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TRANSCRIPT

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/advances-in-womens-health/breastfeeding-decisions-ppd/56555/

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Navigating Breastfeeding Decisions in Women with PPD

Announcer:
Welcome to *Advances in Women's Health* on ReachMD. On this episode, we'll hear from Dr. Erin Henshaw, a licensed clinical psychologist and a Professor in the Department of Psychology at Denison University in Ohio. She'll be discussing shared decision-making strategies around breastfeeding in women with postpartum depression. Let's hear from Dr. Henshaw now.

Dr. Henshaw:
When a patient is experiencing postpartum depression, clinicians have some options in how they want to approach conversations about stopping or continuing breastfeeding. The first thing to remember is that for many women, the decision to begin breastfeeding and the decision to end it feel very personal, and in some cases are very tied to a lot of emotion and sometimes even an identity of how they see themselves as a mother. So recognizing the emotional aspect of breastfeeding decision-making is really important in terms of framing those conversations as not simply a medical decision or a pediatric decision, but really something that, for many women, may involve some complex feelings.

The best way then to manage this would be to engage in shared decision-making—helping to provide the right information to women to be able to make the decision that's right for them and letting them know about the mental health options that they have. For example, sometimes women will look at discontinuing medications because they are concerned about breastfeeding. Sometimes women will be concerned about discontinuing breastfeeding but recognize that sleep has become a challenge for them. So shared decision-making is essential for mothers when thinking about how to navigate breastfeeding challenges and mental health challenges.

In some cases, stopping breastfeeding may allow a woman to receive more sleep and support. It may allow them to begin a medication that otherwise might be contraindicated for breastfeeding. It may allow additional family support to occur. So just simply noticing that there may be multiple goals and outcomes that we have to consider all at once—the right outcome for infant feeding, for the mother's mental health, and for the entire family—when thinking about the interaction of the mother and infant. For many women, when considering medication or when evaluating them, it's really important to talk about medication safety in a clear and accurate way so that women have all of the information that they need to be able to make a fully informed decision, with guidance from the clinical provider.

So in sum, when we think about postpartum depression and the question of breastfeeding, a clinician should take a sensitive approach that involves shared decision-making, providing all of the essential information in a clear and accurate way about the risks and benefits of both sides of the equation—continuing breastfeeding or stopping breastfeeding—so that a woman can take those pieces of information and be able to make a decision that best works for them.

Announcer:
That was Dr. Erin Henshaw discussing shared decision-making around breastfeeding in women with postpartum depression. To access this and other episodes in our series, visit *Advances in Women's Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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