



## The Breastfeeding Network and Support for mothers with mental health issues

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The Breastfeeding Network Drugs in Breastmilk Service has around 10, 000 contacts with breastfeeding mothers annually. Some 20% of these queries relate to issues around mental health. We are passionate about supporting these mothers in accessing therapy and medication which enables them to continue to breastfeed if that is what they choose. As everyone who works within the service is a trained BfN helper or supporter we are also able to offer information on breastfeeding difficulties either on line, by using links or referring on to the National Breastfeeding Helpline.

A survey monkey questionnaire which we sent out last year showed that the dilemmas for mothers fell into several categories;

- Problems with breastfeeding was making the mother anxious or depressed
- Breastfeeding was a positive part of the mother's relationship with her baby, but she needed medication to support her mental health issues
- Mothers for whom breastfeeding was going well but whose doctors or mental health team said that they couldn't be prescribed medication unless they stopped breastfeeding
- Situations where mothers chose not to discuss their infant feeding with their professionals to avoid expected censure or debate, and where a drug had been prescribed with the doctor unaware that the mother was breastfeeding
- Mothers who were desperate not to take medication, but were struggling with mental health issues
- Decisions made the mother to stop breastfeeding to take medication

Some of you may know that my second daughter Beth is a CBT psychotherapist working for IAPT in the NHS and through IESO (<https://www.iesohealth.com/en-gb>)

also available for online support in some areas through the NHS. It isn't surprising that often our conversations veer towards breastfeeding and mental health (we are mutually influential!!). One of the points I have taken from her is the concept of being a "Good Enough Mum" ([www.iesohealth.com/en-gb/resources/perinatal-matters](http://www.iesohealth.com/en-gb/resources/perinatal-matters)). So many of us strive to be the perfect mum, reading lots of books, watching social media, running ourselves ragged to be at every group in order to give our children the best start. This not unsurprisingly leads to tiredness, depression and anxiety. It is something I remember doing 30 odd years ago with my babies. They must do Tumble Tots, must learn signing, must learn nursery rhymes leading to rhythm and pitch a precursor to music lessons, must learn to swim, must learn to share, must .....

Actually, what they remember now is being loved and happy. Some of the best times I spend with my grandbabies involves playing in the sand or splashing in puddles etc.

## **Does social media add to the pressure and engender more depression and anxiety?**

Professor Amy Brown has shown some fascinating insights;

<https://theconversation.com/social-media-is-putting-pregnant-women-under-pressure-to-look-perfect-61881>

<http://www.swansea.ac.uk/press-office/latest-research/newresearchfindslinkbetweensomebabybooksandpostnataldepression.php>

Other research links Facebook use per se with depression

[www.psychologytoday.com/us/blog/fulfillment-any-age/201710/is-facebook-making-you-depressed](http://www.psychologytoday.com/us/blog/fulfillment-any-age/201710/is-facebook-making-you-depressed)

However social media can be a lifesaver in the middle of the night when you ask your trusted group for advice – or the opposite. Google searches can make you decide that you and or your baby have some rare condition the outcome of which is terrible. Google (other search engines are available!) is not selective of evidence-based materials. If you look long enough you can find any viewpoint to want – it can reassure, and it can terrify.

Most of the contacts to the Drugs in Breastmilk service now come via social media – not just from the UK but across the world. We are continuing to develop fact sheets to answer the frequently asked questions. Nevertheless, many mums need reassurance that their personal situation is covered by the sheet be that in terms of dose, age of baby, other medications and we are happy to answer those questions. We also increasingly supply more in-depth information to healthcare professionals.

### **Relevant Statistics**

Taken from “The costs of perinatal health problems”

[www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=07afd94b-92cb-4e47-8439-94cbf43548d8](http://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=07afd94b-92cb-4e47-8439-94cbf43548d8)

- Between 10 and 20% of women develop a mental illness during pregnancy or within the first year after having a baby.
- Perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK.
- About half of all cases of perinatal depression and anxiety go undetected and many of those which are detected fail to receive evidence-based forms of treatment.
- Suicide is a leading cause of death for women during pregnancy and in the year after giving birth.

### **Prevalence of mental health conditions**

- antenatal depression; 7.4% in the 1<sup>st</sup> trimester rising to 14.8% in the 3<sup>rd</sup> trimester.
- postnatal depression. 7.4 -11.0% in the first 3 months after childbirth, 7.8 - 12.8% in the 3<sup>rd</sup> to 6<sup>th</sup> months and 8.5 -12.0% in the 6<sup>th</sup> to 9<sup>th</sup> months
- anxiety 11.8% - 15.3% during pregnancy and 8% in the period after birth
- Psychosis (refers to bipolar disorder, schizophrenia or very severe forms of depression). 0.2%. There are some developing studies that the condition may reach another peak following weaning (unpublished data reviewed)

- Obsessive Compulsive Disorder. 2.1% during pregnancy and 2.4% during the postnatal period compared with 1.1% in the general female population suggesting that pregnancy and giving birth might trigger the onset of the condition.
- Birth Trauma (Post Traumatic Stress Disorder (PTSD) that occurs after childbirth) 1.9-9% of births

### Provision of mental health services

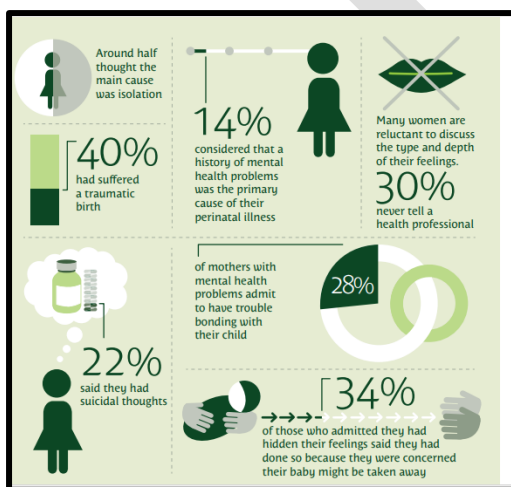
The provision of specialised support services and in particular the availability of mother and baby units varies widely across the country. Access to CBT and other talking therapies may involve leaving the baby with another carer which may not always be possible. To deal with mental health issues isn't easy in some areas! According to data released April 2018 by the Maternal Mental Health Alliance "24% of pregnant women and new mum the UK still have no access to specialist perinatal mental health services" (<http://maternalmentalhealthalliance.org/campaign/maps/>)



### Insights from mothers experiencing maternal mental health issues

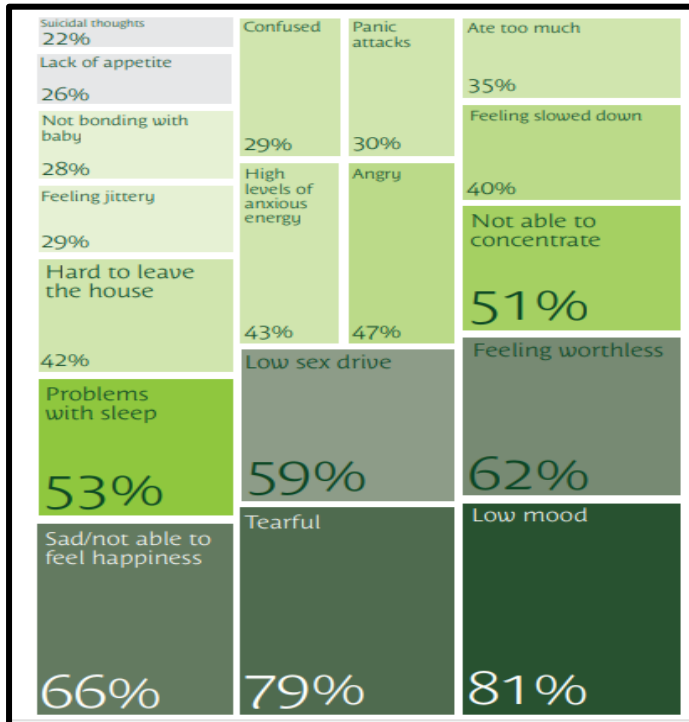
Perinatal mental health experiences of women and health professionals 2013

[www.tommys.org/sites/default/files/Perinatal\\_Mental\\_Health\\_Experiences%20of%20women.pdf](http://www.tommys.org/sites/default/files/Perinatal_Mental_Health_Experiences%20of%20women.pdf)



Some fascinating insights from mothers

Mothers may be reluctant to discuss their in depth feeling of depression and anxiety for fear that they will be judged as not good enough and have their baby removed by social services. It is actually most unlikely that this will happen but may be far more likely in fact open up other means of support.



Symptoms described vary widely as shown here. Recently I shared a post to Facebook

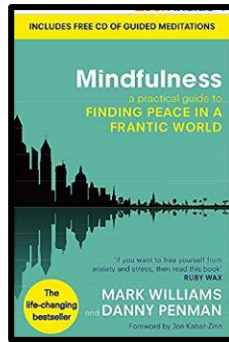
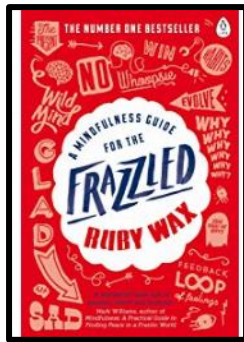
“How many of you have had a night out planned or arranged coffee with friends and suddenly the 4 walls you inhabit seem the only haven because it's the only place you don't have to pretend you are ok, so you cancel. Or when you are invited out you tell them how terribly sorry you are, but you're already booked up that weekend, when you are actually just really busy holding it together in your safe box. And so, the first problem starts, all by itself. People stop asking you and the isolation that at first wasn't true becomes your only truth”.

Several people who the outside world would see as confident and outgoing readily identified with the statement. Feeling socially anxious or in a place where you don't want to go out is normal – let's not stigmatise the feeling.

Just before Christmas I was whiling away half an hour before catching a train, in a bookstore on Waterloo station. I bought a copy of “Frazzled” by Ruby Wax and devoured its contents. She felt like she was in my brain and understood ME. She is so honest about the stresses of life that crowd into our head – the buzzing in the brain which never ceases. Tonight, I was listening to a radio 4 podcast by her and another lightbulb moment for me. “I wake up at 3 in the morning” she said, “and start doing emails frenetically, when I run out I check the spam box just in case then press refresh!” Oh, that is so what I do! She went on to say it is ok to rest, to watch a blackbird in the garden, to read poetry, to just be in the moment. I am currently trying to learn and practice the skill of mindfulness regularly. To be present in the moment, not the one which has just passed, not the one to come but just to be present at that instant. To accept thoughts but let them pass and not dwell on them. This is a technique being more and more widely advocated for depression and anxiety. It isn't easy as a mother to have as the wonderful story book my children loved “Five Minutes Peace” but just one minute can be enough to calm the brain, lower the adrenaline, stop the panic. I posted this link on my own Facebook page recently which maybe some of you may find helpful. Keep going, don't judge yourself, it isn't a test it's just being Mindful.



<https://goo.gl/9BpmqS>



I have no financial link with any of these resources but have used and valued them myself.

Perinatal mental health issues affect many mothers. Some issues are caused by breastfeeding difficulties – the solution is to make more evidence-based, well-informed breastfeeding support available or to help mothers come to terms with why breastfeeding may not be for them in a positive, mother-centred, empathetic manner. Some issues need medical interventions which can be used during breastfeeding if the mother so wishes. Support of breastfeeding to the age of 2 years and beyond by all health professionals should be implicit. This is unlikely until breastfeeding is covered as a health promotion intervention in all undergraduate courses.

**Mothers need to be listened to and their choices valued – whether that be in infant feeding choice or use of medication. Everyone of us is an individual – that is what makes the human race so special, we are diverse and special.**

**What does the Breastfeeding Network do to support mothers with mental health issues in May 2018?**

1. We have fact sheets specifically written about:
  - depression <https://breastfeedingnetwork.org.uk/wp-content/dibm/antidepressants%20and%20breastfeeding.pdf>
  - <https://breastfeedingnetwork.org.uk/wp-content/dibm/feeling%20depressed%20and%20breastfeeding.pdf>
  - anxiety <https://breastfeedingnetwork.org.uk/wp-content/dibm/anxiety%20and%20breastfeeding.pdf>
  - <https://breastfeedingnetwork.org.uk/wp-content/dibm/feeling%20anxious%20and%20breastfeeding.pdf>
  - OCD <https://breastfeedingnetwork.org.uk/wp-content/dibm/OCD%20and%20breastfeeding.pdf>
  - Bi-polar disorder <https://breastfeedingnetwork.org.uk/wp-content/dibm/BIPOLAR.pdf>
2. We provide additional information via social media and emails about the drugs used for mental health disorders
3. We are working with other organisations to support perinatal mental health

4. We are looking at how peer breastfeeding supporters can signpost to information on mental health
5. I deliver presentations to peer supporters and professionals normalising mental health conditions and looking at the safety of the drugs used to treat these conditions during breastfeeding
6. We are always striving to make links with other organisations supporting mothers and to work with them
7. We have made links with fathers who have mental health issues after the birth of their children

This was a comment on social media recently which I hope is exactly what I strive to do “Thank you so much. You provide a wonderful service and so much more than just drug knowledge “

### **Maternal Mental Health Matters Awareness Week 30th April - 6th May 2018**

I will be fully engaged with Maternal Mental Health Matters Awareness Week 30th April - 6th May 2018

Tuesday 1 May Facebook Live session 7.30 pm Perinatal Mental Health Partnership

<https://www.facebook.com/PerinatalMHPartnershipUK/posts/735508356640403>

Friday 4<sup>th</sup> May Facebook live session from Mama Conference Glasgow (<http://www.mama-conference.co.uk/>) where BfN have been nominated as breastfeeding champions and I have been nominated as individual breastfeeding champion

<https://www.facebook.com/BfNDrugsinBreastmilkinformation/>

### **Perinatal Mental Health Partnership**

[www.facebook.com/PerinatalMHPartnershipUK/posts/735508356640403](http://www.facebook.com/PerinatalMHPartnershipUK/posts/735508356640403)

We are delighted to announce that this years theme for Maternal Mental Health Matters Awareness Week 30th April - 6th May is ‘Support For All’. We will be focusing on advocating for all families affected by Perinatal Mental Illness , to access the information and help they require to enable recovery. Throughout the week, we will be using and will encourage the use of the hashtag #maternalmhatters on social media.

Themed days : We will be running themed days and each will have its own unique hashtag which we will reveal shortly.

**Monday 30th April** - The focus of the first day of the campaign will be ‘What is Perinatal Mental Health’? We will provide an overview of the different strands of perinatal mental illness and will be running interactive Facebook Live sessions relating to each illness so individuals can be involved and ask questions.

**Tuesday 1st May** - Following on from the success of last year , we will again be focusing on ‘Support from Health Care Professionals’.

We will be running numerous interactive Facebook Live sessions including a session on breastfeeding and antidepressants with the pharmacist Wendy Jones , a session with Dr Stephanie DeGiorgio about approaching health care professionals if you are unwell and another with a perinatal psychiatrist to talk through what happens when a parent is referred to a community perinatal mental health team.



We will also be running a Twitter chat dedicated to health care professionals for them to ask questions and increase knowledge on how to support families affected by perinatal illness.

**Wednesday 2nd May** - This is World Maternal Mental Health Day and the Partnership has been liaising with Postpartum Support International and member organisations to ensure we work collaboratively.

Our theme for the day will be 'The Village', focusing on how we work together to remove barriers to services so everyone can access them. We in particular want to focus on families who may experience these barriers such as single parents, LGBTQ families, those with disabilities and BAME and faith families.

**Thursday 3rd May** - Even though the week is geared towards maternal mental health, paternal mental illness is becoming more recognized and as such, this day will be dedicated to 'Dads'. If you are an organisation who supports fathers or you a dad who has been unwell, we would love your input for the day.

**Friday 4th May** - To end the week, we want to focus on recovery and hope and will be encouraging the creation of a virtual 'Positivity Pot', publishing and sharing articles and blogs about recovery. We will also be encouraging short vlogs from mums and dads showing that recovery is possible.

#PNDHOUR - Following on from the success of last year, Rosey from PNDandMe will be running #PNDHOUR every night during the week at 8pm on Twitter.