



ORIGINAL RESEARCH – QUANTITATIVE

Maternal depressive symptoms at three months postpartum and breastfeeding rates at six months postpartum: Implications for primary care in a prospective cohort study of primiparous women in Australia



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ABSTRACT

Background: The World Health Organisation recommends exclusive breastfeeding to six months postpartum, but most women in developed countries do not breastfeed this long. Prior studies exploring the relationship between breastfeeding duration and maternal depression show ambiguous findings. **Aim:** To explore associations between maternal depressive symptoms at three months postpartum, and breastfeeding status over the first six months postpartum.

Methods: Prospective pregnancy cohort study of nulliparous women. 1507 women were recruited from six public hospitals in early pregnancy, completing baseline data in early pregnancy (mean gestation 15 weeks). Follow-up questionnaires were completed at three and six months postpartum. Women reported how many months they breastfed for (breastfeeding refers to 'any' breastfeeding, including expressed breastmilk). Depressive symptoms were measured at three months postpartum with the Edinburgh Postnatal Depression Scale (scores ≥ 13 indicated probable major depression).

Findings: Of the almost 95% of women who initiated breastfeeding, 76% were still breastfeeding at three months postpartum, and by six months postpartum this dropped to 61%. Women who reported depressive symptoms at three months had significantly lower rates of breastfeeding at six months postpartum compared to women without depressive symptoms (49% vs. 61%; adjusted OR = 0.55, 95% CI 0.34–0.90). Maternal social characteristics associated with not breastfeeding at six months postpartum were: young maternal age; lower education; and smoking in pregnancy.

Conclusions: Women's decisions around infant-feeding are influenced by a range of psycho-social factors, and early postnatal depressive symptoms appear to be a significant part of this picture, as either a cause or consequence of decisions to cease breastfeeding.

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Summary of relevance:

Issue

While rates of breastfeeding initiation are generally very high in developed countries, by six months postpartum the number of women breastfeeding has dropped considerably.

What is already known

The association between postnatal depression and breastfeeding duration has been explored previously, with somewhat ambiguous findings. Given evidence on the importance of both maternal mental health and breastfeeding for the health of mothers and children, further exploration and understanding of this association is warranted.

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What this paper adds

Our findings add to the literature demonstrating a relationship between maternal postnatal depression and a shorter duration of breastfeeding. The causal relationship between these two variables remains complex and difficult to untangle, but the co-occurrence of these two postnatal experiences has important clinical implications.

1. Introduction

The World Health Organisation recommends babies are breastfed exclusively to around six months of age, with the gradual introduction of appropriate solids and continued breastfeeding up to two years of age. While the rates of breastfeeding initiation are generally very high in developed countries, this decreases rapidly over the ensuing weeks and months. In Australia, population based studies suggest that around 90% of women initiate breastfeeding, but by six months postpartum the rate of 'any' breastfeeding has dropped to around 50%.^{1,2} Data from the UK and the US indicate slightly lower rates of breastfeeding initiation and duration. In the United Kingdom, around 80% of women initiate breastfeeding, and by 6 months postpartum, around a third of women are still breastfeeding to some extent.^{3,4} In the United States around 75% of women initiate breastfeeding after birth, and approximately half are still breastfeeding to some extent at six months postpartum.⁵ The largest drop in the proportion of women breastfeeding tends to occur in the first month after birth.⁶

Women's decisions around breastfeeding do not occur in isolation. The reasons women decide to wean prior to six months postpartum have been recognised as a complex interplay of physical, psychosocial, and socioeconomic influences.⁷ Socio-demographic characteristics which are consistently associated with shorter breastfeeding duration include: young maternal age; single relationship status; lower levels of maternal education; socio-economic disadvantage; being a smoker; and inadequate levels of social and/or professional support.^{1,8,9} Maternal intention to breastfeed, and breastfeeding challenges after birth can also influence both the initiation and duration of breastfeeding.^{10,11} The most common reasons that women themselves report for the cessation of breastfeeding prior to six months include nipple pain, low milk supply, and latching difficulties.¹²

The association between maternal depression and breastfeeding duration has been explored previously, with somewhat ambiguous findings. Numerous studies have identified an association between maternal depressive symptoms and the early cessation of breastfeeding.^{13–15} In a large Australian cohort study, Henderson and colleagues¹⁶ found that earlier cessation of breastfeeding was significantly associated with postnatal depressive symptoms, and in most cases the depressive symptoms occurred before weaning. Forster and colleagues also demonstrated that women reporting depressive symptoms at six months postpartum had significantly lower rates of breastfeeding.⁸ A study conducted in the US,¹⁷ found a significant association between maternal depressive symptoms and breastfeeding rates in the early postnatal period (at 6 weeks postpartum), but this relationship was no longer present at 12 weeks postpartum. There is also evidence from other studies that breastfeeding difficulties may contribute to the development of maternal depression. The Norwegian Mother and Child Cohort Study ($n = 42,225$) found that breastfeeding cessation was predictive of an increase in postpartum anxiety and depression.¹⁸ Breastfeeding difficulties also emerged unexpectedly in a qualitative exploration of depression screening.¹⁹ Women in this US-based study reported

that breastfeeding difficulties were common and emotionally distressing, and many women in the study attributed their postnatal depressive symptoms to breastfeeding difficulties. The literature available suggests that while there is an association between these two variables, it is likely a complex one, and unpacking the relationship is difficult.

Given evidence on the importance of both maternal mental health and breastfeeding for the health of mothers and children, further exploration and understanding of this association is warranted. The current paper draws on longitudinal data collected in a large prospective nulliparous pregnancy cohort study. We aimed to examine the association between maternal depressive symptoms at three months postpartum and breastfeeding in the first six months after birth. We hypothesised that women experiencing depressive symptoms at three months postpartum would predict breastfeeding status at six months postpartum.

2. Methods

2.1. Design and study population

Women registered to give birth at six metropolitan public hospitals in Melbourne Australia, with a mix of high and low risk perinatal services were recruited to the study between April 1, 2003 and December 31, 2005. Eligibility criteria were: nulliparity (i.e. no prior live births or stillbirths); estimated gestation up to 24 weeks at enrolment; ≥ 18 years old; and sufficient proficiency in English to complete written questionnaires and interviews. Follow-up questionnaires were completed at three, six months postpartum. Due to Australian privacy legislation all recruitment mail outs were conducted by the six study hospitals. Hospital staff mailed invitation packages to all eligible women. The invitation package included a letter of invitation to participate, and a copy of the baseline questionnaire and was followed up by a single mailed reminder postcard. No incentives or compensation for participation were offered. The study was approved by the relevant ethics committees in the participating hospitals, and by the ethics committees of La Trobe University and the Royal Children's Hospital, Melbourne. Further details regarding study methods and procedures are available in a published study protocol.²⁰

2.2. Outcome measures

The Edinburgh Postnatal Depression Scale (EPDS) was included in the baseline and follow-up questionnaire at three months postpartum. The EPDS is a ten-item self-report scale designed to identify women experiencing depressive symptoms in the postnatal period.²¹ The scale has been validated for use in an Australian sample, and has also been validated for use in pregnancy.^{22,23} We used the standard cut-off score of ≥ 13 , which is recommended when screening for probable major depression.^{23–25} This scale has demonstrated validity as a screening tool for perinatal psychiatric morbidity, with good sensitivity (85.5) and specificity (85.5).²⁶

In the follow-up questionnaires, women were asked "Did you breastfeed your baby (or give expressed breastmilk)?". If they answered yes to this question, they were asked "Are you still breastfeeding your baby (or giving expressed breastmilk)?" If women answered no to this question, they were asked "If you started to breastfeed, and have stopped, how old was your baby when you stopped?" and required to provide an answer for the number of completed weeks. Extensive data cleaning was undertaken to address any discrepancies in women's answers in different follow-up questionnaires. Where discrepancies were found, the follow-up point closest in time to the breastfeeding ceasing was used, in an effort to reduce the impact of recall bias.

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