

## The Role of Breastfeeding in Protecting Mothers' Mental Health

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*She has published in a wide variety of non-fiction genres including journal articles; articles for magazines, newsletters and the Web; academic and general-audience books; and a series of articles for aspiring writers. Topics she writes about covers my wide-ranging interests, but most are related to women's health and health psychology. Her special areas of interest are stress and health, trauma and health, maternal depression, and breastfeeding.*

*The following article talks about how Breastfeeding Protects Mothers' Mental Health and Helps Them Overcome Past Abuse*

Research over the past decade has shown us some surprising things about how breastfeeding protects mothers' mental health. In contrast to what many believe, breastfeeding does not deplete mothers, nor does it cause depression. We now know that breastfeeding actually helps—even when mothers have a history of abuse.

### Breastfeeding and Stress

To understand why breastfeeding helps, we need a quick overview of the human stress response. We can describe the human stress response as have three main components: fight-or-flight, cortisol, and inflammation. The stress response helps us survive. But it is not meant to be on all the time. Unfortunately, for many mothers in the 21<sup>st</sup> century, chronic stress is a way of life. High inflammation is a particular problem as it increases the risk of depression. A key finding was that breastfeeding turns off the hyperactive stress response and lowers inflammation. This is one way that breastfeeding protects women's health throughout their lives. It not only lowers their risk of depression, it also lowers their risk of diseases such as heart disease and diabetes. [To read more about this, [click here](#).]

### Breastfeeding and Sleep

One way that breastfeeding lessens stress is by improving sleep. For many years, we assumed that breastfeeding mothers got less sleep. Just the opposite proved to be true: exclusively breastfeeding actually mothers get more and better-quality sleep. This research indicates that there is something physiologically different about exclusive breastfeeding compared with mixed-feeding.

We never want to discourage a mother who is mixed-feeding. Mothers do what they can. And their babies are reaping the benefits. But they may be sleeping less and getting less of the stress-reducing effects of exclusive breastfeeding.

***Do Breastfeeding Mothers Get More Sleep?***

<https://www.youtube.com/watch?v=ACFbUB8TYpg>

Below are some of the findings from our study of 6,410 new mothers (Kendall-Tackett, Cong, & Hale, 2011). What is interesting in these data is that there were clear differences between exclusive breastfeeding, and mixed- and formula-feeding mothers, but there was no significant difference between mixed- and formula-feeding on any of the variables we looked at. This is of concern because when faced with a tired new mother, often the first thing friends, family, and professionals will advise is to give the baby a bottle. Our data, and data from other studies, indicate that mothers who follow this advice will likely get less sleep, not more (Kendall-Tackett et al., 2011).

On Figure 1, we see that exclusively breastfeeding mothers sleep more overall, even though they wake more often. On this graph, it appears that breastfeeding mothers get only 20 minutes or so more sleep. That may not seem like very much, but it appears to be enough to make a difference in terms of how much energy they have, their sense of well-being, and their rates of depression. (See Figures 2 & 3.) [Click [here](#) to read the full article.]

**Figure 1: Total number of hours mothers sleep**

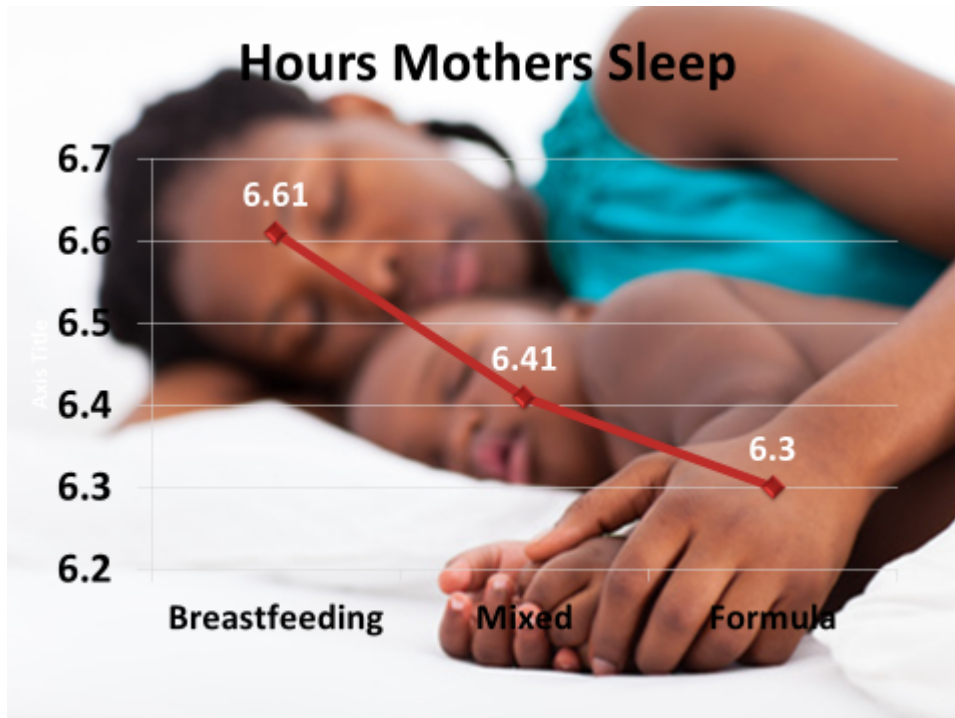


Figure 2: Mothers' report of their daily energy

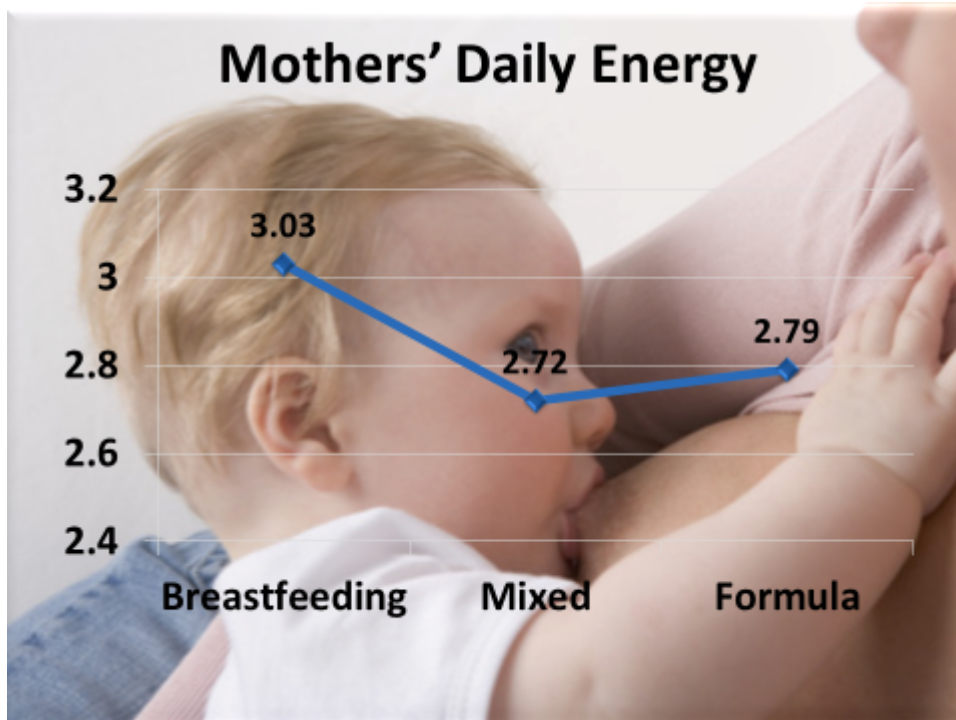


Figure 3: Mothers' depression



## Breastfeeding and Overcoming Previous Sexual Assault

To me some of the most exciting data are on breastfeeding's effects for women who have survived sexual assault. Some assume that women who have had these kinds of experiences will not want to breastfeed. However, two smaller previous studies found that women found that women who had histories of child sexual abuse were more likely to say they wanted to breastfeed (Benedict, Paine, & Paine, 1994) and to initiate breastfeeding (Prentice, Lu, Lange, & Halfon, 2002). This is not to say that it is always easy for these women. But there are definite physiological benefits if they do.

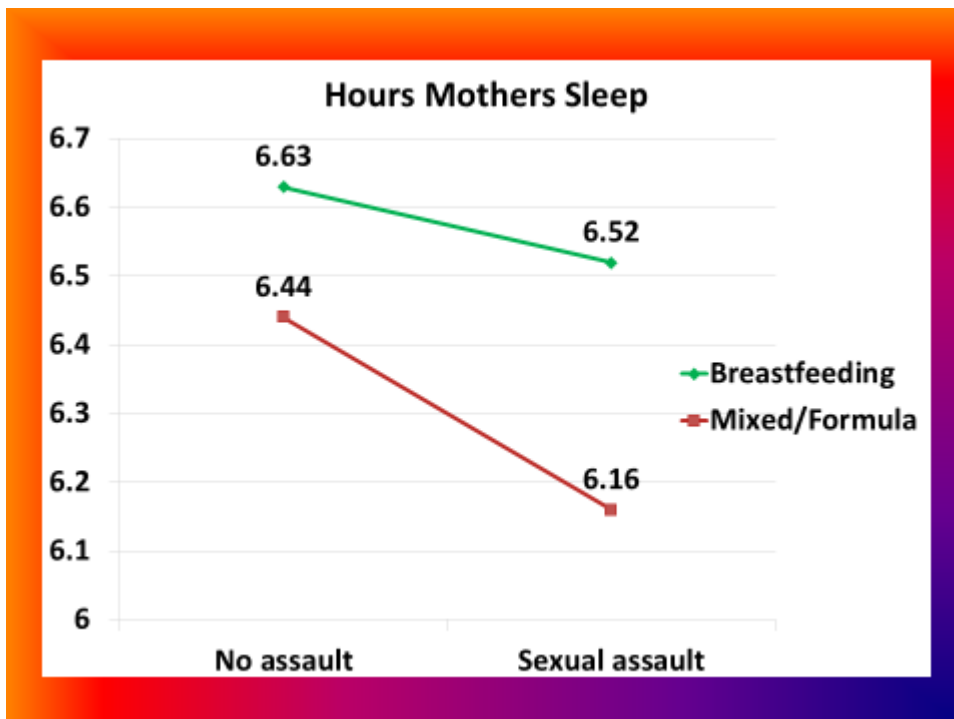
### *Breastfeeding's Healing Impact on Sexual Assault Trauma*

<https://www.youtube.com/watch?v=4rfDXa24avs>

In our data, we looked at the impact of rape, the most serious kind of contact sexual abuse. Thirteen percent of the women in our sample reported that they had been raped (994 women). Some assume that women who have been raped will not want to breastfeed. We found just the opposite to be true. Women with a history of sexual assault had a rate of exclusive breastfeeding that was identical to the non-assaulted women: 78% for both groups (Kendall-Tackett, Cong, & Hale, 2013).

Not surprisingly, sexual assault had a pervasive negative effect across all the sleep and depression variables we looked at. But here's the exciting part; when we added feeding method into the analyses, we found that exclusive *breastfeeding actually lessened the effect of previous sexual assault!* I almost couldn't believe it when I first saw the data. Take a look at Figure 4.

Figure 4: Hours mothers sleep: Sexual assault status by feeding method



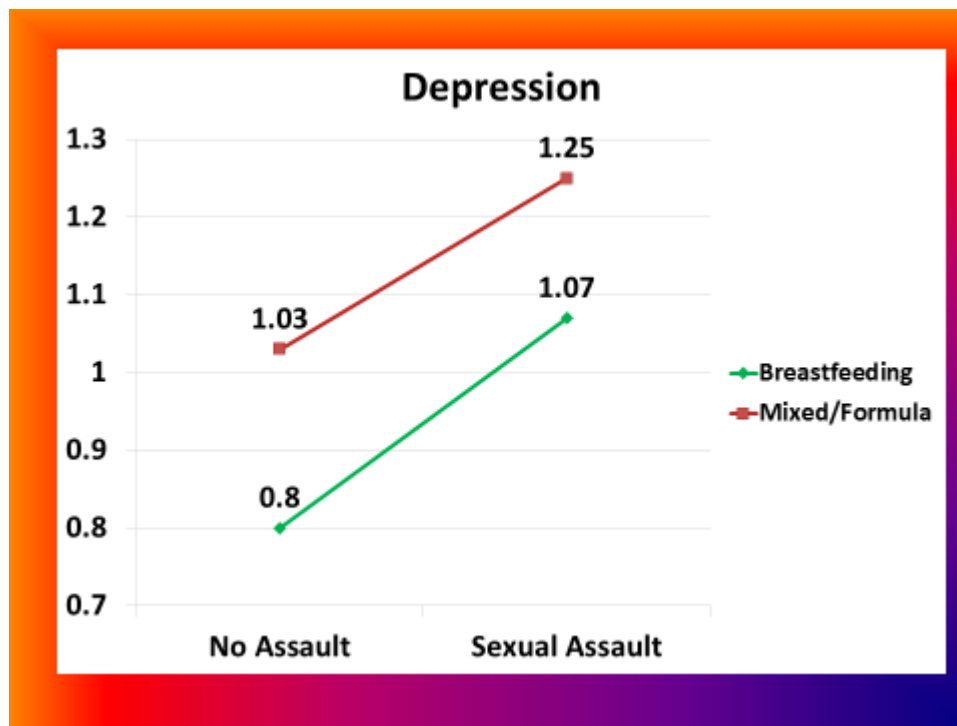
The bottom line is the combination of mixed- and formula-feeding mothers. [We combined these because we found no significant difference in a previous set of analyses.]

The top line represents the exclusively breastfeeding mothers.

Clearly, the exclusively breastfeeding mothers with a history of sexual assault did sleep somewhat less than the non-assaulted mothers. But see how much less it would be if they weren't exclusively breastfeeding.

We found a similar pattern with depression (see Figure 5): mothers were still at increased risk, but so much less than if they were mixed- or formula-feeding.

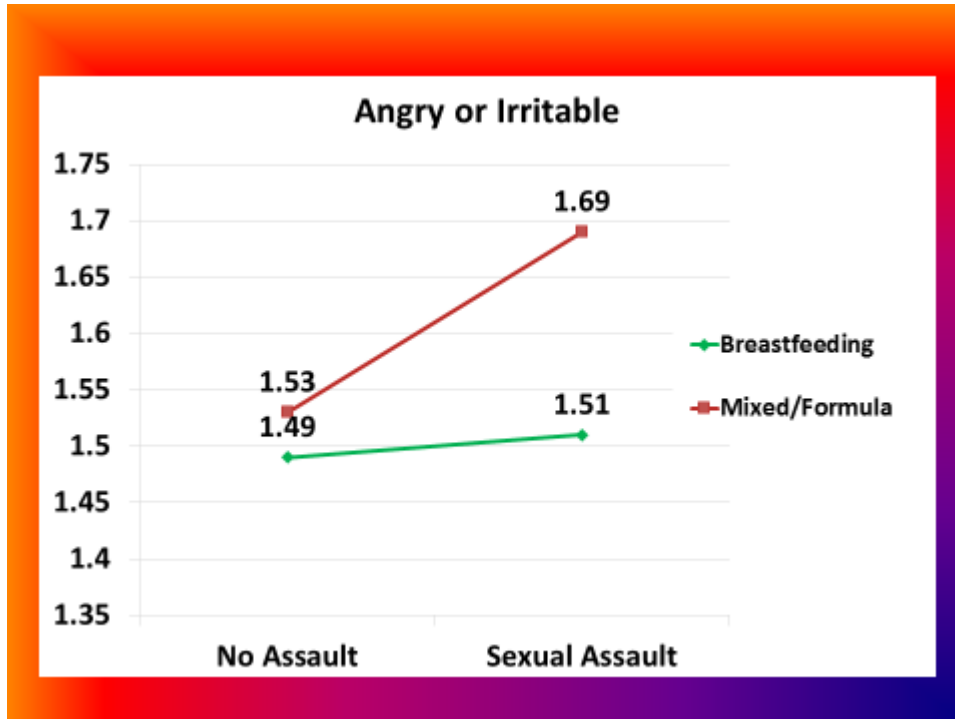
**Figure 5: Depression: Sexual assault status by feeding method**



I also thought this finding on anger and irritability was interesting (see Figure 6). The exclusively breastfeeding mothers were pretty much "chill" (i.e., low levels of anger/irritability).

This was not true for mixed- or formula-feeding mothers. The response we see for the mixed- and formula-feeding mothers is very consistent with previous findings on posttraumatic stress disorder. A hyperactive anger response is common.

Figure 6: Anger and irritability: Sexual assault status by feeding method



Why would breastfeeding do this? I think the answer can be found in understanding breastfeeding's role in turning down the stress response. Researcher Maureen Groer is the one who has documented this effect (Groer & Kendall-Tackett, 2011). Trauma survivors often have a stress response that is overly reactive and responsive to stress. The slightest stressor can set it off. Breastfeeding seems to counter that effect.

***Why Breastfeeding is Important for Trauma Survivors***

<https://www.youtube.com/watch?v=uh9SuYgfRoE>

I love the message of these research findings. Our bodies know that we don't have our babies in a perfect world; that bad things happen to mothers. But breastfeeding allows mothers to essentially have a "do-over," allowing women to parent differently than maybe they've were parented. That's an incredibly hopeful finding. [Click [here](#) to read the full article.]

Does this mean that there is not benefit for a mixed-feeding mother? No, not at all. Clearly, breastfeeding is good no matter how much she is able to do. She benefits and her baby does too. We just need to recognize that she may not be getting all the stress-reduction benefits she would if she was exclusively breastfeeding. If mothers with a history of sexual assault want to breastfeed, we need to support them and help them overcome any challenges they encounter. Professionals are often quick to give mothers with a history of abuse or sexual assault "permission" to wean, even when that is not what they want. As providers, it's always important that we find out what the mother wants to do and work from there.

## Conclusions

What can we conclude from all of these recent findings? I think it's this: breastfeeding makes a difference, and it's not all about the milk! Even when mothers have experienced serious trauma, breastfeeding can help them overcome it and be the kind of mother they want to be. And that may be the best news of all.

## References

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## Drugs in Breastmilk Helpline: How it all began?



Wendy with her two grandsons Stirling (aged 2 years) and Isaac (4 and a half months)

Twenty years ago this month I spent most of a fortnight locum booking sitting with nothing to do! I was in a largely homeopathic pharmacy and apart from a few dispensed items, no-one wanted to speak to me as I know little about homeopathy. I had recently been asked to update two A4 pages of information on the use of medicines by breastfeeding mothers so decided to take the opportunity to work on this. I ended up with 40 plus pages – to which I added my home telephone number in case anyone wanted to ask questions! I had far more questions than I ever anticipated and I wonder my husband didn't divorce me and my daughters leave home! They all became accustomed to listening to queries and trying to stop the often tearful mothers before they got too far into their stories.