How does exclusive breastfeeding affect risk of postpartum depression?

Bottom line
Risk of postpartum depression (PPD) is decreased with exclusive breastfeeding, particularly in patients who express an interest in doing so before delivery. Patients with prenatal depression also have lower rates of PPD if they breastfeed.

Case
Kris, a 25-year-old woman at 36 weeks’ gestation, bottle-fed her first infant and had PPD for 1 year. She is considering breastfeeding this time, but is concerned about her risk of repeat PPD. She asks for recommendations.

Evidence summary
PPD affects 13% to 19% of women who have recently given birth.¹ The World Health Organization, American Academy of Pediatrics, and the European Commission Directorate for Public Health have all recommended exclusive breastfeeding for ≥6 months as the optimal infant feeding method.¹ A possible association between breastfeeding and PPD has been assessed in several studies, but no RCTs or systematic reviews have clarified the direction of this relationship.

A 2015 longitudinal cohort study evaluated about 14,000 children in England.² Data from the Edinburgh Postpartum Depression Scale (EPDS) were collected during and after pregnancy, along with prenatal intent and postnatal actual method of infant feeding.

Overall, longer durations of breastfeeding and exclusive breastfeeding were associated with a lower risk of PPD, although the difference was not significant. For mothers who were not depressed during pregnancy, the lowest risk of PPD was found among women who had planned to breastfeed and who had actually breastfed their babies (odds ratio [OR] 0.36; 95% CI, 0.18–0.71).²

The highest risk of PPD was among women who had planned to breastfeed and had not gone on to breastfeed (OR 2.55; 95% CI, 1.34–4.84). PPD risk was also higher among women who had not planned to breastfeed, but did go on to breastfeed—but this risk was significant only at 21 months. In mothers who had shown signs of depression before or during pregnancy, the protective effects of breastfeeding as planned were smaller but still present; however, the only significant effect on the week 8 EPDS was for at least 4 weeks’ exclusive breastfeeding (OR 0.42; 95% CI, 0.20–0.90).²

In a 2014 prospective cohort study, 145 women completed the EPDS during pregnancy, neonatal period, and 3 months postpartum.³ Self-report exclusive breastfeeding data were collected at birth and at 3, 6, and 12 months postpartum.

A decrease in depression scores was seen from birth to 3 months postpartum in women who exclusively breastfed for ≥3 months, but results were not statistically significant. No change was seen in women who did not initiate breastfeeding or who stopped exclusive breastfeeding early.³

A 2009 systematic review identified 49 research articles evaluating breastfeeding and PPD.⁴ Seven studies found that breastfeeding was associated with lower levels of depression and 7 studies found an association between bottle feeding and higher levels of PPD. Twelve studies suggested that maternal mood may have a greater influence on breastfeeding outcomes than breastfeeding on mood. Study limitations were related to the multiple study designs.

A 2015 systematic review identified 48 relevant studies including 71,245 mothers.⁵ Six studies found that breastfeeding initiation and longer duration decreased PPD symptoms versus bottle feeding. Five studies indicated that depression preceded breastfeeding cessation. The research was equivocal regarding the predictive value of breastfeeding on PPD.

Case wrap-up
Because Kris had already expressed an interest in breastfeeding, you support her choice during prenatal visits. Kris breastfeeds exclusively for 6 months and has no recurrence of PPD.

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REFERENCES