

# Rebuild from Depression

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## Chapter 4: Feeding problems

Frederick had unusual feeding problems and I was entirely unprepared to deal with them. In my preparation for pregnancy, I read all of the natural childbirth books which described the ideal birth: baby is birthed and placed immediately on the mother's belly, amniotic fluid and all. Baby wiggles his way up to the breast and begins to nurse. I did know that my breastfeeding experience might not be quite this idyllic, but at the same time I did not prepare myself by finding all of the best breastfeeding resources in the region, *just in case*. I should have.

Considering that a baby only needs food and comfort, there are few strains as great as when you are unable to feed your baby. An overnight stay in the NICU is never a good omen for breastfeeding. Once Frederick graduated from the NICU, I was visited three times by hospital lactation consultants who tried to help him latch. He sort of latched once but, largely, all of the attempts were unsuccessful. I continued to pump and fed him the breast milk with a cup, a spoon, and an eyedropper.

I began to feel better the day after surgery. I could hobble around and even decided to shower. I got into the shower and my nurse removed my bandages for me. I wailed with pain. I have a high pain tolerance and can usually focus my way through pain. I managed to calm myself. I started to shower and was in such pain that I wailed and moaned. I was aware that the people in the adjoining room who shared the shower area were quite concerned. So was Sander. He helped me out of the shower and called the midwife.

“She needs more pain medication. She shouldn't be in this much pain, it's not like her.”

She looked at my chart, “You know Amanda, we’re not asking you to be a hero here. Since the surgery you have gone without any pain medication at all.”

“I need pain medication.”

Pain medication helps a great deal after a c-section, I discovered.

Frederick made it through that second day on the bits of breast milk I was pumping and he had been fed formula the night before in the NICU. By nighttime, he was very hungry and woke often to be fed. We tried and tried. Finally I gave him formula when I was absolutely out of breast milk and he slept a little better. But Sander and I got very little sleep that night.

The nurses were obviously worried about his feeding. My day nurse was very supportive, however, and helped me work with him to latch. Then on Saturday morning, two mornings since the surgery and after a long night with Frederick, I waited for the shift to change and for my nurse to appear again. She was a somewhat nervous and hyper woman but we seemed to understand each other. She ushered my dad and Sander out when I needed to spend two hours trying to get Frederick to latch. She made sure I stayed modestly covered in my hospital gown as I worked to take care of my needs and Frederick’s.

That first night with Frederick was a very long one. And when the shift changed, some other nurse showed up. My nurse did not come. The new nurse was a very rough-around-the-edges woman. Change is a hard thing when you are sleep-deprived and cannot feed your baby. I reported to my midwife that morning that it was time to go home. She said “I know you have help there, so whenever you feel like you can manage, I will approve it.” Between the new nurse and the hourly checks of my vital signs, I was climbing the walls. I had not gotten much sleep. Frederick wasn’t feeding. People were driving me crazy.

I put a sign on my hospital door “Do not disturb unless the hospital is on fire or unless you have food.” The sign helped.

We prepared to return home. I was told there were no hospital breast pumps available to rent that day. They were all checked out. But I was directed to the manual pump in the hospital kit that would allow me to pump one breast at a time. That was Day 3 of Frederick’s life.

On the fifth day of his life, my breasts were engorged and enflamed and Frederick was losing weight. The breastfeeding was not going well. Cup feeding was not effective either. My milk had not yet come in. Sander and my mother took Frederick to the pediatrician first thing Monday morning, on Day 5.

Our pediatrician insisted that he be supplemented with formula and that we use a bottle.

She said “he is down to 5 pounds 14 ounces from 6 pound 7 ounces and he cannot afford to lose any more weight. You can wean him from the bottle later. His mother needs to sleep and eat well. If she is too stressed, there won’t be any milk for him. She needs a good breast pump.”

Sander was able to acquire an electric breast pump by Day 6 and my engorgement began to improve. Frederick began to get formula regularly in a bottle.

The odd thing, though, about Frederick’s bottle feeding sessions is that it took 45 minutes on average to feed him. One record feeding with a bottle took only 20 minutes, one session took over an hour. Bottle-feeding typically takes about 10 minutes. Frederick was also a very tiny baby at just under 6 pounds coming home from the hospital. We were told to feed him every two hours – two hours from the beginning of one feeding to the beginning of the next. We fed him constantly and ourselves into exhaustion.

We continued to consult with lactation specialists. About two weeks postpartum, I was still only producing about 60% of his needs with my pumping. One lactation consultant said “That’s good, but your goal should be 100% breast milk.”

Sander asked on the way home, “Amanda, why are you not able to pump enough milk for Frederick?”

“I am not always able to pump every two hours. If I am taking care of Frederick, I have a hard time finding a 15-minute interval to pump.”

Sander said “When it’s time to pump, you let me know and I will drop what I am doing. You need to get your milk supply up.”

And so I did. With the support of Sander and my mother, I pumped every two hours and gradually built up a suitable milk supply for my son.

But in the meantime, Frederick was still not latching. We had eight meetings all together with the local lactation consultants from the hospital and tried quite a number of tools.

One tool inspired me so much (a supplemental nursing system) that I set a goal for us to be nursing by the following Monday, Day 12. I have always been a goal-driven person and responded to this breastfeeding problem much like I respond to most other problems in my life: make a to-do list, lay out short-term and long-term goals, and move forward. So I had a goal and I communicated it to Frederick and to the other adults of the household.

### ***A buck a suck***

“OK Frederick, all you need to do is start with one suck and we will be well on our way to our goal.”

The motivational speech did not appeal to Frederick. He still fumbled around rather ineptly. A day passed.

Perhaps Frederick was not sufficiently incentivized:

“Frederick, I’ll give you a buck a suck.”

No improvement.

“Frederick, I know you are a baby but you need to listen to me and appreciate how many bucks you can make here. Add to those bucks the power of compounding interest and you could well earn yourself a sports car by the time you are in high school.”

No improvement.

At some point in this process, we had been red-flagged by the hospital staff because someone called to set up a home visit and we knew that visits were not routine. The lactation consultant nurse who helped us in the hospital showed up to weigh Frederick and to ask about his progress. I was eager to get help latching again, thinking we might have success this time. No luck. I excused myself from the visit twice to cry in the bathroom. As she left she said, “He’s just not ready to breastfeed. It’s not your fault, you’ve done all you can do.”

### *A miracle worker*

That is when I called back a good friend of the family. She had called some days before to ask about Frederick’s progress. After hearing about our troubles she called her daughter’s mother-in-law, who had been a La Leche League leader for years. The mission of the La Leche League is to help women breastfeed and this former leader said that she would make it her personal mission to see that Frederick would breastfeed. This news came in the middle of my breastfeeding goal and promising Frederick financial reward to breastfeed. I felt that I had the help I needed from the hospital lactation consultants. I had told her I would get back to her if I needed help. So I got back to her.

My friend then began a search for a renowned lactation consultant in Fresno whom the Le Leche League leaders saw as a “miracle worker.” As it turned out, most of the family knew this “miracle worker.” We had worked with her or her boss in one way or another. This lactation consultant was out of town and we did not see her until about 3 ½ weeks postpartum.

We drove to Fresno one evening for a 5:00 appointment with her. The lactation consultant arrived and she and Sander exchanged greetings and talked about the small world we live in. I gave her the short version of our story and she said “OK, let’s see how he latches.”

I started with a cradle hold and she directed me to use a football hold. She made one adjustment after another: “Move your arm back a little bit this way, bring his head forward just like this, now over a bit, now sit up a bit more.”

After a few minutes of her direction, Frederick latched and was nursing. Tears streamed down my face and I worked not to sob.

I said “He has never latched before.”

She replied, “Maybe I *am* a miracle worker” and started to laugh.

Apparently the label “miracle worker” was her new nickname at her day job site, thanks to my friend’s phone call to her boss. Her day-time co-workers had no idea of her talents prior to this incident.

“So how does that feel?” She asked.

“It feels like he is biting down on this side as he nurses.”

She held his jaw and watched him suckle. “Is that better?”

“Yes.”

“I think he may have a jaw problem. I am going to refer you to a chiropractor who works with babies. He’s very busy but he will work in babies when he has a cancellation. He doesn’t charge for babies either. Can you believe that?”

The appointment with the lactation consultant was Monday evening. On Wednesday, the chiropractor’s office called to say he had a cancellation the next day. Also on Wednesday I had decided to nurse Frederick all day – not to use a bottle at all.

It was in that day of nursing that I realized Frederick’s nursing behavior was very peculiar. As soon as he latched and sucked, he would pull away and scream. I knew enough about breastfeeding problems at that point that I thought his behavior was due to thrush. I called my lactation consultant and she said, “I thought your nipples looked a bit pink. You poor thing.” She instructed me on using an anti-fungal cream and suggested I call our local pediatrician for a prescription.

We had been using anti-fungal cream for nearly a day when we arrived at the chiropractor’s office. My mom and I took Frederick in for his adjustment and the chiropractor instructed me to place Frederick’s bottom in the hole on the exam table. His tiny body was nearly lost in that hole. The chiropractor put his glove-covered pinky into Frederick’s tiny mouth and reported to us that Frederick had a swallow reflex on one side of his mouth and a gag reflex on the other. He used gentle adjustment techniques to adjust his jaw.

And then he turned to me and said “OK.”

“OK, what?” I responded.

“Let’s see if his latch is better.”

I held Frederick to feed him and Frederick looked different. Even that day I could not describe the difference, but his face looked

slightly different to me. He looked more settled and peaceful in a very subtle way.

Frederick's latch was much better and he did not want to stop nursing. The chiropractor sent us to Room 6, a room where he does intakes and has no exam tables. Frederick continued to nurse. The chiropractor had told us about a baby he adjusted from the Los Angeles area. The six month old baby had not regained his birth weight. After the adjustment, the baby nursed for 24 hours straight.

Frederick wanted to continue nursing as well but I began to feel embarrassed about being there for so long. Frederick had not nursed this much in his entire month-long life. Truth be told, I finally gave Frederick some milk in a bottle I had ready for him since it appeared we would be in that office all day long. As we left the office without letting on about the bottle plan, the chiropractor gave me a diet to help with thrush and said "that medication might relieve the symptoms, but the thrush will come back if you don't make these changes."

He suggested a diet low in sugar and grains and high in vegetables, high-quality meats, and beneficial oils.

Frederick was able to nurse but his suck was still very weak and the pain in his mouth from thrush was causing nursing to be more uncomfortable than bottle-feeding. So we decided it would be best to nurse him for the beginning of each feeding and then top him off with a bottle of breast milk. We would wean him off the bottle when the thrush was under control. Frederick had other plans.

## *Exposed*

Our home in Visalia had a master bedroom addition that was the entire second floor of the home. One wall of the bedroom was filled with floor-to-ceiling windows that looked out onto our backyard. When we moved in two years before, we removed the vertical blinds and had not gotten around to replacing them with another window covering. We did not need a window covering for privacy: our lot and those of our neighbors were so filled with trees that we had a great deal of privacy, even perched up on that second story in a neighborhood of single story homes surrounded by 50-year-old trees.

There was one house directly behind us, however, that had a second story. The house was owned by a couple in their seventies. Their house had a window that looked directly into our backyard and bedroom if they ever opened the curtain. The curtain remained closed for the two years we lived there. We assumed the room was never used and, therefore, did not worry about privacy issues. We put off purchasing the window coverings.

As I struggled with thrush, I spent quite a number of days in that upstairs bedroom bare-chested. Yeast thrives in a dark, moist environment and I figured there was no better way to keep my nipple thrush in check than sitting in a sunny spot in the bedroom, letting the sun filter through those uncovered windows onto my bare breasts.

Some days passed and I continued my thrush therapy.

I woke up one morning and looked across the backyard at the window across the way. The curtain was open for the first time in the two years we had lived there.

We bought some curtains.

### *Refusing the bottle*

When Frederick was 5 ½ weeks old, ten days or so after his adjustment, Sander woke up to do the early morning feeding, as usual. I woke up to pump but then went back to sleep immediately. I went to a meeting early that morning and my mom took care of Frederick while I was gone. When I returned home I saw a half empty bottle and asked what was wrong. My mom reported that he had only consumed about an ounce of milk from Sander's early morning feeding and that she had only been able to feed him another ounce.

“But Mom, he would usually have had eleven ounces by now. Do you think he is sick?”

“He seems OK, he just is not interested in eating.”

I sat down with Frederick and tried to breastfeed him. He nursed fervently.

“Mom, I don't think he likes those bottles.”

After a week of nursing, he refused the bottle and would only have milk straight from the tap. I felt a bit of relief but knew the nursing sessions would be very long with his weak suck. I popped in a movie from our very limited supply and nursed him for over an hour at a time. His suck improved in about a week and in that week I memorized every scene of “The Sound of Music.” It is ironic that even today Frederick loves the movie, knows the songs and dances, and was greatly disappointed when his preschool teacher, Teacher Maria, did not take him to the mountains for singing and dancing. Preschool was a real disappointment in that regard.

### *Missing his infancy*

We struggled for weeks with breastfeeding and, in the process, I was told by my midwife and my mother to stop breastfeeding.

My midwife said “There’s more than one way to feed your baby and you don’t want to miss his infancy.” She was concerned that I was literally driving myself crazy.

My mom said at about four weeks postpartum “You are missing his infancy and you are jeopardizing your marriage. You need to give up on this.”

I could ignore my midwife, but in response to my mother I said, “Mom, now Frederick has thrush and breastfeeding is the only way we are going to get rid of it. Let’s work on the thrush and then reassess.” I bought myself time.

However, in therapy a year later my therapist was asking me to explore my feelings about the past year. I explained that each time the depression would ease up that a state of grief would overtake me and I did not understand why. I explained to the therapist all that we went through and our successes in getting Frederick to breastfeed, how content he was as a result, making it through those weeks of screaming, and overcoming all of the other obstacles the year brought. I discussed it all as a “win” and it was, so I just did not understand why I was grieving. He asked me a number of times what we lost. I continued to describe what we won. He continued to ask his question until finally I blurted out “*his infancy.*” I started to cry.

In this household we have many times blamed missing Frederick’s infancy (particularly the early newborn days) on the breastfeeding problems, but we realize in retrospect that it would have been lost anyway. My depression continued in those early days postpartum even though it was not the most critical element in the household.

My mental health was poor but nothing trumps feeding a baby who cannot be fed.

I remember in those early days watching Frederick as he slept. For about two weeks as he slept, his eyes were opened slightly in tiny slits. I remember becoming paranoid that demons were spying on me through his eyes. I did know that he was an innocent little guy and going through turmoil of his own, particularly if he was infested with demons. So as he slept beside me in bed, to my left side, I slept on my side and held his tiny right hand in my right hand all night long. I was able to function and care for Frederick, but my own paranoia was palpable. The depression never left.

***Nothing trumps a baby who cannot be fed***

As difficult as depression is to live with, feeding a baby who cannot be fed brings a whole other level of desperation to an already-taxed household.

I remember when my husband was trying to acquire a hospital-grade breast pump for me to use at home. At first the hospital was out of the pumps but when a pump became available two days later, the lactation consultant explained to my husband that it would cost about \$50 a month to rent the pump. She wanted to be sure that he understood the cost and could pay it. There are government programs that will assist low income people with pumps.

I heard Sander say “I don’t care what it costs.”

I know that at that moment, as frugal as Sander is, he would have parted with his last dollar and mortgaged anything we had to pay for that pump.

“I just want Frederick to be healthy.”

I have never seen Sander so desperate and I have never felt so desperate myself. We cannot know how much more severe my

depression became because of those very desperate six weeks, but it most certainly had an impact.

For my part, I will be grateful forever to the ladies of the Le Leche League in Fresno and their miracle worker lactation consultant who have committed many decades to helping babies like Frederick become healthy children. As more women are able to get such good-quality help sooner with such a basic need, we certainly will be able to reduce the rates and severity of postpartum depression.