

# Breast feeding as a protective factor against post partum depression

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## Our children



## Content

1. Introduction: **Post partum maternal mental health**
2. Breastfeeding is a **protective factor** against post partum depression
3. Breastfeeding **intention and initiation**
4. Breastfeeding and **maternal mood**
5. Breastfeeding **dose response rate**
6. **Mechanism of action**
7. Good care for **mother, partner and baby**

## Post Partum maternal mental health

### **Baby blues**

3<sup>rd</sup>-5<sup>th</sup> day pp. Possible lactation starting difficulties

### **Post partum Depression**

4-6 wk to 1 yr pp

### **Post partum Psychosis**

3-10 days pp

## Prevalence of post partum mental disorders

	no FH	FH
Post Partum <b>depression</b>	12,5 %	15-30%
Post partum <b>anxiety</b> disorder	5 %	10-20%
<b>Post traumatic stress</b> disorder	1,5 %	1,5%
Post partum <b>psychosis</b>	0,2 %	30%

## Post partum depression

Serious mental health condition

Affecting 12,5% of women who gave birth ( 1 in 8 women)

- persistent low mood and/or irritability
- feelings of sadness and of guilt
- feelings of worthlessness and of failure
- feelings of hopelessness

PPD has a great impact

Risk of emotional **under stimulation of the baby**

Associated with **impaired mother-infant bonding** and deficient parenting

**Negative long term effect** on the infant's social, emotional, cognitive and physical development

## **Breastfeeding is a protective factor against post partum depression**

- **breastfeeding decreases the risk of PPD.**(Figueiredo, 2014 and Dias, 2015)
- **breastfeeding protects against post partum depression**
- **breastfeeding assists in a swifter recovery from PPD.**

## Dysphoric Milk Ejection Reflex D-MER

Strong negative emotions start **just before release of breast milk**

Lasts usually **30-90 seconds** every breast feeding

In all breast feeding women the brain **dopamine** levels are reduced, but in some women they plunge dramatically

Dopamine is a hormone that releases endorphins and pushes “feel good” chemicals around the brain. A sudden dip causes feelings of sadness.

## Important to avoid the failure of the expectation of breastfeeding

When a pregnant women has the **intention** to breastfeed and after delivery **actually breast feeds the baby**, then the risk for PPD is lower.

But when there is a breast feeding intention but the actual breastfeeding **fails**, then the PPD risk **is higher**.

**Breast feeding failure may cause depression**

## Breastfeeding needs special attention in certain situations

- mothers who have experienced **sexual trauma** in past
- **obsessive compulsive** mothers
- mothers with a post partum **psychosis**

## Maternal mood and breastfeeding

Breastfeeding mothers experience a **increase in positive mood** , pre-feeding vs. post-feeding.

Bottle-feeding mothers experience a **decrease in positive mood** , pre-feeding vs. post-feeding (Mezzacappa, 2002)

Breast feeding offers short term and long term positive effects on the maternal mood, there is strong evidence in an anti depressive effect by breast feeding (Katkin, 2012)

## Breast feeding duration is inversely related to post partum depression

A number of studies have reported an association between post partum depressive symptoms and early weaning (McLearn, 2016)

Women with severe depressive symptoms are significantly more likely to discontinue breast feeding, is concluded in numerous studies (Dennis, 2007)

**Breastfeeding, for many depressed mothers, can be the only successful feeling of motherhood.**

## Breastfeeding dose-response effect

Strong evidence for fewer maternal sleep difficulties and fewer maternal depressive symptoms with mothers who exclusively breast-feed compared to partial breast feeding mothers.



## Lactation and medication

We strongly prefer non pharmacological interventions during pregnancy and lactation.

- Light therapy
- Cognitive Behavioral Therapy
- Psychotherapy
- Prevention

According to Dutch Health care Guidelines

- sertraline for PPD
- haloperidol for PPP

is advised, with screening serum medication levels

## Multi-factorial mechanism of action

### **Psychological:**

-depressed mothers have a greater risk to feel unsatisfied with breastfeeding and can experience more breast feeding problems. The negative perceptions lead to reduced breastfeeding (Edhborg et al, 2001).

-breastfeeding enhances the **mother-child interaction**

### **Neuro-endocrine response:**

-During lactation there are higher levels of **oxytocin** and **prolactine:**

- promotes relaxation during nursing
- decreases cortisol levels
- enhances sleep

# POP- out patients clinic

**P** sychiatry  
**O** bstetrics  
**P** aediatrics

T.R.W.M. Walrave A.N. Scholte

Psychiatrists

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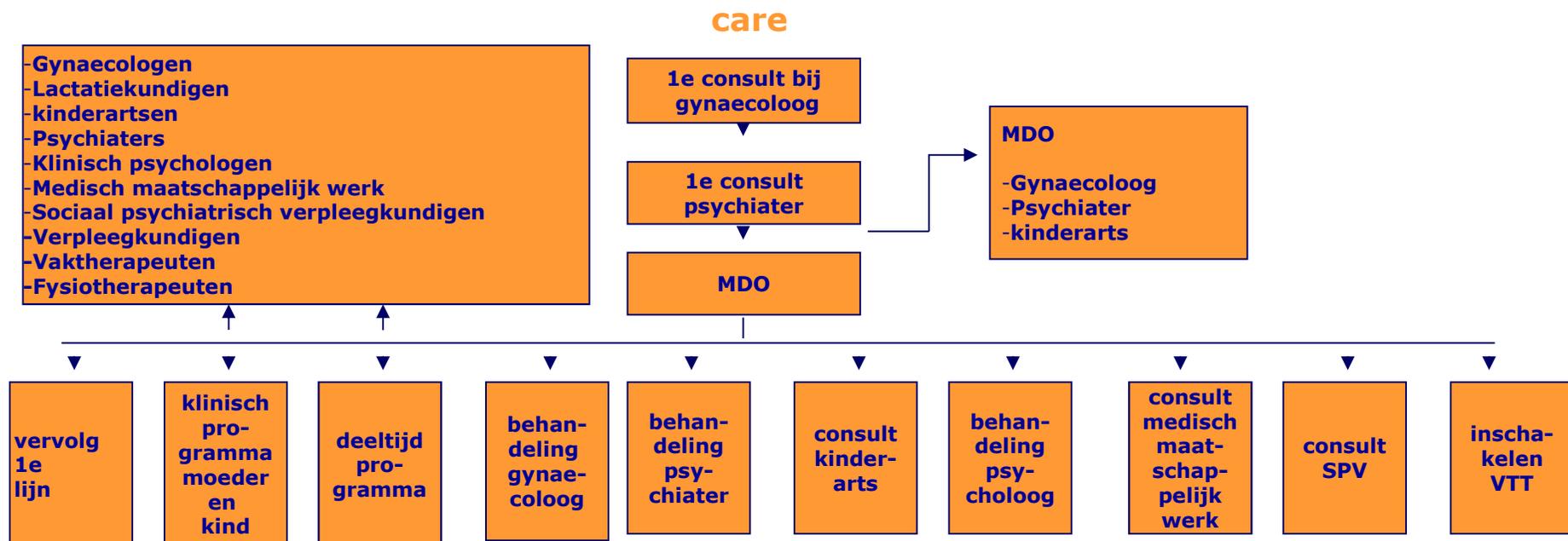
Gynaecologists

R. S. Rijlaarsdam

Paediatrician

## Purpose

- Expert centrum in East of The Netherlands
- Individual care voor pregnant and post partum mothers and their baby
- To improve the communication/knowledge and aweness



**Good care for mother and her partner and  
good care for the baby**



## Three important questions (past, pills and parents) and your clinical impression

~ **Have you ever been treated by a psychiatrist?**

Past history of depression, anxiety, psychotrauma or psychosis

~ **Have you ever used psychiatric medication?**

Anti depressants, benzodiazepines, antipsychotics or Lithium

~ **Have family relatives ever been treated by a psychiatrist?**

positive family history for mood disorders

~ **Is this mother capable of looking after the baby?**

Does the mother need support?

## Literature

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Questions ?

