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Review

Breastfeeding and depression: A systematic review of the literature

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ABSTRACT

Background: Research has separately indicated associations between pregnancy depression and breastfeeding, breastfeeding and postpartum depression, and pregnancy and postpartum depression. This paper aimed to provide a systematic literature review on breastfeeding and depression, considering both pregnancy and postpartum depression.
Methods: An electronic search in three databases was performed using the keywords: "breast feeding", "bottle feeding", "depression", "pregnancy", and "postpartum". Two investigators independently evaluated the titles and abstracts in a first stage and the full-text in a second stage review. Papers not addressing the association among breastfeeding and pregnancy or postpartum depression, non-original research and research focused on the effect of anti-depressants were excluded. 48 studies were selected and included. Data were independently extracted.
Results: Pregnancy depression predicts a shorter breastfeeding duration, but not breastfeeding intention or initiation. Breastfeeding duration is associated with postpartum depression in almost all studies. Postpartum depression predicts and is predicted by breastfeeding cessation in several studies. Pregnancy and postpartum depression are associated with shorter breastfeeding duration. Breastfeeding may mediate the association between pregnancy and postpartum depression. Pregnancy depression predicts shorter breastfeeding duration and that may increase depressive symptoms during postpartum.
Limitations: The selected keywords may have led to the exclusion of relevant references.
Conclusions: Although strong empirical evidence regarding the associations among breastfeeding and pregnancy or postpartum depression was separately provided, further research, such as prospective studies, is needed to clarify the association among these three variables. Help for depressed pregnant women should be delivered to enhance both breastfeeding and postpartum psychological adjustment.
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Abbreviations: AAS, Adult Attachment Scale; AKUADS, Aga Khan University Anxiety and Depression Scale; BAI, Beck Anxiety Inventory; BDI, Beck Depression Inventory; BDI-II, Beck Depression Inventory-Second Edition; BSES, Breastfeeding Self-Efficacy Scale; BSES-SF, Breastfeeding Self-Efficacy Scale-Short Form; BSSS, Berlin Social Support Scales; CERQ, Cognitive Emotion Regulation Questionnaire; CES-D, Center for Epidemiologic Studies Depression Scale; CGI, Clinical Global Impressions Scale; DIS, Diagnostic Interview Schedule; EMQ/EFQ, Experience of Motherhood/Fatherhood Questionnaire; EPDS, Edinburgh Postpartum Depression Scale; GAMS, General Adjustment and Morale Scale; GASD, Goldberg Scales of Anxiety and Depression; HADS, Hospital Anxiety and Depression Scale; HDRS, Hamilton Depression Rating Scale; HRS, Health Responses Scale; IDS, Inventory of Depressive Symptomatology; IFQ, Infant Feeding Questionnaire; LIFE, Longitudinal Interval Follow-Up Evaluation; MABS, Mother and Baby Scale; MINI, Mini International Neuropsychiatric Interview; MOS, Medical Outcomes Study; MSPSS, Multidimensional Scale of Perceived Social Support; QLDS, Quality of Life in Depression Scale; PDSS, Postpartum Depression Screening Scale; PSE, Present State Examination; PSI/SF, Parenting Stress Index, Short Form; PSS, Perceived Stress Scale; RSES, Rosenberg Self Esteem Scale; SAS, Zung Self-Rating Anxiety Scale; SCID, Structured Clinical Interview for DSM-IV; SCL – 8, Hopkins Symptom Checklist; SDS, Zung Self-Rating Depression Scale; SES, Socio-Economic Status Scale; SLC – 8, Hopkins Symptom Checklist; SLEI, Stressful Life Events Inventory; SQA, Symptom Questionnaire Anxiety; SQD, Symptom Questionnaire Depression; SPI, Standardized Psychiatric Interview; SSI, Social Support Index; SSS, Social Support Survey; STAI, State-Trait Anxiety Inventory

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1. Introduction

Breastfeeding offers a wide range of benefits for both the child and the mother. The benefits for the infant include a diminished risk of infectious diseases and obesity and decreased blood pressure (Brion et al., 2011; Duijts et al., 2010; Horta et al., 2007). For the mother, breastfeeding confers a lower risk of ovarian and breast cancers and decreased blood pressure (Ebina and Kashiwakura, 2012; González-Jiménez et al., 2013; Jonas et al., 2008). Recognized as the optimal infant feeding method, the guidelines specified by the World Health Organization (WHO), the European Commission for Public Health (ECPH) and the American Academy of Pediatrics (AAP) recommend exclusive breastfeeding in the first 6 months postpartum (American Academy of Pediatrics, 2012; EU Project on Promotion of Breastfeeding in Europe, 2008; World Health Organization, 2007).

Although large variability across, most countries do not reach desirable rates of exclusive breastfeeding initiation and exclusive breastfeeding for 6 months (Cattaneo et al., 2005). Several studies have aimed to predict women at risk of no breastfeeding initiation or having an early cessation, given that this recommendation is not followed by most mothers (e.g., Bartick and Reinhold, 2010; Chalmers et al., 2009; Lee et al., 2013).

Pregnancy depression and postpartum depression appear to be possible significant contributors to this issue (Figueiredo et al., 2014; Hahn-Holbrook et al., 2013; Seimyr et al., 2004). It is widely known that pregnancy and postpartum depression have high incidence and that depressed women at pregnancy are usually depressed at the postpartum period (e.g., Figueiredo et al., 2007; Milgrom et al., 2008). Additionally, pregnancy and postpartum depression adverse effects have been consistently pointed out not only in breastfeeding, but also in mothers' behavior, health and psychological adjustment (e.g., Groer and Morgan, 2007), in infants' behavior and development (e.g., Figueiredo et al., 2010), and in the mother–infant interaction (e.g., Murray and Cooper, 1997).

To our knowledge, there are no published systematic reviews addressing the association among breastfeeding and pregnancy and postpartum depression. Given that pregnancy depression is the best predictor of postpartum depression (Figueiredo et al., 2007; Milgrom et al., 2008; Yonkers et al., 2001), it is important to simultaneously consider both pregnancy and postpartum depression in relation to breastfeeding in a review addressing the associations between these variables. This paper aimed to provide a systematic review of the literature on the association among breastfeeding and pregnancy and postpartum depression. Due to the associative nature of the majority of the published studies, it was not possible to perform a meta-analysis.

2. Methods

A total of 1673 relevant references were identified in an electronic search of three databases: MEDLINE, Web of Knowledge and PsycINFO. Duplicated references were removed and 771 articles remained. The titles and abstracts of the identified references were screened, and 707 non-relevant references were excluded. The full-text of the 65 remaining studies was then screened, and 17 studies met one or more exclusion criteria. At the final stage, 48 studies were included in the review. A flow diagram of the search selection for the included studies is presented in Fig. 1, and the procedures are described below.

2.1. Data sources and search methodology (identification)

An electronic search for empirical articles in MEDLINE, Web of Knowledge and PsycINFO from 1980 to December 2013 was performed according to the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement (Moher et al., 2009). The search used the following keywords related to the review subject combined with standard MeSH terms: “breast feeding”, “bottle feeding”, “depression”, “pregnancy”, and “postpartum”. The electronic search was independently performed by the first author (C.C.D.) and then replicated by the coauthor (B.F.).

2.2. Study selection (screening)

For the purpose of this review, only empirical studies that assessed the association among breastfeeding and pregnancy and/or postpartum depression were included. Different aspects of breastfeeding were considered—the intention, initiation, duration, confidence, self-efficacy, exclusivity or attitudes, as well as the different measures for pregnancy depression and postpartum depression. Studies were included regardless of the study design, the sample size or the measurement type. Only primary research was considered. Studies that met the following criteria were excluded: a) non-original research (review articles and meta-analysis) and b) studies focused on the effects of antidepressants on breastfeeding.

The included studies were assessed for quality based on the following criteria: 1) participants should be clearly defined as pre- or postpartum women; and 2) studies should identify the outcome measurements.

2.3. Data extraction (eligibility and inclusion)

2.3.1. Eligibility

In the first stage, the two authors (C.C.D. and B.F.) independently evaluated the titles and abstracts of all identified articles ($n=771$) in order to assess potentially relevant references.

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