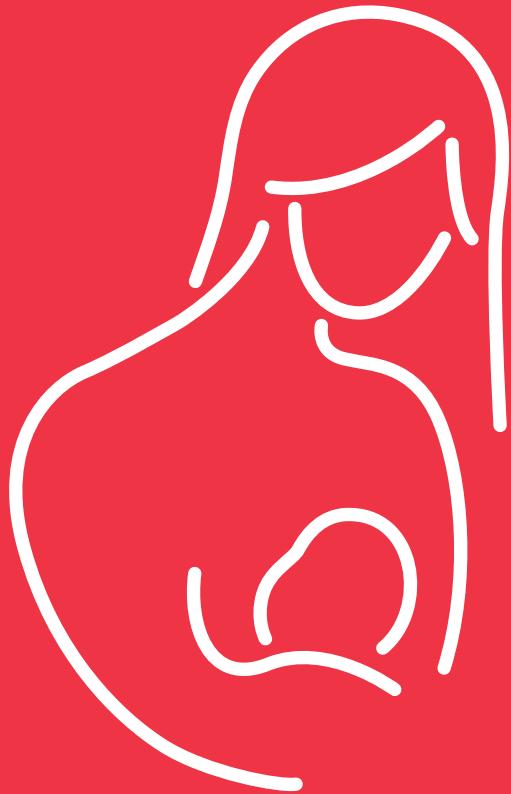


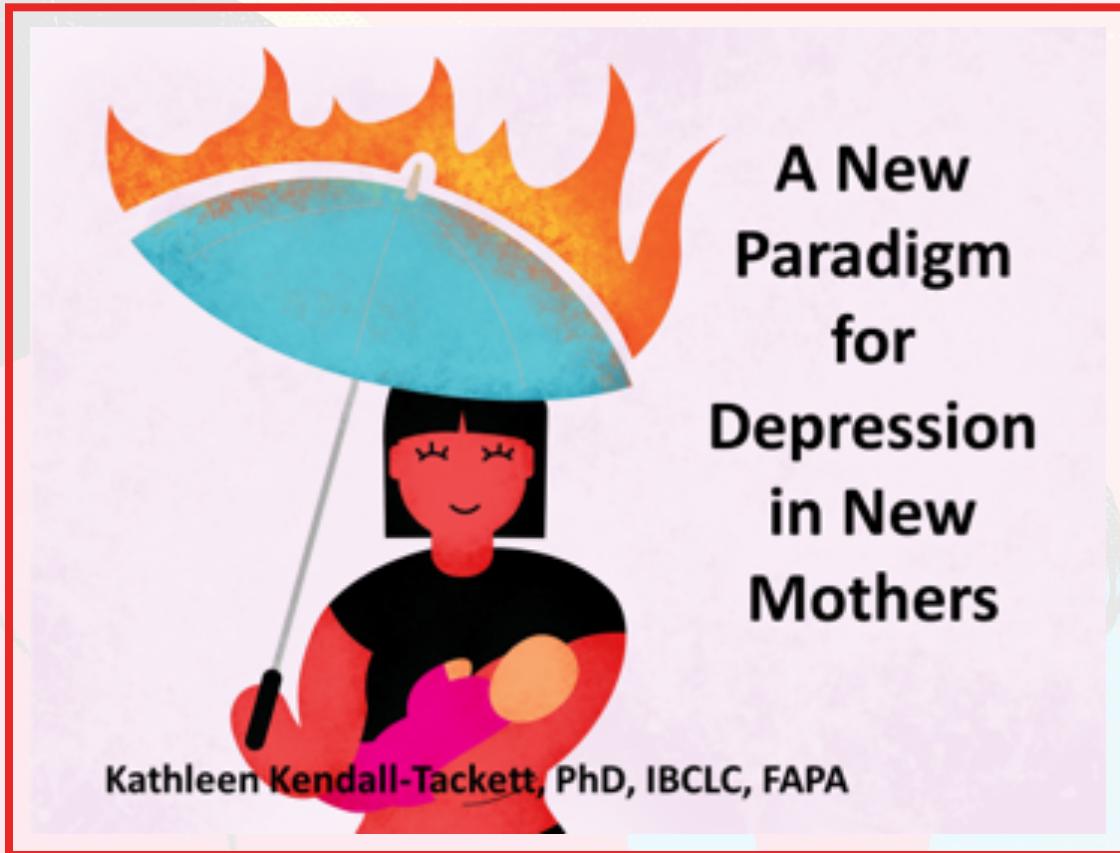
Conference Sessions

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA
2019-2020



Maternal Mental Health

A New Paradigm for Depression in New Mothers



Recent research has revealed that inflammation, part of the stress response, is the underlying physiology of depression. The perinatal period makes women especially vulnerable because inflammation naturally increases during the last trimester of pregnancy, the time when women are most at risk for depression and continues through the postpartum period. In addition, common experiences of new motherhood, such as sleep deprivation, pain, and psychological trauma, cause inflammation levels to rise. This session will describe the inflammatory response as a critical part of the stress response. This session will also show why breastfeeding and anti-inflammatory treatments, such as Omega-3s, cognitive therapy, and antidepressants, protect maternal mental health by lowering inflammation.

Does Breastfeeding Protect Maternal Mental Health?



The illustration shows a woman with dark hair, wearing a pink hoodie, holding a baby in a light blue onesie. She is standing under a pink umbrella. The background is a light blue gradient.

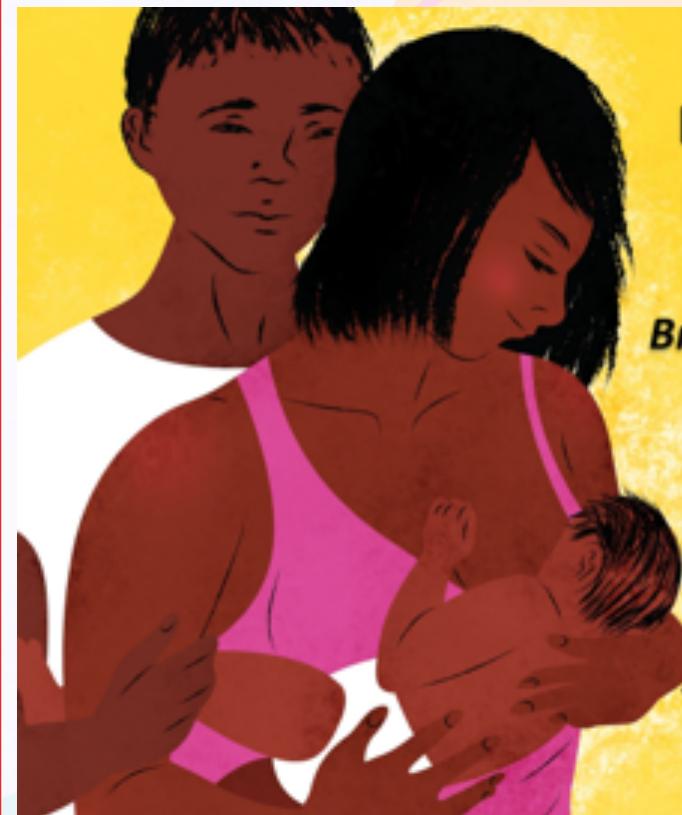
**Does
Breastfeeding
Protect Maternal
Mental Health?
*The Role of Oxytocin
and Stress***

Kathleen Kendall-Tackett,
PhD, IBCLC, FAPA

Breastfeeding and depression have a complicated relationship. On one hand, mothers who are depressed are less likely to initiate or continue breastfeeding. On the other hand, exclusively breastfeeding mothers are less likely to be depressed. To understand this apparent contradiction, it's important to understand the underlying physiology of the stress vs. oxytocin response. Oxytocin suppresses the stress response, providing protection for the mother. Conversely, stress suppresses oxytocin, which makes both depression and breastfeeding difficulties more likely. Birth interventions also have a role in activating this system. This session describes oxytocin vs. stress and then applies this knowledge to recent studies to understand whether breastfeeding actually protects maternal mental health.

Note for conference organizers: New Paradigm and Depression and Breastfeeding overlap substantially. I recommend only selecting one.

Breastfeeding Makes All the Difference



Breastfeeding Makes All the Difference

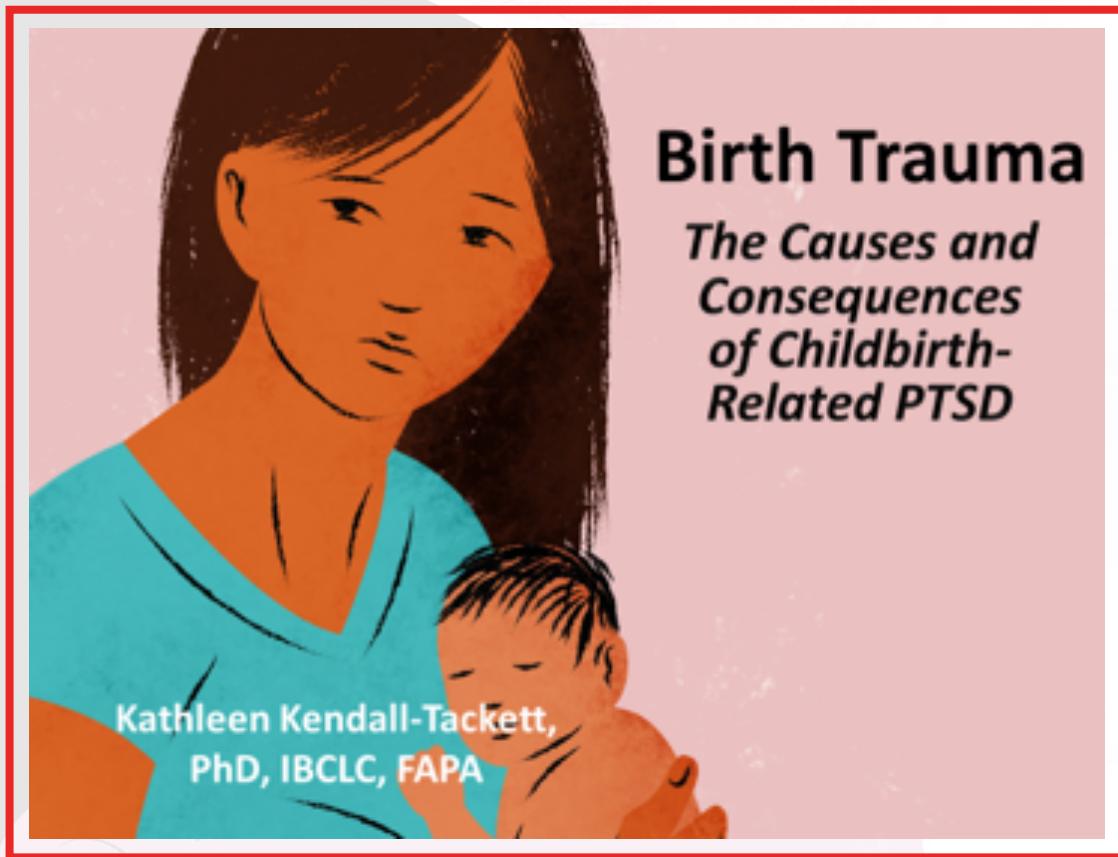
*Breastfeeding's Role
in Overcoming
Adversity*

*Kathleen Kendall-
Tackett, PhD, IBCLC,
FAPA*

We do not live in a perfect world. Many new mothers have experienced abuse and adversity as children. They want to be good mothers, but they often wonder whether they will perpetuate the cycle of violence that they have experienced. They may also have a history of depression, anxiety, or PTSD, and wonder whether these conditions have harmed their children. Fortunately, we can offer new mothers hope. Recent studies have found that breastfeeding helps mothers mother—even when there is a history of abuse. It's not about the milk; it's the physical act of breastfeeding. Breastfeeding improves maternal sleep, lowers the risk of depression, lessens anger and irritability, and even attenuates the negative effects of past sexual assault. Breastfeeding offers mothers a chance to do things differently. When it comes to overcoming adversity and stopping the intergenerational cycle of violence, breastfeeding makes all the difference.

Note to organizers: This works well with New Paradigm or Depression and Breastfeeding. It is also works well as an opening or closing presentation. It overlaps with Metabolic Syndrome and Weighing in on Obesity, so I don't recommend it with those two presentations.

Birth Trauma



Trauma after birth is unfortunately quite common around the world. So much so that the World Health Organization has highlighted the problem of women receiving abusive or trauma-production care during labor and postpartum. In fact, recent studies have found that as many as 1 in 4 women have symptoms of posttraumatic stress disorder (PTSD) following their births. Many more experience depression or anxiety. What types of symptoms do they have and how do these symptoms impact breastfeeding and women's emotional health? In this session, you will learn about the DSM-5 criteria for PTSD and why some types of births are more likely to cause symptoms. You will also learn how these symptoms might impact breastfeeding, and what mothers and practitioners can do to help.

Note to organizers: This presentation works well with any on this list.

The Impact of Violence against Women in the Perinatal Period

The Impact of Violence against Women in the Perinatal Period

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA



Events from childhood can influence a woman's current mothering experience and her health and well-being. Fortunately, these experiences do not have to be the blueprint for the rest of her life. This session provides an overview of recent research on the effects of Adverse Childhood Experiences (ACEs) and Intimate Partner Violence. Also covered are the impact of violence on breastfeeding and how it can affect a woman's body, mind and spirit. You will learn how providers can help and how to stay within your scope of practice as a breastfeeding supporter.

Note to Organizers: This presentation works with any on this list. It goes particularly well with Breastfeeding Makes All the Difference.

Nighttime Breastfeeding and Postpartum Depression/Anxiety



Does nighttime breastfeeding elevate the risk of postpartum depression? An increasing number of sources tell mothers not to breastfeed at night in order to prevent depression. While this advice is well-intended, there is little evidence that suggests that it works. It can also be quite problematic for breastfeeding mothers to maintain. Several recent studies, including ours, have found that breastfeeding mothers report more sleep and less daytime fatigue than their formula- or mixed-feeding counterparts.

Note to organizers: This presentation works well with either New Paradigm or Depression and Breastfeeding.

The Effect of Depression and PTSD on Mother-Infant Sleep



THE EFFECT OF DEPRESSION AND PTSD ON MOTHER-INFANT SLEEP

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA

Can mothers' mental state affect how mothers and babies sleep? This seminar examines the impact of maternal depression and PTSD on mother-infant sleep. If mothers have depression or PTSD during pregnancy, it affects their babies' sleep, but other factors moderate those effects. Breastfeeding also affects mother-infant sleep, but there are substantial differences in these effects between exclusive and partial breastfeeding. Infant sleep location adds one more factor that outcomes for both mothers and babies. The message of this presentation is this: maternal mental health does impact both mothers' and babies' sleep and it can make breastfeeding more difficult. However, mothers can overcome these effects and breastfeeding is one important way to modify the physiological effects of depression and trauma.

Note to Organizers: This talk works well with most of the presentations on this list. It does somewhat overlap with Nighttime Breastfeeding.

Breastfeeding and Mothers' Physical Health

Why Breastfeeding Prevents Maternal Metabolic Syndrome and Cardiovascular Disease



Why Breastfeeding Prevents Maternal Metabolic Syndrome and Cardiovascular Disease

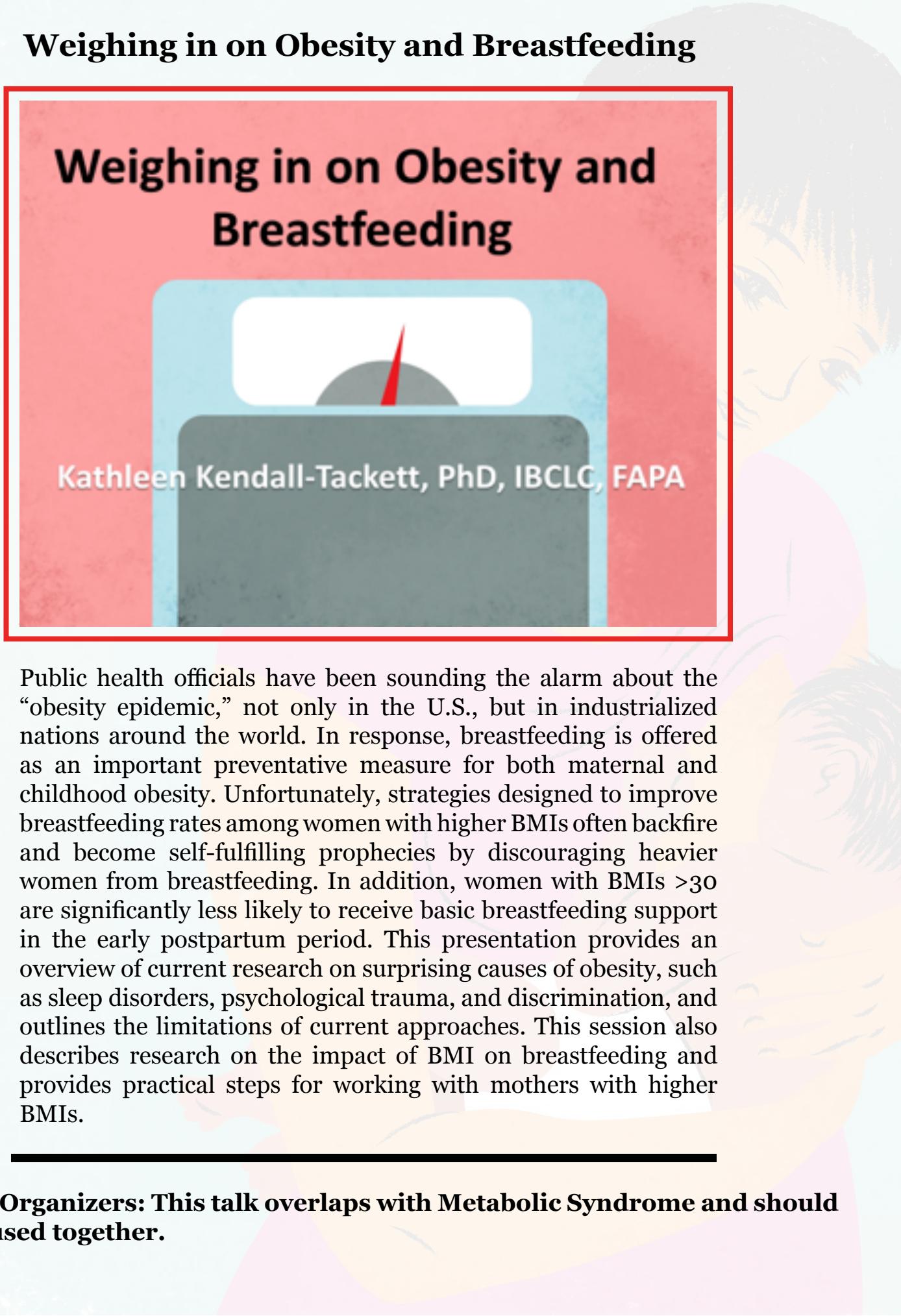
Kathleen Kendall-Tackett, PhD,
IBCLC, FAPA

Several large clinical trials and meta-analyses have demonstrated that breastfeeding lowers women's lifetime risk of metabolic syndrome, diabetes, and cardiovascular disease. Further, these studies have documented a dose-response effect: the longer that women breastfeed, the lower the risk. The intriguing question is why this occurs. Research from the field of health psychology provides several possible mechanisms that can explain this effect. In this session, you will learn the many ways that breastfeeding positively affects women's health. Breastfeeding downregulates the stress response, lowers inflammation, decreases depression, improves mother's sleep quality, decreases daytime fatigue, and even attenuates the effects of psychological trauma.

Note to Organizers: This presentation overlaps substantially with Weighing in on Obesity. These presentations should not be used together.

Weighing in on Obesity and Breastfeeding

Weighing in on Obesity and Breastfeeding



Kathleen Kendall-Tackett, PhD, IBCLC, FAPA

Public health officials have been sounding the alarm about the “obesity epidemic,” not only in the U.S., but in industrialized nations around the world. In response, breastfeeding is offered as an important preventative measure for both maternal and childhood obesity. Unfortunately, strategies designed to improve breastfeeding rates among women with higher BMIs often backfire and become self-fulfilling prophecies by discouraging heavier women from breastfeeding. In addition, women with BMIs >30 are significantly less likely to receive basic breastfeeding support in the early postpartum period. This presentation provides an overview of current research on surprising causes of obesity, such as sleep disorders, psychological trauma, and discrimination, and outlines the limitations of current approaches. This session also describes research on the impact of BMI on breastfeeding and provides practical steps for working with mothers with higher BMIs.

Note to Organizers: This talk overlaps with Metabolic Syndrome and should not be used together.

Practice

What We Can Learn from Fed is Best



What We Can Learn from Fed Is Best

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA

Fed Is Best is an organization with a large social media presence that advocates for supplemental formula to be given to newborns in order to prevent accidental starvation. Although many breastfeeding advocates feel that they do not accurately portray breastfeeding, and they strenuously disagree with their recommendations, Fed Is Best have identified some areas where we could improve mother-infant care. It's important for breastfeeding professionals to understand and learn from situations where mothers have fallen through the cracks in our system of care.

Note for Organizers: This presentation can be used with any on this list.

Burnout, Compassion Fatigue, and Moral Injury in Members of the Perinatal Team



Burnout, Compassion Fatigue, and Moral Injury in Members of the Perinatal Team

Kathleen Kendall-Tackett, PhD, IBCLC, FAPA

Working in perinatal care can be deeply rewarding. It can also lead to job-related burnout, secondary traumatic stress, and moral injury. Secondary traumatic stress (compassion fatigue), or moral injury, can occur when witnessing traumatic events in the workplace. This can occur when witnessing infant death or traumatic births, or when there is too much work, or work that doesn't seem to make a difference, and little institutional support. Unfortunately, this is remarkably common among caregivers for perinatal women. Burnout, compassion fatigue, and moral injury can lead to physical and mental health sequelae for care providers and have a negative effect on the care they provide. Self-care is essential for being able to provide care to others. In this presentation, participants will learn about the causes and consequences of burnout, compassion fatigue, and moral injury. Fortunately, there is hope for recovery. Participants will learn some specific strategies for integrating self-care into their care for others.

Note for Organizers: This presentation works well with any on this list.

Should this study change my practice?



Hundreds of breastfeeding studies are published every year. How do you determine if findings from a study should change your practice? This session will focus on what every clinician should know about interpreting research results. You will learn how to evaluate the quality of studies and determine whether they apply to your practice. We will discuss the question the study seeks to address, the quality of the design and methodology, and the application of the findings. Not all studies are created equal. Participants will learn to distinguish between studies that are well done and those that are weaker through plenty of real-world examples.

Note to Organizers: This presentation works well with all of those presentations and is appropriate for participants who want to geek out.

About the Speaker

Dr. Kendall-Tackett is a health psychologist and International Board Certified Lactation Consultant, and the Owner and Editor-in-Chief of Praeclarus Press, a small press specializing in women's health. Dr. Kendall-Tackett is Editor-in-Chief of two peer-reviewed journals: Clinical Lactation and Psychological Trauma. She is Fellow of the American Psychological Association in Health and Trauma Psychology, Past President of the APA Division of Trauma Psychology, and a member of the APA's Publications and Communications Board. Dr. Kendall-Tackett specializes in women's-health research including breastfeeding, depression, trauma, and health psychology, and has won many awards for her work including the 2017 President's Award for Outstanding Service to the Field of Trauma Psychology from the

American Psychological Association's Division of Trauma Psychology. Dr. Kendall-Tackett has authored more than 460 articles or chapters and is author or editor of 38 books. Her most recent books include: Depression in New Mothers, 3rd Edition (2017, Routledge UK), Women's Mental Health Across the Lifespan (2017, Routledge US, with Lesia Ruglass), and The Phantom of the Opera: A Social History of the World's Most Popular Musical (2018, Praeclarus).

Contact:

Kathleen Kendall-Tackett
kkendallt@gmail.com
603-496-9227

Ken Tackett-Production Manager
Ken@praeclaruspress.com
603-724-7995

