

## The link between breastfeeding and postpartum depression: How providers can support families

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### Learning Objectives

- Explain the connections between unmet breastfeeding goals and postpartum depression
- Describe how postpartum depression influences development of the dyad
- Identify how the use of skin-to-skin care and sensory activities effect the emotional and physiological outcomes for the mother and infant

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### Healthy People 2020 Objectives

Ever	6 Months	12 Months	Wisconsin
<ul style="list-style-type: none"><li>• Goal: 81.9%</li><li>• 81.1%</li></ul>	<ul style="list-style-type: none"><li>• Goal: 60.6%</li><li>• 51.8%</li></ul>	<ul style="list-style-type: none"><li>• Goal: 31.4%</li><li>• 30.7%</li></ul>	<ul style="list-style-type: none"><li>• Ever 80.3%</li><li>• 6 months 58.9%</li><li>• 12 months 34.1%</li><li>• 3 months EBF 50.4%</li><li>• 6 months EBF 26.6%</li></ul>
<ul style="list-style-type: none"><li>• Goal: 46.2%</li><li>• 44.4%</li></ul>	<ul style="list-style-type: none"><li>• Goal: 25.5%</li><li>• 22.3%</li></ul>		

National Center for Chronic Disease Prevention and Health Protection, 2016.

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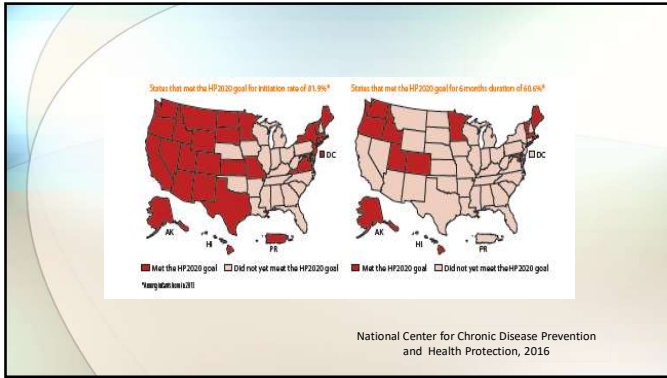
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Mothers with unmet exclusive breastfeeding goals have a more significant risk for postpartum depression (Borra, Iacovou & Sevilla, 2015)

Adjusted odds of depressive symptoms were lower among women meeting prenatal exclusive breastfeeding expectations versus those who were not meeting their goals. (Gregory, Butz, Ghazarian, Gross & Johnson, 2015)

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Mothers who changed the feeding pattern at 5 months scored significantly higher on postpartum depression screener than mothers who continued breastfeeding (Nishioka et al, 2011)

36.9% mothers bottle feeding and 12.0% breastfeeding mothers had significant odds of qualifying depressed in multiparas. (Mezzacappa and Endicott, 2007)

Breastfeeding cessation was related to an increase in postpartum depression -- especially in moms with history of anxiety and depression (Ystrom, 2013)

Women breastfeeding at 3 months had lower rates of depression at 24 months. If depressed during pregnancy, less likely to breastfeed and weaned 2.3 months earlier (Hahn-Holbrook et al., 2013)

Mothers with depressive symptoms at 3 months less likely to be BF at 6 months than women who did not report symptoms (Wollhouse, 2016)

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### Postpartum Depression

- 1/8 women are impacted by postpartum depression  
(Centers for Disease Control and Prevention, 2016)
- Can occur from birth up to 1 year after childbirth
- 18-44 years greatest risk for first onset of major depressive episode
- Symptoms include (for two weeks, most of the day)
  - Sadness, pessimism, irritability
  - Anxiety
  - Difficulties with sleep
  - Decreased energy; fatigue
  - Loss of interest in preferred activities or other people
  - All of the above interfere with daily living activities  
(National Institute for Mental Health, n.d.b)

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### Maternal Health Concerns

- Physiological dysregulation
- Appetite and nutrition effects
- Cognitive changes that affect attention to self and infant safety
- Prenatal care compliance
- Increased alcohol and/or drug use
- Loss of interpersonal and financial resources
- Increased morbidity of other medical problems
- Increased risk of suicide
- Decreased capacity of maternal attachment behaviors to support infant development
  - Tactile, vocal and facial communication impacted in depressed mothers

(World Health Organization, 2016)

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### Effects of Postpartum Depression On Infants

#### Infants

- Smile Less
- Frown more
- Irritable and difficult to console
- More withdrawn
- Less responsive
- Long-term well-being of the child  
(Wisner, 2016, Matjasevich et al, 2015)
- Feeding or sleep difficulties  
(NIMH: Postpartum Fact Sheet, n.d.)

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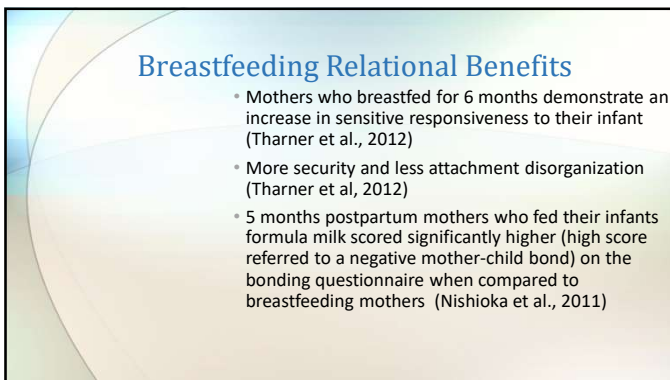
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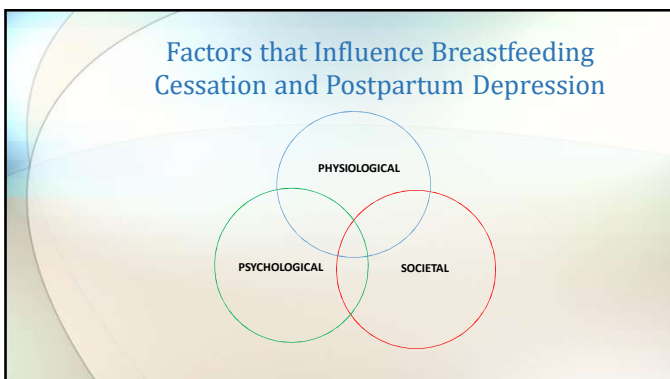
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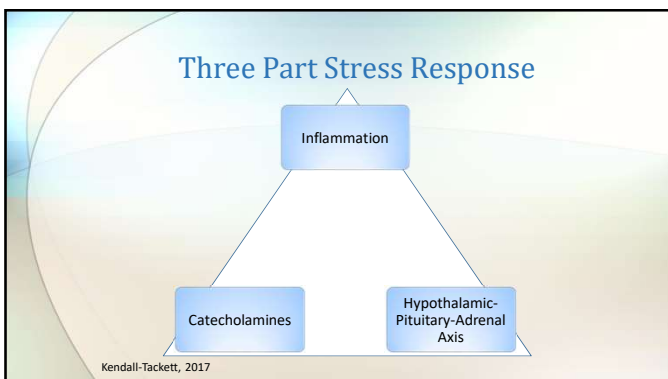
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### Physiological Reasons for Breastfeeding Cessation

- Baby has trouble sucking and latching on (53.7%/27.1%)
- Breast milk alone didn't satisfy my baby (49.7%/55.6%)\*
- I didn't have enough milk (51.7%/52.2%) (Li et al, 2008)
- Pain (Gracely et al, 2004)
  - Mothers who disliked breastfeeding were more likely to have PPD than mothers who enjoyed breastfeeding 2 months after delivery (Watkins et al, 2011)

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### Sleep

- Study of 2,830 women found that sleep was most disrupted in mothers who were depressed, had previous sleep problems, had a male infant, primipara and were not exclusively breastfeeding (mixed and/or formula feeding) (Dorheim, Bondevik, Eberhard-Gran, & Bjorvatn, 2009).
- Mothers who exclusively breastfed averaged 30-45 more minutes of sleep per night than mothers who mix feed or formula feed at 3 months postpartum (Doan, Gardiner, Gay & Lee, 2007)

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### Medications

- In certain cases, breastfeeding while the mother is taking certain antidepressants may be more beneficial than not breastfeeding at all. (Hale and Rowe, 2014)
- Risks placed on infant when mother taking antidepressants while breastfeeding were generally low (Kendall-Tackett & Hale, 2010). \*\*however, note that fluoxetine and citalopram studies have demonstrated increased levels in infants, though more data is needed
- Advise mothers to be aware in any behavioral, regulatory or physiological changes in the infant (such as fussiness, sleep or feeding difficulties).

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### Breastfeeding Health Benefits

- Mothers who do not breastfeed have increased rates of:
  - breast cancer
  - ovarian cancer
  - diabetes mellitus

(Department of Health and Human Services, 2011, Chowdhury et al., 2015)

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### Breastfeeding Health Benefits

- Infants who do not breastfeed showed increased rates of:
  - Acute Ear Infections
  - Eczema (atopic dermatitis)
  - Diarrhea and vomiting
  - Hospitalization for lower respiratory tract diseases
  - Asthma
  - Childhood obesity/type 2 diabetes mellitus
  - Leukemia
  - SIDS
  - Necrotizing enterocolitis in preterm infants

(Surgeon General Call to Action to Support Breastfeeding, 2011)

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### Mother's Emotional Responses

- Women experience feelings of guilt, failure (Hegney et al., 2008), shame and disappointment.
- Guilt around putting their own needs before their infants (Guyer et al., 2012)
- Feelings that breastfeeding is "natural" and should be easy to manage
- Feeling of upset, anxiety or depression impacted maternal duration of breastfeeding, feelings of well-being, and perceptions of success as a mother. (Hegney et al, 2008)

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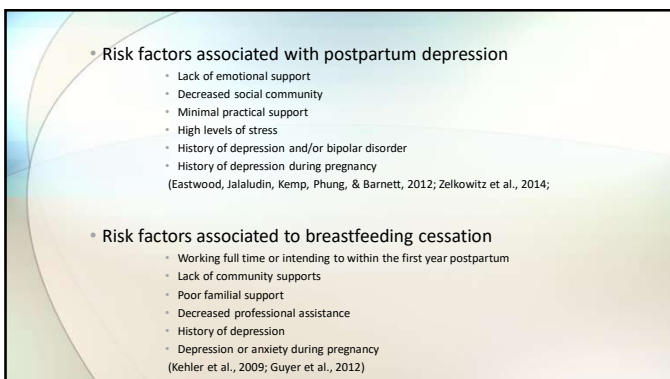
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### Societal influences

- Individualistic culture versus collective culture (Brown, 2015)
- Single, divorced or separated mothers were more likely to use formula feedings 5 months postpartum (Nishioka 2011)
- Lower levels of education and socioeconomic status. Women lack flexibility of time pay or sanitary areas to express milk (Nishioka et al., 2011, Dagher et al., 2016).
- If offered at least 12 weeks of maternity leave, better breastfeeding outcomes were evident versus when no leave was offered at all (Mirkev, Perrine, Scanlon, 2016)

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### Genealogy of Infant Feeding

Women who have breastfeeding moms are more likely to establish and maintain breastfeeding.

At 1 month after delivery, 91.1% moms who were breastfed were breastfeeding, compared with 56.4% non-breastfed moms

Porta et al., 2016

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### Strategies

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- Ask mother in detail about her feeding experiences and observe feedings
  - Baby's response to feeding
  - Mother's regulatory state during feedings--Relaxing? Stressful? Scary? Enjoyable? Painful? Dreadful?
  - Quality of feeding
  - How often and how much time is spent in feeding activities or thinking about feeding
  - How and where is the baby being fed?
  - Medical history of the baby and mother
  - Social supports (family, friends, La Leche League, doulas, parent support groups)

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### Skin to Skin

Tactile, skin to skin input reduced maternal anxiety, mothers felt more relaxed and demonstrated improved breastfeeding rates in the early postpartum (Moore, Anderson, Bergman, & Dowswell, 2012)

Mothers who engage in kangaroo care felt more connected to infants, better able to read infant cues, gained confidence in maternal roles (Johnson, 2007)

Infants cried less, were more interactive with caregivers, and had more stabilized blood glucose concentrations. (Moore et al, 2012). Improved infant respiration rates, (Cho et al., 2016), thermal regulation (Nyqvist et al, 2010), and had analgesic effects (Johnston et al, 2016).

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### Strategies

- Non-nutritive sucking at breast
- Switching sides during paced bottle feeding
- Milk sharing
- Skin to skin contact during feedings
- Supplemental Nursing System
- Partial breast feeding

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### Partial Breastfeeding

- **Comfort, bonding, skin-to-skin benefits**
  - Mom can provide 100% of these even if very little breastmilk is being obtained during nursing.
- **Oral development**
  - The type of sucking required for breastfeeding improves your baby's oral development (even if he gets little milk).
- **Disease, allergy-prevention, immunological benefits**
  - Research has shown that the benefits of breastfeeding are generally dose-related: **the more breastmilk, the greater the benefit.** But even 50 ml of breastmilk per day (or less – there is little research on this) may help to keep your baby healthier than if he received none at all. In fact, the immunities in mom's milk have been shown to increase in concentration as the quantity of milk decreases.
- **Nutritional benefits**
  - There are components of mother's milk which cannot be duplicated – even a small quantity of these can be invaluable to your baby

Kellymom.com

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### Sensory Supports for Parent/Infant Connection

- Touch
- Breathing together
- Sound
- Rhythm
- Smell
- Visual regard

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### What can we do?

- Physiological
- Social
- Emotional

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## Resources

- **SUICIDE PREVENTION HOTLINE:** 1-800-273-TALK (8255)
- Postpartum Support International:
  - <http://www.postpartum.net/locations/wisconsin/>
- Silence Sucks
  - [www.ppsilencesucks.com](http://www.ppsilencesucks.com)
- La Leche League: <https://www.lllofwi.org/>
- Breastfeeding Support and Resources <https://kellymom.com/bf/concerns/bfhelp-find/>
- Praeclarus Press: [www.praeclaruspress.com](http://www.praeclaruspress.com)

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## Thank you!

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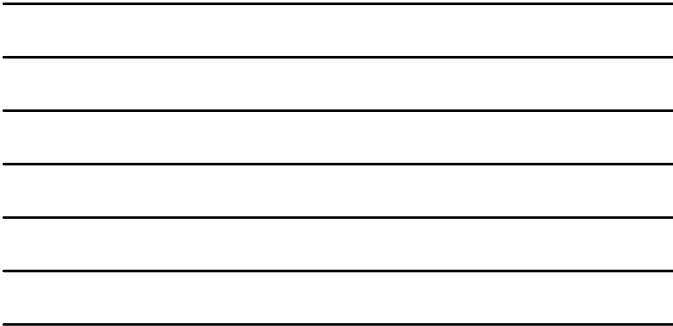
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