**Guest Author - Kathleen Kendall-Tackett, PhD, IBCLC**

**Postpartum Depression: A Call to Action for the Breastfeeding Community**

New Jersey recently became the first state in the U.S. to mandate screening of all new mothers for postpartum mood disorders. Other states are proposing similar laws, and there is federal legislation in the works to make screening mandatory across the U.S. That’s the good news. While I applaud these efforts, I am concerned that breastfeeding may become a causality if the breastfeeding community is not proactive. Experts in the postpartum depression field seldom consider breastfeeding a factor in the postpartum equation. If they do consider it, breastfeeding is, at best, tolerated (“Well, if mothers insist.”). More concerning is when postpartum experts specifically name breastfeeding as a risk factor for depression—or a cause.

Fortunately, there is much we can do to counteract this inaccurate information. But we must first understand the issues. Here are some concerns I have noted and approaches we can take.

**Let Your Colleagues Know that Breastfeeding Protects Maternal Mental Health.**

Many colleagues in the postpartum depression field view breastfeeding as a mother versus baby issue. They see themselves as speaking on behalf of mothers, while we advocate for babies. Breastfeeding, they argue, is good for the baby. But when a mother’s mental health is at stake, those needs are secondary to her recovery.

We can specifically address this view by presenting an affirmative defense of breastfeeding. Yes, breastfeeding is related to profound health effects for both mother and baby. But it is so much more. Breastfeeding, with its stress-lowering effects, actually protects maternal mental health. Further, many mothers, when forced to wean, grieve the loss of breastfeeding. So forced weaning can also, arguably, add to their depression.

This is not to say that breastfeeding mothers never get depressed. They certainly do. But we can counter by noting that breastfeeding lowers risk and is worth preserving whenever possible. We can also acknowledge that breastfeeding problems can cause depression and need to be addressed promptly. Indeed, skilled lactation support can be part of an overall program to prevent depression.

**Address Misconceptions about Medications and Breastfeeding.**

I’ve attended two postpartum depression conferences in the past six months. At both, I heard several presenters make the alarming assertion that “all medications get into breast milk.” The tacit message was that breastfeeding is
just not worth the risk it poses. This assertion fails to take into account the collective wisdom of the lactation community. Yes, medications can get into breast milk, but in what amounts? Do medications that expose the baby to less than 1% of the maternal dose pose the same risk as medications that expose the baby to 20%? Of course not! Even with high exposure levels, the risks of not breastfeeding may be higher. As the breastfeeding community, we are often left out of treatment decisions for the mother. But we have expertise to share and must work to let our colleagues know how we can help.

Educate Colleagues about Treatment Recommendations that Will Lead to Breastfeeding Failure. Two weeks ago, a nurse in a medium-sized Midwestern hospital enthusiastically told me about a local OB who prescribes estriol patches right after birth for women at risk for depression. While I appreciate this physician’s proactive approach, his actual treatment protocol is concerning. Not only do estriol patches have highly questionable efficacy (with effects that disappear when tested in placebo trials), they also have a known deleterious effect on breastfeeding.

Another concerning recommendation I’ve heard multiple times is to tell mothers not to breastfeed at night. That may be necessary in some specific cases. For example, I worked with a mother with bipolar disorder whose illness is triggered by sleep deprivation. As a blanket recommendation, however, it would likely lead to premature weaning.

Even something as generally positive as home visiting can potentially have a negative impact on breastfeeding if home visitors give mothers inaccurate breastfeeding advice. We can provide education for home visitors and make ourselves available for referrals. By teaming up with our colleagues, we can help them devise prevention and treatment plans that will include impact on breastfeeding.

A Final Caution. Less than a month ago, I met a young woman who was organizing a postpartum depression task force for her metropolitan county. The breastfeeding community—I was distressed to learn—was deliberately excluded. The reason was simple. As a new mother, she experienced severe postpartum depression and needed to be hospitalized. She felt that a breastfeeding advocate harangued her at a very vulnerable time, as she sat in the psychiatric emergency room. Unfortunately, this is a relatively common perception of breastfeeding advocates in the postpartum depression field.

When I hear stories like this, I agree that the breastfeeding advocate’s approach was wrong and tell them I am truly sorry they had such a difficult experience. It goes without saying that we must always be respectful of women’s decisions about breastfeeding—even when we disagree. Then I tell them about the other side of the story; women I’ve spoken with from all over the country who are told to wean and who tearfully tell me that breastfeeding is the only part of their postpartum experience that is going well. Sadly, I know that for every one woman who calls me, there are 20 who don’t. And, they may grieve the loss of breastfeeding for years.

It is for these women that we must speak. We have valuable information to share and can be powerful allies in the fight against postpartum depression. It’s time for us to get involved and be a voice for depressed women who are breastfeeding. They need the benefit of what you know!

Resources

The New Hampshire Breastfeeding Task Force has developed a breastfeeding-friendly curriculum on postpartum depression for health care providers. This is available free of charge at www.NHBreastfeedingTaskForce.org.

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## PubMed Section

### Allergy

- Cross-sectional study of allergic disorders associated with breastfeeding in Japan: The Ryukyu Child Health Study.
- Maternal-fetal interaction: preconception immunization in mice prevents neonatal sensitization induced by allergen exposure during pregnancy and breastfeeding.
- The relationship of breast-feeding, overweight, and asthma in preadolescents.
- Is breast feeding a risk factor for eczema during the first year of life?
- [Treatment of asthma and rhinitis during pregnancy and breastfeeding]

### Cancer

- Menstrual and reproductive factors and gastric cancer risk in a large prospective study of women.
- Epidemiology of basal-like breast cancer.

### Childhood Issues

- Can breastfeeding avert the appearance of growth pains during childhood?
- Attention behaviour and hyperactivity at age 4 and duration of breast-feeding.
- Predictors for snoring in children with rhinitis at Age 5.
- Adolescent exposure to high-dose estrogen and subsequent effects on lactation.

### HIV

- The impact of safer breastfeeding practices on postnatal HIV-1 transmission in Zimbabwe.
- Preventing mother-to-child transmission: factors affecting mothers' choice of feeding—a case study from Cameroon.
- Vaccine Platform for Prevention of Tuberculosis and Mother-to-Child Transmission of HIV-1 through Breastfeeding.
- Immune-based prevention of mother-to-child HIV-1 transmission.
- Infant feeding counselling for HIV-infected and uninfected women: appropriateness of choice and practice.
- Biological mechanisms of vertical human immunodeficiency virus (HIV-1) transmission.

### Infant Issues

- Does feeding in infancy effect the development of IgA nephropathy?
- Breast-fed infants process speech differently from bottle-fed infants: evidence from neuroelectrophysiology.
- A Prospective Study of Rotavirus Diarrhea in Children Under 1 Year of Age.
- Neonatal jaundice and stool production in breast- or formula-fed term infants.
- Cytokines in Human Colostrum and Neonatal Jaundice.

### Management

- Idiopathic granulomatous mastitis: a heterogeneous disease with variable clinical presentation.
- Care of the breastfeeding mother in medical-surgical areas.
- [Post suckling prolactin and estradiol levels as predictors of the time of appearance of the first post partum menstruation]
- Does exclusive breastfeeding increase after hospital discharge? A Greek study.
- Raynaud's phenomenon of the nipples: an elusive diagnosis.
- Effects of Support on the Initiation and Duration of Breastfeeding.
- Midwives’ experience of using videoconferencing to support parents who were discharged early after childbirth.
- Electric breast pump use increases maternal milk volume in African nurseries.
- Early breastfeeding cessation: validation of a prognostic breastfeeding score.
- Breast milk sodium concentration, sodium intake and weight loss in breast-feeding newborn infants.
- Effect of delivery method and timing of breastfeeding initiation on breastfeeding outcomes in Taiwan.
- Opposing effects of maternal and paternal socioeconomic status on neonatal feeding method, place of sleep, and maternal sleep time.
- A Hospital-Based Doula Program and Childbirth Outcomes in an Urban, Multicultural Setting.
- Toll-like receptor 4 is needed to restrict the invasion of Escherichia coli P4 into mammary gland epithelial cells in a murine model of acute mastitis.
- Availability of lactation counseling services influences breastfeeding among infants admitted to to neonatal intensive care units.
- Mother-infant breastfeeding progress tool: a guide for education and support of the breastfeeding dyad.
- Early initiation of and exclusive breastfeeding in large-scale community-based programmes in Bolivia and Madagascar.
- Traditional beliefs and practices in the postpartum period in Fujian Province, China: a qualitative study.
Perinatal and socioeconomic determinants of breastfeeding duration in very preterm infants.
Breastfeeding outcomes for mothers with and without home access to e-technologies.

**MATERNAL ISSUES**
Premenopausal factors influencing premature ovarian failure and early menopause.
Sexual abuse and breastfeeding.
Lactational performance after breast reduction with different pedicles.
Autoimmune hepatitis among fertile women: Strategies during pregnancy and breastfeeding?
Women's expectations of maternity services: A community-based survey.
Violence against women and the perinatal period: the impact of lifetime violence and abuse on pregnancy, postpartum, and breastfeeding.
Maternal Smoking: Determinants and Associated Morbidity in Two Areas in Lebanon.
Which mothers smoke before, during and after pregnancy?

**MEDICATION**
Exposure to Mercury during the First Six Months via Human Milk and Vaccines: Modifying Risk Factors.
Therapy Insight: the use of antirheumatic drugs during nursing.
Concentrations of methadone in breast milk and plasma in the immediate perinatal period.
Oxycodone as a component of multimodal analgesia for lactating mothers after Caesarean section: Relationships between maternal plasma, breast milk and neonatal plasma levels.
Breastfeeding problems following anesthetic administration.
Prolactinoma and estrogens: pregnancy, contraception and hormonal replacement therapy.
Effects of nevirapine, compared with lamivudine, on lipids and lipoproteins in HIV-1-uninfected newborns: the stopping infection from mother-to-child via breast-feeding in Africa lipid substudy.
Oral antidiabetic agents in pregnancy and lactation: a paradigm shift?

**NUTRITION**
Lactating women restricting milk are low on select nutrients.
Relationships among plasma zinc, plasma prolactin, milk transfer, and milk zinc in lactating women.
Psychosocial Determinants of the Early Introduction of Complementary Foods.
Daily fluctuations and distribution of xenobiotics, nutritional and biogenic elements in human milk in Southern Poland.
The association between infant feeding pattern and mother’s quality of life in Taiwan.
Folate, but not vitamin B-12 status, predicts respiratory morbidity in north Indian children.
Supplemental Conjugated Linoleic Acid Consumption Does Not Influence Milk Macronutrient Contents in all Healthy Lactating Women.
Predictors of maternal control of feeding at 1 and 2 years of age.

**OBESITY**
Infant feeding method and obesity: body mass index and dual-energy X-ray absorptiometry measurements at 9-10 y of age from the Avon Longitudinal Study of Parents and Children (ALSPAC).
Early intervention of multiple home visits to prevent childhood obesity in a disadvantaged population: a home-based randomised controlled trial (Healthy Beginnings Trial).
Taking the long view: the prenatal environment and early adolescent overweight.
A systematic review of maternal obesity and breastfeeding intention, initiation and duration.
Breastfeeding and the risk of childhood obesity.
Nature and strength of epidemiological evidence for origins of childhood and adulthood obesity in the first year of life.

**POSTPARTUM DEPRESSION**
[Psychological and pharmacological treatments of mood and anxiety disorders during pregnancy and postpartum. Review and synthesis.]
[Management of women with bipolar disorders from conception through the postpartum period.]
Postpartum-onset major depression is associated with personality disorders.
Is There a Role for the Family and Close Community to Help Reduce the Risk of Postpartum Depression in New Mothers? A Cross-Sectional Study of Turkish Women.

**PROMOTION**
[Breastfeeding trends in a State capital in the Central West region of Brazil, 1999-2004]
Challenges Faced by New Mothers in the Early Postpartum Period: An Analysis of Comment Data from the 2000 Pregnancy Risk Assessment Monitoring System (PRAMS) Survey.
Breastfeeding duration rates and factors affecting continued breastfeeding among infants born at an inner-city US Baby-Friendly hospital.
Assessing the Knowledge, Attitudes, Behaviors and Training Needs Related to Infant Feeding, Specifically Breastfeeding, of Child Care Providers.
Exploratory study: breastfeeding knowledge, attitudes towards sexuality and breastfeeding, and disposition towards supporting breastfeeding in future Puerto Rican male parents.
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PubMed Section Cont.

Women’s social space and the reference for breastfeeding practice.
Breastfeeding Best Start study: training midwives in a ‘hands off’ positioning and attachment intervention.
Education For Expectant Fathers In Workplaces In Turkey.
Attitudes and knowledge on breastfeeding among paediatricians, family physicians, and gynaecologists in Israel.

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