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Effects of Skin-to-Skin Contact Between High-Risk Mothers and Their Newborns on Levels of Postpartum Depression

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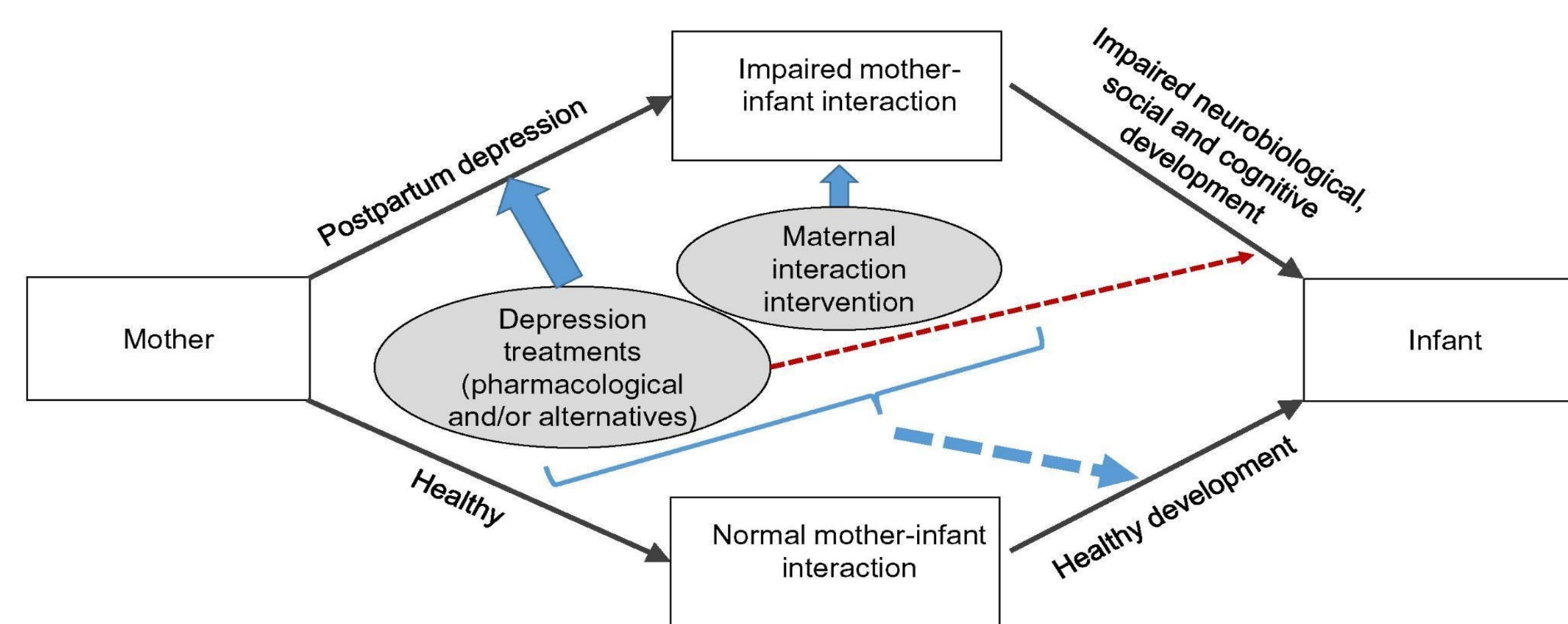
Effects of Skin-to-Skin Contact between High-Risk Mothers and their Newborns on Levels of Postpartum Depression

Divya Penumaka, OMS-III

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BACKGROUND

- ❖ 13-15% of mothers experience postpartum depression (PPD), defined as a depressive episode during pregnancy or in the weeks after delivery.
- ❖ Mothers with PPD are more withdrawn towards their infants, are increasingly irritable, and more likely to engage in risky behaviors than mothers without PPD.
- ❖ Children born to mothers with PPD have decreased physiological stability and impaired emotional, social, and cognitive development.



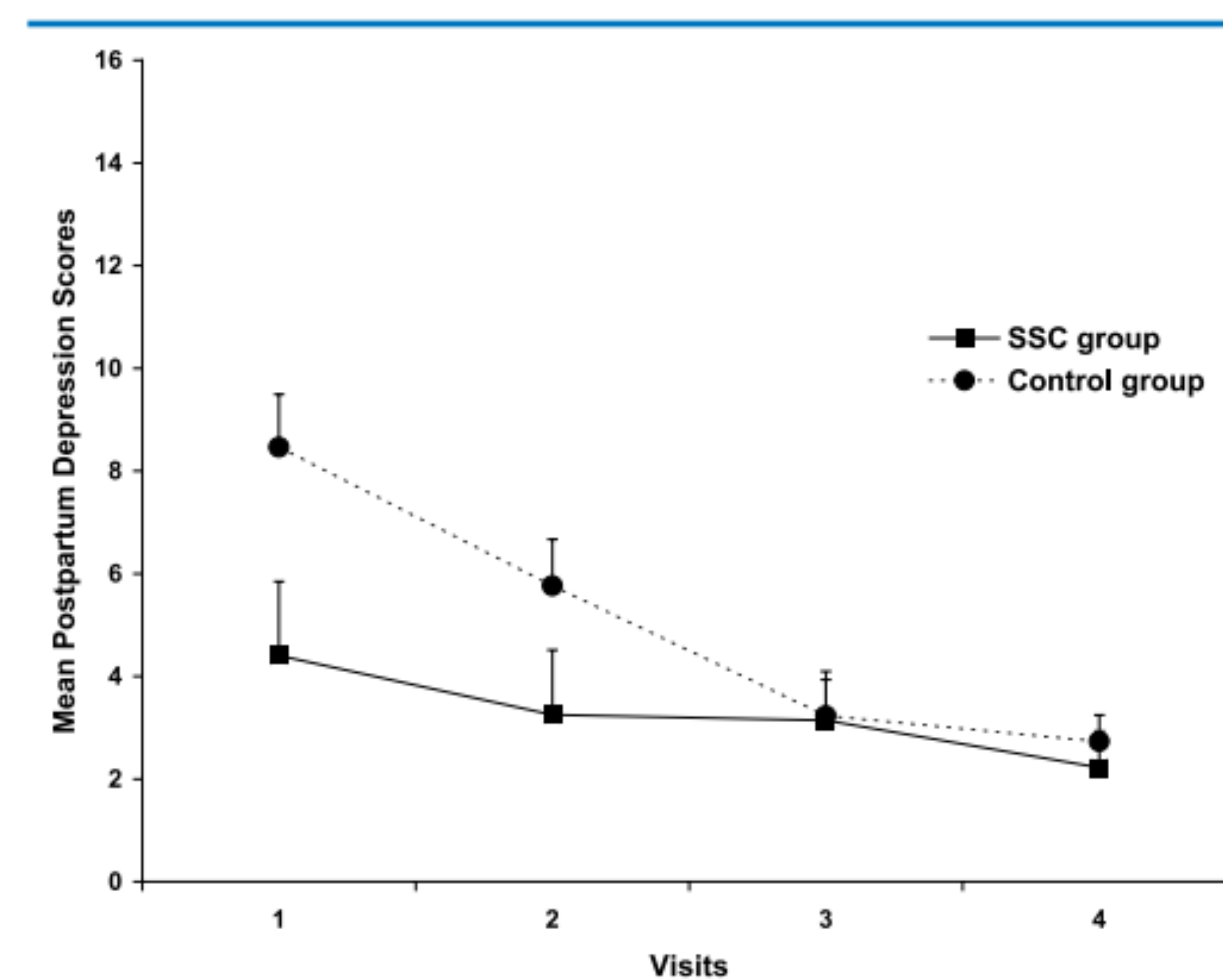
PURPOSE

- ❖ Review current literature on the use of skin-to-skin contact in mothers at high-risk for developing postpartum depression and their self-reported scores of depression screening scales after intervention.

METHODS

- ❖ Comprehensive literature review using articles from databases such as PubMed, Web of Science and SCOPUS.
- ❖ Articles were selected based on specific inclusion criteria that prioritized skin-to-skin contact, kangaroo care, and postpartum depression.

RESULTS



- ❖ 19 studies so far has shown that skin-to-skin improved self-reported scores of postpartum depression.
- ❖ Skin-to-skin contact was noted to increase oxytocin which facilitates bonding and trust between mothers and their newborns, and decreases cortisol which is a physiologic marker of stress.
- ❖ Skin-to-skin contact also promotes maternal feelings of attachment, promoting increased relaxation and reduced levels of postpartum depression and anxiety in mothers.

Mother: Quantitative Variables

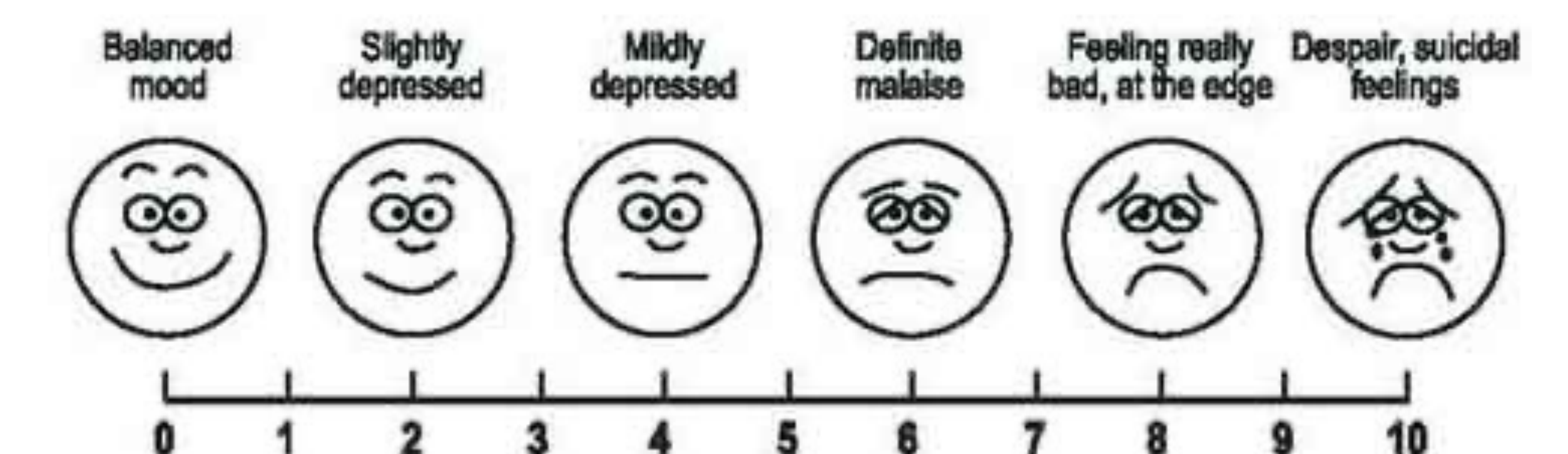
Variable	Group	Mean	SD	d.f	Test	P-Value	Mean	S.D.	d.f	Test	p-Value	OR (95% CI)
Mother Cortisol($\mu\text{g/dL}$)	KMC	8.27	5.04				5.87	3.35			0.002 ^A	
	Control	8.58	4.75	--	1472.50	0.81 ^A	7.65	3.81	--	1038.00	*	--
EPDS	KMC	17.28	2.74				15.39	2.40			0.002 ^A	
	Control	17.62	2.55	--	1534.00	0.81 ^A	16.67	2.82	--	1177.50	*	--

Note: KMC group (n = 56); Control group (n = 56); ^A Mann-Whitney U; ^B Student's t-test; ^C Chi-squared; ^D Likelihood ratio; ^E Yates correction; d.f.: degrees of freedom; * p < 0.05.

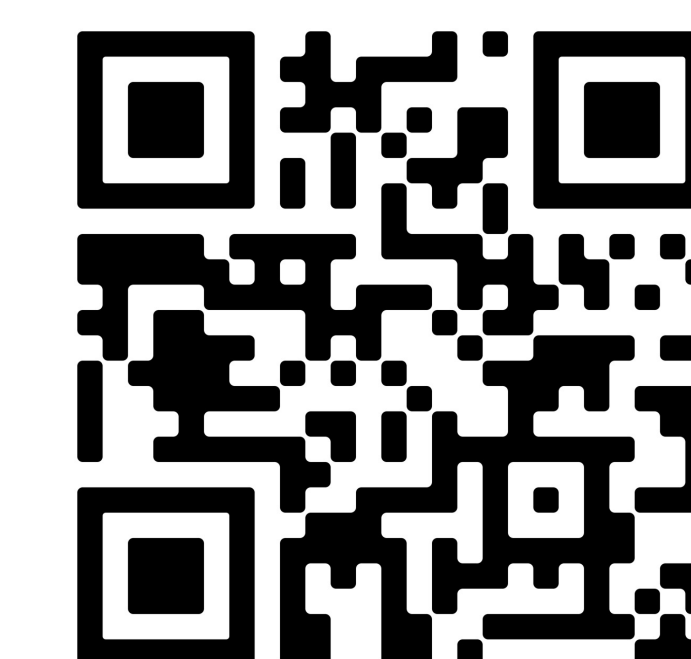
CONCLUSION

- ❖ Use of skin-to-skin-contact is beneficial to mothers at risk for postpartum depression, particularly those from low socioeconomic status.
- ❖ Skin-to-skin contact can be easily implemented because it requires very few outside resources. After the initial hospital stay, it can be implemented at routine well-visits.
- ❖ Limitations include that many studies evaluating skin-to-skin were done while the mother was breastfeeding, excluding mothers who were unable to or chose not to breastfeed their infant.
- ❖ More studies are needed that evaluate the use of skin-to-skin contact on rates of postpartum depression.

Depression Rating Scale



REFERENCES



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