The treatment of patients suffering from depressions, bipolar disorders, or other mood disabilities requires consideration of many factors. This becomes increasingly complex when the “patient” is actually a dyad—a nursing mother and her baby. Now the needs of two patients must be considered. Risk/benefit ratios are multiplied and multilayered.

First and foremost are the issues of safety for both. Some cases are so severe that treatment options are very limited. It’s not unusual for the mother to require 24-hr. assistance/watch. It’s also typical for her treatment to necessitate the use of psychotropic medications. But do these treatments always necessitate sudden weaning? Further, does abrupt weaning serve the best interests of the patients or might it create further difficulties?

Potential benefits of weaning for the mother would assume that she would have less responsibility and stress, allowing her to rest and relax. This assumption would mandate caring helpers to provide for her children, likely for some length of time. A secondary benefit is the presumed lack of exposure to medications.

A closer look at these problems reveals potential risks that may outweigh benefits. They include but are not limited to:

**Maternal Concerns:**

- **Physical problems**
  
  Sudden weaning will cause breast engorgement with the potential of mastitis, abscesses, tissue damage, all of which are exquisitely painful. These problems may be enhanced by medications containing galactagogue properties. While pumping may offer some relief, it is one more unpleasant task. Many breastfeeding mothers do not own pumps, requiring yet another step if she must acquire one.

- **Hormonal chaos**
  
  Research supports that weaning, particularly when it is abrupt can precipitate depression, exacerbate an existing depression, and cause serious lability of mood. It stands to reason, and has been observed anecdotally that sudden weaning especially, superimposed upon depressive mood may have disastrous consequences. New research is bearing this out.

- **Familial support**
  
  While family members/friends are often eager to assist during the immediate crisis, they are often unwilling or unable to continue a high level of support beyond the short term. This means in practical terms that in the long term the mother becomes more burdened. Rather than sitting down to nurse the baby, she must buy and prepare formula, wash bottles and care for a baby that is sick more frequently.

- **Fertility may return with abrupt weaning, with the possibility of another pregnancy**

- **Expense**
  
  Many young families are under financial stress by virtue of their age and position in career(s). Adding the expense of a pump, formula, increased medical support for an ill infant creates new burdens.
Attachment and bonding

Mood disturbances often interfere with a mother’s ability to nurture and interact with her infant. The continuation of breastfeeding obligates the mother to some nurturing behaviors—quite possibly the only such nurturing engaged in during a given day.

Loss of choice

Mothers often experience tremendous grief, as well as hostility towards care providers and others even decades after abrupt weaning, particularly when they feel coerced or manipulated. This occurs as a result of her experience and interpreting her family and care providers as unsupportive of what they know to be her desires, even as they attempt to manage her crisis.

Infant concerns:

Nutrition

For babies under a year, breastmilk is unquestionably the only nutritionally complete option. Infants under six months are not ingesting other sources of nutrition and are completely reliant on mother’s milk. The substitution of formula has been found to contain significant risks.

Immune properties

Many researchers consider this to be the most important aspect of human milk. Withdrawing such protection from the baby often results in increased infant illnesses, ranging from relatively minor to serious infections thereby changing the face of family life.

Dose-related benefits of breastfeeding would need to be considered in families with histories of allergy, diabetes, obesity and several other health-related problems where research has been shown long term breastfeeding to be crucial in risk-reduction.

Attachment trauma

Research is scant in this area, but it is known that abrupt weaning causes stress hormones, such as cortisol to be increased in rat pups. Observation of human infants strongly suggests that sudden weaning is traumatic. Additionally, the infant is already at risk for faulty relational and psychological development simply by virtue of her ill mother. Being nursed gives her that much more nurturing.

What to do?

Health Care Providers may wish to explore and evaluate these factors when deciding on a care plan. Many are unaware of current information regarding the safety of medications and breastfeeding. The majorities are either known to be safe and approved by the American Academy of Pediatrics for use in breastfeeding mothers or are considered likely safe with possible monitoring of the infant. While many resources are available, the Quick Links below are easy to access and specific to the breastfeeding mother-baby dyad.

As to the issue of the mother providing care for the baby, it stands to reason that if she is competent to do so, that nursing her baby will facilitate a more successful experience. Should she require supervision, the nursing may be included in that. Even in the event of hospitalization, it may benefit both members of the dyad to receive some supervised visits which may include nursing if the mother is able.

Should a separation of the dyad be required, lactation consultants or other helpers may be called upon to assist with pumping and protecting the milk supply until such time as the mother is able to resume breastfeeding.
Quick Links:

Mother-Baby Infant Risk Center at Texas Tech University: http://www.infantrisk.com/

California Dept. of Public Health: Supporting Breastfeeding Mothers with Mental Health Issues: http://www.cdph.ca.gov/HealthInfo/HealthyLiving/ChildFamily/Pages/SupportingBreastfeedingMotherswithMentalHealthIssues.aspx


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