Asian Journal of Health Research
Journal Homepage: https://a-jhr.com
Published by Ikatan Dokter Indonesia Wilayah Jawa Timur

Systematic Review

Postpartum Depression and Breastfeeding Success among Postpartum Mothers: A Systematic Review

Maharani*

Department of Midwifery, Polytechnic of Health, Ministry of Health, Aceh, Indonesia

ARTICLE HISTORY
Received: 19 January 2026
Revised: 28 February 2026
Accepted: 27 March 2026

CORRESPONDING AUTHOR*
Maharani
maharani@poltekkesaceh.ac.id
Department of Midwifery,
Polytechnic of Health, Ministry of Health,
Aceh, Indonesia

KEYWORDS
Postpartum depression; Breastfeeding; Breastfeeding Self-efficacy; Postpartum Mothers; Maternal mental health

This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (https://creativecommons.org/licenses/by/4.0/)

ABSTRACT

Introduction: Postpartum depression is a frequent maternal mental health concern that can disrupt confidence, responsiveness, and daily care during the early postpartum period. Breastfeeding success is not limited to exclusive breastfeeding, but also includes early initiation, continuation, maternal satisfaction, and breastfeeding self-efficacy. This systematic literature review synthesized recent evidence on the relationship between postpartum depression and breastfeeding success among postpartum mothers.

Methods: A PRISMA-guided review was conducted using Scopus as the target database. The search combined terms for postpartum depression, postnatal depression, maternal depression, breastfeeding, exclusive breastfeeding, lactation, breastfeeding self-efficacy, mother, maternal, and postpartum. English language open-access articles published from 2020 to 2026 were screened. Forty-five studies met the eligibility criteria and were synthesized narratively.

Results: The evidence consistently indicated that postpartum depressive symptoms were associated with lower exclusive breastfeeding, early cessation, reduced breastfeeding self-efficacy, and more negative breastfeeding experiences. Longitudinal, cross-sectional, review, and intervention studies also showed that social support, maternal stress, breastfeeding pressure, prenatal planning, and midwife-led support shaped this association.

Conclusion: Postpartum depression and breastfeeding success should be addressed as integrated maternal outcomes. Midwifery practice needs routine psychological screening, lactation counseling, partner involvement, and non-judgmental support for mothers who breastfeed, combine feeding, or discontinue breastfeeding.

Cite this as: Maharani (2026) Postpartum Depression and Breastfeeding Success among Postpartum Mothers: A Systematic Review. *Asian J Heal Res.* 5 (1): 107–119. doi: https://doi.org/10.55561/ajhr.v5i1.345

INTRODUCTION

The postpartum period represents a sensitive transition in which maternal psychological adaptation and infant feeding decisions occur together. Postpartum depression may reduce energy, confidence, sleep quality, emotional availability, and the mother's ability to interpret infant cues. Breastfeeding, at the same time, requires learning, bodily adaptation, family support, and access to skilled care. Because these processes occur in the same weeks after birth, depression and breastfeeding success cannot be interpreted as separate outcomes. Recent studies included in this review show that depressive symptoms are associated not only with exclusive breastfeeding but also with breastfeeding attitudes, satisfaction, self-efficacy, continuation, and maternal bonding [1–4].

Breastfeeding success is often measured as exclusive breastfeeding, but a midwifery-oriented interpretation should be broader. Mothers may initiate breastfeeding, sustain partial breastfeeding, express milk, combine feeding, or stop breastfeeding because of pain, low supply concerns, mastitis, infant prematurity, return to work, or psychological distress. Studies from different settings have therefore used multiple

indicators, including exclusive breastfeeding, continued breastfeeding, lactation status, satisfaction with breastfeeding, breastfeeding attitudes, and breastfeeding self-efficacy [5–9]. This range of outcomes is important because depression may influence confidence and persistence before it is visible as complete cessation.

A growing body of evidence suggests a bidirectional relationship. Depressive symptoms may lead to difficulty sustaining breastfeeding, while painful or unsupported breastfeeding difficulties may intensify depressive symptoms. For example, breastfeeding difficulties have been discussed as a determinant of maternal mental health, and perinatal mental health problems have been shown to shape women's breastfeeding experiences [10–12]. This reciprocal interpretation is especially important for midwives because an exclusive focus on breastfeeding targets can unintentionally increase pressure when mothers need emotional support and practical problem-solving.

The role of breastfeeding self-efficacy has become central in recent evidence. Self-efficacy describes a mother's belief that she can breastfeed successfully in the face of normal postpartum challenges. Studies and reviews consistently report that lower breastfeeding self-efficacy is related to higher postpartum depressive symptoms, and that self-efficacy can mediate links between depressive symptoms, planning, social support, and exclusive breastfeeding [1–3,13,14]. This mechanism suggests that midwifery care should not only provide information but also help mothers experience mastery, receive affirmation, and avoid stigma.

Social and cultural expectations further complicate the relationship. Supportive partners, family members, communities, and health workers can protect maternal confidence, whereas pressure to breastfeed can worsen mental health. Evidence on breastfeeding pressure and feeding choices indicates that support must be distinguished from coercion [15–18]. Mothers need accurate information on breastfeeding benefits, but they also need psychological safety when they experience pain, mixed feeding, delayed lactogenesis, or mood symptoms.

The significance of this review lies in the need to integrate mental health screening with lactation support in routine midwifery practice. Previous systematic reviews and meta-analysis have examined postpartum depression, breastfeeding self-efficacy, exclusive breastfeeding, and experiences of women with mental health problems [1,11,19–21]. However, recent articles from 2020 to 2026 show a rapidly expanding evidence base, including intervention trials, mediation analyses, and culturally diverse observational studies. The purpose of this study was to synthesize recent English language open access literature on the relationship between postpartum depression and breastfeeding success among postpartum mothers using a PRISMA-guided systematic review approach.

METHODS

Research Design

This study used a systematic literature review design guided by the PRISMA 2020 framework. The review question was: What is the relationship between postpartum depression and breastfeeding success among postpartum mothers? The population was postpartum mothers or lactating mothers. The exposure or associated condition was postpartum depression, postnatal depression, perinatal depressive symptoms, or maternal depressive symptoms during the postpartum period. The outcome was breastfeeding success, interpreted as exclusive breastfeeding, breastfeeding continuation, early initiation, lactation status, breastfeeding satisfaction, breastfeeding attitude, or breastfeeding self-efficacy. A narrative synthesis was selected because the included studies varied in design, setting, measures, and outcome definitions.

Search Strategy

The review was conducted using Scopus as the target bibliographic database. The search focused on open-access English-language articles published between 2020 and 2026. The samples in the included studies consisted of postpartum mothers, breastfeeding mothers, mothers of infants, mothers with premature infants, women with perinatal mental health problems, and, in some articles, parent couples. Because this was a literature review, no direct recruitment of participants was

Table 1. Search Strategy used for Article Identification

Element	Description
Database	Scopus as the target source
Publication year	2020 to 2026
Language and access	English language and open access or full text available
Core search terms	postpartum depression, postnatal depression, maternal depression, breastfeeding, exclusive breastfeeding, lactation, breastfeeding self-efficacy, mother, maternal, postpartum

Table 2. Eligibility Criteria

Criteria	Included	Excluded
Population	Postpartum mothers, lactating mothers, mothers of infants, and mothers with perinatal mental health problems	Pregnant women only, without postpartum or breastfeeding outcomes
Exposure	Postpartum depression, postnatal depression, perinatal depressive symptoms, maternal depressive symptoms, anxiety when analysed with depression	General stress or mental health without depression related analysis
Outcome	Exclusive breastfeeding, continued breastfeeding, cessation, lactation status, satisfaction, attitude, self-efficacy, feeding choice	Infant feeding unrelated to maternal psychological status
Publication	English language open-access articles from 2020 to 2026	Non-English, inaccessible full text, conference abstracts only, and publications before 2020

conducted by the authors of the present manuscript.

The search strategy was built from three concept blocks. The first block captured postpartum depression terms. The second block captured breastfeeding and lactation outcomes. The third block captured maternal and postpartum populations. The final search string was: TITLE ABS KEY ("postpartum depression" OR "postnatal depression" OR "maternal depression") AND TITLE ABS KEY (breastfeeding OR "exclusive breastfeeding" OR lactation OR "breastfeeding self-efficacy") AND TITLE ABS KEY (mother OR maternal OR postpartum) AND PUBYEAR > 2019 AND PUBYEAR < 2027 AND LIMIT TO language English AND LIMIT TO open access all (Table 1).

Eligibility Criteria

Articles were eligible when they discussed postpartum depression or closely related postnatal depressive symptoms in relation to breastfeeding outcomes. Eligible designs included cross-sectional studies, cohort studies, randomized controlled trials, qualitative syntheses, systematic reviews, meta-analyses, and review articles when they directly addressed the relationship between maternal mental health and breastfeeding. Articles were excluded when they were not written in English, were not open access or available in full text, were outside the 2020 to 2026 range, focused only on pregnancy without postpartum outcomes, examined infant feeding without maternal mental health, or discussed depression without breastfeeding or lactation outcomes (Table 2).

Measurement and Data Collection

The data extraction form contained author, year, title, journal, DOI, study design, access status, postpartum depression construct, breastfeeding outcome, and reason for relevance. The included studies used different instruments and definitions. Some studies used postpartum depression screening scales, while others examined depression and anxiety together, self-reported mental health, or depressive symptom scores. Breastfeeding outcomes were also diverse. They included exclusive breastfeeding, early initiation,

continued breastfeeding, cessation before six months, formula feeding, mixed feeding, breastfeeding satisfaction, breastfeeding self-efficacy, and attitudes toward breastfeeding.

The study selection process resulted in forty-five articles. The set included articles published in BMC Pregnancy and Childbirth, International Breastfeeding Journal, PLOS ONE, Scientific Reports, Frontiers journals, Nutrients, Medicina, F1000Research, Women and Birth, Breastfeeding Medicine, BMJ Open, Clinical Epidemiology and Global Health, Cochrane Database of Systematic Reviews, and other health journals. All selected articles were treated as the evidence base for the current narrative synthesis.

Data Analysis

Data were analysed using narrative synthesis. The first step was classification by year and study design. The second step was the extraction of breastfeeding outcome categories. The third step was thematic grouping based on the direction and mechanism of the relationship between postpartum depression and breastfeeding success. Four synthesis themes were produced: depressive symptoms and breastfeeding continuation, breastfeeding self-efficacy as a mechanism, social support and pressure as contextual factors, and intervention evidence for integrated midwifery care. No meta-analysis was conducted because the included articles differed in instruments, time points, outcome definitions, and analytic models.

Methodological strength was considered descriptively. Longitudinal cohort studies and randomized trials were interpreted as providing stronger temporal information than cross-sectional studies. Systematic reviews and meta-analysis were used to compare the consistency of findings across multiple primary studies. Qualitative syntheses were used to interpret lived experience, perceived pressure, and the emotional meaning of breastfeeding difficulties. The purpose of this quality interpretation was not to exclude evidence but to prevent overstatement of causal claims.

Ethical Considerations

This review used published articles and did not involve direct contact with human participants. Formal ethics committee approval and informed consent were therefore not required. The review process maintained academic integrity by citing all included sources and by reporting eligibility criteria, search terms, and synthesis decisions transparently.

RESULTS

The PRISMA flow identified forty-five studies for qualitative synthesis. The final included articles were distributed across 2020 to 2026. The evidence base was dominated by cross-sectional studies, but it also contained longitudinal cohort studies, randomized controlled trials, systematic reviews, meta-analysis, review articles, qualitative evidence syntheses, and thematic syntheses. This mixture allowed the review to capture both statistical associations and maternal experiences. The included articles represented diverse geographical and cultural settings, such as Asia, Africa, Europe, the Middle East, Latin America, and North America (Figure 1). The characteristics, study designs, and interpretive contributions of the included studies are summarized in Table 3.

The chronological distribution suggests increasing scholarly attention to the connection between postpartum depression and breastfeeding. Earlier articles from 2020 and 2021 emphasized lactation status, breastfeeding satisfaction, exclusive breastfeeding cessation, social support, and regional meta-analytic evidence [3,4,8,9,18,21,22,24]. Articles from 2022 and 2023 expanded the evidence to breastfeeding beliefs, pandemic experiences, and psychological predictors across breast, mixed, and formula feeding groups [7,24–26]. More recent articles from 2024 to 2026 added stronger emphasis on self-efficacy, social support, feeding pressure, intervention trials, and longitudinal mechanisms [1,5,13–16,19,27–30].

Depressive Symptoms and Breastfeeding Continuation

The most consistent finding was that postpartum depression was associated with poorer breastfeeding success. Studies directly examining exclusive breastfeeding or breastfeeding cessation reported that depressive symptoms were linked with lower exclusive breastfeeding practice, earlier

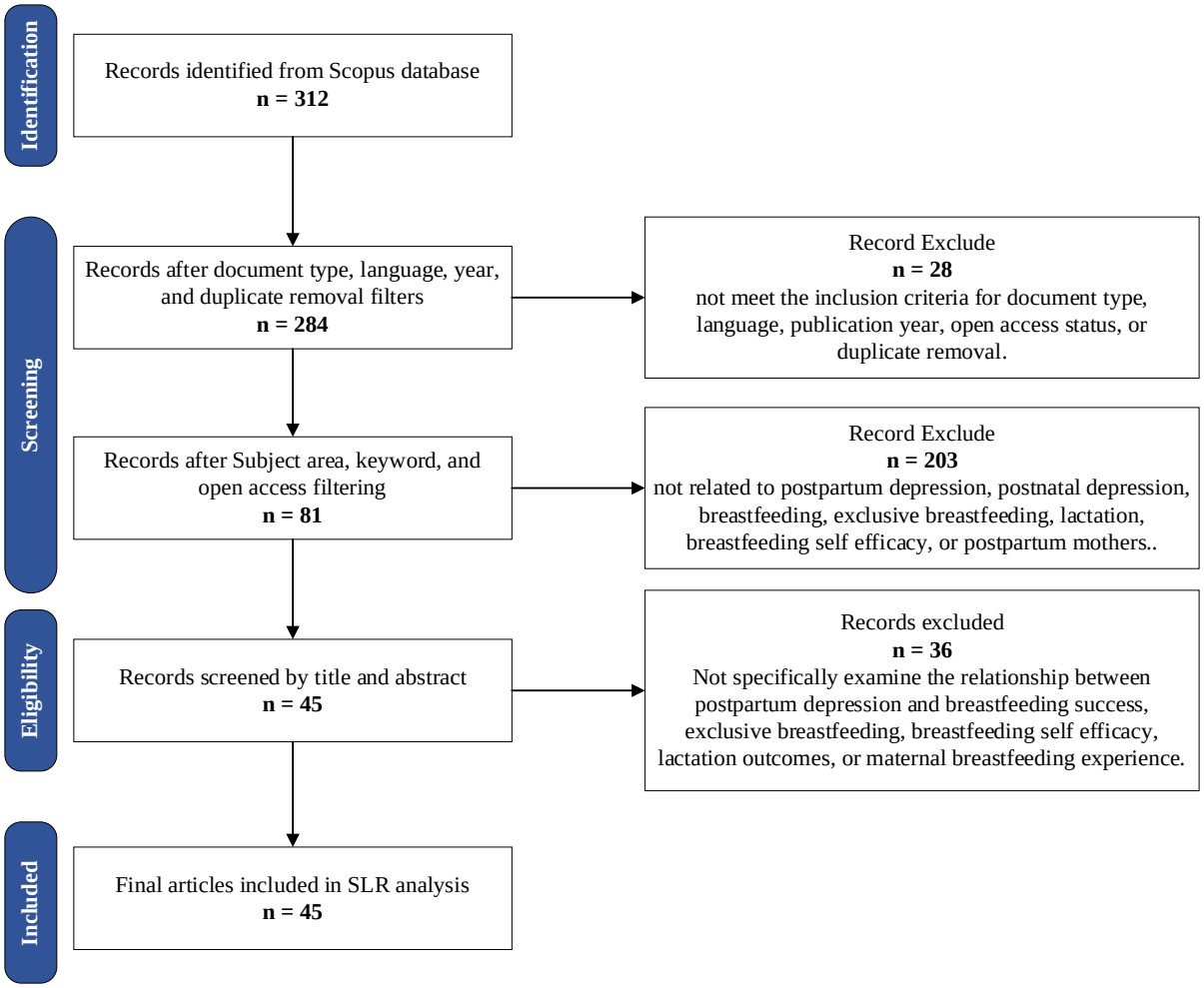


Figure 1. Flowchart of the selected study.

cessation, or reduced continuation [5,6,18,21,27,28,31]. This pattern was also supported by studies that considered lactation status, breastfeeding practices, and feeding patterns over the first postpartum months [8,9,22,24]. The association was not always presented as a simple one-way effect, but the overall direction showed that mothers with depressive symptoms faced more barriers to sustaining breastfeeding goals.

Several studies interpreted breastfeeding as potentially protective against depressive symptoms, while others cautioned that the meaning of breastfeeding depends on maternal experience. Exclusive breastfeeding was described as having a protective association with postpartum depression in some observational work [32–34]. However, articles on breastfeeding pressure and women's lived experiences suggested that breastfeeding can become psychologically harmful when mothers feel coerced, unsupported, or blamed for difficulty [11,12,16]. Therefore, the relationship should be understood as conditional rather than universally protective.

Longitudinal and cohort evidence added temporal nuance. Early initiation of breastfeeding, duration of breastfeeding, and later maternal depression or anxiety were analysed in prospective or long-term studies [35–37]. These articles indicate that breastfeeding and depression may influence each other across time. A mother's early breastfeeding experience can shape mood, while early mood symptoms can shape later feeding decisions. For midwifery practice, this means that a single postpartum visit is insufficient; repeated assessment across the first weeks and months is needed.

Table 3. Summary of included Study Characteristics

Category	Number of studies	Examples of designs or sources	Interpretation for the synthesis
Year range	45	2020 to 2026	The included evidence reflects recent literature and contemporary postpartum care issues.
Observational evidence	Majority	Cross-sectional, retrospective, prospective, and longitudinal observational studies	Useful for mapping associations between depression and breastfeeding outcomes.
Intervention evidence	Several	Randomized trials, motivational intervention, midwife led group intervention, text message program, and perinatal anxiety intervention	Useful for practice implications, but not sufficient for a single pooled effect.
Review evidence	Several	Systematic reviews, meta-analysis, qualitative evidence synthesis, thematic synthesis, and review articles	Useful for comparing consistency and explaining lived experience.
Main outcomes	Multiple	Exclusive breastfeeding, continuation, cessation, self-efficacy, attitudes, satisfaction, lactation status, formula or mixed feeding	Breastfeeding success must be interpreted as a multidimensional maternal and infant feeding outcome.

Breastfeeding Self-efficacy as a Mechanism

Breastfeeding self-efficacy emerged as a central mechanism linking depression to breastfeeding success. The systematic review and meta-analysis by Ahmadinezhad et al. showed a clear association between postpartum depression and lower breastfeeding self-efficacy [1]. Primary studies also reported an inverse association between breastfeeding self-efficacy and postpartum depression, and connected self-efficacy with breastfeeding attitude, social support, and early postpartum functioning [2,3]. These findings suggest that depressive symptoms may reduce perceived competence before they lead to measurable breastfeeding cessation.

Recent mediation studies strengthened this interpretation. Liu *et al.* placed breastfeeding self-efficacy in the relationship between perinatal depressive symptoms and exclusive breastfeeding, while Catala *et al.* connected prenatal planning, breastfeeding, self-efficacy, and postpartum depression [13,14]. Chen *et al.* similarly presented maternal self-efficacy as a factor related to longer exclusive breastfeeding, with postpartum depression as a mediating process and social support as a moderator [38]. These models are valuable because they shift attention from asking whether depressed mothers breastfeed less to asking how confidence, planning, and support can interrupt the pathway from symptoms to cessation.

Intervention evidence also supports the importance of confidence. The Happy, Healthy, Loved text message trial examined breastfeeding self-efficacy and mood in new parent couples, while midwife led breastfeeding group intervention research examined prevention of postpartum depression through structured breastfeeding support [29,30]. These studies suggest that maternal self-efficacy can be strengthened through repeated, personalized, and relational support. However, the intervention literature remains heterogeneous, and available trials differ in timing, format, and target population.

Social Support, Pressure, and Maternal Context

Social support appeared repeatedly as a protective context. Studies connected partner, family, and community support with breastfeeding attitudes, maternal stress, depression, and self-efficacy [3,15,18,39]. In rural China, postnatal mental health, breastfeeding beliefs, and breastfeeding practices were intertwined, indicating that beliefs and social environment matter alongside individual symptoms [7]. This

evidence is consistent with the everyday reality of postpartum mothers, who rarely make feeding decisions in isolation.

The evidence also showed that not all social influence is supportive. Perceived pressure to breastfeed was associated with negative postpartum mental health, and reviews on feeding choices stressed the need to support mothers rather than judge them [16,17]. This distinction is crucial for midwives. Counseling that emphasizes exclusive breastfeeding without assessing pain, sleep, trauma, fatigue, and depressive symptoms may unintentionally increase distress. Supportive care requires helping mothers reach realistic goals while validating their emotional experience.

Maternal characteristics and psychological predictors also shaped the relationship. Studies reported that sociodemographic characteristics, anthropometric factors, perinatal outcomes, optimism, stress, formula or mixed feeding, and premature infant care can influence the depression and breastfeeding relationship [9,25,40,41]. Nonbiological factors associated with postpartum depression and anxiety further show that feeding outcomes should be interpreted within broader household, cultural, and service contexts [42]. This supports a biopsychosocial model rather than a narrow behavioral model.

Breastfeeding Difficulties and Special Clinical Conditions

Breastfeeding difficulties were not merely technical problems. They were emotionally meaningful experiences that could worsen maternal mental health. Rowles *et al.* examined the impact of breastfeeding difficulties on maternal mental health, while Billings *et al.* synthesized breastfeeding experiences among women with perinatal mental health problems [10,11]. Li *et al.* focused on lactation mastitis and postpartum depressive symptoms, highlighting that pain, inflammation, and feeding disruption can be linked to psychological distress [43]. These findings indicate that lactation assessment should include emotional assessment.

Evidence from mothers with premature infants, mothers during the COVID-19 pandemic, and mothers in varied health service contexts showed that vulnerability is shaped by clinical and social disruption. Breastfeeding attitudes among mothers with premature infants during the pandemic were associated with postpartum depression, and breastfeeding practices during the pandemic were also linked with depressive symptoms [24,41]. Such findings show that maternal mental health support is especially important when infant health, family access, or service continuity is disrupted.

Some articles extended the consequences beyond immediate feeding status. Studies examined mother-child bonding, child relative weight, child development, and later maternal depression or anxiety in relation to breastfeeding and feeding patterns [23,35–37]. These findings do not mean that breastfeeding is the only determinant of maternal or child outcomes. Rather, they show that breastfeeding, maternal mood, bonding, and child development exist within a connected postpartum system.

Intervention Evidence for Midwifery Practice

Intervention studies offered practical direction but also demonstrated the need for realistic expectations. A Cochrane review on breastfeeding interventions for preventing postpartum depression synthesized intervention approaches, while a randomized trial evaluated a brief motivational intervention to promote breastfeeding in postpartum depression [19,26]. Nisar *et al.* assessed the impact of an intervention for perinatal anxiety on breastfeeding, showing that mental health-focused interventions can have feeding-related implications [44]. The interventions did not support a one-size-fits-all model; rather, they suggest that psychological and breastfeeding support should be integrated.

The most directly relevant midwifery intervention evidence came from midwife led breastfeeding group support and personalized text message support [29,30]. These models are feasible for practice because they can be delivered through antenatal classes, early postpartum visits, group counseling, telehealth, and mobile messaging. Their value lies not only in information transfer but in reassurance, timely troubleshooting, partner engagement, and referral when depressive symptoms are clinically significant.

The review also identified review-level evidence on breastfeeding in women with postpartum depression and on breastfeeding experiences in women with perinatal mental health

Table 4. Thematic synthesis of findings

Theme	Main interpretation	Key citations
Depressive symptoms and breastfeeding continuation	Postpartum depression was commonly linked with lower exclusive breastfeeding, early cessation, and poorer continuation.	Behera *et al.*, 2026 [27]; Neupane *et al.*, 2025 [5]; Abdurehim *et al.*, 2024 [1]; Woldeyohannes *et al.*, 2021 [21]; Islam *et al.*, 2021 [18]
Breastfeeding self-efficacy	Lower self-efficacy explained how depressive symptoms may reduce breastfeeding persistence and satisfaction.	Ahmadinezhad *et al.*, 2024 [1]; Baeisa *et al.*, 2023 [2]; Liu *et al.*, 2025 [13]; Mercan and Tari Selcuk, 2021 [3]
Support versus pressure	Supportive relationships protected confidence, while perceived pressure could worsen maternal mental health.	Nowicka *et al.*, 2026 [15]; Grattan *et al.*, 2024 [16]; Dessì *et al.*, 2024 [17]; Yang *et al.*, 2025 [39]
Integrated interventions	Midwife led support, motivational strategies, psychosocial interventions, and messaging programs may support both mood and breastfeeding.	Rodríguez-Gallego *et al.*, 2024 [29]; Franco Antonio *et al.*, 2022 [26]; Henshaw *et al.*, 2024 [30]; Lenells *et al.*, 2025 [19]

problems [11,20]. These syntheses strengthen the conclusion that mothers experiencing depression should not be treated as noncompliant when breastfeeding goals are not met. Instead, they require individualized care plans that address symptoms, pain, confidence, infant needs, and social resources. The major thematic findings and their supporting evidence are summarized in Table 4.

DISCUSSION

This review found that postpartum depression and breastfeeding success are connected through behavioral, psychological, social, and service-related pathways. The evidence does not support a simplistic conclusion that depression always causes breastfeeding failure or that breastfeeding always prevents depression. Instead, the findings show a dynamic relationship. Depressive symptoms can reduce motivation, self-confidence, and tolerance for breastfeeding problems. At the same time, breastfeeding pain, perceived failure, pressure, and lack of support can intensify depressive symptoms. This reciprocal interpretation is supported by studies on breastfeeding difficulties, breastfeeding pressure, and women's experiences with perinatal mental health problems [10–12,16].

The strongest practice-relevant mechanism was breastfeeding self-efficacy. This mechanism is important because self-efficacy can be changed through skilled care. A mother with depressive symptoms may interpret normal breastfeeding challenges as personal failure. If a midwife responds with judgment or generic advice, self-efficacy may decline further. If the midwife provides observation, positioning support, pain management, reassurance, and follow-up, the mother can experience mastery. The evidence from meta-analysis, mediation studies, and cross-sectional studies supports the interpretation that self-efficacy is a bridge between mood and feeding behavior [1–3,13,14,38].

The review also clarifies why exclusive breastfeeding indicators should be used carefully. Exclusive breastfeeding is a major public health goal, but it should not be transformed into a moral measure of maternal worth. Mothers with depression may already experience guilt, hopelessness, or low self-esteem. Articles on pressure to breastfeed and support for feeding choices show that the manner of counseling matters [16,17]. The ethical challenge for midwives is to protect breastfeeding while also protecting maternal mental health. This can be achieved by using supportive language, avoiding blame, discussing options, and ensuring that formula or mixed feeding decisions are safe when needed.

The evidence from social support studies indicates that breastfeeding success is relational. Mothers need partners and families who understand infant feeding, share domestic work, protect rest, and encourage help-seeking. Social support can improve breastfeeding attitudes and reduce depressive vulnerability, while stress and lack of support can increase the risk of early cessation [3,15,18,39]. In practical terms, breastfeeding counseling should include partners and family members whenever possible. Education for families should cover normal newborn feeding patterns, maternal recovery, signs of depression, and how to support the mother without pressuring her. The practical implications for integrated midwifery care are summarized in Table 5.

Cultural and economic factors may explain why findings vary across settings. Studies from urban India, Ethiopia, China, Nepal, Saudi Arabia, Mexico, Japan, the United Arab Emirates, and other contexts show that maternal mental health and breastfeeding are shaped by social norms, service access, maternity leave, family structure, and health literacy [2,7,8,24,27,31,33,40,45]. This diversity increases the relevance of the review, but it also limits the transferability of one standardized intervention. Midwives should adapt counseling to the mother's household, work situation, infant condition, and cultural expectations.

The intervention evidence suggests that integration is more promising than isolated education. Breastfeeding interventions for preventing postpartum depression, motivational interventions, perinatal anxiety interventions, midwife led groups, and personalized text messages all point toward support that is repeated and relational [19,26,29,30,44]. An integrated model would screen mothers for depressive symptoms, evaluate breastfeeding technique and pain, assess support, provide step by step feeding guidance, and refer mothers with moderate to severe symptoms to mental health care. Such a model can be delivered through antenatal education, home visits, postpartum clinics, online groups, and community midwifery services.

The review also shows that research should move beyond cross-sectional designs. Many included studies were cross-sectional, which limits causal inference. Longitudinal studies, prospective cohorts, and randomized trials provide more useful information on timing, but they remain fewer than observational studies [29,30,35–37,45]. Future studies need repeated measures from pregnancy to six months postpartum, standardized depression screening, clear breastfeeding outcome definitions, and attention to confounders such as previous depression, birth complications, infant health, social support, and return to work.

For theory, the findings support a postpartum care model that connects maternal mood, self-efficacy, embodied breastfeeding experience, social support, and service responsiveness. This model differs from a narrow education model.

Table 5. Practice Implications for Midwifery Care

Practice area	Recommended action	Expected contribution
Assessment	Screen for depressive symptoms during breastfeeding assessment and ask about pain, confidence, sleep, support, and feeding pressure.	Earlier identification of mothers who need integrated psychological and lactation support.
Counseling	Use non judgmental language and help mothers set realistic breastfeeding goals according to their condition.	Reduced guilt and improved maternal trust in midwifery care.
Self-efficacy	Provide demonstration, supervised practice, reassurance, and follow up after discharge.	Improved confidence and potentially better breastfeeding continuation.
Family support	Include partners and family members in education about postpartum mood and infant feeding.	Improved home support and reduced maternal isolation.
Referral	Create referral pathways between midwives, lactation consultants, physicians, and mental health providers.	Continuity of care for mothers with moderate or severe depressive symptoms.

Knowledge is necessary but insufficient. Mothers need confidence, emotional safety, skilled technical assistance, and timely referral. This interpretation is consistent with evidence from reviews, meta-analysis, and qualitative syntheses that emphasized both measurable associations and lived experience [1,11,12,20,21].

Implication and Limitations

The findings have several implications for midwifery practice. First, postpartum depression screening should be integrated into breastfeeding assessment. When a mother reports poor latch, pain, low milk concerns, or desire to stop breastfeeding, midwives should ask about mood, sleep, appetite, anxiety, self-blame, and support. Second, breastfeeding self-efficacy should become a routine counseling target. Midwives can strengthen self-efficacy through demonstration, supervised practice, positive feedback, realistic goal setting, and follow-up. Third, counseling should be non-judgmental. Mothers should receive strong breastfeeding support without being blamed when exclusive breastfeeding is not possible. Fourth, family involvement is essential because partner and family support influence both mood and breastfeeding persistence.

Policy implications include the need for postpartum care pathways that combine lactation services and mental health services. Health systems should not require mothers to navigate separate services when their breastfeeding difficulties and depressive symptoms are occurring together. Postpartum visits should include validated screening tools, referral criteria, lactation support, and follow-up mechanisms. Digital tools such as text messaging may be useful, especially when mothers have limited access to face-to-face services, but they should complement rather than replace skilled assessment.

The review has limitations. The included evidence was restricted to open-access English-language articles from 2020 to 2026, so relevant articles in other languages or behind paywalls may have been missed. The review used Scopus as the target source, which strengthens bibliographic consistency but may omit articles indexed only in other databases. The included studies used different depression measures and breastfeeding outcome definitions, preventing meta-analysis. Some included references were review articles or meta-analyses, so their findings partly overlap with primary studies. Finally, the review relied on the available article records and should be updated with a direct Scopus export before journal submission.

CONCLUSION

This systematic literature review synthesized forty-five recent articles on postpartum depression and breastfeeding success among postpartum mothers. The evidence indicates that postpartum depression is associated with lower exclusive breastfeeding, earlier cessation, reduced breastfeeding self-efficacy, and more difficult breastfeeding experiences. The relationship is best understood as reciprocal and contextual. Depression may reduce confidence and persistence, while breastfeeding difficulties, pressure, pain, and inadequate support may worsen maternal mood. Breastfeeding self-efficacy, social support, and non-judgmental midwifery care are key points of intervention. Midwives should integrate psychological screening with breastfeeding counseling, involve family support, and provide individualized plans that protect both maternal mental health and infant feeding safety. Future research should use longitudinal designs, standardized measures, and intervention models that combine lactation and mental health support.

ACKNOWLEDGMENT

The author acknowledge all researchers whose published studies were synthesized in this review.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

1. Ahmadinezhad, G. S., Karimi, F. Z., Abdollahi, M., & NaviPour, E. Association between postpartum depression and breastfeeding self-efficacy in mothers: A

systematic review and meta-analysis. BMC Pregnancy and Childbirth, 2024; 24, 296. https://doi.org/10.1186/s12884-024-06465-4
2. Baeisa, R. S., Aldardeir, N. F., Alsulami, M. T., Alsulami, A. H., Al-Sharif, J. H., Alshahrany, T. A., & Alghamdi, W. A. Breastfeeding self-efficacy is inversely associated with postpartum depression: Findings from a tertiary hospital in Saudi Arabia. Saudi Journal of Medicine & Medical Sciences, 2023; 11(4), 298–305. https://doi.org/10.4103/sjmms.sjmms_601_22
3. Mercan, Y., & Tari Selcuk, K. Association between postpartum depression level, social support level and breastfeeding attitude and breastfeeding self-efficacy in early postpartum women. PLOS ONE, 2021; 16(4), e0249538. https://doi.org/10.1371/journal.pone.0249538
4. de Avilla, J. C., Giugliani, C., Bizon, A. M. B. L., Martins, A. C. M., de Senna, A. F. K., & Giugliani, E. R. J. (2020). Association between maternal satisfaction with breastfeeding and postpartum depression symptoms. PLOS ONE, 2020; 15(11), e0242333. https://doi.org/10.1371/journal.pone.0242333
5. Neupane, S., Vuong, A. M., Haboush-Deloye, A., Mancha, K., & Buccini, G. Association between postpartum anxiety and depression and exclusive and continued breastfeeding practices: A cross-sectional study in Nevada, USA. International Breastfeeding Journal, 2025: 20, 33. https://doi.org/10.1186/s13006-025-00734-4
6. Neupane, S., de Oliveira, C. V. R., Palombo, C. N. T., & Buccini, G. Association between breastfeeding cessation among under six-month-old infants and postpartum depressive symptoms in Nevada. PLOS ONE, 2024; 19(1), e0297218. https://doi.org/10.1371/journal.pone.0297218
7. Jiang, Q., Zhang, E., Cohen, N., Ohtori, M., Zhu, S., Guo, Y., Johnstone, H. F., Dill, S. E., Zhou, H., & Rozelle, S. D. Postnatal mental health, breastfeeding beliefs, and breastfeeding practices in rural China. International Breastfeeding Journal, 2022; 17, 60. https://doi.org/10.1186/s13006-022-00504-6
8. Suzuki, S. Relationship between postpartum depression and lactation status at a Japanese perinatal center: A cross-sectional study. F1000Research, 2020; 8, 1845. https://doi.org/10.12688/f1000research.20704.2
9. Gila-Díaz, A., Herranz Carrillo, G., López de Pablo, Á. L., Arribas, S. M., & Ramiro-Cortijo, D. Association between maternal postpartum depression, stress, optimism, and breastfeeding pattern in the first six months. International Journal of Environmental Research and Public Health, 2020; 17(19), 7153. https://doi.org/10.3390/ijerph17197153
10. Rowles, G., Keenan, J., Wright, N. J., Hughes, K., Pearson, R., Fawcett, H., & Braithwaite, E. C. Investigating the impact of breastfeeding difficulties on maternal mental health. Scientific Reports, 2025; 15, 13453. https://doi.org/10.1038/s41598-025-98357-6
11. Billings, H., Horsman, J., Soltani, H., & Spencer, R. L. Breastfeeding experiences of women with perinatal mental health problems: A systematic review and thematic synthesis. BMC Pregnancy and Childbirth, 2024; 24, 499. https://doi.org/10.1186/s12884-024-06735-1
12. Tanganhito, D. D. S., Bick, D., & Chang, Y. S. Breastfeeding experiences and perspectives among women with postnatal depression: A qualitative evidence synthesis. Women and Birth, 2020; 33(3), 231–239. https://doi.org/10.1016/j.wombi.2019.05.012
13. Liu, L., Feng, S., Zhang, Y., Xiao, G., Zhou, M., Li, X., & Li, Y. The role of breastfeeding self-efficacy in the relationship between perinatal depressive symptoms and exclusive breastfeeding: A longitudinal mediation analysis. BMC Pregnancy and Childbirth, 2025; 25, 509. https://doi.org/10.1186/s12884-025-07481-8
14. Catala, A., Peñacoba, C., & Catalá, P. Prenatal planning and breastfeeding: Buffering postpartum depression through self-efficacy. Brain Sciences, 2025; 15(6), 591. https://doi.org/10.3390/brainsci15060591
15. Nowicka, A., & Czerwińska-Osipiak, A. Social support and breastfeeding attitudes among Polish mothers of infants and young children: The mediating role of anxiety and depressive symptoms. Nutrients, 2026; 18(5), 753. https://doi.org/10.3390/nu18050753
16. Grattan, R. E., London, S. M., & Bueno, G. E. Perceived pressure to breastfeed negatively impacts postpartum mental health. Frontiers in Public Health, 2024; 12, 1357965. https://doi.org/10.3389/fpubh.2024.1357965
17. Dessì, A., Pianese, G., Mureddu, P., Fanos, V., & Bosco, A. From breastfeeding to support in mothers' feeding choices: A key role in the prevention of postpartum depression?

Nutrients, 2024; 16(14), 2285. https://doi.org/10.3390/nu16142285
18. Islam, M. J., Broidy, L., Baird, K., Rahman, M., & Zobair, K. M. Early exclusive breastfeeding cessation and postpartum depression: Assessing the mediating and moderating role of maternal stress and social support. PLOS ONE, 2021; 16(5), e0251419. https://doi.org/10.1371/journal.pone.0251419
19. Lenells, M., Uphoff, E., Marshall, D., Wilson, E., Gustafsson, A., Wells, M. B., Andersson, E., & Dennis, C. L. Breastfeeding interventions for preventing postpartum depression. Cochrane Database of Systematic Reviews, 2025(1), CD014833. https://doi.org/10.1002/14651858.CD014833.pub2
20. Zamani, M., Alimi, R., Abdollahpour, S., & Azmoude, E. Breastfeeding in women with postpartum depression: A systematic review and meta-analysis. Ethiopian Journal of Health Sciences, 2025; 35(4), 10. https://doi.org/10.4314/ejhs.v35i4.10
21. Woldeyohannes, D., Efa, Y. T., & Sahiledengle, B. Effect of postpartum depression on exclusive breast-feeding practices in sub-Saharan Africa countries: A systematic review and meta-analysis. BMC Pregnancy and Childbirth, 2021; 21, 113. https://doi.org/10.1186/s12884-020-03535-1
22. Coo, S., García, M. I., Mira, A., & Valdés, V. The role of perinatal anxiety and depression in breastfeeding practices. Breastfeeding Medicine, 2020; 15(8), 495–500. https://doi.org/10.1089/bfm.2020.0091
23. Mikšić, Š., Uglešić, B., Jakab, J., Holik, D., Milostić Srb, A., & Degmečić, D. Positive effect of breastfeeding on child development, anxiety, and postpartum depression. International Journal of Environmental Research and Public Health, 2020; 17(8), 2725. https://doi.org/10.3390/ijerph17082725
24. Chávez-Tostado, M., Chávez-Tostado, K. V., Cervantes-Guevara, G., Cervantes-Cardona, G., Hernandez-Corona, D. M., González-Heredia, T., Méndez-del Villar, M., Corona-Meraz, F. I., Guzmán-Ornelas, M. O., & Barbosa-Camacho, F. J. Breastfeeding practices and postpartum depression in Mexican women during the COVID-19 pandemic: A cross-sectional study. Medicina, 2023; 59(7), 1330. https://doi.org/10.3390/medicina59071330
25. Kossakowska, K., & Bielawska-Batorowicz, E. Postpartum depressive symptoms and their selected psychological predictors in breast-, mixed and formula-feeding mothers. Frontiers in Psychiatry, 2022; 13, 813469. https://doi.org/10.3389/fpsyt.2022.813469
26. Franco-Antonio, C., Santano-Mogena, E., Chimento-Díaz, S., Cordovilla-Guardia, S., Ropero-Padilla, C., Gómez-Salgado, J., & García-Iglesias, J. J. A randomised controlled trial evaluating the effect of a brief motivational intervention to promote breastfeeding in postpartum depression. Scientific Reports, 2022; 12, 373. https://doi.org/10.1038/s41598-021-04338-w
27. Behera, D., Sahu, M., Behera, M. R., Sichalwe, M. M., Jitanan, M., Samal, J., Dehury, R. K., & Jena, D. Relationship between postpartum depression and exclusive breastfeeding practices among urban mothers, Bhubaneswar, Odisha. Clinical Epidemiology and Global Health, 2026; 35, 102259. https://doi.org/10.1016/j.cegh.2025.102259
28. Tan, Y., Na, X., Yu, L., Luo, S., & Zhao, A. Parental postpartum depression directly and indirectly affects exclusive breastfeeding practices. Frontiers in Public Health, 2026; 14, 1724216. https://doi.org/10.3389/fpubh.2026.1724216
29. Rodríguez-Gallego, I., Vila-Candel, R., Corrales-Gutiérrez, I., Gómez-Baya, D., & Leon-Larios, F. Evaluation of the impact of a midwife-led breastfeeding group intervention on prevention of postpartum depression: A multicentre randomised clinical trial. Nutrients, 2024; 16(2), 227. https://doi.org/10.3390/nu16020227
30. Henshaw, E. J., Cooper, M., Wood, T., Krishna, S., Lockhart, M., & Doan, S. A randomized controlled trial of the Happy, Healthy, Loved personalized text-message program for new parent couples: Impact on breastfeeding self-efficacy and mood. BMC Pregnancy and Childbirth, 2024; 24, 506. https://doi.org/10.1186/s12884-024-06684-9
31. Abdurehim, A., Melaku, Y., Hassen, H., Mosa, H., Jemal, M., Abawari, M. J., Kemal, A., Mohammed, T., Biru, B., Alemu, E., Ali, A. S., Mohammed, B., Mosa, B. D., Kedir, S., & Abate, K. H. Nexus between postpartum depression and exclusive breastfeeding practices among lactating mothers in Assosa Town, West Ethiopia. Frontiers in Nutrition, 2024; 11, 1357264. https://doi.org/10.3389/fnut.2024.1357264
32. Ryan, R. A., Berube, L. T., & Deierlein, A. L. Exclusive breastfeeding and postpartum depression: A protective association that is not modified by feeding intentions. PLOS ONE,

2026; 21(1), e0340269. https://doi.org/10.1371/journal.pone.0340269
33. Al Rajabi, A., Alkatheeri, H., Hijazi, R., & Kennedy, L. Breastfeeding is associated with reduction in postpartum depression in the United Arab Emirates: A retrospective cross-sectional study. Scientific Reports, 2025; 15, 10528. https://doi.org/10.1038/s41598-025-94912-3
34. Meng, L., Wu, M., Situ, J., Gu, Y., & Peng, S. Sex-specific associations between exclusive breastfeeding and postpartum depression in Chinese women. BMC Pregnancy and Childbirth, 2024; 24, 829. https://doi.org/10.1186/s12884-024-07045-2
35. McNestry, C., O'Reilly, S. L., Twomey, P. J., Crowley, R. K., Callanan, S., Kasemiire, A., Douglass, A., Delahunt, A., & McAuliffe, F. M. Breastfeeding and later depression and anxiety in mothers in Ireland: A 10-year prospective observational study. BMJ Open, 2026; 16(1), e097323. https://doi.org/10.1136/bmjopen-2024-097323
36. Carvalho Hilje, C., Bauer, N. H., Reis, D., Kapp, C., Ostermann, T., Vöhler, F., & Längler, A. The role of breastfeeding and formula feeding regarding depressive symptoms and an impaired mother child bonding. Scientific Reports, 2024; 14, 12063. https://doi.org/10.1038/s41598-024-62168-y
37. Shrestha, D., Bhandari, A. K. C., Ogawa, K., Tanaka, H., Miyayama, C., Horikawa, R., Urayama, K. Y., & Morisaki, N. Effect of postpartum depression and role of infant feeding practices on relative weight of child at 1 and 3 years of age. BMC Pregnancy and Childbirth, 2024; 24, 336. https://doi.org/10.1186/s12884-024-06483-2
38. Chen, Z., Lin, H., & Liao, Y. Maternal self-efficacy prolongs, postpartum depression mediates and social support moderates exclusive breastfeeding: A prospective cohort study. Clinical and Experimental Obstetrics & Gynecology, 2026; 53(1), 45587. https://doi.org/10.31083/CEOG45587
39. Yang, J., Liu, Y., Zhang, X., Zhang, Y., Meng, Y., Wu, J., Duan, Y., & Guan, H. Breastfeeding difficulties and maternal mental health: Role of social support in rural northwestern China. BMC Pregnancy and Childbirth, 2025; 25, 1038. https://doi.org/10.1186/s12884-025-08186-8
40. Papadopoulou, S. K., Pavlidou, E., Dakanalis, A., Antasouras, G., Vorvolakos, T., Mentzelou, M., Serdari, A., Pandi, A.-L., Spanoudaki, M., Alexatou, O., Aggelakou, E.-P., & Giaginis, C. Postpartum depression is associated with maternal sociodemographic and anthropometric characteristics, perinatal outcomes, breastfeeding practices, and Mediterranean diet adherence. Nutrients, 2023; 15(17), 3853. https://doi.org/10.3390/nu15173853
41. Yahya, N. F. S., Teng, N. I. M. F., Shafiee, N., & Juliana, N. Association between breastfeeding attitudes and postpartum depression among mothers with premature infants during COVID-19 pandemic. International Journal of Environmental Research and Public Health, 2021; 18(20), 10915. https://doi.org/10.3390/ijerph182010915
42. He, J., Li, Y., Chen, L., & Zhang, Y. Non-biological factors associated with postpartum depression among women in Shenzhen: A case-control study. Frontiers in Public Health, 2024; 12, 1417861. https://doi.org/10.3389/fpubh.2024.1417861
43. Li, J., Hou, Y., Chen, N., Fan, Y., & Pei, X. Postpartum depressive symptoms and associated factors among women with lactation mastitis: A cross-sectional study. BMC Pregnancy and Childbirth, 2026; 26, 394. https://doi.org/10.1186/s12884-026-08813-y
44. Nisar, A., Xiang, H., Perin, J., Malik, A., Zaidi, A., Atif, N., Rahman, A., & Surkan, P. J. Impact of an intervention for perinatal anxiety on breastfeeding: Findings from the Happy Mother–Healthy Baby randomized controlled trial in Pakistan. International Breastfeeding Journal, 2024; 19, 53. https://doi.org/10.1186/s13006-024-00655-8
45. K. C., A., Acharya, A., Basnet, O., Thanh, L. N., Karalexi, M., Grandahl, M., Malla, H., Gurung, R., & Skalkidou, A. Association of early initiation of breastfeeding on postpartum depression: Multi-centric longitudinal cohort study in Nepal. Frontiers in Global Women's Health, 2026; 7, 1752660. https://doi.org/10.3389/fgwh.2026.1752660