Indigenous Knowledge & Galactagogues: Conserving Herbal Wisdom for Maternal and Infant Health

Executive Summary

Indigenous communities hold deep knowledge of galactagogue plants—herbal remedies used to support and increase breastmilk production in new mothers. This first-nutrition via breastmilk is critical for infants' health, especially in the first six months of life. Many of these plants grow in forests around national parks. However, in contexts where local populations have been evicted or displaced from such lands, the traditional knowledge and the plants themselves are at risk of being lost. We propose a conservation and action plan to document, replant, and integrate this knowledge into maternal-infant health strategies.

Background

- Galactagogues are substances (herbs, foods, sometimes medications) that promote lactation or increase milk flow. Wikipedia+2PMC+2
- Ethnobotanical and ethnopharmacological research shows that many plants across the world are used in traditional systems for this purpose. For example, a study in Sub-Saharan Africa documented 69 plants from 36 plant families used by mothers to affect milk quantity and quality. BioMed Central+1
- In Uganda, a study of herbal galactagogues among rural communities found 27 plant species used and highlighted the role of indigenous birth attendants and herbalists in preserving the information. Traditional Medicine Conference
- Many of these plant resources are located in forest areas adjacent to protected zones or national parks. When indigenous or local populations are evicted from those lands, the knowledge transfer becomes disrupted and the plants may become inaccessible.

Problem Statement

- Loss of land = Loss of access: When communities are displaced from traditional forest habitats, they lose both access to plant resources and the context in which knowledge is transmitted (elders, herbalists, traditional practices).
- Cultural erosion: Without ongoing practice, the cultural knowledge of which plants, how to prepare them, when to use them, is at risk of being forgotten within one or two generations.
- Health & nutrition gap: In many low-resource settings, breastmilk is the de-facto first nutrition for infants; strengthening its supply through accessible, culturally accepted means is vital for maternal and child health.

- Biodiversity & conservation gap: The galactagogue plants are part of forest biodiversity; neglecting them can reduce ecological resilience and traditional uses.

Proposed Policy Actions

1. **Documentation & Knowledge Preservation**
    - Conduct community-led inventories of galactagogue plants and associated preparation/usage practices.
    - Record oral histories of elders, traditional birth attendants, herbalists.
    - Ensure intellectual property and benefit-sharing frameworks protect community rights.
2. **Planting & Habitat Restoration**
    - Develop programs to cultivate key galactagogue species around national park boundaries and in buffer zones, in collaboration with local communities.
    - Establish demonstration gardens or nurseries to propagate and maintain species.
    - Integrate with reforestation, agro-forestry and biodiversity conservation strategies.
3. **Integration into Maternal & Child Health (MCH) Systems**
    - Recognise and incorporate traditional galactagogue knowledge into maternal health programmes, breastfeeding support initiatives, and community health worker training.
    - Fund research into safe, effective preparation and usage of these plants (dosage, safety, efficacy) while respecting traditional protocols.
    - Design culturally-adapted communication materials for mothers about using local plants safely during lactation.
4. **Land Rights & Policy Enabling Environment**
    - Advocate for secure land tenure or access rights for indigenous/local communities in forest and protected-area perimeter zones.
    - Ensure that conservation policies recognise and permit sustainable use of forest plants for maternal health purposes.
    - Mobilise funders (public, private, philanthropic) to invest in community-based conservation + health initiatives.

5. **Monitoring, Evaluation & Scaling**
    - Use metrics such as number of species preserved or replanted, number of mothers reached, breastfeeding duration, reduction in malnutrition indicators.
    - Conduct cost-benefit analyses comparing traditional plant-based galactagogue support versus commercial alternatives.
    - Create frameworks for scaling successful local models regionally or nationally.

Expected Outcomes

- Preservation of indigenous botanical knowledge for future generations.
- Enhanced maternal and infant health via strengthened breastfeeding support in communities.
- Increased biodiversity and healthier forest-ecosystem linkages through propagation of traditional plants.
- Stronger partnerships between health systems, conservation agencies, indigenous communities and funders.
- More equitable, culturally-relevant health interventions that leverage local resources rather than purely imported solutions.

Call to Funders & Policymakers

Funding this initiative addresses multiple Sustainable Development Goals (SDGs):

- SDG 2: Zero Hunger (through improved infant nutrition)
- SDG 3: Good Health & Well-being
- SDG 13: Climate Action (through forest conservation and biodiversity)
- SDG 15: Life on Land (through protection of plant biodiversity)
  It represents a cost-effective, culturally anchored, sustainable approach to maternal-infant health, linking conservation and health in one unified agenda.

We urge policymakers at COP 30 to integrate this topic into the biodiversity-health-climate nexus, support development of funding streams for community-led plant / knowledge conservation, and ensure inclusive policies that respect indigenous rights and traditional health systems.

References

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