

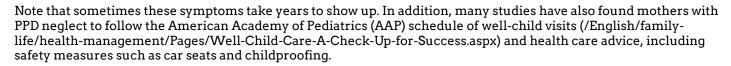
Postpartum Depression & Breastfeeding

Postpartum depression (PPD) occurs in about 1 in 7 women and can begin anytime within the first year after giving birth. While mom seeks help for her mental health needs, it is still possible to meet breastfeeding goals (/English/ages-stages/baby/breastfeeding/Pages/Why-Breastfeed.aspx).

How PPD Effects Baby

There is no denying that a mother's mental health (/English/family-life/family-dynamics/Pages/How-Taking-Care-of-Yourself-Makes-you-a-Better-Mom.aspx) is crucial—not just to her, but also to her baby. A depressed or anxious mom, however, may not be able to provide the nurturing that her baby needs to grow and thrive. She is less likely to read to, cuddle with, and interact with her baby—putting him or her at risk for a number of negative health outcomes, such as:

- Failure to thrive
- · Delayed development
- · Sleep difficulties
- · Behavioral and emotional problems
- Learning problems



Identifying PPD: Who Should Screen and When?

Although pediatricians are trained to treat children, there are times when they also need to take care of parents.

Most women typically only have 1-2 postpartum visits with their obstetricians, where depression screening may not always occur. Since a pediatrician can see a baby up to 6 times within the first 6 months of life, they are probably in the best position to identify mothers suffering from PPD. It is for this reason that the AAP recommends (http://pediatrics.aappublications.org/content/early/2010/10/25/peds.2010-2348) pediatricians screen new mothers for PPD at their baby's 1, 2, 4, and 6 month well-child visit.

The screening tool most pediatricians use is the Edinburgh Postpartum Depression Scale (EPDS) (http://www2.aap.org/sections/scan/practicingsafety/toolkit_resources/module2/epds.pdf)—a 10-item questionnaire for mom to fill out.

Help Preserving Mom's Breastfeeding Goals

If a mother is experiencing PPD, it is natural for her doctor to ask her what parts of her day bring her joy and peace, and what makes her symptoms worse. In doing so, it is important to know where breastfeeding falls.

The AAP recommends (http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2011-3552) exclusive breastfeeding for about 6 months, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant.



If breastfeeding is helping a mom bond with her baby vs. contributing to her symptoms, then her PPD treatment can and should be built around protecting that breastfeeding relationship. If breastfeeding is contributing to a mom's PPD symptoms, she should not feel guilty if she chooses to seek alternative forms of feeding.

Antidepressant Medication & Breastfeeding

Treatment for PPD typically includes some combination of antidepressant medication (/English/health-issues/conditions/treatments/Pages/Common-Medications-for-Psychiatric-Disorders.aspx) and talk therapy. Peer support, such as support groups, and sleep are important aspects of therapy, as well.

Many medications to treat postpartum mood and anxiety disorders are safe to use while breastfeeding. Medication to treat the mother should not be withheld. See Medication Safety Tips for the Breastfeeding Mom (/English/ages-stages/baby/breastfeeding/Pages/Medications-and-Breastfeeding.aspx) for more information.

Remember...

All children deserve the chance to have a healthy mom. And all moms deserve the chance to enjoy their life and their children. If you are feeling depressed during pregnancy or after having a baby, don't suffer alone. Please tell a loved one and call your doctor right away.

Additional Information & Resources

- Depression During & After Pregnancy: You Are Not Alone (/English/ages-stages/prenatal/delivery-beyond/Pages/Understanding-Motherhood-and-Mood-Baby-Blues-and-Beyond.aspx)
- How Taking Care of Yourself Makes You a Better Mom (/English/family-life/family-dynamics/Pages/How-Taking-Care-of-Yourself-Makes-you-a-Better-Mom.aspx)
- Breastfeeding and the Use of Human Milk (http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2011-3552) (AAP Policy Statement)
- Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice (http://pediatrics.aappublications.org/content/early/2010/10/25/peds.2010-2348) (AAP Clinical Report)
- LactMed (http://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm) (National Library of Medicine)

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The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.