

NOVEMBER 15, 2014

BREASTFEEDING PROBLEMS CAN AFFECT THE EMOTIONAL HEALTH OF MOM AND BABY

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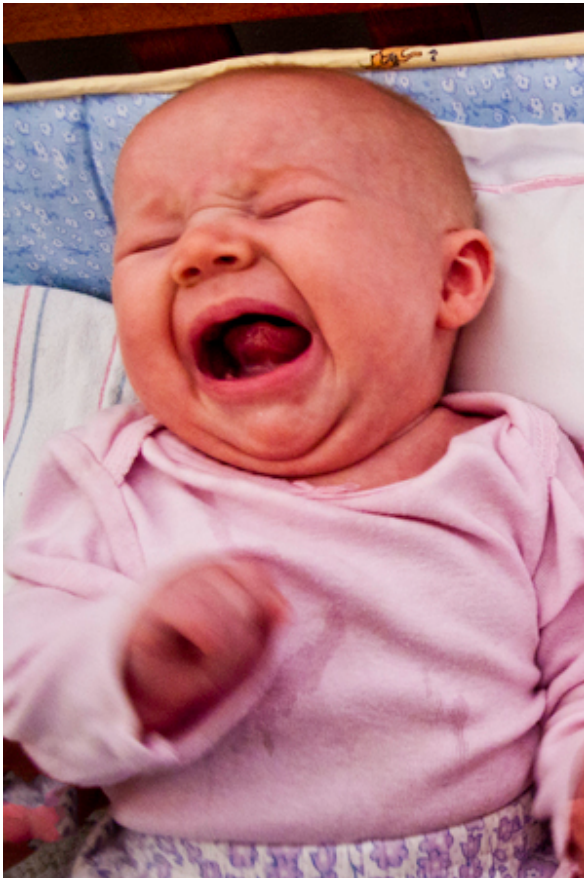
As an ENT surgeon, my initial exposure to breastfeeding medicine focused on the technical aspects of frenotomy as it relates to breastfeeding problems. Early on, I would see babies for a specific purpose and beyond that, I relied on my community lactation consultants to begin the task of improving breastfeeding quality. However, as a father of tongue-tied children and as a husband to an amazing woman who suffered through breastfeeding our first child, I have always been aware of the toll that abnormal breastfeeding takes on a mom (and family). In this post, I want to look at some of the factors affected by breastfeeding that don't necessarily focus on infant nutrition and latch quality. Some of what I will present will have references supporting my ideas, but there are also ideas I have about the impact of breastfeeding abnormalities that haven't fully been studied.



Emotional health for mom - I previously wrote about the [importance of mom's symptoms](#) when considering whether a frenotomy is warranted. When a baby is having difficulty breastfeeding, mom's stress is visible and almost palpable. Mom has an inherent instinct to nourish her child, and a disruption in that desire can have profound psychological impacts. An extremely important study tracking these impacts was published this year by [Cristina Borra and colleagues](#). In this study, the rates of maternal postpartum depression (PPD) were measured in relation to breastfeeding success. The moms with the **lowest** rate of PPD were the moms who intended to breastfeed and successfully did so. The moms with the **highest** rate of PPD were the moms who intended to breastfeed but didn't or couldn't. Their risk of PPD was double that of the control group. That's an alarming number that

we cannot ignore. A similar study looks at what happens to breastfeeding when a mom has a diagnosis of PPD. [Dr Stuebe and colleagues](#) found that in instances of disrupted lactation, the median duration of breastfeeding was 1.2 months. The median duration of breastfeeding in those without disrupted lactation was 7 months. In the article, she also found that moms with a diagnosis of PPD had a higher incidence of disrupted lactation. The final article is, in my opinion, the most fascinating. While it is an animal study, [Dr Hinde and colleagues](#) examined rhesus monkey mother-baby dyads and measured cortisol levels in the mommy's milk. They then demonstrated that the monkeys with high cortisol levels in their breastmilk had babies that were "nervous" and babies exposed to low cortisol breastmilk were more "confident". Cortisol levels are often high in those undergoing some sort of physical or psychological trouble, so

understanding the impact of cortisol is of particular interest to me. The cause of high cortisol levels and the downstream effects of these cortisol levels is very complex, and further information on the topic is found [here](#) and [here](#). It's important to recognize that the cortisol implications regarding breastfeeding are still not completely clear, so more research is necessary.



Emotional health for baby - From a biological perspective, one of the most basic human instincts is the need to breastfeed. You may have seen a newborn crawl up a mother's chest and latch on the breast without assistance. It's an innate function for babies. When breastfeeding is disrupted, we know how it can affect how the baby feeds, but we don't have data to show how much the baby suffers when this basic functional need is disrupted. [One very interesting paper](#) looking at how baby stress is measured was published in 2012 that studied infant and mom stress levels when they tried a self-settling sleep training program (like Cry It Out). What the paper found was when the mom and baby were actively struggling through the training program, their cortisol levels (an easily measurable hormone) were both very high. Once the baby was "trained" and mom moved into her own bedroom, her cortisol levels normalized, but the baby's levels remained elevated even without signs of distress (apparently "successful" training). How does this relate to breastfeeding? I

maintain that babies who have difficulty with breastfeeding are actively in distress, similar to the abandoned baby. A basic human function (like parental proximity during sleep OR breastfeeding easily) becomes disrupted, and cortisol levels can rise. At some point, we may be able to measure that. I routinely hear stories where moms email me shortly after a frenotomy and tell me that they "have a whole new baby". These babies are often calmer, sleep better, and exhibit less body tension and just seem relaxed and happy.

It's time that medical professionals start to look at breastfeeding as an important developmental process rather than a stair step to getting a baby to grow physically. The medical community is very good at measuring physical attributes - growth curves and physical milestones are part of well child visits. We need to focus on the neurologic and psychiatric well being of infants in addition to their moms. Our current system is failing the dyad from the emotional aspect, and we need to examine what happens as a result of that failure.