COALITION OF OKLAHOMA BREASTFEEDING ADVOCATES

Breastfeeding Support and Maternal Mental Health Position Statement

Perinatal mood and anxiety disorders (PMADs) are a well-documented public health concern in the United States, with 1 in 7 pregnant women[1] and 1 in 5 postpartum women developing a depressive and/or anxiety disorder (Byatt et al., 2019). Left untreated, perinatal mood and anxiety disorders can lead to adverse outcomes for mothers, children, and families (ACOG Committee on Clinical Practice Guidelines-Obstetrics et al., 2023) with an estimated cost of $32,000 for each mother-child dyad (UMass Chan Medical School).

COBA believes that all women are entitled to individualized and appropriate mental health care services that take into consideration the infant feeding decision and support continued provision of human milk as an important aspect of maternal mental health care. Current systems must establish breastfeeding-supportive policy to support the mental health of breastfeeding[2] mothers while receiving mental health services.

Our position:

- Breastfeeding, as a normal biologic and physiologic response, has known maternal, newborn, and infant advantages (CDC, 2023).
- Person-centered approaches to care are a must. Providing care that is respectful and individualized and includes the person in all clinical decisions leads to improved health outcomes (Kwame & Petrucka, 2021). This should include a discussion of the risk(s) and benefit(s) of treatment compared to the risks of not breastfeeding.
- Because of the mental health implications of non-medically indicated weaning, miscarriage, birth trauma, and perinatal loss, patients should be screened and treated accordingly.
- Components of care for the lactating woman who is experiencing inpatient treatment should include access to the breastfeeding child, milk expression equipment and milk storage, or both. Ensure that skilled lactation support is part of the care team and/or direct referrals are made to skilled lactation care in the community where the patient lives. The Oklahoma Lactation Resource Guide is an available resource for connecting with breastfeeding supporters in your patient's community.
- Recognizing the benefits of doula care such as better birth outcomes and less postpartum depression (Bohren et al., 2017), patient referrals to doula services in the community who reflect and represent the racial, ethnic, and cultural identity and preferences of the patient are recommended.
- Data-driven resources like Medications and Mothers' Milk and/or LactMed should be used to make decisions regarding courses of treatment and use of medications in ways that protect and prioritize breastfeeding.
- Policy that supports new specialist mental health services and providers (e.g., perinatal) is desperately needed. Additionally, inpatient psychiatric mother and baby units have shown a positive effect on maternal mental health and the mother-infant relationship without adverse effects on child development (Gillham & Wilttkowski, 2015).
- Work to ensure that staff at all levels and professions within the mental health care team reflect and represent the intersectional diversity of the patients they serve (e.g. Black, Indigenous, Latinx, LBGTQIA, non-native English speaking).

[1] The words "woman," "women," "mother," and/or "mothers" are used herein as general terms and may include those who do not self-identify as women or mothers or exclusively as women or mothers.
[2] We also include "bodyfeeding" when we use the term breastfeeding.

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2026