



The correlation between breastfeeding self-efficacy and maternal postpartum depression in southern Brazil

Carlos Zubaran ^{a,*}, Katia Foresti ^{b,c}

^a School of Medicine, University of Western Sydney, Australia

^b Western Sydney Local Health District, Sydney, Australia

^c Universidade de Caxias do Sul, Caxias do Sul, Brazil

ARTICLE INFO

Article history:

Received 26 January 2012

Revised 17 November 2012

Accepted 3 December 2012

Keywords:

Breastfeeding

Self-efficacy

Postpartum depression

Questionnaires

ABSTRACT

Objective: To investigate the relationship between breastfeeding self-efficacy and postpartum depression symptoms in a sample of Portuguese-speaking mothers in southern Brazil.

Background: There remains equivocal evidence regarding a putative association between breastfeeding self-efficacy and postpartum depression.

Method: This is a cross-sectional study in which eligible research participants completed screening questionnaires and other assessment tools. Mothers were interviewed once only in their homes between the 2nd and 12th week of the postpartum period. Research participants completed the Portuguese version of the Postpartum Depression Screening Scale (PDSS) and Edinburgh Postnatal Depression Scale (EPDS). Breastfeeding self-efficacy was evaluated through the Breastfeeding Self-Efficacy Scale (BSES-SF).

Results: A total number of 89 mothers completed the investigation: 69 (77%) were exclusively breastfeeding, whereas 20 mothers (22.7%) were partially breastfeeding at the time of the interview. Mothers who combined breastfeeding and bottle-feeding presented higher PDSS and EPDS scores. The breastfeeding self-efficacy scores were higher in mothers who exclusively breastfed and were negatively associated ($p < 0.001$) with both EPDS and PDSS (postpartum depression) scores.

Conclusion: These findings suggest that mothers who suffer from depressive symptoms may experience less confidence in their ability to breastfeed. This association may be particularly relevant for the purpose of screening procedures for depression and unsatisfactory breastfeeding during the postpartum period.

© 2012 Elsevier B.V. All rights reserved.

Introduction

The advantages of breastfeeding for mothers and infants are well-studied and well-documented [1]. There has been significant scientific advancement in the field of breastfeeding in recent decades [2]. In fact, specific policies now encourage health professionals to promote breastfeeding at different societal levels. In 2001, a World Health Organization (WHO) directive recommended breastfeeding be continued for a period of at least to 2 years, while weaning foods are added after the initial six-month period of exclusive breastfeeding [3].

Breastfeeding is known to produce developmental and health benefits for the infant [4] and to promote a stronger attachment

between mother and baby [5]. A positive mother-infant bonding is known to improve mood, and to produce protective effects on women through neuroendocrinological mechanisms [6].

However, a significant percentage of mothers may experience distress, dysphoria and depressive symptoms during the postpartum period [7]. The frequency and duration of breastfeeding experiences in dysphoric women are significantly lower than the pattern observed in their euthymic counterparts, as demonstrated in studies developed in Australia [8] and the United States [9]. Depressed mothers may experience difficulty in breastfeeding and dissatisfaction during the initiation and maintenance of this behaviour [10]. Apart from breastfeeding, several other caregiving activities are compromised by postpartum depression, including feeding practices, sleep routines, attending well-child visits, and vaccinations [11]. These maladaptive behaviours are probably of universal magnitude and maintained across different cultures and socioeconomic strata.

The relationship between perinatal depressive symptoms and breastfeeding has been investigated in a series of studies, which revealed contradictory findings [12–14]. Some studies failed to demonstrate any correlation between perinatal depression and

Abbreviations: WHO, World Health Organization; EPDS, Edinburgh Postnatal Depression Scale; BSES, Breastfeeding Self-Efficacy Scale; BSES-SF, Breastfeeding Self-Efficacy Scale-Short Form; PDSS, Postpartum Depression Screening Scale.

* Corresponding author. Address: Department of Psychiatry, Sydney West Area Health Service, P.O. Box 6010, Blacktown, NSW 2148, Australia. Tel.: +61 2 9881 8888; fax: +61 2 9881 8960.

E-mail addresses: zubaran_jr@yahoo.com (C. Zubaran), katiaforesti@yahoo.com.br (K. Foresti).

breastfeeding [15,16], whereas others reported a significant association between these two variables [17,18]. However, the majority of investigations have demonstrated a shorter duration of breastfeeding in the presence of depressive symptoms [6,8,9,19,20]. In a recent literature review, Dennis et al. alluded to an increased risk for negative infant feeding outcomes when depressive symptoms are present in the early postpartum period [21]. Breastfeeding self-efficacy, as demonstrated by maternal confidence to breastfeed, tends to be affected by depressive symptomatology. Breastfeeding self-efficacy is determined by a mother's perception of how well she has breastfed in the past [21]. These findings were substantiated further by findings of negative correlations between the EPDS (Edinburgh Postnatal Depression Scale) and the BSES (Breastfeeding Self-Efficacy Scale) in two previous studies [22,23]. In Brazil, despite recent improvements in the quality of maternal health care, only about 35% of infants experience exclusive breastfeeding during the first 4 months of life [24,25], with figures ranging from 12% to 37% [26]. Several studies have investigated the relationship between postpartum depression, socioeconomic factors and breastfeeding in that country [14,26–28]. In a study conducted in Rio de Janeiro, unsatisfactory living conditions, lack of partner support and postpartum depression were associated with an early interruption of exclusive breastfeeding. It was also revealed in this study, that children of depressed mothers presented an increased risk of early weaning during the first 2 months of life [26].

In Brazil, breastfeeding is considered a public health priority [29]. The National Program for Breastfeeding Promotion (*Programa Nacional de Incentivo ao Aleitamento Materno*) was established by the Ministry of Health in 1981. The Baby Friendly Hospital Initiative, or *IHAC*, launched by the World Health Organization and the United Nations Children's Fund (UNICEF) in 1991, has contributed to the increase of breastfeeding behaviour in Brazil [30]. A national survey conducted in 2008 demonstrated that 58.7% of 9–12-month-old children had been breastfed the day before the interview [31].

A major multicentric study of psychiatric morbidity in Brazil revealed that Porto Alegre, the capital of Rio Grande do Sul (Brazil's southernmost State), had the highest prevalence of depressive disorders [32]. In addition, a cross-sectional study developed in Porto Alegre also revealed high rates of depression in the postpartum, which were superior to the rates for the same disorder in other Brazilian cities such as Rio de Janeiro and Brasilia [33]. Furthermore, the results from a case-control study developed in Porto Alegre revealed a negative association between the duration of breastfeeding and the presence of mental disorders in the postpartum period [14]. Recently, in a cohort study developed in the same location, maternal depressive symptoms were identified as significant risk factors for the cessation of breastfeeding during the first year [34]. The findings of this study though were based on the Beck Depression Inventory (BDI), an assessment tool not specifically designed for the screening of postnatal depression.

Considering the particularly high rates of depression in southern Brazil, as well as the potential impact of postnatal depression on breastfeeding, in the current study the authors explored a possible correlation between postnatal depression and breastfeeding efficacy using validated versions of assessment tools specifically designed to evaluate these variables. To the authors' knowledge, the current study is the first to explore an association between breastfeeding self-efficacy and postpartum depression in Brazil. Taking into account the extensive, albeit controversial literature available on this topic, the present study aims to investigate the correlation between breastfeeding self-efficacy and depressive symptomatology in a sample of mothers in southern Brazil.

Methods

Sample

Research participants were women who attended the University of Caxias do Sul (UCS) General Hospital, in southern Brazil, between December 2004 and September 2005. The UCS General Hospital is a higher education training facility and a regional reference centre for high-risk pregnancies. In 2002, the hospital was designated as a Baby-Friendly facility based on the WHO Baby-Friendly Hospital Initiative [35]. At UCS General Hospital health care is provided preponderantly to women diagnosed with high-risk pregnancies as well as those self-presenting for delivery procedures.

Eligible participants were all hospitalized breastfeeding mothers who were literate in Portuguese and had given birth to a healthy infant. Members of the research team verbally invited potential research volunteers, while still in hospital, in the days following delivery. A complete description of the research protocol was given to prospective participants. Mothers were excluded from this study if they had experienced any difficulty, obstacle or disorder that could significantly interfere with breastfeeding, including multiple births, high-risk pregnancy, serious medical conditions, known birth defects, or if the baby was not discharged home with the mother. Illiterate women were not included in the study either.

Members of the research group were allocated to check for new admissions on a daily basis. All eligible research participants were invited to participate in this study. However, given that the UCS General Hospital provides care preponderantly to women diagnosed with high-risk pregnancies, a subset of mothers was excluded from the study due to reasons mentioned above. In addition, mothers who have chosen not to breastfeed their babies were also excluded from the study. Others simply refused to participate. The total number of mothers who delivered at UCS General Hospital during the recruitment period for this study was not calculated.

After initial screening, 101 women agreed to participate in the study. During interviews conducted in the participants' home, as described below, 12 women were no longer breastfeeding due to several reasons. The final number of mothers who were breastfeeding at the time of interview was 89. The final sample included all mothers who were still breastfeeding.

Recruitment procedures

Potential participants were identified by the research team at 1–3 days postpartum and approached to further assess eligibility and provide study explanation. After informed consent procedures, a demographic questionnaire was completed before hospital discharge.

Ethics

This study was endorsed by the Institutional Ethics and Research Committee. All participants signed a consent form that declared their voluntary agreement with all the procedures involved in this project. This investigation was developed in conjunction with other studies conducted in southern Brazil by the same research group, which included the translation and adaptation of English versions of several research tools to Portuguese.

Interview process

The diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) for depression during the

Download English Version:

<https://daneshyari.com/en/article/5866147>

Download Persian Version:

<https://daneshyari.com/article/5866147>

[Daneshyari.com](https://daneshyari.com)