

Aeroflow  Breastpumps

# The Brain-Boob Connection

RESOURCE GUIDE

## Helpful Links

- [Postpartum Support International](#)
- [Mindfulness Techniques](#)
- [LactMed](#)
- [Social Media Use and Depression](#)
- [Breathing Techniques](#)
- [Taking Care of You](#)
- [Influence of Regular Physical Activity](#)
- [4 Steps to Conquer Your Inner Critic](#)

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## The Pumping Room

Your go-to source for all things pregnancy and breastfeeding.

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## Canopie Mental Health App

Canopie is your partner in maternal mental health. Aeroflow moms have free access to the app, including customized audio & video programs - plus live classes!

Free access code:  
**BRAINBOOB**

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# The Brain-Boob Connection

RESOURCE GUIDE

## Class Notes Table of Contents

- Your Breastfeeding Goals
- Exercises
- Feeding & Wellness Plans
- Questions to Ask Your Support People
- Types of Perinatal Mood Disorders
- Screening
- Resources to Keep on Hand
- Postpartum Depression
- FAQs



# The Brain-Boob Connection

## Class Notes

### Your Breastfeeding Goals

#### MY BREASTFEEDING GOAL

*For example, you may want to write: I want to nurse for 6 months exclusively.*

#### THE MOTIVATION FOR MY GOAL. WHY DO YOU WANT TO ACHIEVE THIS?

*For example: For baby's health and for bonding.*



# Exercises

## Long-Out Breaths

- In two three, out two three, in two three four, out two three four, in two three four five, out two three four five, pause.
- Try to allow that natural rhythm of breathing deeper and slower just flow through you.
- Try it on your own, up to five counts right now.
- Each time you breathe out, try to focus on the sensation of your body and your mind slowing down. If it doesn't slow down, that's okay - just keep trying long breaths in and long breaths out.
- Take breaks as you need to.
- A few more breaths. Good.
- Try to notice with each slowing of the out-breath the sense of the body slowing down, while staying in an alert posture. In your body, feel the sensation of becoming more settled and still.

## Warm Tone of Voice

- Allow your breath to slow, to settle, and try 10 seconds of neutral face and neutral voice tone. On the out-breath, say "hello" to yourself.
- If my name is Anna and I say hello in a neutral way, I would say, "Hello, Anna."
- If I said it in a friendly way, I would say, "Hello, Anna!!" with real joy and real friendliness in my tone.
- Try 10 seconds with a neutral face and a neutral tone of voice on the out breath saying hello to yourself and naming yourself. Breath in and out.
- Now try a friendly facial expression and friendly tone of voice.
- Now back to neutral.
- And finally back to friendly.
- Reflect on what you have experienced.
- Remember, soothing ourselves and soothing our babies can look very similar!



# Exercises (cont)

## Feeling Heavy

- Start by taking a few deep breaths. You'll be repeating a few sets of phrases.
- Silently say to yourself, "*My right arm is heavy.*"
- Repeat each phrase 4 times before moving to the next, closing your eyes when you say the phrase.
- Your pace should be slow and relaxed.
- Before you begin, experiment with what it feels like to take 5 seconds to say "*My right arm is heavy.*"
- Plan to pause for 3 seconds between each statement. This should take about 15 mins.

### ○ **Set 1: Heavy**

- My right arm is heavy.
- My left arm is heavy.
- Both of my arms are heavy.
- My right leg is heavy.
- My left leg is heavy.
- Both of my legs are heavy.
- My arms and my legs are heavy.

### ○ **Set 2: Warmth**

- My right arm is warm.
- My left arm is warm.
- Both of my arms are warm.
- My right leg is warm.
- My left leg is warm.
- Both of my legs are warm.
- My arms and my legs are warm.



# Exercises (cont)

## Feeling Heavy (cont)

### ○ **Set 3: Calm Heart**

- My arms are heavy and warm.
- My legs are heavy and warm.
- My arms and legs are heavy and warm.
- I feel calm.
- My heart feels warm and pleasant.
- My heartbeat is calm and regular.

### ○ **Set 4: Breathing**

- My arms are heavy and warm.
- My legs are heavy and warm.
- My arms and legs are heavy and warm.
- I feel calm.
- My heartbeat is calm and regular.
- My breathing calms me.

### ○ **Set 5: Stomach**

- My arms are heavy and warm.
- My legs are heavy and warm.
- My arms and legs are heavy and warm.
- I feel calm.
- My heart feels calm and regular.
- My breathing calms me.
- My stomach is soft and warm.

### ○ **Set 6: Cool Forehead**

- My arms are heavy and warm.
- My legs are heavy and warm.
- My arms and legs are heavy and warm.
- I feel calm.
- My heartbeat is calm and regular.
- My breathing calms me.
- My stomach is soft and warm.
- My forehead is cool.



# Feeding & Wellness Plans:

Building a supportive space, self-care regimen,  
and network

## YOUR ENVIRONMENT

Where will you sit?

What supplies do you need? (Burp cloth, pillows,  
place to have water...)



# Feeding & Wellness Plans:

Building a supportive space, self-care regimen,  
and network

## SELF CARE

- **Identify your emotional support person**  
*(someone who you can reach out to if you need to discuss how you are feeling)*
- **Plan a food system during your postpartum recovery**
- **Movement** *(plan to move your body with gentle stretches and walks)*
- **Know what helps you relax**
- **Set sleep expectations based on baby's needs combined with yours**





# Questions to Ask Your Support People

- Can they change the baby and bring him or her to you to nurse?
- Can they bring you water or food when you sit down without you having to ask?
- Can they hold the baby while you nap or take a break to take care of yourself?
- Can they take baby on a walk while you pump?
- Can you agree on visitors, and can they facilitate conversations with those who want to visit and make sure it's on your preferred schedule?
- Can they help with laundry, cleaning and shopping?



# Types of Perinatal Mood Disorders and what to look out for

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Postpartum Depression is **NOT** the fault of the mother and can be treated effectively. Reaching out for help is essential to helping mom and baby thrive.

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## **BABY BLUES - 60-80% are affected**

- Starts about 2-3 days postpartum and lasts up to 2 weeks
- Difficulty sleeping; exhausted
- Anxiety
- Crying easily
- Mood swings

## **DEPRESSION - 15-20% are affected**

- Sadness
- Mood swings
- Insomnia
- Irritability
- Hopelessness/Worthlessness
- Crying spells
- More severe (suicidal thoughts and unable to care for newborn)
- Possible thoughts of harming the baby or yourself
- Postpartum Depression can start shortly before birth or any time up to 12 months after birth



# Types of Perinatal Mood Disorders and what to look out for

## **ANXIETY/PANIC - 10-15% are affected**

- Excessive worry often about one's health or baby's health
- Agitation/Irritability
- Restlessness, inability to sit still, feeling on edge
- Easily fatigued, difficulty falling/staying asleep
- Increased somatic symptoms: muscle tension, palpitations, racing heartbeat, SOB, GI distress

## **OBSESSIVE COMPULSIVE DISORDER - 9% are affected**

- Recurrent/persistent thoughts, impulses that are intrusive and unwanted that cause marked anxiety/distress
- Behaviors/mental acts are aimed at preventing/reducing anxiety or distress

## **POST-TRAUMATIC STRESS DISORDER - 1-6% are affected**

- A mental condition that's triggered by a terrifying event.
- Symptoms may include flashbacks, nightmares, and severe anxiety that last for more than one month after the event. Acute trauma resolves within a month. Some examples of trauma in the birthing world are vacuum assisted vaginal birth, emergency c-section, severe pre-eclampsia, shoulder dystocia, unexpected NICU admission, failed pain medication or poor response to anesthesia.

## **BIPOLAR**

- A disorder associated with episodes of mood swings ranging from depressive lows to manic highs.
- Although the specific origin of bipolar disorder is unknown, genetics, environment, and changes in brain structure and chemistry may play a role.



# Types of Perinatal Mood Disorders and what to look out for

## **PSYCHOSIS - 1-2:1,000 are affected**

- A rare illness, compared to the rates of postpartum depression or anxiety. It occurs in 1-2% of births.
- The onset is usually sudden, most often within the first two weeks postpartum.
- Research shows that there is approximately a 5% suicide rate and a 4% infanticide rate associated to the illness.

## **PMAD & FAMILIES - 10% are affected**

- The risk of the father having depression is increased when the mother is struggling with PPD; father's can experience:
  - Feelings of sadness or worry
  - Not being able to enjoy activities that are usually pleasurable
  - Becoming socially withdrawn
  - Changes in sleep, energy level, and appetite
- Both parents experiencing depression can increase the detrimental consequences of depression on children.

## **PERINATAL MOOD & ANXIETY DISORDERS RISK FACTORS:**

- History of psychiatric illness
- History of depression
- Family history of thyroid problems
- Premenstrual Dysphoric Disorder
- Marital dissatisfaction
- Financial stress
- Being over 40
- Lack of social support
- Medical issues in pregnancy
- Teen parent
- Premature infant/NICU
- Childcare stress



# Screening

## EDINBURGH POSTNATAL DEPRESSION SCALE

- Many lactation consultants offer the Edinburgh Postnatal Depression Scale as part of your initial appointment.
  - It provides screening with proper follow-up and treatment including referring patients to mental health providers.
  - If it is suggested that you see a mental health provider, please do that.
  - This screening monitors early warning signs, and help is available.

## Resources to Keep on Hand

- **Maternal Mental Health Hotline**
  - Call or text 1-833-9-HELP4MOMS (1-833-943-5746).
- **Postpartum Support International**
  - Call or Text Helpline: 800-944-4773(4PPD)
- **Postpartum Support International Website:**
  - [postpartum.net/get-help/providerdirectory/](https://postpartum.net/get-help/providerdirectory/)
- **National Suicide Prevention Lifeline**
  - 1-800-273-8255
- **Mindfulness Techniques**
  - To further explore the Mindfulness Technique we practiced in class, please use [this video](#) for reference.



# Postpartum Depression

- Can impact the entire household.
- Can create family conflict.
- Inhibits good mother-baby attachment.
- Can result in discontinuation of breastfeeding.
- Can have a negative impact on newborn growth and brain development.
- The risk of the father having depression is increased when the mother is struggling with PPD.
- Both parents experiencing depression can increase the detrimental consequences of depression on children.
- Infants born to depressive moms have lower levels of engagement and eye contact with their mothers, putting them at risk for malnutrition, problems with attachment, developmental delays.
- Undiagnosed bipolar can have a higher risk of having an occurrence of depression, mania, or psychosis post birth. The family should be educated on what to look out for and are told to promptly notify their mental health provider.



# FAQs

## **Can I continue to breastfeed if I am taking medicine, or should I quit breastfeeding or “Pump & dump” my supply?**

- Many drugs are safe to take while breastfeeding. To some extent, all antidepressants can be found in human milk.
- Caution should be used before making the decision to discontinue breastfeeding.
- You can take your medication shortly after you breastfeed your baby, which can reduce infant exposure according to breastfeeding pharmacokinetic data.
- Carefully review these three considerations with your provider:
  - The medication’s benefits to your mental and physical health.
  - The medication’s risk to the baby.
  - The medication’s risk to your milk supply.
- If you were previously treated for depression and the medication worked well for you, then that needs to be considered in your decision.

## **Does breastfeeding help or harm mood disorders?**

- Breastfeeding helps the mother bond with the infant and can help boost her mood.
- The hormone, Prolactin, aids in the production of milk and stimulates deep sleep. As a result, research shows that exclusively breastfeeding can improve mother’s sleep.

## **Resource for medications and breastfeeding**

- [LactMed](#)

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Classes

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