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).

This is ground-breaking research that may assist health professionals to help future new mothers. All information is kept confidential.

We are so grateful to you for your participation in this research! We are now in the final phases of data collection. We hope to meet with you and present our findings when we are further along. We truly appreciate your involvement.

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Social Support, Sexual Identity, and Mental Health During the Prenatal Period Among Invisible Sexual Minority Women

We presented data from the Postpartum Well-being study at the National Council on Family Relations conference this November! This presentation focused on reproductive history and well-being in sexual minority women partnered with men during the prenatal period.

Medical schools and OB/GYN programs tend to give sexual minority health issues little attention. This can be problematic because health care professionals who interact with sexual minority women during the perinatal period often have very little understanding of sexual minority women’s unique health care concerns, and may assume that women are heterosexual and monogamous even when that is not the case. Prior studies have found that women who have been sexually involved with both women and men tend to have fewer medical consultations, including fewer gynecological follow-ups, than women who have been sexually involved only with men or only with women. This may be due to assumptions of heterosexuality and experiences of biphobia.

The current study compares questionnaire responses of 29 heterosexual women, 28 invisible sexual minority women (women who are partnered with men, and who have had sexual experiences with a woman in the past five years or identify as non-heterosexual), and 19 visible sexual minority women (who are currently partnered with women). The women were recruited from Toronto, Canada and central/western Massachusetts.

In terms of sexual orientation self-labeling, results show that 74% of invisible sexual minority women identify as bisexual, 7% as queer, and 19% as heterosexual. Of the visible sexual minority women, 77% identify as lesbian and 23% as queer. Additionally, invisible sexual minority women were the most likely to report multiple partners during the past five years.

Most women in all three groups were first time parents, and most women planned their pregnancies. Invisible sexual minority women were marginally more likely to report fertility problems and reported a somewhat higher number of miscarriages than the other groups.

Sexual minority women generally, whether visible or invisible, were marginally more likely than heterosexual women to report pregnancy complications (e.g., gestational diabetes, preeclampsia, bleeding). In terms of psychological well-being, invisible sexual minority women reported significantly higher levels of depression symptoms than the other groups.

Invisible sexual minority women also reported significantly lower levels of outness than visible sexual minority women. That is, invisible sexual minority women were less out about their sexual history and sexual orientation.

These findings underscore the importance in studying sexual minority women partnered with men, in particular because they are likely to be a substantial proportion of the sexual minority women seen in clinical practice, and they are likely at higher risk for both mental health and pregnancy-related outcomes. The invisible sexual minority women included in this sample reported higher levels of pregnancy-related problems, fertility problems, and miscarriages. More information is needed about the potential pathways leading invisible sexual minority women to report reproductive complications and depression symptoms. Moving forward, these results indicate the importance of health care providers routinely collecting sexual identity and sexual history data in order to best meet the needs of their patients.
**Prevalence and Course of Anxiety Disorders (and Symptom Levels) in Men Across the Perinatal Period**

Men’s experiences of anxiety during the perinatal period can negatively impact themselves, their partner, and their infant. **However, little is known about the prevalence and course of men’s anxiety in the perinatal period.** This paper is one of the first to systematically review the published literature on men’s anxiety during the perinatal period.

This review examined 43 papers with data on anxiety disorder prevalence and symptom levels in men during the prenatal or postpartum period. **Results showed that prevalence rates for ‘high anxiety’ (indicating a probable anxiety disorder) ranged between 4.1% and 16.0% during the prenatal period and 2.4% to 18.0% during the postnatal period.** The variation in these estimates is due in part to the differences in the methods used to assess anxiety, the time-period over which diagnoses were made, and the specific characteristics of the sample interviewed.

Some of the papers assessed the prevalence of specific anxiety disorders, such as Generalized Anxiety Disorder, Posttraumatic Stress Disorder (PTSD), Panic Disorder, and Obsessive-Compulsive Disorder (OCD). **Prevalence rates for generalized anxiety were 4.3% in the prenatal period and 0% to 12.2% in the postnatal period.** Panic Disorder was less common: 0.9% in the prenatal period and 0% to 1.05% postpartum. OCD estimates were 3.4% in the prenatal period and 1.8% postpartum. PTSD estimates were 2.7% in the prenatal period and 0% to 5% postpartum.

The course of anxiety across the perinatal period appeared fairly stable, with potential decreases postpartum. None of the studies showed significant increases in men’s anxiety in the postpartum period compared to the prenatal period.

The findings show that anxiety disorders are common for men during the perinatal period. **Therefore, both partners should be included in discussions and interventions focused on obstetric care and parent mental health during the perinatal and postpartum period.**

Click [HERE](#) to access the abstract, and also you can email us for a full copy of the article.

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**Primary Care Physicians’ Attitudes Toward Postpartum Depression: Is It Part of Their Job?**

Because postpartum mental health is important for the well-being of the mother, infant, and family as a whole, it is important that women who experience postpartum depression (PPD) are identified and offered treatment. **However, many primary care providers do not take steps to identify or treat PPD.**

This study surveyed primary care physicians in Israel about their attitudes regarding postpartum depression. In total, 122 pediatricians and 102 family practitioners responded to the survey.

Almost all (98.0%) of the physicians surveyed believed it was important that they be able to recognize the signs of PPD. Most (89.8%) noted that if they suspected a woman had PPD, they would become somewhat involved, by clarifying the situation, paying closer attention, consulting with colleagues, and/or referring the woman to another professional. Six respondents—only family practitioners—stated that they would treat the case themselves. When asked if they would be willing to screen for PPD with a brief questionnaire, family practitioners were significantly more willing to do so than were pediatricians. Ninety-one percent of family practitioners were willing to screen for PPD, compared to 64.6% of pediatricians. There were no differences between physicians’ attitudes by region or by physician gender.

**There is a clear difference between recognizing the signs of PPD and acting on it.** Family practitioners were more willing to screen for and treat PPD than were pediatricians. Nevertheless, screening in pediatric facilities is important to reach more women in distress. Medical education and health policy for family practitioners and pediatricians should emphasize the importance of early identification and treatment of PPD for the well-being of women and families.

Click [HERE](#) to access the abstract, and also you can email us for a full copy of the article.
Efficacy of Yoga for Depressed Postpartum Women

Up to 20% of women experience postpartum depression. While effective PPD treatments exist, many depressed postpartum women either do not receive treatment or receive insufficient treatment. Furthermore, factors such as medication side effects, stigma, and treatment preferences may act as barriers. Therefore, it is important to consider low-risk alternatives that may be more preferred by mothers.

The current study examined the efficacy of a Gentle Vinyasa Flow yoga intervention for PPD. Fifty-seven postpartum women with depression were assigned to either the yoga intervention or a wait-list control. The yoga intervention lasted 8 weeks, and consisted of 16 classes taught by a certified yoga instructor in a studio and the recommendation to practice once a week at home with the use of a 30 minute yoga sequence on DVD. At 2, 4, 6, and 8 weeks of treatment, clinicians administered a depression measure over the telephone to assess for change. At the same time, women reported their anxiety, postpartum adjustment, quality of life, and mindfulness.

Controlling for age and social anxiety at baseline, women in the yoga group experienced a greater rate of change in depression and well-being scores over the course of the 8-week intervention, relative to the wait-list control group. The yoga group also significantly improved on measures of anxiety, postpartum adjustment, quality of life, and mindfulness. In fact, 78% of women in the yoga group experienced clinically significant change on measures of depression, anxiety, and quality of life.

These results indicate that yoga is a promising alternative treatment option for postpartum depression.

Click HERE to read the full article.

Efficacy, Feasibility, and Acceptability of Perinatal Yoga on Women’s Mental Health and Well-Being

Approximately 38% of American adults use complementary and alternative medicine, including yoga and other mind-body strategies. Complementary and alternative medicine potentially offer women and health care providers alternatives to traditional medicine for treatment of perinatal depression and anxiety. However, little research has investigated how perinatal women respond to these alternative treatments.

The purpose of this literature review was to examine existing scientific literature on yoga and its effects on women’s health and well-being during the perinatal period. Thirteen publications were included, many of which included other treatments such as tai chi, exercise, Pilates, and meditation along with the yoga intervention. The types of yoga in the studies included iyengar yoga, mindfulness yoga, gentle yoga, and integrated approach, or unspecified. Intervention length spanned from 6 to 16 weeks. All yoga instructors were trained, with an emphasis on the safety of pregnant women.

Results indicated that yoga interventions are generally effective in reducing anxiety and depression in pregnant women. Seven of the studies examined yoga’s effects on depression, and six found significant decreases in depression after completing the intervention. Similarly, all five of the studies examining anxiety as an outcome measure found significant declines.

Several studies included additional outcomes measures such as improvement in pain and stress. These results suggest that yoga also leads to improvement in pain, stress, anger, relationships, maternal-infant attachment, power, optimism, and well-being. No specific type of yoga seemed superior to the others, though benefits of yoga were optimized in interventions lasting longer than 7 weeks.

Furthermore, the women reported finding the yoga intervention acceptable. In one study, 94% of participants reported satisfaction with the yoga class and said they would recommend it to others. The use of yoga in the perinatal period shows promise in improving mental health and well-being for women and infants.

Click HERE to access the abstract, and also you can email us for a full copy of the article.
**Why Saying Bisexual Is More Important than Ever**

Recent studies have found that one in three young adults in the United States identify on the bisexual spectrum. These findings are consistent with numerous other studies that have shown that bisexuals are the largest portion of the LGBT community—but you wouldn’t know it if you only paid attention to media representation. This is an issue that comes up both within the LGBT community and outside it. For some bisexual people, society’s unchallenged biphobia makes it easier to identify as straight, gay, or unlabeled. But openly claiming bisexuality as a sexual orientation is more important than ever.

The lack of bisexual representation in the media leads to a lack of awareness of the problems facing this community. In the last year, over a dozen studies have pointed to a bisexual health crisis. Bisexuals face elevated risks of violence and discrimination, often at higher rates than gay and lesbian peers. Mental health issues, domestic violence, and substance abuse are all higher in the bisexual community.

Considering these studies, the lack of bisexual-specific initiatives in governmental policies and LGBT organizations is disconcerting. No national LGBT organization has any bisexual-specific programming comparable to what they do for other marginalized groups. Nor do any have a staff position dedicated to meeting the needs of the bisexual community. And the national bisexual organizations that do exist are not receiving the funding needed to address the bisexual health crisis.

This week, the White House convened a Bisexual Community Policy meeting with the intent to address some of these disparities. The National LGBTQ Task Force has posted a search for a bisexual health intern, and several organizations are hosting the second annual Bisexual Awareness Week to amplify these issues. These are small but necessary steps in addressing the needs of the bisexual community.

But truly fixing these problems will be impossible if the bisexual community remains an invisible majority. Claiming bisexuality puts a face to a community that otherwise wouldn’t be seen, and that’s something we can’t put off any longer.

Click **HERE** to access the full article.

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**Support Group for Bi Women Partnered with Men (BWPM)**

This past September, the Boston-area group for Bi Women Partnered with Men (BWPM) celebrated its first anniversary. The group welcomes trans and cis women and gender non-binary people who are partnered with trans or cis men, or with gender non-binary people. This support group is a joint effort in collaboration with Bisexual Women of Color (BWOC) and the Bisexual Resource Center.

It can be very stressful to be out as bisexual and then experience bi erasure, especially while partnered with men. Women who are new to the bi community, especially those who are in monogamous partnerships, are in special need of a safe space to discuss bi erasure and the accompanying myth of heterosexual privilege. They may also need help finding resources.

The group discusses topics ranging from: coming out process; discussing sexuality with partners; monogamy and being visibly bisexual; coming out at work; connecting with Boston bi community; polyamory and dating resources; raising children and being an out bisexual; and healthy partnerships. Intersectionality is centered in this space. People from Western Mass, Vermont, and Connecticut have attended, as well as people from all races, ethnic groups, and ages (early 20s to mid 60s).

To RSVP for BWPM’s next meeting, join [http://www.meetup.com/Bi-Community-Activities/](http://www.meetup.com/Bi-Community-Activities/) or e-mail biwocinfo@gmail.com.

Click **HERE** to view the full *Bi Women Quarterly* issue on “Partnering with Men.”

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**Bisexuality in the News**

(From *rollingstone.com*, Sept 2015)

**Bisexuality in the News**

(From *Bi Women Quarterly*, Winter 2016)
New Moms Deserve a Better Approach to Mental Health

For too long pregnant women and new mothers have lived silently with depression and anxiety, afraid to share their struggles and seek treatment because of the stigma that surrounds maternal mental illness.

That is beginning to change as celebrities like Drew Barrymore and Hayden Panettiere and everyday moms talk openly about their experiences. With every story they share, these women prove they are not "bad" mothers but loving parents on a challenging journey.

Yet as postpartum depression, in particular, becomes less taboo, women still find it difficult to get the treatment they want and need.

Despite the increased awareness, some doctors don’t screen for it and those who do frequently lack the right training and resources to ensure their patients receive help. Research has shown that too few women who experience postpartum depression are treated. Just finding the right opportunity to screen women can be difficult. A large study in Maryland found that only half of women attended a post-delivery checkup, and that’s typically when doctors screen for postpartum depression, if they do at all.

What happens after the screening is crucial. “When [a mother] is sent to someone who isn’t competent, she can almost be worse off,” says Ann Smith, president of Postpartum Support International. “There’s a real sense of ‘I’m not going to get better.’”

All of these shortcomings make effective screening and treatment feel like a bleak prospect. As Smith points out, though, the status quo is a tremendous improvement from just a few decades ago when doctors and patients rarely talked about postpartum depression.

The progress is undeniable, but the gains we’ve made against stigma will count as a true victory when all women feel empowered to seek treatment from a medical system that understands and anticipates their needs.

Simply put, Chirlane McCray says, “This is common, this is treatable, and we can do better.”

The Important Thing Hospitals Have Pledged to Do for New Moms

A new initiative in New York City hospitals shines a light on an issue that many women face after giving birth: postpartum depression.

First Lady of New York Chirlane McCray announced last week that all of the city’s public hospitals and Maimonides Medical Center in Brooklyn have pledged to offer depression screenings to new moms.

One in 10 women who are either pregnant or have recently given birth suffer from depression, which adds up to 12,000 to 15,000 cases per year. McCray noted that many women do not seek treatment for the condition, with Black and Latina mothers being the least likely to do so.

Depression, coupled with the stigma and fear of being labeled a bad mom, can keep women from reaching out for the help they need. That is why universal screening is essential. The screening process will entail medical professional asking new moms some additional questions about their mental and emotional well-being after giving birth.

The New York City Health and Hospitals Corporation—which operates 11 hospitals—and Maimonides Medical Center pledges to reach this goal of universal screening and care connection within two years.

The postpartum screening goal is the first new initiative of Thrive NYC, which McCray describes as “our roadmap for promoting mental health.”

As she summed up, “When it comes to changing the culture around maternal depression, and mental health in general, we need everyone to do their part.”

Click HERE to view the full article.
Why Every Woman Needs to See These Unretouched Photos of Postpartum Bodies

Once a woman has a baby, she’s not just a mother—she’s also been inducted into a new club of fellow women whose bodies have been forever changed by the birth of their child. For some, they develop a newfound appreciation: they can finally look past the stretch marks, flabby skin, and sagging breasts to realize they don’t need flat abs to feel beautiful. They certainly have their off moments, but they finally stop idolizing the body types that they so often compared themselves to in their younger days.

That new club—and all its members, in their many shapes and sizes—is what photographer Liliana Taboas has been documenting for her “Divine Mothering” project. Aimed at showing the beauty in the unretouched postpartum body, Taboas has made it her mission to help those struggling with body image issues, “humanize women’s bodies … and celebrate the changes women’s bodies go through over time, through pregnancy and breastfeeding,” she said on her blog.

Click HERE for the full article and photo series.
How to Promote Your Child’s Social-Emotional Development

Develop responsive and consistent care-giving routines.

Figuring out what your child needs requires you to observe and make sense of the signals your child is giving you through their behaviors. Sit and watch your child to learn what makes them excited or engaged and what soothes them. Attunement to your child’s needs contributes to the child’s feeling understood and valued. This in turn promotes self-esteem and trust in caregivers.

Provide a nurturing and affectionate environment.

Providing children with love and affection conveys to them that they are important. Holding your child provides a physical environment in which they feel safe and contained. Comforting, singing, and talking to your child also provide an important emotional environment.

Provide safety and security while encouraging exploration.

As young children being exploring their world, they often feel uncertain and, at times, fearful of new situations. By helping your child feel assured of the support and availability of their caregiver, you are helping to increase their confidence.

Promote expression of feelings in age-appropriate ways.

Children often struggle with how to express their intense emotions. Using language to identify, label, and respect a young child’s feelings helps. It not only allows your child to feel respected and understood, but it also can help to calm the child down and better manage their emotions.

It can also be helpful to tell and show young children other ways to manage their feelings. For example, it might help them to draw a picture or tell a story about how they are feeling. Helping your child to find appropriate ways to express their emotions will promote self-confidence and self-control.
**89 Indoor Activities to Keep Your Kids from Bouncing Off the Walls this Winter**

This list includes 89 activities involving snow and ice, creativity, play, building, and cooking that you and your kids can use when stuck indoors this winter. Here are a few examples:

**Colored Ice Sculptures**

Materials:
- Water
- Food coloring or liquid watercolors
- Cups, muffin tins, and bowls of various sizes and shapes

Instructions:
Start by freezing water dyed with liquid water colors (food coloring works too) in various containers.

Once they are frozen, run the containers under warm water to loosen and remove the ice.

Stack them outside to make a beautiful outdoor ice sculpture.

**Sensory Activities**

Sensory activities and play can be calming and help develop fine motor skills and language acquisition. There are sensory experiences for all ages. Infants can have fun ‘water scooping’ with a bucket of water and some measuring cups. Young children can play with other substances like cloud dough.

**Cloud Dough Recipe:**

Materials: 8 cups flour, 1 cup vegetable oil, and an essential oil such as lavender or grapefruit (optional)

Steps: Scoop and pour the flour into the center of a tub. Create a crater in the middle of the flour. Pour the oil into the crater. Gently mix it all together. Then enjoy! Children can play with the dough as it is, or add small silicone bowls, spoons, or measuring cups to make small structures, hills, or pretend cupcakes.

For the full list of activities, click [HERE](#).

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**5 Unique Massachusetts Winter Events**

Many of the cities and towns in the Commonwealth have their own signature winter events you won’t find anywhere else, featuring everything from chowder contests to ice sculptures. Here are five special Massachusetts events and excursions where you can count on having a good time this winter:

**Cape Cod Boatbuilders’ Show in Hyannis, MA**

Dubbed “the best little boat show in the northeast,” the eighth annual Cape Cod Boatbuilders’ show will feature unique, custom-built sailboats and power boats from February 5-7. Entry is $5 (and free for children under age 12).

**Carnaval! Masquerade Party in Worcester, MA**

This interactive exhibit, which runs from January 28-March 16, celebrates global culture and includes free lectures, a day of clay mask-making and weekly tours.

**Cape Ann Winter Birding Weekend in Gloucester, MA**

From January 31-February 2, highly skilled birdwatchers and novices alike can enjoy the wide variety of opportunities to see Massachusetts’ winter seabirds and learn from the experts via guided boat tours, bus tours, art exhibits, and presentations.

**North Adams WinterFest in North Adams, MA**

Saturday, February 15 marks the 17th Annual WinterFest, which is known for showcasing famous ice sculptures, chowder contests, and winter family fun.

**Holyoke Winter Carnival in Holyoke, MA**

If dog shows, domino tournaments, and ski trips pique your interest, you’ll want to stay around from February 7-16 to enjoy an entire week’s worth of winter activities, including the Quilt Show, wine tasting, puppet performances, a scenic winter bike ride, and even curling demonstrations.

Click [HERE](#) to read the full article.

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Wishing you the best in the upcoming Winter 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](#).