

# Spotlight on research



## Breastfeeding and maternal mental health

NCT breastfeeding counsellors Graziella Iossa and Jessica Figueras highlight two recent studies exploring the complex interplay between breastfeeding and maternal mental health

### Breastfeeding difficulties and postpartum depression

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**By Graziella Iossa**

Mental illness is a growing concern worldwide: depression is 50% higher in women than in men and is the leading cause of disease burden in women aged 15-44 years in low-, middle and high-income countries,<sup>1</sup> and in England, one in four people will experience a mental health problem.<sup>2</sup>

These statistics are stark and the disproportionate effect on women is of particular interest to practitioners and health professionals. Particularly relevant to me as a breastfeeding counsellor is how stressful it can be for mothers when they experience difficulties with breastfeeding. Their stress may be heightened by breastfeeding promotion, and a perceived strong social

pressure to breastfeed, which in turn can exacerbate difficulties experienced whilst breastfeeding and may lead to poor mental health. I have therefore chosen to highlight the study by Chaput and colleagues, which investigates the link between breastfeeding difficulties and postpartum depression.

**Chaput KH, Nettel-Aguirre A, Musto R, et al. Breastfeeding difficulties and supports and risk of postpartum depression in a cohort of women who have given birth in Calgary: a prospective cohort study. CMAJ Open 2016;4(1):E103-E109.**

Available from: <http://cmajopen.ca/content/4/1/E103.full.pdf+html>

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The authors recruited 442 women who intended to breastfeed, from all maternity hospitals in Calgary, Canada, within 72 hours of birth. They then gave the mothers questionnaires at birth, six weeks and six months, focusing on breastfeeding difficulties, breastfeeding support and postpartum depression. The authors only included mothers of full-term babies and excluded mothers who intended to bottle-feed, so as to focus on women who were at risk of experiencing breastfeeding difficulties.

The vast majority of mothers who responded (87.3%) reported moderate to severe difficulties with breastfeeding, and nearly all (98.9%) received some form of breastfeeding support. About 14% experienced postpartum depression at six weeks and 15% at six months, which is in line with estimates. However, those mothers who did experience breastfeeding difficulties but did not report a negative experience with the support received, had a significant decrease in the risk of postpartum depression. In other words, the support given to mothers with breastfeeding difficulties – so long as the support was not negative – helped to protect them from postpartum depression. Positive breastfeeding support in the early days after birth appeared to have a positive influence on mothers' mental health.

The work we do with mothers in the early days after birth, and whenever the need for breastfeeding support arises, is crucial not just for the outcome of the breastfeeding experience but also, more generally, for the mothers' overall wellbeing. This study highlights how positive breastfeeding support (or at least non-negative support) can help to reduce the incidence of postpartum depression.

## References

1. World Health Organization. The global burden of disease: 2004 update. Geneva: World Health Organization; 2008. Available at: [http://www.who.int/healthinfo/global\\_burden\\_disease/GBD\\_report\\_2004update\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full.pdf)
2. Mental Health Foundation. Statistics; 2013. Available at: <https://www.mentalhealth.org.uk/statistics>

# Understanding the true link between breastfeeding and postpartum depression

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**By Jessica Figueras**

Traditionally, breastfeeding has been thought to protect against postpartum depression, but an increasing body of research is indicating that the relationship between breastfeeding and postpartum depression is more complicated than this. I have chosen to highlight the study by Borra et al, which although first published online in August 2014, still stands out in the literature as a high-quality study that aims to tease out the many different factors that could contribute to depression.

**Borra C, Iacovou M, Sevilla A. New evidence on breastfeeding and postpartum depression: the importance of understanding women's intentions. *Matern Child Health J* 2015;19(4):897-907.**

Available from: <http://link.springer.com/article/10.1007/s10995-014-1591-z> Accessed 8/7/16

This longitudinal cohort study involved around 14,000 mothers of babies born in the Bristol area in the early 1990s. Mothers provided detailed information about themselves, their experiences and their babies throughout pregnancy and following birth.

The authors questioned whether there was a correlation between not breastfeeding and depression (measured using the Edinburgh Postnatal Depression Score at various points during pregnancy and after birth). They considered other factors which could affect a mother's tendency to suffer from depression, including sociodemographic characteristics, pregnancy and birth experience, mental and physical health in pregnancy, interpersonal relationships, stressful life events, and personality.

After taking these other factors into account, the link between not breastfeeding and postpartum depression mainly disappeared. But more importantly, the relationship was different for different groups of women.

The authors identified two key factors that determined how breastfeeding affects mood: whether mothers had shown signs of depression during pregnancy, and whether they had intended to breastfeed.

For mothers who did not show symptoms of depression during pregnancy, breastfeeding did indeed decrease the risk of postpartum depression amongst mothers who had intended to breastfeed. The beneficial effects of breastfeeding were strongest at eight weeks after birth, but weaker at eight months and onwards. For mothers who showed signs of depression during pregnancy, the protective effects of breastfeeding as planned were weaker overall but exclusive breastfeeding for four weeks had a protective effect.

But mothers who intended to breastfeed but did not manage it were more likely to be depressed. For mothers who had not intended to breastfeed, breastfeeding actually increased the risk of depression. This sobering finding is highly relevant for health professionals looking to increase breastfeeding rates amongst the groups least likely to breastfeed.

The key finding from this study, therefore, is that we need to avoid generalising about the relationship between breastfeeding and postpartum depression. Women's experiences are complex and many factors are involved. Those suffering from this terrible condition need our support however they are feeding their babies.

Jessica Figueras is an NCT breastfeeding counsellor and a research networker. She lives in London with her husband and two daughters.

Graziella Iossa is an NCT breastfeeding counsellor and a research associate at the University of Lincoln studying animal behaviour and behavioural ecology.