

Psychological and medical advantages of breastfeeding; the role of psychological consultations for women after birth

Psychologiczne i medyczne zalety karmienia piersią; rola konsultacji psychologicznych dla kobiet po porodzie

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Słowa kluczowe: karmienie piersią, medyczne zalety karmienia piersią, psychologiczne zalety karmienia piersią, kobiece mleko, konsultacje psychologiczne po porodzie.

Abstract

Human milk is the best food for newborns. A lot of doctors and specialists connected with obstetrics devote themselves to informing and encouraging women to breastfeed; however, there are still problems with deciding on such a way of feeding the infant. Some women still have little knowledge about the medical and psychological advantages of breastfeeding for the newborn and herself. The article discusses the advantages of breastfeeding and the psychological problems that may block women from deciding on such a way of breastfeeding. Among the most common barriers are social pressure, a rapid desire to return to work and the anxiety associated with it, stress, postpartum depression, and lack of knowledge about the advantages of human milk. It is very important to take up this subject because often women do not breastfeed because of psychological rather than medical problems. In such a situation it is worth recommending, as well as diagnostic tests and lactation advice, also psychological consultation.

Streszczenie

Kobiece mleko jest najlepszym pokarmem dla noworodków. Bardzo dużo lekarzy i specjalistów związanych z położnictwem poświęca się informowaniu i zachęcaniu kobiet do karmienia piersią, wciąż jednak istnieją problemy związane z podjęciem decyzji o takim sposobie karmienia niemowlęcia. Część kobiet wciąż ma niewielką wiedzę o medycznych i psychologicznych zaletach karmienia piersią dla dziecka i dla nich samych. Artykuł podejmuje zagadnienie zalet karmienia piersią oraz problemów psychologicznych, które mogą powstrzymać kobiety przed decyzją o takim sposobie karmienia. Do najczęściej spotykanych barier należą: presja społeczna, chęć szybkiego powrotu do pracy zawodowej i lęk z tym związany, stres, depresja poporodowa oraz brak wiedzy dotyczącej zalet ludzkiego mleka. Podejmowanie tego tematu jest bardzo ważne, ponieważ często zdarza się tak, że kobieta nie karmi piersią z powodu problemów o podłożu psychologicznym, a nie medycznym. Warto w takiej sytuacji zalecić, oprócz badań diagnostycznych i porad laktacyjnych, także konsultację psychologiczną.

Introduction

It is very important to encourage women to breastfeed because it is the best possible food for newborns. It has many medical and psychological advantages not only for the infant but also for the mother. Despite incentives and reliable information from specialists, many women may still have doubts, stress, and anxiety associated with the decision to breastfeed [1]. Such

problems may be related to many factors. Women may be afraid of social pressure, have anxiety that they will not manage, and they may lack knowledge – for example, they might believe that their milk is not fully valuable [2]. They fear for the relationship with their partner that breastfeeding may adversely affect their sexual satisfaction or deform their breasts [3]. A large proportion of women are worried about their employ-

ment situation after childbirth and decide not to breastfeed for fear of losing their jobs, changing their social status, and adhering to a stereotypical role of a mother without the possibility to return to work and their passions [4]. Meanwhile, breast milk is the optimal source of infant food, it provides ideal nutrients necessary for proper brain development and functioning, and is an excellent, natural source of immune protection [5]. About 85% of women in Poland have problems with breastfeeding, and most of these problems result from a lack of knowledge [6]. Many women after childbirth experience mental problems related to anxiety, depression, and failure to cope with their emotions. They require support and professional psychological care, which they often cannot find or are ashamed to ask about. An important tip for doctors and midwives is to pay attention to a woman's mental state, because it can also worsen her physical condition. It is worth-while to use the knowledge specialist doctors and psychologists and psychological consultations in the problems of women after childbirth [7]. The knowledge about breastfeeding before childbirth is most often given to women in Poland by the birthing school and by their mothers' and sisters' families; only 34% admit that they receive such knowledge from the attending doctor. The vast majority of mothers decide to breastfeed immediately after birth and during the first month of the child's life (81.2%); however, for various reasons, with each month of the child's life, the percentage of breastfeeding mothers decreases dramatically. Already in the second month of the child's life it is only 68.4%, and after the third month of the child's life a little more than half (53.4%). After 6 months of the baby's life, only 7.5% of mothers decided to breastfeed. About a quarter of the mothers surveyed admitted that they would breastfeed for longer if they received more help and support with lactation problems. Not all women attend birthing school – about 35% do not attend and lack knowledge about breastfeeding [8].

Medical and psychological advantages of breastfeeding

Breastfeeding is recommended by the WHO from birth to at least 6 months of age, and then in a mixed way until the end of the year. The decision to breastfeed, especially for such a long period of time, is not easy for many women. This may be due to too little knowledge about the positive effects on both her and her baby. Much research confirms the positive effects of breastfeeding on both the mother and the newborn child. Breastfeeding contributes to faster contraction of the uterus after delivery and weight reduction in a woman, it reduces the risk of breast cancer, postpartum bleeding, and osteoporosis, and it lowers cholesterol levels [9]. In a child, breast milk is responsible for easier colonization of the intestines, bacterial flora, better development of the senses, and support of peri-pul-

monary muscle development. Moreover, breastfeeding reduces the risk of diabetes and obesity in a child [9].

Breast milk is considered the golden standard, a model example of functional food. Human milk is incomparably better than any other mammalian milk. It completely secures the child's nutritional and energy needs in its initial phase of life. Lactoferrin, which is part of breast milk, acts as an iron-binding protein and is considered to be an active antimicrobial, antiviral, anticancer, and immunomodulatory agent, and to take part in the proper formation of the skeletal system. Lysozyme, a folic acid binding protein, and its derivatives are important anti-infection agents. The concentration of lysozyme in human milk is up to 1000 times higher than in cow's milk, and its level increases with the lengthening of the breastfeeding period. Folic acid and folate binding protein (FBP) are found in human milk in soluble form and are resistant to low pH and proteolytic enzymes. The task of FBP is to facilitate the absorption of folic acid. The bifid factor, also known as the vitamin B₁₂ binding protein, protects this vitamin in the intestinal tract from harmful microorganisms. Its other role is to promote the development of the so-called bifid bacteria, which are very beneficial for the body. Casein facilitates the absorption of calcium and is part of the body's defence system against infections, promotes the development of bifidobacteria, and hinders the growth of pathogenic microorganisms. Lipases present in mother's milk are intended to influence the normalization of digestion processes of fat supplied with food. The nonprotein nitrogen compounds found in human milk play an important role as substrates, catalysts, or inhibitors in the body's biochemical reactions, in the development of the nervous system, and in overall body growth. In addition, breast milk contains a well-balanced set of all essential vitamins for the newborn baby. Compared to cow's milk it contains more vitamins A, E, C, and B₃ [10, 11]. Only breastfeeding for 4 months reduces the risk of hospitalisation due to respiratory tract infections, the occurrence of inflammatory bowel diseases, and the risk of middle ear inflammation. Continuous breastfeeding for 6 months reduces the risk of pneumonia fourfold.

As well as the many advantages of breast milk for a newborn baby, it has a very beneficial effect on the nursing mother herself. Breast-feeding in the mother reduces postnatal blood loss and causes faster uterine evolution, lowers blood cholesterol and allows for faster loss of excess weight after pregnancy, and reduces the risk of diabetes and hypertension. Women who decide to breastfeed longer have less chance of having a heart attack or stroke. Breastfeeding reduces the risk of developing breast or ovarian cancer, osteoporosis, and rheumatoid arthritis [12]. Prolactin and β -endorphins secreted during breastfeeding influence the mother's psyche, evoking a feeling of pleasure and satisfaction [13, 14].

In postpartum women, the risk of perinatal depression is very common. The risk of postpartum depression is about 13–19%, but it is estimated that as many as 40–80% of postpartum women experience so-called postpartum blues [2, 3]. Breast-feeding has a protective function for mother and child; maintenance of feeding despite anxiety or depression alleviates the physiological and psychological consequences of maternal depression in the newborn, but importantly alleviates the symptoms of disease in the mother [1, 13]. In postpartum women, improved functioning and mood after lactation consultations have been observed [1]. Breast-feeding supports the emotional and cognitive development of the child and forms a unique bond between mother and child [9]. Proximity, increased quality of life, and enjoyment of the newborn is the main psychological advantage of breastfeeding [14]. One important form of encouraging and maintaining breastfeeding for as long as possible is governmental and social support. Unfortunately, few European countries are able to do this. On the one hand, the advantages of breastfeeding for the physical and mental health of the mother and child are still being emphasized, but on the other hand, society puts many barriers to breastfeeding women. Poland belongs to the group of countries where paid maternity leave is among the longest. In most European countries, paid maternity leave only takes about 14 to 18 weeks. This is far too short to meet the recommendations of the World Health Organization, which recommends exclusive breastfeeding for 6 months of a child's life. Other incentives for breastfeeding include special breaks while breastfeeding or pumping. Still in many countries doctors recommend artificial mixtures, and the decision to breastfeed the mother is in many cases very difficult. This is due to economic reasons, a desire to return to work, lack of government support, or insufficient knowledge of the medical and psychological advantages of breastfeeding [15].

Women's psychological problems in connection with the decision to breastfeed

Women are constantly striving to break the social injustice resulting from gender division. It should be obvious that a woman has equal opportunities for intellectual, professional, and family development. However, many examples in different cultures indicate that women are assigned an artificial scheme of the role of a person who takes care of the family and cares for the atmosphere of the home without the possibility of development in other areas of life [3]. It can be assumed that the source of the conflict between the family and work among contemporary women is the conflicting social expectations (female mother, female employee) concerning the realization of family duties and professional successes [16]. The research shows that women in Poland have better education than men, and since 2000 more of them have a university diploma. Along

with better education, women's professional aspirations are growing, they want to develop in their professional work, and more and more often it does not result solely from material motives or their husbands' earnings. Particularly young women with secondary and higher professional status do not want to give up their jobs, because they find them a place for individual development, a sense of fulfilment and self-fulfilment, increase of their social position and personal satisfaction [17]. Nevertheless, the reconciliation of professional work and breastfeeding according to WHO recommendations is very difficult [18]. According to the recommendations, until 6 months after the birth, breast milk should be the only food for the newborn baby and then gradually other products should be introduced without interrupting the feeding until the age of 2 years and more. Taking into account the fact that in Poland, after almost half a year of maternal leave, the benefit decreases drastically, the financial aspect and the interruption of work and difficulties in returning to the labour market may discourage mothers from deciding to stick to these guidelines. In the United States, there are support activities from employers aimed at supporting breastfeeding women by, among others, providing appropriate advice, breastfeeders, and a designated place to express milk at the workplace [18]. Women build their self-image and self-esteem based on many factors, e.g. satisfaction with family life, work, and appearance. Many women fear that breastfeeding will make their breasts uglier and less firm. Importantly, breastfeeding does not cause a loss of firmness or change in the appearance of breasts in women after breastfeeding [12]. Women still fall victim to stereotypes that have a negative impact on their self-esteem, fear, and perception of the environment around them as a threat. This is confirmed by research on the place of women in technology, engineering, and mathematics. It turns out that they are in a clear minority in such fields of study and perceive the university climate as a threat [19]. The life and job satisfaction perceived by women is influenced by the reduction of stereotypes. Reducing fears related to stereotypes at work, especially in women holding managerial positions, has a huge impact on their job satisfaction and reduces their fears. Various authors point to the importance of social support in equalizing opportunities for women and reducing gender inequalities in workplaces [20].

Women's life satisfaction is also based on their satisfaction with their sex life. For many women this is still a shameful topic. Approximately half of the women surveyed do not want to admit to their partner that they would like to enjoy their life more. Drawing pleasure from sex by women is a taboo subject in many environments. Meanwhile, many of them openly admit that they pretend to orgasm in order not to offend their partner. Women with stereotypes do not feel comfortable talking about sex and lack of pleasure with their

partner. It is pointed out that adults should be educated about sex, especially in terms of learning open dialogue between partners. Sexual partners should be bold in talking about their sexual preferences, so that a woman can also enjoy her sexual activity [21].

A large proportion of women after childbirth declare the need for emotional support from their partner, family, and friends. It should be remembered, however, that as research indicates, a quarter of them need professional help. In the case of emerging anxiety disorders or depression, even pharmacological treatment is required [7]. Taking medication, depression, and anxiety may be one of the reasons why a woman does not decide to breastfeed or stops. This is a vicious circle because it is largely feeding, the sensitive contact with the infant and the bond, that mitigates the effects of postnatal depression [13]. On the other hand, physical problems with breastfeeding, the inability of a woman who is very focused on this way of breastfeeding, is a common cause of depression and low self-esteem [22].

Another problem for women who want to breastfeed is that they are stigmatized by society when they want to breastfeed their baby in a public place. Women are repeatedly confronted with social criticism, insults, or being asked to leave a store or restaurant. There are cases when a woman, although she feeds discreetly, covering herself with a handkerchief or a scarf, is asked to leave the store or restaurant or is asked to feed the baby in the toilet. Despite the ever-present advantages of breastfeeding, breastfeeding women are confronted with insults, sexist comments, and even aggression. Breastfeeding women are labelled as unreasonable and disrespectful to other people, immoral, and disgusting [23]. A woman who encounters such stigmatization may not want to breastfeed anymore, because for her it will mean staying at home and giving up her social life.

The role of psychological consultations for women after childbirth

It is very important for healthcare professionals to be aware that patients admitted to the hospital for various reasons are under a lot of stress and anxiety, in addition to the symptoms associated with diseases that can worsen their condition. Ideally, the psychologist should be part of an interdisciplinary medical team in order to effectively eliminate psychologically motivated symptoms. Moreover, the psychologist can play an additional role, in addition to psychological advice and consultation, and can be a person who talks to the patient's families and explains various problems to them [24]. The possibility of psychological support in women after childbirth significantly improves their mental health and reduces the stress associated with parenthood. Women who simultaneously benefit from professional lactation and psychological counseling, more often decide to breastfeed their child up to

the age of 6 months, function better both physically and mentally, and have less sleep and anxiety problems [1]. In the case of moderate psychological disorders in women in the perinatal period, psychological assistance is recommended [1]. Women with psychological problems after childbirth need quick help and easy access to a psychologist [2]. Psychological consultations for women after childbirth may take different forms and last for different periods of time. It is worrying that many women with anxiety and depression after childbirth do not seek help at all. Many women with problems with their psyche have to deal with it by themselves. The reason for not asking for help may be different. Sometimes, in a purely technical sense, a woman with a small child has a problem to get psychological help because there is no way out of the house; such help should be given in the hospital or at her attending doctor. Another reason for women not seeking help is shame and the stereotype that in her new role as a mother she has to suffer and struggle with her problems alone. Emotional problems of women after childbirth are often underestimated because medical care focuses only on physical symptoms – it is often assumed that if the woman after the birth is physically healthy there is no reason to worry. Meanwhile, women's mental problems can often be more severe and have worse consequences than physical health problems [7]. Women who have problems due to their inability to breastfeed experience enormous frustration, which can lead to depression and reduced self-esteem. Moreover, their expectations of breastfeeding are often not realistic. The mother, although she knows that she should only breastfeed until the age of 6 months, starts to have doubts due to depressive conditions and lack of acceptance of her body [22]. Many women, although at the beginning have very good intentions and expectations that they will breastfeed longer, have feeding and lactation problems after discharge from the hospital and require professional help. Unfortunately, many women give up and stop breastfeeding instead of seeking advice from their midwives, lactation counsellors, or psychologists [14].

Negative experiences with breastfeeding during the first pregnancy become active in subsequent ones. It can often be that a woman already assumes that she will not attempt to breastfeed at all because of previous experiences. Breastfeeding problems can be a trauma for women who requires treatment and support to improve their quality of life and eliminate anxiety [14]. Importantly, a very large support for the mother is provided by their partner. It is therefore recommended that medical professionals, nurses, and specialists pass on the knowledge about breastfeeding and mental problems after birth also to the father of the child. A father who is prepared by the health care professional will provide better support to his partner [3]. The partner's support is also important in returning to a satis-

factory sex life after the birth. A significant proportion of women in the first 3–6 months after the birth complain about lack of interest in sex and pain during intercourse. Interestingly, researchers have not found any differences between women giving birth naturally and by caesarean section. This may mean that the sexual problems of women after childbirth often have more psychological than physiological background. This is another area of psychological support and care [24].

Conclusions

The support of women after childbirth should be multilevel and should include not only medical but also lactation and, in many justified cases, psychological assistance. It should still be ensured that reliable knowledge about the medical and psychological advantages of breastfeeding is transferred to women after childbirth. It is worth giving psychological support to women who, because of fear, stress, and other psychological or social motives, have problems making decisions about natural feeding. Unfortunately, doctors still focus on the physical health of women after childbirth, underestimating the importance of their mental health.

Conflict of interest

The authors declare no conflict of interest.

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