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Mental Health Care for Postpartum Depression During Breastfeeding

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Depression is very common in new parents. Up to 20% of women experience postpartum depression (PPD).[1] Up to 88% of these mothers go unrecognized.[1] If mothers are coping with multiple-birth children or prematurity, that percentage can be at least twice as high.[2] Symptoms of postpartum depression are common among fathers (8 to 25%), adolescents (61%), immigrant women (.5 to 60%), Hispanic and African American mothers (nearly 50% and 45%, respectively, compared to 31% of white mothers in the early postpartum period), and lesbian mothers (at rates similar to or greater than heterosexual mothers).[3,4] The frequency of perinatal depression in gender-variant parents is unstudied. However, 44.1% of transgender individuals experience depression[5] which increases the risk of postpartum depression.

Not all primary health care providers realize the importance of repeated and routine screening for PPD for the entire first year postpartum; understand the risks of untreated PPD to parents, as well as to their children;[1] are familiar with the wide variety of effective treatment options for PPD that exist today; or know how and why to support breastfeeding in the context of PPD. Therefore, if you are breastfeeding while coping with PPD, primary health care providers can often more effectively serve you by becoming a member of your mental health care team, rather than by trying to be the sole provider of your mental health care. Additionally, not all mental health practitioners have adequate knowledge about breastfeeding or experience with breastfeeding management in the context of mental health care. Breastfeeding management is particularly important in the context of PPD because symptoms of depression can both contribute to and follow premature weaning.[6] It is also important because research has shown that formula fed infants of depressed mothers have a greater risk of negative psychological effects of maternal depression than breastfed infants of depressed mothers.[7] When selecting a mental health practitioner, you (or a partner, relative, or friend) can ask questions to evaluate the practitioner's knowledge and support of breastfeeding, such as:

- How long do you think it is healthy for exclusive (or partial) breastfeeding to continue?
- How do you feel about a client breastfeeding in your presence during a counseling session?
- What are your views on parenting behaviors that facilitate breastfeeding, such as sleep sharing, baby wearing, and physical closeness in the breastfeeding dyad?
- How do you protect and support breastfeeding while providing mental health care?
- How often do you recommend weaning or the introduction of artificial substitutes for human milk in order to treat postpartum depression?
- What are the risks to me and my child of weaning and the introduction of artificial substitutes for human milk?
- Do you own and use the current edition of *Medications and Mothers' Milk* by Hale?[8]
- What proportion of your practice consists of breastfeeding families?
- What continuing education related to breastfeeding have you completed this year?
- Are you also an International Board Certified Lactation Consultant (IBCLC) or do you specialize in lactational psychology?[9]

If the answers to such questions suggest that the mental health practitioner is not likely to offer care that is compatible with breastfeeding, then you may wish to ask your primary health care provider for a referral to a more knowledgeable and experienced practitioner.

Symptoms of PPD overlap—and can co-occur—with those of grief, acute stress disorder, posttraumatic stress disorder, bipolar disorder, anxiety disorders, and dysphoric milk ejection reflex (D-MER).[10-12] The causes of and treatments for these disorders are not identical. Psychotropic medications should never be the only treatment offered to parents with PPD because symptoms of depression may be caused or worsened by life events and circumstances, chronic pain, sleep deprivation, underlying health problems (e.g., hypothyroidism, poor gut health), nutritional deficiencies and imbalances (e.g., copper/zinc ratio), alcohol and substance abuse, and numerous prescription medications—none of which are cured with psychotropic medications. However, psychotropic medications might be useful if symptoms of depression are so severe that they seriously impair your functioning and prevent you from engaging in other treatment options, such as psychotherapy. Accurately diagnosing PPD, identifying its causes and contributors, and developing an individualized treatment plan take time and partnership between you, your primary health care provider, and your mental health practitioner. A treatment plan that is effective for one parent may not be effective for another. Treatment risks or side effects, such as those associated with psychotropic medications,[13] may or may not be acceptable or manageable for a particular parent. Effective treatment always begins with ruling out and/or treating underlying health problems that can cause or contribute to depression. Additional treatments include dietary changes, nutritional supplements, exercise, help from a postpartum doula, support group participation, various evidence-based psychotherapies (e.g., cognitive behavioral therapy, interpersonal psychotherapy of depression, solution focused brief therapy), and psychotropic medications.[1,14,15] If a severely depressed breastfeeding parent requires hospitalization, the hospital can protect breastfeeding by admitting the breastfeeding dyad to the same unit and, if needed, allowing a partner, relative, or friend to stay with the dyad to ensure the safety of the nursling. If separation of the breastfeeding dyad is unavoidable (this should *rarely* be the case), the hospital should provide a hospital grade electric breast pump and assistance from an International Board Certified Lactation Consultant in using it. You deserve the opportunity to make informed decisions about your mental health care by being provided with information about a wide variety of effective treatments, the risks and benefits of those options, the risks of weaning or introducing artificial substitutes for human milk, and the risks of not treating PPD. The vast majority of treatment options for PPD, including most psychotropic medications,[8,16] do *not* contraindicate breastfeeding.

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