

Supporting Breastfeeding and Maternal Mental Health During the COVID-19 Pandemic

Background

Breastfeeding has [well-documented benefits](#) for the parent-infant dyad, including decreased risk of negative maternal mental health conditions, [reduced stress and fewer negative moods](#), and lower blood pressure. This is believed to be due in part to the increased release of oxytocin that takes place during breastfeeding, a hormone associated with [decreased risk of depression](#) and anxiety, as well as lower cortisol levels. Conversely, individuals facing breastfeeding challenges, such as latching difficulties and diminished milk supply, [are at higher risk of developing mental health conditions](#). As such, breastfeeding may serve as a protective factor for maternal mental health.

In addition to stressors introduced during the COVID-19 pandemic—including financial instability, isolation, and [interruptions in peer support](#)—breastfeeding individuals may also be at heightened risk for developing adverse mental health conditions during the pandemic. In response, states are implementing programs to support breastfeeding individuals, including expansion of virtual support services and integration of lactation support and behavioral healthcare.

State and Local Action

Virtual Lactation Support

Virtual lactation support mitigates barriers associated with attending in-person appointments, such as exposure to COVID-19 and inadequate access to childcare and transportation. In partnership with the Washington State Department of Health, [Global Perinatal Services](#)—a doula service for Black, refugee, and immigrant women—converted in-person lactation support groups, called lactation lounges, into virtual lounges in response to COVID-19. These lounges serve multiple functions, including providing education and guidance on breastfeeding and perinatal mental health, as well as establishing social support to decrease isolation.

The Women, Infants, and Children (WIC) program provides [virtual breastfeeding support](#) at the state level, improving both breastfeeding experiences and mental health by eliminating barriers to care. Nevada WIC provides beneficiaries with access to [Pacify](#), an application that provides video consults with International Board-Certified Lactation Consultants (IBCLCs). Texas WIC provides [free video consults](#) with IBCLCs from six Lactation Support Centers. Given that telehealth can [improve obstetric outcomes, including breastfeeding](#), and improve access to lactation support and behavioral healthcare, these services may decrease breastfeeding difficulties and improve maternal mental health during the pandemic.

Integrating Lactation Support and Mental Healthcare

Integrating trauma-informed approaches with lactation support can promote breastfeeding and in turn improve maternal mental health. The Washington State Department of Health released [guidance for providing trauma-informed and equitable lactation support](#) in healthcare organizations as part of its [Lactation and Infant Feeding-Friendly Environments \(LIFE\)](#) program. LIFE designates healthcare facilities as aligning with the World Health Organization and United Nations Children’s Fund’s [10 Steps to Successful Breastfeeding](#). This guidance outlines the importance of trauma-informed care, recommends reviewing hospital policies on screening for anxiety and postpartum depression (PPD), and provides strategies for improving breastfeeding experiences for trauma-affected mothers.

Recommendations for States

- States should consider extending the duration of Medicaid coverage to 12 months postpartum and expanding lactation support coverage, including virtual support. Most states offer PPD screening and treatment [through 60 days postpartum](#). However, extending coverage can enable improved treatment of PPD symptoms, which can [last up to a year after birth](#). Additionally, lactation support coverage, which varies by state, can increase access to lactation services and therefore support breastfeeding initiation and continuation.
- State health agencies should aim to integrate lactation support and mental health services, including via telehealth, into existing early childhood programs like home visiting and WIC. A more integrated approach could address both breastfeeding and mental health challenges in a more efficient and family-centered manner by enabling mothers to have both mental health and lactation needs addressed simultaneously.
- State health agencies should consider providing training for both public health and healthcare staff in addressing breastfeeding and perinatal mental health needs. [WIC agencies](#) should offer training opportunities to staff related to maternal depression screening and referral, establishing partnerships with mental healthcare providers, and supporting breastfeeding as part of WIC nutrition education. State agencies can also collaborate with maternity care and pediatric providers to establish or improve protocols for assessing and addressing mental health and breastfeeding in postpartum and well-baby visits, including referring patients to mental healthcare resources.

The COVID-19 pandemic has negatively impacted perinatal mental health and breastfeeding through disruptions in care and increased exposure to stressors. As breastfeeding is an important protective factor for maternal mental health, state health agencies should collaborate with healthcare organizations and community-based organizations to implement comprehensive and multi-sector policy approaches to address COVID-19’s effect on perinatal mental health and breastfeeding.