



Evidence Search results

Search topic:	Infant Feeding and Mental Health Interventions
Date requested:	23 December 2025
Date completed:	22 January 2026
Search completed by:	Claire Field
Number of results selected:	23
Time taken:	16 hours

Citing this evidence search

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Field, C, (2026). *Evidence summary: infant feeding and mental health interventions*. Taunton, UK: Somerset NHS Foundation Trust Knowledge & Library Service.

Summary of results

copilot may have been used in part or in full to create this summary

The evidence base demonstrates a **reciprocal relationship** between breastfeeding and maternal mental health. A systematic review by [Lenells et al. \(2025\)](#) found that psychosocial breastfeeding support—including **individualised postpartum home visits, peer telephone support, psychoeducation, and interpersonal psychotherapy**—may reduce postpartum depression (PPD) within one to three months and increase breastfeeding duration up to a year, though evidence for other outcomes remains uncertain. **Peer support** was consistently associated with a positive feeding experience and PPD prevention. The review also suggested that **longer, more frequent, individualised interventions**, may better address infant feeding and mental health needs

Psychological interventions—such as **motivational interviewing, CBT-based counselling, problem-solving therapies, psychoeducational programmes, and web-based platforms**—frequently improved breastfeeding self-efficacy (BSE) and maternal emotional wellbeing. [Nourizadeh et al. \(2023\)](#) reported a significant pooled increase in BSE following educational and psychological interventions, including **CBT-based counselling, dialectical behaviour therapy, stress-management counselling, and in-home supportive interventions**. [Pezley et al. \(2022\)](#) similarly concluded that the most successful interventions span pregnancy and postpartum, combine mental health and breastfeeding support, offer one-to-one care, and operate across settings (hospital, home, community).



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Findings from randomised controlled trials reinforce this. A **brief motivational intervention (bMI)** extended breastfeeding duration and lowered EPDS scores at three months, with part of the mood improvement mediated by increased breastfeeding ([Franco-Antonio et al., 2022](#)). The CBT-based **Happy Mother–Healthy Baby** trial ([Nisar et al., 2024](#)) improved early breastfeeding initiation and continuation among women with mild perinatal anxiety, particularly when participants completed all sessions. In mothers of preterm infants, **Acceptance and Commitment Therapy** significantly improved BSE and reduced depression, anxiety, and stress ([Khajeh et al., 2023](#)). [Ozhuner & Ozerdogan \(2025\)](#) showed that **individualised psychoeducation** based on Watson’s Human Caring Model reduced PPD risk and improved breastfeeding confidence. A **self-compassion intervention** improved depressive and PTSD symptoms per-protocol, though breastfeeding satisfaction improved across both groups over time ([Lennard et al., 2021](#)). [Zhao et al. \(2021\)](#) demonstrated that a **mixed programme combining lactation education and psychoeducation** effectively improved breastfeeding rates, breastfeeding confidence, and depressive symptoms in women with elevated antenatal EPDS scores.

Women with severe mental illness (SMI) face particular challenges. [Baker et al. \(2023\)](#) identified that women with SMI are less likely to initiate or maintain breastfeeding, often due to inadequate professional guidance and complex needs relating to medication and sleep. A follow-on qualitative study ([Baker et al., 2026](#)) highlighted that SMI deeply shapes emotional and practical feeding experiences, and that support must be **anticipatory, tailored, and sensitive to psychiatric contexts** including inpatient care and medication management.

A [Local Government Association \(2025\)](#) report described how **collaboration** between perinatal mental health teams, health visitors, and Family Hubs **improved early identification and referral** for both feeding and mental health needs. Digital innovations also play a growing role: an **AI breastfeeding chatbot** improved BSE and breastfeeding success though **not anxiety** ([Kerimoglu et al., 2025](#)), while the **Mum’s Mind text-messaging service** offers accessible perinatal mental health support ([Academy of Fabulous NHS Stuff, 2019](#)). For parents dealing with infant feeding difficulties like colic or GOR(D), **peer-support interventions** improved mood, reduced self-blame, and increased parenting confidence, with mothers appreciating a mix of in-person and online contact ([Jackson et al., 2025](#)).

Other programmes underscore the value of long-term, combined approaches. A midwife-led intervention **incorporating breastfeeding and psychosocial support** was associated with improved breastfeeding initiation and duration, partly through early detection and intervention for mental health symptoms ([Dagla et al., 2021](#)). The “**Motherhood: step by step**” programme demonstrated improvements in mental health, parental stress, mother–infant interaction, and exclusive breastfeeding rates through combined psychotherapy and breastfeeding support ([Chrzan-Detko, 2020](#)). Additionally, implementation frameworks such as **COM-B** and the **Behaviour Change Wheel** offer structured ways to design integrated breastfeeding–mental health interventions ([Gutman, 2025](#)).

Outcome measures used across interventions

Depression was most commonly assessed by the Edinburgh Postnatal Depression Scale (EPDS), with other tools including Montgomery-Asberg Depression rating (MADRS), Becks Depression Inventory (BDI), and the Hospital Anxiety Depression Scale (HADS-D) and the Structured Clinical Interview for the Diagnostic and Statistical Manual (SCID) ([Franco-Antonio et al., 2022](#); [Ozhuner & Ozerdogan, 2025](#); [Zhao et al., 2021](#); [Nisar et al., 2024](#)).





Anxiety was measured via the State-Trait Anxiety Inventory (STAI), Zung Self-rating Anxiety Scale (SAS), Beck Anxiety Inventory (BAI), or as part of Depression Anxiety Stress Scale-21 (DASS-21), Postpartum Specific Anxiety Scale (PSAS). ([Lennels et al, 2025](#); [Nourizadeh et al, 2023](#); [Nisar et al, 2024](#); [Khajeh et al 2023](#); [Lennard et al 2021](#); [Jackson et al, 2025](#))

Stress was measured by the Perceived Stress Scale (PSS / PSS-10) or DASS-21; parenting stress by the Parenting Stress Index Short Form (PSI-SF) ([Khajeh et al., 2023](#); [Lennard et al., 2021](#); [Jackson et al., 2025](#)).

Breastfeeding outcomes span initiation (early/recent), exclusivity, and duration, with BSE measured by the Breastfeeding Self-Efficacy Scale (BSES and BSES-SF), and breastfeeding quality/technique by LATCH; satisfaction is captured by Maternal Breastfeeding Satisfaction and Maternal Breastfeeding Evaluation scales ([Nourizadeh et al., 2023](#); [Pezley et al., 2022](#); [Kerimoglu et al., 2025](#)).

Additional measures included **psychological flexibility** (Acceptance and Action Questionnaire (AAQ)), **compassion** (Compassionate Engagement and Actions Scales (CEAS), Fears of Compassion Scales), **reflective functioning** (RFQ), and **perceived social support** (multi-dimensional scale of social support (MSPSS), reflecting the multicomponent nature of effective interventions ([Lennard et al., 2021](#); [Nisar et al., 2024](#); [Chrzan-Detko, 2020](#)).

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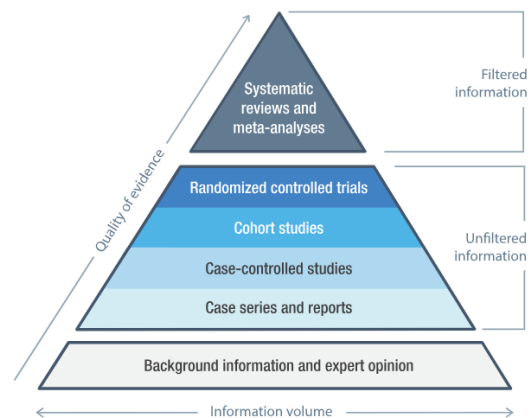


Search results

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For your information, and to help you assess the quality of the research, here is a [hierarchy of the quality of evidence](#) that you may find useful:



REVIEWS

1. [Breastfeeding interventions for preventing postpartum depression.](#)

Authors: Lenells M.; Uphoff E.; Marshall D.; Wilson E.; Gustafsson A.; Wells M.B.; Andersson E. and Dennis, C. L.

Publication Date: 2025

Journal: Cochrane Database of Systematic Reviews 2025(2) (pagination), pp. Article Number: CD014833. Date of Publication: 18 Feb 2025

Abstract: Background: Postpartum depression is a debilitating mental health disorder, which occurs in approximately 6% to 13% of women who give birth in high-income countries. It is a cause of great suffering for women and can have long-term consequences for child development. Postpartum depression can also negatively influence breastfeeding duration and breastfeeding exclusivity (i.e. feeding the infant only breast milk). However, a positive early, and continued, breastfeeding experience may reduce the risk of having postpartum depression. Breastfeeding interventions that increase the duration and exclusivity of breastfeeding may help prevent or reduce postpartum depressive symptoms.

Objective(s): The primary objective of this review was to assess the effect (benefits and harms) of breastfeeding support interventions, in comparison to standard perinatal care, on maternal postpartum depression. The secondary objective was to assess whether breastfeeding support interventions had an effect on depression symptoms, and whether the effect was dependent on the duration and exclusivity of breastfeeding.

Search Method(s): We searched CENTRAL (Wiley), MEDLINE ALL (Ovid), Embase (Ovid), PsycINFO (Ovid), CINAHL Complete (Ebsco) and several other bibliographic databases and trial registers. The most recent search was conducted in June 2024.

Selection Criteria: Randomised controlled trials (RCTs) that evaluated educational, psychosocial, pharmacological, alternative (any breastfeeding support intervention that promotes relaxation and stress) or herbal breastfeeding support interventions targeting the prevention or reduction of postpartum depression were eligible for inclusion.

Data Collection and Analysis: Each title and abstract we identified was screened by two





authors independently. Two review authors then independently examined full-text manuscripts to decide if the study met the inclusion criteria. If so, they extracted data from included studies using Covidence software. Two review authors also independently conducted a risk of bias assessment of each study using the RoB 2 tool. We contacted study authors when necessary for more information. We conducted meta-analyses using a random-effects model.

Main Result(s): We included 10 RCTs with 1573 participants in this review. Depression was measured using the Edinburgh Postnatal Depression Scale (EPDS) in all studies, where scores range between 0 and 30 (higher scores indicating more depressive symptoms). The studies used a score of over 10 as the cut-off for a diagnosis of depression. Primary outcome. It is very uncertain whether psychosocial breastfeeding interventions had any effect on the incidence of postpartum depression immediately post-intervention (RR 0.78, 95% CI 0.23 to 2.70; 1 study, 30 participants), but we found low-certainty evidence that psychosocial breastfeeding interventions may prevent the incidence of postpartum depression in the short term (one to three months) post-intervention (risk ratio (RR) 0.37, 95% confidence interval (CI) 0.14 to 0.93; 1 study, 82 participants). It is very uncertain whether alternative breastfeeding interventions had any effect in preventing the incidence of postpartum depression immediately post-intervention (RR 0.64, 95% CI 0.27 to 1.54; 1 study, 60 participants). The short-term time point was not measured. Secondary outcomes. It is very uncertain whether psychosocial breastfeeding interventions had any effect on reducing depressive symptoms immediately post-intervention (mean difference (MD) -0.67, 95% CI -1.63 to 0.28; 4 studies, 512 participants). There is very low-certainty evidence that psychosocial breastfeeding interventions could reduce symptoms of anxiety immediately post-intervention as measured with the Zung Self-rating Anxiety Scale (SAS), where scores between 45 and 59 out of 80 on the SAS indicate mild to moderate anxiety, scores between 60 and 74 marked severe anxiety levels and > 75 extreme anxiety levels (MD -2.30, 95% CI -4.36 to -0.24; 1 study, 100 participants). There was no difference in rates of exclusive breastfeeding immediately post-intervention between those offered a psychosocial breastfeeding intervention and those receiving standard care, but the evidence is very uncertain (RR 1.20, 95% CI 0.96 to 1.51; $I^2 = 29\%$; 571 participants; very low-certainty evidence). We found low-certainty evidence that a psychosocial breastfeeding intervention may increase the duration of breastfeeding in the long term (RR 1.64, 95% CI 1.08 to 2.50; 129 participants; low-certainty evidence). For the comparison of alternative breastfeeding intervention versus standard care (which was evaluated in only one study), there was no difference between groups immediately post-intervention in anxiety measured with the State-Trait Anxiety Inventory (STAI); range 20 to 80; higher scores indicate more severe anxiety symptoms (MD 1.80, 95% CI -9.41 to 13.01; 60 participants; very low-certainty evidence), or in stress measured with the Perceived Stress Scale (PSS)-NICE; range 1 to 230, higher scores indicate higher levels of stress (MD 1.90, 95% CI -10.28 to 14.08; 60 participants; very low-certainty evidence), but the evidence is very uncertain. No adverse events connected to the intervention itself were stated in any of the trials, but for most studies, we do not know if this is because there were none or because they were not measured or reported. Authors' conclusions: There is low-certainty evidence that psychosocial breastfeeding interventions may prevent postpartum depression in the short term and increase the duration of breastfeeding in the long-term. The evidence is very uncertain about the effect of psychosocial breastfeeding interventions on other outcomes. The evidence is very uncertain about the effect of alternative breastfeeding interventions on postpartum





depression or other outcomes. The included studies did not report any adverse events directly related to the interventions, but it is not clear if this outcome was measured in most studies. Future trials of breastfeeding interventions should be conducted carefully to reduce their risk of bias, and they should be large enough to detect differences between mothers in their mental health.

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Article contains retracted citations: The effect of skin-to-skin contact on postoperative depression and physical recovery of parturients after caesarean section in obstetrics

2. Relaxation Therapy and Human Milk Feeding Outcomes: A Systematic Review and Meta-Analysis.

Authors: Levene I.; Mohd Shukri N.H.; O'Brien F.; Quigley M.A. and Fewtrell, M.

Publication Date: 2024

Journal: JAMA Pediatrics 178(6), pp. 567–576

Abstract: Importance: Human milk feeding is a key public health goal to optimize infant and maternal/parental health, but global lactation outcomes do not meet recommended duration and exclusivity. There are connections between lactation and mental health.

Objective(s): To appraise all available evidence on whether the provision of relaxation interventions to lactating individuals improves lactation and well-being.

Data Sources: Embase, MEDLINE, CINAHL, Allied and Complementary Medicine Database, Web of Science, and the Cochrane Library were searched on September 30, 2023, and topic experts were consulted. Study Selection: Two independent reviewers screened for eligibility. Inclusion criteria were full-text, peer-reviewed publications with a randomized clinical trial design. Techniques that were entirely physical (eg, massage) were excluded. A total of 7% of initially identified studies met selection criteria. Data Extraction and Synthesis: Two independent reviewers extracted data and assessed risk of bias with the Cochrane Risk of Bias 2 tool. Fixed-effects meta-analysis and Grading of Recommendations, Assessment, Development, and Evaluations guidelines were used to synthesize and present evidence. Main Outcomes and Measures: Prespecified primary outcomes were human milk quantity, length and exclusivity of human milk feeding, milk macronutrients/cortisol, and infant growth and behavior.

Result(s): A total of 16 studies were included with 1871 participants (pooled mean [SD] age for 1656 participants, 29.6 [6.1] years). Interventions were music, guided relaxation, mindfulness, and breathing exercises/muscle relaxation. Provision of relaxation was not associated with a change in human milk protein (mean difference [MD], 0 g/100 mL; 95% CI, 0; 205 participants). Provision of relaxation was associated with an increase in human milk quantity (standardized mean difference [SMD], 0.73; 95% CI, 0.57-0.89; 464 participants), increased infant weight gain in breastfeeding infants (MD, z score change = 0.51; 95% CI, 0.30-0.72; 226 participants), and a slight reduction in stress and anxiety (SMD stress score, -0.49; 95% CI, -0.70 to -0.27; 355 participants; SMD anxiety score, -0.45; 95% CI, -0.67 to -0.22; 410 participants).

Conclusions and Relevance: Results of this systematic review and meta-analysis suggest that provision of relaxation was associated with an increase in human milk quantity and infant weight gain and a slight reduction in stress and anxiety. Relaxation interventions can be offered to lactating parents who would like to increase well-being and improve milk supply or, where directly breastfeeding, increase infant weight gain..

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3. A mixed methods systematic review exploring infant feeding experiences and support in women with severe mental illness

Authors: Baker, Natasha; Bick, Debra; Bamber, Louise; Wilson, Claire A.; Howard, Louise M.; Bakolis, Ioannis; Soukup, Tayana and Chang, Yan-Shing

Publication Date: 2023

Journal: Maternal & Child Nutrition 19(4), pp. 1–21

Abstract: There are many benefits of breastfeeding to women and their infants but meeting the recommended 6 months of exclusive breastfeeding is likely to be more challenging for women with severe mental illness (SMI). This is the first systematic review that aims to examine evidence of (a) infant feeding outcomes in women with SMI and the factors associated with this, (b) the experiences of infant feeding and infant feeding support for women with SMI, (c) interventions for supporting infant feeding among these women and (d) health care professionals' attitudes toward supporting infant feeding in women with SMI. Mixed methods systematic review was carried out using the principles of Joanna Briggs Institute's (JBI) 'convergent integrated' methodology. CINAHL, PsycINFO, Medline and MIDIRS were used to search literature between 1994 and 2022. The quality of selected articles was assessed using JBI critical appraisal tools and thematic synthesis was undertaken to obtain findings. Eighteen papers were included in the final review. Women with SMI were less likely to initiate and continue breastfeeding than women without SMI. Several challenges with breastfeeding were highlighted, and while these were often linked to women's mental health difficulties, inconsistent advice from health care professionals and poor support with breastfeeding further compounded these challenges. This review highlights that policy and practice need to take into account the individual challenges women with SMI face when planning, initiating and maintaining breastfeeding. Education and training for health care professionals are needed to enable them to provide tailored infant feeding support to women with SMI, which reflects their individual needs. Key messages: Women with severe mental illness (SMI) are less likely to initiate and maintain breastfeeding compared to women without SMI. Challenges were identified among women with SMI including poor professional support with infant feeding. Education and training are required for health care professionals to individualise infant feeding support for women with SMI and should include information regarding medication and optimising sleep while breastfeeding. No evidence of effective interventions to support breastfeeding in women with SMI were identified and there was limited evidence of women's experiences of infant feeding. Further research is required with larger sample sizes and clearly defined measures of infant feeding outcomes.

4. The Effect of Psychological Interventions on the Anxiety and Breastfeeding Self-Efficacy: A Systematic Review and Meta-Analysis

Authors: Nourizadeh, Roghaiyeh; Shamsdanesh, Shiva; Mehrabi, Esmat; Ranjbar, Fatemeh; Hakimi, Sevil and Salehi Pourmehr, Hanieh

Publication Date: 2023

Journal: Iranian Journal of Public Health 52(5), pp. 937–949

Abstract: Maternal anxiety has been accompanied by many unfavorable effects on breastfeeding in the postpartum period. We aimed to provide scientific evidence in identifying effective interventions for anxiety and breastfeeding self-efficacy (BSE) in a systematic review and meta-analysis.





Results: The results indicated a significant increase in BSE among lactating women after educational and psychological interventions (4.20, 95% CI: 3.61 to 4.80, I²= 26.38%).

Conclusion: It is recommended to conduct further studies with a strong methodology and based on intervention methods during the postpartum period, especially in the first month of birth to reduce the symptoms of stress and anxiety in the mother, establish better mother-child attachment, and improve BSE and maternal performance during the Covid-19 pandemic'

5. Efficacy of behavioral interventions to improve maternal mental health and breastfeeding outcomes: a systematic review.

Authors: Pezley L.;Cares K.;Duffecy J.;Koenig M.D.;Maki P.;OdomsYoung A.;Clark Withington M.H.;Lima Oliveira M.;Loiacono B.;Prough J.;TussingHumphreys L. and Buscemi, J.

Publication Date: 2022

Journal: International Breastfeeding Journal 17(1), pp. 67

Abstract: BACKGROUND: Despite extensive benefits and high intentions, few mothers breastfeed exclusively for the recommended duration. Maternal mental health is an important underlying factor associated with barriers and reduced rates of breastfeeding intent, initiation, and continuation. Given evidence of a bidirectional association between maternal mental health and breastfeeding, it is important to consider both factors when examining the efficacy of interventions to improve these outcomes. The purpose of this manuscript is to review the literature on the efficacy of behavioral interventions focused on both maternal mental health and breastfeeding outcomes, examining the intersection of the two.

METHOD(S): This systematic review was completed using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) reporting guidelines. Studies were selected if they were available in English, used primary experimental design, and used a behavioral intervention type to examine maternal mental health and breastfeeding outcomes. Articles were identified from PubMed, CINAHL, Embase, and PsycINFO from database inception to 3 March 2022. Study quality was assessed using the Cochrane Risk of Bias tool. Results were synthesized by intervention success for 1. Mental health and breastfeeding, 2. Breastfeeding only, 3. Mental health only, and 4. No intervention effect. PROSPERO CRD42021224228.

RESULT(S): Thirty interventions reported in 33 articles were identified, representing 15 countries. Twelve studies reported statistically significant positive effect of the intervention on both maternal mental health and breastfeeding; most showing a decrease in self-report depressive and/or anxiety symptoms in parallel to an increase in breastfeeding duration and/or exclusivity. Common characteristics of successful interventions were a) occurring across pregnancy and postpartum, b) delivered by hospital staff or multidisciplinary teams, c) offered individually, and d) designed to focus on breastfeeding and maternal mental health or on breastfeeding only. Our results are not representative of all countries, persons, experiences, circumstances, or physiological characteristics.

CONCLUSION(S): Interventions that extend the perinatal period and offer individualized support from both professionals and peers who collaborate through a continuum of settings (e.g., health system, home, and community) are most successful in improving both mental health and breastfeeding outcomes. The benefits of improving these outcomes warrant continued development and implementation of such interventions. SYSTEMATIC REVIEW





REGISTRATION: PROSPERO CRD42021224228.

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6. Perinatal psychological interventions to promote breastfeeding: a narrative review

Author: Lidia Gómez, Verd, Sergio, Gloria de-la-Banda, Cardo, Esther, Servera, Mateu, Filgueira, Ana, Jaume Ponce-Taylor and Mulet, Margarita

Publication Date: 2021

Publication Details: International Breastfeeding Journal, 16, (1) pp.1–16. BMC.

Abstract: Abstract Background Emotional distress in mothers inhibits the let-down reflex, thus affecting breastfeeding self-efficacy. A breastfeeding mother may have to cope with both physical discomfort and psychological distress. However, literature on initiatives to improve breastfeeding rates has focused mainly on providing community-based peer support, or social policies. The aim of this review is to assess evidence on the effectiveness of a broad range of psychological interventions to facilitate breastfeeding for mothers facing difficulties around the time of delivery. Methods The review of the literature is derived from a search on Cochrane Library, PubMed, EBSCOhost, and PsycINFO for papers published since 1980. The approach was to explore quantitative and qualitative parameters. Quantitative parameters included breastfeeding initiation, duration, and composition. Qualitative parameters recorded the evaluation of maternal perceptions on breastfeeding success. The high heterogeneity of the studies led to a narrative review; 20 selected papers that report on breastfeeding outcomes and psychological programs met the inclusion criteria. Results The evidence on breastfeeding support through psychotherapy is heterogeneous and scant. Out of the included studies, 11 were randomized controlled trials, two were non-randomised trials, and two used a quasi-experimental design. None of the studies reported an increase in adverse breastfeeding outcomes. Three studies failed to report an association between psychological procedures and improved breastfeeding outcomes. A literature review showed that 17 (85%) analyses support stress-releasing techniques to facilitate breastfeeding. Conclusions This review suggests that relaxation interventions carefully tailored to address perinatal emotional distress may lead to important health benefits, including improvement in breastfeeding outcomes. There is also some indication that psychotherapy support while breastfeeding may have more impact than routine counselling. Conversely, this review did not find an association between self-hypnosis and breastfeeding outcomes. Data from this study can be used in designing prevention programs and future research with appropriate theoretical underpinning.

RCTS

7. Family music therapy combined with oral motor intervention in preterm infants: A randomized controlled trial on feeding competence and parental mental health

Author: Le, Qiong, Lan, Hong, Meng-yun Hu, Li-fen Wu, Wang, Lin, Wang, Shuang, Tao, Jing and Hong-ping Wang

Publication Date: 2025

Publication Details: Global Pediatrics, 14, (100271-) Elsevier.

Abstract: Objective: The study aimed to evaluate the combined effects of family music therapy and oral motor intervention on oral feeding outcomes, oral motor function, and parental anxiety and depression in preterm infants, with the goal of providing new effective strategies for preterm infants' feeding. Design: This was a randomized controlled trial. Setting and Participants: A total of 130 preterm infants from the neonatal ward were enrolled





and randomly assigned to a control group and a study group in a 1:1 ratio using a computer-generated random sequence. Methods: The control group received standard neonatal care and oral motor intervention, while the study group additionally received family music therapy. The primary outcome measures included oral feeding outcomes, oral motor function scores, and parental anxiety and depression scores. Results: On the 7th day, statistically significant differences in normal morphology scores were observed between the two groups ($P < 0.05$). Post-intervention, parental anxiety and depression scores were significantly lower in the study group ($P < 0.05$). Conclusions: The findings of this study suggest that combining family music therapy with oral motor intervention improved oral motor function, accelerated the feeding process in preterm infants, and reduced parental anxiety and depression.

8. The effect of psychoeducational intervention on postpartum care on postpartum depression and breastfeeding: a randomized controlled trial.

Item Type: Journal Article

Authors: Ozhuner Y. and Ozerdogan, N.

Publication Date: 2025

Journal: BMC Nursing 24(1) (pagination), pp. Article Number: 1449. Date of Publication: December 2025

Abstract: Background: Considering that postpartum depression can negatively impact the health of both mother and baby, preventive psychoeducational interventions are needed. Therefore, the aim of the study was to evaluate the effect of a psychoeducational intervention applied to postpartum care on postpartum depression and breastfeeding outcomes.

Method(s): The research was a randomized pretest-posttest controlled group intervention trial. It was conducted with 102 pregnant women randomly assigned to intervention ($n = 50$) and control ($n = 52$) groups between 20 and 34 weeks of gestation in Family Health Centers. While all participants received standard care, the intervention group additionally participated in a psychoeducational program based on Watson's Human Caring Model. This structured intervention was delivered at four timepoints: three sessions before delivery at weekly intervals, followed by sessions on postpartum day 10 and week 6.

Result(s): Before the intervention, there were no significant differences between the intervention and control groups on the Antenatal Breastfeeding Self-Efficacy Scales scores. However, after the intervention, Postpartum Breastfeeding Self-Efficacy Scales scores were significantly higher in the intervention group compared to controls. Analysis revealed an inverse relationship in the intervention group, where increased breastfeeding self-efficacy coincided with decreased levels of postpartum depression. Statistical modeling showed that changes in breastfeeding self-efficacy explained 17.4% of the variance in postpartum depression levels among women receiving the psychoeducational intervention.

Conclusion(s): The psychoeducational program based on Watson's Human Caring Model effectively reduced the risk of postpartum depression while increasing breastfeeding self-efficacy among participants. These findings suggest that incorporating structured psychoeducational interventions into routine postpartum midwifery and nursing care can significantly improve maternal mental health and breastfeeding outcomes. Trial registration number:

9. Impact of an intervention for perinatal anxiety on breastfeeding: findings from the Happy Mother-Healthy Baby randomized controlled trial in Pakistan.

Authors: Nisar A.;Xiang H.;Perin J.;Malik A.;Zaidi A.;Atif N.;Rahman A. and Surkan, P. J.





Publication Date: 2024

Journal: International Breastfeeding Journal 19(1), pp. 53

Abstract: BACKGROUND: The study examined the effects of Happy Mother-Healthy Baby (HMHB), a cognitive-behavioural therapy (CBT) intervention on breastfeeding outcomes for Pakistani women with prenatal anxiety.

METHOD(S): Breastfeeding practices were evaluated in a randomized controlled trial between 2019 and 2022 in a public hospital in Pakistan. The intervention group was randomized to receive six HMHB sessions targeted towards prenatal anxiety (with breastfeeding discussed in the final session), while both groups also received enhanced usual care. Breastfeeding was defined in four categories: early breastfeeding, exclusive early breastfeeding, recent breastfeeding, and exclusive recent breastfeeding. Early breastfeeding referred to the first 24 h after birth and recent breastfeeding referred to the last 24 h before an assessment at six-weeks postpartum. Potential confounders included were mother's age, baseline depression and anxiety levels, stress, social support, if the first pregnancy (or not) and history of stillbirth or miscarriage as well as child's gestational age, gender. Both intent-to-treat and per-protocol analyses were examined. Stratified analyses were also used to compare intervention efficacy for those with mild vs severe anxiety.

RESULT(S): Out of the 1307 eligible women invited to participate, 107 declined to participate and 480 were lost to follow-up, resulting in 720 women who completed the postpartum assessment. Both intervention and control arms were similar on demographic characteristics (e.g. sex, age, income, family structure). In the primary intent-to-treat analysis, there was a marginal impact of the intervention on early breastfeeding (OR 1.38, 95% CI: 0.99-1.92; 75.4% (N = 273) vs. 69.0% (N = 247)) and a non-significant association with other breastfeeding outcomes (OR 1.42, 95% CI: 0.89-2.27; (47) 12.9% vs. (34) 9.5%, exclusive early breastfeeding; OR 1.48, 95% CI: 0.94-2.35; 90% (N = 327) vs. 86% (N = 309), recent breastfeeding; OR 1.01, 95% CI: 0.76-1.35; 49% (N = 178) vs 49% (N = 175) exclusive recent breastfeeding). Among those who completed the intervention's six core sessions, the intervention increased the odds of early breastfeeding (OR 1.69, 95% CI: 1.12-2.54; 79% (N = 154) vs. 69% (N = 247)) and recent breastfeeding (OR 2.05, 95% CI: 1.10-3.81; 93% (N = 181) vs. 86% (N = 309)). For women with mild anxiety at enrolment, the intervention increased the odds of recent breastfeeding (OR 2.41, 95% CI: 1.17-5.00; 92% (N = 137) vs. 83% (N = 123)).

CONCLUSION(S): The study highlights the potential of CBT-based interventions like HMHB to enhance breastfeeding among women with mild perinatal anxiety, contingent upon full participation in the intervention. TRIAL REGISTRATION: ClinicalTrials.gov NCT03880032. Copyright © 2024. The Author(s).

10. Effect of acceptance and commitment therapy on mental health and breastfeeding self-efficacy in mothers with preterm infant: a randomized controlled trial

Author: Khajeh, Fatemeh, Nourizadeh, Roghiyeh, Farvareshi, Mahmoud and Hakimi, Sevil

Publication Date: 2023

Publication Details: Medical Journal of Tabriz University of Medical Sciences, 45, (1) pp.55–66. Tabriz University of Medical Sciences.

Abstract: Background. Preterm infants' mothers experience higher level of anxiety and depression and are more prone to postpartum depression compared to the mothers of term infants. This anxiety at the beginning of and during the breastfeeding process causes serious disorders. Given the fact that psychological interventions can reduce individuals'





problems, the present study aimed to investigate the effect of acceptance and commitment therapy on mental health and breastfeeding self-efficacy of the preterm infants' mothers. Methods. In this randomized controlled trial, 90 mothers of preterm infants admitted to the neonatal ward and neonatal intensive care unit (NICU) of two university-affiliated hospitals in Tabriz in 2021 were examined. Participants were assigned to the intervention and control groups adopting stratified block randomization method. The intervention group received group counseling on ACT in eight 60-minute sessions, and the control group received routine care. The Depression Anxiety Stress Scale-21 (DASS-21) and the Breastfeeding Self-Efficacy Scale (BSES) were completed by the participants before and immediately after the intervention. ANCOVA test with adjustment of confounding variables was used to compare two groups regarding the outcomes. Results. The total mean score of BSE in the intervention group was significantly higher than that in the control group (Mean difference (MD): 5.7; 95% CI: 4.6 to 6.8, P

11. A randomised controlled trial evaluating the effect of a brief motivational intervention to promote breastfeeding in postpartum depression.

Authors: FrancoAntonio C.;SantanoMogena E.;ChimentoDiaz S.;SanchezGarcia P. and CordovillaGuardia, S.

Publication Date: 2022

Journal: Scientific Reports 12(1), pp. 373

Abstract: Postpartum depression (PPD) is the most frequent psychiatric complication during the postnatal period. According to existing evidence, an association exists between the development of PPD and the maintenance of breastfeeding. A brief motivational intervention (bMI), based on the motivational interview, seems effective in promoting breastfeeding. The objective of this study was to analyse the impact of a bMI aiming to promote breastfeeding on the development of PPD and explore the mediating/moderating roles of breastfeeding and breastfeeding self-efficacy in the effect of the intervention on developing PPD. Eighty-eight women who gave birth by vaginal delivery and started breastfeeding during the immediate postpartum period were randomly assigned to the intervention group (bMI) or control group (breastfeeding education). Randomisation by minimisation was carried out. The breastfeeding duration was longer in the intervention group (11.06 (+/- 2.94) weeks vs 9.02 (+/- 4.44), $p = 0.013$). The bMI was associated with a lower score on the Edinburgh Postnatal Depression Scale, with a regression beta coefficient of - 2.12 (95% CI - 3.82; - 0.41). A part of this effect was mediated by the effect of the intervention on the duration of breastfeeding (mediation/moderation index beta = - 0.57 (95% CI - 1.30; - 0.04)). These findings suggest that a bMI aiming to promote breastfeeding has a positive impact preventing PPD mainly due to its effectiveness in increasing the duration of breastfeeding. Copyright © 2022. The Author(s).

12. Randomized controlled trial of a brief online self-compassion intervention for mothers of infants: Effects on mental health outcomes

Authors: Lennard, Georgina R.;Mitchell, Amy E. and Whittingham, Koa

Publication Date: 2021

Journal: Journal of Clinical Psychology 77(3), pp. 473–487

Abstract:

Objective: To test the effectiveness of a brief self-compassion intervention in improving mental health outcomes for mothers of infants.





Method: A randomized controlled trial study design was used. A community sample of mothers of infants (<2 years) completed measures of self-compassion, fears of compassion, psychological flexibility, depression, anxiety, stress, symptoms of posttraumatic stress, and **infant feeding experiences**. Mothers randomized to intervention received access to online self-compassion resources, and 248 mothers (intervention n = 94, waitlist-control n = 154) completed postintervention assessment 8 weeks later.

Results: Overall, 62.8% (n = 59) of intervention participants accessed the resources per-protocol, and lower fear of compassion scores predicted resource use. At postintervention, mothers who used the resources had improved scores for posttraumatic stress symptoms (95% confidence interval [CI] = 0.31-5.47, p = .028), depression (95% CI = 0.15-2.01, p = .023), self-compassionate action (95% CI = 0.41-3.45, p = .012), and engagement with compassion from others (95% CI = 0.22-5.49, p = .034) compared to waitlist-control. Fears of compassion moderated intervention effectiveness. There were no effects on other outcome variables.

Conclusions: Findings support the potential effectiveness of interventions based on compassion-focused therapy to improve maternal mental health.

13. An evaluation of a prenatal individualised mixed management intervention addressing breastfeeding outcomes and postpartum depression: A randomised controlled trial.

Authors: Zhao Y.; Lin Q. and Wang, J.

Publication Date: 2021

Journal: Journal of Clinical Nursing 30(9-10), pp. 1347–1359

Abstract: Aims and objectives: To determine the effects of an individualised mixed management combined lactation education and psychoeducation intervention on breastfeeding outcomes and postpartum depression (PPD) at 3 and 42 days postpartum.

Background(s): Pregnant women with antenatal depression are prone to postpartum depression and failure in breastfeeding.

Design(s): Eligible women participated in a randomised single-blind controlled trial. Results are reported as per the CONSORT 2010 statement.

Method(s): Participants were recruited from December 2017-August 2018 at a major teaching hospital located in Shanghai. Primiparous women (n = 182) with an Edinburgh Postnatal Depression Scale score ≥ 9 were randomly enrolled in the intervention group (n = 91) or the control group (n = 91). The intervention group participated in a 4-session face-to-face mixed management intervention targeting perinatal depression and breastfeeding. The control group received usual care. Breastfeeding and psychological outcomes were measured during the third trimester (≥ 28 weeks and < 35 weeks), and at 3 and 42 days postpartum.

Result(s): There were statistically significant differences in rates of overall and exclusive breastfeeding, initial breastfeeding experience, breastfeeding behaviour and self-efficacy between the two groups at 3 and 42 days postpartum (p < .05). Intention-to-treat linear mixed model analysis showed that EPDS scores were statistically significantly different between groups over time (F = 20.42, p < .001). Intervention group were more satisfied with their husbands' care and care received during the first month postpartum (p < .05).

Conclusion(s): The results demonstrate the effectiveness and feasibility of delivering an individualised mixed management intervention combining lactation guidance with psychological support during pregnancy.

Relevance to clinical practice: This study supports





the need to identify pregnant women at risk of perinatal depression and indicates that the prenatal individualised mixed management intervention has the potential to reduce PPD and help achieve better breastfeeding outcomes.

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14. Randomized controlled trial investigating the effects of a breastfeeding relaxation intervention on maternal psychological state, breast milk outcomes, and infant behavior and growth

Authors: Mohd Shukri, Nurul Husna;Wells, Jonathan;Eaton, Simon;Mukhtar, Firdaus;Petelin, Ana;Jenko-Pražnikar, Zala and Fewtrell, Mary

Publication Date: 2019

Journal: American Journal of Clinical Nutrition 110(1), pp. 121–130

Abstract: Background Biological signaling and communication between mothers and infants during breastfeeding may shape infant behavior and feeding. This signaling is complex and little explored in humans, although it is potentially relevant for initiatives to improve breastfeeding rates. Objectives The aim of this study was to investigate physiological and psychological aspects of mother–infant signaling during breastfeeding experimentally, testing the effects of a relaxation intervention on maternal psychological state, breast milk intake, milk cortisol levels, and infant behavior and growth. Methods Primiparous breastfeeding mothers and full-term infants were randomly assigned to receive relaxation therapy intervention relaxation group; n = 33 (RG)] or to the control group n = 31 (CG); no relaxation therapy] at 2 wk postpartum. Both groups received standard breastfeeding support. Home visits were conducted at 2 (HV1), 6 (HV2), 12 (HV3) and 14 (HV4) wk to measure maternal stress and anxiety, breast milk intake and milk cortisol, and infant behavior and growth. Results RG mothers had lower stress scores postintervention than the CG (HV3 $\Delta = -3.13$; 95% CI: $-5.9, -0.3$) and lower hindmilk cortisol at HV1 ($\Delta = -44.5\%$; 95% CI: $-76.1\%, -12.9\%$) but not at HV2. RG infants had longer sleep duration ($\Delta = 82$ min/d; 95% CI: 16, 149 min/d) at HV2 and higher gains in weight and body mass index standardized deviation score than the CG infants ($\Delta = 0.76$; 95% CI: 0.3, 1.22; and $\Delta = 0.59$; 95% CI: 0.09, 1.1, respectively). RG infants had a mean milk intake at HV3 that was 227 g/d higher than that of the CG infants ($P = 0.031$) after controlling for gender and milk intake at HV1. Conclusions The trial shows the effectiveness of a simple relaxation intervention for improving maternal and infant outcomes and identifies some potential signaling mechanisms for investigation in future and larger studies, especially in settings where mothers are more stressed, such as those with preterm or low birth weight infants. This trial was registered at clinicaltrials.gov as NCT01971216.

STUDIES

15. Infant feeding experiences and support needs in women with severe mental illness: A qualitative study in England

Authors: Baker, Natasha;Wilson, Claire A.;Bick, Debra;Howard, Louise M.;Jones, Hannah Rayment;Bakolis, Ioannis;Chang, Yan-Shing and Soukup, Tayana

Publication Date: 2026

Journal: Women and Birth 39(1), pp. 102156

Abstract: Background

Breastfeeding has significant health benefits for mothers and babies. Severe mental illness





(SMI) affects around 3 % of women giving birth but very little is currently known about their infant feeding experiences. Due to a paucity of evidence, support needs are largely unknown.

Aim

To explore the infant feeding experiences and supports needs of women with SMI.

Methods

Semi structured interviews were conducted online and in person from 2022 to 2023 with 20 women under care of perinatal mental health teams in England. Interviews were audio-recorded, transcribed and anonymised. Reflective thematic analysis was used to analyse the data.

Findings

Four key themes were identified; (1) The intersection between infant feeding and mental health; (2) Infant feeding support from maternity services; (3) Infant feeding preparation; and (4) Specific considerations for women with SMI. The concept of 'collaborative practice to support infant feeding and mental health' draws the themes together and is marked by a disconnect in collaborative care supporting both infant feeding and mental health.

Discussion

SMI can manifest itself in beliefs and emotions related to infant feeding. Experiences of support highlighted the need for better anticipatory guidance around infant feeding for women with SMI, including contexts specific to perinatal SMI like psychiatric inpatient settings, psychotropic medication use, and the challenges associated with sleep deprivation.

Conclusions

Negative experiences with infant feeding and poor support have a significant impact on women with SMI. Support should focus on the emotional and practical demands of breastfeeding and how women can manage this alongside their illness.

16. An integrated, bi-borough approach to the delivery of Perinatal Mental Health and Infant Feeding services

Authors: Local Government Association

Publication Date: 2025

Abstract: Despite not having received Family Hubs and Start for Life programme funding, Royal Borough of Kensington and Chelsea (RBKC) and Westminster City Council wanted to strengthen the delivery of their Start for Life Offer through increased integration and formalisation of services.

The intervention

Feedback from the perinatal mental health steering group suggested that there is a need within RBKC and Westminster to *"take away some of the taboo around mental health and infant mental health"*. Universal services can play a vital role in reducing some of the taboo that parents feel about accessing support. Health visitors hold a unique position in building relationships with families, assessing their needs, offering support and guiding families to appropriate services.

Health visitors offer emotional wellbeing visits (parents can contact their health visitor to request extra support) where parents have the opportunity to talk about how they are feeling and how they are adjusting to having a new baby. These visits allow health visitors to provide wellbeing support to parents and identify additional support needs if appropriate, such as support groups for those with mild to moderate difficulties. Health visitors can also make referrals into specialist services where appropriate. RBKC and Westminster wanted to





leverage this key role and so facilitated collaboration between perinatal mental health teams and health visiting teams to embed a greater focus on mental health and wellbeing into the wider integrated service. The health visiting team also work closely with outreach teams to target priority groups that are less likely to engage in services.

For the infant feeding pathway, a working group comprised of public health, the Infant Feeding Lead from the health visiting team and VCS partners met for six months to co-produce a crisis infant feeding pathway. In addition, VCS partners were supported through training to deliver consistent key messages agreed across the pathway, learn about the WHO International Code of Marketing of Breastmilk Substitutes (the Code), encourage breast feeding and ensure safe bottle feeding.

17. Investigating the Acceptability and Feasibility of Three Online Interventions for Caregivers of Infants with Feeding Difficulties

Authors: Jackson, Leanne;Drury, Ruth;Paolo Azzaro, Giovanni;Coutinho, Eduardo;De Pascalis, Leonardo;Charnock, Vicky;Davies, Sian M.;Jones, Clare;McIlroy, Helen;Remington, Sharon;Sloan, Hannah;Thomas, Melanie;Verhoeff, Francine and Fallon, Victoria

Publication Date: 2025

Journal: Inquiry (00469580) 62, pp. 1–12

Abstract: Colic, Gastro-Oesophageal Reflux (Disorder; GORD) and Cow's Milk Protein Allergy (CMPA) are common infantile afflictions in the first 6 months of life. These conditions are associated with high levels of infant irritability, prescription costs, and poor caregiver wellbeing. For other perinatal mental health concerns, for example, postpartum depression, peer support, music, and health education have been identified as effective interventions for nurturing caregiver wellbeing. However, these interventions have yet to be piloted in an online delivery format, among caregivers of infants diagnosed with colic, GOR(D), and CMPA. The current study aimed to determine the acceptability and feasibility of a non-clinical peer support, health education, and music intervention to caregivers of infants with colic, GOR(D), and CMPA, when compared with treatment as usual. Eligible caregivers were recruited during routine appointments with the infant feeding team at Alder Hey Children's NHS Foundation Trust. Consenting caregivers were assigned to 1 of the 4 intervention arms. For peer support only, a WhatsApp group accompanied group sessions. Intervention weeks 1-3 involved a one-hour online group session, where skills were developed with an aim to improve management of infantile symptoms, and to nurture self-care practices. In weeks 4-6, participants were encouraged to use skills obtained from weeks 1-3, independently. In week 7, evaluative focus groups were conducted. WhatsApp group data underwent conversational analysis and evaluative focus group data underwent thematic analysis. Feasibility was not achieved due to recruitment difficulties. However, the peer support intervention was deemed acceptable by mothers and staff. Peer support participants valued the flexibility of access to support via WhatsApp with other mothers with shared life experience. Evaluative focus groups identified study strengths and limitations which will provide insight to digital health researchers seeking to develop interventional research for caregivers of infants afflicted with colic, GOR(D), and/or CMPA.

18. Artificial intelligence-assisted chatbot: impact on breastfeeding outcomes and maternal anxiety.

Authors: Kerimoglu Yildiz G.;Turk Delibalta R. and Coktay, Z.





Publication Date: 2025

Journal: BMC Pregnancy and Childbirth 25(1) (pagination), pp. Article Number: 631. Date of Publication: 01 Dec 2025

Abstract: Background: Artificial intelligence (AI) is increasingly used in healthcare interventions to provide accessible, continuous, and personalized patient support. This study investigates the impact of a mobile breastfeeding counseling application developed with artificial AI on mothers' breastfeeding self-efficacy, success, and anxiety levels.

Method(s): A quasi-experimental design was employed, involving 60 mothers. Participants were divided into two groups: 30 mothers received AI-based counseling, and 30 mothers were provided a booklet. Data collection tools included a personal information form, Breastfeeding Charting System and Assessment Tool (LATCH), Postnatal Breastfeeding Self-Efficacy Scale, and Beck Anxiety Inventory. Data were collected from mothers who delivered at a state hospital's obstetrics and gynecology department and were followed for ten days postpartum (postpartum days 1, 3, 7, and 10).

Result(s): No significant differences were found in the demographic characteristics of the two groups ($p > 0.05$). Statistically significant improvements were observed in breastfeeding self-efficacy over time for both groups (AI group: $f = 36.356$, $p = 0.000$; booklet group: $f = 43.349$, $p = 0.000$). At day 10, the AI group scored significantly higher than the booklet group ($Z = -2.216$, $p = 0.027$). For breastfeeding success, as measured by the LATCH tool, significant differences were also noted over time for both groups (AI group: $f = 68.466$, $p = 0.000$; booklet group: $f = 68.088$, $p = 0.000$). At day seven, the AI group outperformed the booklet group ($Z = -2.995$, $p = 0.003$). Anxiety levels showed no significant differences between groups.

Conclusion(s): AI-based breastfeeding counseling positively impacts breastfeeding self-efficacy and success. The findings highlight the potential of AI applications in healthcare. AI-based chatbots can serve as effective tools for breastfeeding education, offering accessible, personalized, and continuous support. The significant improvements in breastfeeding outcomes indicate that innovative AI-assisted interventions can effectively support mothers during the critical early postpartum period. This research demonstrates the feasibility of integrating AI technology into maternal care and serves as a foundation for future studies. Clinical trial number: Not applicable.

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19. Association between breastfeeding duration and long-term midwifery-led support and psychosocial support: Outcomes from a greek non-randomized controlled perinatal health intervention.

Authors: Dagla M.;MrvoljakTheodoropoulou I.;Vogiatzoglou M.;Giamalidou A.;Tsolaridou E.;Mavrou M.;Dagla C. and Antoniou, E.

Publication Date: 2021

Journal: International Journal of Environmental Research and Public Health 18(4) (pp 1-18), pp. Article Number: 1988. Date of Publication: 02 Feb 2021

Abstract: Background: This study investigates if a non-randomized controlled perinatal health intervention which offers (a) long-term midwife-led breastfeeding support and (b) psychosocial support of women, is associated with the initiation, exclusivity and duration of breastfeeding.

Method(s): A sample of 1080 women who attended a 12-month intervention before and after childbirth, during a five-year period (January 2014-January 2019) in a primary mental health





care setting in Greece, was examined. Multiple analyses of variance and logistic regression analysis were conducted. Re-sults: The vast majority of women (96.3%) initiated either exclusive breastfeeding (only breast milk) (70.7%) or any breastfeeding (with or without formula or other type of food/drink) (25.6%). At the end of the 6th month postpartum, almost half of the women (44.3%) breastfed exclusively. A greater (quantitatively) midwifery-led support to mothers seemed to correlate with increased chance of exclusive breastfeeding at the end of the 6th month postpartum ($p = 0.034$), and with longer any breastfeeding duration ($p = 0.015$). The absence of pathological mental health symptoms and of need for receiving long-term psychotherapy were associated with the longer duration of any breastfeeding ($p = 0.029$ and $p = 0.013$ respectively).

Conclusion(s): Continuous long-term midwife-led education and support, and maternal mental well-being are associated with increased exclusive and any breastfeeding duration. Copyright © 2021 by the authors. Licensee MDPI, Basel, Switzerland.

20. The program of psychological and breastfeeding support "maternity step by step": An example of effective solution for the prevention, diagnostics and treatment of prenatal and postpartum depression.

Authors: ChrzanDetkoS M.;Pietkiewicz A.;Zolnowska J. and Pizunska, D.

Publication Date: 2020

Journal: Psychiatria Polska 54(3), pp. 613–629

Abstract: Aim. Postpartum depression affects about 13-20% of women. Depression during pregnancy is observed in 19% of pregnant women. In Poland we lack a support system for this group of patients. This article presents the elements of the pilot program of psychological interventions and breastfeeding support "Motherhood: step by step", financed by the municipality of Gdansk. The aim of the program was to provide inhabitants of Gdansk with professional breastfeeding support and psychological help during pregnancy and in the first year of infant's life. Method. The study involved three groups of women: 36 mothers participating in psychological consultations and short-Term therapy, 123 women from breastfeeding support group and 104 women in the control group. The evaluation was based on questionnaires prepared by the researchers, the General Health Questionnaire-28 and the Parenting Stress Index - 3rd version. Results. The evaluation showed a significant decrease in symptoms of mental disorders in both groups of treated women: women from psychological intervention and breastfeeding intervention group. In women from psychological intervention group a significant decrease in parental stress was observed. Conclusions. Conducted analyses showed that the implemented program is characterized by high effectiveness and may be recommended for the continuation in the subsequent years. It may be considered as a solution for changes in the new standards for perinatal care in Poland. Słowa klucze: depresja poporodowa, dostepnoSc psychoterapii, depresja w ciąży. Copyright © 2020 Polish Psychiatric Association. All rights reserved.

21. Effectiveness of a Mindfulness and Compassion Intervention for Pregnant Women and Their Partners for the Prevention of Stress and Depression During Pregnancy and Breastfeeding

Author: Universidad Nacional de Educación, a. Distancia

Publication Date: 2019

Publication Details: Effectiveness of a Mindfulness and Compassion Group Intervention





Applied to Pregnant Women and Their Partners to Decrease Stress, Negative Affect and Depression During Pregnancy and Breastfeeding. Controlled and Randomized Study, Javier Garcia Campayo.

Abstract: The aim of this study is to assess a mindfulness and compassion group intervention for pregnant women and their partners (8 weeks) for the prevention, reduction and treatment of stress, negative affect and depression in pregnancy and breastfeeding. This group intervention will also be compared with a Treatment as usual (TAU) group consisting in a childbirth education class taught by the Health Center midwife. The principal hypothesis is that the mindfulness and compassion intervention will be more effective than TAU.

ARTICLES

22. [Breaking barriers: Utilising the COM-B Model and Behaviour Change Wheel to enhance breastfeeding and postpartum mental health in the UK](#)

Authors: Gutman, Leslie Morrison

Publication Date: 2025

Journal: International Journal of Birth & Parent Education 12(4), pp. 26–29

Abstract: Breastfeeding is important for the health and wellbeing of both infants and mothers, providing numerous benefits, including enhanced immunity, improved bonding, and long-term physical and emotional well-being (Modak et al., 2023; Allen & Hector, 2005). However, in the UK, the situation regarding breastfeeding presents a paradox. Despite a widespread understanding of its advantages, breastfeeding rates remain among the lowest in the world (UNICEF, 2010). Only 52.7% of mothers breastfeed at six to eight weeks in England (Public Health England, 2024), and just 1% follow the World Health Organization's (WHO) recommendation of exclusive breastfeeding at six months postnatal (Byrom et al., 2021). These statistics highlight the urgent need for tailored interventions to support mothers. This article explores how the COM-B model and Behaviour Change Wheel can be utilised to encourage breastfeeding and potentially improve postpartum mental health in the UK.

23. [LPT launches first perinatal mental health ChatHealth text message support service](#)

Author: Academy of Fabulous NHS Stuff

Date of Publication: 2019

Abstract: Leicestershire Partnership NHS Trust (LPT) has launched the first dedicated perinatal mental health ChatHealth text messaging service – called Mum's Mind. The confidential service offers expert advice and information to support mothers across Leicester, Leicestershire and Rutland who struggle with mental health issues during pregnancy and baby's first year. It is provided via a dedicated text line – 07507 330 026. The new service, believed to be the UK's first NHS perinatal mental health text messaging support, was developed with service users by the Trust's specialist perinatal mental health team "Our ambition has always been to ensure that women who need access to perinatal mental health support or expertise can access it. And with technology such an integral part of day to day life for so many families today, we hope that the launch of the Mum's Mind Chathealth text messaging service will be a step change in expanding that access."





ChatHealth is an award-winning service developed by LPT and now used by several NHS Trusts in other parts of the UK. This could potentially be used for infant feeding support.





OFFICE USE ONLY

Keywords/search strategy	Limits used
<p>Infant feeding OR breastfeeding OR formula feeding OR early feeding OR bottle feeding</p> <p>Mental health OR psychological wellbeing OR depression OR anxiety OR postnatal mental health OR perinatal mental health</p> <p>intervention* OR program* OR therap* OR support OR treatment</p> <p>service evaluation OR program* evaluation OR quality improvement OR service review OR audit</p> <p>outcome measure* OR assessment tool* OR scale OR questionnaire OR risk assessment OR measure* OR instrument*</p> <p>Psychological intervention* OR CBT OR psycholog* OR psycho-education OR therapy group* OR therapy OR talking therap* OR cognitive behavioural therapy OR psychosocial OR facilitated self-help OR self-help</p>	

Databases/sources used		
<input checked="" type="checkbox"/> Pubmed	<input checked="" type="checkbox"/> HMIC	<input type="checkbox"/> BMJ Best Practice
<input checked="" type="checkbox"/> MEDLINE	<input checked="" type="checkbox"/> Social Policy & Practice	<input type="checkbox"/> UpToDate
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