

The Relationship between Breastfeeding and Perinatal Mental Health

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Breastfeeding and Medication

Breastfeeding Network Drugs in Breastmilk Service

Pharmacist and Grandma!

Pain of breastfeeding and depression

- Breastfeeding experience rather than breastfeeding duration is predictive of depressive symptoms in the postpartum period.
 - breastfeeding should be straightforward so they had failed when it wasn't
 - mothers who stop breastfeeding due to pain or physical difficulties are at greater risk of depressive symptoms

Understanding the relationship between breastfeeding and postnatal depression: the role of pain and physical difficulties Brown A 2015

Ante natal & Perinatal Mental health

- Pre-partum anxiety and depression, can lead to postpartum symptoms, and have an effect on breastfeeding cessation
- Inverse association between breastfeeding frequency and maternal anxiety level
- Breastfeeding cessation is also a cause of intensification of anxiety and depression

The Relation of Pre and Postnatal Depression and Anxiety with Exclusive Breastfeeding Sharifi 2016

Paternal depression

- 12% increased chance if Dad depressed mum delivers at 32-37 weeks
- Paternal depression:
 - affect sperm quality
 - has epigenetic effects on the DNA of the baby
 - affects placenta function
- What about post traumatic birth and Dad?

Prenatal parental depression and preterm birth: a national cohort study Liu 2016

Intention to Breastfeed and Depression

- Lowest risk of PPD was found among women who had planned to breastfeed, and who had actually breastfed their babies
- Highest risk was found among women who had planned to breastfeed and had not gone on to breastfeed

New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women's Intentions Borra 2017

What does it feel like to have depression?

- Feel low, unhappy and tearful
- Irritable
- Tired
- Sleepless
- Appetite changes
- Unable to enjoy anything
- Loss of interest in sex
- Negative and guilty thoughts

How do you feel if you don't enjoy being with your baby?

Depression changes your thinking

- you might think that you are not a good mother or that your baby doesn't love you
- you may feel guilty for feeling like this
- everything is your fault
- you lose your confidence
- you think you can't cope

Impact on breastfeeding from these negative thoughts?

Anxiety

Mental effect

- Worrying all the time
- Tired
- Being irritable
- Sleeping badly
- Struggling to concentrate
- Lack of confidence

Physical effects

- Racing heartbeat
- Sweating
- Muscle tension
- Shaking
- Heavy breathing
- Dizziness
- Indigestion & diarrhoea.

Then we add in breastfeeding?
What about Breastfeeding and Medication?

What does it feel like to have breastfeeding problems?

- Anxious
- Depressed
- Tired
- Under pressure
- A failure
- I'm useless
- I feel guilty
- WHY?
- Somebody help me
- Why is everyone saying something different?
- I'm confused
- I'm exhausted

Breastfeeding means everything to some
mums

I cant understand why I feel so desperately sad. It's a deep grief, like
I want to die if I cant breastfeed any longer but my doctor doesn't
understand

When mental health can cause conflicts with breastfeeding ?

- Being told to take time for themselves and prioritise mental health over breastfeeding
- Told to stop breastfeeding to take medication
- Judgemental attitudes to breastfeeding
- Concepts that mothers are being 'drained'
- Ignoring core beliefs about breastfeeding

But not everyone cares so much about breastfeeding & that's OK

- I've been prescribed but haven't started the course of 50mg a day for 28days. I'm concerned about the affects of the drug passing to my 7month old through breastfeeding. I have read through the fact sheet and am still in two minds about continuing to breastfeed or switch to formula
- I know that virtually none passes over, but my concern is the long term affect if any it could cause her

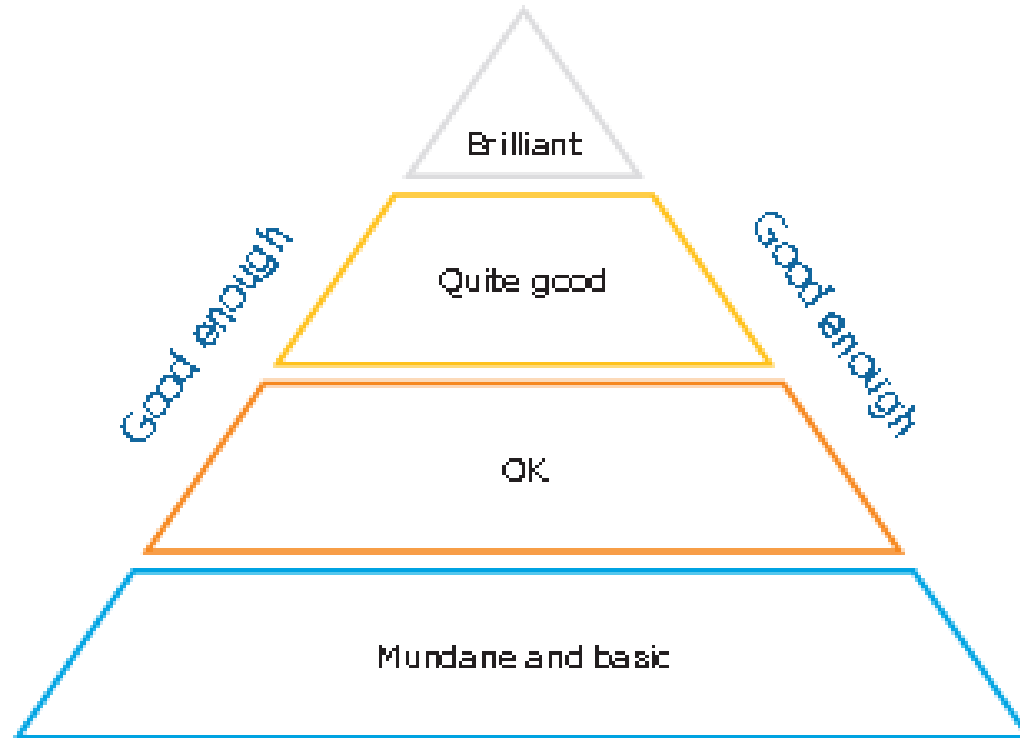
Influence of Big-Pharma?

Dr. Robert J. Spitzer and colleagues from Columbia University developed the PHQ-9 in 1999 with a grant from Pfizer.

Over the <u>last 2 weeks</u>, on how many days have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things	0	1	2	3
2 Feeling down, depressed or hopeless	0	1	2	3
3 Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4 Feeling tired or having little energy	0	1	2	3
5 Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed, or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9 Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

A11 – PHQ-9 Total Score

Good enough not perfect!



Working with the concept of a 'Good Enough Mum'



Mums often report thoughts about not being good enough, and feeling criticised and compared to other parents, friends or a previous sense of themselves before their babies. This occurs across children but is commonly seen in depression, anxiety, GAD, and social anxiety.

When working with these parents, therapists often try to introduce the concept of being a 'good enough' or an 'OK' mum, but these ideas often seem awkwardly lacking and hesitant to parents striving to do the best for their children.

The difficulty is, that with the addition of children, life changes and it's difficult if not impossible to maintain the same standards and balance to life. Work, free time, relationships and household all take a backseat against the priority of managing children - and rightly so - but in doing this many mums struggle to find a level to judge themselves by. This is compounded by the media images of happy enviable mums, children and husbands laughing joyfully in front of the telly, and pristine cottages,

Reinforcing parenting values

Use a simple spoke (speaks to their about what the client feels is important in parenting children - examples of this could be putting a child's needs first, playing with them, loving them and lots of cuddles, making sure they are fed, showing compassion or trying to show patience.

with them? Did you get stuck into them each day, introduce if whether it was home-cooked and organic or not? How often was your PhD taught? Clients don't need to recall exactly what happened at every incident but just starting to realise that they did something positive in line with their values as a parent using a list system.

This aims to change the biased focus of attention from negative data to positive parenting data which can lead to a potential change in the evidence available for thought challenging. It also helps identify the importance of those 'mundane' activities. They may previously have ignored.

This data can be used for the client to reflect on during cognitive restructuring interventions.



Guidelines supportive of breastfeeding?

- lack of sleep is a common precipitating factor. Mixed feeding should be supported if this is the best way to protect the mother's wellbeing
- use of a pacifier for non-nutritive sucking benefits may be advocated following consent from the mother/parent. This may help with comforting the baby and has been linked to helping reduce the risk of cot death.

Breastfeeding and Medication

- Advice on breastfeeding can be complex - needs to take into account factors that include the effects of the medication on milk production and breastfeeding.
- The mother may have both an intellectual and emotional response to whether she can or cannot breastfeed or whether she is able to successfully breastfeed if she sets out to do so.
- Breastfeeding may have an effect on sleep and daily routine that may be detrimental for a mother

Useful comments?

My doctor said there's a risk of neurological damage to my son due to the accumulation of citalopram; he backtracked a bit and said it was a small risk and the benefits outweighed the risk, but it's a risk nonetheless.

Is this something you can advise me on please? My anxiety centres around my children's health and I'm worried sick about damaging my son's development if I take citalopram.

One mum's day in crisis

- I've been in a room at the surgery since 8am the emergency mental health team sent me to my GP but my GP doesn't know what to give me so that I can continue breastfeeding

(It was then 1pm and she hadn't been offered any food
and she was alone)

- They prescribed the drugs and sent her home to be reviewed in the surgery the following morning
- Was that enough?

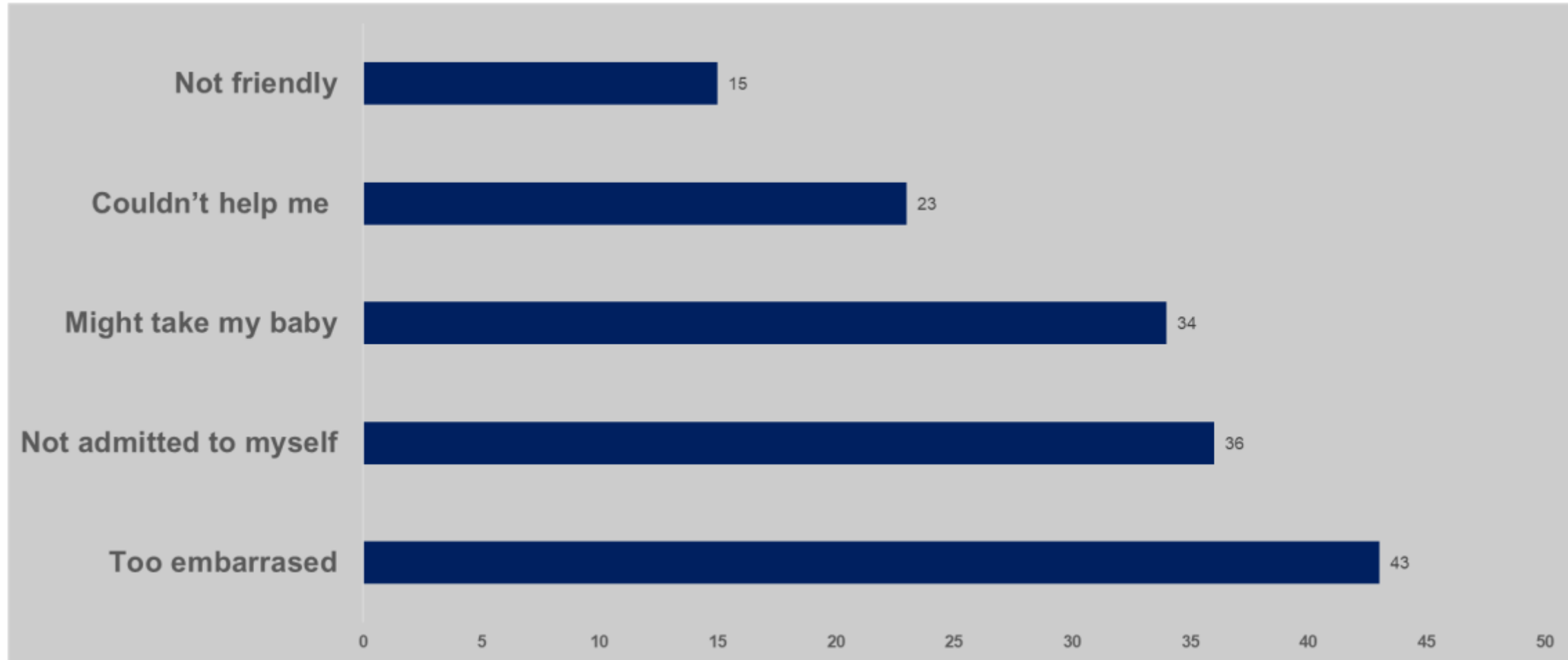
Overdose – Suicide attempt?

- I took an overdose last night. I know when my toddler comes in he will want to breastfeed- we don't feed often now but it is his comfort. No one will discuss it. They have done tests today – I know they took blood – but I've been pretty out of it all morning
- Having a baby and breastfeeding are believed to be protective against suicide but why had no one known she was this low? They didn't seem to think breastfeeding was important

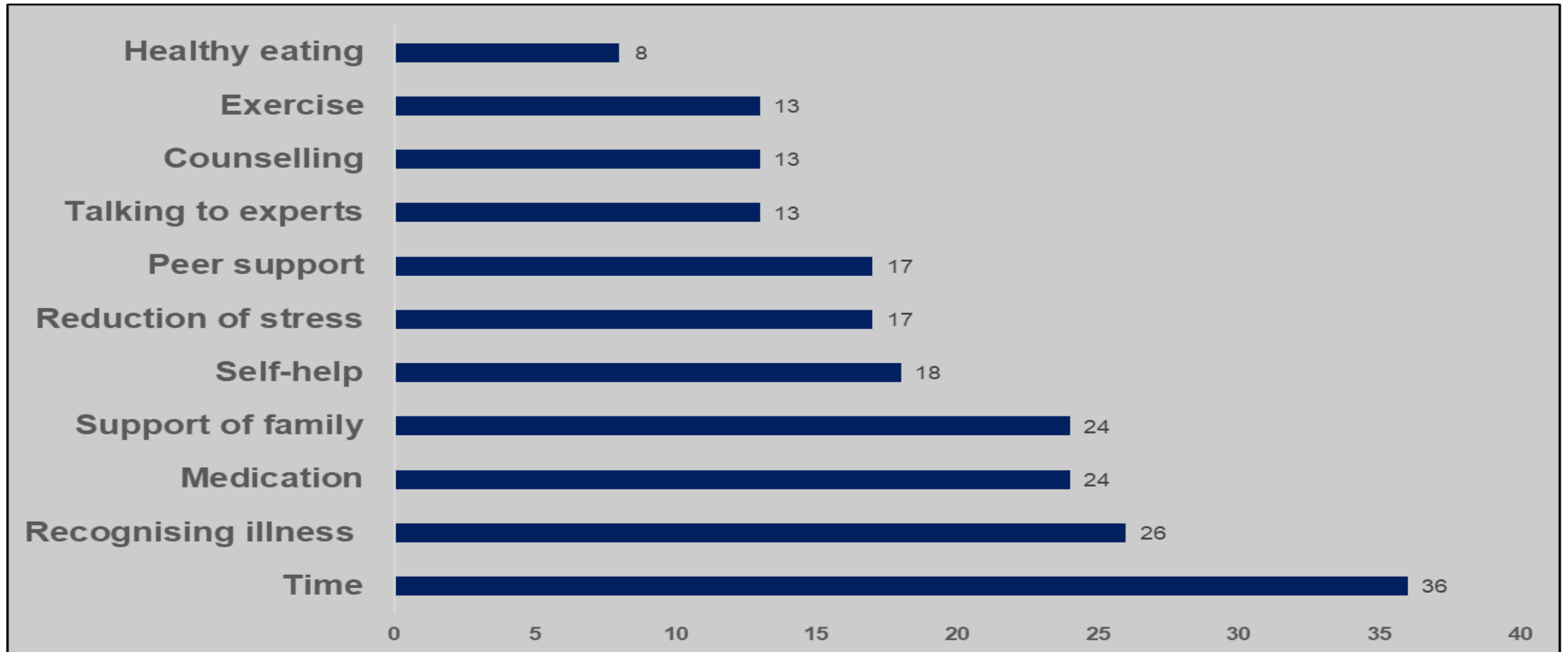
Barrier to accessing support

- Scared to say there is a problem 'They'll take my children'
- Fear of being criticised for not coping
- Not recognising / denying their symptoms
- Not being ready to access support
- Not having time to think about themselves
- Not knowing services available

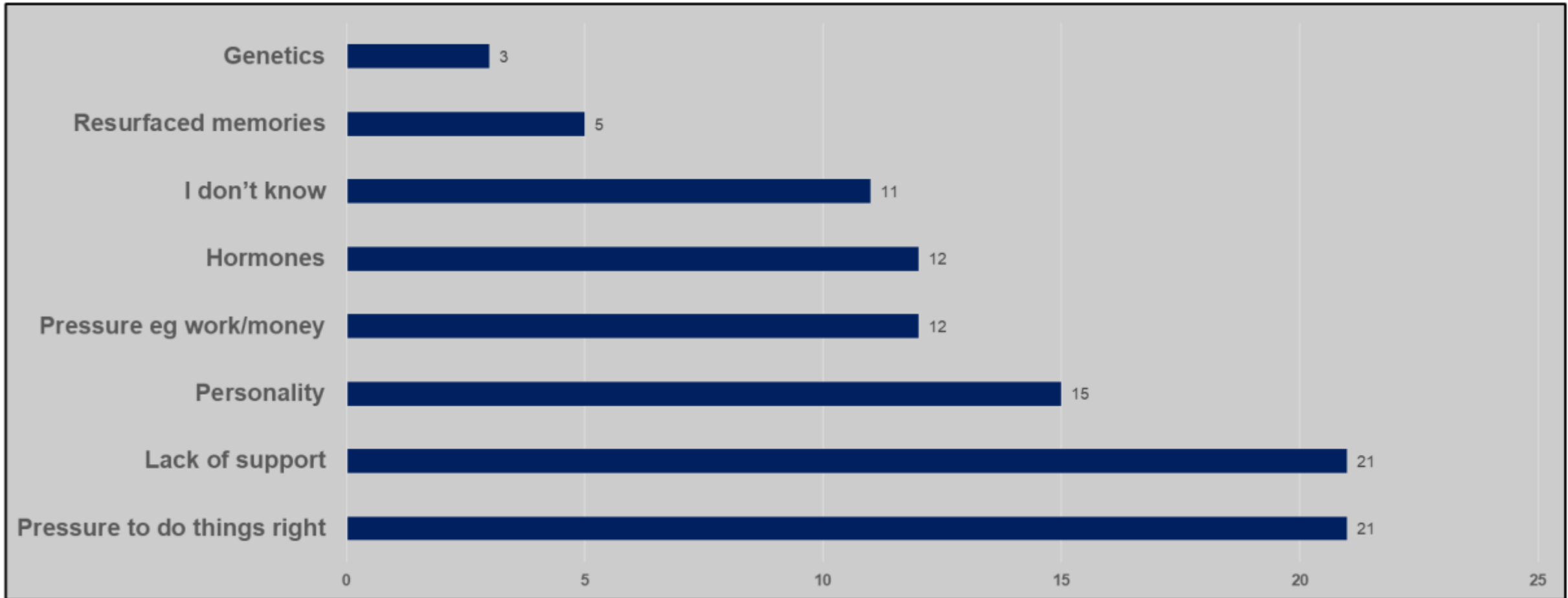
Why are some mums not honest about how they feel?



What was most helpful for recovery?



What do you think caused your symptoms?





<https://tinyurl.com/yddnnzs5>



- Understanding perinatal and infant mental health and their relationship with infant feeding
- Understanding how to empower individual women to make and achieve the feeding choices that are best for them (taking account of their mental health)
- The ability to support women – wherever they are in their feeding journey – in a way that protects and promotes their, and their babies’ mental health.

Talk about mental wellbeing

- Don't be scared to broach the subject
- Discuss the demands of breastfeeding & that its ok to sometimes feel exhausted and touched out
- Support them to think about what they want to do around managing breastfeeding and mental health
- Don't panic if they cry – you have not made it worse !

*It felt like one of the few
things I was getting right as
a mother*

*I kept breastfeeding due to my
anxieties, breastfeeding was a
way to keep my little one safe in
my mind or I would have failed
her*

My mental health issues played a significant role in stopping. Once I decided to stop my mental health issues got significantly worse

*Actually made
breastfeeding more
important to me*

*I think my inability to
breastfeed caused the
depression*

*I strongly believe that
breastfeeding has been a
protective factor which has
prevented depression*

*I possibly breastfed for longer
- it felt like one of the few
things I was getting right as a
mother*

*Breastfeeding had a positive
impact on my mental health,
helping me with sleep &
anxiety*

Healthcare professionals need training on breastfeeding, the safety of drugs in breastmilk and sensitivity to the needs of mothers around infant feeding

Be Kind

Value their breastfeeding if that is what they wish

Accept that they want to stop if that is what they wish

Support them

You don't have to have the answers but don't undervalue the importance that you listened to them