

Dispelling Myths to Support Breastfeeding in Women With Postpartum Depression

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Although we know that human lactation is a normal response to pregnancy and birth, and that breast milk is considered optimal (Duijts, Jaddoe, Hofman, & Moll, 2010; McNeil, Labbok, & Abrahams, 2010; Renfrew et al., 2012), North American breastfeeding rates have increased only slightly in recent years. For example, while approximately 75 percent of mothers in the United States begin breastfeeding, only about 13 percent of babies are exclusively breastfed to 6 months of age (U.S. Department of Health and Human Services, 2011). In Canada, the breastfeeding initiation rate is reported to be as high as 89 percent, with only 26 percent of babies exclusively breastfed to 6 months (Gionet, 2013). Because of the potential negative health outcomes related to lack of breastfeeding and/or short breastfeeding duration (see Box 1), promoting, protecting and supporting breastfeeding remains an important primary health care strategy (Association of Women's Health, Obstetric and Neonatal Nurses [AWHONN], 2007; U.S. Department of Health and Human Services, 2011; World Health Organization [WHO], 2014).

Maternal mental health issues add to the complexity surrounding infant feeding. Research has begun to deal

with maternal depression throughout the perinatal period (Bowen, Bowen, Butt, Rahman, & Muhajarine, 2012). Estimates for how common postpartum depression is vary widely, from 8.1 percent (Bowen et al., 2012) to a reported 19.2 percent of U.S. mothers experiencing a depressive episode within the first postpartum year (Gavin et al., 2005). While there is growing attention being paid to the connection between infant feeding practices and postpartum depression, the relationship between them remains controversial (Bogen, Hanusa, Moses-Kolko, & Wisner, 2010).

Nurses caring for women with a history of depression might wonder what they can do to support the breastfeeding relationship, and question whether breastfeeding increases a woman's risk for depression or if a breastfeeding woman can safely take antidepressant medications. The purpose of this article is to dispel myths and provide frontline nursing staff with current evidence about the realities of breastfeeding with postpartum depression. We begin with a narrative example to show the different opinions that can exist between women and nurses regarding breastfeeding support postpartum, and how easily a nurse, even with good intentions, can undermine a woman's desire to breastfeed her baby.

Abstract: Increasing attention is being paid to the possible connection between infant feeding practices and postpartum depression. Nurses caring for women and their families in the postpartum period might wonder how to best support the breastfeeding relationship if a woman has a history of depression. Using evidence from the scientific literature, this article dispels some myths regarding breastfeeding and depression, and provides suggested dialogue nurses can use when counseling women about depression and breastfeeding. DOI: 10.1111/1751-486X.12136

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