

# BREASTFEEDING AND MENTAL HEALTH GUIDANCE



## BREASTFEEDING-SUPPORTIVE MENTAL HEALTH PROVIDERS:

Know the **positive correlation between breastfeeding and mental health** (increased oxytocin & serotonin levels) and the **negative correlation between weaning and mental health** (premature weaning leads to the same mental health experiences as infant loss) and speak to patients about the importance of breastfeeding for positive mental health outcomes. (1, 2, 3)

**Center patients in all decision-making** about the course of treatment (counseling and/or meds, etc.). Patients are provided clear, evidence-based, and complete information about the risks of pursuing treatment options and risks of not breastfeeding. (4, 5)

Use **data-driven resources like Medications and Mothers' Milk and/or LactMed** to make decisions regarding courses of treatment and use of medications in ways that protect and prioritize the breastfeeding relationship. (6)

Are **clear on the mental health implications of at least: weaning, miscarriage, birth trauma, infant loss, and past abuse/trauma**. Patients are screened for each of these, and treatment plans are developed accordingly. (7)

Ensure **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. (8, 9)

- [mibreastfeeding.org/coalition](https://mibreastfeeding.org/coalition) is a resource for connecting with breastfeeding supporters in your patient's community.

Guarantee 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). (10, 11, 12)

**Educate patients about the mental health benefits of doula care** and **refer patients to doulas in their community** who reflect and represent the racial, ethnic, and cultural diversity of the patient when working with patients prenatally and interconception. (13)



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