What is the Postpartum Well-Being Study?

This is a National Institute of Mental Health (NIMH)-funded study that explores postpartum well-being among women with diverse sexual histories and sexual orientations. This study is a multisite study and it is being conducted by Dr. Abbie Goldberg at Clark University, in collaboration with Dr. Lori Ross at the University of Toronto and Center for Addiction and Mental Health (CAMH).

Who should receive the survey?

Every woman attending the clinic for prenatal care. The ideal time frame is 25-32 weeks gestation, although the questionnaire can be given as early as 20 weeks and as late as 36 weeks.

What do women do with the survey?

Please ask women to complete the survey (it should take 2 minutes), place the survey in the envelope provided, and then put it in the locked, black box on the front desk that says "survey" on their way out today; OR, it can be mailed to Abbie Goldberg at Clark University.

Why should I ask women to complete the survey?

This is ground-breaking research that may assist health professionals to help future new mothers. All information is kept confidential. Participants can earn up to $175.

What should women expect if they fill out the survey?

Some of them will be called by our research team to participate in the next few weeks. Some may not be called, as we cannot invite every woman to participate (some are not eligible).

Who can I contact for more information, or to get more surveys?

Project Director, US, Abbie Goldberg, agoldberg@clarku.edu

Project Director, Canada, Lori Ross, lori.ross@camh.ca

Research Coordinator, Canada, Corey Flanders corey.flanders@camh.ca
Preemptive Treatment of Nausea and Vomiting of Pregnancy: Results of a Randomized Controlled Trial

Nausea and vomiting of pregnancy (NVP) affects 50-90% of pregnant women and is the most common medical condition during pregnancy. A severe form of NVP called hyperemesis gravidarum (HG) occurs in 0.5-3% of pregnant women and can lead to dehydration, electrolyte imbalance, and hospitalization. NVP is typically treated with drugs called antiemetics, which are also used to treat motion-sickness and nausea related to chemotherapy. The researchers hypothesized that women who had severe NVP in a previous pregnancy may benefit from using an antiemetic called Diclectin in their current pregnancy preemptively, before they get symptoms, in comparison with women who begin Diclectin after NVP symptoms start.

The preemptive group consisted of 30 women who received 2 tablets of Diclectin at bedtime upon learning of their pregnancy and then increased their dosage as NVP symptoms escalated. A control group consisted of 29 women who began taking 2 tablets of Diclectin at bedtime on the first day they started experiencing NVP symptoms and were also giving a larger dose depending on their symptom severity. Their results suggest that the preemptive use of Diclectin reduced symptoms of severe NVP as compared to the control group.

Many women with NVP feel unsupported by the medical community. In 1995 The Motherisk program established the first helpline to provide women with NVP personalized evidence-based counseling.

Click HERE to access the full article.

Comparing the Effectiveness of Vitamin B6 and Ginger in Treatment of Pregnancy-Induced Nausea and Vomiting

Nausea is a common complaint among pregnant women and about 85% report experiencing nausea in early pregnancy. Nausea usually begins shortly after the first missed menstruation, peaks at week 9 of the pregnancy, and continues until around week 15. It may be more severe in the morning, and can lead to increased stress and depression. Vomiting is experienced by about half of pregnant women, and can also be very stressful. Both of these symptoms can make work difficult, and about one-quarter of employed pregnant women who experience nausea require leave from work.

Because chemical drugs are avoided as much as possible during early pregnancy, there is an increasing tendency to seek alternative therapies. Ginger has been used as a therapeutic agent around the world for centuries and is being increasingly used to ease pregnancy-induced nausea and vomiting. Vitamin B6 is also a first-line treatment of pregnancy nausea. The aim of the study was to compare the effectiveness of both ginger and vitamin B6 in the treatment of pregnancy nausea.

The study included women who were experiencing nausea and had a gestational age of less than 17 weeks. 47 patients were treated with 250 mg ginger capsules every 6 hours while 48 patients received vitamin B6 tablets every 12 hours. In this study, both groups experienced significant reductions in nausea. There were no significant differences between the ginger and vitamin B6 group; both were equally effective. In addition, no side effects were reported in either of the groups.

Click HERE to access the full article.
Dads Doing Diapers: Individual and Relational Outcomes Associated With the Division of Childcare Across the Transition to Parenthood

While the transition to parenthood can be joyous, many people experience life-role changes, fatigue, financial burdens, and an increase in overall stress. One change that accompanies a newborn that can increase this stress is the division of childcare tasks. This stress not only influences individual outcomes in terms of childcare, but also the quality of the couple’s relationship.

This longitudinal study examined how relative contributions to the division of childcare are related to individual and relational outcomes across the first 2 years of the transition to parenthood. Data were collected from a large sample of first-time parents 6 weeks before the birth of their child and then at 6, 12, 18, and 24 months postpartum.

The results revealed that certain individual differences—especially gender and attachment avoidance—shape individual reactions to childcare, above and beyond the proportion of childcare tasks that partners report completing. Women and parents who are less avoidantly attached handle the introduction of childcare tasks better than most men and parents who are more avoidantly attached. In addition, certain reactions to childcare, such as childcare self-efficacy and perceptions of work–family conflict, moderate the relation between contributions to childcare and relationship satisfaction over the course of the transition. The authors also discuss the need for more research on men’s adjustment during this particularly stressful transition.

Click HERE to access the full article.

Postpartum Depression Is Hard on a Marriage

The early postpartum weeks and months divert couples away from themselves and invariably diminish the time they have for each other. More specifically, it diminishes the time a woman has for her partner, which can reduce his marital satisfaction. Studies show that depression has been linked with marital difficulty. Although the question has been raised: do poor marital relationships cause postpartum depression, or does postpartum depression cause poor marital relationships? Both are true, depending on the circumstances, but there is no clear, causal association that would hold true across the board.

If you are recovering from depression, taking a look inside your relationship is probably the last thing you feel like doing right now. But you should.

Here’s why: recent research shows that marital quality decreases sharply for 40 to 67 percent of couples during the first postpartum year. When we factor in postpartum depression, the picture is even more difficult.

The impact of postpartum depression on the marriage has striking implications and can potentially damage to the relationship. As one woman told me, “Postpartum depression changed my marriage. It actually made it better in some ways, I think. We learned things about each other we never knew. But it crushed our spirit, and it hasn’t been a smooth road home. It rocked our foundation.”

If you are the depression sufferer, you might be feeling guilty about how the depression affected your marriage. Not only will that not help, it will keep you locked into some of the old distorted thinking patterns that contribute to depression. Right now it is important that you do not blame yourself. Save your energy for this work you have ahead of you.

Research shows that couples therapy reduces depression, especially in women. This is partly based on findings that women tend to use emotion-focused coping and blame themselves for marital problems, which puts them at greater risk for depression. If couples learn to tend to the relationship with effective tools, this could relieve depression or protect from relapse.

Click HERE to access the full article.
Allison McGill's first six weeks with her new baby, Jack, were as smooth as they come. Jack was healthy and happy, and McGill enjoyed being a new mom. "I didn't have anxiety, I didn't have lot of the things that would eventually take over my life," says McGill, a 40-year-old District of Columbia resident. "I was actually pretty calm."

But that didn't last. While taking a walk with Jack along the Anacostia River last August, McGill had a vision of him falling in. From then on, she made sure to stay at least 15 feet away from the water's edge. Later, McGill feared that Jack would fall out of her seventh-floor apartment window. After that, she insisted that Jack stay at least five feet away.

Next, compulsions set in. McGill often checked on Jack four times a night – even when he wasn't crying. "I started to get worried that he would stop breathing," despite the fact that the baby monitor indicated he was. But that didn't last. While taking a walk with Jack along the Anacostia River last August, McGill had a vision of him falling in. From then on, she made sure to stay at least 15 feet away from the water's edge. Later, McGill feared that Jack would fall out of her seventh-floor apartment window. After that, she insisted that Jack stay at least five feet away.

Afraid that if she didn't constantly cradle his neck, it would snap. "The thing that keeps going through my brain is that if I make one mistake with Jack, it could have tragic consequences," McGill says. "The stakes were just up."

Depression, which affects about 15 percent of new moms, is not the only mood disorder that can hit women after they give birth. About 10 percent of new moms have postpartum anxiety, and about 5 percent struggle with postpartum obsessive-compulsive disorder, according to Postpartum Support International. McGill had all three.

"I thought I was being a good mom by checking [Jack] all the time because I love him so much and want to make sure he's OK," she says. "But what I was doing was driving myself crazy."

‘The Gerber Myth’

At least 30 percent of cases of postpartum anxiety and depression begin during pregnancy, according to Barbara Byers, a reproductive psychiatrist in Chevy Chase, Maryland, who says new motherhood is “the perfect storm” for these mood disorders.

“The stakes are higher because women have a baby who’s completely dependent on them – especially if they’re breastfeeding – and their outlets [for stress-relief] go away,” she says. "It's this time period where anxiety really just explodes.”

What’s more, some women buy into what Byers calls “the Gerber myth,” or the belief that once you have a baby, “you’ll live happily ever after,” she says. “What women come to find is that’s not true.”

There might also be physiological explanations for mood disorders during and after birth, says Emily S. Miller, an assistant professor of Maternal Fetal Medicine at Northwestern University.

“We have to profoundly adapt our immune systems to maintain a pregnancy, so maybe pregnancy is a particularly vulnerable time” for conditions such as depression and anxiety, Miller says.

Hormonal changes after birth might also affect the likelihood of developing mood disorders for some women. A dip in estrogen, for one, can have mental health consequences since “estrogen is our anti-anxiety producing, anti-depression hormone,” Byers says.

To make things worse, new moms may be reluctant to seek treatment because they think drugs will interfere with breastfeeding. However, experts say there are safe anti-anxiety medications for women who choose to breastfeed. Even more common? New parents who eschew help, chalkling their thoughts and behaviors to part of the parenting package.

"Every parent worries that they're not doing something right … that there's going to be some harm to this little precious baby that's so vulnerable and tiny. And that's normal," says Sarah Allen, a clinical psychologist outside of Chicago who directs the Postpartum Depression Alliance of Illinois. "But anxiety is when it goes on and on – day in, day out, night in, night out – and there's no let up. That's the difference."

Click HERE to go to this article’s associated webpage.
One in ten MEN struggle to adjust to reality of pregnancy and suffer from postnatal depression, new research shows

The condition is usually associated with women but a new study has found one in 10 new dads are affected by postnatal depression.

The condition, characterised by prolonged periods of clinical depression after childbirth, has become increasingly prevalent among men, the study released by the Australian Institute of Family Studies (AIF'S) reveals.

AIF'S deputy director Dr Daryl Higgins said some men find it hard to adjust to the reality of pregnancy and the implications it has for their lives.

'The transition to parenthood appears to be a time of heightened risk of fathers developing depression, compared to the general adult male population,' Dr Higgins said.

'While fathers are still far less likely than mothers to experience postnatal depression, we are beginning to realise that it is an important issue for men, too.'

Between 12 and 15 per cent of women suffer postnatal depression according to the Royal Women's Hospital.

Researcher Rhys Price-Robertson said dads with mental health issues are more likely to show low levels of parental engagement and warmth towards their kids.

'The children of men with a mental illness are more likely than other children to experience emotional and behavioural problems, as well as to be diagnosed with a mental illness themselves,' he said.

'Mental illness can also impact on children by contributing to marital hostility or violence, which can spill over into problematic parenting behaviours, poor relationships with children and co-parenting relations.'

Phone support can help ease postpartum depression

Phone support can help ease postpartum depression, a small study suggests, offering an option for mothers who are unable or unwilling to seek therapy in person. In the study, women with postpartum depression received telephone counseling from other women who had previously suffered from the disorder and recovered. The new moms found that the conversations helped relieve symptoms.

"Postpartum depression is a problem for one in seven women, and many of them don’t get help because there’s a stigma and they don’t have time and it’s expensive," said study leader Dr. Nicole Letourneau, a professor and research chair in parent-infant mental health at the University of Calgary. "Training peer counselors to do phone counseling is an effective, low-cost and non-stigmatizing way for new moms to get the help they need."

Particularly for first-time mothers, postpartum depression can be hard to distinguish from the stress and fatigue that come with caring for a new infant around the clock, Letourneau said. Symptoms can include sadness, insomnia, difficulty concentrating and making decisions, feelings of shame or guilt, as well as difficulty bonding with the baby or thoughts about harming the baby.

While all of the mothers were depressed at the start of the study, at mid-point only 32 percent were at risk for depression, and this declined to 15 percent at the end. Furthermore, at mid-point, 60 percent of the mothers had low depression scores; this percentage rose to 75 percent at end.

Because postpartum depression is the most common complication of childbirth, it makes sense to explore peer counseling and other interventions that can reach women in rural or suburban areas where access to mental health professionals may be limited.
5 Things To Try This Spring

1. Spruce up your wardrobe

Last spring you were probably preggo and wearing maternity clothes. And, like most new moms, you might have found that motherhood can do a number on your wardrobe.

Perhaps you’ve traded in your 4-inch wedges for sensible flats better for chasing around your little one. Maybe you’re wearing less jewelry to avoid having your daughter yank on your earrings. Whatever the reason, your wardrobe probably looks and functions a lot differently than it did pre-baby.

Give your closet a little spring-cleaning and get rid of anything that doesn’t work with your current lifestyle. Chuck items that don’t make you feel fabulous in your post-pregnancy body.

2. Try a spring trend

For the last year, life has been all about welcoming your little one into the world. Now it’s time to focus on you. Indulge in a fun spring trend for yourself. Buy a new shirt in a fun floral pattern, give yourself a manicure using a trendy pastel color or pick up a shade of pink lipstick.

3. Get an outdoor family photo

The first year of your baby’s life can fly by in the blink of an eye and even though you’ve taken a gazillion snapshots with your iPhone, it’s nice to have a few professional family photos to document major milestones. If the only family photo you have is from your newborn photography session, take advantage of the gorgeous spring weather and book a photo session outdoors, preferably in a location with beautiful spring blooms.

4. Eat fresh, seasonal food

During the newborn stage, it sure is nice to have prepared frozen casseroles and hearty dishes available for when you’re hunkered down for winter, but now you can start picking up fresh seasonal vegetables again.

If your infant is starting to eat table food, he or she might like playing with new foods too. Take a trip to the farmer’s market or grocery store and pick up spring veggies like asparagus, carrots, lettuce and peas.

5. Go for outdoor strolls

There’s only so much mall walking one can do. Thankfully, the warmer weather means you can take Baby for long stroller walks outdoors again.

Combine a stroller walk with a play date and meet another mom friend at the zoo. The little ones can look at animals and you can get some much-needed sunshine walking around the park. If you’re lucky, you might even spot some adorable baby animals born in the spring.

Click HERE to go to this article’s associated webpage.


**Teaching Baby to Swim**

(from sheknows.com, October 2008)

**How to join a mom-and-me swimming class**

Swimming classes can be a fun experience to share with your baby and with other parent-baby pairs. The term "class" in this context shouldn’t mean that your baby will "learn" anything. Until a child is over four years old, any swim program should be viewed as simply a pleasurable way to introduce your baby to the fun of being in the water.

**At what age can you take a baby in a pool?**

As long as the water and weather are warm enough, you can take any baby over a few weeks old into a pool while in your arms. The younger the baby, of course, the more closely you’ll need to monitor the reaction to the water, and the more careful you’ll need to be about the chill that can occur when wet skin hits cooler air. Keep in mind that your baby will chill before you do, and if your baby is shivering or his lips look blue, he should have been out of the water some time ago.

**How can I make the swimming experience safe?**

When taking your baby for a swim, make sure he isn't hungry or tired so that he and you can both enjoy the water. Avoid taking a swim immediately after your baby has been fed. Very young babies don't really need any floats or swimming aids, since they will not be out of your arms at any time. If you decide to let your older baby float around in a baby boat or swim ring, always keep in mind that these are not designed for safety or protection; you should keep your hands and eyes on your baby at all times.

Follow your baby's lead. If he seems happy and curious, then move him around in the water. If he seems nervous or frightened, don't push him beyond his comfort zone. You may even find that your baby takes numerous trips to the pool or beach before he's even willing to get wet. Be patient!

**How do I choose a class?**

Ideally, look for an instructor who has knowledge of child development in addition to swimming. It's important to work with a teacher who understands children and can be sensitive to a baby's fear or uncertainty of the water, and who doesn't expect a baby to do more than what he is comfortable doing -- even if that means just dangling his feet in the water for the first few lessons, or even just looking at it from a deck chair!

**What should your baby wear?**

At the beach, your baby can wear a diaper, a bathing suit, or a birthday suit -- whatever you and he are comfortable with. Many parents keep their babies in a T-shirt to protect against the sun. If your baby is a walker, you might want to invest in some aqua socks to protect little feet against sand, rocks and shells and to prevent slipping while walking poolside. If you are in a pool, disposable or reusable swim diapers are a great option.

**Protect your baby from the sun and chemicals**

If your swimming extravaganza is taking place outside, be certain that you protect your baby from the sun with a hat and (if the baby is older than six months) sunscreen. This is very important, since the sun's rays are magnified when reflected off the water. Be cautious about emerging your baby in a pool that has a high level of chlorine as this may irritate his delicate skin.

**An important warning**

No matter how many swim classes your baby has had, and no matter what his comfort and skill levels while in the water are, and no matter what kind of swimming float he is wearing, you _should never, ever leave your baby unattended while in or near water -- not for even a second._ Babies are unpredictable. They easily can fall into the water and drown even in water just a few inches deep.

As a matter of fact, they can _increase_ the risk of water accidents when parents are lulled into thinking their baby is safer because he has had swimming lessons -- which is not the case. Plus, swimming lessons, if they are successful, dispel your baby's natural wariness about water and make it more likely that he'll explore on his own if given but a second. You are many years away from watching your child swim independently while you sit on the beach in a lounge chair.

Click [HERE](#) to go to this article's associated webpage.
Sensory Play for Babies

It’s that time of year where we can enjoy fresh air again! It’s also the perfect time to take your baby outside and experience some sensory play together. Some of these ideas can get a little messy, so they are best done outdoors in the grass. Others are perfect for those rainy spring afternoons stuck inside.

Little ones don’t need extravagant play times set up for them. Absolutely everything is something to explore and wonder at when experiencing it for the first time!

From toes in the grass to splashing in water, babies find out about this brand new world around them using all of their senses, sometimes all at the same time! Here are some ideas for safe tastes, hands on exploring and tactile investigating. As always, never leave your baby unattended when playing with any of these ideas.

Play together to increase the opportunities for sharing and communicating as they explore and make this a special bonding time! Remember, their attention spans are not long at this stage and that is fine. A few minutes of one of these ideas per day is plenty, and come back to revisit them often as repetition is what leads to familiarity and building on learning skills later.

Watch Bubbles Float and Pop

This can be done indoors or outdoors. Blow bubbles for your baby and watch her eyes fill with wonderment as she watches them float around her and pop. Be sure not to blow them near her face so that the soap doesn’t get into her eyes.

Splash and Explore with Colored Water

This could be so much fun in the sun or in the bath! Add food coloring to the water to add a new sensory experience for baby. Use funnels, colanders, bottles and cups to pour water on and around your baby, trickling water up and down their arms to increase awareness of their own body and to encourage visual co-ordination as they track the stream with their eyes.

Watch the Trees and Feel the Breeze

For this simple activity, take a rug outside and, together, lay down underneath some trees. Watch a light spring breeze blow the branches and hear the sound the new leaves make in the wind. Wiggle yours and baby’s toes in the grass for another sensation. How about feeling the damp sand at the beach or sand pit, trailing little fingers in water or over smooth pebbles, deliberately standing in the wind, going out at night to see how dark it is and look at the stars together!

Smoosh, Smear, and Paint with Edible Finger Paint

This can get pretty messy, so it may be best to do outside. Make this totally edible (although not tasty) finger paint that will last! All you need is: 2 cups of corn starch, 1 cup of cold water, 4.5 cups of boiling water, and food coloring. Mix the corn starch with the cold water and stir together. Pour in the boiling water and stir between each cup. It becomes a really strange texture (you are basically mixing a hot oobleck goop) but keep stirring and it literally seems to “melt” into a wonderful, custard-like consistency. Then separate it into individual jars before adding food coloring. If the paint is still too liquid-y, add extra corn starch and try mixing it in a saucepan over medium heat to help the melting process. Once cooled, set some paper in front of baby and put some of the fresh paint on her hands and let her create, feel, and smear to her hearts content.

Explore the Contents of a Treasure Basket

Treasure baskets are virtually free to create, take a few minutes to put together, are natural and help to develop so many skills and abilities in babies from 6-18 months. The objects inside are interesting to look at, feel, shake, and taste, yet safe and non-toxic. There is no particular “purpose” to any of them, yet they can be manipulated, explored, and played with in a multitude of ways. Add things from around the house or outside to a small basket, such as pinecones, ribbons, shells, wooden toys, beaded necklaces, and anything that’s interesting to touch and look at. Maintain the novelty factor by keeping the basket out of baby’s site and only bringing it out once or twice a day. The basket promotes curiosity and a natural desire to investigate and think, which are wonderful skills to be seeking to develop in babies!

Click HERE to go to this article’s associated webpage.

Wishing you the best in the upcoming Spring season!
-Abbie & Lori and the rest of the Postpartum Well-Being Team

PS: We’re on Facebook! Even if you don’t have a page of your own, you can look at the Facebook page. To check us out, click HERE.