Clinical Lactation

Official Journal of the
United States Lactation Consultant Association
USLCA
With the Compliments of Springer Publishing Company, LLC

Share this:

Editorial

Research in the field of perinatal depression continues to evolve and is sufficient for us to make sound clinical decisions. The most recent research challenges our assumptions and shows that the scope of this problem is much broader than we have previously believed. It also shows that depression and posttraumatic stress disorder (PTSD) in pregnancy increase the risk of preterm birth—the number one cause of infant mortality worldwide. Current studies show that birth interventions, such as epidurals, are related to both breastfeeding difficulties and depression. Moreover, depression is a direct threat to breastfeeding. Depressed mothers are significantly less likely to initiate or continue breastfeeding. Therefore, perinatal depression falls squarely within the purview of breastfeeding supporters. It *is* our problem. Fortunately, when breastfeeding is going well, it actually lowers mothers' risk of depression. This is true even when mothers have histories of significant psychological trauma. Taking action to protect mothers' mental health is crucial to support breastfeeding and, in so doing, give more babies the best possible start in life.

Why "10% to 15% of New Mothers" Is a Misleading Statistic

When discussing perinatal depression, experts often say it affects "10% to 15% of new mothers." That percentage dramatically underestimates the true incidence. Recent studies have revealed that 10% to 15% describes mostly White middle-class mothers who have entered the mental health system. As such, 10% to 15% is a statistic of privilege and does not reflect true incidence. Unfortunately, most depressed mothers will never see a mental health provider. Yet, their needs are every bit as urgent—if not more so.

What Is the True Incidence?

A study of 1,507 mothers from Australia found that 31% of mothers were depressed in the first 4 years. Risk factors included young maternal age, stressful life events, adversity, intimate partner violence (IPV), and low income (Woolhouse, Gartland, Mensah, & Brown, 2015). In the United Kingdom, a nationally representative sample of more than 86,000 mothers and fathers found that 39% of mothers and 21% of fathers have been depressed in their first 12 years as a parent. Risk of depression is highest in the first year (Davé, Petersen, Sherr, & Nazareth, 2010).

Women in high-risk groups are especially vulnerable and have very high rates of depression. For example, a review of eight Canadian studies found that up to 42% of immigrant, asylum-seeking women were depressed (Collins, Zimmerman, & Howard, 2011). A review of 67 studies found that violence against women during pregnancy increased the risk of depression and PTSD in the postpartum period by 3 times (Howard, Oram, Galley, Trevillion, & Feder, 2013). Similarly, mothers had higher rates of depression if they had been exposed to natural disasters in two different studies from China and the United States (Qu et al., 2012; Xiong et al., 2010).

Depression, Posttraumatic Stress Disorder, and the Number One Cause of Infant Mortality

One of the more alarming recent findings was the relationship between depression, PTSD, and preterm birth. The World Health Organization considers preterm birth to be the number one cause of infant mortality worldwide.

For example, a study of 16,334 women at U.S. Veteran's Administration Hospitals found that the rate of preterm birth was 7.4% for women with no PTSD, 8% if they had previous PTSD, and 9.2% in women with current PTSD (Shaw et al., 2014). Another U.S. study of 2,654 women found that the combination of PTSD and major depression increased the risk of preterm birth by 4 times (Yonkers et al., 2014). Unfortunately, those two conditions often co-occur. It is therefore surprising that we are not routinely screening for both depression and PTSD during pregnancy when it has such an impact on preterm birth and, in turn, infant mortality.

Depression, Breastfeeding Difficulties, and Birth Interventions

Birth interventions can also increase the risk of both depression and breastfeeding difficulties. For example, a study of 5,332 mothers in the United Kingdom found that mothers who had forceps deliveries or unplanned cesareans had more breastfeeding difficulties and depression at 3 months postpartum (Rowlands & Redshaw, 2012). Similarly, a study of 1,280 mothers from Hong Kong found that induction, opioid pain medications, and emergency cesareans were related to

Clinical Lactation, 2017, 8(1), http://dx.doi.org/10.1891/2158-0782.8.1.5

lower rates of both "any" and "exclusive" breastfeeding (Bai, Wu, & Tarrant, 2013).

Epidurals have been particularly controversial. Current evidence suggests that women are less likely to exclusively breastfeed if they had epidurals. A prospective study of 1,280 mothers from Australia found that women who had epidurals were more likely to be partial breastfeeding or have breastfeeding difficulties in the first week postpartum and were twice as likely to stop breastfeeding before 24 weeks (Torvaldsen, Roberts, Simpson, Thompson, & Ellwood, 2006).

In our study of 6,410 new mothers in the first year postpartum, we found that women who had unassisted vaginal deliveries had significantly higher rates of exclusive breastfeeding than women who had any other type of birth. Women who had epidurals had significantly lower rates of exclusive breastfeeding and had higher depressive symptoms, even after controlling for possible confounding variables, including all other birth interventions, history of both depression and sexual assault, and parity (Kendall-Tackett, Cong, & Hale, 2015).

Depression Threatens Breastfeeding, But Breastfeeding Protects Maternal Mood

Not surprisingly, depression, anxiety, and PTSD directly threaten breastfeeding (Mathews, Leerkes, Lovelady, & Labban, 2014). For example, anxiety at 3 months postpartum reduced odds of exclusive breastfeeding by 11% at 6 months (Adedinsewo, Fleming, Steiner, Meaney, & Girard, 2014). A study of 2,400 births in the United States found that a complex pregnancy was associated with 30% lower odds of exclusive breastfeeding. However, supportive hospital practices increased odds of any or exclusive breastfeeding by 2–4 times (Kozhimannil, Jou, Attanasio, Joarnt, & McGovern, 2014).

Fortunately, exclusive breastfeeding lowers the risk of depression. It improves sleep quality and quantity and downregulates the inflammatory response system (Groer & Kendall-Tackett, 2011; Kendall-Tackett, Cong, & Hale, 2011). Even when women have been sexually assaulted, exclusive breastfeeding attenuates the stress response, lessens the impact of trauma, and lowers their risk of depression (Kendall-Tackett, Cong, & Hale, 2013).

Conclusion

These are only a few of the recent findings. As you can see, the field continues to grow and expand. As we learn more, we can continue to improve the services we provide to new mothers. But first, we need to think differently about depression, realizing how common it is, and help mothers access services they need. Depression in new mothers affects everyone and is within the scope of practice for lactation specialists. Fortunately, there is much we can do.

References

Adedinsewo, D. A., Fleming, A. S., Steiner, M., Meaney, M. J., & Girard, A. W. (2014). Maternal anxiety and breastfeeding: Findings from the MAVAN (Maternal Adversity, Vulnerability and Neurodevelopment) study. *Journal of Human Lactation*, *30*(1), 102–109.

Bai, D. L., Wu, K. M., & Tarrant, M. (2013). Association between intrapartum interventions and breastfeeding duration. *Journal of Midwifery & Women's Health*, *58*(1), 25–32. http://dx.doi.org/10.1111/j.1542-2011.2012.00254.x

Collins, C. H., Zimmerman, C., & Howard, L. M. (2011). Refugee, asylum seeker, immigrant women and postnatal depression: Rates and risk factors. *Archives of Women's Mental Health*, *14*, 3–11.

Davé, S., Petersen, I., Sherr, L., & Nazareth, I. (2010). Incidence of maternal and paternal depression in primary care: A cohort study using a primary care database. *Archives of Pediatrics & Adolescent Medicine*, *164*(11), 1038–1044.

Groer, M. W., & Kendall-Tackett, K. A. (2011). *How breastfeeding protects women's health throughout the lifespan: The psychoneuroimmunology of human lactation*. Amarillo, TX: Hale.

Howard, L. M., Oram, S., Galley, H., Trevillion, K., & Feder, G. (2013). Domestic violence and perinatal mental disorders: A systematic review and meta-analysis. *PLoS Medicine*, *10*(5), e1001452.

Kendall-Tackett, K. A., Cong, Z., & Hale, T. W. (2011). The effect of feeding method on sleep duration, maternal well-being, and postpartum depression. *Clinical Lactation*, *2*(2), 22–26.

Kendall-Tackett, K. A., Cong, Z., & Hale, T. W. (2013). Depression, sleep quality, and maternal well-being in postpartum women with a history of sexual assault: A comparison of breastfeeding, mixed-feeding, and formula-feeding mothers. *Breastfeeding Medicine*, *8*(1), 16–22.

Kendall-Tackett, K. A., Cong, Z., & Hale, T. W. (2015). Birth interventions related to lower rates of exclusive breastfeeding and increased risk of postpartum depression in a large sample. *Clinical Lactation*, *6*(3), 87–97.

Kozhimannil, K. B., Jou, J., Attanasio, L. B., Joarnt, L. K., & McGovern, P. (2014). Medically complex pregnancies and early breastfeeding behaviors: A retrospective analysis. *PLoS One*, *9*(8), e104820. http://dx.doi.org/10.1371/journal.pone.0104820

Mathews, M. E., Leerkes, E. M., Lovelady, C. A., & Labban, J. D. (2014). Psychosocial predictors of primiparous breastfeeding initiation and duration. *Journal of Human Lactation*, *30*(4), 480–487.

Qu, Z., Wang, X., Tian, D., Zhao, Y., Zhang, Q., He, H., . . . Guo, S. (2012). Posttraumatic stress disorder and depression among new mothers at 8 months later of the 2008 Sichuan earthquake in China. *Archives of Women's Mental Health*, *15*, 49–55.

Rowlands, I. J., & Redshaw, M. (2012). Mode of birth and women's psychological and physical wellbeing in the postnatal period. *BMC Pregnancy and Childbirth*, *12*, 138. Retrieved from http://www.biomedcentral.com/1471-2393/12/138

Shaw, J. G., Asch, S. M., Kimerling, R., Frayne, S. M., Shaw, K. A., & Phibbs, C. S. (2014). Posttraumatic stress disorder and risk of spontaneous preterm birth. *Obstetrics and Gynecology*, *124*(6), 1111–1119. http://dx.doi.org/10.1097/AOG.0000000000000542

Torvaldsen, S., Roberts, C. L., Simpson, J. M., Thompson, J. F., & Ellwood, D. A. (2006). Intrapartum epidural analgesia and breastfeeding: A prospective cohort study. *International Breastfeeding Journal*, *1*, 24. http://dx.doi.org/10.1186/1746-4358-1-24

Woolhouse, H., Gartland, D., Mensah, F., & Brown, S. J. (2015). Maternal depression from early pregnancy to 4 years postpartum in a prospective pregnancy cohort study: Implications for primary health care. *BJOG*, *122*, 312–321. http://dx.doi.org/10.1111/1471-0528.12839

Xiong, X., Harville, E. W., Mattison, D. R., Elkind-Hirsch, K., Pridjian, G., & Buekens, P. (2010). Hurricane Katrina experience and the risk of post-traumatic stress disorder and depression among pregnant women. *American Journal of Disaster Medicine*, *5*(3), 181–187.

Yonkers, K. A., Smith, M. V., Forray, A., Epperson, C. N., Costello, D., Lin, H., & Belanger, K. (2014). Pregnant women with posttraumatic stress disorder and risk of preterm birth. *JAMA Psychiatry*, *71*(8), 897–904.

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA, is a health psychologist, IBCLC, and the owner and editor-in-chief of Praeclarus Press, a small press specializing in women's health. Dr. Kendall-Tackett is editor-in-chief of two peer-reviewed journals: *Clinical Lactation* and *Psychological Trauma*. She is a fellow of the American Psychological Association (APA) in Health and Trauma Psychology, past president of the APA Division of Trauma Psychology, and member for the APA's Board for the Advancement of Psychology in the Public Interest. Dr. Kendall-Tackett specializes in women's health research including breastfeeding, depression, trauma, and health psychology. Her research interests include the psychoneuroimmunology of maternal depression and the lifetime health effects of trauma. Dr. Kendall-Tackett has authored more than 400 articles or chapters and is the author or editor of 34 books on maternal depression, family violence, and breastfeeding. Her most recent books include *Depression in New Mothers*, 3rd Ed. (2017), *Women's Mental Health Throughout the Lifespan* (2017), *Psychology of Trauma 101* (2015) and *The Science of Mother-Infant Sleep* (2014). Her websites are UppityScienceChick.com, BreastfeedingMadeSimple.com, KathleenKendall-Tackett.com, and PraeclarusPress.com. Google Scholar link: http://bit.ly/1nSwWIW

Webinar Archives From NACCHO

The National Association of City and County Health Officials has made the Public Health Breastfeeding Webinar Series archive available to the public: http://breastfeeding.naccho.org/archived-webinars/. This webinar series promotes promising practices and shares lessons learned from the Reducing Breastfeeding Disparities through Peer and Professional Support Project. The recordings include "Breastfeeding in the Community: Closing the Care Gap Continuing Education Information" (https://naccho.adobeconnect.com/_a1053915029/p3fr3onu191) and "Breastfeeding in the Community: Engaging the Hard-to-Reach" (https://naccho.adobeconnect.com/_a1053915029/p739exb57y4/)

Source: USBC