

# Mother's Psychological Effects on Breastfeeding during COVID-19

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## Description

The COVID-19 pandemic has disrupted daily life, with steps taken to stop the virus' spread affecting beliefs about motherhood and, specifically, breastfeeding customs. The goal of this study was to analyse the available data regarding COVID-19's effects on breastfeeding plans and how they relate to the psychological outcomes of women. Between January 2020 and January 2021, searches for studies in English, Spanish, and Portuguese were made on PubMed and Web of Science. All research plans and pre-prints were taken into account. There were twelve studies total [1]. According to reports, COVID-19 has varied effects on breastfeeding plans, which then have diverse effects on mental health. When moms believe they have more time for parenthood, they are more likely to enjoy successful breastfeeding, which may lead to improved mental health outcomes. When mothers are separated from their new-borns, suffer with nursing, or have less family and professional support, these situations have been linked to negative breastfeeding experiences, which appear to have a negative impact on mental health outcomes. The connection between COVID-19, breastfeeding expectations, and maternal mental health needs more investigation, as these preliminary findings demonstrate. By closing this gap, guidelines and measures to better assist moms facing the COVID-19 pandemic's challenges will be encouraged [2].

At the end of 2019 saw the identification of the COVID-19 outbreak, which was brought on by the severe acute respiratory syndrome Coronavirus 2 (SARS Cov2). Since then, the epidemic has had an impact on every element of life in every country. Implementing lockdowns, confinement, and social segregation are some of the suggested global health strategies to slow the spread of the virus because it spreads mostly through close contact and respiratory droplets. When moms are suspected or confirmed to be COVID-19 positive, such procedures have led to the separation of mothers and newborns after birth, prohibiting breastfeeding and other close contact between the mother and child. A significant issue for the creation of recommendations within the maternal health care services is the expectation that COVID-19-related policies (such as separation of the mother-infant) will have a detrimental influence on maternal mental health outcomes. Success frequently depends on the availability of support, especially professionalised care [3]. A qualitative study done in Sweden effectively demonstrates how social expectations and a parent's sense of self-efficacy interact to influence breastfeeding decisions in high-income nations. Three distinguishing elements that influence whether a parent chooses to breastfeed or use formula milk emerged from qualitative content analysis of online forums and webpages. The three overarching themes were "striving to be a good mother," "striving for your own well-being," and "striving to find your own path." Mothers, while seeking to discover their

own paths, struck a compromise between the desire to be good mothers and the need to feel happy.

However, during major infectious disease outbreaks like the COVID-19 pandemic, this sense of self-efficacy and confidence in one's ability to make decisions is usually suspended. For instance, COVID-19-positive mothers may experience clinical barriers to breastfeeding; there is little professional assistance available to parents in the early days after birth to help them deal with unpleasant circumstances (such as difficult latching, sore nipples, thrust infections, tongue ties); and social distancing practises harm the familial or social environment that supports the young parents' journey. Contrarily, there may be an increase in breastfeeding practises as mothers who had not previously planned to breastfeed do so because the pandemic lengthens their maternal leave or increases their time at home, or because breastfeeding is even seen as a protective measure to improve the health of the new-borns. Furthermore, considerable media attention may cause doctors and new parents to worry about formula and breastfeeding habits, altering attitudes and presumptions amid a global health emergency. For instance, parents who read articles on the safety of feeding practises on social media may change their minds about whether or not to breastfeed their children, even while the recommendations say otherwise. The objective is indeed a particularly vulnerable time, marked by enhanced maternal sensitivity in addition to demanding, challenging, and exhausting caring responsibilities. Unprecedented hormonal fluctuations brought on by the substantial physiological changes that take place during the peripartum period make women more susceptible to neuropsychiatric illnesses [4]. Women are 22 times more likely to acquire a mental health condition in the first few months following childbirth than at any other time throughout their career. In addition to poverty, poor physical health, the strength of the intimate partner relationship, violence, lack of support from extended family, and other sociodemographic disadvantages, mental health disorders in the peripartum are also associated with these factors circumstances that are amplified globally during times of pandemics like the COVID-19. The COVID-19 pandemic has been affecting the emotional health of peripartum women in addition to the usual difficulties of the postnatal period. An considerable rise in mental health symptomatology, particularly in depressed and anxiety outcomes, was found in a recent quick survey done in April and May 2020 in Canada [5]. In this survey, which included 900 women, 520 of them were pregnant at the time of the study, and 380 were in the first year after giving birth. Results revealed that women substantially indicated depression at higher rates of 15% (pre-pandemic) and 40.7% (current). Additionally, 72% of current women and 29% of pre-pandemic women both showed moderate to high anxiety. In addition to biological, sociodemographic, and epidemiological factors, breastfeeding is known to have an impact on postpartum mental health, favourably affecting physiological and self-reported measures of mood, stress, and maternal care. Contrarily, unfulfilled prenatal expectations about breastfeeding appear to contribute to the association between failure to breastfeed and postpartum depression in middle- and high-income women, suggesting that in addition to following breastfeeding recommendations, supporting women's unique expectations regarding pregnancy, delivery, and postpartum plans may improve maternal mental health [3,5].

The COVID-19 pandemic has further heightened women' worries about breastfeeding. The evidence is still ambiguous, but new moms are currently most concerned about the possibility of vertical transmission during breastfeeding. Two more investigations discovered SARS-CoV-2 in women's breast milk, in contrast to a previous study that included a sample of six women

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infected with COVID-19 and showed no evidence of the virus in breast milk samples. Despite the conflicting results, a recent analysis of 26 international and governmental recommendations found that, in contrast to the original measures adopted early in 2020, the current consensus generally supports breastfeeding or expressed milk, even when women are infected. Three options should be taken into account in the individual situation of mothers who tested positive for COVID-19: the use of expressed breast milk, the adoption of breastfeeding with safeguards, or the use of donor milk or formula when the mother or the newborn is too unwell to breastfeed (e.g., use of surgical mask). The World Health Organization (WHO) encourages the continuation of nursing and postpartum skin-to-skin contact notwithstanding the hazards, provided that the appropriate safety measures are taken. Then, after balancing the risk of transmission and the benefits of breastfeeding, parents and their perinatal health practitioners should make joint decisions based on these broad guidelines [6].

For the purpose of developing guidelines intended to inform maternal health care practises and assist mothers in overcoming the difficulties inherent to the perinatal period during globally stressful events, data on the impact of the pandemic on breastfeeding practises, women's expectations, their perception of social support, and on their psychological well-being must be gathered. A rising number of people are worried about how COVID-19's social segregation/contingency regulations may affect them, its effects on maternal mental health outcomes due to the changed breastfeeding expectations, such as self-efficacy, depression, and frustration, have not yet been sufficiently mapped. In order to assess how the COVID-19 epidemic has affected breastfeeding practises, plans, and mothers' expectations, as well as to look into how unmet nursing expectations affect women's mental health.

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## Conflict of Interest

None.

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