How Healthcare Professionals Can Support Good Mental Health Alongside Infant Feeding

- Support the family to make informed infant feeding decisions based on evidence, not opinion
- Acknowledge the ongoing value of breastfeeding to mother and baby for as long as they are comfortable
- Remember that the mother of a young child may be breastfeeding and ensure this is accounted for when prescribing, planning investigations or making referrals
- Acknowledge that specialist input may be necessary for breastfeeding problems and know when and how to refer for a specialist lactation opinion
- If treatment for mental health problems is required, offer options that enable the mother to commence or continue breastfeeding if she wishes. Remember that untreated depression conveys risk
- Provide accurate medical advice on the safety of drugs in breastmilk, referring to specialist information and advice as necessary
- Only advise cessation of breastfeeding when there are no treatment options that would allow breastfeeding to continue or if the benefits of stopping breastfeeding will outweigh the benefits to mother and baby of continuing
- Provide mothers who cease breastfeeding before they had planned to with sensitive aftercare as necessary
- Provide impartial evidence-based information on infant formula milk and safe preparation of bottle feeds for those who need to or who choose to use these

Clinicians should not underestimate the impact of infant feeding issues on maternal wellbeing and mental health. Feeding a baby, especially in the early months, is an important part of a new mother’s life. Very young babies require feeding approximately 8-12 times a day and becomes a major part of the new routine whether breast or bottle feeding. Feeding provides comfort to baby and an opportunity for bonding, and feeding difficulties can be very distressing for the parents.

A host of evidence now confirms that, on a population level, not breastfeeding is associated with comparatively poorer health outcomes for mother and baby in both the developed and developing world1,2. The UK Department of Health recommends exclusive breastfeeding up to the point when the infant is physically ready for the introduction of complimentary solid food, at around 6 months. The World Health Organisation (WHO) advises that breastfeeding should then continue alongside solid food up to 2 years of age and beyond if desired3,4. A family’s decision on infant feeding method should be assisted by healthcare professionals with evidence-based information, a non-judgemental attitude and a holistic view of medical and social issues.
Results from the 2010 UK Infant Feeding Survey demonstrated that while almost 70% of mothers were exclusively breastfeeding at birth, this figure had dropped to 23% by 6 weeks postnatal. More than 3 in 5 mothers reported that they stopped sooner than initially intended. Many women who initiate breastfeeding stop before they had planned to do so due to problems with attachment at the breast (the ‘latch’), problems with milk supply (real or perceived) and pain. Breastfeeding problems can be associated with significant psychological distress which can impact on the whole family. A significant proportion of breastfeeding problems can be managed with the help of experienced breastfeeding supporters, and many problems require attention to attachment and positioning at the breast, which, once managed can improve milk supply due to more effective milk transfer and reduce nipple pain.

**Breastfeeding and Lowering of Depression Risk**
Achieving one’s goals for duration of breastfeeding has been shown to reduce the risk of postnatal depression, while mothers who plan to breastfeed but do not go on to do so are at higher risk. Higher depression scores have been demonstrated in mothers who stop breastfeeding due to physical difficulty and pain, rather than personal choice. Good quality breastfeeding support to prevent and correct problems, aftercare for mothers who stop breastfeeding before they planned to and accurate advice from Healthcare Professionals is important in protecting Perinatal Mental Health. Perceived pressure to breastfeed may be cited by women as a cause of postnatal depression. Therefore, messages which promote breastfeeding need to be accompanied by support from Healthcare Professionals, family and friends, and society in general. The responsibility for healthy infant feeding should be viewed as a collective one, rather than that of an individual with the potential for personal ‘failure’.

**Parental Sleep Difficulties and Infant Feeding**
Despite the common perception that supplementing an infant’s diet with formula milk or solid food will promote sleep, a recent study found that there was no difference in the frequency of night waking between breastfeeding and formula feeding infants aged 6-12 months old. Infants who received more milk or solid feeds during the day were less likely to feed at night but not less likely to wake. In another study breastfeeding mothers reported significantly more hours of sleep, better physical health, more energy and lower rates of depression than mixed or formula feeding mothers. Healthcare professionals should therefore be wary of recommending that supplementation with formula or increasing solids will lead to improvements in maternal wellbeing by reducing infant night waking or improving maternal sleep quality.

**Infant Feeding Difficulties**
Feeding problems including reflux, cow’s milk protein allergy, tongue tie and colic can cause significant distress to families of both breast and formula fed infants and impact on maternal wellbeing. GPs should consider maternal mental health alongside the management of the feeding problem, ensure assessment for reversible problems (attachment problems at the breast, excessive volume bottle feeds etc), signpost to colleagues with specialist training in the management of infant feeding problems and refer to impartial evidence-based guidance on medical treatment where necessary.

**Prenatal Considerations for Women with Pre-existing Mental Health Problems**
GPs caring for women of reproductive age with mental illness should be mindful of the possibility of pregnancy and subsequent lactation. If drug treatment is required, wherever possible patients should be counseled with this in mind and a careful choice of drug made. If pregnancy is being planned, or medications required during lactation, specialist advice should be considered.
Birth Trauma, Preterm Infants, the Unwell Baby and Breastfeeding

Following a traumatic birth breastfeeding can either have therapeutic benefit or be associated with further distress\textsuperscript{14}. The opportunity if desired to discuss the birth experience and non-judgmental, respectful breastfeeding support are important. For women whose baby is on the NICU, breastfeeding or expressing breastmilk can give back some control in an otherwise medicalized situation, as the mother can contribute to protection against necrotising enterocolitis. Any treatment for birth trauma or PTSD should take this into account.

Childhood Trauma, Sexual Abuse and Breastfeeding

It is important not to assume that a mother with a sexual assault history will not want to breastfeed. Sensitive support to understand the mother’s wishes and feelings around the physical act of breastfeeding is necessary\textsuperscript{15}.

Breastfeeding on Inpatient Mother and Baby Units (MBUs)

Access to MBU beds nationwide is important to enable mothers with severe mental illness who wish to breastfeed as well as to encourage positive attachment, increase the mother’s confidence in her maternal role and provide support for the family in all cases\textsuperscript{13}. Healthcare Professionals should be aware that a breastfeeding mother and baby need to remain physically close as responsive feeding establishes and maintains good milk supply.

Dysphoric Milk Ejection Reflex (D-MER)

D-MER is a rare, recently reported phenomenon which describes a brief period of intense negative emotions occurring seconds before a milk let-down (during breastfeeding, expressing or with spontaneous milk ejection) with normal mood between episodes. Symptoms range from mild (anxiety, a sense of dread) to severe (anger and suicidal thoughts). Symptoms often improve over time but can lead to discontinuation of breastfeeding due to the distress caused. D-MER should not be confused with depression or a psychological condition. Some cases reportedly improve with understanding the condition and simple lifestyle changes. Currently there are only case reports and research into D-MER is in the early stages. In the case of severe symptoms seek specialist advice\textsuperscript{16}.

Useful Resources on Infant Feeding for use in Primary Care


- **NHS Breastfeeding Website** – [http://www.amazingbreastmilk.nhs.uk/support/](http://www.amazingbreastmilk.nhs.uk/support/) Website developed in Cheshire and Merseyside with advice about breastfeeding, breastfeeding problems and signposting to support.

- **First Steps Nutrition Trust**: Impartial evidence-based information on infant nutrition, including information about infant milks for healthcare providers and parents [http://www.firststepsnutrition.org/newpages/Infant_Milks/infant_milks.html](http://www.firststepsnutrition.org/newpages/Infant_Milks/infant_milks.html)

Organisations offering Breastfeeding and Infant Feeding Support in the UK:

- **National Breastfeeding Helpline 0300 100 0212** [http://www.nationalbreastfeedinghelpline.org.uk/](http://www.nationalbreastfeedinghelpline.org.uk/) Independent, non-judgmental support from trained volunteers. Operating from 9:30am to 9:30pm every day of the year.
• The Breastfeeding Network (BfN) https://www.breastfeedingnetwork.org.uk/contact-us/helplines/supporter-line/ A charity which trains breastfeeding peer supporters who work in locations nationwide. It also provides breastfeeding factsheets and runs the Drugs in Breastmilk Information Helpline, providing evidence based information on the safety of drugs in lactation via telephone and email.

• The Association of Breastfeeding Mothers (ABM) http://abm.me.uk/about-the-abm/breastfeeding-support-options/ A charity which trains breastfeeding peer supporters, provides a range of information on breastfeeding issues and has affiliated local breastfeeding support groups.

• The National Childbirth trust (NCT) https://www.nct.org.uk/professional/research/nct-services/infant-feeding A charity which trains breastfeeding supporters, runs antenatal and postnatal classes and provides information on a range of maternity and parenting issues, including infant feeding.

• La Leche League (GB) https://www.laleche.org.uk/content/get-support/ A charity providing breastfeeding support via telephone, online, and through a network of local support groups. LLLGB also provides extensive information on breastfeeding problems including an information sheet on adjusting to motherhood: http://www.lllgbbooks.co.uk/store/p31/Adjusting_to_Motherhood.html


• Association of Tongue-Tie Practitioners http://www.tongue-tie.org.uk/find-a-tongue-tie-divider.html Includes a directory of practitioners who can assess for and divide tongue-tie.

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**Perinatal Mental Health Medication and Breastfeeding**

NICE Guideline PH11 (Updated November 2014) recommends supplementary sources of information should be consulted regarding the prescribing of drugs to breastfeeding mothers, and that the British National Formulary (BNF) Appendix should only be used as a ‘guide’.[17]

NICE Guideline CG192 (Updated June 2015) recommends discussing breastfeeding with all women who may need to take psychotropic medication in pregnancy or in the postnatal period. It recommends that discussion should include ‘benefits of breastfeeding, the potential risks associated with taking psychotropic medication when breastfeeding and with stopping some medications in order to breastfeed’. Treatment options that enable a woman to breastfeed if she wishes should be offered and support given to women who choose not to breastfeed after a discussion of this information. Clinicians should enable informed decision making by the woman, and if necessary seek further specialist advice ideally from the Perinatal Mental Health Team.[18]
Drugs will usually need to be prescribed off label with the prescriber taking responsibility, but many drugs can be safely prescribed while breastfeeding or a safe alternative selected if specialist information is consulted. It is important to note that when indicated, an SSRI can usually be safely chosen for treatment alongside breastfeeding. Wherever appropriate, a psychological intervention should also be offered.

**NICE Guideline CG192 specifically cautions against treatment with Carbamazepine, Clozapine and Lithium while breastfeeding and Sodium Valproate is not recommended to treat a mental health problem for women of childbearing potential**\(^{18}\).

The following online sources provide evidence based information to support the clinician in their decision. Please also see the PDF on ‘Using Psychotropic Medication in the Perinatal Time’, available in the Clinical Resources for Professionals section of the RCGP Perinatal Mental Health Toolkit.

- NHS UK Drugs in Lactation Advisory Service
  http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=17&pageidx=1
- **Lactmed** http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm The US National Library of Medicine Toxicology Data Network (Toxnet) Drugs and Lactation Database. A smart phone app is also available.
- NHS Choices Information on Breastfeeding and Medicines

**References**

2. **Unicef UK Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK** (2012)
4. **WORLD HEALTH ORGANIZATION FIFTY-FIFTH WORLD HEALTH ASSEMBLY A55/15** Provisional agenda item 13.10 16 April 2002 Infant and young child nutrition Global strategy on infant and young child feeding Report by the Secretariat
5. **UK Infant Feeding Survey 2010**
12. **Antenatal and postnatal mental health: clinical management and service guidance** NICE Guideline CG192- (Updated June 2015) specifically section 1.4
13. **Depression Antenatal and Postnatal- Scenario Postnatal: new episode** NICE CKS (Revised September 2015)
16. **D-MER Website** http://www.d-mer.org