

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

But we also should remember that many people 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, those who breastfeed and enjoy the experience, have lower rates of PND than formula feedings parents.

**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.
- If it has been longer than this, you received 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 them. 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 parent or that you won't be able to feed your next baby.

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

*Some of the language used here refers to women and mothers, but this information is relevant for all people who have given birth.*

*The language used here for Breastfeeding refers to feeding baby human milk via breastfeeding or chestfeeding.*

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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 perinatal mental health, with a significant relationship between undressed challenges in breastfeeding and an increased risk of depression.

A mother or parent who is experiencing challenges in their breastfeeding, such as low milk production or pain, might be deeply and emotionally affected.

## Can breastfeeding be a protective factor for perinatal mental health?

Mothers or parents 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 suggests 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 and well fed baby may also decrease the chances of recurring illnesses or fussiness which can lead to emotional challenges for parents.

Research and our experience as practitioners shows us that, when parents overcome the first challenging weeks, seek help for breastfeeding issues, get the right support and advice - can 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 and people



Image by L Kelly 2022 @earthside.nz

## PADA

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

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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. Simple education and support can prevent this suffering, but unfortunately many people do not receive appropriate support. Pain can frequently be avoided by helping them to learn proper positioning and latching techniques.

Many studies show high correlation between pain in general and subsequent depression. It is so difficult to enjoy parenthood if they are 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 parent is more susceptible to feelings of low self-efficacy and reduced self-esteem. Self-doubt can make breastfeeding challenges seem even more daunting, and they might not see a way out. Depressed or anxious parents may not be able to imagine overcoming their obstacles to breastfeeding, and might not reach out for help as easily as those who are not struggling as much emotionally.

When the mother/parent-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 parent misses or misinterprets their baby's early hunger cues.



**“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 mother or parent faces breastfeeding challenges, and does not get the support they need, they may want to start using infant formula, as a full or partial replacement to breast milk. This often leads to a reduced milk supply. Parents start their journey with the desire to be perfect, and this most often includes the desire to feed perfectly — to breastfeed. When they 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/parent and baby. In this case, the parent will suffer emotionally from not having enough milk to satisfy the needs of their 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 people suffering from postnatal distress. There are some possible explanations. One could be hormonal, when a parent is suffering from postnatal depression (PND) their oxytocin levels may be affected. Oxytocin is the hormone that regulates the releasing of milk from the alveoli deep in the mother's/parents breast/chest. Its availability can be decreased if they are anxious or depressed and/or sleep deprived, thus adversely affecting the amount of milk baby receives.

Decreased touch and less bonding between parent 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 parent and baby. While these factors are true for all, a parents who is depressed may be far less sensitive to their baby's cues, thus missing hunger signals, feeding less than actually needed, which may lead to less milk.

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 (at least 8 to 12 times in 24 hours, cluster feeds in the evenings, lots of night feeds) can prevent this.

## As a professional, how can you help?

How do you help women and parents reach a goal that promotes their health, and benefits babies, 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 people 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 parent to meet their own feeding goals, not our own.

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

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

## What the numbers tell us

THE NUMBER OF BIRTHS IN NEW ZEALAND IN 2021-2022:

60,141

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.”**