

Breastfeeding and Mental Health

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How we feed our infants is one of the first choices we make after birth. There are many benefits for both the infant and the breastfeeding person. These include mental health benefits. However, difficulties with breastfeeding can impact the mental health of the breastfeeding person. They can be a factor that may lead to the development of **perinatal mood and anxiety disorders (PMADs)**.



This article will explore the positive and negative ways breastfeeding can impact the mental health of the breastfeeding person.

Protective Factors

Breastfeeding helps with infant nutrition and development. It can benefit the person breastfeeding as well. Several studies have shown a lowered stress response in breastfeeding persons. One factor to this lowered stress response is the release of oxytocin and prolactin hormones. These hormones produce a calming effect during breastfeeding. Another factor is that breastfeeding lowers inflammation, which can be a risk factor for depression. When breastfeeding is successful and persons report meeting their breastfeeding goals there is a reduced risk for PMADs.

Many breastfeeding persons have reported breastfeeding being a “lifeline” for them in managing the mood changes and stressors of the postpartum time. Breastfeeding can be a central part in feeling bonded with the infant. Meeting breastfeeding goals can also help persons feel a sense of confidence as they transition into their role as a parent.

However, when there are breastfeeding difficulties, a breastfeeding person may see a negative impact in their mental health.

Risk Factors

The breastfeeding relationship is complex. Each breastfeeding person and their baby has a unique relationship, with its own strengths and barriers. Being prepared with information and support can be a powerful tool in building the **breastfeeding relationship** (hyperlink to Sam's article). Taking a breastfeeding classes and meeting with lactation professionals regularly can help the breastfeeding person to face any challenges that may arise.

Some individuals who breastfeed may feel symptoms of anxiety or depression related to their breastfeeding difficulties. Breastfeeding difficulties can be a risk factor for the development of PMADs. These feelings can present in a variety of ways. There may be feelings of anxiousness



about whether their baby is latching or receiving enough breastmilk. Or there might be worries about whether or not their feeding issues can be resolved.

Some people feel grief and disappointment if they are unable to meet their breastfeeding goals. Others may feel guilty or fear judgment from others regarding their inability to breastfeed.

When breastfeeding difficulties are causing a significant amount of stress, anxiety, or depression, the mental health of the person must be considered in addition to their breastfeeding goals. The risks associated with PMADs must be weighed against the benefits of breastfeeding. The decision to continue or stop breastfeeding must be an empowered choice for the person. It is best made with information, support, and an assessment of what is best for the person.

In addition to common breastfeeding challenges, there are also two conditions impacting mental health during the breastfeeding journey. These are Dysphoric Milk Ejection Reflex, also known as D-MER, and post-weaning depression.

Dysphoric Milk Ejection Reflex

Some breastfeeding persons experience a brief and intense feeling of dysphoria (a feeling of unease) just before their milk “lets down”, or releases from the breast. This experience is called Dysphoric Milk Ejection Reflex or D-MER. Persons who experience D-MER may feel intense anxiety, anger, depression or hopelessness. For some, it is only experienced at the beginning of the feeding. For others it is experienced during each letdown during a feeding. D-MER is thought to be a response to a severe drop in dopamine during letdown. Usually breastfeeding persons with D-MER are able to learn coping methods. They are usually relieved to learn the cause of their experience. Breastfeeding persons with D-MER are usually able to continue breastfeeding with the condition.

Post-Weaning Depression

Some breastfeeding persons report feelings of depression when weaning from breastfeeding. This may include feelings of sadness, anxiety, mood swings or irritability. It is thought that this is due to the drop in frequency of prolactin and oxytocin release as the frequency of breastfeeding sessions decrease. For some, these symptoms only last a few weeks. For others, the intensity of symptoms can cause great distress and can last longer. Breastfeeding persons with a history of depression or persons who have to abruptly wean from breastfeeding tend to be at higher risk for post-weaning depression. It is important to seek help from a lactation consultant on how to wean gradually, especially when there are preexisting mental health concerns or if symptoms of depression develop during weaning.

The Role of Support

Breastfeeding support is essential. Support not only helps the breastfeeding person succeed in their goals but also may be critical to their mental health. Breastfeeding persons need support



in various areas including family support, employer support, and professional lactation support.

Family Support

Family members can support breastfeeding persons by managing household responsibilities. They can also encourage the breastfeeding person to rest as much as

possible. Infants feed often so it is important that the breastfeeding person rest as much as possible. This is especially important during the newborn period. Caring for the infant while the breastfeeding person sleeps can help ensure that the person is getting adequate rest.

It is also important that family members support the breastfeeding person emotionally through listening, encouragement, and not judging infant feeding choices.

Employer Support

Returning to work can cause disruptions in the breastfeeding relationship. It can also affect milk production if employers are not supportive. The breastfeeding person will need breaks and an adequate space in which to pump breastmilk. If employer demands are high, the breastfeeding person may feel pressure and thus sacrifice breaks or pumping sessions in order to meet the demands. It is important to have conversations with employers prior to returning to work. Providing written expectations can help avoid miscommunication and prepare the employer to meet the needs of the breastfeeding person.

Lactation Support

Lactation support professionals such as International Board Certified Lactation Consultants (IBCLCs) or Certified Lactation Consultants (CLCs) have one of the most central roles in helping breastfeeding persons feel emotionally supported. Having a lactation consultant that is knowledgeable and supportive of goals is critical. They should be able to problem-solve breastfeeding difficulties while respecting the person's choices. It is important for breastfeeding persons to find a trusted and supportive professional that they feel comfortable with and can access regularly.



Breastfeeding Grief

When a person who had intentions to breastfeed ends up not meeting their expectations or has to end their breastfeeding journey before they wished to, they may feel grief. It is important to acknowledge this as a loss that deserves to be grieved. These persons may need extra emotional support and possibly counseling to grieve the loss of their expectations and overcome unnecessary guilt. Signs of breastfeeding grief can include:

- feeling emotions such as anxiety, low mood, guilt or shame when they think about their breastfeeding experience
- being “triggered” or experiencing distressing emotions when they see others breastfeed or are exposed to breastfeeding information
- heightened anxiety during infant feeding

For those who are unable to breastfeed or for whatever reason whether medical or personal cannot meet their breastfeeding goals it is important to acknowledge the following truths. These will help combat unnecessary guilt and shame and preserve mental health and healthy self-worth:

- Healthy attachment can and does exist outside of breastfeeding. There is no research to suggest that infants do not form healthy attachments to persons who do not breastfeed.
- Formula provides adequate nutrition to infants.
- Not breastfeeding does not reflect your self-worth or ability to be a loving parent.
- Although the term “lactation failure” or “failed at breastfeeding” may be utilized in research or education information, it is important to know that not being able to breastfeed is not a personal failing.
- Being angry, anxious, depressed, or in grief from not meeting your breastfeeding expectations is expected. It is important to be able to discuss these feelings. Seeing a mental health provider during this time can help alleviate these feelings.

Take Home Points

- There are positive mental health benefits to breastfeeding. These include help with hormonal balance and stress relief from the release of oxytocin. For some, breastfeeding can help ease the emotional changes during the postpartum period.
- Breastfeeding difficulties can be a risk factor for the development of perinatal mood and anxiety disorders (PMADs).
- Dysphoric Milk Ejection Reflex (D-MER) and Post Weaning Depression are two conditions that can be managed if experienced during the breastfeeding journey.
- It is important to seek out support during breastfeeding. Support from family, employers, and lactation professionals are all important.
- Not meeting breastfeeding goals can lead some individuals to experience feelings of guilt, depression, or anxiety. Seeking professional help through counseling can help persons cope with and heal from this experience.

- Not being able to breastfeed is not a personal failing and does not reflect a person's worth as a person or parent.

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About the Author



Rachel Bowers is a licensed social worker, psychotherapist, and maternal wellness coach. She has a private practice in Cleveland, Ohio specializing in perinatal mental health and women's mental health. She completed her Master of Science in Social Administration (M.S.S.A) from Case Western Reserve University as well as additional training in perinatal mental health from Postpartum Support International. Her coaching practice, Resilient Mamas, aims to help mothers enhance their resilience to the challenges of motherhood through an online platform. Rachel is passionate about combating the stigma of maternal mental health and advocating for all mothers to be empowered to talk about and seek support for their mental health.

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