

---

# Supporting positive conversations about feeding choice and mental health in the perinatal period

18TH OCTOBER 2017 | FIONA.SALTER



*by Shereen Fisher and Wendy Jones.*

*Wendy Jones is a pharmacist, published author and a Registered Supporter and Trainer with the Breastfeeding Network. Wendy has combined these two roles and has developed a special interest in the safety of drugs in breastmilk. She has run the Drugs in Breastmilk service for the charity since 2007.*

*Shereen Fisher, Chief Executive of the Breastfeeding Network, has over 15 years leadership and management experience working in the charity sector. She is passionate and driven to improve awareness on issues affecting choice in infant feeding for all families and breastfeeding mothers.*

The relationship between how a woman feeds her baby, and her perinatal mental health is a complex one.

Our emotional state and mental health in the perinatal period may affect how we decide to feed our baby. Choosing how we feed our little one may be based on many things such as how our own mum fed us, advice from professionals and what we have seen friends and family do. Our emotional wellbeing – factors such as how we feel about ourselves, our bodies and our relationships – can also influence this decision.

For women with a diagnosed mental health problem, feeding decisions may be influenced by considerations about how best to manage their condition during the perinatal period. This is particularly true for women who take medication. With the right advice and support, it should be possible for most women to find and use medication that is compatible with breastfeeding if they desire to do so. However, sadly, approximately 15% of calls to the [Drugs in Breastmilk Information](#) service are from those who have received inconsistent or negative advice on breastfeeding whilst taking medication for their mental health. Mothers contacting the service regularly tell us of their confusion and hesitancy in combining breastfeeding and their medication. It is a worry that there so many women who may unnecessarily stop breastfeeding or attempt to limit their exposure to medication because they have not received evidence-based consistent information and skilled support about mental health and breastfeeding. The need for evidence based services such as the independent Drugs in Breastmilk information service that professionals and women can access for advice is so important if we are to create a culture where feeding choice can be respected and supported.

How we feed our baby may also affect our mental health. [Research](#) shows that breastfeeding releases hormones which can help reduce stress in mothers, and some women report that it can reduce the symptoms of postnatal depression. A large study found that, for mothers who showed signs of depression before the birth, four weeks exclusive breastfeeding (for those who had intended to breastfeed), exercised a protective effect. For the women who had not been depressed in pregnancy there was no such protection.

However, conversely, some mothers feel that breastfeeding can exacerbate feelings of depression or anxiety. The following quotes show the very different ways in which women feel that breastfeeding affects their mental state:

*“I possibly breastfed for longer – it felt like one of the few things I was getting right as a mother.”*

*“My mental health issues played a significant role in stopping. Once I decided to stop my mental health issues got significantly worse.”*

*“I think my inability to breastfeed caused the PND.”*

*“Breastfeeding had a positive impact on my mental health, helping me with sleep & anxiety.”*

Women who struggle to feed their baby, or stop breastfeeding before they intended to, are particularly vulnerable to a decline in their mental health. Discomfort, pain or concern about supply, can lead to stress and anxiety for women. Any feeding difficulties, whether breast or bottle, can cause worry and distress. The research cited above showed that there was a particularly high risk of postnatal depression amongst women who planned to breastfeed and then stopped before they intended to, demonstrating both the importance of supporting women to breastfeed their baby, but also of support if this is not successful.

How we feed our baby is such a personal choice, and can, for some people, leave a lasting impact on our lives. Older women who did not feed their child in the way they may have wished to can recount their feeding history to young mothers often with sadness and regret. Our feelings about our feeding decisions can also be influenced by societal pressures. Some women report having felt pressured to breastfeed or feel unsupported to formula feed. We hear of women feeling guilt and judged for formula feeding; women feeling isolated because they are afraid to breastfeed in public; and far too many stopping breastfeeding because there was a failure to support them with practical skills to increase their physical comfort and supply.

All of the evidence and arguments outlined above reinforce the importance of enabling all mothers to access positive conversations, good information and support to enable them to feed their baby the way they wish to, and to do so in a way that is as pain-free, low stress and rewarding as possible.

Support can and should come in many forms; from close family or friends, it may involve a specific [breastfeeding supporter](#) or [helpline](#), or a midwife, family nurse, doctor or health visitor. This should be non-judgemental, encouraging, patient and kind. The complex and multifactorial reasons for lower breastfeeding rates among women with depressive illness (Pope & Mazmanian, 2016) suggests there may be an opportunity to link the perinatal mental health professionals with those working to support infant feeding. As part of the developing pathways of care locally, this interdisciplinary working seems like relationship worth nurturing so that professionals are equipped and women can receive evidence based and supportive care whatever their feeding choice and whatever their mental state.

We need to offer a safe place for mothers to discuss their choices around infant feeding. We need to listen to mothers and offer them options, allowing them to make their own informed decisions.

Mothers should be able to get the support that they need when they need it. Their decisions should be respected and honoured and women should feel listened to rather than bombarded with conflicting advice.

Whether breastfeeding, formula feeding or doing a bit of both, all mothers need consistent support. This might be in getting breastfeeding established, continuing as long as they and

baby choose, or in stopping – whenever that may be – without judgement. Support may also need to be in how to make a formula feed up correctly and safely, or how best to position your baby with a bottle.

Whatever our decision is to feed our little one, and however our mental state is affected during this time, we should expect to feel supported and respected in our feeding decision, and with our mental wellbeing. With many support services for mothers cut to the bone we are all going to need to understand mental health and breastfeeding better – partners, grandparents, friends of new mothers will need better information to offer support. It's vital that we share information and research on the relationship between breastfeeding and maternal mental health.

Resources:

<http://www.rcgp.org.uk/clinical-and-research/toolkits/-/media/B789CC91113D4FB3816D11C5C99BB2B4.ashx>

Explore our MABIM tools for leaders working in perinatal mental health: [www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools](http://www.maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools)

*[Mums and Babies in Mind](#) supports local leaders in four areas of England to improve care and quality of life for mums with mental health problems during pregnancy and the first year of life, and their babies.*

Read more from the [Mums and Babies in Mind blog](#)

- [5/10/17 'Inspiring and full of innovative buzz' the first Maternal Mental Health Alliance Conference](#)
- [10/8/17 The role of a Liaison Psychiatrist in perinatal mental health](#)
- [2/8/17 I'm ready to thrive not just survive](#)
- [20/7/17 Priority setting in local services with use of the MABIM mapping tool](#)
- [19/6/17 Putting Fathers in the Picture](#)
- [9/6/17 Video Interactive Guidance in a Nutshell](#)