies**), cabbage leaves (two studies), cold gel packs (one study), pharmacological treatments (two studies) and ultrasound (one study). For several interventions (ultrasound, cabbage leaves, and oxytocin) there was no statistically significant evidence that interventions were associated with a more rapid resolution of symptoms; in these studies women tended to have improvements in pain and other symptoms over time whether or not they received active treatment. **There was evidence from one study that, compared with women receiving routine care, women receiving acupuncture had greater improvements in symptoms in the days following treatment, although there was no evidence of a difference between groups by six days, and the study did not have sufficient power to detect meaningful differences for other outcomes (such as breast abscess).** A study examining protease complex reported findings favouring intervention groups although it is more than 40 years since the study was carried out, and we are not aware that this preparation is used in current practice. A study looking at cold packs suggested that the application of cold does not cause harm, and may be associated with improvements in symptoms, although differences between control and intervention groups at baseline mean that results are difficult to interpret.
Conclusions	Allthough some interventions may be promising, there is not sufficient evidence from trials on any intervention to justify widespread implementation. More research is needed on treatments for this painful and distressing condition.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. National Institute for Health and Clinical Excellence (NICE, UK) 2017 Ø

Breastfeeding problems. Nice CKS Clinical knowledge summaries). Breastfeeding problems. London (UK): National Institute for Health and Clinical Excellence (NICE). 2017:42P. [197475].

Suspected engorgement: A Cochrane systematic review of 13 randomized and quasi-randomized controlled trials (919 women) found that the application of chilled cabbage leaves, hot or cold packs, and acupuncture provided some benefit to breastfeeding women with breast engorgement, but the studies were small, heterogenous, and at high risk of bias. It concluded that there was insufficient evidence to recommend any specific intervention [Mangesi and Zakarija-Grkovic, 2016.

2.2. Academy of Breastfeeding Medicine (ABM, USA) 2016 ⊕

Berens P, Brodribb W. ABM Clinical Protocol #20: Engorgement, Revised 2016. Breastfeed Med. 2016;11(4):159-63. [198871].

Both pharmacologic and nonpharmacologic therapies have been considered to be beneficial for the treatment of engorgement. A Cochrane Systematic Review of both randomized and quasirandomized controlled studies assessing the effectiveness of treatments for breast engorgement was done by Mangesi and Dowswell in 2010.38 (I) This analysis identified eight studies, including 744 women who evaluated acupuncture, cabbage leaves, protease complex, therapeutic ultrasound, oxytocin (subcutaneous), and cold packs. Metaanalyses could not be performed because of the differences in the study designs. Overall, the authors concluded that there was insufficient evidence to recommend any particular treatment regimen.38 However, they did find the following. 1. Acupuncture resulted in significantly fewer women having engorgement symptoms on day 4 and 5, but not day 6 postpartum.

2.3. Collège national des gynécologues et obstétriciens français 2015 Ø

Recommandations pour la pratique clinique : Post-partum (texte court). Collège national des gynécologues et obstétriciens français. 2015. 22P. [165313].

Aucune étude n’a démontré l’efficacité de traitements topiques, pack de glace, **acupuncture**, physiothérapie par ultrasons, ocytocine dans le traitement de l'engorgement mammaire initial, et ils ne peuvent en conséquence être recommandés (grade C).

3. Randomized Controlled Trials

3.1. Sources

1. Acudoc2: GERA bibliographic database. RCT not cited in other sources.
2. Zakarija-Grkovic 2020: Zakarija-Grkovic I, Stewart F. Treatments for breast engorgement during lactation. Cochrane Database Syst Rev. 2020. [212302] (n=2).
3. Mangesi 2016: Mangesi L, Zakarija-Grkovic I. Treatments for breast engorgement during lactation. Cochrane Database Syst Rev. 2016. [186251] (n=2)
4. Mangesi 2010: Mangesi L, Zakarija-Grkovic I. Treatments for breast engorgement during lactation. Cochrane Database Syst Rev. 2016. [186251]. (n=2)

3.2. List

2020	Su WW, Gao XA, Tian JS. [Effect of electroacupuncture at Shaoze (SI 1) on breast milk volume and composition in postpartum hypogalactia]. Chinese Acupuncture and Moxibustion. 2020;40(1):13-6. [205171].	Acudoc2

2018	Zhang Mei-ling. Therapeutic Observation of Stuck Needling plus Manipulations for Postpartum Hypogalactia Due to Liver Depression and Qi Stagnation Shanghai Journal of Acupuncture and Moxibustion. 2018;37(4):386. [182390].	Acudoc2
	Zhao Ran, Qiao Lin-Jing. [Clinical Observation of Acupuncture plus Electroacupuncture for Postpartum Hypogalactia]. Shanghai Journal of Acupuncture and Moxibustion. 2018;37(10):1160. [189513]	Acudoc2
	Zhu Y, Liu Y, Quan X. [Application of acupoint massage in postpartum hypogalactia in puerpera]. Chinese Acupuncture and Moxibustion. 2018;38(1):33-7. [167728].	Acudoc2
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