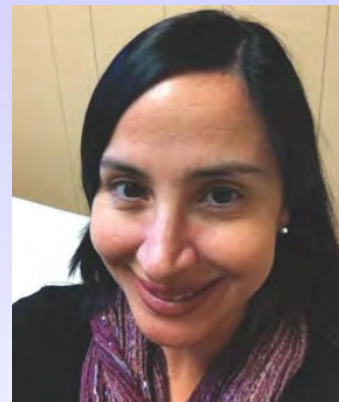


From Birth to Breast and Beyond – A Look at Research Supporting How Lactation May Influence Maternal and Infant Mental Health



By Dawn Bhat, MA, MS, NCC, RYT-500, LMHC

As a new mother, psychotherapist, and research writer, I wondered how breastfeeding affected infant and maternal mental health, including postpartum emotional well-being. To consider the feasibility of psychotherapists incorporating lactation and breastfeeding concepts in their client sessions or potentially working in tandem with a client’s lactation consultant, I explored current research from a psychotherapeutic perspective as well as from the point of view of a lactation consultant. I interviewed Wendy Wisner, a board certified lactation consultant (IBCLC), in private practice in New York. Based on six years of professional experience, she shared what she felt psychotherapists may need to know about present practice recommendations on breastfeeding to support optimal mental health and wellness in mothers and babies.

The Moment of Birth

A baby is born knowing how to breastfeed. Immediate skin-to-skin contact is encouraged between mother and baby (Bergman & Bergman, 2013). When a newborn is placed directly on the mother’s chest at birth, it will inch its way to the mother’s breast and latch on to feed. The infant can detect the scent of the mother’s breast—olfactory sensations are one form of communication between the mother and infant. The infant expects to hear the mother’s heartbeat, to hear the sound of her voice. The infant expects to feel the warmth of her body and to taste her breast milk. Many now consider this reunion of mother and infant the final phase in the birthing process.

However, breastfeeding is not just a feeding method. “It’s a way of caring for a baby that will provide a lifetime’s worth of good health because it provides a way for mothers to connect with their babies—even if they did not experience that kind of care themselves” (Kendall-Tackett, 2014, p. 40). These early moments, hours, days of life are critical periods from which secure attachment develops (Schore, 2001).

Supporting mothers and babies from birth onward

Wendy Wisner helps moms with breastfeeding in their homes and in her office. She usually sees moms in the first few weeks after birth; common concerns are sore nipples, milk supply issues,

engorgement, breast infections, breast refusal, and fussy babies. She is also a volunteer breastfeeding counselor for La Leche League, a published essayist and poet, and – most importantly – a mom of two sweet boys.

“Many moms need to learn optimal breastfeeding practices that include on-demand feeding (which can vary from every 1-3 hours in a newborn), good latch and positioning, as well as have help with any problems early on so that they don’t become larger problems later,” Wisner said. “Very painful breastfeeding, and babies who are not gaining weight after the first week or so are not normal and need to be addressed as soon as possible, preferably by a board certified lactation consultant.”

Besides teaching moms about breastfeeding in general, Wisner helps troubleshoot certain technical issues like sore nipples, and how to know if your baby is getting enough milk. Wisner also knows that many mothers feel – quite simply – overwhelmed. She provides support for their feelings as well.

“The constant needs of a newborn are daunting to both formula-feeding mothers and breastfeeding mothers, but breastfeeding mothers tend to wonder if the breastfeeding itself is causing them to feel this way,” she said. “It is true that when you breastfeed, you are the primary (or sole) source of nourishment for your baby. Breastfed babies need to eat more frequently than formula-fed babies, as breast milk is digested faster than formula. But the intensity of the first few weeks of breastfeeding does die down. It then becomes easier than formula feeding (no bottles to prepare and clean, always the right temperature, and entirely portable). But mothers often can’t see past the demands of the first days and weeks. They need both emotional support, and help around the house and with baby care. Just because you can’t feed the baby, doesn’t mean you can’t soothe it, change it, dress it, etc.”

Another concern Wisner often sees is that of mother-baby attachment. Mothers are worried about spoiling their newborns with too much holding, too frequent feeding, and ‘comfort nursing.’ According to Kendall-Tackett (2014), breastfeeding creates a special bond and leads to a relationship in which mothers are highly responsive to their babies’ cues. Maternal responsiveness has long-term effects on the resiliency of babies –it creates secure attachments. As such, secure attachment reduces stress reactivity, decreases toxic stress, and improves immune functioning, which ultimately has long-term effects on physical and mental health.

When babies are not responded to consistently, as in the case of maternal depression which impairs responsiveness to the infant’s cues, they develop insecure attachments.

“Newborns need to be held a lot,” Wisner said. “And they need to nurse frequently. Breastfeeding is comfort as much as it is food. This is all completely normal, but is not always what

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is perpetuated in our culture. New mothers need to be around other attached, breastfeeding moms and babies and need to be reassured that they are not spoiling their newborns. They need to be assured that babies who are attached become confident children and adults; it is a human instinct to become independent, but all in good time.”

“Women who are prone to depression, anxiety, or psychosis, should most certainly be watched. The huge transition to motherhood – the intense needs of the baby, the physical demands of childbirth, sleep deprivation, plus a roller coaster of hormones – can most certainly exacerbate these disorders, or trigger relapses,” Wisner said.

“These moms need to know what’s normal, that things get easier, and that their feelings are okay. It’s so important for them to connect to other mothers, especially if breastfeeding. It’s also so important for them to have some help at home in the first few weeks. Cultures around the world have rites of passage for new mothers, requiring them to stay in bed nursing their babies for a few weeks while the community cares for them. I truly think rituals like this would help with postpartum mood disorders.”

“It is also important to know that mothers who have experienced sexual abuse may be triggered by breastfeeding. Some of these women actually find breastfeeding healing, but for others, any kind of breast contact is too much to handle, and the needs of these mothers need to be respected.”

Some classical views on breastfeeding

Although classical views on breastfeeding warrant more attention than this article allows, I will touch upon two early developmental researchers and theorists: Donald Woods Winnicott and Wilhelm Reich, renowned for their contributions to the field of prenatal and perinatal psychology. Winnicott was a British object-relations theorist and pediatrician, whose writing was mindful, somatic, relational, and experiential in nature. I read *Playing and Reality* (1975) while breastfeeding my newborn; Winnicott’s approach and his presence on the page inspired me to create a professional workshop on infant development and creativity and to write this article.

Winnicott (1975) acknowledged that the mother has to adapt almost entirely to the infant in a way that gives the infant an opportunity for the *illusion* that her breast is part of the infant.

According to Winnicott, the *breast* is created by the infant and is a subjective phenomenon (internalized, implicit, embodied, if you will).

The newborn then faces the problem between what is objectively perceived and subjectively conceived of – *the object relationship*. Winnicott noted that health might be compromised in babies who have not been started off *well enough* by the mother. As such, the mother creates a safe, secure *holding environment* for the infant. This *transitional space* out of the object relationship is the birth of love, creativity, identity, a sense of self, and eventually the capacity for self-regulation.



Wilhelm Reich (1945/1972) put forth research and theoretical ideas about treating the mind and body, together and alike. In contrast to Freud (1905), who linked adult psychopathology to early developmental issues, Reich was interested in infant care. He developed treatments to ameliorate psychosomatic illness, which included a focus on prenatal and perinatal periods as prevention. Reich studied the mother/infant relationship determining that the intrauterine ecosystem and early infant care, which included breastfeeding on-demand, supported the charge of vital energy (Nunes, 2014). Breastfeeding, largely under the influence of oxytocin, lays down neural pathways involved in character development, sociopathy, aggression, and empathy (Nunes, 2014). As such, there are greater societal implications.

Winnicott and Reich were concerned with quality of infant care and mother/infant relationship. We may relate their theories to contemporary ideas about secure attachment and self-regulation, respectively. Winnicott acknowledged that breastfeeding could be a wider-term for mothering –a certain kind

that is *good enough*. Thus, when mothers opt out of or are unable to breastfeed for whatever reasons, psychotherapists and lactation consultants can support other means to achieve good enough mothering practices. In a similar vein, Reich encouraged what he called, ‘self-regulated child rearing’. “Basically, Reich said to breastfeed on demand, no toilet training, no sexual repression, and don’t force sleep patterns” (personal communication, Carelton, 2014).

Reich believed that some physical diseases and mental health related disorders were associated with stress during early, critical periods in life and development. Somatic psychotherapists can help promote optimal infant development, which may include the role breastfeeding may play on the mother, infant, and their relationship. As such, psychotherapists could benefit from knowing the latest lactation research, views, and practices presented in this article.

For instance, breastfeeding affects depression and depression affects breastfeeding. When mothers exclusively breastfeed, they sleep

better, which lowers risk for depression. When mothers are depressed and exclusively breastfeed, their babies seem to be protected because even then depressed mothers are still responsive. These mothers look at, touch, and make more eye contact with their babies (Kendall-Tackett, 2014). Women who breastfed more frequently at three months postpartum have shown greater declines in depressive symptomatology (Hahn-Holbrook, Haselton, Schetter, & Glynn, 2013). Wisner has seen depression diminish in women while they breastfeed because of the bonding and the oxytocin and prolactin released frequently during nursing.

Wisner shared that she has worked with women who exhibit signs of postpartum depression and anxiety. Sometimes, she says, it takes a few months for mother’s to realize the extent of their issue, sometimes it is clear in the first few weeks. “One symptom I have seen often that raises a red flag is a mother who seems obsessed with worry about how nursing is going, even when things are progressing normally. Other mothers can’t sleep, even when given the opportunity,” she said.

She has seen depression become a barrier to breastfeeding. She noted that barriers are usually due to an overall postpartum depression or anxiety episode. “Postpartum mood disorders most certainly affect breastfeeding, and are often the cause of early weaning,” she said, (Hahn-Holbrook, Haselton, Schetter, & Glynn, 2013, supports her assertion). “It’s important for the disorder to be recognized right away.”

“There have been times when a mother just simply can’t take my suggestions for addressing a breastfeeding problem because she is so overwhelmed by her emotions. She is finding each moment of the day hard to get through. She is the kind of the mother who definitely would benefit from psychotherapy. Talk therapy is wonderful and more extreme cases may benefit from medication. Many psychotropic drugs are compatible with breastfeeding.” (Lactmed compiles research available for breastfeeding and medications; the Infant Risk Center is another resource).

Conclusion & Supportive Research

It makes sense to encourage collaboration between psychotherapists and lactations consultants. For psychotherapists knowing current research, they can either share the information with clients or integrate it more seamlessly into their client sessions. Pregnant clients who come to their psychotherapist to discuss the decision between the breast or the bottle, might benefit knowing that any or exclusive breastfeeding may be a protective factor and preventative measure for child mental health and obesity (a longer postpartum period of breastfeeding was more likely to reduce the risk of obesity) (Reynolds, Hennessy & Polek, 2014). And that full breast-feeding for a period of greater than six months has been associated with neuropsychological functions at age four that could not be explained by other maternal fac-

tors such as social, education, or intelligence (Julvez et al., 2014).

Furthermore, researchers have been attempting to understand if there is an association between breastfeeding and cognitive, intellectual, and neuropsychological functioning. Some studies have consistently noted that maternal education and intelligence as well as socioeconomical factors were more optimal in women who breastfeed making it difficult to extrapolate the nutritional advantages of breastfeeding (Jacobson, Carter, & Jacobson, 2013). As such, women who breastfeed tend to create a more stimulating and enriching child rearing environment. However, it is important to note that breastfeeding along with good parenting practices influence child development. A recent study published in the *Journal of Pediatrics* (Gibbs & Forste, 2014) identified two specific parenting practices – early reading and maternal sensitivity – that account for the effect breastfeeding has on cognitive outcomes.

Supportive, researched information may help clients make decisions that support their parenting skills and their attunement with their infant.

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