

# New Perspectives on Breastfeeding: A Review of the Role of Trauma Among Mothers with a History of Child Maltreatment

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## Summary

A scoping review (N=8) was conducted to look at breastfeeding rates and experiences of women with a history of childhood maltreatment. Overall, women with a child maltreatment history were less likely to breastfeed exclusively and had higher rates of early cessation. The experience of breastfeeding was varied as some women found that it could lead to re-traumatization while others found it to be healing.

## Background

Current efforts to increase optimal breastfeeding rates focus on the multitude of physical benefits for both mother and child. Mothers' mental health should also be considered in individual recommendations. Mental health challenges can make breastfeeding more difficult, leading to earlier cessation.<sup>1,2</sup> Women with their own history of childhood maltreatment are especially vulnerable, yet little is known about their experience of breastfeeding. A better understanding of this relationship is critical to be able to better support mothers.



## Objective

To review current research that examines how women's personal experience of child maltreatment affects their breastfeeding outcomes and experiences.

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## Methods

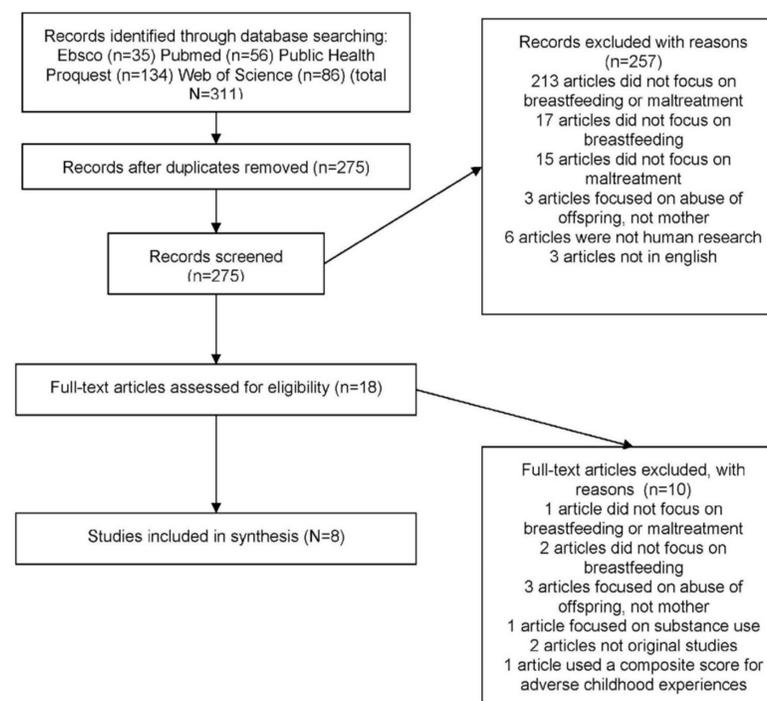
### Literature Search

- A scoping review was conducted to evaluate current literature on breastfeeding and child maltreatment.
- In Spring 2019 a search of four major databases was conducted: Web of Science, EBSCO Host, PubMed, and Public Health ProQuest.
- Review criteria included: 1. published between 2009- 2019 (spring), 2. peer-reviewed, 3. published in English, and 4. reported results on the associations between breastfeeding outcomes and a history of child abuse and neglect. The search was not restricted by country. Key words used to search were: "'breastfeeding, lactation, or infant feeding' and 'history of child abuse, neglect, or maltreatment.'"
- After the screening process (n=275), eight (N=8) articles met the selection criteria and were included in the review.

### Analysis

- The articles were reviewed based on the five steps of a scoping review: developing research questions, conducting a literature review to determine what studies are relevant, team selection of studies based upon specific criteria, extraction of results, and identifying the implications.<sup>3</sup>
- Articles were analyzed for content on breastfeeding intention, initiation, duration, and exclusivity; medical conditions associated with breastfeeding; and mother's experiences related to breastfeeding.

Figure 1.  
PRISMA Diagram



## Results

**Intention and Initiation:** Women who were considered to be resilient were more likely to intend to breastfeed exclusively compared to those with PTSD.<sup>4</sup>

**Duration and exclusivity:** Women were less likely to breastfeed exclusively and were more likely to terminate breastfeeding early.<sup>4,5,6,7</sup>

**Medical conditions:** Women with a history of child sexual abuse were more likely to experience pain and mastitis as well as mental health challenges and stress.<sup>7,8</sup>

**Experiences:** Four themes were found from women's experiences with breastfeeding.

- Managing touch and physical and emotional responses to breastfeeding. The physical touch required for breastfeeding can trigger memories of abuse for some women.<sup>8,9,10</sup>
- Power differential between mothers and providers. Women struggled to challenge providers when they did not provide assistance or suggested ending breastfeeding.<sup>10</sup>
- Mothers' relationship with their bodies. Some women struggle with their relationships with their bodies and breasts, even feeling that they were a cause of abuse.<sup>4,10</sup>
- Healing and taking control. Some women found that breastfeeding was healing and allowed them to change their relationship with their bodies.<sup>4,8,10</sup>



## Conclusions

For some mothers, it is possible to breastfeed successfully after child maltreatment, but others find the experience distressing. There is a need for a trauma-informed approach to lactation care for women with a child maltreatment history.<sup>11</sup>

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