

Starting the Conversation

Integrating maternal and infant mental health, infant development and lactation support

I have no conflicts of interest to disclose.

Starting the Conversation

- Presentation
 - Background – MILK Study
 - Dyadic interaction
 - Observing baby's behavior
 - Infant behavioral states
 - Infant development
 - Maternal mental health
 - Context of family and community
- Small table discussions
- Come back together to share tips and knowledge

Who am I and why am I here?

- Parent Educator/Infant Specialist
- Child Life Specialist
- Certified Lactation Counselor (CLC)
- Graduate program in Infant and Early Childhood Mental Health
- Certificate from PSI in Perinatal Mood Disorders: Components of Care
- Currently training in Brazelton's Newborn Behavioral Observation
- Study Coordinator for the MILK Study

MILK Study

Mothers and Infants Linked for Healthy Growth

- The goal of the MILK Study is to learn more about how a mother's nutrition and her breast milk is related to her infant's growth and body composition in the first months of life
- The study is/was conducted at the University of Minnesota over the span of the past 4 years
- <https://cnbd.umn.edu/research/milk-study>

MILK Study

- Women were recruited prenatally and completed prenatal forms online
- Visits at the U of M at 1 month, 3 months, and 6 months postpartum
 - Weighted feeding
 - Infant anthropometrics
 - Maternal forms
 - Maternal height and weight
 - Breastmilk sample
- 2 ½ - 3 hour long study visits scheduled at the mother's convenience

MILK Study

In research, we often say:
"There is no direct benefit to being in this study"
..... but mom put pants on
..... and got out of the house with a 1 month old
It seemed like there should be some benefit for her

MILK Study

Send her back out into her world

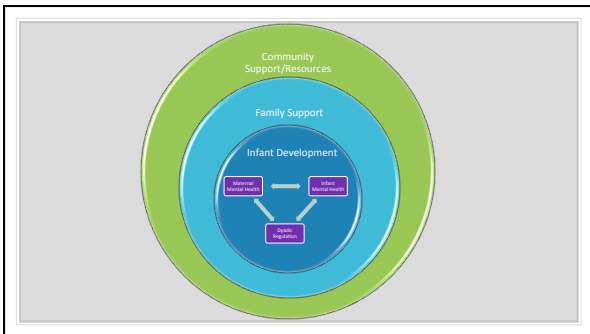
- feeling supported
- with more information
- connected to her baby
- feeling confident about advocating for herself
- and accessing the resources in her community.

How each visit goes depends on:

- Rapport between me and the parent(s)
- Emotional availability of the parent
- Health and well being of the mother
- Health and behavior of the infant
- Degree of parent's knowledge about child development
- Importance of what information at what age

There is no such thing as a baby,
there is a baby and someone.

- D. Winnicott



Newborn Period

“From a parent’s perspective, the first months can be considered a normative crisis, a period that is characterized by rapid change as they attempt to establish a relationship with their new infant.”

(Nugent et al, Newborn Behavioral Observations System, 2007)

Dyadic Intervention/Interaction

- Promote reflective functioning with moms/parents
- Talk about holding the baby's point of view

How do/can we support this relationship?

- Provide caregiving information in a nonjudgmental way and such that parents develop insight into themselves and their infants
- Respond sympathetically to the concerns or questions of the parents throughout the session
- Sharing observations set the stage for successful communication around the observation of the infant

Observing Baby's Behavior

- Notice what you are seeing
- Comment on it
- Ask parents what they see

• Discuss with the parents the baby's strengths and challenges

• Identify the kinds of caregiving strategies they believe will enhance the infant's growth and development

• Facilitate the parents' efforts to help their infant meet the challenges of the next stage of development

Quiz

Which of the following are signs of overstimulation?

- a. Pale or red skin
- b. Splayed fingers
- c. Yawning
- d. Turning or looking away
- e. All of the above

Mothers who are sensitive to their new infants' cues tend to engage in more frequent and positive interactions with their infants. This contributes to the dyadic role of mothers and infants in perpetuating a positive cycle of reciprocal interactions throughout infancy, leading to secure attachment into the preschool years (Bigelow et al., 2010).

- Primary task of the infant – self regulation, begins in the context of dyadic regulation
- Self regulation is developed in the context of a mutual relationship
- This is the foundation of attachment
- Secure attachment
 - The parent is safe
 - The parent provides regulation
 - The parent is responsive

- Breastfeeding plays an important role in the early attachment process, not in and of itself, but in the way that it creates the situation often ideal for that process to take place. (Tamminen, 1988)
- A mother's consistent, predictable response to her infant's cues lays the foundation for attachment and responsiveness is built into the breastfeeding relationship.

Quiz

How many behavioral states does an infant move through?

- a. 3 - Sleeping, alert, crying
- b. 4 - Sleeping, drowsy, alert, crying
- c. 5 - Deep sleep, light sleep, drowsy, alert, crying
- d. 6 - Deep sleep, light sleep, drowsy, quiet alert, active alert, crying

Infant Behavioral States

- Deep sleep
- Light sleep
- Drowsy or semi-alert
- Quiet alert
- Active alert
- Crying

Behavioral States

Replayed with permission from the
Newborn Behavioral Observation training video

Sleep

- Sleeping problems are one of the most common disturbances of behavioral regulation
- They are also the complaint expressed most often by parents of otherwise healthy infants

Introduction to Infant Brain Development

Developmental Milestones

Birth – 4 weeks:

- Focus best on objects 8-12 inches away
- See best when lights are low
- Has a grasp reflex
- Recognizes the voices of familiar people

4-8 weeks:

- Smiles
- Makes cooing sounds
- Start perfecting their tracking skills
- Starts to anticipate feelings, interactions
- Starts to study own hands and kick up feet

Developmental Milestones

12-16 weeks:

- Starts to roll over one way – tummy to back
- Realizes he/she has an affect on the world
- Reaches – inaccurately for objects
- Vision expands to 4+ feet by 16 weeks and acquire depth perception

16-20 weeks:

- Transfers objects from one hand to another

20-24 weeks:

- Starts to vocalize
- Hand-eye coordination is improving
- Separation is may become stressful

“Serve and Return”

• <https://www.youtube.com/watch?v=KNrnZag17Ek>

Maternal Mental Health

PMADs
Perinatal
Mood (depression and bipolar)
Anxiety (GAD, panic, OCD, PTSD)
Disorders

Quiz

For how long are mothers at risk of developing PMADs?

- a. From onset of pregnancy to 6 months postpartum
- b. From birth of baby to 6 months postpartum
- c. From onset of pregnancy to 12 months postpartum
- d. From birth of baby to 12 months postpartum

Quiz

How many women suffer from postpartum depression?

- a. 1 in 7
- b. 1 in 10
- c. 1 in 50
- d. 1 in 100

Prevalence

- Postpartum depression – 15% of women
- Perinatal anxiety – 6% of pregnant women & 10% of postpartum women
- Perinatal OCD – 3-5% of women after delivery
- PTSD – 9% of women experience PTSD after delivery
- Postpartum psychosis – rare - .1-.2% of women after delivery
Always considered an emergency!

Quiz

What percentage of dads experience postpartum depression?

- a. 1 in 10
- b. 1 in 50
- c. 1 in 100
- d. 1 in 250

How to start the discussion

<https://www.postpartum.net/wp-content/uploads/2019/05/PSI-Perinatal-Mental-Health-Discusion-Tool.pdf>

Contributors/Predictors of PMADs

- History of depression/anxiety
- Prenatal depression/anxiety
- Lack of social support – isolation
- Life stress – financial, work, child care
- Baby blues
- Marital dissatisfaction

Why does parental mental health matter?

Remember the concept of “Serve and Return”?

Still face video: <https://www.youtube.com/watch?v=apzXGEBzht0>

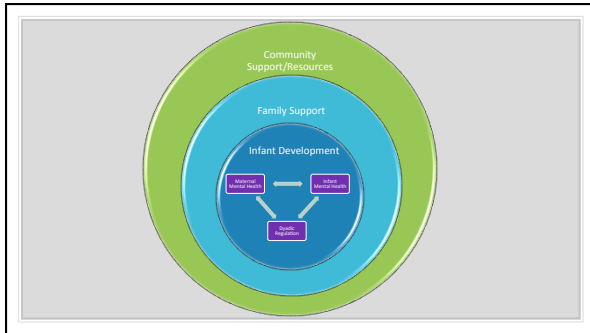
Impact of PMADs

- Infant development depends on connection with parents
- PMADs can interfere with parent's emotional and physical availability
- The longer it lasts, the more it can affect the trajectory of both the infant's development, the woman/man's development as a parent, and the parent/infant relationship

How does postpartum depression affect a mother's ability to read her infant's cues and does that impact the duration of breastfeeding?

It takes a whole village to raise a child, but we need to remember it was the mother and father who had the baby, and they need our help, too.

Jane Honikman,
Founder Postpartum Support International



Family

- Who makes up this baby's family?
- What history/experiences/beliefs do they bring to the baby's world
- How can observation of the baby's behavior/cues help us provide a different perspective

Culture

Health care systems have 3 social arenas:

- Professional = Scientific medicine, indigenous healing
 - This is where we fit in
- Folk = Non-professional healing specialists
- Popular = Family, social network, community
 - This is the realm in which more decisions about care are made

Kleinman, 1980

Community Resources

- Post-Partum mental health support
- Lactation support
- ECFE
- Community classes
- WIC
- Head start/Early head start

Advocacy

- Providing resource information
- Supporting mom in advocating for herself and her baby
 - With her partner
 - With her family
 - In her employment
 - In her community

Table Discussion

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graph TD; A[Infant mental health] --- B[Maternal mental health]; B --- C[Sleep (both mom & baby)]; C --- D[Community Support]; D --- E[Family Support]; E --- F[Dyadic relationship]; F --- A; A --- D; B --- E; C --- F; D --- A; E --- B; F --- C;
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What did you discuss?



Thank you!

Resources

- Postpartum Support MN: <https://www.ppsupportmn.org/>
- Postpartum Support International: <https://postpartum.net>
- Center on the Developing Child:
 - <https://developingchild.harvard.edu/>
 - <https://developingchild.harvard.edu/resources/5-steps-for-brain-building-serve-and-return/>
 - <https://developingchild.harvard.edu/resources/maternal-depression-can-undermine-the-development-of-young-children/>
- University of Minnesota courses: <http://ceed.umn.edu/online-courses/>
- Zero to Three website: <https://www.zerotothree.org/>

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