REDUCING MOTHER’S ANXIETY

What is anxiety?

* Anxiety is a distressing emotion where nervousness and fear are experienced (Greensberger and Padesky, 1995).
* It is characterized by a distressing worry. Worry has been defined as a repetitive chain of uncontrollably negative thoughts about a perceived threat (Craske & Hazlett-Stevens, 2002, Cited by Stein et al., 2012).
* Worry is associated with:
  + Concerns about the future
  + Vague and abstract cognitive content
  + Feelings of apprehension and tension
  + Low confidence and self-control in situations that require problem solving (Hazlett-Stevens, Pruitt and Collins, 2009, cited by Wenzel 2011)
* Anxiety can be accompanied by physical symptoms such as: sweaty palms, muscle tension, racing heart, flushed cheeks and light headedness. (Craske & Hazlett-Stevens, 2002, Cited by Stein et al., 2012).
* Anxiety and worry can present the following symptoms: restlessness, being easily fatigued, difficulty concentrating or the mind going blank, irritability, muscle tension, sleep disturbance (difficulty falling or staying asleep, restless or unsatisfying sleep) (DSM V, 2013).

Why is it important to reduce anxiety in mothers?

* Anxious mothers have limited capacity for attention and problem solving (Stein et al., 2012 )
* Affects their ability to respond to infant cues (Stein et al., 2012)
* Has been associated with difficulties for the mother, her relationships, and her infant’s development (Wenzel, 2011).
* Anxiety is inversely related to self-efficacy (Bandura, cited by Stein et al.,2012)
* It has been associated with reduced breastfeeding exclusivity and continuation (Adedinsewo, 2014)

Causes of prenatal and perinatal anxiety?

* It is known that changes in the brain and environmental stress can trigger anxiety (Wenzel, 2011)
* Hormonal changes, psychological vulnerability, and life stressors interact to prompt anxiety during pregnancy and post-partum (Wenzel, 2011).
* It has been suggested that subclinical symptoms of anxiety are more prevalent than depression in all stages of pregnancy (Toureche, Ernst, et al., 2011)
* Inflammatory response late pregnancy and early post- partum (Kendall-Tackett, 2007).
* Breastfeeding difficulties and baby’s cry have been identified as main stressors early post-partum (Razurel et al., 2011, and Henshaw et al., 2015)

Mothers with breastfeeding difficulties:

* Can be anxious about not being able to breastfeed successfully
* Are afraid of not being a good mother
* Have distorted thoughts about their breastfeeding situation
* Have low self-efficacy. High self-efficacy has been positively related to successful breastfeeding (Nichols, et al, 2009)

BREASTFEEDING COGNITIVE DISTORTIONS

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| All or nothing: Rigid black and white thinking | If my baby does not latch today, I am not breastfeeding |
| Mental Filtering: Focus is on the negative aspects of a situation | All my baby does is fuss |
| Overgeneralizing: Draw general conclusions over a few experiences | My baby nurses all the time, My baby does not like the breast |
| Disqualifying the positive: Good things you do are not important or don’t have value | I have not done anything special, mothers are supposed to sacrifice for their children |
| Overestimating the Threat: See a threat in a situation that has no or minimal threat | My baby’s latch doesn’t look like the ones on the internet; I don’t think he’s latching correctly |
| Catastrophic Thinking: A minor situation is viewed as terrible, catastrophic | If I don’t pump more milk today, it will be horrible |
| Fortune Telling: Predicting the future | My pain will never go away |
| “What if” thinking: Always asking “what if” a very bad thing happens | What if my baby does not wet enough diapers? |
| Discounting Your Coping Skills: Telling yourself you can’t cope with a situation | I would not be able to handle the baby nursing so frequently |

A THREE STEP STRATEGY FOR HELPING MOTHERS REDUCE THEIR ANXIETY

1. Identify their cognitive distortions:

Discuss what are the odds of her thoughts being or becoming real?

Develop a plan for the worst case scenario

1. Assess the breastfeeding situation in the here and now.
2. Develop a plan with the mother that is broken into small achievable steps

OXYTOCIN

Oxytocin antagonizes the stress response and reduces anxiety. Skin to skin contact, close contact between mother and baby, and gentle stroking triggers the release of oxytocin. Behaviors that trigger the release of oxytocin are helpful for reducing anxiety. (Uvnas-Möberg, 2015)

INFANT BEHAVIOR

Lack of sleep (Henshaw, et al, 2015) and baby’s cry (Razurel, et al, 2009) have been identified a top stressors in the early post-partum period. Education on baby sleep cycles and baby’s cry are beneficial to reduce a mother stress.

Case Study 1

Miriam is a 34 year old mother. You helped her with her first baby, Michael two years ago. She conceived her after years of infertility. She breastfed for 13 months and needed a lot of support from you. Her initial consultation was for pain. Thereafter, she scheduled consultations because she was not sure of her supply and because her baby changed behavior during the feeding and became distracted. She called almost every week with different worries. Her most common concerns were about baby sleeping the night, creating a feeding schedule and the initiation of solids. She constantly compared herself with friends and always felt that they were doing better than her.

Two weeks ago she called you to inform that she is pregnant with twins. She is scheduled for a C-section in two weeks at 36 weeks gestation. This morning she showed up to see you. She drove 17 miles at 6 days post-partum because she needs to make this work.

Baby Sarah was born with weight of 5 lbs 14 oz. She nurses well and is settled after the feedings. She is changing 5 stools and 7 wet in 24 hours. Baby Henry she describes as looking like an alien. She does not know who he looks like. He weighted 4lbs 14 oz. She feels excruciating pain when he nurses and her nipples are cracked. She has been supplementing a few times a day to give herself a brake. She is exhausted and does not think she can continue nursing like this. She tells you “If I can’t nurse them both at the same time I am not nursing”.

During the consultation it was not possible for achieve nursing without pain with Henry. His suck was uncoordinated and he was biting her most of the time. Henry looks immature. His is thin and small, his head looks big for his body and his cheeks don’t have much fat.

What will you do to help reduce mother’s anxiety?

Cognitive distortions:

Here and now:

Plan:

Case Study 2

Carmen is 42 years old. She comes to you when the baby 3 months 3 weeks old. She came with her mother. She reported that she nursed Martina exclusively until she was 3 weeks old and she developed thrush. She stopped nursing and exclusively pumped until the thrush was clear. She started combining some nursing sessions a day with bottles of expressed breast milk. Two weeks ago Martina started refusing to nurse. Her pumping decreased from 4 oz. per session to 1.5 to 2 oz. per session. She is crying and feels is all her fault. She was selfish for pumping and giving the baby the bottle. She does not think her baby will ever nurse again and she will return to work in 4 days.

How will you help this mother?

Cognitive distortions:

Here and now:

Plan:

Case Study 3

Amy is 23 years old and first time mother. She initiated breastfeeding at the hospital because her baby was crying and she could not calm him down. Since that day, she has been using the bottle nipples from the hospital. Baby is three weeks old now and he latches occasionally. He sucks for a couple of minutes and let’s go crying. She is sure that he does not like the taste of her milk because he comes off and she is leaking. He has been very fussy and colicky recently and her pediatrician recommended her to see a Lactation Consultant. She has not been expressing milk because she is busy taking care of the baby. She is concerned because the baby is unhappy most of the time. She thinks that if he liked her milk it would be easier for her to breastfeed.

How would you help this mother see her situation differently?

Cognitive distortions:

Here and now:

Plan: