"Breastfeeding is protective against postpartum depression, both for mother and child breastfeeding is the best option in general, but there are a few rare psychiatric exemptions."

Tim Walrave

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Biography

Tim Walrave is a consultant psychiatrist, since 2008 working at the Ziekenhuis Groep Twente, a two location large district general hospital in the East of The Netherlands. He is the head of the Mother-Baby Unit of the Psychiatric Department of the hospital. When a mother develops a serious maternal psychiatric disorder within six months after delivery (post partum anxiety or mood disorder or post partum psychotic disorder) mother and child are admitted to the Mother Baby Unit. Our aim is to treat the maternal psychiatric disorder and to strengthen the bond between mother and partner and child.

In our Mother Baby Unit team we have, next to the psychiatric nurses and the psychiatrist, a musical therapist, a bondings therapist, a child psychologist, a drama therapist, a psychomotor therapist and a social worker. We also have a day-clinic for pregnant and postpartum mothers and we have a large out-patients clinic where we focus on pregnancy related psychiatry, in close relationship with Obstetrics and Gynaecology, Pediatrics and the hospital social workers.

Tim Walrave graduated in Medicine from the Utrecht University in 1989. He completed his General Practice Vocational Training Scheme in Chester, England in 1994 and specialized in Psychiatry in 1999 from Utrecht University in Netherlands. Previosly he worked in the Franciscus Gasthuis in Rotterdam as a hospital psychiatrist. His specialized interest has always been the pregnancy related psychiatry.

Breastfeeding as a protective factor against post partum depression

The birth of a baby is a major event in everybody's life, it triggers great changes in the social, psychological, biochemical, hormonal and neuro-endocrine environment of mother and partner. Often there is an enhanced feeling of well-being but sometimes a lowering of mood, increased anxiety or psychotic features occur, due to genetic, psychological or psychosocial factors. One in eight women (12,5 % of postpartum women in the general population) is susceptible for the occurrence of a postpartum anxiety or mood disorder.

In this presentation we differentiate between physiological postpartum baby blues, post partum depression and post partum psychosis and we walk through the different treatment options. Compared to a depressive episode that is not related to pregnancy, the postpartum depression is burdened by severe guilt feelings towards the baby. Negative cognitions as failed motherhood and feelings of maternal incompetence can worsen the postpartum depression. Intensive psychological and sometimes medical treatment can be necessary.

Breastfeeding can be a protective factor against the lowering of mood, postpartum. It has a significant impact on the mother-child bonding and due to increased oxytocin levels; there is a positive effect on the maternal serotonin level. Furthermore it is important that the intention to breast feed in pregnancy actually develops into the initiation of breastfeeding postpartum.

When a pregnant woman has the intention to breastfeed and after delivery actually breast feeds the baby, then the risk for post partum depression is lower.

But when there is a breast feeding intention but the actual breastfeeding fails, then the post partum depression risk is higher.

Breastfeeding success lowers the chance of developing post partum depression.

Breastfeeding failure is associated with depressive symptoms.

Dysphoric Milk Ejection Reflex (D-MER): a rare complication with breastfeeding:

Strong negative emotions start just before release of breast milk.

It lasts usually 30-90 seconds every breast feeding.

In all breastfeeding women the brain dopamine levels are reduced, but in some women they plunge dramatically

Dopamine is a hormone that releases endorphins and pushes "feel good" chemicals around the brain. A sudden dip causes feelings of sadness.

Breastfeeding failure rates are higher in 3 groups:

- women who have experienced sexual trauma in past
- obsessive compulsive women
- women with a history of a postpartum psychosis

Breastfeeding dose-response effect: there is strong evidence for fewer maternal sleep difficulties and fewer maternal depressive symptoms with mothers who exclusively breastfeed compared to partial breastfeeding mothers.

Multi-factorial mechanism of action:
Psychological factors:

- depressed mothers have a greater risk to feel unsatisfied with breastfeeding and can experience more breastfeeding problems. The negative perceptions lead to reduced breastfeeding.
- breastfeeding enhances the mother-child interaction.

Neuro-endocrine response:

- During lactation there are higher levels of oxytocin and prolactin: this promotes the relaxation during nursing and decreases cortisol levels and enhances sleep.

In general, breastfeeding has a positive effect on the maternal mood, a careful and accurate individual approach is always necessary to notice specific vulnerabilities.

References: See pages 30-31