

Breastfeeding and depression: the research behind the headlines

Midwife and editor of *Essentially MIDIRS* Michelle Anderson examines a recent study on how breastfeeding may impact on a mother's mental health.

Perinatal mental health and breastfeeding are prominent topics within maternal and newborn health. Therefore the recent study by Borra et al, which aims to investigate the effects of breastfeeding on mental health, specifically postnatal depression (PND), is worthy of note.¹

Understanding PND and what factors might contribute to it is crucial if we are to support women well during pregnancy and the postnatal period. This study is important because the effects of breastfeeding on this illness are not well understood. Although previous studies have attempted to identify causal links, the findings have been inconclusive. This is mainly due to small sample sizes and a lack of control for extraneous variables, especially pre-existing mental health conditions.¹

How the research was conducted

Borra et al used data from the Avon Longitudinal Survey of Parents and Children (ALSPAC).² The ALSPAC is a large birth cohort study of 14,000 women in the Bristol area which started in the early 1990s when they were first pregnant and followed up their children over two decades. Borra et al analysed responses on how the women intended to feed their baby in the first four weeks and how they actually fed their baby.¹

The researchers also looked at maternal mental health, measured using the Edinburgh Postnatal Depression Scale (EPDS), during pregnancy and postnatally. The EPDS is the most commonly used screening tool for PND and is sensitive to changes in depression over time.³



Key findings from the Borra et al study

Among women who planned to breastfeed but did not have symptoms of depression during pregnancy:

- Those who were breastfeeding had the lowest rate of depressive symptoms eight weeks after the birth.
- Those who appeared to be most at risk of depression at eight weeks were those who had planned to breastfeed, but did not.
- Those who initiated but stopped by one, two or four weeks were significantly more likely to be depressed than those who continued to breastfeed in the early weeks.

Implications for practice

It is important for practitioners to make women and their partners aware of the likelihood of depression (See 'Perinatal mental health: the picture today' on p8). You may also find it useful to reflect on the following:

- Are there beneficial and/or harmful ways to discuss links between breastfeeding and depression?
- Healthcare services' breastfeeding targets are irrelevant for women, but perhaps women set their own targets? For example, a mother might aim to breastfeed for six weeks, and if achieved, this might reduce negative emotion that could lead to PND. It

could be argued that putting too much pressure on women to breastfeed exclusively for as long as possible may contribute to PND.

- How can you offer support to mothers who are not breastfeeding? The reasons can be complex;⁴ anecdotal observation suggests that some women feel guilty and distressed when they have planned to breastfeed but do not do so, and the findings from Borra et al suggest they are at increased risk of PND.¹
- Promoting the value of skin to skin and responsive feeding could offer an important support mechanism when breastfeeding cannot be achieved or sustained.⁵

What the study found

The lowest risk of PND at eight weeks was among mothers who were not depressed in pregnancy, had planned to breastfeed and had done so. Women who appeared to be at most risk were those who had planned to breastfeed but didn't initiate breastfeeding or stopped early. Their reasons are not reported but would have been useful to know, especially to develop effective breastfeeding support. The researchers propose that a further reason to encourage policymakers to provide specialist support for breastfeeding is the impact it may have on mental health outcomes, and the indirect impact for the baby. Interestingly, for women who had depressive symptoms antenatally and who had not planned to breastfeed but later did so, exclusively breastfeeding for up to four weeks appeared to offer some protection against PND.¹

Although this study is a significant step towards understanding the association between women's infant feeding journeys and mental health, certain limitations should be addressed in any further

research. In particular, participants were mainly white (95%) and middle class (13% had a degree and 74% owned their home), participation was voluntary and women self-reported.

However, the message emerging from this pioneering study is that providing person-centred support to women who intend to breastfeed, to enable them to breastfeed for as long as they wish to, may help reduce the incidence of PND.

References

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