The Relationship between Breastfeeding and Perinatal Mental Health

Wendy Jones
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
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 can't understand why I feel so desperately sad. It's a deep grief, like I want to die if I can't 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 28 days. I’m concerned about the affects of the drug passing to my 7 month 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.

<table>
<thead>
<tr>
<th>Over the last 2 weeks, on how many days have you been bothered by any of the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
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</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>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</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
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</tr>
</tbody>
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A11 – PHQ-9 Total Score
Good enough not perfect!

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?

- Not friendly: 15
- Couldn't help me: 23
- Might take my baby: 34
- Not admitted to myself: 36
- Too embarrassed: 43
What was most helpful for recovery?

- Healthy eating: 8
- Exercise: 13
- Counselling: 13
- Talking to experts: 13
- Peer support: 17
- Reduction of stress: 17
- Self-help: 18
- Support of family: 24
- Medication: 24
- Recognising illness: 26
- Time: 36
What do you think caused your symptoms?

- Genetics: 3
- Resurfaced memories: 5
- I don’t know: 11
- Hormones: 12
- Pressure eg work/money: 12
- Personality: 15
- Lack of support: 21
- Pressure to do things right: 21
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 it’s 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