

Impact of Maternal Exposure to Childhood Trauma and Adversities on Breastfeeding Outcomes: A Systematic Review

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Extended Abstract

Background: Exclusive breastfeeding is the recommended source of nutrition for infants during the first six months of life¹; however, breastfeeding initiation, exclusivity, and duration can be influenced by numerous factors^{2,3}. Maternal adverse childhood experiences (ACEs), defined as exposure to adverse events before age 18 (e.g., abuse), have been increasingly examined in relation to breastfeeding outcomes⁴. We conducted a systematic review (#CRD420251162871)⁵ to examine the association between maternal ACEs and breastfeeding outcomes, including initiation, duration, and exclusivity.

Methodology: Search strategies were developed alongside librarians and conducted across eight electronic databases (CINAHL, Embase, LILACS, MEDLINE, PsycINFO, Scopus, Web of Science, SocINDEX). Eligible quantitative studies examined breastfeeding outcomes, including initiation, duration, and exclusivity, among mothers exposed to ACEs, measured using composite childhood trauma instruments that assessed three or more ACEs. Study screening was completed independently by two reviewers, and validity was assessed using the Critical Appraisal Skills Programme (CASP).

Results: Nine full-text studies were included, comprising cross-sectional (n=4) and cohort (n=5) designs. Findings were inconsistent across breastfeeding outcomes. Maternal ACE exposure was frequently associated with reduced exclusive breastfeeding (n=3) and shorter breastfeeding duration or earlier cessation (n=3), particularly among mothers exposed to childhood sexual abuse. However, several studies reported null associations (n=4), while others identified positive associations between ACE exposure and breastfeeding initiation (n=2), duration (n=1), or exclusivity (n=1).

Conclusion: Overall, findings suggest that there may be an association between maternal ACEs and breastfeeding outcomes, especially exclusive breastfeeding and earlier cessation, underscoring the importance of trauma-informed breastfeeding support. However, additional research is needed to better understand these associations.

References

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