

Promoting Healthy Beginnings

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If you would like to contribute to our newsletter as a writer or with suggestions for future articles, please call, fax or e-mail the office.

The Effects of Vitamin D on Maternal Mental Health

Postpartum depression can be a serious problem for many women. However, there is growing evidence that low vitamin D levels may contribute to this disorder. (Stephen J. Genuis, 2015). Vitamin D plays a vital role in helping to release dopamine and serotonin, which is one of the reasons it is so beneficial for women to optimize their Vitamin D level. This can be accomplished by regular, short periods of sun exposure to increase the body's natural production of Vitamin D, and if necessary, by Vitamin D supplementation.

A study done by Vieth, Kimball, Hu and Walfish (2004) looked at 46 participants who completed at least 3 months of Vitamin D supplementation. The authors used a survey of six questions pertaining to the participants' feelings of wellbeing—both before and after supplementation. The study concluded that there was a significant improvement after supplementing 4000 IU/day of Vitamin D. This study is one of two that explored the effects of Vitamin D on feelings of wellbeing during winter months. The second study took place the following year with the same group of participants, while also introducing some new ones. It was concluded that the individuals from the previous study already had significantly better scores regarding feelings of wellbeing compared to new participants. This variance was attributed to the original group's previous and continued intake of Vitamin D.

What does this mean for pregnant women?

- **Vitamin D can significantly decrease the risk of postpartum depression.**

Many pregnant women have low Vitamin D levels which can lead to mental health issues. If the mother takes Vitamin D supplements throughout pregnancy and after, her feelings of wellbeing are more likely to be maintained. It is well known that there is no love like that of a mother. However, if mom is displaying depressive symptoms (feeling guilty, angry, sad, hopeless, or feeling nothing at all), she can have a hard time expressing love for her child.

- **Vitamin D can increase energy.**

Having energy is important during pregnancy. It improves one's ability to deal with daily stressors and to maintain a supportive, nurturing environment. It also supports the ability to become physically active, which in and of itself is known to improve feelings of wellbeing.

- **Vitamin D can help improve appetite.**

Because of its effects on depressive symptoms, Vitamin D may improve appetite. When people are depressed they often don't feel like eating and may not eat for days. Not eating enough (or at all) deprives the body of nutrients vital to our physical and emotional wellbeing. If a mother is breastfeeding, this means the baby will be nutrient deprived as well.

Source: Genuis 2005; Vieth, Kimball, Hu and Walfish 2004

Folic acid in breast milk helps babies build healthy new cells

According to womenshealth.gov, everybody needs folic acid. However, folic acid is more important for women who are pregnant or may become pregnant. Folic acid can help prevent major birth defects like spina bifida and anencephaly. Since these defects occur within the first few weeks of pregnancy, it is important that women start taking folic acid supplements prior to pregnancy. Taking folic acid throughout pregnancy and afterward will increase the body's level of folates and fortify breastmilk, which is supportive to the baby's development as he/she continues to grow.

- **What is folic acid?**

Folic acid is a folate supplement. Many women do not get all the folate they need through food alone and are therefore more susceptible to a deficiency. Because of this, some doctors may recommend taking folic acid.

- **What happens if someone has a folate deficiency?**

Women with a folate deficiency are at a risk for having a child with birth defects, preterm delivery, low infant birth weight, fetal growth retardation, and may feel soreness, have shallow ulcerations on the tongue, and changes in skin, hair or fingernail pigmentation. Since folic acid helps grow healthy new cells and may increase heart health, it is recommended that women take folic acid as part of a daily routine.

- **Who is at risk for folate deficiency?**

According to the National Institute of Health, Office of Dietary Supplements, people with alcohol dependence, women of childbearing age, pregnant women, and people with malabsorptive disorders are at risk for folate deficiency. It is of great importance that women of childbearing age who are sexually active supplement adequately, as food alone, even when adding a regular multivitamin (one that's not specifically designed for pregnancy) may not be adequate should an unplanned pregnancy occur. Pregnant women are at an increased risk for deficiency because the body simply demands more folates during pregnancy.

- **What is the recommended daily amount of folate intake?**

Infants between birth and 12 months old should be getting 65-80 mcg daily (through breast milk, formula, and food only), 1 year olds to 19+ should be getting 150-400 mcg daily, and pregnant and lactating women need between 500 and 600 mcg daily. Women should always consult with a doctor to be sure they are receiving an adequate amount. Taking too much folic acid can mask symptoms of B12 deficiency. If you or someone you know is concerned about folate levels, talk to a doctor.

- **How can someone increase folate intake?**

Folates can be found naturally in foods such as leafy greens, beans, some fruits, eggs, and some meats such as chicken and beef. Supplemental folate comes in the form of folic acid which is what is used for multivitamins, prenatal vitamins, B-complex vitamins, stand-alone supplements, and enriched foods such as cereals and breads.

- **Does a woman no longer of childbearing age still need folates?**

Absolutely. Womenshealth.gov states that older women still need 400 mcg of folic acid daily to maintain good health. However, older adults may also need to be sure they are getting enough vitamin B12, as people over the age of 50 are at an increased risk of a vitamin B12 deficiency.

- **Folate and mental health**

Some studies have shown that folate is a promising stand-alone and adjunctive treatment for depression (National Institute on Biotechnology Information). Likewise, people who are folate deficient may have an increased risk of depression, therefore, folic acid supplementation could be helpful in treating depressive symptoms. However, more research needs to be done in this area to determine if folic acid during pregnancy has implications on the mental health of the baby.

Source: womenshealth.gov, NIBI, NIH: Office of Dietary Supplements

Delayed Cord Clamping: 30 seconds can make a difference

Delayed Cord Clamping (DCC) is best described as waiting at least 30-60 seconds after birth to clamp or cut the baby's cord. The World Health Organization (WHO) states that waiting to clamp the cord at birth can improve the infants iron levels for the first 6-8 months of life. It is also important to note that when your baby is born, the placenta and cord contain about a third of the baby's blood. A large number of parents are now choosing delayed cord clamping for their child in order to get 100% of the blood to the infant.

- **What are the benefits of delayed cord clamping?**

The WHO states benefits of delayed cord clamping as increased blood pressure, improved red blood cell flow, decreased risk of late-onset sepsis as well as a decreased risk of the need for blood transfusions due to anemia or low blood pressure. Blood in the placenta is not "extra" or "waste"—it belongs to the baby. Immediately after birth, placental transfusion takes place and delivers blood and oxygen back to the baby. This process is essential for getting the baby the key vitamins and nutrients it needs.

- **Are there any risks of delayed cord clamping?**

There have been some studies that show delayed cord clamping may increase the risk of jaundice.

- **Why is delayed cord clamping better than immediate cord clamping?**

When you clamp or cut the cord immediately after birth, without waiting for the pulsations to stop, you are cutting off a third of the infant's total blood supply. This practice increases several risk factors. Immediate cord clamping can result in low iron stores for up to 6 months after birth. Iron deficiency in the first few months of life is sometimes linked to neurodevelopmental delay. Immediate cord clamping can also result in complications for the mother. Evidence shows early clamping can increase the risk of post-partum hemorrhage and retained placenta in which the placenta becomes engorged with blood, making it very difficult to be passed through the uterus.

- **Who should consider delayed cord clamping?**

Women who have pre-term births are great candidates for delayed cord clamping. While research has shown positive effects of delayed clamping on healthy infants, studies show significant improvement in pre-term babies. However, women who deliver by C-section may not be the best candidates for delayed cord clamping. In this case, the uterus is cut, and delaying clamping could put the mother at risk for post-natal hemorrhaging.

- **How does this affect the mother?**

There are not many studies regarding how delayed cord clamping affects the mother, however some studies have raised concerns that it could create problems such as hemorrhaging after delivery of a preterm infant.

- **Does the baby have to stay lower than the placenta during delayed cord clamping?**

No. Studies have shown no significant difference regarding transfusion based on where the baby is placed while awaiting cord clamping.

In most cases, waiting at least 30-60 seconds to clamp the cord has proven to be beneficial to both pre-term and full-term babies. It assists in increasing newborn blood pressure, circulation, aids in transition to life outside the womb, gives the child full, normal, healthy blood cell count, provides iron and stem cells, and can help at-risk newborns achieve better results. Women should do their own due diligence and research the benefits of delayed cord clamping themselves. Doctors and nurses are encouraged to do the same. When all parties are informed and on the same page, the birthing process can be much smoother.



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Our Mission

To improve birth outcomes and maternal, child and family health, facilitate collaboration among providers and community organizations and advocate for change.

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Did you know that 1 in 5 women will experience a perinatal mood or anxiety disorder?

Chances are, if you are working with pregnant women, you are coming across these disorders regularly. When depression goes untreated for a pregnant woman, she is at greater risk for poor prenatal behaviors (nutrition, prenatal care, substance abuse, etc...) and a poor birth outcome. She is also at risk for less healthy parenting behaviors which translates to greater risks for her infant. These risks include lower mother-infant attachment, language delays, behavioral problems, lower cognitive performance and more.

Many of our partners in the Mohawk Valley have expressed being challenged by this issue, either because they need more information, or because they need more support and resources. We are here to help. Mohawk Valley Perinatal Network and Samaritan Counseling Center of the Mohawk Valley have partnered to provide Perinatal Mood and Anxiety Disorder (PMAD) training across Oneida and Herkimer counties. Training will help providers distinguish between the baby blues and the 6 types of PMAD that pose a greater threat to mom and baby; provide evidence based tools for screening and assessment; and offer treatment considerations and local resources.

**Training is free and scheduling is flexible.
 Call today!**

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