Harmful impact of post weaning depression among mothers and emotional changes

Ratna Tadi

Abstract

Weaning depression is a term used to describe depression that can occur after a woman stops breastfeeding. It can come as a result of hormonal fluctuations and/or the psychological stress of weaning. Symptoms may include increased irritability, teariness, loss of pleasure in a usually pleasurable activity, fatigue or trouble concentrating in the present article. Maternal mental health is of vital importance. Many mothers caring for infants and small children suffer from depression and other forms of mental illness. It is essential that they are understood, since a great deal can be done to help them and to promote their mental health.

Keywords: Psychological stress, postpartum depression, weaning, breastfeeding, mental health, sadness

Introduction

It is not unusual to feel tearful, sad or mildly depressed after weaning; some mothers also experience irritability, anxiety, or mood swings. These feelings are usually short-term and should go away in a few weeks, but some mothers experience more severe symptoms that require treatment. In severe cases mother’s suffering might be so severe that they may even commit suicide. In addition, the affected mothers cannot function properly. As a result, the children’s growth and development may be negatively affected as well. Maternal mental disorders are treatable. Effective interventions can be delivered even by well-trained non-specialist health providers.

Background of the study

Postpartum Depression broadly defined as depression that begins within the first year or so after a woman gives birth. The Centers for Disease Control and Prevention now tracks it, and recent estimates suggest that anywhere between 9.8 and 21.3 percent of mothers in the U.S. report regular, postpartum depressive symptoms. According to WHO worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression. In developing countries this is even higher, i.e. 15.6% during pregnancy and 19.8% after child birth.

But the frequency with which women experience depressive episodes when weaning their babies is far less understood. Researchers have yet to examine the connection between weaning and depression in depth.

Rationale for the article

- To identify high-risk mothers
- To spread the awareness among the mothers during prenatal period.
- To provide support to the mothers who are undergoing through post weaning depression.
- To encourage family support in order to reduce the risk.
- To prevent the incidence of post weaning depression

Definition

Post-weaning depression is a mood disorder similar to postpartum depression, and is characterized by intense feelings of sadness and exhaustion.
Cause
Though post-weaning depression is a relatively new area of study, doctors and scientists believe the emotional changes that happen during weaning, coupled with hormonal fluctuations, cause the disorder. It is hypothesized that hormonal changes that occur with weaning is a drop in prolactin and oxytocin levels. Prolactin, a hormone that is required for milk production, also brings with it a feeling of well-being, calmness and relaxation. Oxytocin, the hormone that is required for milk ejection (let-down), is sometimes referred to as the “love hormone.” It makes sense that a sudden decrease in these hormones could have an effect on a weaning mother’s emotions.

Other causes can be
- **Early Weaning:** If mother have to wean her baby sooner than planned then there can be a feeling of sadness, guilt and anger.
- **Loss of the Breastfeeding Relationship:** There's a special bond that forms between a mother and her child during the breastfeeding relationship. When the child stops breastfeeding, there can be a feeling of emptiness.
- **Child Is Growing Up:** Child is growing older and becoming more independent. Mother may feel as though her child doesn't need her as much anymore.
- **If it is a Last Baby:** It can be hard to accept that this chapter of mother’s life is coming to an end.

Risk Factors
- Mothers with a history of depression are also more likely to experience depression after weaning.
- An early and sudden stop to breastfeeding due to unforeseen circumstances (illness, separation, or trauma) can bring about a greater risk for unease and depression. Hormones are high and a sudden change can be jarring.

Sign and Symptoms of Post-weaning Depression
If mother is going through or have completed the weaning process, be on the lookout for these symptoms of post-weaning depression:
- Extreme exhaustion and fatigue.
- Trouble sleeping at night.
- Intense, persistent sadness.
- Little interest in baby or family.
- Anxiety and constant worrying.
- Thoughts of harming self.

Every woman is different, so the symptoms of postpartum depression and post-weaning depression can manifest with varying levels of severity.

Effects of Post Weaning Depression on the Mother and the Infant
The mother with depression suffers a lot and may fail to adequately eat, bathe or care for herself. This may increase the risks of ill health. The risk of suicide is also a consideration, and in psychotic illnesses, the risk of infanticide, though rare, must be taken into consideration. Very young infants can be affected and are highly sensitive to the environment and the quality of care. Prolonged or severe depression hampers the mother-infant attachment, and care of the child.

Nurses Role in Managing Post Weaning Depression
1. Nurse can help the mother to accept her Situation by helping her to come to terms with the fact that she is suffering from a mood disorder.
2. Nurse should help the mother to focus on the positive aspects of life.
3. Nurse can suggest the mother to Increase her Intake of Nutritional Supplement through dietary supplements like zinc and omega 3. These nutrients can help reduce the level of stress-inducing hormones in her body.
4. One of the most dominant thoughts a depressed person goes through is the feeling of being alone. Nurse plays a major role by making mother to know that she is not alone.
5. Nurse can educate the family members about her condition her feelings in an attempt to form a strong support group which can help and support her to overcome her crisis situation.
6. Nurse can help mother by enhancing her feeling of self worth by boosting her confidence which can help her to fight her way through the toughest of situations.
7. Nurse can encourage mother to go for alternative non pharmacological therapies like acupressure, Yoga etc to relieve her stress.
8. Nurse can encourage mother to indulge in light Exercises which in turn help to relax her mind and even can divert her mind from the unpleasant thoughts.
9. Nurse can encourage mother to Eat Healthy Foods which can greatly impact her feelings. Encourage her to eat a well-balanced diet incorporated with green leafy vegetables and fruits and drink plenty of water.
10. If persisting problem is severe in intensity nurse can encourage mother as well as family members to consult a Professional so that mother will be guided on the right path and get help for post-weaning depression treatment.

Discussion
**Critical review literature**
According to Shaila Misri, *et al.* conducted an objective study to find the relationship between breast-feeding cessation and the onset of postpartum depression. Retrospective examination in an obstetrical outpatient sample of 51 postpartum women who were suffering from major depression and who had stopped breast-feeding. Self-report questionnaire data were obtained from the subjects; the severity of the illness and the clinical course of each subject were evaluated. The study concluded that In an outpatient sample of depressed postpartum women, the onset of depression preceded the cessation of breast-feeding. The severity of the illness did not appear to influence breast-feeding persistence significantly.

Eivind Y strom conducted a longitudinal cohort study to find out the relationship between breastfeeding cessation and symptoms of anxiety and depression. The author examined data from Norwegian mother and child cohort study, The study concluded that Breastfeeding cessation is a risk factor for increased anxiety and depression. Women with high levels of anxiety and depression during pregnancy who stop breastfeeding early are at an additional multiplicative risk for postpartum anxiety and depression.

Meltzer-Brody *et al.* conducted a study to assess the relationship between Failed lactation and perinatal depression: common problems with shared neuroendocrine
mechanisms. He stated that in the early postpartum period, mother and infant navigate a critical neuroendocrine transition from pregnancy to lactation. Two major clinical problems that occur during this transition are failed lactation and perinatal mood disorders. These disorders often overlap in clinical settings. Failed lactation is common. Although all major medical organizations recommend 6 months of exclusive breastfeeding, only 13% of women in the United States achieve this recommendation. Perinatal mood disorders affect 10% of mothers, with substantial morbidity for mother and child. They hypothesize that shared neuroendocrine mechanisms contribute to both failed lactation and perinatal mood disorders.

**Recommendation**

- Further studies on mothers characterized by anxiety and depression post weaning is recommended in order to formulate protocol intended to screen the high risk mothers at its earliest.
- Future studies should investigate a full range of personality factors and coping strategies as predictors and moderators of breastfeeding behavior in an epidemiological sample.
- Research to better understand breastfeeding decisions among women with the risk factors identified is needed to facilitate the development of more effective breastfeeding promotion strategies.

**Conclusion**

Post-weaning depression is generally a short-term problem. As hormones stabilize mother starts feeling better. Post-weaning depression usually lasts for only about two weeks, but if it extends more than this, then you might want to consult a doctor. This should also be the case if you have had a history of depression.

**Reference**

4. Prenatal exposure to maternal depression, neonatal methylation of human glucocorticoid receptor gene (NR3C1) and infant cortisol stress responses
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