Breastfeeding and Postpartum Challenges

Breastfeeding: The Gold Standard 2016
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Disclosure Statement

I have nothing to disclose

Objectives

- **Enumerate 2 precursors to our current understanding of Postpartum Mood Disorders**
- **List and Distinguish 3 Forms of Postpartum Mood Disorders**
- **List 5 possible causes off Postpartum Depression and explain the differences between causation and concurrence**
- **List 2 possible consequences of unrelieved Postpartum Depression**
- **List 5 current treatments/management recommendations**
- **Explain 2 ways breastfeeding can have an impact on mood disorders**
- **Name suggestions a Support Person might offer to a breastfeeding mother**

A Little History For You!!

19th century -

1858 - Louis Victor Marce (French)

He recognized PPD and made many still apt clinical observations; wrote first paper exclusively on puerperal mental illness

20th century –

Growing understanding of the endocrine system

Inability to find causation, define by symptomology and temporality (onset and duration)

Rejection of uniqueness of ppd (DSM III,1980)

1980, Formation of Marce Society

1994, PPD as now seen as a subtype of major depression

Baby Blues

Definition

- Array of emotions from joy to sadness, organization to confusion, laughing to crying, confidence to panic, feeling insecure and unsure
- Normal adjustment period: who is this baby vs the fantasy; normal sleep and appetite changes
- Normal reaction to the physiologic changes that occur dramatically after birth: estrogen and progesterone were are at high levels during pregnancy and quickly drop to the lowest levels after the placenta is delivered
- Lasts from a few days to about 3 weeks

How it differs from PPD

- Brain neurotransmitters and the reproductive hormones reset and then balance is achieved. As the process of becoming mother unfolds, women become more confident.

Baby Blues Case Study

Elizabeth's Narrative…

- I have 4 children born in 1999, 2001, 2006, and 2012. My last child was conveniently born the Friday before Spring Break. My parents came to see me and the new baby, swooped up my other children and took them to the beach for the week. My husband was planning on taking the week off, but after talking it over with me, decided it would be better to stay home and manage our lives ☺ when our children came home. He filled the kitchen with snacks, moved the recliner in front of the TV, and made a diapering station on floor for me right there in the living room. I felt ready and loved. Imagine our surprise when I started to cry as he left for work the next day!! All of a sudden, I was a terrified to be left at home with an infant!! I felt like I had never taken care of a baby before. While crying, I reassured my husband that I was fine and he could go to work. He did, but he came home at lunch to check on me. I was still a little weepy, but had managed the baby just fine and had even slept. With sleep, food, and 5 days to get used to my new baby, I felt so much better. HORMONES!!!!

Postpartum Depression

- PPD is a serious mental health problem characterized by a prolonged period of emotional disturbance, occurring at a time of major life change and increased responsibilities in the care of a newborn infant.
- Symptoms appear nearly most of the day, nearly every day
- An estimated 9-16 % of postpartum women will experience PPD. Among women who have already experienced PPD, 41% these women may experience PPD in their subsequent pregnancies

Onset

- Can begin within the first few weeks or delayed until 6 months or more after birth
- Affects about 15% of women
- PPD occurs along a continuum from mild to severe

How is the depression getting in the way of her every day living?

Symptoms of PPD

- Irritable
- Fatigue, sleeping too little or too much
- Crying spells
- Anxiety
- Poor concentration: trouble focusing, remembering, or making decisions
- Feeling sad
- Feeling worthless and guilty
- Hopeless and overwhelmed
- Loss of interest or pleasure in activities, having no energy or motivation
- Withdrawal from friends and family
- Having headaches, chest pains, heart palpitations or hyperventilation
- Being afraid of hurting the baby or oneself
- Not having any interest in the baby
- Women lack control over their thought processes, emotions and behaviors

PPD Case Study

Sudi, 29, is a married caucasian mother of two girls living in an affluent community in Maryland. Her and her husband Yao, who is Chinese-American both worked full-time until Sudi became pregnant with their second child, Emma. Sudi first pregnancy went smoothly and she experienced no complications. She returned to work after 6 months and was able to balance her new role as a mother and as a business executive. Sudi decided after Zoe, the first child to wait at least 3-4 years until she would get pregnant again. However, despite her use of contraceptives, she became pregnant when Zoe was 18 months old. Sudi experienced a great deal of internal conflict, about her decision to continue the pregnancy. She was just getting back to her old self, had been promoted to a Director position at her job, and was not ready to start over again with another baby and even contemplated termination of the pregnancy well into the first trimester. Yao, did not believe in abortion, and her decision to proceed with the pregnancy created a strain on the relationship.

PPD Case Study

- Early in the pregnancy Sudi experienced severe morning sickness and was diagnosed with Hyperemesis an hospitalized for 1 month as well as given medication. During the 6 month of pregnancy, Sudi had to be put on bed-rest due to bleeding and frequent fainting spells. Initially, she was relieved as she was much bigger than her first pregnancy and was very tired during the day. But a few weeks later, Sudi began to experience panic attacks, frequent crying, and avoided speaking to family and friends. Yao, became very worried, but Sudi and others ensured him that this was normal pregnant behavior. Emma was born via cesarean 3 months later and initially Sudi was overjoyed, despite her initial feelings and difficult birth. She was visited frequently by her close friends and family who took turns assisting her with adjustment. However, two weeks later, Sudi could not muster any feelings for her Emma.

PPD Case Study

- She would often go through the day not speaking to her, only touching her to change her and feed her. She cried frequently, had difficulty sleeping, was unable to concentrate, and began to have disturbing thoughts. Sudi reports “feeling guilt and shame for not being connected to Emma” and was convinced that she was not a good mother, that she was failing Emma and Zoe, and that she was unable to produce enough milk for her.

PPD Case Study

- Sudi, was raised in a middle-class neighborhood by her grandparents who died when she was 16. Her mother birthed her when she was 19, and decided that she was unable to care for her. After the death of her grandparents, Sudi lived with her mother and her brother. Because of the lack of established relationship between Sudi and her mother, there was on going conflict and she was eventually dismissed from her mothers home. She lived with various people before going to college. During that time, she experienced sexual abuse, witnessed crime, and poverty. During her first year of college, Sudi became very anxious, began smoking marijuana and entered a state of depression. She engaged in fights with her roommates and was referred to the school therapists. In her last year of school, she found her father and began establishing a relationship with him and her sisters. She vowed, to never depend on anyone and to never do to her children what was done to her.

PPD Case Study

- Most recently, Sudi expressed to that Yao that "everyone would be better off without her". She remains in her room most of the day, rocking back and forth in her chair. Zoe has exhibited oppositional behavior because of her lack of attention from her mother, Emma is often inconsolable and colicky, and Yao is been operating off 3 hours of sleep for the past 2 months as Sudi, has had difficulty managing the domestic duties such as cooking, cleaning, and attending to both children. Concerned for her well-being and the well-being of the children, he suggested therapy. Sudi was initially reluctant, telling Yao that she would never harm herself or the children, but after being convinced by her family and friends, she decided to attend.

Nedhari, A. (2011). "Case Study Examining Postpartum Depression Symptoms and Treatment."*Student Pulse, 3*(08). Retrieved from http://www.studentpulse.com/a?id=558

Postpartum Psychosis

- **PP Psychosis is a psychiatric emergency warranting hospitalization. It can lead to infanticide and suicide.**
  - **Symptoms can include severe confusion, being restless and agitated, racing thoughts, behavior that is out of character, being overly social or overly withdrawn, sleeplessness or not wanting to sleep, disorganized speech, disorganized behaviors, paranoia, delusions or hallucinations**
  - **1 in every 1000 women (0.1%) who have a baby experience Psychosis**

Postpartum Psychosis Case Study

- Ms. A. is a 27-year-old physician who delivered her baby 7 days before evaluation at a teaching hospital. She underwent an uncomplicated delivery, and her baby boy was full term and healthy. This was a planned pregnancy, and the family was excited about the birth. Within 2 days of delivery, she told her husband that she thought he was poisoning her food and that the baby was staring at her strangely. She thought she smelled horses and heard them galloping outside her bedroom. She could not fall asleep even when her mother came to the house to care for their newborn and allow the patient to rest. At home, Ms. A. was able to sleep only 2–3 hours nightly. Her husband noticed that she would gaze out the windows in their apartment for hours without explanation. She had not bathed for 6 days. She required much help in simple tasks, such as diapering her baby. She expressed guilt about being a terrible mother and felt she did not deserve to have her family. She told her husband that she heard voices commanding her to go with her infant son to the subway and jump in front of the train; these hallucinations terrified her and became stronger after she returned home from the hospital. The husband became very concerned and brought his wife to the emergency room.

J Womens Health (Larchmt). Author manuscript; available in PMC 2011 Jun 7. Published in final edited form as: J Womens Health (Larchmt). 2006 May; 15(4): 352–368. doi: 10.1089/jwh.2006.15.352

Co-Occuring Conditions

- OCD
- PSTD, including traumatic birth
- Eating Disorders
- Substance Abuse
- Bipolar Disorder

Causes & Concurrences

- Physiological Causes- Inflammation, Fatigue/Sleep Disturbance, Pain, Role of Hormones
- Previous History- Family, Prenatal, Pregnancy, Depression, Abuse, Childbearing History
- Infant Characteristics
- Psychological Causes- History, Attributional Style
- Social/Cultural- New Mother Expectations vs. Reality, Support Systems Available

Mother and Baby Consequence of PPD

- Impact on Mother – physical well being compromised due to exhaustion, poor nourishment, and lowered immunity levels to fight infections, relationship with partner strained due to possible inability to care for self or baby, income reduced if unable to work
- Impact on Infant- infant's development compromised, parent-child relationship damaged due to the mothers' withdrawal or volatility, parental conflicts or inconsistent parenting. Untreated PPD impacts Infant's later cognitive and language development, social competence, behavioral and parenting difficulties

Medical Treatments

- Rule out medical causes for PPD
  - Hypothyroidism and anemia
- Psychiatrists specializing in perinatal women's health
- Medications: all work to increase the amount of neurotransmitters available in the brain
  - Antidepressants - individualized treatment, typically based on the most severe symptoms
  - Dr. Thomas Hale, *Medications and Mother's Milk 2014* or call the Infant Risk Center for drug compatibility with breastfeeding

Mental Health Treatments

- Therapist specializing in perinatal women's health
- Cognitive Behavior Therapy
- Interpersonal Therapy
- Psychotherapy - accepting, safe, trusting, talk about her feelings, and how her experience has impacted her and how she is going to grow and integrate the experience.
- Groups for mothers that foster infant development, so that she can grow as a mother as her baby grows, women share problems and discuss solutions
- Spirituality - where she feels uplifted and connected, maybe organized religion, gardening, listening or playing music, etc...

Non-Medical Treatments

- Exercise
  - Goal of one hour a day of aerobic exercise
- St. John's Wort - herbal antidepressant
- Supplements: omega-3 fatty acids in the form of fish oil or flaxseed oil
- Nutrition
- Bright Light Therapy

Prevention

- Screening tools prenatally and postpartum
- Perinatal discussion with midwifes and OBGYNs
- PP support for self care, cooking, cleaning, visiting new mother, bf support
- Parenting requires mentoring

Breastfeeding

- If Breastfeeding is going well, it is a barrier to PPD.
- If Breastfeeding is not going well, it contributes to PPD.
- Sleep, bonding, protects the baby, hormones lower stress
- Depressed bf mothers did not disengage from their babies. Bf mothers looked at, touched, and made eye contact with their babies more than formula feeding babies.

Support Person's Role

- Referral Resource
- Listening skills, empathetic connection and inviting to meetings
- Debunk myths of motherhood
- Oxytocin the love hormone helps a woman relax, we can help her get comfortable and relax to induce the release of oxytocin (stress and anxiety inhibit the let down)
- Call other support services in the area to provide continuing care
- Help reduce the stigma that exists, discuss acceptance of the fact that she has to take care of herself first so that she can take care of her child(ren)
- Fortunately, for the majority of women the postpartum period is a positive experience

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Online Resources

Academy of Breastfeeding Medicine (www.bfmed.org)

Breastfeeding Made Simple (www.BreastfeedingMadeSimple.com)

MedlinePlus (http://www.nlm.nih.gov/medlineplus/postpartumdepression.html). Translation available in many languages

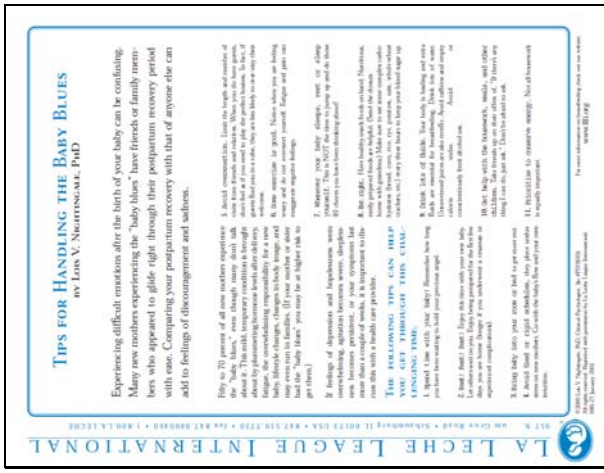
Postpartumprogress.com

The Postpartum Resource Center of NY, Inc. 855.631.0001 (http://www.postpartumny.net/

Postpartum Support International 800.944.4PPD (www.postpartum.net)

Praeclarus Press (www.PraeclarusPress.com)

Uppity Science Chick (www.uppitysciencechick.com)



Tips for Handling the Baby Blues

by Lois V. Neuffer-Gill, PhD

Experiencing difficult emotions after the birth of your baby can be confusing. Many new mothers experiencing the "baby blues" have friends or family members who appeared to glide right through their postpartum recovery period with ease. Comparing your postpartum recovery with that of anyone else can add to feelings of discouragement and sadness.

Fifty to 70 percent of all new mothers experience the "baby blues," even though many don't talk about it. The mild hormone variations brought about by pregnancy hormone levels after delivery, fatigue, the overwhelming responsibility for a new baby, lifestyle changes, changes in body image and sleep deprivation are the "perfect storm" that can lead the "baby blues" (you may be at higher risk to get them).

If feelings of depression and hopelessness seem overwhelming, signs/symptoms persist, or your symptoms last more than a couple of weeks, it is important to discuss this with a health care provider.

The following tips can help you get through this challenging time:

1. Bond with your new baby! Remember how long you have been waiting to hold your precious angel.

2. Rest! Rest! Rest! Enjoy this time with your new baby. Let others meet you. Enjoy being pampered by the baby's arrival. Remember, "Rest" is an underused or misused word in our culture.

3. Bring baby into your room at bed to get more rest.

4. Avoid food or crash schedules, they place extra stress on your system. Control the baby, but not your nutrition.

5. Avoid stress. Limit the length and number of visits from friends and relatives. When you do have guests, remember that they are your guests. Let them know that you are not at your best and are likely to stay very close to your baby. Don't let guests feel you are a risk, they are less likely to stay very close to your baby. Don't let guests feel you are a risk, they are less likely to stay very close to your baby. Don't let guests feel you are a risk, they are less