

Babywearing and Postpartum Mental Illness
A Resource for Educators
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What is PPMI?

Postpartum Mental Illness, or PPMI, is an umbrella term used to describe the category of disorders that are often experienced leading up to and immediately following the birth of a child. Postpartum Depression, or PPD, is one of the more commonly known disorders. Others that are grouped in this category are Postpartum Anxiety Disorder, Postpartum Panic Disorder, Postpartum Obsessive Compulsive Disorder, Postpartum Bipolar Disorder, Postpartum Post Traumatic Stress Disorder, and Postpartum Psychosis. An important but often overlooked point is that any of these disorders can also be experienced by fathers. (This is less common and for the purposes of this guide female pronouns will generally be used, but please remember that men can be affected as well.)

So many of our experiences do not neatly (not that there's anything neat about them) fit the classical description of depression. A parent struggling with PPMI may be sad, but she also may be angry, or fearful, or distracted, or manic. Some women report seeing vivid images of something terrible happening to their babies. Some have nightmares reliving their birth trauma. Some forget seemingly unforgettable things. Some develop irrational thoughts and as a result hurt themselves or their children.

The CDC estimates that PPMI occurs in 11-20% of women who give birth, but *only 15% of women with symptoms ever receive treatment*. That means that in your chapter's meeting of 20 women, one or two of them are likely to be struggling with their mental health. In your giant International Babywearing Week celebration of 100 women, between 10 and 20 of them will be suffering. And only one may be getting help.

How can babywearing help?

A large and growing body of research exists about PPMI, but very little has focused on the impact of the specific practice of babywearing on recovery rates for mothers. The anecdotal evidence, however, is vast. What we do know, empirically, is this:

Physical touch, for infants of depressed mothers, can serve to help infants compensate for the "negative effects often resulting from [depressed mothers] typical lack of affectivity (flat facial and vocal expressions) during interactions." (Pelaez-Nogueras, et al)

Skin to skin contact during the postpartum period can reduce depressive symptoms and physiological stress in depressed mothers. (Bigelow, et al)

Kangaroo Care in preterm infants can help mothers feel more competent and cope more effectively with stressful situations. (Tessier)

Babywearing, in low income mothers, can increase mother's responsiveness to their infant's cues and can significantly strengthen maternal-infant attachment (Anisfeld)

Babywearing can significantly reduce fussing and crying in infants (Hunziker).

As educators, we can look to this research and extrapolate ways that daily babywearing can help a struggling parent. Any carry that would be recommended for a newborn can be useful here. However, some specific considerations may be helpful for particular situations.

Any front carry can be useful for helping a parent notice and respond to her baby's cues.

A simple carry (Ring sling, SSC, rucksack) will be easier to learn and use for a parent who is overwhelmed.

A skin-to-skin front carry can promote bonding for a parent and baby who are having trouble developing attachment.

A high back carry (for an older baby or an experienced wearer) allows a parent to avoid eye contact, which can be difficult for some struggling parents to tolerate.

Any back carry (for an older baby) can help a parent complete household tasks while keeping baby close and safe. A low torso back carry can be especially helpful for chores involving bending (laundry, loading/unloading a dishwasher, etc.)

A parent who is experiencing physical pain as a symptom of her illness will benefit from learning careful strand-by-strand tightening and awareness of her body's cues about a specific carry.

A parent who has experienced trauma may find that her sensory profile has shifted, and particular carries or carriers that were previously comfortable may now be overstimulating.

What to look for in a caregiver who might need help

Because of the vicious pressure in the parenting world to look like we have it all together, it might be difficult to identify whether a parent you are helping might be experiencing PPMI. Some things you might notice are the parent talking about feeling generally overwhelmed, or seeming to care excessively about things that we know don't matter now, like weight loss, or keeping a clean home. One may complain about an unsupportive partner, or become agitated and unable to cope with the chaos that often accompanies a babywearing meeting. You might see a parent snap at an older child, or have difficulty responding to the cues of her infant. These things are of course not a checklist of symptoms, but possible indications that a parent may be experiencing additional challenges.

How to help

Quite possibly the biggest way any of us can help parents with PPMI access the help they need is by creating a culture of openness within our groups. Become comfortable with the subject. If someone brings it up in one of your meetings or in your Facebook chatter group, listen without judgement. If you recognize someone who you believe is struggling, build a relationship with her. If you already know each other well, ask her how she is *really* feeling. And be ready to hear the answer.

One of the most powerful ways a suffering mother can experience a fragment of relief is to know that she is not alone. There is not a single woman I've spoken with about her experience who wasn't moved when she realized that someone else in her life had experienced a form of PPMI. This "me too!" effect is a tool that we should latch onto and use to our advantage! If you've experienced your own postpartum mental illness, talk about it. Ask others to share their stories as well.

Resources

Some of the sources listed below have been especially helpful to me and to other women I have known. Consider sharing these with your group as a whole, or, if you have identified someone you believe is struggling, share specifically with them.

Postpartum Progress (link to <http://www.postpartumprogress.com/>)

Postpartum Support International (<http://postpartum.net>)

Partum, Me (<http://www.partum.me>)

Scary Mommy (<http://www.scarymommy.com/>)

Birth Trauma Association (<http://www.birthtraumaassociation.org.uk>)

Solace for Mothers (<http://www.solaceformothers.org>)

National Postpartum Depression Hotline

1-800-PPD-MOMS

National Suicide Prevention Hotline

1-800-SUICIDE

Psychology Today Therapist directory

(http://therapists.psychologytoday.com/rms/prof_search.php)

References

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- Hunziker UA, Garr RG. (1986) *Increased carrying reduces infant crying: A randomized controlled trial.* Pediatrics 77:641-648.
- Pelaez-Nogueras M, Field TM, Hossain Z, Pickens J. (1996). *Depressed mothers' touching increases infants' positive affect and attention in still-face interactions.* Child Development, 67, 1780-92.
- Tessier R, M Cristo, S Velez, M Giron, JG Ruiz-Palaez, Y Charpak and N Charpak. (1998) *Kangaroo mother care and the bonding hypothesis.* Pediatrics 102:e17.