



# INFANT FEEDING SUPPORT & PERINATAL - INFANT MENTAL HEALTH

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# THE PERINATAL PERIOD

- **Pregnancy**
  - Antenatal or pre-natal
- **After birth**
  - Postnatal or postpartum



# INFANT FEEDING AND PARENT INFANT MENTAL HEALTH

Does providing support  
for infant feeding also  
protect maternal mental  
health and support the  
parent-infant relationship?



# POLL: DO YOU SEE YOUR ROLE PRIMARILY AS:

- Supporting breastfeeding / Infant feeding
- Supporting the mother
- Supporting mother and baby

# HOW LONG DOES A MOTHER SPEND FEEDING A BABY IN THE FIRST YEAR OF LIFE?





# CLOSENESS AND COMFORT



# POLL: HOW MANY WOMEN EXPERIENCE A PERINATAL MENTAL HEALTH PROBLEM?

- 1 in 5
- 1 in 10
- 1 in 20
- 1 in 50



# PERINATAL MENTAL HEALTH – SOME FACTS

- 1 in 5 women will experience a PMH problem
- 15% of women will have depression and anxiety disorders
  - Generalised anxiety
  - Social anxiety
  - OCD
  - PTSD
- 2-3 women per 1000 deliveries require admission to MBU
- 1-2 women per 1000 are affected by Postpartum Psychosis.





# IMPACT OF PERINATAL MENTAL HEALTH

- Maternal death by suicide is leading cause of deaths for women in perinatal period in UK
- Increased risk of behavioural and emotional problems for the baby later in life
- Increased risk of impaired mother-baby interactions and parenting difficulties
- Costs to the NHS and social services £1.2 billion
- Costs to society £8.1 billion.



# MATERNAL MENTAL HEALTH – RISK FACTORS

- Pre-existing mental health conditions
- Childhood experience
- Birth experience
- Postnatal pain
- Sleep disruption

Challenges establishing breastfeeding  
Stopping breastfeeding



# BREASTFEEDING AND MATERNAL MENTAL HEALTH

## A COMPLEX RELATIONSHIP

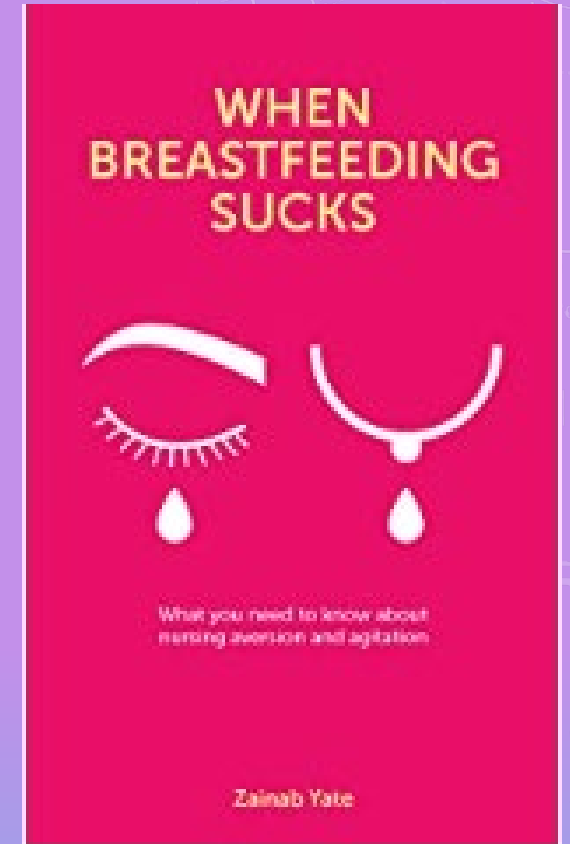
- If a mother wants to breastfeed and it is going well, this is protective of mental health
- If a mother wants to breastfeed and she experiences problems – increases her risk of PND
- Could timely infant feeding support prevent or mitigate escalation of symptoms?





# BREASTFEEDING AVERSION AND D-MER

- Important to consider as can be mistaken for PND
- Aversion - feelings of aversion while breastfeeding, which are in opposition to their desire to breastfeed
- D-MER - feelings of dysphoria that last during the milk ejection reflex and then cease.



# CAMDEN BABY FEEDING TEAM

Peer Practitioners within Camden Health Visiting Service



Parents can self-refer or be referred for help with breastfeeding, bottle feeding, mixed feeding and expressing.

# FEEDBACK FROM MUMS



Mum says you are the reason they are still breastfeeding! She also says her mental health was beginning to suffer, she was at the point of stopping feeding as she was beginning to dread every feed with her baby. That has completely changed, and she feels that she is in love with her baby again, thanks to you

Thank you for the medical advice and psychological support without which I could have given up with breastfeeding

*Incredible technical and emotional support*

*Non-judgemental advice*

*I feel better for spending time here*



# OBSERVATION BY HEALTH VISITOR

‘Seeing a peer supporter with a mother you get to see the emotions the mother is expressing, the anxiety etc., and how the interaction with the peer supporter relieves this anxiety and increases maternal confidence.’

# COLLABORATIVE WORKING

‘This mother had a traumatic birth and was struggling with breastfeeding, which was contributing to her low mood as she had always wanted to exclusively breastfeed. Mother was often very tearful during my initial interactions with her but declined birth reflection or psychological input. I referred her into your service...

...baby is now 12 weeks old and despite a difficult few months is now exclusively breastfeeding without difficulty. Mother's mood has improved hugely because of establishing breastfeeding and she merits your team highly in being able to achieve this. Due to her feeling more positive and confident as a mother, she has now accepted referral for psychological support and birth reflection which will benefit her greatly.’

# STORIES MATTER. BEING HEARD MATTERS.

‘I would have felt like my body had let my baby down as well as me letting him down.’

Mum with PND

‘Going back to work triggered massive anxiety...I was afraid I would be judged that I couldn’t make breastfeeding work.’

Health Visitor

‘I didn’t want to breastfeed because it was good for my baby, although I knew about the antibodies in breastmilk. I wanted to breastfeed because it was my way of healing myself and my baby from the traumatic birth we experienced...’

Mum diagnosed with PTSD and anxiety during second pregnancy



# IN THEIR OWN WORDS....

I had postnatal depression after my first child as I couldn't breastfeed her and I didn't get the support I needed. But, I was determined to breastfeed my second child and thankfully I found the right support.

Being a survivor of FGM has made me want to reclaim what is mine. Breastfeeding helped me to feel empowered and complete as a woman. It may sound weird, but breastfeeding compensated for what I lost as a child.

# BREASTFEEDING CAN BE PART OF THE HEALING PROCESS

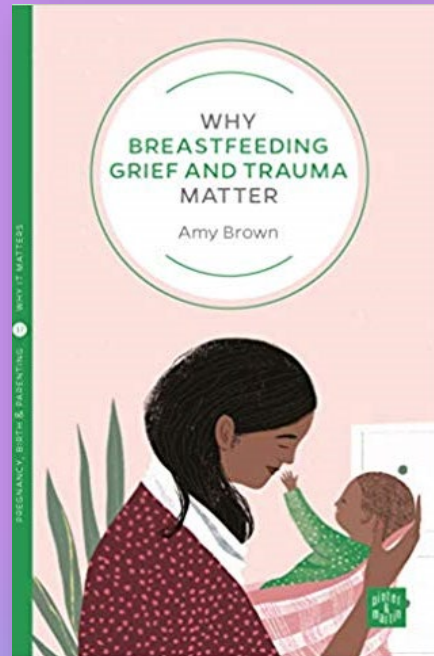
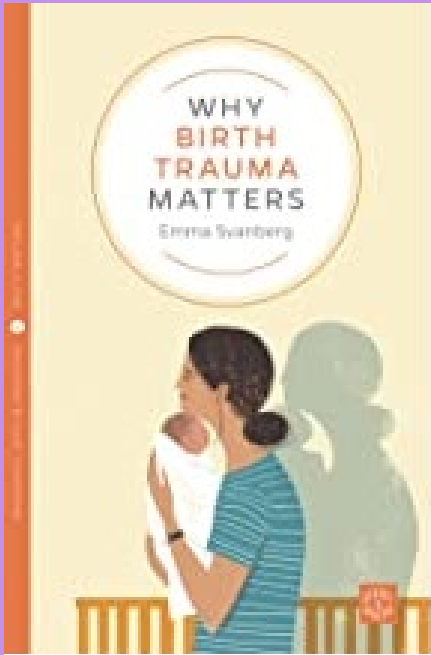
Because my baby was born early at 24 weeks, she missed out on being a part of me in those final months. So by providing breastmilk, I was giving her a part of myself again. It was really hard leaving her in the neonatal unit at night but by leaving my milk, I was leaving a part of me with her. If I hadn't been able to express milk, I think it would have led to depression as being separated was so hard. When I was expressing, I was thinking of her and so it helped me to bond with her when she was ill and I couldn't be with her.

# HIGH QUALITY BREASTFEEDING PEER SUPPORT:

- Reduces the stress that mothers experience if they are facing challenges around breastfeeding
- Responds to the sense of loss and grief women can experience when they do not achieve their breastfeeding goals
- Provides opportunities for parents to meet and connect with a network of peers
- Normalises parents' experiences and creating a safe space where 'it is ok not to be ok'



# HOW DO WE PROMOTE RECOVERY FROM TRAUMA?



# WHY IS BREASTFEEDING SO IMPORTANT TO SOME WOMEN?



# CHANGE THE CONVERSATION

‘I was really impressed...a perfect balance of encouraging and enabling breastfeeding whilst providing non-judgemental advice about bottle and mixed feeding, which I needed. All done with warmth and careful listening.’



# WHAT ABOUT LIVED EXPERIENCE OF PEER SUPPORTERS?

Difficulties  
breastfeeding?

Bottle  
feeding?

# WHAT ABOUT THE LIVED EXPERIENCE OF HEALTH PROFESSIONALS?

‘When I had my baby, breastfeeding felt very comforting and natural. I had thought I would stop at 6 months, then a year, then breastfeeding a toddler.’

‘One of my proudest and most cherished achievements.’

## IMPACT OF A NEGATIVE EXPERIENCE.....

*'My first child was breastfed – she was unsettled and never stopped crying. This went on for four months – it was the most miserable time of my life'*

*'A bit resentful of breastfeeding mothers because of my own experience – felt a failure'*

*'As a HV I know the importance of breastfeeding and feel guilty as I don't feel I could breastfeed again'*





# A PEER SUPPORTER DOES GET TO REFLECT.....

I felt a lot of emotion towards breastfeeding, both positive and negative. There was a mixture of relief and gratitude that we succeeded; grief and anguish at the trouble I went through in the early weeks, and many more that I couldn't identify or quite cope with so I bottled it up.....

Somewhere along the way, I was able to address my own tough journey and those bottled emotions that made me want to curl up and cry every time I thought of the first few weeks and how difficult they were. We talked through not just the impact of my own journey, but also how to impartially listen without bringing forward our own feelings...

# SUPERVISION AND REFLECTIVE PRACTICE

- Unconscious bias
- trauma informed approach
- Resilience needed as negative experiences of breastfeeding support can bring up strong feelings in both professionals and mothers
- Support for healthcare professionals as well as peer supporters



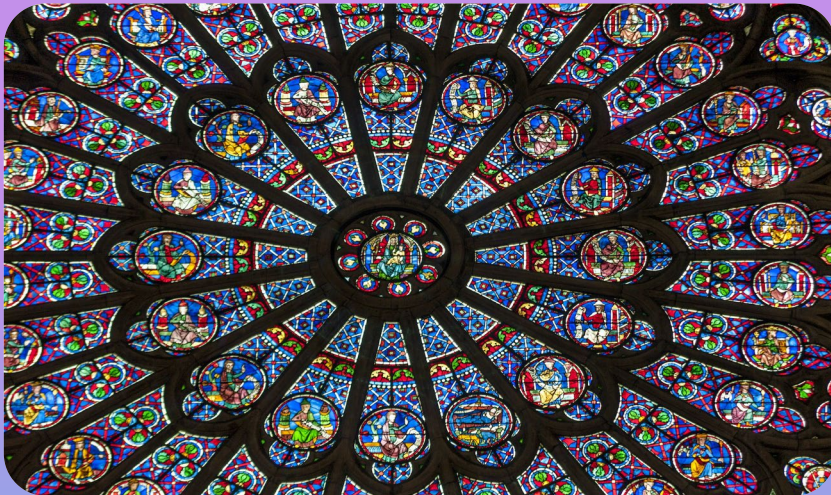
A good practice guide  
to support  
implementation of  
trauma-informed care  
in the perinatal period



# PIECES OF A POSTPARTUM PUZZLE



We can't think about Infant feeding without thinking about mother's mental & physical health, sleep, partner support, and the parent–infant relationship



Collaboration needed to address complexity and uncover blind spots



**THANK YOU FOR LISTENING**