

BREASTFEEDING AND MENTAL HEALTH

Breastfeeding provides physical and emotional benefits for mother and child, both in the short and long term.*

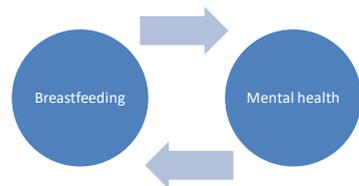


This brief is based on research, but every mother is unique and will have different breastfeeding experiences. Some mothers want to breastfeed, some don't. Some mothers want to breastfeed but can't – no mother should be judged on her choices or abilities.

Links between breastfeeding and mental health

Depression and/or anxiety may make breastfeeding difficult. Difficulties with breastfeeding may increase stress, anxiety and/or depression. Breastfeeding difficulties are considered risk factors for postpartum depression and anxiety.

On the other hand, breastfeeding can help to reduce the symptoms of emotional distress. Research shows that the hormonal state associated with breastfeeding can help prevent postpartum depression.



Sometimes, challenges with breastfeeding are related to a difficult birth or mother-infant separation. Women who have experience of physical, sexual or emotional trauma may struggle with breastfeeding. Some mothers do not find breastfeeding to be a positive or bonding experience. These women need extra support. Practical advice or education on the benefits of breastfeeding may not be enough. If this is given without emotional support, it can disempower the mother.

Supporting mothers to breastfeed can help promote positive mental health outcomes for mother and infant.

* There are only a few cases where breastfeeding is not advisable for medical reasons.

The importance of breastfeeding support

Health-care professionals can help women minimize breastfeeding problems by offering women with postnatal depression or anxiety effective emotional support. This can improve their mental well-being and help them and their babies to benefit from the advantages that breastfeeding offers.

- Women with underlying mood disorders are less likely to breastfeed. Addressing these underlying mood disorders **during pregnancy** can help to improve breastfeeding rates. **Empathic care, screen and refer carefully as needed.**
- If available, connect the mother to a breastfeeding consultant.
- Try not to disturb a mother's sleep during hospitalisation.
- Look for a cause for pain when breastfeeding, and manage this.

Tips for mothers struggling with breastfeeding and emotional distress

Sleep Try to sleep or rest every time the baby sleeps. Sleep should be your priority. Try lying down when you feed your baby so your body can rest. See some tips for getting good sleep [online](#), try 'box breathing' or a free relaxation/meditation app on your phone like, [Oak](#).

Get help Get as much help as possible from relatives, friends or your partner for home tasks. Breastfeeding is a full time job for the first few weeks after birth. Keep the contact number of the nearest breastfeeding support group or advisor on your phone.

Pain management If you experience pain while breastfeeding, talk to a breastfeeding consultant or health worker. Breastfeeding shouldn't hurt. If you have ongoing pain or cracks in the nipples ask a healthworker for treatment. A fever and a red area on the breast mean you should visit a doctor as soon as possible.

Breastfeeding is ideal and healthworkers can give good advice to help with common breastfeeding challenges and can provide emotional support. If a mother decides to switch to bottle-feeding and can afford this, safely, that is ok. If possible, mothers with HIV should breastfeed exclusively but those who decide to bottle feed should not mix-feed with breastmilk too.

[La Leche League South Africa](#) have trained breastfeeding support staff across the country to provide one-on-one and/or group support. Contact numbers of these staff are at www.llsa.org.