

# Are Unmet Breastfeeding Expectations Associated With Maternal Depressive Symptoms?

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## ABSTRACT

**OBJECTIVE:** Most US women intend and initiate breastfeeding, yet many do not breastfeed as long as desired. Not meeting one's own prenatal expectations is a plausible mechanism for the previously observed association between lack of breastfeeding and postpartum depression (PPD). This study explored whether meeting prenatal expectations for exclusive breastfeeding was associated with PPD symptoms.

**METHODS:** The 2005 Infant Feeding Practices Study II (IFPSII) followed US mothers, primarily white women with higher education and income, from midpregnancy to 1 year postpartum. Depressive symptoms were defined as Edinburgh Postnatal Depression Scale (EPDS) of 10 or higher, measured at 2 months postpartum. Logistic regression analysis evaluated the odds of maternal depressive symptoms as a function of meeting prenatal expectations for exclusive breastfeeding, accounting for breastfeeding behavior, demographics, and postnatal experiences.

**RESULTS:** Among IFPSII participants, 1501 intended exclusive breastfeeding and completed the EPDS. At 2 months, 589

(39.2%) had met prenatal expectations for exclusive breastfeeding. EPDS was 10 or higher for 346 participants (23.1%). Adjusted odds of depressive symptoms were lower among women meeting prenatal exclusive breastfeeding expectations versus those who were not (odds ratio 0.71, 95% confidence interval 0.52–0.96). In subgroup analysis, there was no association between met expectations and depressive symptoms among women with lower incomes (<200% federal poverty level) or those intending mixed breast and formula feeding.

**CONCLUSIONS:** Among middle- and higher-income women who intended exclusive breastfeeding, those meeting prenatal breastfeeding expectations reported fewer PPD symptoms at 2 months postpartum. Clinician understanding and support of maternal expectations may improve maternal mental health.

**KEYWORDS:** breastfeeding; family-centered care; postpartum depression

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## WHAT'S NEW

Among middle- and higher-income women in the Infant Feeding Practices Study II, meeting prenatal expectations for breastfeeding was associated with fewer postpartum depressive symptoms. Patient-centered outcomes for breastfeeding, such as met expectations, may yield new strategies to support breastfeeding.

POSTPARTUM DEPRESSION (PPD) can occur any time in the first year after birth and affects more than 10% of mothers in the United States.<sup>1</sup> Existing literature demonstrates that PPD leads to significant morbidity for both mothers and infants including infant developmental delays with lasting impact.<sup>2</sup> Previous studies investigating the etiology of PPD have found lower rates of depression among mothers who are breastfeeding.<sup>3,4</sup> Longitudinal studies seem to support a bidirectional relationship between breastfeeding and PPD,<sup>5–7</sup> but the mechanisms underlying these relationships remain unclear.

One possible mechanism relates to the psychological disappointment experienced when goals or expectations are unmet. Women who intend to breastfeed are more likely to breastfeed,<sup>8,9</sup> and many health benefits accrue from breastfeeding to both infants and their mothers.<sup>3</sup> Encouraging women to breastfeed, and to breastfeed more intensively, is a national public health goal in the United States and the standard of care throughout the health care system.<sup>10,11</sup> In part because of this attention, a large majority of women in the US currently intend to breastfeed prenatally, and 79% initiate breastfeeding after delivery. However, by 3 months postpartum, only 41% of women continue to breastfeed exclusively.<sup>10</sup>

Engaging patients in personal goal setting is not unique to breastfeeding. Eliciting personal goals is a component of motivational interviewing, an important tool to promote health behavior change.<sup>12</sup> For example, establishing patient-driven goals can promote satisfaction with outcomes<sup>13</sup> and improve quality-of-life scores for those with chronic illness.<sup>14</sup> Mental health consequences of failing to meet goals promoted in the health care setting have

received little study, yet the relationship between goal progress and affect is accepted in the psychology literature. According to this literature, individuals who are making progress toward life goals experience greater well-being.<sup>15</sup>

Because breastfeeding is rarely conceptualized in terms of maternal ability to meet individual expectations,<sup>16,17</sup> the gap between mothers' prenatal expectations and eventual breastfeeding outcomes is not well understood. Data suggest that as few as 40% of mothers breastfeed as long as desired.<sup>18</sup> The psychological disappointment generated by unmet expectations suggests one possible mechanism for the observed association between breastfeeding status and PPD.

This hypothesized relationship is illustrated in the [Figure](#), which draws on the integrated behavioral model of health behavior change.<sup>19</sup> This model places intentions (or expectations) as the primary predictor of behavior. Pre- and postnatal intentions are distinguished in our model, acknowledging that factors such as early breastfeeding experiences, infant health and temperament, and maternal postpartum health can be difficult to anticipate prenatally, yet influence postnatal infant feeding decisions. As the model depicts, we hypothesize that meeting breastfeeding expectations leads to greater well-being for the mother, evidenced by lower depressive symptoms. The relationship between met expectations and enhanced well-being may be bidirectional. We thus have included maternal health or well-being both proximal and distal to met expectations.

In this study, we used the Infant Feeding Practices Study II (IFPSII) to evaluate the hypothesis that unmet expectations for exclusive breastfeeding are associated with maternal depressive symptoms. The IFPSII allows differentiation between breastfeeding behavior (ie, whether or not a mother is currently breastfeeding) and met expectations for breastfeeding because it contains items relating to both constructs. The presence of both constructs allowed us to examine the relationship between met expectations and maternal depressive symptoms while controlling for breastfeeding behavior itself.

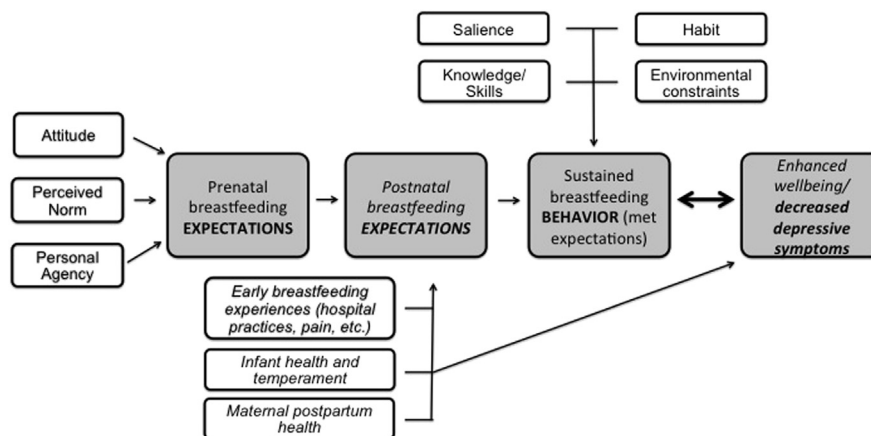
## METHODS

### DATA SOURCE

The IFPSII was conducted from 2005 to 2007 by the US Food and Drug Administration and the Centers for Disease Control and Prevention. Detailed methods have been published previously.<sup>20</sup> Briefly, US women were recruited prenatally from an existing consumer opinion panel. Participants were excluded if infants were born before 35 weeks' gestation, if they weighed less than 5 pounds, if they were multiples, or if maternal or infant conditions (eg, cleft palate) could interfere with feeding. After exclusions, the panel consisted of 3033 women. Though nationally distributed, this panel was not nationally representative. Participants were disproportionately white, married, and multiparous compared to contemporaneous representative data. Participants also had higher incomes and levels of education, and they were universally literate in English.

The IFPSII collected information on prenatal breastfeeding expectations and postnatal breastfeeding behavior. Data also addressed maternal demographics and postnatal experiences thought to influence both breastfeeding and PPD, including social support,<sup>21,22</sup> time to first breastfeeding attempt,<sup>16,22</sup> pain with breastfeeding,<sup>23</sup> and early infant health problems.<sup>21</sup>

We used data from 4 IFPSII time points: the initial demographic screen, prenatal, neonatal, and 2-month surveys. Depressive symptoms and met expectations for breastfeeding were measured concurrently at the 2-month survey. We excluded panel participants for not intending exclusive breastfeeding ( $n = 1228$ ), not providing a prenatal exclusive breastfeeding goal ( $n = 12$ ), not completing the 2-month survey ( $n = 243$ ), not completing items on the depression screen at 2 months ( $n = 43$ ), or not attempting any breastfeeding ( $n = 6$ ). This resulted in an analytic sample of 1501 participants. We excluded those who never breastfed because certain variables (eg, pain with breastfeeding) were collected only for participants who attempted breastfeeding. Sensitivity analysis including these 6



**Figure.** Conceptual model based on integrated behavioral model of health behavior change. Items in *italics* represent additions to the model reflecting likely changes in expectations between prenatal and postnatal periods, and the possibility of an influence of met expectations on maternal well-being and mental health. **Bold arrow** indicates primary association of interest.

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