Is Breast Always Best?

The message is all around us, breast is best. Human milk is superior for infant feeding. The American Academy of Pediatrics states that exclusive breastfeeding is the ideal nutrition for every infant.

I'm a strong breastfeeding advocate. I breastfed both my children. Although my intentions were to breastfeed each until one year of age, in both cases, I had medical circumstances that forced me to stop breastfeeding against my wishes. It was worse with my second, when I had to stop at two months postpartum, with the realization that she would be my last child. The loss was devastating, though I knew there were few people I could talk to about this because, well, who could relate, other than perhaps another breastfeeding mother? I understand the indescribable commitment to a relationship that is not easily understood by women who have never breastfed. I am familiar with the unique properties of this attachment as well as the feelings of loss when this balance is disrupted.

So I pause and think hard about this. About the pressure to breastfeed. And I wonder where it all comes from. The pressures are monumental. They come from society, they come from our friends, our mothers, our doctors and nurses, our husbands, but most of all, they come from deep within ourselves. We hear it all the time: Breastfeeding is natural. It's least expensive, it's convenient, it's healthiest, it initiates a bond between mother and baby that is unmatched by other feeding options and so forth. I certainly would not dispute the truth of these statements, even now. I used to think these declarations were important. Now, I think they're potentially dangerous.

In our attempt to educate, promote optimal health and support the breastfeeding mother, we have let a vulnerable group of women fall through the cracks. For the 20-30% of postpartum women who struggle with postpartum depression, the situation can be critical. Because of their illness, this is what they hear:

*If you choose not to breastfeed… you're not a good mother."
*If you have difficulties breastfeeding… you are doing something wrong."
*If you don't enjoy breastfeeding… your maternal instincts are impaired in some way."
*If the breastfeeding relationship does not go along smoothly… you are unable to do what comes naturally to all other women."
*If you quit breastfeeding… you will continue to fail as a mother."

The feelings attached to these statements may be obvious at first glance, but the extent to which they impact a woman is unimaginable to anyone who has not experienced a major depression after childbirth. The profound feelings of guilt, shame, inadequacy, fear, insecurity, abandonment, failure, and despair can immobilize the mother and prevent her from taking steps toward recovery.
Depressed women do not think clearly. They get lost in the battle against their own distorted thoughts, misguiding them toward a decision they cannot adequately make. Depression will rob a woman of her ability to make informed decisions because confusion and lack of clarity predominate. Things that were previously black and white now appear blurry. Issues that are usually vague and open to compromise, become rigid and inflexible. What might be evident to a non-depressed person may be incomprehensible to someone preoccupied with faulty beliefs.

Those of us who consider ourselves enthusiastic supporters of breastfeeding have an obligation to examine this carefully. Because we are the ones that are in a position to help mothers best understand their options. It must come from us. Because when opposition to breastfeeding is offered by individuals who do not possess a passion for this relationship, it will be dismissed as uncaring advice and likely to fall upon deaf ears. If, on the other hand, this message comes from those of us who have fought hard to protect the intrinsic value of this connection, I think women will listen.

What should this new message be? *It's okay not to breastfeed.*

It's that simple.

It doesn't matter who we are in relation to this woman. We might be her friend or her counselor. We might be her sister or her doctor. If this woman is suffering with postpartum depression and breastfeeding, we might have to help her through this process by explaining her options, by telling her there are medications that are compatible with breastfeeding, or by giving her permission to stop. That option doesn't feel good to a depressed mother. It feels like someone is yanking the anchor from the very last thing that is keeping her afloat. It feels terrifying and incapacitating. It feels absolutely impossible and nothing short of catastrophic.

This is because breastfeeding, to the depressed mother, is more than breastfeeding. It is a lifeline. It's as if it provides the single opportunity for her to feel that her presence is making a difference. This is why we need to help her navigate the rough waters and make the right decision, particularly if she needs medication. It may be to continue breastfeeding. It may be to stop. Either way, she may not be able to make this decision without the clarity of an outside perspective.

This process is complicated and raises important questions:

*Does she need medication?*
*How does she feel about taking medication while breastfeeding*
*Is it possible that breastfeeding may somehow contribute to her feelings of despair?*
*Is breastfeeding depleting her of her strength and energy, thereby worsen her illness?*
*Is her insistence on breastfeeding interfering with her treatment?*
Does she have proper guidance to wean sufficiently so as not to aggravate the delicate hormonal balance?

Does she have enough information and support to discontinue the breastfeeding relationship, should it come to that?

These are considerations that I dare say have been largely ignored by breastfeeding organizations and the medical community. And frankly, I'm afraid for the women who continue to work so hard, with painstaking determination, against such formidable odds, to stay on track, to prove something to someone. I'm not sure what they are trying to prove, exactly. Perhaps they strive to meet their own self-driven, impassioned expectations. To follow the rules they've always believed in. To do it right. To be the best mother they can be.

It's time we let them off the hook. So they can rest easy. So they can learn that good mothers, indeed, have lots of choices. So they can get the treatment they need.

So they can get better.

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