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RESEARCH

Prevalence and Predictors of Breastfeeding After Childhood Abuse

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ABSTRACT

Objective: To describe the prevalence and predictors of breastfeeding intent and outcomes in women with histories of childhood maltreatment trauma (CMT), including those with posttraumatic stress disorder (PTSD).

Design: Secondary analysis of a prospective observational cohort study of the effects of PTSD on perinatal outcomes.

Setting: Prenatal clinics in three health systems in the Midwestern United States.

Participants: Women older than 18 years expecting their first infants, comprising three groups: women who experienced CMT but did not have PTSD (CMT-resilient), women with a history of CMT and PTSD (CMT-PTSD), and women with no history of CMT (CMT-nonexposed).

Results: Intent to breastfeed was similar among the three groups. Women in the CMT-resilient group were twice as likely to breastfeed exclusively at 6 weeks (60.5%) as women in the CMT-PTSD group (31.1%). Compared with women in the CMT-nonexposed group, women in the CMT-resilient group were more likely to exclusively breastfeed. Four factors were associated with increased likelihood of any breastfeeding at 6 weeks: prenatal intent to breastfeed, childbirth education, partnered, and a history of CMT. Four factors were associated with decreased odds of breastfeeding: African American race, PTSD, major depression, and low level of education (high school or less).

Conclusion: Posttraumatic stress disorder is more important than childhood maltreatment trauma history in determining likelihood of breastfeeding success. Further research on the promotion of breastfeeding among PTSD-affected women who have experienced CMT is indicated.

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Breastfeeding is known to have health benefits for mothers and infants and is universally recommended with very few exceptions for at least 1 to 2 years (U.S. Department of Health and Human Services, 2010). Breastfeeding reduces maternal risk of breast and ovarian cancer (Chowdhury et al., 2015) and infant risk of diarrheal illness and death (Victora et al., 2016). Other benefits may include a reduced risk of postpartum depression and type II diabetes (mother) and decreased risk of allergy, respiratory illness, obesity, and type I and II diabetes (infant; Godfrey & Lawrence, 2010; Kramer & Kakuma, 2012). Possibly the most compelling benefit of breastfeeding is reduced risk of infant mortality. Bartick and Reinhold (2010) estimated that 900 infants die in the United States annually because they are not breastfed, and Victora and colleagues (2016) estimated that more than 800,000 deaths worldwide could be prevented with breastfeeding. However, despite the well-researched and widely known benefits of breastfeeding, U.S. breastfeeding rates are significantly lower than national goals (Centers for Disease Control and Prevention [CDC], 2015).

Because breastfeeding is a complex relational act as well as a health behavior, it is important to consider life events or stressors that may contribute to reduced odds of breastfeeding. Q1 Recently, researchers have begun to consider the effects of childhood maltreatment trauma (CMT), defined as abuse or neglect before age 16 years, and posttraumatic stress disorder (PTSD) on lifetime physical, emotional, and relational health outcomes, including those related to pregnancy, birth, and early parenting (Bosquet Enlow et al., 2011; Bosquet Enlow et al., 2009). The purpose of our study was to describe the prevalence and predictors of breastfeeding intent and outcomes in women with a history of CMT, including those with PTSD. We considered these effects within the context of socioeconomic status and other modifiable and nonmodifiable factors known to affect the likelihood of breastfeeding exclusively or not in the immediate postpartum period.

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In perinatal research, interest has grown in the topics of childhood abuse and posttraumatic stress disorder, but little is known about their effects on breastfeeding.

Breastfeeding Decisions

The reasons why a woman may or may not breastfeed are complicated and include emotional, social, psychological, personal, cultural, and physical factors. Because breastfeeding is an active relationship between the mother and infant and takes place in a complex matrix, many disparate factors potentially affect breastfeeding rates. Race, educational status, geographic location, parity, previous experience of breastfeeding, and partner and peer support all appear to affect breastfeeding outcomes, and many of these factors are closely interrelated (Bai, Wunderlich, & Fly, 2010; CDC, 2013; Li, 2004). These effects may be positive, as with increased education and greater parity, or negative, as with lack of partner/peer support (Bai et al., 2010; Li, Fein, Chen, & Grummer-Strawn, 2008).

Recently, researchers found that breastfeeding is negatively affected by maternal mental health issues, including depression (Figueiredo, Canário, & Field, 2014; Stuebe, Grewen, Pedersen, Propper, & Meltzer-Brody, 2012; Watkins, Meltzer-Brody, Zolnoun, & Stuebe, 2011; Zanardo et al., 2011), and that a history of CMT may affect the decision to breastfeed and/or the success of breastfeeding (Coles, 2009; Prentice, Lu, Lange, & Halfon, 2002). Authors of this earlier work suggested reduced odds of breastfeeding for women with a history of CMT, but more recent investigators challenged those findings (Coles, 2015). The relationship between CMT and breastfeeding outcomes is, therefore, somewhat unclear at this time.

PTSD and CMT

CMT is a common experience in the United States, where approximately one woman in five is affected (Shi, 2013), and globally. A 2010 analysis of World Health Organization data showed a similar proportion of childhood maltreatment and family violence (Kessler et al., 2010). Childhood maltreatment trauma is associated with emotional and neuroendocrine dysregulation, including increased interpersonal sensitivity (Shonkoff et al., 2011), increased risk of depression (American College of Obstetricians and Gynecologists, 2001; Norman et al., 2012), and dysfunctional stress-response systems (Schore, 2001). These sequelae can potentially affect breastfeeding by changing how a woman perceives her infant, how competent she believes herself to be, whether she has comorbid conditions such as depression, and whether she is able to tolerate the physical aspects of breastfeeding.

Some women with histories of CMT will develop PTSD, a psychological disorder with physical manifestations that include re-experiencing phenomena (American Psychiatric Association, 2013). The lifetime prevalence of PTSD in women is 12.3% (Kilpatrick et al., 2013), and the prevalence during the childbearing year is estimated at 8% (Seng, Low, Sperlich, Ronis, & Liberzon, 2009), or 320,000 women annually, in the United States. PTSD is twice as prevalent in childbearing women as preeclampsia (3.9%; Ananth, Keyes, & Wapner, 2013) and almost as common as gestational diabetes (9.2%; DeSisto, Kim, & Sharma, 2014). PTSD is associated with increased tobacco use (Lopez, Konrath, & Seng, 2011), lower mean birth weight (Seng, Low, Sperlich, Ronis, & Liberzon, 2011), and shorter gestation (Seng et al., 2011; Shaw et al., 2014).

The underlying mechanisms for these PTSD-specific adverse outcomes are posited to be related to neuroendocrine changes that occur with traumatic stress sequelae (Seng, 2010; Seng et al., 2011) and/or changes in behaviors, such as smoking to cope with stress and to self-medicate for symptoms or reduced use of prenatal care (Bell & Seng, 2013; Lopez et al., 2011; Lopez & Seng, 2014). Similar to breastfeeding, smoking is a complex health behavior with long-term implications and well-known potential sequelae, and therefore the research on the relationships between PTSD and smoking may provide guidance for considering the relationships between CMT/PTSD and breastfeeding behaviors.

Some previous researchers associated a history of trauma (specifically childhood sexual abuse) with an increased likelihood of breastfeeding initiation (Prentice et al., 2002), but other researchers found no difference in breastfeeding duration with and without a history of childhood sexual abuse (Coles, Anderson, & Loxton, 2015). However, these researchers did not consider the specific characteristics of PTSD, which may mediate trauma history and breastfeeding intent

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