

Breastfeeding and Trauma: What Lactation Specialists Need to Know

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Trauma is part of the life story for many families we work with. Trauma can affect anyone regardless of income, country of origin, age, or race and ethnicity. It is a universal human experience. No matter the population you serve, it's safe to assume that a substantial percentage will be trauma survivors. Even if families never disclose their trauma history, it can be behind the scenes, influencing both breastfeeding and mental health. Trauma survivors may not share their stories with you, even if you directly ask. You don't need the details to still work in a trauma-informed way.

In one sample of 1,581 pregnant women, 93% reported that they had experienced at least one traumatic event, 36% experienced interpersonal violence, and 25% reported depression, anxiety, or PTSD (Seng, D'Andrea, & Ford, 2014). Another study demonstrated that interpersonal violence occurs even in affluent communities. In a sample from Boston, pregnant women from the inner city were compared to those from an affluent suburb. The rate of exposure to one type of trauma, interpersonal violence, was shockingly similar: 47% in the suburbs, 59% in the inner city (Rich-Edwards et al., 2010).



Figure 1 Trauma is a common experience for many parents that can influence breastfeeding initiation and duration. Illustration credit: Ken Tackett

What is Trauma?

Trauma is a word that has both a colloquial and clinical meaning. Colloquially, it's a synonym for almost any negative experience. Clinically, the meaning is more precise. Trauma is defined by two classifications: the *Diagnostic and Statistical Manual*, 5th Edition (DSM-5), or the World Health

Organization's *International Classification of Disease*, 11th Edition (ICD-11). The DSM definition is more specific and tends to be more widely used in clinical circles.

DSM-5 defines a traumatic event as death or threatened death, actual or threatened physical injury or actual or threatened sexual violation. These events can be experienced directly or witnessed. They could have happened to a close friend or relative, or it's a traumatic event that happened over and over. To be diagnosed with PTSD, someone has to "meet full criteria," meaning that the event rises to this level of severity. They have symptoms in four clusters (re-experiencing, avoidance, changes in mood and cognitions, and changes in reactivity and arousal). The symptoms must persist for at least one month and must cause significant impairment in daily functioning. Even if a person does not meet the full criteria, they can have trauma symptoms that impair daily life.

The ICD-11 criteria covers many of the same points but is less specific. The event criteria is more general (exposure to a threatening or horrific event or series of events). "Horrific and threatening" are not defined. These criteria also include re-experiencing symptoms, avoidance, hypervigilance, and symptoms lasting for several weeks (Haravuori, Kiviruusu, Suomalainen, & Marttunen, 2016).

Many practitioners make assumptions about trauma survivors and breastfeeding that are inconsistent with the evidence, like assuming that they don't want to breastfeed. Several studies have examined the impact of natural disasters, displacement and refugee status, partner violence, and childhood abuse on breastfeeding initiation and duration. Below is a summary of what we know so far.

Key Points about Trauma and Breastfeeding.

- Trauma survivors often breastfeed at similar rates to non-trauma survivors. In some cases, their rates exceed their non-abused peers.
- The most common sequelae of trauma are depression, anxiety, chronic pain, and posttraumatic stress disorder. Depression, anxiety, and PTSD all increase the risk of early breastfeeding cessation.
- Recent or ongoing trauma can interfere with breastfeeding by activating the stress/inflammation system, which underlies depression, anxiety, and PTSD, and can suppress both oxytocin and prolactin (Grajeda & Perez-Escamilla, 2002; Uvnas-Moberg et al., 2020).
- Childhood trauma is less likely to impact breastfeeding directly. However, the sequelae of trauma can indirectly lead to early breastfeeding cessation. Treating sequelae of abuse has a positive impact on breastfeeding.
- Breastfeeding can be particularly helpful for trauma survivors. It lowers the risk of intergenerational transmission of trauma (Hairston et al., 2011), lessens the risk of maternal-perpetrated child maltreatment (Strathearn, Mamun, Najman, & O'Callaghan, 2009), and attenuates the effects of even serious traumatic events, such as sexual assault (Kendall-Tackett, Cong, & Hale, 2013).

Developmental Stages and Trauma

Trauma can occur at any stage of life, but the timing of trauma can influence its impact on breastfeeding. For example, if trauma occurred during childhood or adolescence, its impact on breastfeeding is likely indirect through trauma sequelae, such as depression, anxiety, or PTSD (Coo, Garcia, Mira, & Valdes, 2020; Garthus-Niegel et al., 2018; Horsely, Nguyen, Ditto, & Da Costa, 2019;

Horsley et al., 2007). All of these mental health outcomes are associated with lower rates of breastfeeding initiation and shorter duration. However, if breastfeeding is supported, breastfeeding lessens depressive symptoms (Figueiredo, Pinto, & Costa, 2021).

Traumatic events that happen during pregnancy, postpartum, or birth are more likely to disrupt breastfeeding through hormonal changes directly. Trauma activates the stress system, which suppresses prolactin and oxytocin. Recent trauma can also lead to indirect effects via depression, anxiety, and PTSD.

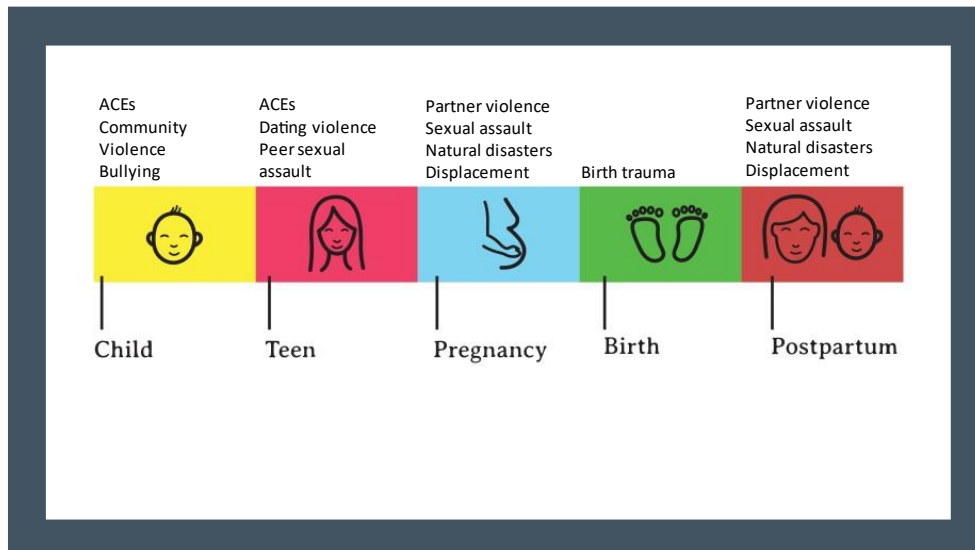


Figure 2 A listing of trauma types more likely to occur at each developmental stage—ACEs=adverse childhood experiences.

What Causes Trauma to be More Severe?

Traumatic events are not equally severe; some are worse than others. Not surprisingly, severe trauma is more likely to lead to symptoms such as depression, anxiety, or PTSD. Severity is a difficult construct to define since two people can have similar experiences with very different reactions. However, some generalizations can be made. Trauma survivors are more likely to have trauma sequelae if they experience:

Repeated trauma

Repeated trauma is often more severe than one-time events, particularly if it continues for a long time. However, one-time events can be quite severe.

Injury

Trauma is often severe if there is a higher degree of injury.

Interpersonal trauma

Symptoms are more often severe if a person is involved vs. an impersonal force (such as a natural disaster). If the person is known and trusted, the violation of trust can lead to more severe symptoms.

Childhood trauma

Childhood trauma can often lead to more pervasive effects, especially if it occurs during the first five years while the brain is still developing. For example, early trauma is likely to lead to generalized anxiety, whereas anxiety related to adult trauma tends to be more focal and related to the traumatic event. That being said, adult traumas, such as combat, sexual assault, partner violence, or displacement, are often severe, with lasting effects.

Recent or ongoing trauma

Trauma that takes place during the perinatal period increases stress hormones that can block hormones necessary for breastfeeding. For example, a highly stressful birth can delay lactogenesis II and lower baseline oxytocin levels immediately postpartum (Grajeda & Perez-Escamilla, 2002; Uvnas-Moberg et al., 2020).

Breastfeeding's Special Protection for Trauma Survivors

Although trauma can make breastfeeding more difficult, breastfeeding itself offers trauma survivors some amazing gifts. It's as if nature knows that bad things happen and provides a way to reset the clock so that trauma symptoms are not passed down. Breastfeeding downregulates the stress response; it attenuates trauma symptoms. It also can help trauma survivors break the cycle of abuse.



Figure 3 Breastfeeding can help overcome past trauma, lower the risk of sequelae, and lessen the risk of intergenerational transmission of trauma. Illustration credit: Ken Tackett

- 1) **Attenuation of trauma symptoms.** One consequence of trauma is that the stress system becomes hyperresponsive and overreacts to any stressor. Breastfeeding, particularly exclusive breastfeeding, dials down the stress response. Trauma symptoms are often still there, but they are less severe. We had a sample of 6410 mothers, 994 of whom had been sexually assaulted. The positive effects of exclusive breastfeeding were especially obvious when looking at anger and irritability (Kendall-Tackett et al., 2013).

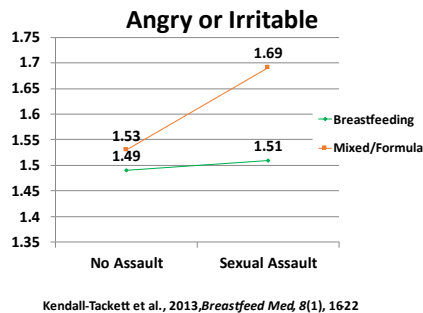


Figure 4 Exclusive breastfeeding downregulates the stress response and attenuates anger and irritability in women with a history of sexual assault.

- 2) **Lowered risk of intergenerational transmission of abuse.** Trauma is often passed through generations. Remarkably, breastfeeding can help families break the cycle of abuse. It helps with factors, such as infant sleep and maternal depression, that increase risk of intergenerational transmission of trauma (Hairston et al., 2011). Breastfeeding also lowers the risk of maternal-perpetrated child maltreatment. Dr. Lane Strathearn's and colleagues studied 7,223 mother-infant pairs over a 15-year period. Their sample included over 500 cases of documented, maternal-perpetrated child abuse and neglect. They found that if mothers breastfed for at least 4 months, they were 3.8 times less likely to neglect them and 2.6 times less likely to physically abuse them (Strathearn et al., 2009). If you combine this finding with our finding of less anger and irritability, it's not difficult to imagine why breastfeeding might lower the risk of abuse.

Conclusions

Breastfeeding is sometimes portrayed as a way to deliver a superior product to infants, yet we often miss the powerful physiological effect it has on mothers. Breastfeeding is a highly integrated system that protects both mother and baby. It's more than milk. While trauma survivors may face barriers to breastfeeding, breastfeeding has the power to heal. Because it lowers the risk of intergenerational transmission of trauma, breastfeeding not only heals the current generation but generations to come. Lactation specialists can help make that happen.

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