



Effect of Co-parenting on the Prevention of Postpartum Blues and Quality of Breast Milk: A Literature Review

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Abstract

Edited by: Sasho Stoleski

Citation: Winingsih GAM, Salmah U, Masni M, Indriasari R, Karmaya INM, Amiruddin R, Nasir S, Birawida AB. Effect of Co-parenting on the Prevention of Postpartum Blues and Quality of Breast Milk: A Literature Review. Open Access Maced J Med Sci. 2022 Mar 18; 10(F):229-233. <https://doi.org/10.3889/oamjms.2022.8385>

Keywords: Co-parenting; Postpartum blues; Breast milk

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Received: 12-Jan-2022

Revised: 07-Feb-2022

Accepted: 08-Mar-2022

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Funding: This research did not receive any financial support

Competing Interests: The authors have declared that no competing interests exist

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INTRODUCTION: Breast milk is the best food and nutrition for a baby's development and also provides natural immunity; hence, the World Health Organization and the Indonesian Ministry of Health recommend exclusive breastfeeding for up to 6 months. The quality and duration of breastfeeding are very important, but there are several influencing factors such as maternal self-efficacy, fatigue, techniques, and life partner. Meanwhile, co-parenting is the right method in maintaining the continuity and quality of breastfeeding.

AIM: This study aims to explore literature related to co-parenting and its relation to postpartum blues in improving the quality of breast milk.

METHODS: A literature search was carried out using three databases, namely, PubMed (n = 28), ScienceDirect (n = 22), ProQuest (n = 108) and the results were selected based on the inclusion and exclusion criteria in line with PRISMA guidelines in five articles.

RESULTS: The screening obtained five articles written in the past 10 years, English, full text, and with open access for review. Of the five articles that we reviewed, all of them support co-parenting in preventing postpartum and quality of breast milk, several studies that we reviewed found that co-parenting supports the improvement and process of breastfeeding in mothers.

CONCLUSION: Based on the results, co-parenting is the right method to improve the quality and sustainability of breast milk to prevent the occurrence of postpartum blues; hence, it is recommended to be implemented.

Introduction

According to the Indonesian Ministry of Health, breast milk is a liquid produced by the secretions of the mother's mammary glands [1]. It is given consecutively to infants for 6 months without replacement with other drinks or foods and is sometimes continued to age 1–2 years [2]. Breast milk is the perfect nutrition for babies as it contains millions of microbiota that boost the developing mucosal immune system [3]. Furthermore, it transfers the mother's immunity to the baby in the womb; therefore, self-immunological defense is formed in infants [4]. The highest concentration of immunity is in colostrum [5], which is rich in IgA, leukocytes, and epidermal growth factors [6].

The breastfeeding process has obstacles, such as mental disorders and psychological stress which interfere with the quality of breast milk. Problems also occur from the partner, namely, the father. Family

conflicts between fathers and mothers tend to affect the socioemotional development of infants and children. Several studies found that growth and development surrounded by family conflict influence social skills, as well as emotional and regulatory abilities. Family life that is full of conflict will affect the mother's anxiety and stress levels so that it is directly related to the breastfeeding process.

Children in this environment are often left behind in the growth period compared to others without family conflict [7]. Therefore, a good and cooperative parenting process is needed. Co-parenting is defined as cooperation or collaboration between two caregivers in carrying out child-rearing responsibilities. It is also defined as the reciprocal relationship of both parents in child care [8]. Meanwhile, parenting is defined as the ability to respect and appreciate the duties and roles of partners [9]. Co-parenting is needed to avoid conflicts such as fighting, shouting, threatening, and other angry behavior [10]. Furthermore, depressive and somatic symptoms are usually the triggers of conflict.

Co-parenting also includes the father's support for the breastfeeding processes [11]. Namely, the duration, initiation, and exclusivity [12] duration of breastfeeding, desire to breastfeed and prioritize breastfeeding. Breastfeeding accompanied by support from partners prevents conflict or depression and promotes quality milk production for children's growth. Furthermore, breast milk provides a protective effect against digestive disorders, risk of diabetes, cancer, ear infections, and other non-communicable diseases [13].

Quality co-parenting based on several studies has a positive effect on childhood development [14]. This is due to the coordination between mothers and fathers in raising the children; therefore, the cooperative approach regardless of the husband and wife relationship provides positive energy [15]. This is consistent with another study which stated that the greater the commitment to the marital relationship, the greater the quality of co-parenting [16]. The process not only begins when the baby is born but is developed in the prenatal period. When the partner is aware and understands co-parenting, the risk of postpartum blues is avoided. Postpartum blues are closely related to the smoothness of breastfeeding and the support of partners before the postpartum period. Therefore, this study aims to explore literature related to co-parenting and its relation to postpartum blues in improving the quality of breast milk.

Methods

This study searched for journal articles with three databases, namely, PubMed, ScienceDirect, and ProQuest. Date in the Past 10 years the search was carried out based on the inclusion and exclusion criteria. On the PubMed database, the keywords used include (co-parenting) AND (postpartum blues) [Title/Abstract] AND (breast milk) [Title/Abstract], a total of 28 articles were found. Furthermore, the ScienceDirect database using the keyword "co-parenting and breast milk" and postpartum blues found 22 articles, while the search with the ProQuest database using the keyword "co-parenting AND (breast milk)" and postpartum blues found 108 articles. Therefore, a total of 158 articles were found altogether on the databases. Figure 1 shows the Flow PRISMA diagram.

Inclusion criteria

The following criteria were included in the study:

1. Research article
2. English article
3. Past 10 years
4. Full text, open access
5. Pregnant and lactating women

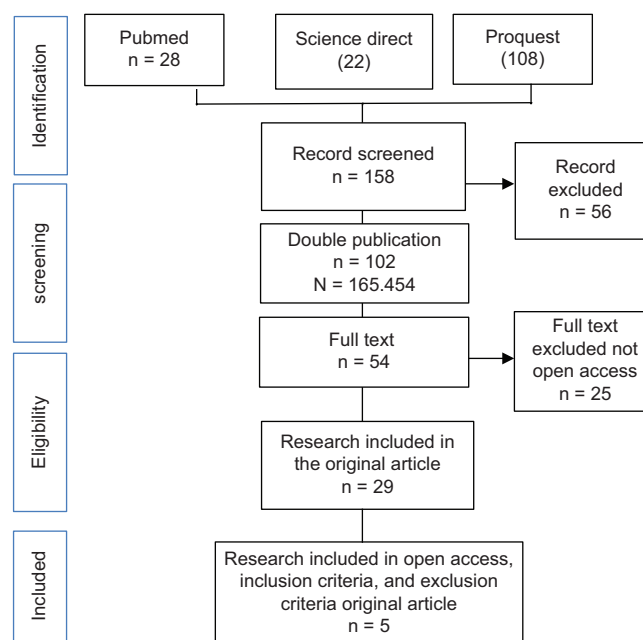


Figure 1: PRISMA flow chart

Exclusion criteria

The following criteria were excluded from the study:

1. Review article
2. Non-English language article
3. Not open

Results

Based on a literature search in the three databases, five articles were found according to the inclusion and exclusion criteria described in the PRISMA Flow Chart can be seen in Table 1.

Abbass' article on the concept of increasing breastfeeding stated that paternal support increases the duration of exclusive breastfeeding. This article also highlights the framework for partner involvement in breastfeeding, namely, shared breastfeeding goals, responsibility, support, interaction, and communication [11]. This is known as the co-parenting framework.

Subsequent studies on co-parenting for the quality and quantity of breast milk in Canada focused on father involvement in increasing breastfeeding duration and mother self-efficacy [12]. The importance of partner support in improving breast milk quality has also been proven. Women that get emotional and practical support from partners tend to maximize breastfeeding. This study was conducted on educated men in Ireland [17]. Several studies in the country have also highlighted that frustrations in breastfeeding mothers are caused by fatigue, individual lifestyle, and techniques. These

Table 1 : Syntetis grid

Author and year	Research title	Country of origin	Findings and recommendations
Abbas-dick et al. [11]	Breast-feeding co-parenting framework: A new framework to improve breast-feeding duration and exclusivity.	Canada	Father's support increases the duration and exclusivity of breastfeeding, calls for father's involvement in assisting breastfeeding mothers
Bennett et al. [17]	Views of fathers in Ireland on the experience and challenges of having a breast-feeding partner.	Ireland	Breastfeeding mothers who get emotional support from their partners will tend to be successful in breastfeeding
Rempel and Rempel [19]	The breastfeeding team: The role of involved fathers in the breastfeeding family	Canada	The role of fathers in supporting breastfeeding mothers is very important by co-parenting
Dush et al. [16]	Predictors of supportive co-parenting after relationship dissolution among at-risk parents	USA	Co-parenting commitment will improve the quality of partner parenting, this is related because co-parenting in the family reduces maternal depression thereby reducing the risk of postpartum
Dick et al. [24]	Evaluating the effectiveness of a coparenting breastfeeding support intervention on exclusive breastfeeding rates at 12 weeks postpartum.	Canada	Co-parenting supports the improvement and process of breastfeeding in mothers

conditions require the involvement of the respective partners [18].

Co-parenting or mutual co-operation between couples co-parenting or collaboration in the family in terms of breastfeeding tends to improve breast milk quality. This is consistent with a study by Rempel which stated that partner's support especially fathers, which plays an important role in strengthening relationships with the children [19]. Spousal support in breastfeeding was also justified in Pontes' study on the role of fathers in breastfeeding [20].

Discussion

Breast milk is the ideal food for infants [21] as demonstrated by a previous study which stated that babies that were exclusively breastfed had 11 and 15 times fewer deaths from diarrhea and pneumonia respectively compared to others without exclusive breastfeeding [22]. It also increases a woman's self-confidence and the bond between the mother and child [23]. Parents especially mothers need to pay attention to the breastfeeding process, namely, the quality and sustainability for maximum milk intake by the baby. Furthermore, due to the various obstacles experienced, a method of cooperation or co-parenting is needed.

Co-parenting increases breast-feeding initiation, duration, and exclusivity [11]. The results of this literature show that the co-parenting method, especially partner support, will be very effective in increasing the duration of breastfeeding, initiation, and exclusivity the mother.

The effect of this method on improving the quality of breast milk has been investigated. Several studies reported that this method prevents postpartum blues and increases breastfeeding. The co-parenting framework includes interaction, communication, responsibility, support, and shared breastfeeding goals [11]. With this framework, the co-parenting method is optimally carried out and the mother's confidence as well as efficacy to continue this process is strengthened [24].

This literature also finds that breastfeeding mothers if they get emotional support will affect their success in breastfeeding both in terms of breast milk quality and duration [17]. This of course increases the self-confidence of breastfeeding mothers and self-efficacy.

This research states that high self-efficacy prevents the mother from dangerous situations, including panic, fatigue, and anxiety which are all symptoms of postpartum blues [25]. This condition is unavoidable but reduced and minimized through the co-parenting method. For example, when the mother's housework is performed by the partner, this reduces the burden and fatigue. Therefore, the mother is able to focus on continuing breastfeeding activities. Besides, the family often experiences difficulties in parenting, therefore enthusiasm, motivation, and encouragement are needed through the co-parenting method. It also prevents postpartum blues characterized by crying, disturbed sleep patterns, and hopelessness [26].

In addition, one of the factors influencing postpartum blues is social support. In the UK, women with strong social support from respective partners tend to initiate and continue breastfeeding [27]. The role of the partner greatly affects the breastfeeding process as a support system [28]. Furthermore, mothers with high self-confidence and knowledge level have a great desire to breastfeed [29]. However, the co-parenting process for a father is not an easy task as it requires time and special knowledge, especially for a new partner. In various countries, most of the new fathers consult a health care provider [30].

Furthermore, the increase in the quality and duration of breastfeeding is influenced by partner support. A study by [12] reported that an increase in breastfeeding duration up to 6% at 12 weeks was observed because the mothers received full support and felt comfortable. In addition, a feeling of comfort and confidence about breastfeeding is 10 times higher compared to mothers without support from partner [31].

Conclusion

Based on a literature review from three databases, namely, PubMed, ScienceDirect, and ProQuest, it was found that the co-parenting method

prevents postpartum blues and improves breast milk quality. The quality is mean a breast milk is able to provide energy and nutrition for babies in the first 6 months. Breast milk should also be able to meet up to 50% of the baby's nutritional needs during the second 6 months when he starts solid food. The role of the father in supporting breastfeeding is very important as it influences the sustainability of the process. In addition, it strengthens family relationships, closeness with children, and household harmony.

Based on the results, co-parenting increases a mother's self-efficacy, duration of breastfeeding, and the quality of breast milk produced. This method also provides a solution to child care by preventing the risk of postpartum blues. The recommendation this literature in the future, the recommendation of this literature is that other factors of postpartum need to be added, for example, anxiety, stress, and other physiological conditions, besides that this literature will become a reference in the future so that maternal and child mortality rates are decreasing.

References

- Perpres. Peraturan Pemerintah Republik Indonesia tentang Pemberian Air Susu Ibu Eksklusif. Peraturan Presiden Nomor 33 Tahun 2012; 2012. p. 32.
- Eidelman AI, Schanler RJ. Breastfeeding and the use of human milk. *Pediatrics*. 2012;129(3):e827-41. <https://doi.org/10.1542/peds.2011-3552>
PMid:22371471
- Le Doare K, Holder B, Bassett A, Pannaraj PS. Mother's milk: A purposeful contribution to the development of the infant microbiota and immunity. *Front Immunol*. 2018;9:361. <https://doi.org/10.3389/fimmu.2018.00361>
PMid:29599768
- Brandtzaeg P. The mucosal immune system and its integration with the mammary glands. *J Pediatr*. 2010;156(Suppl 2):S8. <http://dx.doi.org/10.1016/j.jpeds.2009.11.014>
PMid:20105666
- Ballard O. Human milk composition: Nutrients and bioactive factors. *Pediatr Clin North Am*. 2013;60(1):49-74. <http://dx.doi.org/10.1016/j.pcl.2012.10.002>
PMid:23178060
- Castellote C, Casillas R, Santana C, Cano F, Castell M, Moretones M, *et al*. Premature delivery influences the immunological composition of colostrum and transitional and mature human milk. *J Nutr Nutr Immunol*. 2011;141(6):1181-7. <https://doi.org/10.3945/jn.110.133652>
PMid:21508211
- Negrini LS. Coparenting supports in mitigating the effects of family conflict on infant and young child development. *Soc Work (United States)*. 2020;65(3):278-87. <https://doi.org/10.1093/sw/swaa027>
PMid:32770193
- Feinberg ME. The internal structure and ecological context of coparenting: A framework for research and intervention. *Parenting*. 2003;3(2):95-131. https://doi.org/10.1207/S15327922PAR0302_01
PMid:21980259
- Cohen R, Weissman S. The parenting alliance. In: Cohen R, Cohler B, Weissman S, editors. *Parenthood: A Psychodynamic Perspective*. New York: Guilford; 1984. p. 33-49.
- Lamela D, Jongenelen I, Morais A, Figueiredo B. Cognitive-affective depression and somatic symptoms clusters are differentially associated with maternal parenting and coparenting. *J Affect Disord*. 2017;219:37-48. <https://doi.org/10.1016/j.jad.2017.05.006>
PMid:28505501
- Abbass-Dick J, Dennis CL. Breast-feeding coparenting framework: A new framework to improve breast-feeding duration and exclusivity. *Fam Community Health*. 2017;40(1):28-31. <https://doi.org/10.1097/FCH.0000000000000137>
PMid:27870751
- Abbass-Dick J, Stern SB, Nelson LE, Watson W, Dennis CL. Coparenting breastfeeding support and exclusive breastfeeding: A randomized controlled trial. *Pediatrics*. 2015;135(1):102-10. <https://doi.org/10.1542/peds.2014-1416>
PMid:25452653
- World Health Organization. Breastfeeding. Geneva: World Health Organization; 2020. Available from: <https://www.who.int/health-topics/breastfeeding> [Last accessed on 2021 Sep 23].
- McHale JP. *Charting the Bumpy Road of Coparenthood: Understanding the Challenges of Family Life*. Washington, DC: Zero to Three; 2007.
- McHale JP, Lindahl KM. *Coparenting: A Conceptual and Clinical Examination of Family Systems*. Mahwah, NJ: Earlbaum; 2011.
- Dush CM, Kotila LE, Schoppe-Sullivan SJ. Predictors of supportive coparenting after relationship dissolution among at-risk parents. *J Fam Psychol*. 2011;25(3):356-65. <https://doi.org/10.1037/a0023652>
PMid:21534670
- Bennett AE, McCartney D, Kearney JM. Views of fathers in Ireland on the experience and challenges of having a breast-feeding partner. *Midwifery*. 2016;40:169-76. <https://doi.org/10.1016/j.midw.2016.07.004>
PMid:27450588
- Layte R, McCrory C. *Growing up in Ireland Maternal Health Behaviours and Child Growth in Infancy*. Redlands, California: Esri; 2014.
- Rempel LA, Rempel JK. The breastfeeding team: The role of involved fathers in the breastfeeding family. *J Hum Lact*. 2011;27(2):115-21. <https://doi.org/10.1177/0890334410390045>
PMid:21173422
- Pontes CM, Osório MM, Alexandrino AC. Building a place for the father as an ally for breast feeding. *Midwifery*. 2009;25(2):195-202. <https://doi.org/10.1016/j.midw.2006.09.004>
PMid:17451851
- World Health Organization. Breastfeeding. Geneva: World Health Organization; 2015. Available from: https://www.who.int/health-topics/breastfeeding#tab=tab_1 [Last accessed on 2021 Sep 28].
- UNICEF. *Improving child nutrition*. United Nations Children's Fund. New York: UNICEF; 2013.
- Labbok MH. Effects of breastfeeding on the mother. *Pediatr Clin North Am*. 2001;48(1):143-58. [https://doi.org/10.1016/s0031-3955\(05\)70290-x](https://doi.org/10.1016/s0031-3955(05)70290-x)
PMid:11236722
- Dick JM. Evaluating the Effectiveness of a Coparenting Breastfeeding Support Intervention (COSI) on Exclusive Breastfeeding Rates at Twelve Weeks Postpartum. Vol. 78. *Dissertation Abstracts International*. B, The Sciences and

- Engineering; 2017. Available from: <https://tspace.library.utoronto.ca/handle/1807/70043>
25. Litter. Perawatan Kebidanan. Jakarta: Bhratara Niaga Media; 2017.
26. Haque. Asuhan Kebidanan Masa Nifas. Yogyakarta: Pustaka Rihama; 2017.
27. Brown A, Davies R. Fathers' experiences of supporting breastfeeding: Challenges for breastfeeding promotion and education. *Matern Child Nutr.* 2014;10(4):510-26. <https://doi.org/10.1111/mcn.12129>
PMid:24720518
28. Persad MD, Mensinger JL. Maternal breastfeeding attitudes: Association with breastfeeding intent and socio-demographics among urban primiparas. *J Community Health.* 2008;33(2):53-60. <https://doi.org/10.1007/s10900-007-9068-2>
PMid:18060485
29. Avery A, Zimmermann K, Underwood PW, Magnus JH. Confident commitment is a key factor for sustained breastfeeding. *Birth.* 2009;36(2):141-8. <https://doi.org/10.1111/j.1523-536X.2009.00312.x>
PMid:19489808
30. Thomas JE, Bonér AK, Hildingsson I. Fathering in the first few months. *Scand J Caring Sci.* 2011;25(3):499-509. <https://doi.org/10.1111/j.1471-6712.2010.00856.x>
PMid:21205276
31. Nepali S, Shakya M. Husband's support for breastfeeding and breastfeeding efficacy of Nepalese mothers. *Health Prospect.* 2019;18(1):14-20. <https://doi.org/10.3126/hprospect.v18i1.19060>