

## Childbirth Medications

Doctors can use different medications during labor to help with problems that may arise. They must be careful in administering these medications. Some of them have side effects that are not desirable. More importantly, anything that enters the mother's bloodstream also affects the baby. In general, childbirth medications have been shown to be relatively safe for both mother and child.

- **Analgesics.** Analgesics are painkillers. They can cut the pain caused by labor without blocking the woman's ability to deliver the child. Some of the painkillers used are narcotics, which are very strong. When these enter the baby's blood, they may briefly slow down the baby's body systems. The doses used are not strong enough to endanger the baby.
- **Anesthesia.** Some women feel very strong pain. They and their doctors may choose to use an anesthetic. Stronger than a painkiller, these medications completely block the sensation of pain by acting on the nerve cells. There are different types, depending on what nerve cells are affected.

A general anesthesia blocks feeling throughout the entire body. It is rarely used in childbirth, except in a cesarean delivery.

A spinal anesthesia blocks feeling in the lower half of the woman's body. It has been used less often in recent years than in the past. Spinals have some complications, including strong headaches that the woman may suffer after birth.

An epidural anesthesia can block pain specifically in the area of the uterus and vagina. It may slow contractions and may lower the woman's blood pressure.

A caudal anesthesia is similar to a spinal but given to the lower part of the back. Like a spinal, it may cause headaches in the woman after birth. It may also lower the woman's blood pressure.

Local anesthetics may be applied to the woman's vagina. In some births, the attending doctor performs an episiotomy, making a surgical cut so that the vagina can open wider. A local anesthetic may be applied after birth, just before the doctor stitches this cut closed.

- **Pitocin.** Some women need help to start the labor process. Others who go into labor have contractions that are not strong enough to open the cervix and push out the baby. In these cases, doctors may give the woman pitocin. This is a manufactured form of the same hormone produced in the woman's body to cause contractions. Pitocin gives stronger contractions than that natural hormone, however. A woman given pitocin may need a painkiller as well.

### Taking Action

Imagine that you are an expectant mother or father. What concerns would you have about using medication during labor and delivery? List five questions that you might want to ask your doctor.

## Brazelton Neonatal Behavioral Assessment

At birth, a newborn is usually evaluated by the Apgar scale. This test, however, measures only the baby's responses to the stresses of birth. In the early 1970s, pediatrician Dr. T. Berry Brazelton and his colleagues devised another method of evaluating newborns. His test was designed to give pediatricians a method of determining an infant's degree of development, to identify the baby's individual traits, and to help parents understand and care for their newborns.

Dr. Brazelton believes that each child is born with his or her own abilities and characteristics. When parents know their baby's strengths and weaknesses, it helps parents provide appropriate care. The Brazelton Neonatal Behavioral Assessment Scale is used to rate a newborn's abilities and characteristics. It has 28 behavioral items and 9 reflex items. Normally, an infant is tested on the third day of life for the first time. Then the baby is retested once or twice during the first month. The parent observes the test and then discusses the results with the tester.

The Brazelton Scale is based on the assumption that the newborns have to master behaviors in a specific order to thrive.

- First, newborns' bodies must learn to control automatic functions like breathing and maintaining body temperature. During the exam the tester looks for such things as changes in the

baby's skin color; shakiness or trembling; irritability; and the ability to continue breathing normally when disturbed.

- Second, newborns must learn to control their "motor system." They have to learn to stop uncontrolled physical reactions to what happens around them. The baby's muscle tone, reflexes, and amount of activity are checked.
- Third, babies need to learn to control their physical, mental, and emotional states. The tester examines the baby's ability to block out noise and light when needing to sleep, to calm down when upset, and other similar skills.
- Finally, infants must learn to interact with other people. The baby's awareness and response to objects, sounds, and people are tested.

The results of the exam help parents understand their baby's behavior and identify the areas in which their babies need support most. It also helps them determine the best way to interact with their baby and provide the needed support. First-time parents find the results particularly helpful, but even experienced parents can benefit. Research has found that one-year-olds whose parents used the results of the Brazelton Scale scored higher in mental development tests than other babies.

### Taking Action

Write a paragraph describing the concerns parents or caregivers are likely to have about a new baby. What questions would they want the Brazelton Scale—or some other test—to answer in order to help them provide the best possible care for an infant?

## Shedding Light on Postpartum Depression

A new mother may feel thrilled, excited, anxious, and exhausted all at the same time. Dealing with so many emotions causes some new mothers to go through a short period of depression after giving birth. In fact, it is estimated that 70 to 85 percent of new mothers experience some form of the “baby blues.”

For most new mothers, the baby blues show up the third or fourth day after delivery and go away within a week or two. However, about 10 percent of new mothers experience a more prolonged and serious condition called *postpartum depression*. In postpartum depression, feelings of sadness, anger, or frustration do not go away on their own. These feelings may prevent the woman from bonding with her baby and from handling the routines of everyday life. In rare cases, postpartum depression turns into *psychosis* and may cause the woman to harm herself or her child.

Postpartum depression usually begins within a few days of giving birth, but it can occur up to a year later. It can affect a woman after the birth of any child, not just the first.

### CAUSES

Experts believe that postpartum depression is caused by the hormonal changes that naturally occur before and after childbirth. During pregnancy, a woman’s body produces a greater amount of the hormones estrogen and progesterone. After giving birth, her body quickly reduces the amount of these hormones back to a more normal level. This rapid change may affect the woman’s moods and emotional state. A drop in the level of thyroid hormones after giving birth may also contribute to the problem.

Other factors that may play a role in postpartum depression include:

- **Physical exhaustion.** Women often feel physically exhausted from labor, delivery, and the stress of taking care of a new baby. Most new mothers do not get enough rest. Their sleep is often disrupted by nighttime feedings.
- **Self-doubts.** Some women may doubt their ability to be good mothers. Some mothers, especially those who work, may feel inadequate because they cannot keep up with all of the demands on their time.
- **Changes in life or appearance.** Some women—especially first-time mothers—may mourn their old life, feeling isolated because they are not able to spend as much time with friends. The financial strain of having a new baby can compound other worries. Women may also worry that they are not losing the weight gained during pregnancy fast enough.
- **A family or personal history of depression.** Previous problems with depression increase the risk of developing postpartum depression.

One or more of these factors can affect how a woman feels after giving birth and may contribute to postpartum depression.

### SYMPTOMS

Symptoms of postpartum depression vary from woman to woman. The symptoms usually last longer than two weeks. Some of the symptoms include feeling irritable, sad, or hopeless. A woman with postpartum depression may cry uncontrollably for long periods of time. She often lacks energy and may want to stay in bed. She may have mood swings or appear confused. She may consistently eat too little or too much. She may withdraw from family or friends. She may show little or no interest in the baby. In the most extreme cases when psychosis occurs, she may have thoughts of harming the baby or herself.

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**GETTING HELP**

Ashamed about their unexpected feelings, many women try to keep them hidden. They often feel guilty and are convinced that they are not good mothers. A woman who is experiencing these feelings needs to talk honestly with her physician. She may be referred to a therapist who can help her deal with her feelings. The doctor may recommend joining a support group to share feelings with other women who suffer from postpartum depression. If appropriate, the doctor may also prescribe antidepressant medication to help relieve symptoms.

There are some practical steps that a new mother can take to help alleviate the symptoms of postpartum depression. To get more rest, a new mother should try to sleep when her baby sleeps. New mothers should also ask for help with housework, meals,

and the other children in the family. They should avoid spending too much time alone. Talking with other mothers or joining a mothers' group often helps a new mom feel less isolated. Getting some exercise can also be helpful.

It is important for family and friends to recognize the signs of postpartum depression and make sure that the mother gets the help she needs. Left untreated, postpartum depression can keep a woman from providing the love and attention that the baby needs to grow and develop normally. This can lead to delays in language and emotional development. While the mother is getting help, it is important that the father and other family members provide the attention and emotional bonding that the baby needs to thrive.

**Taking Action**

Imagine that a neighbor has just given birth to a new baby and already has a three-year-old at home. Her husband is out of the country on a military assignment. Explain how you could develop a plan to help her (personally and as part of a group) for the next six weeks.