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# Postpartum Nutrition Module

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# Postpartum Nutrition Module

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# Introduction

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Bringing a new baby into the world can be amazing, challenging, and rewarding. But delivering a baby doesn't simply mark the end of pregnancy; it's actually the beginning of a whole new life for *both* baby and mom. And, as many mothers will tell you, the months that follow can be just as challenging and rewarding as the delivery itself.

## Little Baby, Big Changes

After a woman gives birth, physical changes begin immediately. First, she experiences new discomforts resulting from the physical demands of labor and delivery. Then, in the weeks and months to follow, her body changes dramatically as she adapts to a non-pregnant state. And, compared with the months she was pregnant, her nutrient needs change as well.

Emotionally and socially, a new mother's life becomes very different. The postpartum period is full of ups and downs — she may feel overjoyed one minute and overwhelmed the next. And the new baby quickly becomes a significant factor in a woman's relationship with her spouse, family members, friends, and co-workers.

Daily activities suddenly change. After nine long months of taking care of herself, caring for a newborn becomes the priority. Even an experienced mom must learn to care for a new baby while also meeting the needs of her other children. Some women adapt easily to motherhood, but many others are consumed by the task of caring for a newborn. Taking a shower becomes a luxury. Getting enough rest is nearly impossible, and finding the time to exercise or prepare and enjoy a healthy meal may seem out of the question.

It's no wonder that postpartum women need — and want — helpful advice during this time. And that's where WIC can help. WIC staff members have the unique opportunity to talk with new moms and focus on ways to improve their nutritional health and well-being. This self-paced module is designed to

teach staff about the nutrient needs of postpartum teens and women, and address some of the issues that can influence those needs — issues such as weight management, postpartum depression, and future pregnancies.

### **How to Use This Module**

The module is divided into five parts. After reading the information in each part, answer the questions at the end before going on to the next part. After you complete the questions, have your supervisor check them. *Answers to the self-test questions appear in a companion publication, TDH stock no. 13-42-1.* If you don't answer all the questions correctly, you'll need to reread each pertinent section and find the correct answers.

After reading this module and completing the self-test questions, you will be more prepared to help new moms eat better, set goals to improve their health, and make healthier choices for themselves and their families.



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# Nutrient Needs After Pregnancy and Delivery

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*Part 1*

## **Objectives**

Most people know that nutrient intake is important during pregnancy. But what happens after the baby is born? How do nutrient needs differ during the postpartum period? And what advice should you give to new mothers about the foods they eat? We'll answer these questions in this portion of the module.

After completing this part, you'll be able to:

- list three factors that can deplete nutrient stores during pregnancy and delivery;
- identify ways to increase iron absorption;
- recognize sources of calcium and its significance for teens and women;
- describe the importance of folic acid for women of childbearing age;
- identify fluid needs for postpartum women;
- define and list examples of empty-calorie foods;
- identify basic nutrition information related to breastfeeding women; and
- list two reasons postpartum teens tend to be at nutritional risk.



## **The Goals of Postpartum Nutrition**

Even though a new mother is no longer pregnant, she still has her own set of nutrient needs and nutritional goals. Weight loss is the number-one goal for many postpartum women, but other issues are just as important. They include:

- replenishing nutrient stores;
- meeting current nutrient needs; and
- laying the foundation for future pregnancies.

**Replenishing nutrient stores** — After 9 months of pregnancy and hours of labor and delivery, a woman’s nutrient stores are often depleted. It’s hard to say exactly which nutrients she’ll need to restock and by how much — it depends on things like her diet during pregnancy, current or prior conditions that affect her nutrient intake or nutrient status, whether she had severe morning sickness throughout pregnancy or significant blood loss during delivery, whether she carried and delivered multiple babies, and whether she’s a smoker or uses drugs or alcohol. Eating a healthy, well balanced diet will help replenish nutrient stores over time.

**Meeting current nutrient needs** — A new mother's nutrient intake should also provide for her current needs. Postpartum women who aren't breastfeeding have the same nutrient recommendations as other non-pregnant women. Breastfeeding women, on the other hand, have much higher requirements for most nutrients. Also, postpartum teens have their own unique needs since they're still growing. You'll find more information on breastfeeding women and teen moms later in Part 1.

**Laying the foundation for future pregnancies** — Now more than ever, health professionals are urging women to eat right and manage their weight *before* getting pregnant. For example, adequate folic acid intake at the time of conception and during early pregnancy is crucial for reducing the risk of neural-tube defects. Also, a woman who starts out her pregnancy with adequate stores of iron, calcium, and other nutrients will fare better than one who eats poorly and begins her pregnancy with nutrient deficits. So, even though most postpartum women aren't spending lots of time planning their next pregnancy, WIC staffers do have the opportunity to help women adopt eating patterns that will better prepare them should they become pregnant again.

## **Important Nutrients for Postpartum Moms**

All nutrients are important, but some are especially significant for women. Postpartum women should eat a balanced diet that provides enough folic acid, calcium, iron, fiber, and water, in addition to other essential nutrients. Also, it's important for new moms to *limit* fat and simple sugars. (For more detailed information about all the essential nutrients, refer to Part 1 of the *Basic Nutrition Module*, stock number 13-33.)

**Folic acid** — The body needs folic acid to make new cells and for protein synthesis and growth. Folic acid is especially important for women because it can help prevent up to 70 percent of neural-tube defects, a class of birth defects involving the brain and spinal column. The neural tube



*Naturally occurring folate is found in foods such as dried beans and peas, leafy greens, orange juice, and asparagus. Also, many breads and cereal products are fortified with folic acid.*

*Good sources of calcium include dairy products, leafy greens, canned fish with bones, certain nuts and seeds, blackstrap molasses, and fortified breads and juices.*

of the fetus develops and closes within the first 30 days of pregnancy, so an adequate intake of folic acid is crucial just before conception and during the first few weeks of pregnancy. Experts recommend that all women of childbearing age get adequate amounts of folic acid on a continuous basis from foods and daily multivitamins. That way, if a woman does get pregnant, she'll be getting the folic acid she needs in the early weeks.

**Folate**, the naturally occurring form of the vitamin, is found in a variety of foods, including legumes and leafy greens. Other dietary sources include cereal and bread products fortified with folic acid. While the body only absorbs about 50 percent of folate occurring naturally in foods, it absorbs nearly 100 percent of synthetic folic acid found in fortified foods and vitamin supplements.

The recommended intakes of folic acid for postpartum women are: 400 µg/day for non-breastfeeding women, 500 µg/day for breastfeeding women, and much higher levels for women who have had a baby with a neural-tube defect. A participant should follow her doctor's directions on the use of vitamin supplements. Daily multivitamin supplements typically supply 400 µg of folic acid.

**Calcium** — Calcium needs are highest during the teenage years, but WIC emphasizes calcium intake for all women



because it's such an important nutrient for bone health, and because many women don't get enough calcium in their diets. In later adulthood, if there's a long history of poor calcium intake combined with other risk factors, the bones can become thin and

brittle, a condition known as osteoporosis. The best ways to avoid osteoporosis are (1) getting enough calcium during the teen years when the bones are growing, and (2) reducing calcium loss during the adult years by eating a calcium-rich

diet, getting plenty of exercise, not smoking, and not abusing alcohol.

Calcium recommendations have changed in recent years. The current calcium recommendation is 1000 mg/day for all women age 19 and older, regardless of whether they're pregnant, breastfeeding, or neither. Teenage girls, on the other hand, require more calcium since they're still growing. In fact, a girl forms nearly half her body's bone mass between ages 11 and 15. So all teenage girls (pregnant, non-pregnant, and breastfeeding) should get at least 1300 mg of calcium each day.

Dairy products are the richest sources of calcium. It takes at least three servings of milk products to meet the 1000 mg/day calcium requirement (and at least four servings for teens to get 1300 mg of calcium a day). Many women and teens avoid milk products in an effort to cut back on fat and calories, but fortunately, there are plenty of low-fat and fat-free dairy products available. Women who are severely **lactose intolerant** or who follow a **vegan diet** need non-dairy sources of calcium to meet their needs. It is possible to get enough calcium from non-dairy sources, but it's not easy. Fortified soy milk, firm tofu, and fish with edible bones (canned sardines and salmon), do offer considerable amounts, as do fortified foods such as calcium-fortified breads and juices. Also, almonds, sesame seeds, and turnip, beet, and collard greens contribute calcium, but in smaller amounts as compared with dairy foods.

**Iron** — Iron is an important mineral that helps to carry oxygen through the blood. A diet lacking in iron results in depleted iron stores, which over time leads to anemia. WIC emphasizes iron during the postpartum period because anemia is a widespread public health concern. In fact, a recent study showed that low-income postpartum women have a substantially greater risk of iron deficiency compared to women who have never been pregnant. Some women become iron deficient during pregnancy, while others lose significant amounts of blood during childbirth, thus depleting their stores. What's more, in order to meet the daily recommended

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*People who are **lactose intolerant** have difficulty digesting lactose, the sugar in milk. But they can often tolerate cheese, yogurt, and small amounts of milk.*

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*Women who follow a **vegan diet** eat only foods from plant sources; they don't consume any dairy products.*

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**Heme iron is found in various animal products.**

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**Non-heme iron is found in plant products such as dried beans, tofu, dried fruit, and the skin of potatoes.**

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intake of iron, a woman needs to eat a very well balanced diet with plenty of iron-rich foods. That's not always easy, especially for new moms who often cut back on their food intake in an effort to lose weight.

There are two kinds of iron in foods. **Heme iron** is found in animal products such as beef, chicken and pork. **Non-heme iron** is found in foods such as dried beans, tofu, dried fruits, and fortified cereals. Also, cooking in cast-iron pots can add iron to foods. The body only absorbs about 2 to 35 percent of the iron that we eat, but there are ways to increase iron absorption. Foods high in vitamin C increase iron absorption, so, for example, drinking orange juice with iron-fortified cereal is a good idea. Also, including heme-iron foods in a meal will increase the absorption of non-heme iron. Finally, coffee and tea decrease iron absorption, so it's best to avoid drinking these beverages with high-iron foods if your iron stores are already low.

**Fiber** — Typically, Americans consume about 12-15 grams of fiber a day, but nutrition experts recommend an intake of 20-30 grams a day. Fiber is in the cell walls of plants and forms their tough structural parts. So, eating more fiber translates into eating more fruits, vegetables, and whole-grain breads and cereals. Fiber adds bulk to the stool, which reduces constipation and may help prevent some diseases, such as colon and rectal cancer. Also, certain types of fiber appear to help reduce the risk of heart disease. Another plus is that high-fiber foods are generally low in fat.

**Water (fluids)** — Even though most people don't think of it as an essential nutrient, water is necessary for health and survival. And factors such as breastfeeding and hot Texas temperatures can increase fluid needs. Most women should consume about 8 to 12 cups of fluids every day, especially if they're breastfeeding. While drinking water should provide most of this fluid, foods and other beverages also add to our daily fluid intake. In fact, solid foods can provide up to 4 cups of water each day for the average adult.

## **Limiting Fat and Simple Sugars**

The typical American diet goes overboard on fat and simple sugars, typically in the form of “empty-calorie” foods (pastries, pies, doughnuts, cakes, cookies, candy, soft drinks, fruit drinks, etc.). These foods contribute calories without providing many other nutrients, and they replace other, more nutritious foods in the diet. So, for the postpartum woman trying to eat more healthfully, the best advice is to make smart choices and limit empty-calorie foods and beverages.

## **Nutrition Advice for Postpartum Moms — the Food Guide Pyramid**

As we’ve seen, postpartum women have some important nutritional goals. The good news is there’s no special diet for healthy postpartum women — no special food lists, no need to keep track of every gram of fat or constantly count calories throughout the day. But they shouldn’t simply ignore their nutrient needs. On the contrary, it’s extremely important for a new mother to nurture herself just as much as she nurtures her baby. And the easiest, most effective way to do that is by eating a wholesome, balanced, low-fat diet with plenty of fruits, vegetables, whole grains and low-fat dairy products.

Sound familiar? It should. A balanced diet made up of a variety of foods is the basis for the Food Guide Pyramid, a daily guide to good eating (**Figure 1.1**). The Pyramid offers excellent advice for postpartum women regarding the types of foods they need and the number of servings they need from each food group. Also, the Food Guide Pyramid serves as a sound, effective plan for losing weight, especially when coupled with physical activity.

## **Additional Considerations for Breastfeeding Women**

So far, the information in this section has applied to all postpartum women, whether breastfeeding or not. But it’s important to note that women who are exclusively

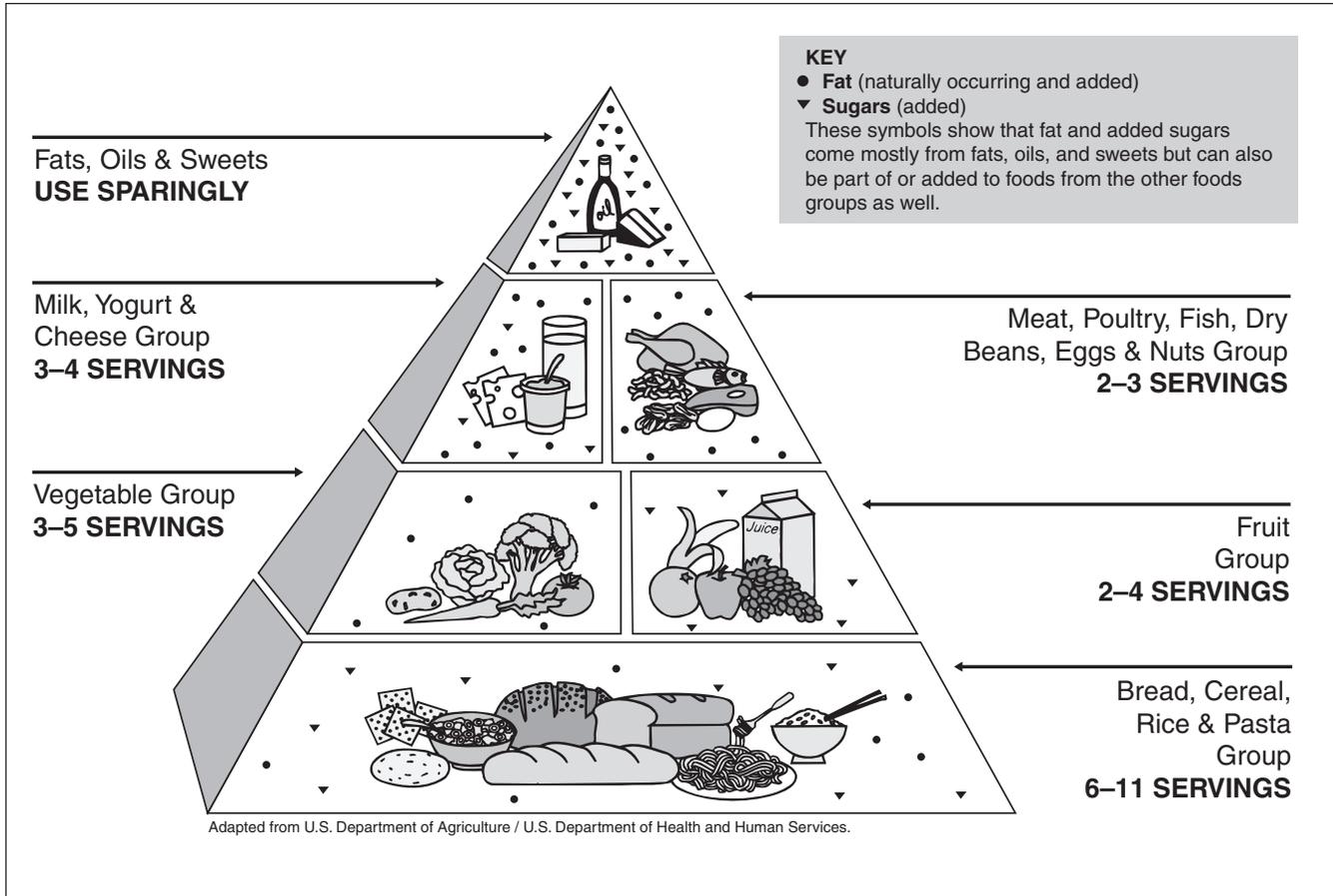


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*Though breastfeeding women have higher nutrient needs, they don’t need to follow a special breastfeeding diet in order to produce nutritious milk.*

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**Figure 1.1 Food Guide Pyramid for Postpartum Women**



breastfeeding generally have higher nutrient requirements compared to other postpartum women.

First, the process of making milk requires energy. The 2002 recommendations from the National Academy of Sciences, Institute of Medicine (NAS/IOM) state that a breastfeeding woman needs approximately 500 extra calories a day. Also, her protein needs are about 1½ times as great as a non-breastfeeding woman's, plus she needs higher levels of most vitamins and certain minerals. One exception is iron. Iron needs are actually *lower* for breastfeeding women, since they don't resume their periods as quickly as other postpartum women. Also, calcium recommendations are the same for all women; breastfeeding doesn't increase calcium requirements.

Of course, nutrient needs depend on how much the mother breastfeeds. Mothers who choose to supplement with formula generally won't produce as much milk, and their nutrient needs will be lower. On the other hand, a woman who is exclusively breastfeeding twins will have higher nutrient requirements.

Still, even in light of higher nutrient needs, breastfeeding moms don't need to worry about eating a special "breastfeeding" diet. By eating a balanced diet based on the Food Guide Pyramid, they're likely to get the extra vitamins and minerals they need, especially since they typically take in more calories. What's more, even if a woman eats a less-than-perfect diet, she will still produce plenty of good-quality breastmilk for her baby.

### **Additional Considerations for Teens**

There's little research regarding the specific nutrient needs of postpartum teens. However, researchers have studied the nutrient needs for pregnant teens, as well as the dietary habits of teenage girls in general. Here are some of the things we know:

- Teens are still growing, so they have higher requirements for nutrients related to growth (calcium, phosphorus, zinc, and magnesium).
- Pregnancy increases nutrient needs, and it's likely that there's increased competition for nutrients between the pregnant teen and her fetus.
- Not surprisingly, most teen girls don't meet nutrient recommendations. For example, in one large study, 60 percent of girls 11–18 years old did not meet the daily recommended intakes of calcium, a key nutrient for this group.
- Many teen girls have a poor body image and dieting is the norm. Based on data from the National Health and Nutrition Examination Survey III, 52 percent of normal-weight adolescent girls considered themselves overweight, and those who felt they were overweight were more likely to attempt diets as a way to lose weight.



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***Postpartum teens tend to be at nutritional risk for a number of reasons, including the fact that they're still growing.***

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- Besides a desire to be thin for appearance' sake, other social factors can come into play. For example, some teens choose to follow a vegetarian diet, although they don't necessarily have the know-how. Others who are involved in sports and dance are at risk of prolonged dieting and eating disorders.

So, needless to say, postpartum teens tend to be at high nutritional risk. However, it's important to remember that every teen is a unique individual, and many teens do want to talk about and improve their health habits. WIC provides a great opportunity to encourage postpartum teens to take steps toward improving their eating habits and overall health.

### **Summary**

- Nutrient goals for postpartum women include (1) replenishing nutrient stores, (2) meeting current nutrient needs, and (3) laying the foundation for future pregnancies.
- Postpartum women should eat a balanced diet that provides enough iron, calcium, folic acid, fiber, and water, in addition to other nutrients. Also, it's important to limit fat and simple sugars.
- The Food Guide Pyramid is an excellent guide to postpartum women's food needs, including types of foods and numbers of servings from each food group. Also, the Food Guide Pyramid serves as a sound, effective plan for weight loss, especially when coupled with physical activity.
- Breastfeeding women have higher requirements for most nutrients; however, by eating a healthy diet based on the Food Guide Pyramid, it's likely that they'll do a pretty good job of meeting the additional vitamin and mineral requirements.
- Postpartum teens tend to be at nutritional risk due to higher nutrient needs related to growth, increased nutrient demands of pregnancy, poor dietary intake, poor body image and a tendency to diet. Still, every teen is unique, and many teens want to improve their health habits.

## Self-Test Questions

1. A postpartum woman typically needs to replenish her body's nutrient stores. List three factors that can deplete nutrient stores during pregnancy or delivery:

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2. Which nutrient increases iron absorption? (*Check one.*)

- vitamin A  
 fiber  
 vitamin C  
 riboflavin

3. List two tips for increasing the amount of iron absorbed from foods:

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4. Mark the following statements **TRUE** or **FALSE**.

- \_\_\_\_\_ Calcium needs are highest during the teenage years.  
\_\_\_\_\_ In later adulthood, if there's a long history of poor calcium intake combined with other risk factors, anemia is likely to develop.  
\_\_\_\_\_ Beef products are the richest sources of calcium.

5. List three non-dairy sources of calcium:

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6. Mark the following statement **TRUE** or **FALSE**.

\_\_\_\_\_ Breastfeeding women require more calcium than any other group.

7. Why is it important for all women of childbearing age to have an adequate intake of folic acid?

8. Postpartum women should consume about \_\_\_\_ to \_\_\_\_ cups of fluids each day.

9. a. What is an “empty-calorie food”?

b. List three examples of empty-calorie foods.

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10. Mark the following statement **TRUE** or **FALSE**.

\_\_\_\_\_ Because breastfeeding women need higher levels of energy, protein, vitamins, and certain minerals, it's essential that they follow a special, strict diet in order to produce nutritious breastmilk for their infants.

11. List two reasons postpartum teens are at nutritional risk.

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# Weight Trends and Issues for Postpartum Women

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*Part 2*

## Objectives

“I want to get in shape!”

“I want my body back!”

“I want to lose this baby fat!”

Chances are you’ve heard more than one new mother expressing frustration with her weight. Postpartum weight loss doesn’t happen overnight but, in time, many women do return to what they weighed before pregnancy. Unfortunately, others don’t. In this section, you’ll read about some of the trends and issues related to women’s weight during their childbearing years, and you’ll learn how to determine a healthy weight-range goal for a postpartum woman.

After completing this part, you’ll be able to:

- describe some of the trends related to overweight and obese women in the U.S.;
- list three health risks for women who are overweight or obese;
- identify factors and trends related to postpartum weight changes;
- list two health risks for women who are underweight; and
- determine a person’s Body Mass Index and make recommendations for a healthy weight-range goal.



### **Weight Trends for Women of Childbearing Age**

A 2002 report by the March of Dimes states that 40 percent of non-pregnant American women between the ages of 15 and 49 are overweight or obese, a drastic increase over the past few decades. Many overweight women claim that having kids has a lot to do with the extra pounds, and surveys and studies support the idea that having children increases a woman's risk of gaining excess weight.

But the research also shows that most postpartum women return to a weight that's within 2 to 4 pounds of their pre-pregnancy weight. This seems like a minimal amount of weight gain. So what's going on?

- First, not everyone loses the extra weight. About 15 percent to 20 percent of women retain 11 pounds or more of the weight they gained during pregnancy, and some women *gain* additional weight during the postpartum period. Consider a study of 540 women in Cooperstown, N.Y. At one year after delivery, the women retained an average of 3.33 pounds. But their actual weight changes ranged

from one subject who was 42 pounds lighter than her pre-pregnancy weight to another who was 60 pounds heavier than her pre-pregnancy weight.

- Also, many teens and women are overweight or obese before their first pregnancy. These women are at an unhealthy weight to begin with, plus studies suggest they're more likely to retain more postpartum weight.
- For some women, having a number of pregnancies throughout the childbearing years may contribute to significant weight increases over time.
- Many women gain weight after the first year postpartum, so — besides the weight gain associated with pregnancy — it's likely that other lifestyle changes related to child rearing contribute to long-term weight gain.
- Age-related weight gain is also a factor.

### **Risks for Overweight and Obese Women**

For a woman, being overweight or obese is a serious concern. Most people are familiar with the long-term health risks including diabetes, hypertension, and heart disease, which are all serious concerns. In fact, heart disease is the leading cause of death for women in the United States.

But, in addition to the well known risks related to chronic disease, overweight and obesity can also affect future pregnancies:

- Being obese can increase a woman's risk of infertility by as much as 70 percent.
- Overweight or obese women who do become pregnant tend to have more complications such as early delivery, gestational diabetes, gestational hypertension, and cesarean section.
- Research suggests that infants born to overweight and obese women have a slightly increased incidence of birth defects, including neural-tube defects. A 2002 report by the March of Dimes looked at the results of two large studies and found that overweight and obese women were 1.3–1.4 times

as likely as women of normal weight to have a baby with a major birth defect.

### **Risks for Women Who Are Underweight**

There are also concerns for postpartum women who are underweight, including increased risk of osteoporosis, menstrual irregularity, and infertility. Also, underweight women who become pregnant have a greater chance of delivering an infant with restricted growth.

### **Factors Affecting Postpartum Weight Change**

Why do some mothers lose weight in the postpartum period while others don't? There's no easy answer to that question, but researchers do agree that gaining too much weight during pregnancy is one of the main reasons postpartum women retain extra weight. Also, weighing too much before pregnancy and not losing the extra weight within the first 6 months postpartum seem to be fairly strong predictors of higher weight retention. Other factors are also thought to affect postpartum weight, but the connections aren't always as strong (see "**Factors Related to Postpartum Weight Retention,**" page 2-5). For example, many believe that breastfeeding promotes postpartum weight loss. But, in fact, the results from studies are very mixed — some breastfeeding women tend to lose weight while others don't.



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*Gaining too much weight during pregnancy is one of the main factors related to postpartum weight retention.*

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### **Typical Weight Loss During the Early Postpartum Period**

A postpartum woman goes through some dramatic weight changes as her hormones and other body systems try to restore her body to its pre-pregnancy weight and composition. Starting at delivery, a woman immediately loses an average of 10–13 pounds (this takes into account the infant, the placenta, the amniotic fluid and blood loss). Next, major fluid shifts and tissue changes occur. For example, the uterus shrinks from 2½ pounds right after delivery to a mere 2 ounces at 6 weeks postpartum. These changes during the first 6–8 weeks postpartum lead to an additional 7–11 pounds of weight loss.

## ***Factors Related to Postpartum Weight Retention***

### ***Physiological factors***

- excessive weight gain during pregnancy
- being overweight or obese before pregnancy
- not losing the extra weight within the first 6 months postpartum

### ***Socioeconomic factors***

- less education
- lower income
- living in a rural area

### ***Lifestyle factors***

- poor diet
- inactivity
- smoking
- not working outside the home
- being unmarried

### ***Psychological factors***

- body image
- attitudes towards food, exercise, and weight gain
- postpartum depression

### ***Genetic factors***

- having a genetic tendency to gain weight
- being African American

Then, in the following months, a typical postpartum woman will continue steadily to lose weight, with the greatest weight loss occurring in the first 3–4 months postpartum. Typically, around 6 months postpartum, her body weight is more stable and, hopefully, she's close to her pre-pregnancy weight.

## Using Body Mass Index to Set Goals for Weight Loss

The Body Mass Index is a helpful assessment tool for determining a new mother's current weight status. Also, you can use it to figure out what a desirable, healthy weight range is for her (refer to “**A Primer on Body Mass Index,**” page 2-7). Chances are you won't say “BMI” when talking to participants; many people aren't familiar with this term and it can be confusing. Instead, you'll probably want to talk about working toward a “target weight range” or a “healthy weight range.”

Once you've established a weight-range goal for a postpartum woman, it's important to put it in perspective and emphasize that weight loss takes time. After the initial rapid weight changes that occur after delivery, weight loss should happen at a slow, healthy rate. Non-breastfeeding women should aim to lose about 1-2 pounds per week, while breastfeeding women should only lose about 1 pound a week (or no more than 5 pounds a month). Remind her that her pregnancy lasted 9 months, so she needs to allow herself plenty of time to get back to where she was.

Here are a few more tips to use when talking about weight-loss goals:

- **Focus on opportunities** — Don't emphasize her current weight and how much she has to lose. Instead, remind her that the postpartum period is a great chance to start eating better and becoming more active, both of which can help her reach her goals.
- **Emphasize that quick weight-loss schemes can be dangerous** — A new mother needs plenty of nutrients, especially if she's breastfeeding. The best approach is for her to eat healthful foods, cut out empty-calorie foods, and at the same time increase her activity level.
- **Remind her that she's an individual** — No two women are alike, so she shouldn't compare herself to a cousin who “lost all her weight within a month,” or a friend “who never lost any of her pregnancy weight.” Instead she needs to focus on her own health and well-being and allow her body to adjust at its own rate.



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*When helping a new mom set goals, concentrate on positive ways to reach a healthy weight and achieve a sense of well-being.*

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- **Be sensitive to underweight women** — Although most postpartum women need to lose weight, there are a number of underweight WIC participants, and reaching a healthy weight goal is equally important for these women. They need just as much consideration with regard to their weight status, eating habits, and physical activity.

### *A Primer on Body Mass Index*

BMI is simply a number calculated from a person's height and weight. BMI indicates whether a person is underweight, at a healthy weight, overweight, or obese. To become more familiar with the concept of BMI, work through the example below. Then, when you're done, determine your own BMI.

*Example:* Determine the BMI for a postpartum woman who is 5 feet, 6 inches and weighs 180 pounds. Then figure out what a healthy weight range would be for this woman.

1. Using the BMI data in **Table 2.1**, find her height (in inches).

*She is 66 inches tall.*

2. Next, move across to the right, and find the range that includes her weight.

*Her weight falls within the range of 155-185 pounds.*

3. Go to the top of that column to determine her BMI range and weight classification.

*Her BMI is within 25.0-29.9 and she is overweight.*

4. Move back to the column that indicates "Healthy Weight, BMI 18.5-24.9" and find the healthy weight range for a woman who is 66 inches tall.

*Her healthy weight range is 114-154 pounds.*

**Table 2.1 BMI Table for Determining Appropriate Weight Classification for Non-Pregnant Women**

<b>Height</b>	<b>Underweight BMI &lt; 18.5</b>	<b>Healthy Weight BMI 18.5–24.9</b>	<b>Overweight BMI 25.0–29.9</b>	<b>Obese BMI ≥ 30.0</b>
58"	< 88	88–118	119–142	> 142
59"	< 91	91–123	124–147	> 147
60"	< 94	94–127	128–152	> 152
61"	< 97	97–131	132–157	> 157
62"	< 101	101–135	136–163	> 163
63"	< 104	104–140	141–168	> 168
64"	< 107	107–144	145–173	> 173
65"	< 111	111–149	150–179	> 179
66"	< 114	114–154	155–185	> 185
67"	< 118	118–158	159–190	> 190
68"	< 121	121–163	164–196	> 196
69"	< 125	125–168	169–202	> 202
70"	< 128	128–173	174–208	> 208
71"	< 132	132–178	179–214	> 214
72"	< 136	136–183	184–220	> 220

Source: Adapted from National Institutes of Health, National Heart, Lung and Blood Institute, 1998. *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults*. Washington, DC: NIH publication no. 98-4083.

**Summary**

- While most postpartum women return to a weight that’s within 2 to 4 pounds of their pre-pregnancy weight, about 15 to 20 percent of postpartum women retain excess weight or even gain weight during the postpartum period.
- Overweight and obese women have an increased risk of chronic disease, infertility, and complications during pregnancy and delivery.
- Increased risks associated with extreme thinness include osteoporosis, menstrual irregularity, and infertility.
- One of the main factors related to postpartum weight retention is gaining too much weight during pregnancy.

- Breastfeeding does not always lead to postpartum weight loss. Some breastfeeding women tend to lose weight while others don't.
- A postpartum woman's weight changes dramatically during the first 6-8 weeks postpartum, as her hormones and other body systems try to restore her body to its pre-pregnancy weight and composition. By about 6 months postpartum, body weight is typically more stable.
- The BMI is an assessment tool for determining a person's current weight status, plus it's a helpful tool for setting weight goals for postpartum women. Chances are you won't use the term "BMI" when talking to participants.
- After setting a healthy weight-range goal for a postpartum woman, it's important to discuss opportunities for healthful habits, explain that weight loss takes time, and remind her she needs to allow her body to adjust at its own rate.

## Self-Test Questions

1. For each statement, *circle* the correct answer:
  - a. The number of overweight and obese women in the U.S. is ( increasing / decreasing ).
  - b. Most postpartum women return to a weight that's within ( 2-4 / 10-20 ) pounds of their pre-pregnancy weight.
  - c. Women who are overweight or obese before their first pregnancy are ( more likely / less likely ) to retain postpartum weight.
  - d. Women who gain excess weight during pregnancy are ( more likely / less likely ) to retain postpartum weight.

2. List three health risks for women who are overweight or obese.

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3. List five different factors related to weight retention in the postpartum period.

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4. Mark the following statement **TRUE** or **FALSE**.

\_\_\_\_\_ Women who breastfeed always lose more weight compared to women who formula-feed.

5. List two health risks for underweight women:

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6. Mark the following statement **TRUE** or **FALSE**.

\_\_\_\_\_ Weight changes during the first 6-8 weeks postpartum tend to be slow and steady.

7. Salina is a new mother who is 2 weeks postpartum. She is 5 feet, 4 inches tall and currently weighs 174 pounds. Salina hopes to lose the weight she gained during her pregnancy and, over time, reach a healthy weight. Using the BMI table on page 2-8, determine a healthy weight range for Salina to aim for.

8. Based on the example above, *check* each of the remarks below that would be an appropriate comment to use when talking with this participant.

\_\_\_\_\_ “This BMI table shows that you’re going to have to lose at least 30 pounds to get to a healthy weight, and even more would be better.”

\_\_\_\_\_ “Now that you’ve had the baby, this is a great time to start making some changes in your eating habits and your activity level.”

\_\_\_\_\_ “Look at this great diet I found in a magazine yesterday. It said you could lose up to 5 pounds a week.”

\_\_\_\_\_ “When I had my baby I lost all the extra weight by 6 months. I bet you could do that, too.”

\_\_\_\_\_ “I heard you say that you want to lose the weight by your birthday. It’s great that you’re ready to make a change, but don’t go too fast. It’s going to take some time for your body to adjust and lose the extra weight.”



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# Encouraging Positive Health Behaviors

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*Part 3*

## Objectives

“In order to take care of your baby, you’ve got to take care of yourself.” These are words of wisdom that new moms hear over and over. But, for many postpartum women, nurturing themselves and practicing healthy habits is easier said than done. In this section, we’ll review a number of lifestyle behaviors and address ways to encourage new moms to adopt healthy habits.

After reading this part, you’ll be able to:

- identify the best advice for postpartum women who need to lose weight;
- indicate helpful eating tips for postpartum women;
- provide suggestions for overcoming barriers to physical activity;
- identify benefits and guidelines concerning physical activity for postpartum women;
- state three tips for managing weight with a healthy attitude;
- identify trends and information about smoking during the postpartum period;
- identify a key issue regarding oral health for postpartum women;
- list concerns about drinking alcohol during the postpartum period; and
- state the amount of time it takes for alcohol to clear from breastmilk.



***WIC staff can help new moms by offering some simple ideas for healthy eating.***

## **Healthy Eating**

As mentioned earlier, there's no special diet for postpartum or breastfeeding moms. It's really a matter of following a healthy, balanced, low-fat eating plan, as outlined by the Food Guide Pyramid. For women who need to put more focus on losing weight, the best advice is to cut out extra calories by avoiding empty-calorie foods such as sodas, desserts, fried foods, and high-fat snack foods, while also getting involved in more physical activity.

Of course, healthy eating when you're caring for a newborn isn't always easy. Consider that many new moms feel physically and emotionally exhausted, have little or no time to shop for food or to prepare it, and often rely on whatever they can grab and eat with one hand while holding, feeding, or calming a baby with the other. The key is to give a mom



realistic suggestions. Offer specific ideas for healthful and quick snacks, and give her permission to keep things simple. Here are some tips to pass along:

***Focus on healthful snacks and mini-meals***

Home-cooked meals require time and energy (not to mention grocery shopping), so snacks are often a mainstay during the early postpartum period. Choose healthful snacks and “mini-meals” that are easy to grab, pour or put together. A few ideas include: fruit, yogurt, bagel and cheese, a hard-cooked egg, cereal with fruit and milk, a baked potato with veggies and low-fat cheese, soup, a healthy sandwich, or a handful of veggie sticks with yogurt dip.

***Enjoy homemade meals prepared by friends and family***

When friends or relatives offer to help, suggest that a homemade meal would be a wonderful gesture.



***Cook large batches and get creative with leftovers***

Cooking extra portions to eat later can be a real timesaver. Store leftovers in the refrigerator to eat within a few days, or put them in the freezer to eat later. Also, try making

foods that can be adapted to various dishes. For example, cook a package of pasta and enjoy part of it with spaghetti sauce, and use the rest for pasta salad a few days later. Or bake a whole chicken as a main course, then use any leftover chicken for sandwiches or a salad.

***Choose foods that are lower in fat and calories***

Drink fat-free milk instead of whole milk; try low-fat salad dressings and mayonnaise; opt for baking and grilling instead of frying; and take that fatty skin off the chicken. Shop wisely — look for flavorful products that truly save on the fat and calories.

***Reach for fruit and vegetables every chance you get***

Every time you plan a meal or snack, include some fruit, vegetables, or both. As long as you don't add extra sugar, butter, salad dressing, and the like, fruits and vegetables are remarkably low in calories. And, the more low-calorie fruits and vegetables you enjoy, the less high-calorie food you'll take in.

***Be a smart shopper when buying convenience foods***

Grocery stores offer hundreds of items that make cooking easier, from canned beans to entire frozen meals. While these products save time, many are high in fat, calories and sodium. So, read



labels and choose healthier items. Also, when preparing products, look for ways to lower fat and sodium. And to boost the nutrient value of just about any convenience food, mix it or serve it with a favorite vegetable.

***Make healthier fast-food choices***

Fast food is notorious for fat and calories. The good news is that most fast-food restaurants do offer healthy choices, such as salads with low-fat or fat-free dressings, baked potatoes topped with veggies, grilled burgers (hold the high-fat extras like cheese, bacon and mayo), and sandwiches made with low-fat meats, cheeses, and spreads.

**Physical Activity**

Physical activity can improve aerobic fitness, flexibility, and muscle toning, which are important benefits for all postpartum women, including those who don't need to lose weight. Also, most new moms will tell you that they simply feel better after doing something physical because they know they've done something good for themselves.

There are common barriers to exercise for postpartum women, including bad weather, concerns about safety, limited time and money, and lack of transportation and child care. But it's possible to work around these concerns. For example, one option on a rainy day is to stay home and use an exercise video from the library. When a sitter isn't available, taking a brisk walk with the baby in the stroller is a great activity. In fact, there are all kinds of exercises a woman can do while walking the baby in a stroller. And, if safety is a concern, suggest walking in a mall or walking with friends.

Physical activity doesn't simply refer to jogging, swimming, or going to an aerobics class. It also means walking to the corner store to get a loaf of bread, walking the dog, taking the kids to the park when the weather's nice, raking leaves during a weekend in October, dancing to the radio whenever the mood strikes, or parking several blocks away from work and then enjoying a nice 5-minute walk to and from work each day. Granted, most of these activities usually aren't as intense as traditional exercise, but they do offer benefits and they're things that make up an active lifestyle. Probably the best plan for a postpartum woman is to find one or two exercises she enjoys (brisk walking, jogging, biking, swimming, etc.)



and combine those with a goal to walk more, dance more, play more, and simply keep moving more as part of an active lifestyle.

Here are some basic guidelines for exercise and physical activity during the postpartum period:

- Check with a doctor before getting started. Most women are ready to get more active by about 6 weeks postpartum.
- Start slowly and gradually build up. This is especially true for women who didn't exercise during pregnancy. Those who were physically active during pregnancy have a head start, but they still shouldn't try to jump right in at the same pace they were used to before.
- Be especially careful in the first 4–5 weeks postpartum. Ligaments and tendons are still loose during the early postpartum period, so there's a higher chance of injury.
- If breastfeeding, wear an exercise bra with good support. Also, nursing or expressing milk before an activity may be helpful.
- Always start by warming up with a light activity, such as slow walking. This gets muscles moving and ready for more intense activity. Likewise, be sure to cool down and stretch



afterwards. Don't bounce when stretching; instead, hold stretches for 20–30 seconds.

- Drink a lot of fluids (water is the best choice), especially if breastfeeding.
- If possible, exercise with someone — the baby, a partner, a neighbor, or the family dog. Having company makes activities more fun, and you're less likely to skip your planned routine.

### **Managing Weight with a Healthy Attitude**

A woman's body image and her attitudes toward food, eating, and activity can greatly affect her health, her health habits, and her postpartum weight. In general, positive attitudes are related to healthier outcomes. Of course, it's not realistic to expect a woman with negative feelings to change overnight. What you can do is offer suggestions for thinking differently. Encourage her to focus on an inner sense of health and well-being rather than her outward appearance and weight status. Here are some practical tips to pass along to new moms:

- **Put away the bathroom scale.** Some people watch their weight on a daily basis, and if the scale tips in the wrong direction, they get discouraged and give up. Real weight change happens over time. So instead of the scale, check your progress by the way you feel, and the way your clothes feel on you. That way, you can focus on your new and improved lifestyle habits instead of obsessing about how many pounds you have or haven't lost.
- **Don't count every calorie.** While it helps to know the caloric content of foods, don't go overboard thinking about every calorie and gram of fat. You'll end up restricting yourself too much and losing sight of what your goal should be — to enjoy a balanced variety of healthy foods.
- **Quit "dieting."** Forget the idea of "going on a diet" just until you can squeeze into those pre-pregnancy jeans. Instead, discover your own healthy eating plan that you'll follow for years to come. And rather than dwelling on "foods to avoid," think about all the healthful foods you get to enjoy as you improve your eating habits.



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*Positive attitudes toward weight, food, and exercise can affect a woman's health.*

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*Encourage women to focus on an inner sense of health and well-being.*

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- **Listen to your appetite.** Don't eat just because it's time to eat or because you happen to be in the kitchen. Get in touch with your appetite and wait until you're actually hungry. Then eat slowly and continue to listen to your appetite. If you're starting to feel full, it's time to stop, tell yourself you're done, and appreciate how satisfying it is to be full, knowing that you didn't overeat.
- **Recognize stress.** It's especially easy to get stressed during the postpartum period, and many people turn to food when they're stressed. Before biting into something you grabbed out of the kitchen, ask yourself if you're truly hungry — or are you trying to fulfill some other need?
- **Nourish your senses as well as your body.** Take the time to see, smell, and taste foods and truly appreciate the flavors. And, when possible, eat with family or friends. When you eat with others, you're more likely to eat a balanced variety of foods, plus you'll tend to slow down and enjoy the meal.

### **Sleep (and Avoiding Excess Caffeine)**

Unfortunately, sleep deprivation is a fact of life for new mothers. The good news is that women who listen to the age-old advice to “sleep when the baby sleeps” are often able to nap enough during the day and make up for sleep lost at night. Granted, it's not the same as a long night of undisturbed sleep, but it helps.

Some women deal with sleep deprivation by drinking more caffeine, usually in the form of coffee or sodas. While modest amounts of caffeine don't appear to be harmful, this stimulant can affect a person's mood, and, when it's time to rest, caffeine can disrupt sleep. What's more, caffeine is transferred into breastmilk. Again, modest amounts probably don't cause any problems, but large amounts of caffeine can affect a breastfed infant, causing wakefulness, hyperactivity, or irritability. So, if a breastfeeding woman is drinking three or more cups of coffee per day (or the caffeine equivalent from other caffeine-containing beverages), WIC recommends cutting back.

## **Oral Health**

There are lots of good reasons to promote oral health among postpartum women, including the most obvious: daily brushing and flossing promote healthy teeth and gums. Also, if oral health and daily dental practices are important to a mother, it's likely that she'll take better care of her baby's gums and teeth, and teach her child about brushing and flossing early on.

It's also important to talk to women about common practices that spread germs from their mouth to their child's mouth, possibly leading to cavities or disease. Moms should not bite off or chew bits of food for their baby, share utensils or toothbrushes, or put a pacifier in their own mouth in an attempt to clean it off.

But one of the most convincing reasons to teach women about oral health involves the connection between maternal gum disease and increased risks of low birthweight and restricted growth of the fetus. Although researchers are just now learning how gum disease in the mother affects the developing fetus, they do know there's a connection. And the postpartum period is the perfect time to start teaching women about ways to improve the outcomes of future pregnancies.

## **Smoking**

More than 20 percent of U.S. women are smokers. Lung cancer has surpassed breast cancer as the leading cause of preventable death in women, with 90 percent of lung-cancer cases linked to smoking. Nearly all women who smoke start as teenagers, and 30 percent of female high school seniors are current smokers. Why do so many girls start smoking? A recent large-scale study by the National Heart, Lung, and Blood Institute found that, starting at age 11, girls' concerns about weight and wanting to be thin were the strongest factors that led to smoking on a daily basis by age 18 or 19.



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***Oral health is an important issue for postpartum moms, for a number of reasons.***

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### **Smoking Trends Among Pregnant and Postpartum Women**

During pregnancy, smoking greatly increases the risks of prematurity, mental retardation, miscarriage, low birthweight, and other serious conditions. These risks are well known, and pregnancy does motivate many women to kick the habit — at least temporarily. About 40 percent of women smokers who become pregnant successfully quit smoking during their pregnancy. Unfortunately, by 12 months postpartum, about 75 percent of those who quit start smoking again. Not only is this a health risk for the mother, but children exposed to second-hand cigarette smoke are at increased risk of sudden infant-death syndrome; recurring ear infections; and severe respiratory illnesses such as bronchitis, pneumonia, and asthma.



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***One concern about postpartum smoking is that moms who start smoking again have a tendency to stop breastfeeding.***

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Another concern is that mothers who resume smoking during the postpartum phase will often stop breastfeeding. In some cases, a woman might feel that smoking affects the amount or the quality of her breastmilk, or she may think that formula is a “safer” choice. Also, nicotine in breastmilk may cause fussiness, which can lead to supplemental formula, early introduction of solids, and, in turn, early weaning. Further, some babies may refuse to feed if they taste changes in the breastmilk after a woman starts smoking again.

Why do so many women relapse during the postpartum phase? The research points to a number of factors, including having a partner or friends who smoke, late prenatal care (or none), and stressful life events during the postpartum period. Also, some women use smoking as a way to control their weight during pregnancy and the postpartum period.

Obviously, smoking is a concern for both the mother and her infant. And, while many efforts are aimed to help women stop smoking during pregnancy, there’s less focus on “relapse prevention” after the baby is born. WIC staff can help by talking to women about the risks of smoking for both mom and baby, and encouraging those who have quit to remain smoke-free after delivery. Talk with a mother to help her come up with coping strategies that fit her situation. If a postpartum woman still chooses to smoke, suggest cutting down on the number of cigarettes per day and smoking



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*Women who quit smoking during pregnancy and remain nonsmokers are helping themselves and their babies.*

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outside or in a different room, away from the baby. If she breastfeeds, suggest that she smoke after breastfeeding, rather than before, to reduce the amount of nicotine in her milk during nursing. Be sure to commend her on her choice to breastfeed and strongly encourage her to continue nursing.

## **Alcohol**

Many women who stop drinking alcohol during pregnancy go back to their earlier drinking patterns after having their baby. For some, this means an occasional beer or glass of wine; for others it can mean excessive amounts of alcohol and binge drinking. In 1997–98, 2.1 percent of American women were heavy drinkers, while 8.6 percent were binge drinkers (having more than five drinks at one time). Also, 40 percent of teenage girls reported some alcohol consumption in the previous month, and 29 percent reported binge drinking.

Depending on how much a woman drinks, there are a number of concerns about drinking alcohol during the postpartum period:

- Alcohol adds extra calories to the diet and can take the place of important nutrients.

- Alcohol can impair a mother's ability to care for her infant.
- Alcohol can impair a person's ability to drive a car. If a woman drinks and drives, she poses a very serious risk to herself, her infant, and others.
- Alcohol passes into breastmilk and, at high levels, can cause problems for the infant such as a weak suck, irritability, excess drowsiness, weakness, or decreased linear growth.

Alcohol in breastmilk peaks about 30–60 minutes after a woman drinks (60–90 minutes when taken with food). After consumption of one drink, it takes about 2 hours for most of the alcohol to clear from the breastmilk. The ideal goal for nursing moms is not to drink any alcohol but, if a mother isn't receptive to this idea, she should wait until after breastfeeding to take a drink (rather than before) in order to cut down on the amount of alcohol in her milk during nursing.

### **Drug Use**

Nearly 4.1 million women in this country use illicit drugs, and over 1.2 million misuse prescription drugs for non-medical reasons. These substances can affect a woman's judgment and actions, putting herself and her family in danger. Also, women who abuse drugs and alcohol are at higher risk for HIV/AIDS and other sexually transmitted diseases, tuberculosis, oral and pharyngeal cancer, and injuries.

During pregnancy, some teens and women do quit using drugs or cut back but, after their babies are born, many return to their former drug habits. Of course, the safest recommendation is for all women to abstain from all illegal drugs, especially women who want to breastfeed. Illicit drugs will pass into breastmilk and can seriously harm a nursing baby so, if a participant indicates that she's not willing or able to quit a drug habit, make it clear that she should not breastfeed her baby.

Many women who abuse drugs and alcohol have histories of mental illness. Seventy percent report having been sexually abused before the age of 16, and more than 80 percent say they have a family member addicted to



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*When talking to moms about drugs and alcohol, it's important to be non-judgmental and to offer help and referrals as needed.*

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drugs or alcohol. These factors complicate their illness and treatment.

WIC staff are able to talk with women one-on-one about various health habits, including substance abuse. In a non-judgmental atmosphere that offers help and referrals, it's possible that participants will be more willing to discuss substance-abuse issues and seek help. It's important to know about agencies and rehabilitation programs in your area so that you can put women in touch with the right people and programs that can help them.

## **Summary**

- Healthy postpartum eating tips include healthful snack ideas, tips for grocery shopping, suggestions for fast-food choices, ideas for batch cooking and freezing leftovers.
- Physical activity can improve aerobic fitness, flexibility, and muscle tone. Physical activity refers to formal exercise as well as daily activities that are part of an active lifestyle. Postpartum women should follow guidelines for postpartum physical activity.
- Attitudes toward body image, food, eating, and activity can affect a woman's health and postpartum weight. The goal

should be to focus on an inner sense of health and well-being rather than outward appearance and weight status. Strategies include not dieting, putting away the bathroom scale, and recognizing stress.

- A postpartum woman should try to sleep when her baby sleeps. Some postpartum women drink more caffeine, which is transferred into breastmilk. In WIC, breastfeeding women who drink three or more cups of coffee per day (or the caffeine equivalent) are advised to cut back.
- Postpartum women should brush and floss daily — plus they should avoid practices that can spread germs from their mouths to their infant's mouth. Oral health can also impact future pregnancies, as gum disease during pregnancy is related to low birthweight and restricted fetal growth.
- While 40 percent of women smokers quit during pregnancy, about 75 percent of them resume smoking by 12 months postpartum. This is a health risk for the mother, plus it puts her children at increased risk of SIDS and various illnesses. Also, mothers who resume smoking often stop breastfeeding. WIC staff should encourage women to remain smoke-free after delivery, and encourage postpartum smokers to smoke fewer cigarettes per day, smoke away from the baby, smoke after breastfeeding rather than before, and continue to breastfeed.
- Women who quit using alcohol during pregnancy often resume their previous drinking habits after they have the baby. One concern is that alcohol passes into breastmilk. The ideal goal for nursing moms is to avoid all alcohol. At the least, wait until after breastfeeding to take a drink (rather than before) in order to cut down on the amount of alcohol in the milk.
- Women who quit or cut back on drug use during pregnancy often resume their previous drug habits after they have the baby. The safest recommendation is for all women to abstain from all illegal drugs, especially those who breastfeed. Illicit drugs pass into breastmilk and can seriously harm a nursing baby, so participants who use drugs should not breastfeed.

## Self-Test Questions

1. *Circle* the right choices:

The best advice for postpartum women who need to put more focus on losing weight is cut out extra calories by avoiding ( empty-calorie / high-protein / acid-producing ) foods, while also doing more ( workouts with a personal trainer / high-impact aerobics / physical activities in general ).

2. Which of the following are helpful and healthy eating tips for a postpartum woman? (*Check all that apply.*)

Completely avoid eating snacks.

Cook in larger batches and refrigerate or freeze leftovers.

Pamper yourself by enjoying lots of high-fat sweets and desserts.

Creatively adapt leftovers for other meals to cut down on cooking time.

Avoid meals prepared by friends and family, since they're always too high in fat.

Read labels and choose healthier convenience foods.

Take the time to routinely prepare large, involved homemade meals so you'll feel more like a "real mom."

3. Read these remarks from postpartum women and offer a brief suggestion for each one.

a. "I enjoy going to aerobics classes, but I can't afford to join a gym right now."

b. "I like to walk, but I don't always feel safe walking alone in my neighborhood."

c. "I've never exercised. I just don't like things like jogging, swimming, or aerobics."

4. Mark each of the following statements **TRUE** or **FALSE**.

\_\_\_\_\_ All postpartum women should start a strict exercise program beginning at 6 weeks postpartum.

\_\_\_\_\_ Exercise does not offer any benefits to underweight women.

\_\_\_\_\_ Day-to-day activities (e.g., yard work, walking to work, taking the stairs) offer benefits and contribute to overall physical activity.

\_\_\_\_\_ For a woman who is breastfeeding, it may be helpful to wear an exercise bra with good support and to nurse or express milk before exercising.

5. List three tips for managing weight with a healthy attitude.

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6. Mark each of the following statements **TRUE** or **FALSE**.

\_\_\_\_\_ While smoking during pregnancy is very risky, smoking after delivery does not pose any serious risks to an infant.

\_\_\_\_\_ New mothers who start smoking again during the postpartum period are more likely to stop breastfeeding their infants.

\_\_\_\_\_ Smoking relapse is more likely if the woman's partner is a smoker.

\_\_\_\_\_ Smoking relapse among postpartum women is rare. Almost all women who quit during pregnancy are able to stay smoke-free up to 12 months postpartum.

7. *Circle* the right choice:

One important reason to teach women about healthy teeth habits has to do with the connection between maternal ( fluoride levels / gum disease / bad breath ) during pregnancy and an increased risk of low birthweight and fetal growth restriction.

8. List at least two concerns about drinking alcohol during the postpartum period.

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9. After consumption of one drink, approximately how long does it take for most of the alcohol to clear from breastmilk? (*Check the correct answer.*)

10 minutes

2 hours

6 hours

12 hours



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# Other Postpartum Issues Affecting Nutritional Status

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*Part 4*

## Objectives

In this part of the module, we'll take a look at some other important topics that are related to postpartum nutrition, either directly or indirectly. They include: gestational diabetes, postpartum depression, unexpected birth outcomes, teen motherhood, and family planning.

After reading Part 4, you'll be able to:

- identify recommendations for women who have had gestational diabetes;
- describe the different types of postpartum depression;
- recognize an appropriate response to a woman who has had a pregnancy loss;
- identify trends related to teen mothers;
- state tips for counseling postpartum teens;
- recognize ways that family planning can impact birth outcomes; and
- list services provided by family-planning programs.

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**Gestational diabetes** occurs in about 4 percent of all pregnancies, but usually disappears after delivery.

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**Type 2 diabetes** is the most common form of diabetes. From 20 to 50 percent of women with a history of gestational diabetes will develop type 2 diabetes in the future.

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## Gestational Diabetes

**Gestational diabetes** mellitus (GDM) is a type of diabetes, or high blood sugar, that some women develop during pregnancy. The condition goes away after the baby is born, but GDM is still an important health issue even after it's gone. That's because women with a history of GDM are at higher risk of experiencing GDM again during future pregnancies, plus they have a much higher risk of developing **type 2 diabetes**, which can occur anytime. In type 2 diabetes, high blood sugar can damage the heart, arteries, eyes, nerves and kidneys and cause serious health problems. What's more, infants born to women with diabetes have a higher risk of congenital birth defects. So it's crucial to educate postpartum women who have a history of GDM. Here are some ways they can lower their risk of developing diabetes in the future:

- Know the risk factors for GDM and type 2 diabetes. Risk factors include being obese; having a family history of diabetes; being Hispanic, African American, or Native American; and having had GDM during a previous pregnancy.
- Reach and maintain a healthy weight. For some women who are overweight, losing even just a little weight can help them avoid type 2 diabetes.
- Eat healthfully and becoming physically active. Diet and exercise help the body use glucose, plus they are keys to reaching a healthy weight.
- Have blood sugar checked routinely. The American Diabetes Association recommends that a woman who had GDM should have her blood sugar checked at the postpartum visit and then a minimum of once every 3 years.
- Know the symptoms of type 2 diabetes. A woman should contact her doctor if she thinks she's having any symptoms of diabetes. These include blurred vision, lack of energy, extreme thirst or hunger, frequent urination, a sudden change in weight, a slow-healing cut or sore, numbness or tingling in hands or feet, frequent infections, and depression.

## **Postpartum Depression**

Feelings of anxiety or depression after delivery can affect a woman's appetite, intake, and overall health, in addition to her child's health and well-being. While postpartum depression is nothing new, it's certainly getting much more attention these days from the media, health professionals and the public. Fortunately, physicians are learning more about diagnosing postpartum depression, and postpartum women are learning that help is available.

Because WIC staff have the opportunity to talk with so many postpartum women, it's important to understand what postpartum depression is and what the symptoms are. *However, WIC staff are not qualified or authorized to diagnose postpartum depression or try to distinguish between the so-called baby blues and other, more severe, forms of depression in participants.* If a participant indicates she is depressed, it's appropriate to offer general support and then refer her to a physician for further evaluation.

Emotional reactions during the postpartum period can range from common, mild anxieties — known as the postpartum blues, to more severe forms of depression, referred to as postpartum depression and postpartum psychosis.

**Postpartum blues (or the “baby blues”)** — About 50 to 75 percent of new mothers experience the so-called baby blues. These are temporary symptoms that usually appear 3 to 4 days after delivery and then go away within several days to several weeks. Symptoms include:

- mood swings
- crying easily and for no reason
- irritability
- restlessness
- difficulty sleeping
- difficulty eating
- uncertainty about caring for a new baby





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*Getting out of the house and taking daily walks can help new moms feel better.*

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For many women, it helps to know that these feelings are normal and very common. Also, support from family and friends is especially important, as well as getting plenty of rest, eating healthy foods, taking a shower and getting dressed each day, getting out of the house, and taking daily walks. However, without adequate support and in stressful situations, the blues can lead to a more serious postpartum depression. Also, if the baby blues continue into the third week

postpartum, it may be an indication of something more serious.

**Postpartum depression (nonpsychotic)** — This form of depression is more severe than the baby blues, and it occurs in about 10 to 20 percent of postpartum women. It happens within 6 months postpartum, usually starting 2 to 3 weeks after delivery. Unlike the baby blues, the symptoms of postpartum depression don't go away within a few weeks. Women with postpartum depression often experience:

- severe sadness or emptiness
- withdrawal from family, friends, or pleasurable activities
- constant fatigue and trouble sleeping
- overeating or loss of appetite
- a strong feeling of failure or inadequacy
- intense concern and worry about the baby, or a lack of interest in the baby
- thoughts about suicide, and/or fears of harming the baby

**Postpartum psychosis** — This is a rare but very severe form of postpartum depression, which occurs in 1 to 3 cases for every 1000 births. Symptoms include:

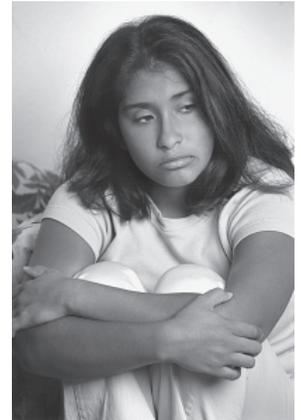
- delusions (false beliefs)
- hallucinations (hearing voices or seeing things that are not real)

- thoughts of harming the baby
- severe depressive symptoms

Compared to women with nonpsychotic PPD, women with postpartum psychosis who have thoughts of harming their infants are more likely to act on them.

**Predictors** — Studies point to a number of predictors for postpartum depression, including prenatal depression, poor self-esteem, child-care stress, stressful life events, lack of social support, history of previous depression, infant temperament, being single, low socioeconomic status, and unplanned or unwanted pregnancy.

**Treatment** — If left untreated, postpartum depression can have long-term consequences. The woman is at greater risk of experiencing recurrent depression in the future, especially in future pregnancies. Also, studies have shown that a mother's depression can affect her children's ability to learn, as well as contribute to various emotional, behavioral, and interpersonal problems in the child's life. The good news is that the symptoms of postpartum depression, both mild and severe, can be treated with skilled professional help and support. Treatment often involves a combination of medical, psychological, and social interventions. Again, WIC staff members are not trained to diagnose postpartum depression, though they can be very helpful in referring women who indicate they are depressed.



## **Difficult Outcomes of Pregnancy and Birth**

For women who have experienced loss through a miscarriage, fetal death, neonatal death, or SIDS, the postpartum period is a very difficult and challenging time (see “**Pregnancy and Infant Loss,**” page 4-6). These women often feel angry, helpless, guilty, or frightened and their grief can seem unbearable. Similarly, women who have a baby with a birth defect or some other serious medical condition will also experience a number of difficult emotions, and they can be overwhelmed with the prospects of caring for the infant, especially if they have limited support and resources.

***Pregnancy and Infant Loss***

**Miscarriage** is a spontaneous abortion that occurs prior to 20 weeks gestation. About 15 to 20 percent of known pregnancies end in a miscarriage, and most happen because of a chromosomal abnormality in the fetus. It can take several weeks to a month or more for a woman to physically recover from the loss but, emotionally, it can take much longer. A woman may worry that she'll lose the next pregnancy as well, but at least 85 percent of women who experience a miscarriage will have a successful pregnancy the next time around. A small percentage do experience repeat miscarriages, but even most of those women have a successful pregnancy the next time.

**Fetal death (stillbirth)** is the death of the fetus after 20 weeks gestation. About one out of every 200 pregnancies ends in fetal death. For many women, the loss is unexpected because these pregnancies have progressed without any obvious problems. Some of the most common causes of fetal death include placental problems, birth defects, growth restriction, and bacterial infections. Cases of fetal death have dropped by almost half in the last 20 years, due to better medical care during pregnancy. Typically, after fetal death is diagnosed, a physician will induce labor which, emotionally, can be very difficult for the woman.

**Neonatal death** is the death of an infant within the first 28 days of life. Neonatal death often occurs because the infant was born with a birth defect, such as a heart defect, underdeveloped lungs, or a neural-tube defect. Prematurity is another cause of neonatal death. The earlier a baby is born, the higher the risk of death.

**Sudden infant-death syndrome (SIDS)** is the sudden, unexplained death of an infant under 1 year of age. Most cases occur between 2 and 4 months of age and they are often associated with sleep. SIDS deaths have declined dramatically since 1992, when the American Academy of Pediatrics announced that healthy infants should sleep on their back to reduce the risk of SIDS. Other recommendations include breastfeeding, not smoking around infants, and avoiding soft bedding products. Most researchers believe that babies who die of SIDS are born with one or more conditions that make them more vulnerable to normal stresses after birth. Prenatal factors such as smoking during pregnancy, poor prenatal care, low weight gain, anemia, and use of illegal drugs can contribute to an increased risk of SIDS.

Women in these situations need plenty of extra support and understanding as they work through their loss. They're likely to experience different emotions such as shock, numbness, denial, anger, guilt, and finally acceptance. Also, these women are at higher risk for postpartum depression.

Sometimes listening to the mother is the best thing a counselor can do. It's important for a staff member to avoid comparing the mother's grief with anything he or she has experienced, since that takes the focus off the mother and puts it elsewhere. Staff should avoid saying things like "I know how you feel." The mother will think, "No, you don't." Instead, a counselor who has had a similar experience (miscarriage, loss of a parent, etc.) might say "I lost a loved one, too. I remember how hard it is." But it's important to stop there. It's not the time for other people to share their stories. Instead, they need to listen and offer support. One important way WIC staff can help is to recommend appropriate support groups. Many communities have groups for pregnancy loss, SIDS support, and support for parents with critically ill children. Social workers and local hospitals may be of help in locating area support groups.

## **Teenage Mothers**

The teen pregnancy rate in Texas far exceeds the national rate. It's estimated that every 8 minutes a teenager in Texas gets pregnant. And, while education and family planning are key to preventing the problem, the reality is that there are plenty of teen moms out there already. Fortunately, WIC is one resource that can offer help in terms of resources and education for pregnant and postpartum teens.

In general, teens tend to receive late prenatal care, plus they often engage in risky health behaviors such as eating a poor diet, having unsafe sex, and experimenting with or using alcohol, drugs, and/or cigarettes. As a result, they're at higher risk of giving birth to premature or low-birthweight infants. Also, babies of teen moms have more health problems and are



hospitalized more. Plus they're more likely to experience behavioral and social problems, poor nutrition, abuse, neglect, and inadequate health care.

Many teen moms also find themselves in a vicious cycle. Not only is there a greater financial burden with raising a child but, in addition, many teenage mothers fail to complete high school. Poor education limits their earning potential, which in turn, limits their access to health care, child care, and other opportunities for their children. So it's not surprising that children born to teen moms have higher rates of adolescent childbearing themselves.

But the picture isn't totally bleak. Various types of school and public-health intervention programs across the country offer support and education to help teen mothers, and WIC is an important partner in this effort. When working with teen WIC participants, it helps to have some knowledge about teens and effective ways to talk with them. Here are some tips:

- Greet and call teens by their names each time you see them.
- Create an attitude of acceptance. They don't want to hear how they have "messed up" their lives by having a baby too early. Teens want to know what to do to care for their baby and care for themselves.
- If possible, counsel the teen individually, without friends or family present (this may not be possible in all situations). This helps to set a supportive, non-judgmental tone, and it may be one of the few times the teen gets individual attention separate from others.
- Offer choices when possible; this allows her to feel independent and that she is making her own decisions.
- Allow the teen to offer her own ideas and suggestions before presenting information, since she may not be very interested in what an adult or health professional has to say. Or let her choose among several ideas or strategies you present.
- Ask what type of support she has from family, friends, the baby's father, community, etc. Help her think



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*Many teenage moms are interested in making positive changes in their health habits.*

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of specific ways she can use this support (i.e., friends or family can help prepare meals, run errands, or baby-sit; some communities offer free parenting classes, etc.).

- If a teen indicates she is depressed, refer her to a physician for further evaluation.
- Focus on positive changes that teens can make rather than a long list of things they can't do or can't eat. If a teen does need to make changes in her behavior, try to reach a compromise by suggesting she “cut down” instead of insisting that she “cut out” a food or behavior.

## **Family Planning**

For a postpartum woman, family planning can help her avoid a closely-spaced pregnancy, thus giving her body time to adjust and rejuvenate. A woman needs time to replenish depleted nutrient stores before getting pregnant again, especially for nutrients such as iron and folic acid. Also, closely-spaced pregnancies increase the risk of having a low-birthweight infant.

What's more, family planning can help a new mother prepare herself for her next pregnancy. In particular, it's important to try to reach a healthy weight before conception in order to have a healthier pregnancy and healthier baby. For example, being obese increases the risk of infertility. Also, overweight and obese women tend to have more complications during pregnancy, including gestational diabetes, high blood pressure, and inpatient hospitalization. Underweight women, on the other hand, run a higher risk of delivering babies with restricted growth.



**Family Planning in Texas**

The Texas Department of Health funds over 350 family-planning clinics across the state. Directed by licensed physicians, these clinics deliver services to people regardless of income (charges are based on a sliding fee scale according to family income and size). Services include:

- overall health exams for men and women;
- lab tests — Pap smears, tests for sexually transmitted diseases (STDs) and human immunodeficiency virus (HIV), screening for diabetes and anemia, and others;
- counseling before pregnancy to support healthy outcomes of future pregnancies;
- pregnancy testing, counseling, and referral;
- postpartum evaluation;
- basic infertility assessment;
- education on birth-control methods and provision of approved contraceptives; and
- screening for domestic violence and abuse.

To find out if a participant would benefit from these services, here are some ways you can broach the subject:

- “Your baby is very cute; do you plan to have more?”
- “Being a new parent can be a wonderful experience, but it’s a lot of work and can be stressful, too. How long do you think it’ll be before you’re ready to become pregnant again?”
- “What would you like your family to look like 5 years from now?”
- “What are your goals for the next 2 years?”
- “How do you think becoming pregnant in the near future would affect your life?”
- “We have discussed other referrals, have you and your partner discussed family planning?”

## **Contraception Methods**

While motherhood is a defining part of adult life for many women, most spend the greater part of their reproductive years trying to avoid pregnancy. The most commonly used contraceptive is female sterilization (10.7 million women), followed by birth control pills (10.4 million), the male condom (7.9 million) and male sterilization (4.2 million). In 1995, 2 percent of women used injectable hormones, 1 percent used hormonal implants, and less than 1 percent used the female condom for contraception. For more information, refer to the TDH Family Planning Division's booklet *Birth Control – Your Choices!* (stock no. 1-71). Also, if you need to help a participant locate a family-planning provider, refer to the online TDH Family Planning Locator <[www.tdh.state.tx.us/women/clinics.stm](http://www.tdh.state.tx.us/women/clinics.stm)> or call (512) 458-7796 to find out what services are available in your area.

## **Summary**

- Women with a history of gestational diabetes run a higher risk of developing gestational diabetes again, plus they're at higher risk for type 2 diabetes. These women should strive for a healthy weight, eat right, exercise, and know the symptoms of diabetes.
- Many women experience mild postpartum anxieties (the postpartum blues), while some suffer severe forms of depression (postpartum depression and postpartum psychosis). WIC staff are not qualified or authorized to diagnose postpartum depression or try to distinguish between the baby blues and more severe forms of depression. If a participant indicates she is depressed, offer general support and then refer her to a physician.
- Women who experience loss of a fetus or infant or who have a baby with a birth defect or other serious condition need plenty of extra support. Sometimes listening is the best a counselor can do. It's not the time for other people to share

## **Part 4**

their own stories. WIC staff can help by recommending appropriate support groups.

- The teen pregnancy rate in Texas exceeds the national rate, and teens are at higher risk of giving birth to premature or low-birthweight infants. Specific counseling strategies include creating an attitude of acceptance, offering choices, discussing available support, and focusing on positive changes.
- Family planning can help a postpartum woman avoid a closely spaced pregnancy, giving her time to replenish lost nutrients, and reach a healthy weight. TDH funds over 350 family-planning clinics across the state which deliver services to anyone based on a sliding fee scale.

## Self-Test Questions

1. A postpartum woman who had gestational diabetes mellitus (GDM) during her most recent pregnancy should: *(Check all that apply.)*
  - \_\_\_ try to reach and maintain a healthy weight.
  - \_\_\_ take insulin on a daily basis.
  - \_\_\_ have her blood sugar checked a minimum of once every 3 years.
  - \_\_\_ contact her doctor if she's having any symptoms of type 2 diabetes.
  - \_\_\_ not worry about it if she gets pregnant again, since you can't have GDM twice.
  
2. Match each description with the correct form of postpartum depression. *(Write the letter of the appropriate phrase in each blank.)*
  - a. the baby blues
  - b. postpartum depression (non-psychotic)
  - c. postpartum psychosis
  - \_\_\_ A very rare, but extremely severe, form of postpartum depression, occurring in 1-3 cases for every 1000 births.
  - \_\_\_ About 50-75 percent of new mothers experience these common symptoms. They usually appear 3 to 4 days after delivery and then go away within several days to several weeks.
  - \_\_\_ Symptoms include delusions, hallucinations, thoughts of harming the baby (with a higher likelihood of acting on these thoughts), and severe depressive symptoms.
  - \_\_\_ This form occurs in about 10-20 percent of postpartum women and, unlike the milder form, its symptoms don't go away within a few weeks.
  - \_\_\_ Symptoms include crying easily for no reason, mood swings, and irritability.
  - \_\_\_ Symptoms can include severe sadness or emptiness; withdrawal from family and friends; overeating or loss of appetite; a strong feeling of failure or inadequacy; intense concern and worry about the baby; thoughts about suicide, and fears of harming the baby.

3. List four possible predictors of postpartum depression.

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4. Mark the following statement **TRUE** or **FALSE**.

\_\_\_\_\_ When talking to a woman who has had a pregnancy loss, you should tell her all about your own experiences related to loss so that she knows you understand and to help take her mind off her own situation.

5. Mark each of the following statements **TRUE** or **FALSE**.

\_\_\_\_\_ The teen pregnancy rate in Texas is much lower than the national rate.

\_\_\_\_\_ Teens are at higher risk of giving birth to premature or low-birthweight infants.

\_\_\_\_\_ Babies of teen moms are hospitalized more often, plus they're more likely to experience poor nutrition, and inadequate health care.

\_\_\_\_\_ Children born to teen moms have higher rates of adolescent childbearing themselves.

6. List three tips for counseling postpartum teens.

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7. Mark each of the following statements **TRUE** or **FALSE**.

- \_\_\_\_\_ Family-planning programs offer services to all Texans regardless of their income.
- \_\_\_\_\_ A woman's nutrient stores are back to normal within a few days after delivery.
- \_\_\_\_\_ Closely spaced pregnancies increase the risk of having a low-birthweight infant.
- \_\_\_\_\_ Overweight or obese women are at higher risk of having complications during pregnancy.
- \_\_\_\_\_ Underweight women are not at any risk of poor birth outcomes.

8. List three services provided by family-planning programs.

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# Effective Postpartum Counseling Strategies

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*Part 5*

## Objectives

Now that we've covered a number of postpartum topics, we need to step back and think about how to counsel women who are experiencing the realities of postpartum life. As a WIC employee, you want to help these women improve their health. But remember — you need to consider how your advice fits in with a woman's daily routine and the challenges she faces with a new baby at home. Advice that isn't practical and realistic won't be very helpful to a new mother.

After completing this part, you'll be able to:

- list three physical changes that occur during the early postpartum period;
- identify open-ended and closed-ended questions;
- identify effective individual counseling techniques; and
- list two examples of statements to validate a new mother's feelings.

## **A New Mother's New Lifestyle**

While some women sail easily through the postpartum period with few problems, others are overwhelmed with the physical, emotional, and daily changes that take place during this time.

**Physical changes** — During the first days and weeks after delivery, many women find themselves dealing with all kinds of physical stresses and discomforts, some of which they may not be prepared for. For example, it's common to feel afterbirth pains (uterine contractions) as the uterus shrinks back to its normal size, plus a woman may have pain from an episiotomy or from tearing. If a woman has had a cesarean birth, she must care for the incision, avoid lifting heavy things (including toddlers, heavy bags of groceries, and the like), and she may have some discomfort at the incision site. Many women have hemorrhoids as a result of pregnancy or delivery, and some experience constipation after delivery. Complaints of headaches, shoulder pain, back pain, and fatigue are not uncommon. Also, for about 2 to 6 weeks after delivery, women have a vaginal discharge made up of blood and what's left of the uterine lining. Breast swelling is common, and those who choose to breastfeed may find the process doesn't happen as



naturally as they had hoped. And, as if all that's not enough, some women find they're left with stretch marks or varicose veins, and some lose large amounts of hair a few weeks after delivery.

**Emotional and psychological changes** — While these physical transformations are happening, other changes take place. Hormonal changes coupled with a lack of sleep and the responsibility of caring for a newborn can lead to feelings of anxiety and depression. Emotional upheavals are common. Some women feel guilty because they don't instantly "fall in love" with their newborn. Some women focus solely on their role as a mother and then quickly begin to neglect their own needs.

**Caring for a newborn** — There's also the actual task of caring for a new baby. For first-time mothers, it's a whole new world as they learn what's involved, from spit-up to diapers. Sleep deprivation is typically the norm and, even for the experienced mother, the pace of life is now very different. Also, some women have the interesting task of taking care of twins or triplets, while others face the challenges of caring for a premature baby, a low-birthweight infant, a baby with colic, or a special-needs infant.

## **Effective Individual Counseling Strategies**

Since postpartum moms experience various changes and challenges, WIC staff need to be sensitive to a woman's individual situation, and give her realistic suggestions that she can take home and put into practice. Here are some useful tips for counseling postpartum women, as well as other WIC participants.

### **Tip #1: Ask Open-Ended Questions**

An open-ended question has a wide range of possible responses, and the answer usually provides some insight and helpful information. A closed-ended question, on the other hand, typically results in a "yes," "no," or other limited

response. Open-ended questions often begin with words such as “how,” “why,” “what,” and “tell me about.” For example:

- “How are you feeling now that you’re home with the baby?”
- “What kinds of things do you like to cook?”
- “Tell me how breastfeeding has been going for you.”
- “What types of physical activities do you do during the day?”
- “What’s a good plan for you?”



**Tip #2: Observe**

What does the mother’s body language tell you? How is she relating to those around her? How does she interact with the baby? Does she look like she is in pain?

**Tip #3: Listen**

Listen actively, using your body language. Look at the mother and don’t get distracted by pamphlets, forms, etc. Listen to what the mother says as well as the feelings behind her words. Listen for hidden messages. What’s the real issue or challenge? Listen for positives. What is good about what she is saying? Listen for topics she repeatedly brings up in the conversation.

Paraphrase what the mother says and reflect the message back. For example:

- “You’re wondering ...”
- “You feel worried about ...”
- “You’ve heard ...”

You may need to clarify what she says, asking open-ended questions. For example:

- “What do you mean when you say ... ?”
- “Why do you think you feel that way?”

**Tip #4: Validate or Affirm Her Feelings**

After you find out the main concern(s), you need to acknowledge that you’ve heard what she’s saying, plus reassure her that it’s okay for her to feel the way she does.

This helps the participant feel safer in talking to you; she'll be more likely to interact with you, open up, and listen to your suggestions. Here are examples of statements that affirm or validate what a participant has said:

- “Many women feel the same way.”
- “That’s a common concern.”
- “That’s just how I felt.”
- “A lot of new moms go through the same thing with their babies.”

**Tip #5: Empower and Educate**

Next, you need to provide information so that a participant can make an informed decision or select a course of action. It helps to list options, provide resources for further information, and help her find her own solutions.

Keep the message simple and uncomplicated. If you're too enthusiastic and offer too much information, your advice will sound complicated, plus you'll be wasting valuable time. Research shows that adult learners are likely to resist information if they feel it doesn't pertain to them and their specific needs. By limiting yourself to the concerns that the mother expressed, you'll probably prevent yourself from going overboard.

When giving information, ask yourself, “Can this new mother really use this information?” The key is to be sensitive to her individual situation, and give her realistic suggestions that she can take home and put into practice.

By using these individual counseling strategies along with the information provided in this module, you can help postpartum WIC participants make healthier choices and have a positive effect on their own health and the health of their families.

**Summary**

- While some women sail easily through the postpartum period with few problems, others are overwhelmed with

## ***Part 5***

physical, emotional, and daily changes that take place during this time.

- When counseling postpartum women, it's important to ask open-ended questions, observe, listen, validate or affirm the participant's feelings, and educate or empower the participant.
- WIC counselors need to provide realistic suggestions that postpartum women can take home and put into practice.



## Self-Test Questions

1. List three discomforts or physical changes that commonly occur during the early postpartum period.

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2. Identify whether the following are open-ended or closed-ended questions. Write **O** or **C**.

- \_\_\_ Do you cook?
- \_\_\_ Tell me about your day yesterday.
- \_\_\_ What kinds of physical activities are you interested in?
- \_\_\_ Are you ready to quit smoking?
- \_\_\_ Do you like to walk?
- \_\_\_ How do you try to adjust for your lack of sleep?

3. *Check* the items that are examples of effective individual counseling strategies.

- \_\_\_ Using closed-ended questions.
- \_\_\_ Gathering pamphlets while a mother is talking to you.
- \_\_\_ Paraphrasing what the mother says by saying something like: "You're wondering ..."
- \_\_\_ Pointing out that a woman's concern is silly or that she shouldn't feel a certain way.
- \_\_\_ Educating the woman by giving her lots of pamphlets and information on all postpartum topics that might apply to her.
- \_\_\_ Asking yourself if your suggestions will be practical and realistic for the client.

4. List two examples of statements you could use to validate a new mother's feelings.

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# Bibliography

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## Postpartum Nutrient Needs

- Bodnar, L.M., M. E. Cogswell, and K. S. Scanlon. 2002. "Low Income Postpartum Women Are at Risk of Iron Deficiency." *J. Nutr.* 132(8): 2298-302.
- Food and Nutrition Board. 2002. *Dietary Reference Intakes for Energy, Carbohydrates, Fiber, Fat, Protein and Amino Acids (Macronutrients)*. Washington: National Academy Press.
- Institute of Medicine. 1992. *Nutrition Services in Perinatal Care*. Second Edition. Washington: National Academy Press. 30-34.
- . 1996. *WIC Nutrition Risk Criteria: A Scientific Assessment*. Washington: National Academy Press. 195-209.
- Prentice, A. 2000. "Calcium in Pregnancy and Lactation." *Annu. Rev. Nutr.* 20: 249-72.
- March of Dimes Task Force on Nutrition and Optimal Human Development. 2002. *Nutrition Today Matters Tomorrow*. Wilkes-Barre, PA: March of Dimes.
- Texas Department of Health, Bureau of Nutrition Services. 2001. *Basic Nutrition Module*. Austin: TDH stock no. 13-33.
- . 2002. *Breastfeeding Promotion & Support Module*. Austin: TDH stock no. 13-27-1.

## Weight Issues for Postpartum Women

- Baeten, J. M., E. A. Bukuski, and M. Lambe. 2001. "Pregnancy Complications and Outcomes Among Overweight and Obese Nulliparous Women." *Am. J. Pub. Health.* 91(3): 436-40.
- Boardley, D. J., R. G. Sargent, A. L. Coker, et al. 1995. "The Relationship Between Diet, Activity, and Other Factors, and Postpartum Weight Change by Race." *Obstet. Gynecol.* 86(5): 834-38.

## Bibliography

- Cogswell, M. E., G. S. Perry, L. A. Schieve, and W. H. Dietz. 2001. "Obesity in Women of Childbearing Age: Risks, Prevention, and Treatment." *Prim. Care Update Ob. Gyns.* 8(3): 89-105.
- Crowell, D. T. 1995. "Weight Change in the Postpartum Period: A Review of the Literature." *J. Nurse Midwifery* 40(5): 418-23.
- Gunderson, E. P., and B. Abrams. 1999. "Epidemiology of Gestational Weight Gain and Body Weight Changes After Pregnancy." *Epidemiologic Reviews* 21(2): 261-75.
- , B. Abrams, and S. Selvin. 2000. "The Relative Importance of Gestational Gain and Maternal Characteristics Associated with the Risk of Becoming Overweight After Pregnancy." *Int. J. Obes. Relat. Metab. Disord.* 24(12): 1660-68.
- Leermakers, E. A., K. Anglin, and R. R. Wing. 1998. "Reducing Postpartum Weight Retention Through a Correspondence Intervention." *Int. J. Obes. Relat. Metab. Disord.* 22(11): 1103-09.
- March of Dimes Task Force on Nutrition and Optimal Human Development. 2002. *Nutrition Today Matters Tomorrow*. Wilkes-Barre, PA: March of Dimes.
- National Heart, Lung and Blood Institute, National Institutes of Health. 1998. *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults*. Washington: NIH Publication No. 98-4083.
- Olson, C. M. "Weight Gain in Pregnancy: A Major Factor in the Development of Obesity in Childbearing Women?" Available online at: <<http://www.cce.cornell.edu/food/expfiles/topics/olson2/olson2overview.html>>.
- Rooney, B. L. and C. W. Schauberger. 2002. "Excess Pregnancy Weight Gain and Long-Term Obesity: One Decade Later." *Obstet. Gynecol.* 100(2): 245-52.
- Walker, L. O., and S. J. Grobe. 1999. "The Construct of Thriving in Pregnancy and Postpartum." *Nurs. Sci. Q.* 12(2): 151-57.

**Lactation and Postpartum Weight Change**

- Butte, N. F., and J. M. Hopkinson. 1998. "Body Composition Changes During Lactation Are Highly Variable Among Women." *J. Nutr.* 128(2 Suppl): 381S-385S.
- Lovelady, C. A., K. E. Garner, K. L. Moreno, et al. 2000. "The Effect of Weight Loss in Overweight, Lactating Women on the Growth of Their Infants." *N. Engl. J. Med.* 342(7): 449-53.
- Walker, L. O., and J. Freeland-Graves. 1998. "Lifestyle Factors Related to Postpartum Weight Gain and Body Image in Bottle- and Breastfeeding Women." *J. Obstet. Gynecol. Neonatal. Nurs.* 27(2): 151-60.

**Postpartum Exercise, Eating Habits, Attitudes**

- American College of Obstetricians and Gynecologists. 2000. *Getting in Shape After Your Baby Is Born*. Washington: ACOG Patient Education Pamphlet AP131.
- Baker, C. W., A. S. Carter, L. R. Cohen, et al. 1999. "Eating Attitudes and Behaviors in Pregnancy and Postpartum: Global Stability Versus Specific Transitions." *Ann. Behav. Med.* 21(2): 143-48.
- Devine, C. M., C. F. Bove, and C. M. Olson. 2000. "Continuity and Change in Women's Weight Orientations and Lifestyle Practices Through Pregnancy and the Postpartum Period: The Influence of Life Course Trajectories and Transitional Events." *Soc. Sci. Med.* 50(4): 567-82.
- Hinton, P. S., and C. M. Olson. 2001. "Postpartum Exercise and Food Intake: The Importance of Behavior-Specific Self-Efficacy." *J. Am. Diet Assoc.* 101(12): 1430-37.
- Jeffreys, R., and K. Nordhal. 2002. "Preconception, Prenatal, and Postpartum Exercise." *Healthy Wt. J.* 16(3): 36-38.
- Larson-Meyer, D. E. 2002. "Effect of Postpartum Exercise on Mothers and their Offspring: A Review of the Literature." *Obes. Res.* 10(8): 841-53.

## **Bibliography**

- McCrory, M. A. 2000. "The Role of Diet and Exercise in Postpartum Weight Management." *Nutr. Today* 35(5): 175-82.
- Morin, K. H., S. Brogan, and S. K. Flavin. 2002. "Attitudes and Perceptions of Body Image in Postpartum African American Women. Does Weight Make a Difference?" *Am. J. Matern. Child Nurs.* 27(1): 20-25.
- Ringdahl, E. N. 2002. "Exercising After You Have Your Baby." *Physician & Sports Medicine* 30(2): 38.
- Sampselle, C. M., J. Seng, S. Yeo, et al. 1999. "Physical Activity and Postpartum Well-Being." *J. Obstet. Gynecol. Neonatal Nurs.* 28(1): 41-49.
- Stein, A., and C. G. Fairburn. 1996. "Eating Habits and Attitudes in the Postpartum Period." *Psychosom. Med.* 58(4): 321-25.

### **Postpartum Health Behaviors**

- Gennaro, Susan, and William Fehder. 2000. "Health Behaviors in Postpartum Women." *Family and Community Health* 22(4): 16.
- National Women's Health Information Center. *Women's Health Issues: An Overview*. Available online at: <<http://www.4woman.gov/owh/pub/womhealth%20issues/priority.htm>>. Accessed February 10, 2003.

### **Smoking/Drug/Alcohol Use**

- Carmichael, S. L., I. B. Ahluwalia, et al. 2000. "Correlates of Postpartum Smoking Relapse Results from the Pregnancy Risk Assessment Monitoring System (PRAMS)." *Am. J. Prev. Med.* 19(3): 193-96.
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. *Women and Smoking: A*

- Report of the Surgeon General, at a Glance*. Available online at: <[http://www.cdc.gov/tobacco/sgr/sgr\\_forwomen/ataglance.htm](http://www.cdc.gov/tobacco/sgr/sgr_forwomen/ataglance.htm)>. Accessed September 9, 2002.
- Edwards, N., N. Sims-Jones, and K. Breithaupt. 1998. "Smoking in Pregnancy and Postpartum: Relationship to Mothers' Choices Concerning Infant Nutrition." *Can. J. Nurs. Res.* 130(3): 83-98.
- Gilchrist, L. D., J. M. Hussey, M. R. Gillmore, et al. 1996. "Drug Use Among Adolescent Mothers: Prepregnancy to 18 Months Postpartum." *J. Adolesc. Health* 19(5): 337-44.
- Johnson, J. L., P. A. Ratner, J. L. Bottorff, W. Hall, and S. Dahinten. 2000. "Preventing Smoking Relapse in Postpartum Women." *Nurs. Res.* 49(1): 44-52.
- Mullen, P. D., M. A. Richardson, V. P. Quinn, et al. 1997. "Postpartum Return to Smoking: Who Is at Risk and When." *Am. J. Health Promot.* 11(5): 323-30.
- Pomerleau, C. S., R. J. Brouwer, and L. T. Jones. 2000. "Weight Concerns In Women Smokers During Pregnancy and Postpartum." *Addict. Behav.* 25(5): 759-67.
- Ratner, P. A., J. L. Johnson, and J. L. Bottorff. 1999. "Smoking Relapse and Early Weaning Among Postpartum Women: Is There an Association?" *Birth* 26(1): 76-82.
- Voorhees, Carolyn C., George B. Schreiber, Barbara C. Schumann, Frank Biro, and Patricia B. Crawford. 2002. "Early Predictors of Daily Smoking in Young Women: The National Heart, Lung, and Blood Institute Growth and Health Study." *Preventive Med.* 34(6): 616-24.

## **Oral Health**

- Offenbacher, S., S. Lief, K. A. Boggess, et al. 2001. "Maternal Periodontitis and Prematurity. Part I: Obstetric Outcome of Prematurity and Growth Restriction." *Ann. Periodontol.* 6(1): 164-74.

### **Sleep**

Swain, A. M., M. W. O'Hara, K. R. Start, and L. L. Gorman. 1997. "A Prospective Study of Sleep, Mood, and Cognitive Function in Postpartum and Nonpostpartum Women." *Obstet. Gynecol.* 90(3): 381-86.

### **Diabetes**

Kjos, S. L. 2000. "Postpartum Care of the Woman With Diabetes." *Clin. Obstet. Gynecol.* 43(1): 75-86.

### **Postpartum Depression**

Abraham, S., A. Taylor, and J. Conti. 2001. "Postnatal Depression, Eating, Exercise, and Vomiting Before and During Pregnancy." *Int. J. Eat. Disord.* 29(4): 482-87.

American College of Obstetricians and Gynecologists. 1999. *Postpartum Depression*. Washington: ACOG Patient Education Pamphlet AP091.

Beck, C. T. 2001. "Predictors of Postpartum Depression: An Update." *Nurs. Res* 50(5): 275-85.

Miller, L. J. 2002. "Postpartum Depression." *JAMA* 287(6): 762-65.

Neter, E., N. L. Collins, M. Lobel, et al. 1995. "Psychosocial Predictors of Postpartum Depressed Mood in Socioeconomically Disadvantaged Women." *Women's Health* 1(1): 51-75.

Stevens, L. M. 2002. "Postpartum Depression." Patient page. *JAMA* 287(6): 802.

### **Difficult Outcomes**

March of Dimes Birth Defects Foundation. 1999. *Neonatal Deaths*. Wilkes-Barre, PA: March of Dimes Fact Sheet 09-1127-98.

- . 1999. *Stillbirth*. Wilkes-Barre, PA: March of Dimes Fact Sheet 09-1125-98.
- . 2000. *Miscarriage*. Wilkes-Barre, PA: March of Dimes Fact Sheet 09-1123-98.
- Mitchell, J. B., and J. Stremler. 2001. *Training Moms to Help Moms: WIC Breastfeeding Counselor Training Manual*. Austin: Texas Department of Health.
- National SIDS Resource Center. *What Is SIDS?*  
Available online at: <<http://www.sidscenter.org/SIDSEFACT.HTM>>. Accessed October 23, 2002.

## **Teens**

- Harel, Z., S. Riggs, R. Vaz, et al. 1998. “Adolescents and Calcium: What They Do and Do Not Know and How Much They Consume.” *J. Adolesc. Health* 22(3): 225–28.
- Herbold, N. H., and S. E. Frates. 2000. “Update of Nutrition Guidelines for the Teen: Trends and Concerns.” *Curr. Opin. Pediatr.* 12(4): 303–09.
- Koniak-Griffin, D., N. L. Anderson, I. Verzemnieks, et al. 2000. “A Public Health Nursing Early Intervention Program for Adolescent Mothers: Outcomes from Pregnancy Through 6 Weeks Postpartum.” *Nurs. Res.* 49(3): 130–38.
- and C. Turner-Pluta. 2001. “Health Risks and Psychosocial Outcomes of Early Childbearing: A Review of the Literature.” *J. Perinat. Neonatal. Nurs.* 15(2): 1–17.
- Neumark-Sztainer, D., M. Story, P. J. Hannan, et al. 2002. “Overweight Status and Eating Patterns Among Adolescents: Where Do Youths Stand in Comparison With the Healthy People 2010 Objectives?” *Am. J. Public Health* 92(5): 844–51.
- Story, M., D. Neumark-Sztainer, and S. French. 2002. “Individual and Environmental Influences on Adolescent Eating Behaviors.” *J. Am. Diet. Assoc.* 102(3 Suppl): S40–51.

## **Bibliography**

- Strauss, R. S. 1999. "Self-Reported Weight Status and Dieting in a Cross-Sectional Sample of Young Adolescents: National Health and Nutrition Examination Survey III." *Arch. Pediatr. Adolesc. Med.* 153(7): 741-47.
- Walker, Z., J. Townsend, L. Oakley, et al. 2002. "Health Promotion for Adolescents in Primary Care: Randomised Controlled Trial." *BMJ* 325(7363): 524-27.

### **Birth Control**

- Texas Department of Health, Bureau of Women's Health, Division of Family Planning. 2002. *Birth Control – Your Choices!* Austin, TX: TDH stock no. 1-71.

### **Postpartum Care**

- American College of Obstetricians and Gynecologists. 1999. *You and Your Baby: Prenatal Care, Labor and Delivery, and Postpartum Care.* Washington: ACOG Patient Education Pamphlet AB005.
- Moran, C. F., V. L. Holt, and D. P. Martin. 1997. "What Do Women Want to Know After Childbirth?" *Birth* 24(1): 27-34.

### **Individual Counseling Strategies**

- Best Start. 1997. The National Breastfeeding Promotion Marketing Project: Research Results. Submitted to Food and Consumer Services. Alexandria, VA: USDA.