



BFREE E-Newsletter

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FROM THE EXPERT: FEATURED ARTICLE ON PERINATAL MOOD & ANXIETY DISORDERS

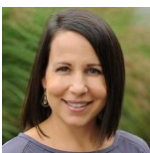
By: Michelle Button, LCSW-R; Founder & Clinical Director, Passages Wellness & Counseling for Women; East Setauket, New York

A new addition to the family brings lots of changes, and a myriad of emotions are experienced. Most believe a new birth will be a joyful and uplifting experience, but it can create some shifts that are not anticipated. New parents expect to be sleep deprived and to have some challenges with breastfeeding, schedules, and trying to figure out their baby’s needs. Depression, anxiety and intrusive thoughts are often unanticipated. Perinatal Mood & Anxiety Disorders (PMADs) can occur anytime during pregnancy and/or up until 1 year postpartum. PMADs include depression, anxiety, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, bipolar disorder, and psychosis. PMADs are the most common postpartum complication. Over 20% of mothers and over 10% of fathers/partners will qualify for this diagnosis, however the numbers are most likely higher as many do not report due to the stigma of mental illness and feelings of shame. This stigma often causes feelings of alienation which can also intensify the symptoms.

Often, family members do not understand why the mother is feeling down during what they think should be a joyful time. Family members tend to do things for her and also tell her what to do. This can unintentionally intensify her feelings of failure and increase isolation. Therefore, it is essential to educate families prenatally so they will know what to do immediately if symptoms occur. Symptoms include: showing little emotion, irritability, crying, feeling restless, trouble sleeping, extreme exhaustion (can be emotional and/or physical), changes in appetite, difficulty focusing, increased anxiety and/or worry, disconnected feeling from the fetus or baby, and losing interest in formerly pleasurable activities. This can also include fears of the baby being accidentally or intentionally harmed. In rare cases, PMAD psychosis can occur, which is a medical emergency that warrants immediate intervention and likely hospitalization.

Common risk factors for PMADs include: a personal history or family history of anxiety and/or depression, social isolation (sometimes due to lack of support), and a difficult/traumatic birth. If a woman has these risks present in her history, it will be helpful for healthcare providers to acknowledge them as a possible red flag. However, all women and their partners should be screened for PMADs, in addition to those who might be more likely at risk.

Educating and supporting moms who are experiencing these symptoms is essential, as it is critical for the medical provider to be involved in the intervention, treatment, and referral process. Therapeutic counseling to talk about feelings and to learn tools to increase self-care is also critical. Discussion of the importance of physical activity, consistent communication about her feelings, rest (protected and uninterrupted sleep), and going on outings can decrease symptoms and isolation. Counseling can also help break the cycle of negative self-talk and intrusive thoughts. In addition, a local PMADs support group can be a great place for mothers to share similar experiences and realize they are not alone. Many moms who attend a group report increased confidence in mothering as they learn about infant norms and care. For breastfeeding mothers, referral to a lactation consultant, breastfeeding support group, or Baby Café is essential for proper education to support their breastfeeding journey. Lastly, once a mother understands her own experience and begins to heal, she can recognize others who may experience PMADs in her own family and/or community. This in turn can go a long way in breaking the silence and stigma around PMADs.



Michelle Button is a Licensed Clinical Social Worker and received her Master of Social Work (MSW) degree from New York University. She has been in private practice for over 20 years and is the Founder & Clinical Director of Passages Wellness & Counseling for Women. Michelle has had extensive training in the treatment of perinatal mood and anxiety disorders, including Advanced Clinical Training through Postpartum Support International (PSI) and The Post-Graduate Professional Training Program at the Postpartum Stress Center. Her mission is to provide a safe and nurturing place for women and families to seek treatment, education and support. For more information visit: www.passageswomen.com.



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Upcoming Events:

Wyandanch Baby Café:

Select Saturdays 11:30am-1:30pm (4/13, 4/27, 5/11, 5/18, 6/1, 6/15)

Community Nazarene Church (Lower Level)

58 Cumberbach St.
Wyandanch, NY 11798

Southside Baby Café:

Every Tuesday 1:30-3:30pm
301 East Main St.
Bay Shore, NY 11706

Baby Cafes Coming Soon:

Glen Cove:

St. Patrick's Church
235 Glen St.
Glen Cove, NY 11542
Sundays after Mass (tentative)

Brentwood:

Pronto Long Island, Inc.
128 Pine Aire Dr.
Bay Shore, NY 1106
Time: TBD

Southampton:

Childcare Center of the Hamptons
502 N Sea Rd.
Southampton, NY 11968
Time: TBD

LETTER FROM THE EDITOR

Dear BFREE Coalition Members,

Welcome to our April 2019 BFREE Newsletter! We are excited for the spring with its warmer weather and longer days. BFREE is thrilled to celebrate the worksite recognition of Southside Hospital and Glen Cove Hospital as “Breastfeeding Friendly” this quarter. In this newsletter, we highlight information and experiences surrounding perinatal mood and anxiety disorders (PMADs) as May is PMAD awareness month.

Our first piece, an “Ask the Expert” feature article by Michelle Button, provides an overview of PMADs, which is followed by a short piece (below) that covers a few more details. Additionally, we are fortunate to have a mother candidly share her experience with postpartum depression and breastfeeding. She also includes links to her blog, where she posts about her experiences as a new mother. Next, we share a piece that may be helpful for mothers interested in learning more about taking medications for PMADs during pregnancy and/or while breastfeeding. Finally, we compiled a list of local and online resources to connect mothers, partners, and families to the care and support often needed during the amazing and challenging journey of motherhood.

We are grateful to the contributors to this edition, to the BFREE Steering Committee for their ongoing helpful guidance and direction, and to each of you for your engagement and passion in support of breastfeeding. We welcome any feedback and contribution to future newsletters. Please email your ideas to us at BFREE@northwell.edu.

Many thanks for your continued support!

Henry (Hank) Bernstein, DO, MHCM, FAAP
Principal Investigator
Creating Breastfeeding Friendly Communities



WHAT ARE PERINATAL MOOD AND ANXIETY DISORDERS?

By: Cally Braun, BA, CLC, BFREE Research Assistant

Perinatal Mood and Anxiety Disorders (PMADs) is an umbrella term used to describe the variety of experiences mothers may have with mood disorders during or after pregnancy. Some examples of PMADs include: depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorders, and psychosis (1). Most research focuses on postpartum depression (PPD), which is the most common PMAD. Postpartum depression is defined as “intense feelings of sadness, anxiety, or despair that prevent [new mothers] from being able to do their daily tasks” (2). Postpartum depression affects about one in seven pregnant women (3). Understanding and treating PMADs, such as postpartum depression, is critical because these conditions can harm both the mother and the child if left untreated. PMADs put infants and children at higher risk of psychological and developmental disturbances (4). Yet, many women with PMADs are not diagnosed, and even fewer are properly treated (5). In fact, up to 50% of mothers with symptoms will not seek mental health treatment (6).

Although racial and ethnic disparities in health care are well-documented, more research is needed to determine how these disparities impact risk for PMADs. One study in low-income women found that black and Latina women were less likely than white women to initiate mental health care for postpartum depression, and that among those seeking care, black and Latina women began treatment later and received less follow-up care (7). To better address disparities in PMADs, more women at risk of PMADs need to be identified and treated (8). It is also important to distinguish between postpartum blues and postpartum depression. Postpartum blues, or “baby blues,” are normal, mild feelings of sadness, anger, or anxiety occurring about three days after giving birth and ending 1-2 weeks later (2). On the other hand, when these feelings are associated with postpartum depression, they are more intense, interfere with daily functioning, and do not go away after 2 weeks (2). Depression or anxiety before or during pregnancy, stressful life events, lack of social support, and low perceived socioeconomic status can all increase the risk of postpartum depression (9).

Interventions that have significantly decreased the likelihood of developing postpartum depression, as opposed to standard care, include: intensive, individualized post-partum home visits provided by health professionals, peer-based post-partum telephone support, and interpersonal psychotherapy (10). If you think you are experiencing any of the mentioned symptoms or think you may have a perinatal mood and anxiety disorder, it is important to see your health care provider as soon as possible and not wait until the postpartum checkup (2).

By: Tatiana Ludwig



To say that motherhood is an undertaking would be the understatement of the century. Add breastfeeding into the mix and it's enough to drive anyone completely insane! Like many other women, I beamed at the thought of being able to breastfeed my child. As I sat and rubbed my ever-growing belly, I would envision the time spent together, just my child and me, eyes locked as we shared the special experience. The idea of being able to nurture my child from my own breast seemed both natural and logical. I even attended a few lactation classes prior to giving birth to prepare for the experience.

Fast forward 10 months, 2 weeks, and 26 excruciating hours of labor

"Why won't she latch?!" I thought to myself.

For several hours, I tried and failed to get my daughter to latch on to my breast. Each nurse that entered my room reminded me (some nicely and some not so nicely) that breastfeeding was extremely important. The mantra "breast is best" rang over and over again in my head.

Hours passed and still no success. I laid in the hospital, topless, sweating, and frustrated, with tear-soaked cheeks and a hungry child. I couldn't fathom how this could all be so difficult. I had prepared myself, taken classes, read books, and most of all, I *wanted* to breastfeed, but it just wasn't happening!

Just as I was about to crack, a wonderful nurse came to my rescue (check out my blog post titled "Warm Honey" for all the messy details). This nurse was the first person to cater to me as a brand new mother. With only a few kind words of encouragement, she showed me that she understood how I was both frustrated and scared. After a little tough love, this savior-of-a-nurse relieved some of the immense pressure I felt in regards to exclusively breastfeeding my daughter.

When things settled down and I had a moment to think, I began to realize how little support I received in my initial attempt at breastfeeding. It was assumed and understood that I would breastfeed. In fact, and my medical providers up to that point had not really informed me of other options. "Breast is best" popped into my head again. Was breast really best if it wasn't working for the mother, child, or either? Breastfeeding WAS part of my plan, but it didn't work out. What about women who didn't plan or want to breastfeed? What kind of support were they receiving?

The months following the birth of my daughter are a bit of a blur. As is common, I suffered from postpartum depression (PPD) after my daughter was born. Unlike the "typical" experiences with PPD, my symptoms did not present themselves until my daughter was four months old. At that point, they hit me like a freight train and turned my entire world upside down. Luckily, I was referred to an amazing therapist who, in turn, referred me to a life-changing support group for mothers battling PPD. Overcoming my battle with PPD wasn't easy, but with the support of my family, therapist, and the support group, I made it through with only a few bumps and bruises.

Breastfeeding is amazing and is linked to benefits for both the mother and child. It's been shown that mothers who breastfeed are less likely to experience perinatal mood and anxiety disorders (PMADs), and we know that the benefits of breast milk for the child are abundant. The issue lies in the support women receive for breastfeeding. Better education and support is needed for mothers and mothers-to-be, regardless of how they choose to feed their child. This support needs to start with the medical providers we entrust to care for us. A little support goes a long way, especially in this game called motherhood.

Remember to be kind to yourself and to one another. We're all trying to figure this out, one messy parenting moment at a time.

To follow my crazy journey into motherhood and beyond, head over to my blog

website:

thiswasntinthebabybook.com

(please read from the oldest blog to the newest as it reads like a story)!

Follow me on

Instagram!

[@thiswasntinthebabybook](https://www.instagram.com/thiswasntinthebabybook)



PMAD MEDICATIONS DURING PREGNANCY AND WHILE BREASTFEEDING

By: Kate Lindstadt, MSN, NNP-BC, IBCLC

Perinatal Mood and Anxiety Disorders (PMADs) are the most common complications of childbirth. Immediately following childbirth, maternal mental health is extremely important to the well-being of the mother, the developing infant, and the family system. Untreated PMADs can negatively affect a mother's response to her baby's feeding cues, her feelings of attachment to her baby, and can result in problems with infant behavior. PMADs can also affect the psychological and brain development of the infant. Since maternal depression during pregnancy increases the risk and severity of postpartum depression, screening for maternal mood disorders should begin before conception.



Suggesting medications in the period around birth is challenging for both the patient and the prescriber. It is commonly believed that pregnant and breastfeeding mothers cannot take any medications, especially psychiatric medications. However, the risks of exposing the infant to medications during pregnancy or through breast milk need to be weighed against the risks to both the mother and the baby of not treating maternal mental illness with medication. One wonderful resource for prescribers and moms is the Infant Risk Center at Texas Tech University, led by Thomas Hale, Ph.D., R.Ph, which is the world's leading research center for medications that are safe for pregnant or breastfeeding mothers. The Center has developed Internet forums, a hotline, and an app for moms and health care providers as a resource.

Several studies have shown that breastfeeding can help protect women against PMADs. Breastfeeding has been associated with increased maternal sleep after birth and lower levels of stress hormones during difficult situations, both of which improve mood and reduce the risk of depressive symptoms. However, it has also been suggested that women who are unable to meet their breastfeeding expectations are at a higher risk for PMADs. Similarly, moms with depressive symptoms after birth may develop breastfeeding difficulties because they cannot recognize normal infant behaviors and have lower confidence in their parenting skills.

There are mental health professionals who specialize in maternal psychiatry, and who are available for mothers in cases where the primary provider may be uncomfortable prescribing. Individual therapy and group support are also recommended for moms with depressive symptoms during or after pregnancy. It is important remember that there are effective non-pharmacological options for mothers. Moms deserve breastfeeding and mental health support pre- and post-partum to lead full, healthy lives and provide the best start possible for their child.

● *Kate Lindstadt, MSN, NNP-BC, IBCLC is a Psychiatric Mental Health Nurse Practitioner (PMHNP) student at Molloy College. She decided to follow this career path after her experiences working with mothers/families with PMAD in the NICU. She is currently studying how to prescribe psychiatric medications for pregnant and breastfeeding moms. She can be contacted at Lindstadt.kate@gmail.com*



Looking to get active while showing support for new mothers?

In May, the Postpartum Resource Center of New York is Hosting its 11th annual Sounds of Silence 5k/10k run for Pregnancy and Postpartum Depression and Anxiety Awareness. Find out more at: <https://postpartumny.org/sosrun2019/>

May 5th: Annual Sounds of Silence Run/Walk

1 Ocean Pkwy
Wantagh, NY 11793



RESOURCES FOR MOTHERS, PARTNERS, AND FAMILIES

Emergency

Mothers in crisis should call their local emergency number, their physician, or one of the following:

National Suicide Prevention Lifeline
<https://suicidepreventionlifeline.org>
1-800-273-8255

National Domestic Violence Hotline
<https://www.thehotline.org/>
1-800-799-7233

National Crisis Text Line
Text HOME to 741741 from anywhere in the USA, anytime, about any type of crisis.

For Local Mothers

*****Postpartum Resource Center of New York*****

Excellent resource that assists moms to get the help and/or counseling they need! Peer support is available by phone and the website has a resource list assisting moms to get proper assistance with counseling. (631)422-2255. Postpartumny.org

Nurse-Family Partnership
Non-profit organization connecting moms (through pregnancy until the child is two) to home-visitation nurses.
<https://www.nursefamilypartnership.org/>

Perinatal Team at Northwell Zucker Hillside Hospital
Please call phone to receive a confidential evaluation and individualized recommendations.

Nurse-Family Partnership
<https://www.nursefamilypartnership.org/>

Counselors for once-a-week counseling:
Passages Wellness and Counseling for Women: (631)941-1200, Setauket, NY (takes some insurances and otherwise will help you get reimbursed). *Transformations Counseling*: (631)979-2775, Smithtown, NY. *Clarissa Bullitt (psychologist)*: (631)632-9510, East Setauket, NY (takes most insurances)

Postpartum depression support groups:
Latch With Love (Jennifer L. Giordano, RN, FNP, IBCLC): (631)255-8234, Setauket, NY. www.latchwithlove.com (insurance reimbursable services) *Good Samaritan Hospital, Mothers Circle of Hope*: (631)376-3000, West Islip, NY. FREE Support Group! Ask for Karen who runs Mothers Postpartum Depression Support.

Psychiatric nurse practitioners for medication management and counseling:
Filomena Bunche: (631) 689-5390, Setauket, NY (takes most insurances) *Marie DiDonato*: (516)813-6376, Patchogue, NY (pay out of pocket and request reimbursement by insurance—she will explain it to you). *Susan Sullivan*: (631)351-8374, Huntington, NY (takes some insurances and otherwise will help you get reimbursed)

Online Resources for Mothers

InfantRisk Center:
World's leading research center for medications that are safe for

pregnant or breastfeeding mothers. Internet forums, a hotline, and an app for moms and providers are available. Hotline for questions about OTC or prescription medications while pregnant or nursing: (806) 352-2519 Monday-Friday 8a-5pm CT <https://www.infantrisk.com/>

National Women's Health Information Center
<https://www.womenshealth.gov/mental-health/mental-health-conditions/postpartum-depression>

National Child and Maternal Health Education Program:
[https://www1.nichd.nih.gov/ncmh/ncmh/ncmh/initiatives/moms-mental-health-matters/moms/pages/default.aspx](https://www1.nichd.nih.gov/ncmh/ncmh/ncmh/ncmh/initiatives/moms-mental-health-matters/moms/pages/default.aspx)

Postpartum Support International
Non-profit organization advocating for maternal mental health. Call: 800.944.4773 (for Spanish support, press 1). <https://www.postpartum.net> (includes resources in other languages)

Perinatal Mental Health Alliance for Women of Color
<https://www.pmhawoc.org/>

National Institute of Mental Health
<https://www.nimh.nih.gov/health/topics/women-and-mental-health/index.shtml>

Women's Health: A Guide to Legal Resources
<https://onlinelaw.wcl.american.edu/blog/legal-health-resources-for-women/>

Postpartum Progress
Blog and nonprofit organization that raises awareness, fights stigma, and provides peer support to women with maternal mental illness. <https://postpartumprogress.com/>

Aunt Bertha
Search for free or reduced cost services like medical care, food, job training, and more. <https://www.auntbertha.com/>

LactMed Database
Database containing information on drugs and other chemicals that breastfeeding mothers might encounter. <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>

MOBI International
MOBI (Mothers Overcoming Breastfeeding Issues) is a community of mothers and breastfeeding specialists <http://www.mobimotherhood.org/mobi-support-group.html>

For Partners and Families

Mayo Clinic: Depression: Supporting a Family Member or Friend
<https://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression/art-20045943>

Chats for Dads
Schedule of call-in times: first Monday of every month, 1-800-944-8766, code 73162# 5pm Pacific, 7pm Central, 8pm Eastern. <https://www.postpartum.net/get-help/resources-for-fathers/chat-with-an-expert-for-dads/Events>