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ORIGINAL ARTICLE

- Association between postpartum depression and the
- practice of exclusive breastfeeding in the first three
- 4 months of life^{☆,☆☆}
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KEYWORDSBreastfeeding;

Postpartum depression; Weaning; Infants; Child care; Antenatal care

Abstract

Objective: To investigate the association between postpartum depression and the occurrence of exclusive breastfeeding.

Method: This is a cross-sectional study conducted in the states of the Northeast region, during the vaccination campaign in 2010. The sample consisted of 2583 mother-child pairs, with children aged from 15 days to 3 months. The Edinburgh Postnatal Depression Scale was used to screen for postpartum depression. The outcome was lack of exclusive breastfeeding, defined as the occurrence of this practice in the 24h preceding the interview. Postpartum depression was the explanatory variable of interest and the covariates were: socioeconomic and demographic conditions; maternal health care; prenatal, delivery, and postnatal care; and the child's biological factors. Multivariate logistic regression analysis was conducted to control for possible confounding factors.

Results: Exclusive breastfeeding was observed in 50.8% of the infants and 11.8% of women had symptoms of postpartum depression. In the multivariate logistic regression analysis, a higher chance of exclusive breastfeeding absence was found among mothers with symptoms of

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PALAVRAS-CHAVE

Aleitamento materno; Depressão pós-parto; Desmame precoce; Lactentes; Cuidado da criança; Assistência pré-natal postpartum depression (OR = 1.67; p < 0.001), among younger subjects (OR = 1.89; p < 0.001), those who reported receiving benefits from the *Bolsa Família* Program (OR = 1.25; p = 0.016), and those started antenatal care later during pregnancy (OR = 2.14; p = 0.032).

Conclusions: Postpartum depression contributed to reducing the practice of exclusive breast-feeding. Therefore, this disorder should be included in the prenatal and early postpartum support guidelines for breastfeeding, especially in low socioeconomic status women.

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Associação entre a depressão pós-parto e a prática do aleitamento materno exclusivo nos três primeiros meses de vida

Resumo

Objetivo: Verificar a associação entre a depressão pós-parto e a ocorrência do aleitamento materno exclusivo.

Método: Estudo de corte transversal realizado nos estados da região Nordeste, durante a campanha de vacinação de 2010. A amostra consistiu de 2583 binômios mães-crianças com idade entre 15 dias e 3 meses. Utilizou-se a Escala de Depressão Pós-Parto de Edimburgo para rastrear a depressão pós-parto. O desfecho consistiu da ausência de aleitamento materno exclusivo nas 24 horas que antecederam a entrevista. A depressão pós-parto foi variável explanatória de interesse e as covariáveis foram: as condições socioeconômicas e demográficas, assistência pré-natal, ao parto e pós-natal, e fatores da criança. Realizou-se análise de regressão logística multivariada com o objetivo de controlar possíveis fatores de confusão.

Resultados: A amamentação exclusiva foi observada em 50,8% das crianças e 11,8% das mulheres apresentaram sintomatologia indicativa de depressão pós-parto. Na análise de regressão logística multivariada foi verificada uma maior chance de ausência do aleitamento materno exclusivo entre as mães com sintomas de depressão pós-parto (OR = 1,67; p < 0,001).

Conclusões: A depressão pós-parto contribuiu para redução da prática do aleitamento materno exclusivo. Assim sendo, esse transtorno deveria ser incluído nas orientações de suporte desde o pré-natal e nos primeiros meses pós-parto, especialmente, em mulheres de baixo nível socioeconômico.

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Introduction

The benefits of breastfeeding for maternal and child health are well-established in the scientific literature. Considering its importance, the World Health Organization (WHO) recommends the practice of exclusive maternal breastfeeding during the first six months of life, and after this period, the introduction of adequate and healthy complementary feeding together with the maintenance of breastfeeding for up to two years or more. Despite the well-known advantages of exclusive breastfeeding (EBF), Brazil still lags behind in complying with this recommendation. In recent years, there has been an increase in the prevalence of breastfeeding; however, the early termination of EBF can still be considered a major public health problem.

Several factors have been attributed to early EBF interruption, such as socioeconomic and cultural conditions, those related to age, maternal schooling, family income, early introduction of artificial nipples, and care factors, such as the number of prenatal consultations, hospital postpartum practice, rooming-in in the maternity ward, basic health care follow-up, and others related to the conditions

of birth and health of infants and the social support network. $\!\!^{3}$

Recent studies have suggested an association between postpartum depression symptoms (PPD) with the early interruption of EBF⁴ and with breastfeeding (BF). ^{5,6} PPD is a mood disorder that affects women within 4–6 weeks of delivery, reaching its maximum intensity in the first six months, which may be prolonged until the end of the first postpartum year. ⁷ There is a hypothesis that depressed mothers are less confident about their ability to breastfeed and therefore would be less willing to continue breastfeeding when compared to those without depressive symptoms. ^{4,8}

There is no consensus on the association between PPD and duration of breastfeeding, since some studies have not found an association between these two factors, ^{9,10} while others report that mothers with depressive symptoms are more vulnerable to early interruption of BF, including EBF, as they could have greater difficulties and dissatisfaction with this practice. ^{4,8,11,12}

In the Brazilian context, the prevalence of postpartum depression is above the average world rate and close to that of countries with a similar socioeconomic status, ranging

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