



How Is Mom Doing?

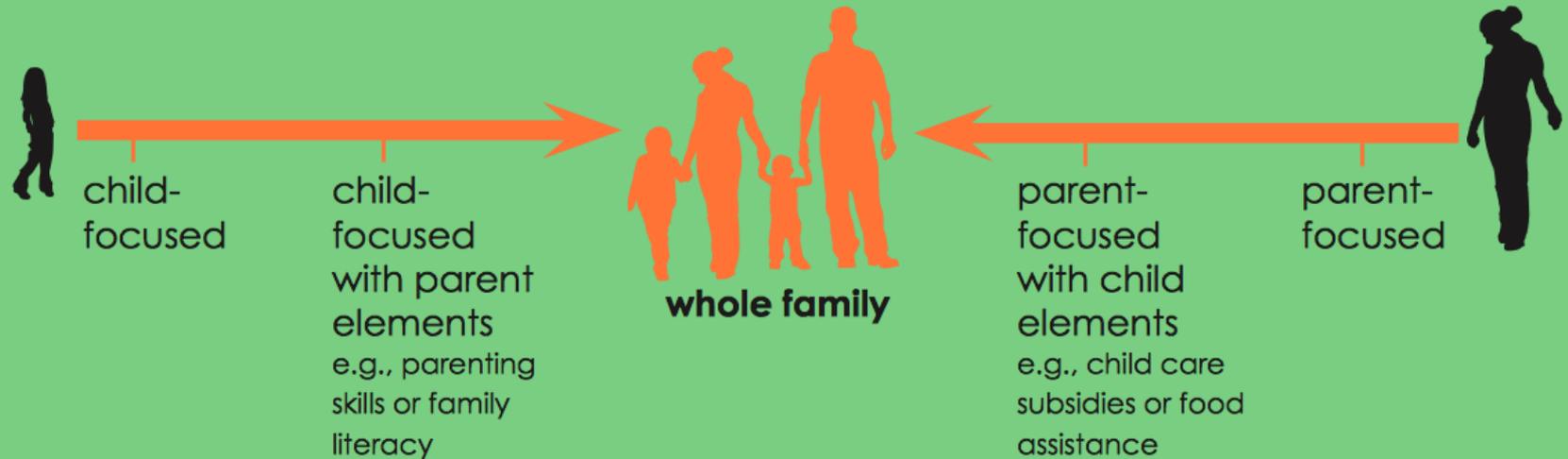
Colorado WIC
February 25, 2015
Mandy Bakulski, RD
Maternal Wellness & Early Childhood Unit Supervisor



Objectives

- * Identify 3 reasons why taking care of the mother's health in the postpartum period is beneficial to her and her family's health in the future
- * List 3 ways to encourage mom to adopt healthy behaviors postpartum
- * Identify at least 2 resources to support healthy behaviors postpartum

Where is your work on the two-generation continuum?



Ascend - The Aspen Institute, 2014

Areas to Focus on Postpartum

- * Pregnancy-Related Depression
- * Reproductive Life Planning
- * Achieving a Healthy Weight
- * Gestational Diabetes Follow-Up

During the WIC Visit

Provide a simple message to mom and/or other caregivers

Offer supporting materials

Refer to external community resources, if appropriate





DEPRESSION.

The most
common
complication of
pregnancy.

(PRAMS, 2009-2011)

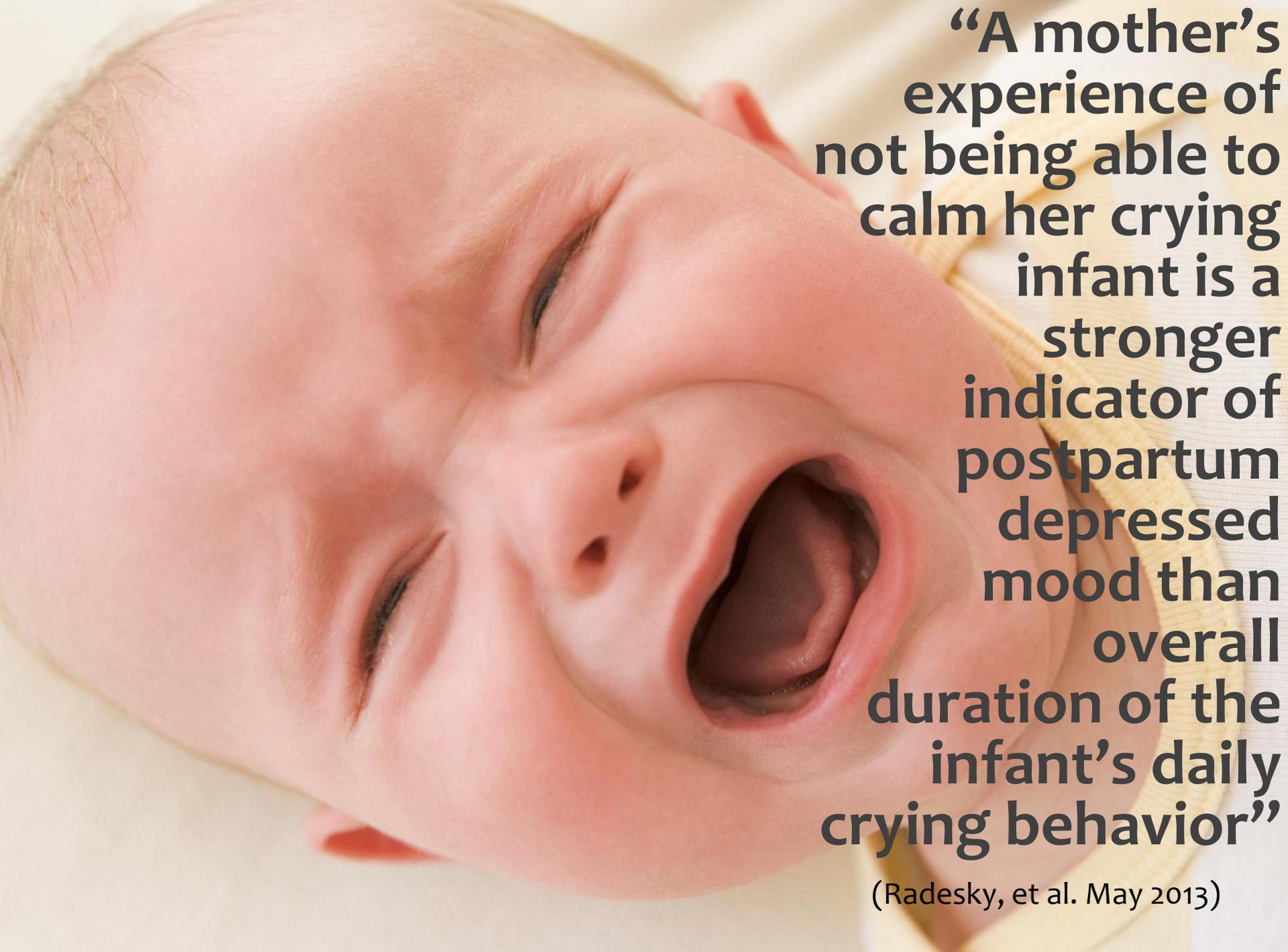


COLORADO

Risk Factors for Depression

- * Biological predictors
 - * Personal history or familial history of major or postpartum depression, **gestational diabetes**, history of moderate to severe premenstrual symptoms (PMS) or premenstrual dysphoric disorder (PMDD)
- * Situational stressors
 - * Unplanned or unwanted pregnancy, complications (either perceived or actual) in labor or delivery, **difficulty with breastfeeding**, sleep deprivation, **infant health problems**, and **infant temperament**
 - * **Lack of material support, such as food and housing, lack of social support**, major life stressors and interpersonal violence
- * Co-occurring risk factors
 - * **Substance or tobacco use**, interpersonal or intimate partner violence





**“A mother’s
experience of
not being able to
calm her crying
infant is a
stronger
indicator of
postpartum
depressed
mood than
overall
duration of the
infant’s daily
crying behavior”**

(Radesky, et al. May 2013)

Protective Factors for Depression

- * Planned pregnancy
- * Social support
- * Positive parenting role models
- * Co-parent involvement
- * Parenting confidence
- * Eating well, being active
- * Adequate sleep
- * Support of woman's decision on whether or not to breastfeed
- * Omega 3 fatty acids, folate and iron
- * Work policies that support breastfeeding and provide adequate maternity and paid sick leave



PRD Guidance

<http://www.healthteamworks.org/guidelines/prd.html>

HealthTeamWorks
Building Systems, Improving Outcomes

Pregnancy-Related Depressive Symptoms Guidance
For anyone who works with women of childbearing age or their children

Facts:

- Depression is the most common complication of pregnancy
- Maternal & paternal mental health affect child health & development

See additional supplemental information

Background

Goals to reduce depression:

- Decrease risk factors
- Early identification
- Improve treatment

Protective Factors

- Balanced nutrition, physical activity and healthy sleep
- Family planning for an intended pregnancy
- Perceived & intact social and material support
- Parenting confidence
- Recognition of traditional postpartum cultural practices
- Positive parenting role models
- Support of breastfeeding decision
- Healthy co-parent involvement

Risk Factors

- Personal history of major or postpartum depression
- Family history of postpartum depression
- Teen pregnancy
- History of substance use or interpersonal violence
- Unplanned/unwanted pregnancy
- Complications of pregnancy, labor/delivery, or infant's health
- Fetal/Newborn loss
- Infant relinquishment
- Difficulty breastfeeding
- Sleep deprivation
- Major life stressors

Pregnancy-related depressive symptoms can occur during pregnancy through one year postpartum

- Anxiety symptoms commonly co-occur
- Mom may appear detached/hypervigilant
- May include intrusive/irrational thoughts
- Suicidal ideation may be present

Baby Blues: ~80% of women may experience

- Birth to 2 weeks postpartum
- Resolves in approx. 14 days
- Fluctuating emotions
- No suicidal ideation

Starting the Conversation

1. Address Stigma

- "Many women feel anxious or depressed during pregnancy or postpartum."
- "A woman deserves to feel well"
- "Many effective treatment options are available."

2. Explore Expectations

Pregnancy and postpartum experiences and expectations vary.

- "How are you feeling about being pregnant/a new mother?"
- "What has surprised you about being pregnant/ a new mom?"
- "What has it been like for you to take care of your baby?"
- "What beliefs or practices related to pregnancy or soon after the baby is born are especially important to you?"

3. Explore Social Support

- "Who can you talk to that you trust?"
- "How have your relationships been going since becoming pregnant/a new mom?"
- "Who can you turn to for help?"

Screening

When implementing screening, consider other services & resources that may be needed:

- Medical providers to prescribe medication
- Mental health and psychiatry services
- A protocol to address suicide risk
- Community support programs
- Self-care and educational resources

Well child visits are an ideal time to screen for pregnancy-related depression.

When to Screen

- Preconception & interconception
- Each trimester throughout pregnancy
- At postpartum visits
- Well child visits up to 1 year postpartum

Who Could Screen

- Medical providers
- Mental health providers
- Community-based providers
- Early childhood practitioners

What Brief Screening Tool to Start With

Edinburgh-3 Brief Screen
In the past 7 days:

1. I have blamed myself unnecessarily when things went wrong:
Yes, most of the time (3) Yes, some of the time (2) Not very often (1) No, never (0)
2. I have been anxious or worried for no good reason:
No, not at all (0) Hardly ever (1) Yes, sometimes (2) Yes, very often (3)
3. I have felt scared or panicky for no good reason:
Yes, quite a lot (3) Yes, sometimes (2) No, not much (1) No, not at all (0)

Total score x 10/3 = screen score
Score ≥ 10 should receive further screening and assessment

Other tools validated for pregnancy and postpartum

Refer women with depressive symptoms to a medical or mental health provider for further assessment.

Further Assessment, Diagnosis and Treatment Planning

Consider medical causes, especially:

- Anemia
- Thyroid disorders

Assess for other psychiatric symptoms and conditions:

- Suicidal ideation
- Bipolar disorder
- Generalized anxiety disorder
- Obsessive Compulsive Disorder
- Psychotic symptoms
- Thoughts of harming the baby

Postpartum Psychosis

- A medical emergency: ensure safety of mother and infant immediately
- Infrequent (1-2/1,000)
- May include hallucinations, mania, delusions, disconnection from baby

Consider contributing factors:

- Tobacco, alcohol and other drugs
- Interpersonal violence
- History of trauma or abuse

Treatment Recommendations Based On Depression Severity

- Mild:** Lifestyle, Social support
- Moderate:** Lifestyle, Social Support, Mental health services
- Moderate-Severe to Severe:** Lifestyle, Social Support, Mental health services, Consider medication

Shared Decision-making: Talking Points

- "What things could be contributing to how you're feeling?"
- "Untreated depression may be harmful to mom and baby"
- "Treatment and recovery times vary."
- "All medications have benefit and risk considerations."
- "What challenges may make it difficult to follow this treatment plan?"

Medication Treatment Considerations

Pregnancy:

- Untreated depression is associated w/ greater risk for pre-term delivery, preeclampsia and intra-uterine growth restriction
- SSRIs may be associated with these same risks
- It is currently unknown whether treatment changes the risks associated with untreated depression
- Most SSRIs are not associated w/ increased risk of congenital malformations; however, paroxetine carries warnings for use during pregnancy
- Discontinuation of antidepressants during pregnancy may result in relapse

Postpartum:

- Treated depression improves health of mother and child
- SSRIs may be used during lactation; sertraline recommended

Helpful Lactation & Drug Exposure Resources:

- LactMed: <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen/LACT>
- Motherisk.org
- Infantrisk.org

Always address lifestyle for prevention and treatment.

Depression

Factors influencing Depression: Sleep, Physical Activity, Diet, Mindfulness Practices, Social Engagement, Tobacco, Alcohol, Stress.

Other Related HealthTeamWorks Guidelines:

- Adult Depression
- SBIRT
- Contraception
- Preconception/Interconception
- Prevention
- Motivational Interviewing Resources

Flowchart for Medication Management:

- Pregnant or Breastfeeding Requiring Medication**
 - Never been on medication → Preferred medication: SSRI (i.e., sertraline) → Continue therapy for 6-12 months after full remission
 - Effective medication prior to pregnancy/breastfeeding → Use same antidepressant as previous episode → May warrant prolonged treatment (>12 months)
 - Current medication not effective or not well tolerated → Has effective dose been tried x 4-8 weeks? OR Ate side effects intolerable?
 - NO → Provide adequate trial x 4-8 week at effective dose
 - YES → No response: switch to different class; Partial response: augment with agent from another class
- Not pregnant or breastfeeding, see Adult Depression Guideline**

This guideline is designed to assist the clinician with the assessment and management of pregnancy-related depression. This guideline is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. For references, additional copies of the guideline, or patient documents go to www.healthteamworks.org or call (303) 446-7200 or 866-401-2090.

FINAL 9/30/13

Baby Blues and More.....



Pregnancy-related depressive symptoms can occur during pregnancy through one year postpartum

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- May include intrusive/irrational thoughts
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2. Explore Expectations

- Pregnancy and postpartum experiences and expectations vary.
- *"How are you feeling about being pregnant/a new mother?"*
 - *"What has surprised you about being pregnant/ a new mom?"*
 - *"What has it been like for you to take care of your baby?"*
 - *"What beliefs or practices related to pregnancy or soon after the baby is born are especially important to you?"*

3. Explore Social Support

- *"Who can you talk to that you trust?"*
- *"How have your relationships been going since becoming pregnant/a new mom?"*
- *"Who can you turn to for help?"*

"Many women feel anxious or depressed during pregnancy or postpartum"

"How are you feeling about being pregnant?"

"What has it been like for you to take care of your baby?"

"Who can you talk to that you trust?"



PRD Counseling Points

- ✓ Hormonal changes after delivery and being overtired are possible causes of “baby blues.” Symptoms can include crying easily, having trouble sleeping, feeling overwhelmed, irritable, exhausted, and anxious. Baby blues typically go away within two weeks after delivery.
- ✓ Postpartum depression is a serious condition and can start 1-3 weeks after delivery, but can also develop anytime during the first year. The feelings associated with postpartum depression last longer than 2 weeks.
- ✓ Urge participant to discuss her symptoms with her physician.
- ✓ Urge sharing of feelings with family and friends.
- ✓ Stress importance of rest, support and appropriate exercise.
- ✓ Refer to health care provider.
- ✓ Refer to mental health counselor.
- ✓ Refer to RD/RN for high-risk counseling.





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get the facts get help friends & family professionals & communities resources about PSI join us

PSI Colorado

RESOURCE GUIDE

WELCOME TO THE COLORADO RESOURCE PAGE FOR PSI.
We are glad you found us. This page lists the PSI Support Coordinators and other area resources such as groups, telephone support, and reliable services that are available for no charge. We also list local events, trainings, and volunteer opportunities.

PLEASE CONTACT YOUR PSI SUPPORT COORDINATOR:
PSI Coordinators are volunteers who offer caring and informed support and resources to moms and their families. They also provide information and resources for area providers who are caring for pregnant and postpartum families. Your area coordinators are listed below. Please don't hesitate to contact us; we want to hear from you.

LOCAL SUPPORT COORDINATORS

**COLORADO STATE CO-COORDINATOR: KATE KRIPKE, MSW, LSW
BOULDER**
Telephone: 303-586-1564
[EMAIL](#)

**COLORADO STATE CO-COORDINATOR: MARY SCHROETER, MSW
DENVER**
Telephone: 303-883-7271
[EMAIL](#)

**COLORADO STATE CO-COORDINATOR: LIV MACKENZIE, MA, LPC
DURANGO**
Telephone: 970.259.4497
[EMAIL](#)

**COLORADO STATE CO-COORDINATOR: JEN HARNED ADAMS, PhD
DENVER**
Telephone: 303-325-1633
[EMAIL](#)

**COLORADO STATE CO-COORDINATOR: LIA CLOSSON
FT. COLLINS**
Telephone: 970-581-9204
[EMAIL](#)

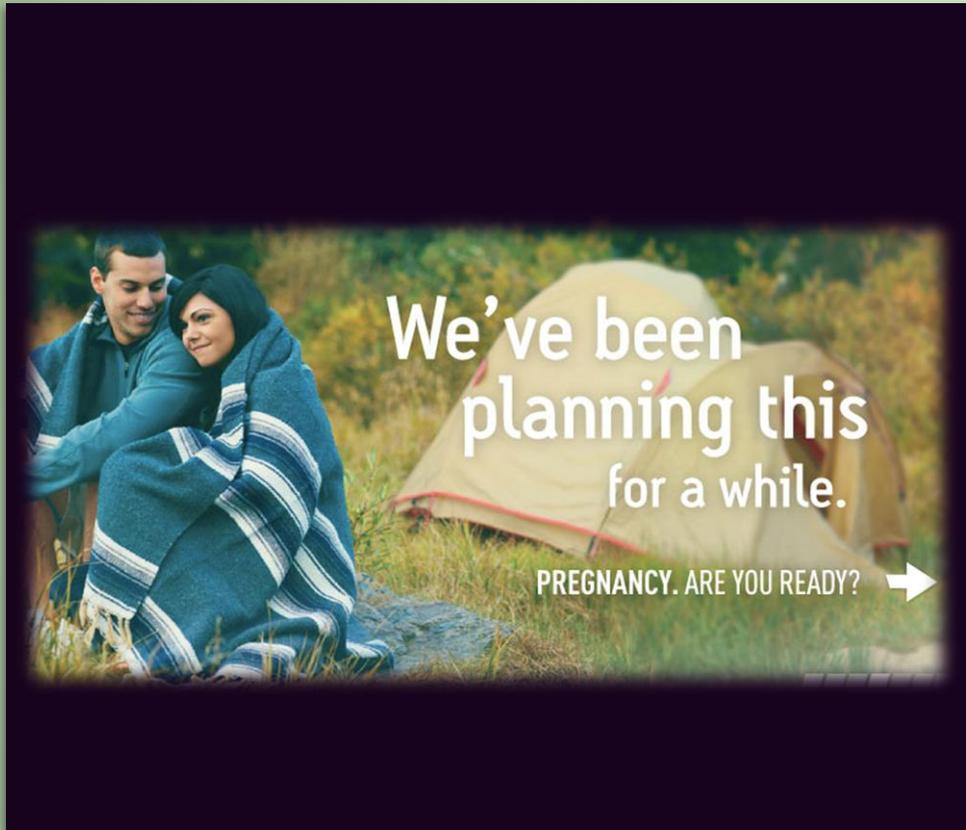
IN AN EMERGENCY
Support & Resources Map - Area Coordinators
PSI Locations - United States
PSI Alabama
PSI Alaska
PSI Arizona
PSI Arkansas
PSI California
PSI Colorado
PSI Connecticut
PSI Delaware
PSI District Of Columbia
PSI Florida
PSI Georgia
PSI Hawaii
PSI Idaho
PSI Illinois
PSI Indiana
PSI Iowa
PSI Kansas
PSI Kentucky
PSI Louisiana
PSI Maine
PSI Maryland
PSI Massachusetts
PSI Michigan
PSI Minnesota
PSI Mississippi
PSI Missouri
PSI Montana
PSI Nebraska
PSI Nevada
PSI New Hampshire
PSI New Jersey
PSI New Mexico

[find local help](#)
[get the facts](#)

<http://www.postpartum.net/>



www.postpartumprogress.com



REPRODUCTIVE LIFE PLANNING

Nearly half of all
pregnancies in
Colorado are
unintended

(CDPHE, 2014)

Underlying Causes

- ✦ Lack of access to affordable, effective and easy-to-use contraceptive methods;
- ✦ Improper use of an effective contraceptive method due to misunderstanding or human error;
- ✦ Hassle and inconvenience of obtaining or using certain contraceptive methods;
- ✦ Ambivalence toward pregnancy;
- ✦ Lack of awareness or education about unintended pregnancies and prevention strategies;
- ✦ Cultural norms and attitudes that promote childbearing;
- ✦ Relationship violence; and
- ✦ Lack of control over reproductive decision-making.



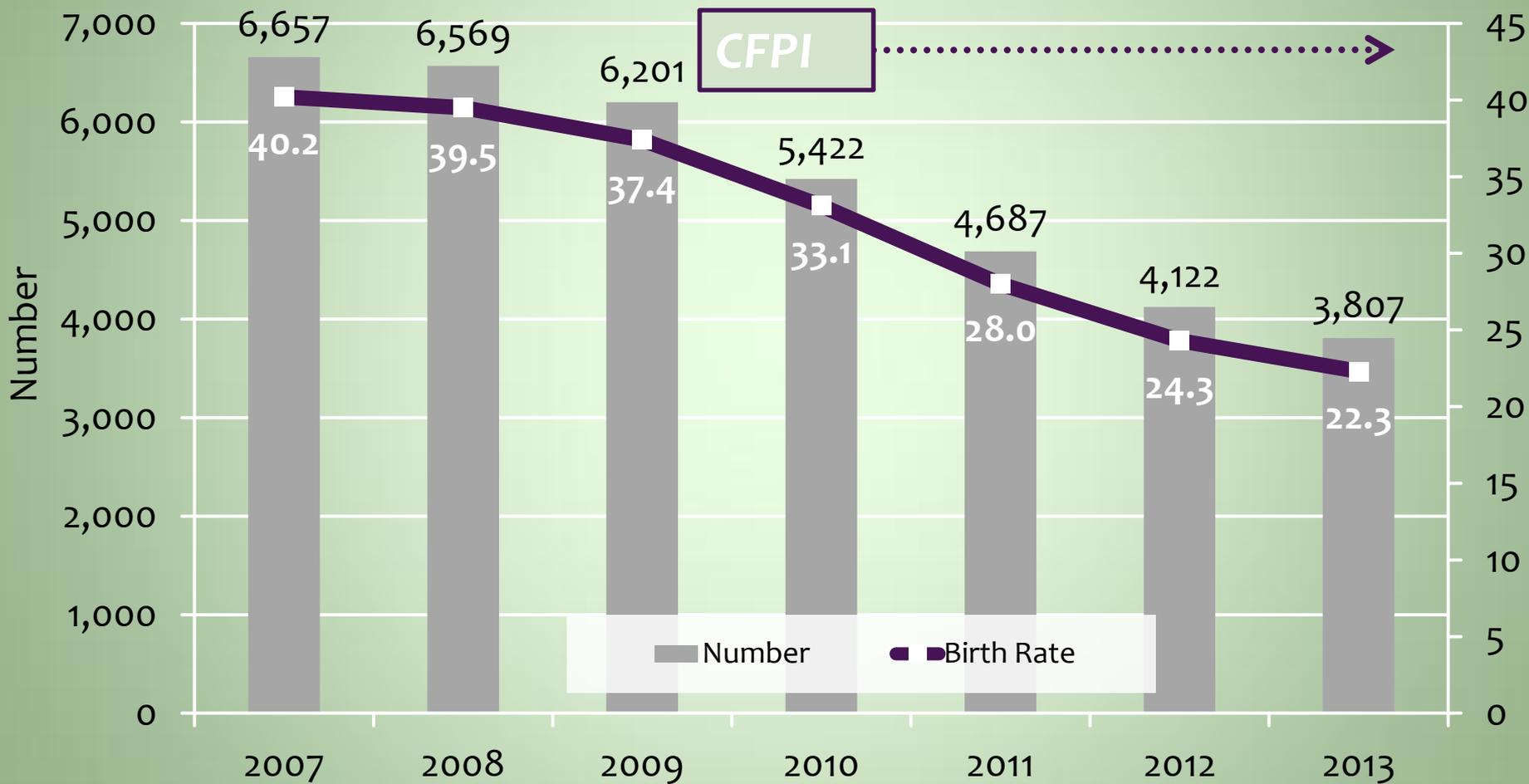
Impact of Unintended Pregnancy

- * Linked to:

- * late entry into prenatal care,
- * birth defects,
- * low birth weight,
- * elective abortions,
- * maternal depression,
- * reduced rates of breastfeeding and
- * increased risk of physical violence during pregnancy.

- * Teen mothers are less likely than their peers to earn a high school diploma or GED.

Total number of births and fertility rates, ages 15-19, Colorado, 2007-2013



Family Planning Counseling Points

- ✓ If breastfeeding, educate participant that breastfeeding does not prevent you from getting pregnant even if you have no period.
- ✓ Encourage participant to talk with physician or family planning clinic about the best, and most effective, family planning method for her.
- ✓ In addition to planning for birth control, protection against AIDS and STDs is extremely important.
- ✓ Spacing children at least 24 months apart allows the body to recover from pregnancy and provides more time to enjoy the new baby.
- ✓ Begin taking prenatal vitamins when you know you are planning to conceive.



Planning Healthy Reproductive Futures

Why is pregnancy spacing important?

Waiting 18-24 months after delivery before becoming pregnant is important because it:

- Can improve the health outcomes of the mother and baby
- Allows time to adapt to changes of having a new baby or growing family
- Allows time for the body to restore essential nutrients (like iron and folate) that can be lost during breastfeeding

Planning Future Healthy Pregnancies

- Consider the best time to access prenatal, postpartum, and pediatric care
- Consider your support systems
- Begin taking prenatal vitamins when you know you are planning to conceive
- Continue to take vitamins after birth, especially while breastfeeding

What do Family Planning Clinics Offer?

- Birth Control information and supplies.
- Pregnancy testing and counseling.
- Screening for sexually transmitted infections and HIV.
- Physical exams for women and men.
- Cervical, breast and testicular cancer screening.
- Health education and counseling.
- Basic infertility services.

Cost: Many Family Planning Clinics offer these services for free or at low cost depending on income. Many clinics also accept Medicaid.

***Patients are never turned away due to inability to pay.**

Find a clinic in your area:

There are more than 70 sites across the state of Colorado that offer these services. Visit the Colorado Department of Public Health and Environment's clinic locator website or ask your WIC educator to help you find the clinic that is nearest to you.

For a map and list of Family Planning clinics in the state, visit:
<https://www.colorado.gov/pacific/cdphe/family-planning>

WIC # NS9 (8/2014)

BIRTH CONTROL OPTIONS



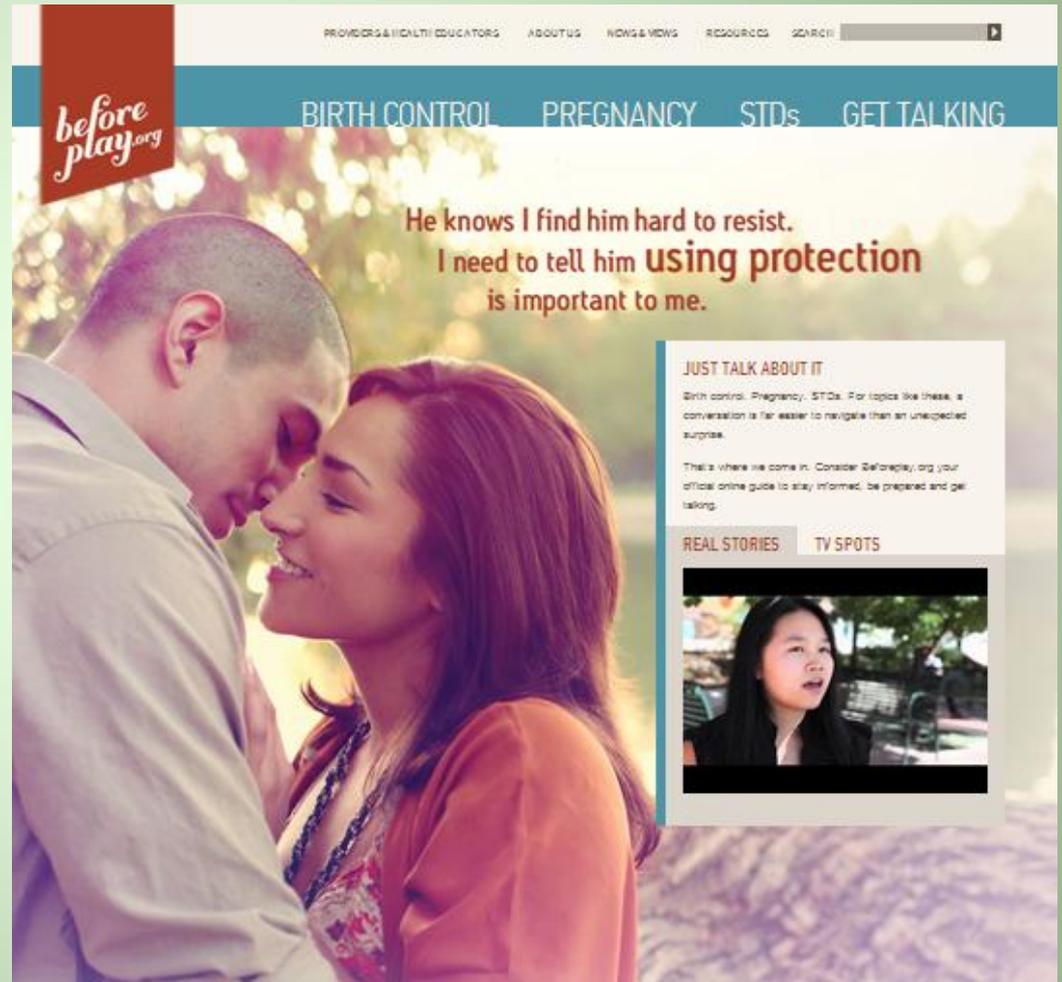
Method	Pregnancies expected per 100 women	How to Use	Possible Risks	Nursing Friendly
Sterilization Surgery for Women	Less than 1	Permanent procedure performed by physician	• Pain • Bleeding • Possible infection • Risk of ectopic pregnancy if pregnancy occurs	Yes
Sterilization Tubal for Women	Less than 1	Permanent procedure performed by physician	• Mild pain after procedure • If pregnancy occurs, risk of ectopic pregnancy	Yes
Area Implant	Less than 1	Inserted in arm by healthcare provider. Effective for up to 3 years.	• Change in menstrual bleeding pattern • Weight Gain • Breast or abdominal pain	Yes
Copper IUD (non-hormonal)	Less than 1	Inserted in uterus by healthcare provider. Effective for up to 10 years.	• Cramping or abdominal pain • Possible expulsion of device	Yes
Progestin IUD	Less than 1	Inserted in uterus by healthcare provider. Effective for 3 to 5 years.	• Change in menstrual bleeding pattern • Periods may become less frequent or stop • Abdominal cramps • May affect formation of ovarian cysts	Yes, may be best if inserted 4-6 weeks after birth.
Shot/Injection	6	Must receive shot regularly every 3 months	• Weight gain • Changes in bleeding pattern • Headache • May not be suitable for women with poor bone density	Yes, best if given 4-6 weeks after birth.
Oral Combination Pill	9	Must swallow a pill at same time each day	• Nausea • Headache • Breast Tenderness • Rare occurrence of blood clots, heart attack, stroke	Not recommended, may affect amount of milk produced
Oral Progestin-Only Pill	9	Must swallow a pill at same time each day	• Irregular bleeding • Headache • Nausea • Must take at exact time each day for full effectiveness	Yes
Vaginal Ring	9	Insert ring into vagina yourself. Keep ring in vagina for 3 weeks and remove for 1 week	• Vaginal discharge • Discomfort or mild irritation • Rare occurrence of blood clots, heart attack, stroke	Not recommended
Patch	9	Put on a new patch each week for 3 weeks. Remove for 1 week	• May contain higher levels of estrogen than other oral contraceptives	Not recommended
Diaphragm with Spermicide	12	Must use every time you have sex	• Irritation • Allergic Reaction • Urinary Tract Infection • Toxic Shock	Yes
Cervical Cap with Spermicide	17-23	Must use every time you have sex	• Irritation • Allergic Reaction • Toxic Shock	Yes
Male Condom	18	Must use every time you have sex	• Allergic Reaction to latex	Yes
Female Condom	21	Must use every time you have sex	• Irritation • Allergic Reaction to latex	Yes
Spermicide	28	Must use every time you have sex	• Irritation • Urinary Tract Infection	Yes

Emergency Contraception:
 If your primary method of birth control fails, these are back-up methods that may prevent pregnancy from occurring.

Method	Pregnancies expected per 100 women	How to Use	Possible Risks	Nursing Friendly
Plan B	7 out of 8 women who would have gotten pregnant will not become pregnant after taking pills.	Swallow pills as directed within 3 days of unprotected sex or method failure.	• Nausea, Vomiting • Abdominal cramps • Headache, Fatigue	Safe while nursing
Ella	6-7 out of 10 women who would have gotten pregnant will not become pregnant after taking Ella.	Swallow the pill within 5 days of having unprotected sex or method failure.	• Headache, Fatigue • Nausea • Abdominal Cramps	Not Recommended while nursing

www.beforeplay.org

- ✦ [Clinic locator](#)
- ✦ [Get Talking Tool](#)
- ✦ [Birth Control](#)
- ✦ [Pregnancy](#)
- ✦ [STDs](#)





WEIGHT LOSS POSTPARTUM

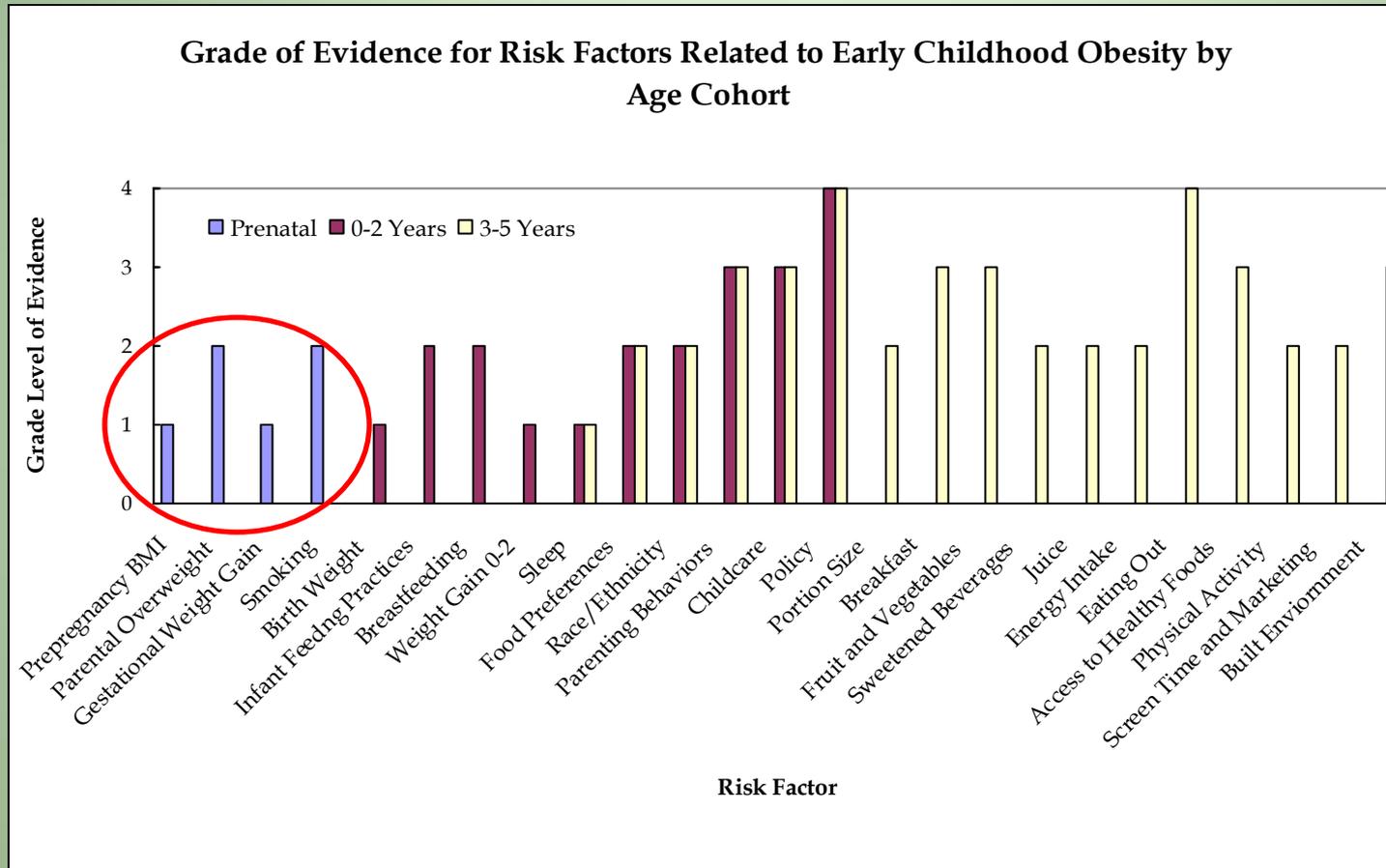
13% to 20% of
women are 11 lbs or
more above their
preconception
weight by 1 year
postpartum

(Gunderson, 2009)

Risk Factors

- * High gestational weight gain
- * Pre-pregnancy overweight
- * First-time mother
- * Black race
- * Low socioeconomic status
- * Smoking cessation
- * Fewer than 5 hours of sleep per day

Impact of High BMI on Children



Evidence Grades:

Level I:
Good/Strong

Level II:
Fair

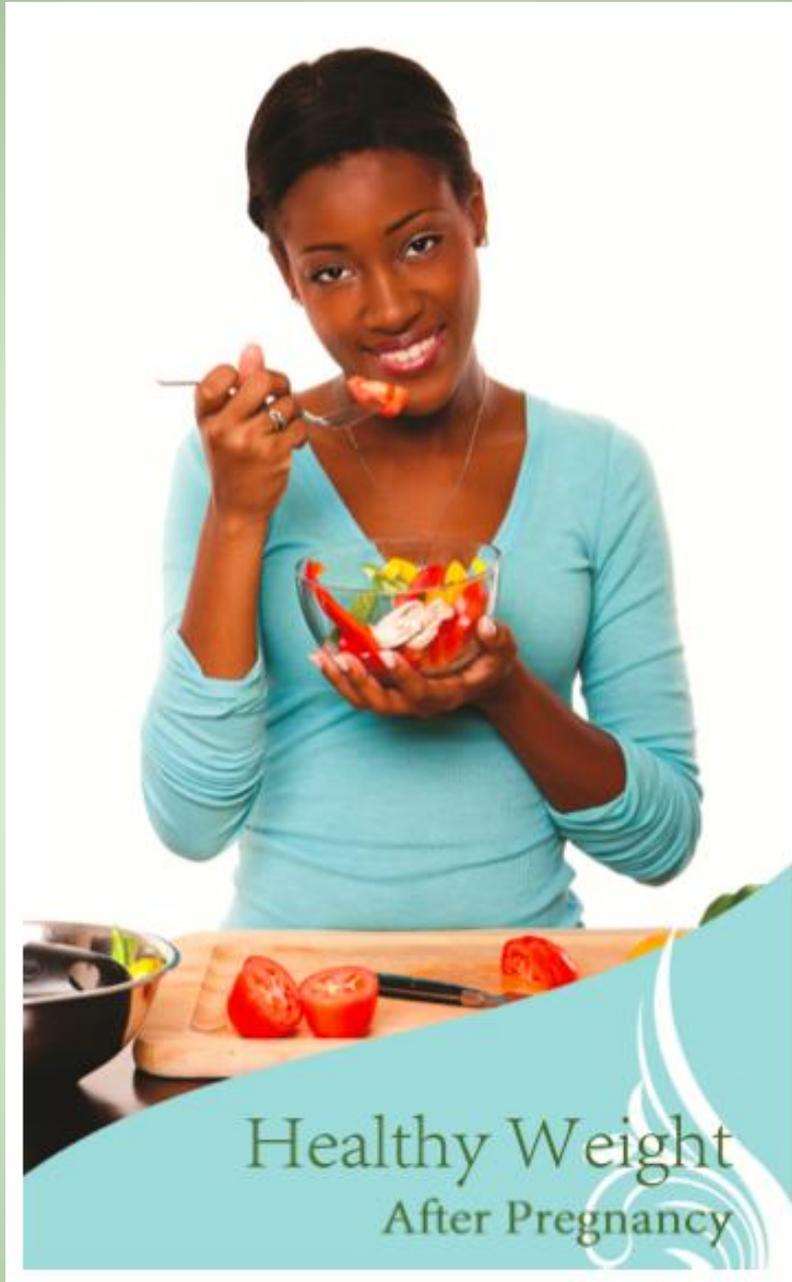
Level III:
Limited/Weak

Level IV:
Expert Opinion

Healthy Weight Counseling Points

- ✓ Eat a varied diet, based on the Nutrition Guide for Postpartum Women.
- ✓ Realistic and healthy weight loss is 1-2 pounds per week.
- ✓ Eat breakfast and don't skip meals.
- ✓ Aim for 5-9 servings of fruits & vegetables per day.
- ✓ Drink water and low-fat milk. Limit fruit juice and sugar-sweetened drinks.
- ✓ Keep portions reasonable.
- ✓ Try to walk or exercise daily, when medically able (typically at 6 weeks postpartum).





Healthy Weight
After Pregnancy



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Resources

- * Local community rec center
- * YMCA
- * Walking club
- * Weigh & Win kiosks
- * Weight loss apps



GESTATIONAL DIABETES

Nearly 50% of women with gestational diabetes will develop Type 2 diabetes within 5-10 years

(GDM Guidelines, 2006)

GDM Impact on Children

- ✦ A higher rate of overweight
- ✦ Increased risk for Type 2 diabetes

Barriers to Postpartum Follow-Up

- * “I was very busy with my baby and I just didn't do that check up.”
- * “I let go of myself after [delivery].”
- * “They didn't tell me about it.”
- * “I was too busy with the baby and I couldn't take time off to go do it.”
- * “I don't like sugary and sweet things and I didn't get sent to an appointment to do it.”
- * “Nobody told me.”

Gestational Diabetes Call-Back Project (2012)
Emily Lu, MPH – Massachusetts PRAMS Coordinator



GDM Suggested Counseling Points

- ✓ Encourage the participant to f/u with health care provider for 6-12 week postpartum glucose tolerance test.
- ✓ Encourage ongoing health eating and physical activity to stay diabetes free.
- ✓ Explain 50% higher risk of developing Type 2 diabetes within 5 years postpartum.
- ✓ Discuss the Diabetes Prevention Program (DPP), if available in your community.





After Delivery:
Gestational Diabetes
What you need to know

The Diabetes Prevention Program

- * The DPP is based on randomized control **clinical research** trials led by NIH & CDC
- * **5% to 7%** body weight loss and increased physical activity to **150 minutes/wk** reduced risk of developing type 2 diabetes by **58%**
- * 10-year follow up study showed reduced diabetes incidence of 34% in the lifestyle group



Eligibility Criteria

- * 18 years of age or older and have a BMI of 24 or greater;
- * History of prediabetes OR a history of GDM; OR
- * Score 9 or higher on a paper and pencil risk test

The Prediabetes Risk Test

* www.cdc.gov/diabetes/prevention

1 point:

- Are you a woman who has had a baby weighing more than 9 pounds at birth?
- Do you have a sister or brother with diabetes?
- Do you have a parent with diabetes?

5 point:

- Are you overweight (BMI>24)?
- Are you younger than 65 years of age and get little or no exercise in a typical day?
- Are you between 45 and 64 years of age?

9 point:

- Are you 65 years of age or older?



DPP sites in Colorado

- * American Diabetes Association (Denver Metro Area)
- * Anschutz Health and Wellness Center
- * Center for African American Health
- * Central Colorado Area Health Education Center
- * Consortium for Older Adult Wellness
- * CREA Results
- * Denver Health
- * FirstVitals
- * YMCA of Metro Denver
- * San Luis Valley Regional Medical Center (Alamosa County)
- * Chaffee County Public Health (Chaffee County)
- * Clear Creek Public Health (Clear Creek County)
- * Delta County Memorial Hospital (Delta County)
- * Plains Medical Center (East Central Colorado)
- * Kit Carson County Health and Human Services (Kit Carson County)
- * Pueblo Community Health Center (Pueblo County)
- * Weld County Department of Public Health & Environment (Weld County)



Locating a DPP in Colorado

- * Call 1-800-DIABETES
- * www.cdc.gov/diabetes/prevention
- * Kelly McCracken (kelly.mccracken@state.co.us)
- * Michelle Lynch (michelle.lynch@state.co.us)



A GUIDE FOR

THE POSTPARTUM WIC VISITS



Add – A – Baby

- * Pregnancy-Related Depression**
- * Family Planning
- * Gestational Diabetes
- * Weight Loss

Add-A-Baby – PRD Messages**

- * **Address STIGMA:** Acknowledge “Many women feel anxious or depressed after having a baby.”
- * **ASK:** “How are you feeling about being a new mother?” or “What has it been like for you to take care of your baby?”
- * **SHARE:** “The Baby Blues occur in about 80% of women and usually last less than 2 weeks. About 20% of women can go on to develop depression, which lasts for more than 2 weeks.”
- * **Encourage HEALTHY BEHAVIORS:** “It is very important to get adequate sleep and continue to eat well”
- * **Explore SOCIAL SUPPORT:** “Who can you turn to for help?”
- * **REFER:** If she has concerns, urge her to ask for help. Let her know “You are not alone and depression is treatable.” Refer to health care provider, mental health and/or high risk RD.
- * **PROVIDE:** Brochure & resources.



Add-A-Baby – Family Planning

✦ **ASK:** “What is your plan for preventing another pregnancy right now?”

✦ **SHARE** (if breastfeeding): “Breastfeeding does not prevent you from getting pregnant, even if you have no period.”

✦ **REFER:** Talk to physician or family planning clinic about the best, and most effective, method for her.

Add-A-Baby - GDM

* **ASK:** “Have you scheduled an appointment with your health care provider for a follow-up glucose test at 6-12 weeks postpartum to make sure the diabetes is done?”

* **SHARE:** “Because of the high risk of developing Type 2 diabetes, it is crucial to follow-up postpartum with your health care provider.”

Add-A-Baby – Postpartum Weight Loss

- * Not a key message to discuss at this visit, unless mom brings it up as a concern
- * If mom is concerned, explain that normal weight loss is 1-2 pounds/week with a return to pre-pregnancy weight by 6-12 months and that you can discuss more at a future visit



3-Month Visit

- * Family Planning **
- * Pregnancy-Related Depression
- * Postpartum Weight Loss
- * Gestational Diabetes



3-Month Visit – Family Planning **

Promote planning for the next pregnancy and ensure access to birth control.

✱ **ASK:** “Do you plan to have more children in the future?”
If yes, “When?” Share with her, “It’s healthier for you if you wait until your youngest child is at least two years old before getting pregnant again.”

✱ **ASK:** “What is your plan for preventing another pregnancy right now?”

✱ **REFER:** To health care provider, Beforeplay.org or local family planning clinic



3-Month Visit – PRD

- * **Address STIGMA:** Acknowledge “For many women signs and symptoms of anxiety or depression can develop later, even if you felt fine the first few months.”
- * **ASK:** “What has it been like for you to take care of your baby?”
 - * **NOTE:** If she is returning or has already returned to work, this can be a critical adjustment period
- * **REFER:** If she has concerns, urge her to ask for help. Let her know “You are not alone and depression is treatable.” Refer to health care provider, mental health and/or high risk RD.
- * **PROVIDE:** If needed, brochure and resources again.

3-Month Visit – Postpartum Weight Loss

Encourage mom to track her weight loss postpartum.

- * **ASK:** “How are you feeling about your weight loss thus far?”
- * **SHARE:** “Getting back to your weight before you had a baby is one of the most important things you can do for your own health. A healthy goal is to return to your pre-pregnancy weight in the next 6-9 months. This means losing about 1-2 pounds/week.”
- * Encourage healthy eating and daily exercise (if able)

3-Month Visit - GDM

- ✦ **ASK:** “Did you go for your appointment to have your blood sugar re-checked between 6-12 weeks postpartum?” If not, encourage her to schedule soon.
- ✦ **SHARE:** “One of the best ways to prevent Type 2 diabetes in the future is to return to a healthy weight after pregnancy.”
- ✦ **REFER:** Diabetes Prevention Program (DPP), if available in your community.



6-Month Visit

- * **Postpartum Weight Loss ****
- * Gestational Diabetes
- * Family Planning
- * Pregnancy-Related Depression

6-Month Visit – Postpartum Weight Loss **

Discuss healthy weight loss with mom.

* **ASK:** “What would be a healthy weight for you? (*Refer to BMI chart.) Tell me one thing you do to eat well and move more to be at a healthy weight.”

Discuss “Parent Power!” and being a role model by eating plenty of fruits and vegetables as child is introduced to solid foods.

* **ASK:** “What fruits and vegetables do you like? Tell me one thing you do to make sure you eat enough fruit and vegetables each day.”

* **SHARE:** “It’s best if half your plate, and your kids’ plate, is fruits or vegetables.”

6-Month Visit – Postpartum Weight Loss **

Promote an active lifestyle.

✦ **ASK:** “Are you satisfied with the kind and amount of activity you are currently doing?” If not, “Tell me what you would like to do to move more. What is one thing you could do to get started?”

✦ **SHARE:** “Healthy choices *today* can even improve the health of your next child”

6-Month Visit - GDM

- ✳️ **ASK:** “What do you plan to do to prevent yourself from developing diabetes in the future?”
- ✳️ **EXPLAIN:** “About 50% of women with GDM will develop Type 2 diabetes within 5-10 years.”
- ✳️ **SHARE:** “It’s important to return to your pre-pregnancy weight within six to 12 months after the baby is born.” (If overweight, work to lose at least 5 to 7 percent of body weight over time.) “One of the best ways to do this is to continue choosing healthy foods and to stay active.”

6-Month GDM (cont.)

- * **ENCOURAGE** the participant to:
 1. Share her GDM status with her child's pediatrician, due to the higher risk of obesity in her child.
 2. Follow-up with health care provider every couple of years to check on diabetes status.
 3. If breastfeeding, continue.

- * **REFER:** Diabetes Prevention Program (DPP), if available in your community

6-Month Visit – Family Planning

Promote planning for the next pregnancy and ensure access to birth control.

- * **ASK:** “Do you plan to have more children in the future?”
If yes, “When?” Share with her, “It’s healthier for you if you wait until your youngest child is at least two years old before getting pregnant again.”
- * **ASK:** “What are you doing to prevent another pregnancy right now?”
- * **REFER:** To health care provider, Beforeplay.org or local family planning clinic

6-Month Visit - PRD

- * **Address STIGMA:** Acknowledge “*Signs and symptoms of anxiety or depression can develop anytime during the first year postpartum.*”
- * **REFER:** If she has concerns, urge her to ask for help. Let her know “*You are not alone and depression is treatable.*” Refer to health care provider, mental health and/or high risk RD.



**By promoting optimal
maternal wellness today, we
have the potential to impact
the health of tomorrow's
generations**



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Questions?



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References

- * Ascend – The Aspen Institute (2014). *The Two-Generation Playbook*. Accessed online at: http://b.3cdn.net/ascend/2e4b529fe1d72f5d5a_p3m6b1956.pdf.
- * American Diabetes Association (2014). *Standards of medical care in diabetes - 2014*. Diabetes Care. Retrieved July 21, 2014 at: http://care.diabetesjournals.org/content/37/Supplement_1/S14.full.pdf+html.
- * Bellamy L, Casas J, Hingorani AD, Williams D. *Type 2 diabetes mellitus after gestational diabetes: a systematic review and meta-analysis*. Lancet. 2009; 373:1773–1779.
- * Center for the Study of Social Policy (2003). *Protective factors literature review: early care and education programs and the prevention of child abuse and neglect*. Washington, DC: Horton.
- * Colorado Department of Public Health and Environment. (2009). Health Watch. *The association of prepregnancy body mass index and adverse maternal and perinatal outcomes*. Accessed online at: <http://www.chd.dphe.state.co.us/Resources/pubs/BMI2.pdf>.
- * Gestational Diabetes Clinical Guideline (2006). HealthTeamWorks. Accessed online at: <http://healthteamworks-media.precis5.com/1be3bc32e6564055d5ca3e5a354acbef>.
- * Goldbort, Joanne. (2006). *Transcultural analysis of postpartum depression*. The American Journal of Maternal Child Nursing, 31 (2), 121-126.
- * Gunderson, EP. *Childbearing and Obesity in Women: Weight Before, During, and After Pregnancy*. Obstet Gynecol Clin North Am. 2009; 36(2): 317 – ix.
- * Johnson, K. et al. (2006). *Recommendations to Improve Preconception Health and Health Care --- United States. A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care*. Accessed online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>.
- * Kim C, Newton KM, Knopp RH. *Gestational diabetes and the incidence of type 2 diabetes a systematic review*. Diabetes Care. 2002; 25:1862–1868.
- * Miller LJ & LaRusso EM. *Preventing Postpartum Depression*. Psychiatr Clin N Am 34 (2011) 53–65.
- * National Diabetes Education Program. (2013). *Did You Have Gestational Diabetes When You Were Pregnant? What You Need To Know*. Accessed online at: <http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=93>.
- * Pregnancy-Related Depression Guideline (2013). HealthTeamWorks. Accessed online at: <http://www.healthteamworks.org/guidelines/prd.html>.
- * Schaefer-Graf, UE. et al. *Birth Weight and Parental BMI Predict Overweight in Children From Mothers With Gestational Diabetes*. Diabetes Care. 2005; 28:1745–1750.

