

We need to understand that if a mother wanted to exclusively breastfeed and then ends up mixed feeding or formula feeding, she might suffer intense feelings of guilt, sadness, disappointment in herself, and grief. We need to acknowledge and support her through these feelings in a compassionate way.

But we also should remember that many mothers who struggled with breastfeeding challenges and PND, yet persevered through the challenges, often reported that breastfeeding was the one thing that kept them afloat and enabled them to attach and bond with their baby. And that in the long term, mums who breastfeed and enjoy the experience, have lower rates of PND than formula feedings mums.

If you are a breastfeeding mum

If you are breastfeeding and are having challenges with feeding:

- Make sure you get the support you need as early as possible, both practical support for your feeding challenges and emotional support, as this can be so hard.
- Remember that it can take four to six weeks to really establish breastfeeding and overcome challenges, be patient and keep seeking help.
- But if it has been longer than this, you got expert lactation support and things are still not working for you in terms of feeding, please remember that the most important thing is the bond between you and your baby, not how you feed your baby. Your baby needs your love, attention to their cues and responsive care much more than anything else.
- If breastfeeding did not work well for you this time, please allow yourself to grieve and seek emotional support for your grief. Know this does not mean you are not a good mum or that you won't be able to feed your next baby.

Always remember - a child needs a mother who can give her love and bond with her, who is calm, rested and loving. If breastfeeding challenges are interfering with this, and is making the anxiety or depression worse, it is our failure as a system, it is not yours as a mum!

Contact Us

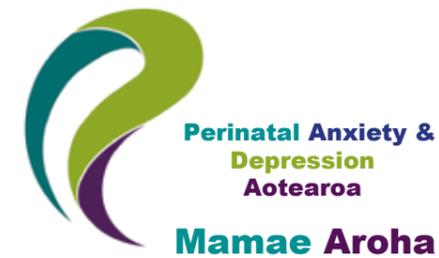
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BF was the only thing that kept me going this time around. I was feeling disconnected with my baby and keeping BF going was the only healing thing".

I grew to love the bonding, I grew to love the peaceful moments. Aside from the initial experience, I believe that breastfeeding was therapeutic and healing for my PND.

The first 6 weeks of my daughters' life breastfeeding definitely contributed to my PND. But once we got over that hurdle things started to get better...



Breastfeeding and perinatal distress

Research demonstrates statistical connections between challenging breastfeeding experiences and adverse consequences in maternal mental health, with a significant relationship between worries about breastfeeding and an increased risk of depression.

A mother who is experiencing challenges in her breastfeeding, such as low milk supply or pain, will be deeply emotionally affected. And if this mum is also receiving or perceiving pressure from society and the people surrounding her to keep breastfeeding in spite of these challenges - without getting the right support - the impact of these difficulties can be much worse for her mental health.

Can breastfeeding be a protective factor for maternal mental health?

Mothers who are emotionally unwell, often feel breastfeeding is the one thing they feel they were doing right. It helps them reconnect with their infant, when the rest of the time they felt detached, disconnected, and anxious.

"Breastfeeding created huge sleep deprivation, BUT it was the only thing that I knew I was doing right and that my baby needed - so it also kept me going."

Recent research suggest that the breastfeeding hormones, oxytocin and prolactin, can promote feelings of well-being, relaxation and nurture. Furthermore, when oxytocin is released, cortisol, our stress hormone, decreases, and we feel calm and sleepy. Additional research suggests that reduced inflammation linked to breastfeeding reduces the risk of depression. A healthier baby may also decrease the chances of recurring illnesses or fussiness which leads to emotional challenges for parents.

Research and our experience as practitioners shows us that, when mums overcome the first challenging weeks, seek help for breastfeeding issues, get the right support and advice - and then go on to breastfeed for many weeks, months or years, their sense of pride, self-efficacy and achievement, combined with the hormonal and health benefits, results in lower rates of PND in the long term for breastfeeding women.



PADA

Perinatal Anxiety and Depression Aotearoa is the national organisation committed to eliminating the stigma around perinatal mental health in New Zealand. We do this by championing awareness and facilitating best practice in perinatal mental health and wellbeing to ensure all families/whanau have access to appropriate information and support.

This resource was prepared by PADA educator, Liora Noy, who is supported by funding from ZONTA. It is available to assist in raising awareness of perinatal anxiety and distress during the pandemic and to help whanau identify coping strategies.

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Challenge 1 - coping with pain

The first most common breastfeeding challenge is pain. Severe nipple pain is a main cause of dissatisfaction and cessation of breastfeeding. Again, simple education and support can prevent much suffering, but unfortunately many mothers do not receive such support. Pain can frequently be avoided by helping the mum to learn proper positioning and latching techniques. In a minority of cases, pain can also occur even when skilful support is available.

Many studies show high correlation between pain in general and subsequent depression. It is so difficult to enjoy motherhood if mum is dreading every feed and suffering intense pain. It is clear to see how this would lead to high levels of distress.

When seeking help, a depressed mother is more susceptible to feelings of low self-efficacy and reduced self-esteem. Self-doubt can make breastfeeding challenges seem even more daunting, and mothers might not see a way out. Depressed or anxious mums may not be able to imagine overcoming their obstacles to breastfeeding, and might not reach out for help as easily as mums who are not struggling as much emotionally.



"I struggled to breastfeed both my babies. I felt like a failure... I think it does contribute to PND as I had a vision of it all being easy and it so wasn't".

"Breastfeeding issues and ultimately being unable to, and the associated stress and pressure surrounding all of that - was definitely a huge trigger for PND for me."

"My daughter and I struggled so much with breastfeeding, I feel it affected our bond at first instead of the other way round. Breastfeeding exhausted me, so I definitely think it contributed to my PND".

When a mum faces breastfeeding challenges, and does not get the support she needs, she may want to start using infant formula, as a full or partial replacement to breast milk. This often leads to a reduced milk supply. Mothers start their journey with the desire to be perfect mothers, and this most often includes the desire to feed perfectly — to breastfeed. When mums then feel they "failed" at perfection, many will feel a lot of guilt. That guilt can easily become anxiety and lead to depression.

Challenge 2 - real or perceived insufficient milk supply

A real milk deficit can occur for a variety of hormonal/biological/unknown reasons, many times related to birth factors such as birth interventions and/or separation of mother and baby. In this case, the mum will suffer emotionally from not having enough milk to satisfy the needs of her newborn. This, of course, is extremely difficult for the whole family. Very few things can be as stressful as a screaming, crying, hungry baby.

Lack of sufficient milk supply is frequently found among mums suffering from postnatal distress. There are some possible explanations. One could be hormonal – when a mum is suffering from postnatal depression (PND) her oxytocin levels may be affected. Oxytocin is the hormone that regulates the releasing of milk from the alveoli deep in the mother's breast. Its availability can be decreased if mum's anxious or depressed and/or sleep deprived, thus adversely affecting the amount of milk baby receives.

Decreased touch and less bonding between mother and baby, sometimes a consequence of PND, can also affect how much oxytocin is produced by the pituitary gland. Lack of milk can lead to dissatisfaction with breastfeeding for both mum and baby. While these factors are true for all mothers, a mum who is depressed may be far less sensitive to her baby's cues.

When the mother-baby communication is impaired, this further increases breastfeeding challenges. It is much harder to achieve a pain-free breastfeeding experience with a screaming, hungry baby, which may happen if a mum misses or misinterprets her baby's early hunger cues.

Perceived low milk supply can also occur when a parent misinterprets the normal frequency of infant feeding or infant waking as a sign they don't have enough milk. Good education about normal infant needs can prevent this.

As a professional, how can you help?

How do you help women reach a goal that promotes mum's health and benefits baby without making them feel guilty, anxious and depressed if breastfeeding does not work? How do you promote breastfeeding without increasing PND? And how do you support mums with PND, who feel that breastfeeding challenges contribute to their difficulties?

Antenatally and in the early weeks, we need to educate parents on:

- Early hunger signs.
- The normalcy of very frequent feedings.
- No feeding and sleeping pattern/schedules should be expected or imposed in the early months.
- The importance of self-care: sleep/naps, asking for help, self-compassion and acceptance.

Health care professions should cooperate to give breastfeeding support and advice that is consistent and based on up-to-date knowledge and evidence. We must remain compassionate and non-judgmental, supporting every mum to meet her own feeding goals, not our own.

We must always remember the tight connection between breastfeeding challenges and mental health issues, in particular depression and anxiety. If we see a mum with PND, we need to check in with her about her baby's feeding status and whether there are any ongoing challenges, then refer on to a lactation specialist if needed. If we see a mum that is seeking help for breastfeeding support, we need to be aware that the challenges she is facing, might be making her feel anxious or depressed. Always ask about her emotional well-being, and refer on if needed.

While we keep promoting breastfeeding, we need to make sure we do not lead mothers to believe that if they don't exclusively breastfeed, they are bad mothers, and the anticipated outcomes for their children will be horrendous.

What the numbers tell us

THE NUMBER OF BIRTHS IN NEW ZEALAND IN 2019:

59,637

THE PERCENTAGE OF FATHERS WHO EXPERIENCE DEPRESSION DURING THEIR PARTNERS' PREGNANCY:

2.3%

THE PERCENTAGE OF MEN WHO CAN EXPERIENCE HIGH LEVELS OF DEPRESSION AFTER CHILDBIRTH:

4.3%

PERCENTAGE OF PREGNANT WOMEN WITH SEVERE DEPRESSION:

12%

PERCENTAGE OF WOMEN WHO SUFFER WITH DEPRESSION IN PREGNANCY WHO DEVELOP POSTNATAL DEPRESSION:

50%

"I felt like there was so much pressure on us to get feeding right and to establish BF. I couldn't bond with my son because of the failure."