# **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 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)

#### MIBFN

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