

## Women's Reproductive Health and Neonatal Care

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The April theme issue of *JAOA—The Journal of the American Osteopathic Association* contains four articles addressing topics that are important for infants and for women's reproductive health: delivery and brachial plexus injury, postpartum depression (PPD), and breastfeeding.

For an outstanding example of why the osteopathic medical profession should embrace evidence-based medicine, one need look no further than the health consequences to neonates and infants of formula feeding in place of human breast milk. During the era of Sputnik, the medical literature and the lay press promoted formula feeding to women as being the new gold standard for early nutrition because of an impression that it was "more scientific." Yet, thankfully, time and evidence-based medicine have stripped this misapplied notion of progress of its luster.

In their review article, Kelly M. Jackson, PhD, and Andrea M. Nazar, DO (*J Am Osteopath Assoc.* 2006; 106:203–207), outline the known advantages of breastfeeding for the first 6 months of life, as well as researchers' current hopes for identifying the beneficial long-term effects of this early source of nutrition and immunologic protection.

In the United States and most other industrialized nations, where infant food supplies are adequate, nursing is not



recommended for women infected with human immunodeficiency virus type 1.<sup>1</sup> However, I believe that, as a profession, we should take all necessary steps to make it easier for all other new mothers to breastfeed, by:

- Encouraging more women to breastfeed by providing much of the information presented by Jackson and Nazar at early prenatal visits, or, more ideally, during preconceptional counseling.
- Familiarizing ourselves with the American Academy of Pediatrics policy statement, *Breastfeeding and the Use of Human Milk*.<sup>2</sup>
- Helping patients through the early struggles—latching, engorgement, and areolar fissures. All of these difficulties can be overcome with appropriate coaching from clinicians. With shorter postpartum stays for new mothers, some hospitals are using lactation consulting teams to help women with the challenges of breastfeeding. If your hospital has not done so already, encourage them to introduce lactation consulting

teams as an important component of postpartum care.

- Remaining wary of reflexively taking the child from the breast for medical reasons. Most commonly, women can nurse through treatment for breast abscesses.
- Keeping up-to-date on the medications that are or aren't compatible with nursing. Physicians will quickly learn that most medications are, in fact, compatible. An excellent reference is *Drugs in Pregnancy and Lactation: A Reference Guide to Fetal and Neonatal Risk*, currently in its 7th edition, by Gerald G. Briggs, BPharm, and coauthors.

The original contribution by Sarah J. Breese McCoy, PhD, and coauthors (*J Am Osteopath Assoc.* 2006;106:193–198) reminds us that, "PPD is a serious public health concern." In their study, Breese McCoy et al note that a history of depression is a significant risk factor for PPD, even though the study's exclusion criteria required that potential subjects with antidepressants on their current medications list be excluded from the

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analysis. In this respect, the results of the investigation by Breese McCoy et al are in accord with those of previous researchers who have shown that a previous history of mental illness, particularly depression, is a major risk factor for PPD. Differentiating PPD from “the blues” is an important diagnostic skill not only for obstetricians, but also for primary care physicians. Although women with risk factors for PPD (eg, formula feeding in place of breastfeeding, cigarette smoking), should be seen at regular intervals during the postpartum period, women with a history of depression—and particularly women with previous depressive episodes—should be seen at more frequent intervals during this time.

The paper by Richard R. Terry, DO, and colleagues (*J Am Osteopath Assoc.*

2006;106:199–202) reviews an ongoing issue in obstetric care, the most beneficial birthing position(s) for women when in labor and during delivery. This article reminds us that labor is a process, and one that is often not well served by the supine position. The paper also reminds clinicians about the harm of routine episiotomy, a practice that actually increases perineal tears.

Finally, Gary N. McAbee, DO, JD, and Carman Ciervo, DO (*J Am Osteopath Assoc.* 2006;106:209–212), update readers on brachial plexus injuries. Their discussion of the medical and legal issues surrounding this uncommon but important topic is a “must-read” for all practicing obstetricians and for the many kinds of clinicians (eg, orthopedists, family practitioners, and physical therapists) who later care for infants

with plexopathies.

Obviously, women’s health is more than reproduction. It encompasses all health issues that are unique to women and those that affect women to a greater extent than men. The broad scope of these four papers reminds us of this important fact.

### References

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  2. American Academy of Pediatrics. Breastfeeding and the use of human milk [policy statement]. *Pediatrics*. 2005;115:496–506. Available at: <http://aappolicy.aapublications.org/cgi/content/full/pediatrics;115/2/496>. Accessed March 28, 2006.
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