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The Role of Occupational Therapy in the Post-Partum Period

To Improve Occupational Performance and Role Satisfaction

Anjali Kher Parti, OTD, OTR/L

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continued

Learning Outcomes

- Identify the role of OT in the postpartum period.
- Understand the difference between postpartum depression and depression (MDD/GAD).
- Develop an OT evaluation for a home assessment for the postpartum mother.
- Identify and discuss the demands of breastfeeding (low milk supply, workplace support) as a barrier to role satisfaction and self-esteem.

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Quick Poll

- Course Enrollees:
 - How many of you are a mother or know of a mother who has been diagnosed with postpartum depression or has exhibited symptoms?

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PPD and the DSM

- PPD is now listed as "perinatal depression," a subset of major depression, in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the text which sets industry standards for diagnosing mental conditions. Postpartum anxiety isn't included at all in the DSM-5, however 1 out of 7 new mothers experience this.

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Depression or Anxiety?

- Postpartum anxiety is estimated to be just as prevalent as PPD, even though it receives far less attention in the literature. Many of these mothers aren't depressed, so their condition remains largely unaddressed. (Pawluski, 2017)

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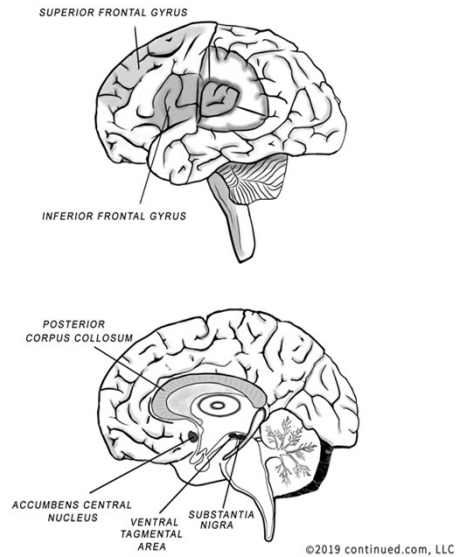
Questions?

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The Difference in Depression Types



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Noteworthy Areas Affected

Orbitofrontal Cortex	Frontal Lobe: Emotional regulation and conflict resolution
Caudate Nucleus	Dorsal Striatum: Goal directed action, memory, learning, sleep, emotion, language, threshold control
Nucleus Accumbens	Mesolimbic Pathway/Basal Ganglia: Maternal behavior (levels of dopamine increase during maternal behavior), Aversion, Reward and reinforcement
Thalamus	Diencephalon: Regulation of sleep, consciousness, and alertness, relaying of sensory and motor signals to cerebral cortex
Dorsomedial Prefrontal Cortex	Prefrontal Cortex: Sense of self; "me-ness"

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Noteworthy Areas Affected

PAG	Periaqueductal Gray	Tegmentum of midbrain: high density of vasopressin and oxytocin receptors linked to MATERNAL LOVE role in pain management/analgesic
DLPFC	Dorsolateral Prefrontal Cortex	Frontal Lobe: Attention, working memory, adapting to change, reward evaluation, motor planning

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Noteworthy Areas Affected

Amygdala	Temporal Lob 'Seat of Emotions,' memory modulation, sexual orientation, social interaction, aggression, fear, anxiety <ul style="list-style-type: none"> Usually hyperactive in anxious and depressed people, but for the women with PPD, the amygdala can actually be less activated.
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Deciphering the Unique Differences...

- *Blue highlighted areas indicate unique activity occurring during PDD as compared to MDD/GAD
- *Yellow highlighted areas indicate functional neurological responses hindered by PPD → ultimately hindering a mother's occupational and role satisfaction during the post-partum period

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Deciphering 5 Unique Neurological Differences...

Abbreviation	Key	Location/ Neurological Function	Finding
SFG	Superior Frontal Gyrus	Makes up 1/3 of the Frontal Lobe: Self-Awareness and Laughter	This is not highlighted in GAD/MDD but in PDD
IFG	Inferior Frontal Gyrus	Frontal Lobe: Language/Communication	This is not highlighted in GAD/MDD but in PDD

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Deciphering 5 Unique Neurological Differences...

ACC	Accumbens Central Nucleus	Mesolimbic Pathway/ Basal Ganglia: Role in mediating dopamine release, important role in processing rewarding stimuli	This is not highlighted in GAD/MDD but in PDD
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Deciphering 5 Unique Neurological Differences...

PCC	Posterior Corpus Collosum	Beneath Cortex, bundle of neural fibers: Facilitates interhemispheric communication, dysfunction can cause epilepsy	This is not fully highlighted in GAD/MDD but in PDD
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Deciphering 5 Unique Neurological Differences...

VTA/SN	Ventral Tegmental Area	Midbrain: Origin of the dopaminergic cell bodies- important role in cognition, motivation, intense emotions relating to love and drug addictions	This is not highlighted in GAD/MDD but in PDD
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Weaker Connectivity, 'Mom Brain'

- The anterior cingulate cortex (ACC), dorsal lateral prefrontal cortex (DLPFC), and the hippocampus also show weaker connectivity in women with PPD compared with nondepressed postpartum women.

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Questions?

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Behavioral Neuroscience

- “When we talk about the neurobiology of postpartum depression and anxiety, our information from the studies done on humans is only comprised from about 20 papers. If you think that 10%-20% of women during pregnancy and the postpartum period will suffer from depression and/or anxiety, and then you realize there are only 20 publications looking at the neurobiology of these illnesses, it’s quite shocking.”- Pawluski, 2017

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So Now What... Why OT?

- PPD plays a key role in a new mother's satisfaction/dissatisfaction of her occupational performance due to many variables i.e. pressures to breastfeed, family dynamics, change in hormone levels in the woman, difficulty with ADL/IADL, difficulty with relationships, difficulty with maintaining sleep and rest schedule.

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continued

So Now What... Why OT?

- The new mother or our potential client is integral to the growth of the child both physically and emotionally. This new role brings a lot of pressure and need for adaptation on many levels.
- Consider the new 'job' and the job demands of mothering a newborn
 - Feeding every 2-3 hours
 - Bonding and emotional attachment
 - Meeting ADL needs of both baby and self
 - Lack of sleep and implications

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continued

Quick Poll- Implications for OT

- Now that we better understand the symptoms of postpartum is a neurological based and not simply a perceived hormonal behavior, are we more likely to understand the value for our intervention?

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continued

Implications for OT- Strategies

- Evaluate the new mother in her home post discharge from hospital
 - NICU experience and the emphasis on the child
- Together with the new mother or spouse/caregiver, identify problem areas and include as an assessment measure in your evaluation
 - Use the COPM as a guide as you ask questions
 - Areas of difficulty should become your goals
 - Have the mother score herself on key areas for pre and post measurement of progress

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Implications for OT- Strategies

- Prior Level
 - Routine is very important, what was the typical routine for the mother prior to her delivery
 - Gather information about her delivery, any post trauma or healing issues?
 - Help her to establish an updated ADL/IADL routine so she feels successful and has the sense of 'me-ness'
 - Support system, is there one in place?
 - Educate mother and caregivers on importance of sleep and functionality and why certain tasks prove more challenging

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Questions?

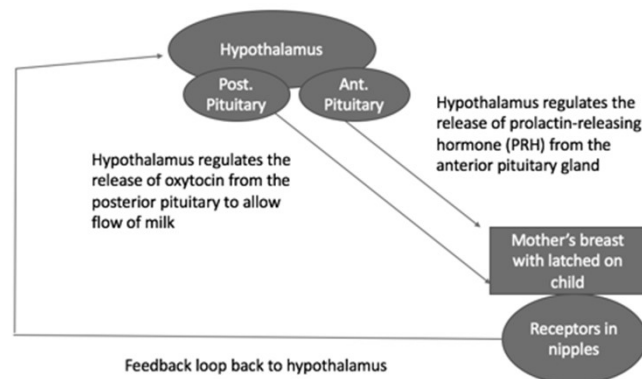
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Breastfeeding Demands

- 'Breast is best'
 - Societal pressures
 - Lactation Consultant's Role
 - Pressures a mother places on herself
 - Keeping up with the demand of the infant's feeding needs
 - Positioning of mother and baby
 - What if there's a latching issue? What if baby was in the NICU and unable to nurse? What if there is a supply issue? What if family is imposing judgement on the choice to breastfeed or not? =
 - STRESS!

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Feedback Loop



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Stress and Lactation- Role of Oxytocin

- There are two hormones that directly affect breastfeeding: *Prolactin* and *Oxytocin*.
- What Does Oxytocin Do Again?
 - Psychology Today defines it as : *Oxytocin is a powerful hormone that acts as a neurotransmitter in the brain. It influences social interaction and sexual reproduction, playing a role in behaviors from maternal attachment to an infant and milk release to empathy, generosity, and orgasm,*

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Feedback from Mothers

- Results from survey of mothers:
 - 451 women responded to the below question
 - 'Did the stressors of breastfeeding (societal pressure or low milk supply) decrease your enjoyment of the newborn period?'
 - 91% reported YES overall

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continued

Oxytocin and Lactation Relationship

- If a mother is in severe pain or emotionally upset, the oxytocin reflex may become inhibited, and her milk may suddenly stop flowing well. If she receives support, is helped to feel comfortable and lets the baby continue to breastfeed, the milk will flow again.

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continued

Association Between Maternal Mood and Oxytocin Response to Breastfeeding

- In a prospective cohort study, we found that higher symptoms of depression and anxiety were associated with reduced oxytocin response to breastfeeding at 8 weeks postpartum. These results support our hypothesis that maternal mood symptoms are associated with changes in neuroendocrine response to lactation.

(Stuebe, Grewen, & Meltzer-Brody, 2013)

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continued

Study- Social Support and Oxytocin Interact to Suppress Cortisol and Subjective Responses to Psychosocial Stress

- The combination of oxytocin and social support exhibited the lowest cortisol concentrations as well as increased calmness and decreased anxiety during stress.
- Oxytocin seems to enhance the buffering effect of social support on stress responsiveness. These results concur with data from animal research suggesting an important role of oxytocin as an underlying biological mechanism for stress-protective effects of positive social interactions.

(Heinrichs, Baumgartner, Kirschbaum, & Ehlert, U., 2003)

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continued

OT and Oxytocin

- Find out what makes the new mother laugh and feel happy
- Encourage her and her support system to encourage her participating in activities that bring her joy
- Identify how to decrease stress
- Promote wellness in a realistic way that suits her lifestyle and time constraints
- Caregiver education

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continued

New Evidence on Breastfeeding and Postpartum Depression: The Importance of Understanding Women's Intentions

- This study aimed to identify the causal effect of breastfeeding on postpartum depression (PPD), using data on mothers from a British survey, the Avon Longitudinal Study of Parents and Children. Multivariate linear and logistic regressions were performed to investigate the effects of breastfeeding on mothers' mental health measured at 8 weeks, 8, 21 and 32 months postpartum. The estimated effect of breastfeeding on PPD differed according to whether women had planned to breastfeed their babies, and by whether they had shown signs of depression during pregnancy. (Borra, 2014)

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continued

Intentions (cont.)

- For mothers who were not depressed during pregnancy, the lowest risk of PPD was found among women who had planned to breastfeed, and who had actually breastfed their babies, while the highest risk was found among women who had planned to breastfeed and had not gone on to breastfeed. (Borra, 2014)

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Intentions (cont.)

- We conclude that the effect of breastfeeding on maternal depression is extremely heterogeneous, being mediated both by breastfeeding intentions during pregnancy and by mothers' mental health during pregnancy. Our results underline the importance of providing expert breastfeeding support to women who want to breastfeed; but also, of providing compassionate support for women who had intended to breastfeed, but who find themselves unable to. (Borra, 2014)

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Case Study in Social Work Education

- Marisol is a twenty-seven-year-old Latina woman of Honduran origin, who currently lives in the United States with her husband and infant son. She presents with a depressed mood, reporting feeling "totally empty," and became tearful when describing her last few months during which she experienced a substantial impairment in her social and occupational functioning, leading her to question if she was experiencing postpartum depression. (Miller, J. 2019)

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Social Work Case Study (cont.)

- Symptoms affecting Marisol's current functioning are indicative of a mood disorder. She reports that she **previously enjoyed working as a seamstress but has not been able to make anything for months. In addition to a lack of enjoyment in her work, Marisol reported that she no longer enjoys music and is not interested in talking to her friends. This information illustrates that Marisol no longer enjoys activities that she used to find pleasure in – a sign of anhedonia.** (Miller, J. 2019)

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Quick Poll

- Can an OT intervention facilitate Marisol in her transition to her PLOF?
 - Yes
 - No
 - Possibly

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continued

Case Study for Nurses- Shiri

- Shiri, a 34-year-old first time mom in Westchester, NY, had always planned to breastfeed. Not only because it was the healthiest choice for her baby, but also because she liked that she would lose those extra pounds faster and save money on formula. But Shiri's plan fell through soon after delivery when her daughter had trouble sucking and getting enough milk. Breastfeeding also caused her excruciating nipple pain.

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Shiri (cont.)

- "I felt like everybody else got to hold her and enjoy her, but I had to suffer through this one thing," Shiri says about her now 22-month-old daughter. Shiri (who asked that we not use her last name) spent three months breastfeeding and pumping before she accepted that she was not making enough milk and trying to only made her feel worse. She switched to formula.

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Shiri (cont.)

- *Shiri is hardly alone in her decision to stop breastfeeding sooner than she had originally planned. Although 80 percent of pregnant women in the United States intend to breastfeed, only about 40 percent continue as long as they intended, according to the American Academy of Pediatrics. Some of the main reasons for stopping early are a poor latch or ineffective suck reflex. Other reasons include nipple pain and concerns about not making enough milk.* (Storrs, 2019)

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continued

Quick Poll

- Can an OT intervention facilitate Shiri in her transition to her PLOF?
 - Yes
 - No
 - Possibly

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continued

Advocacy

- Currently there are very few states in the US who have had success with billing for these services as a 'qualified mental health provider'
- Reimbursement
- Private pay
- MD Referrals for OT Eval
- Interdisciplinary team with Lactation Consultants
- Discuss with your state representatives of OT associations
- Additional Employment Opportunity for OT!

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continued

Quick Poll- Wrapping Up

- Generally speaking whether you are a mental health OT practitioner or not, do you agree there is a place for the OT in the post partum period for the new mother?
 - Yes
 - No
 - Possibly

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continued

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Thank You!

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Questions?

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