

### Objectives

- Compare the concerns raised about maternal and infant safety when healthcare providers evaluate the needs of mothers who could benefit from antidepressant medication therapy against the infant benefits gained by breastfeeding
- Contrast the differences in maternal and infant side effects; infant serum levels; weight and neurologic development between tricyclic and SSRI-related antidepressants and relate these aspects to the safety and efficacy of their specific use in the breastfeeding mother
- Describe the current recommendations for limitations and resumption of activities in women following obstetric or gynecologic surgeries and evaluate the evidence available to support revisions to existing advice

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### Content Outline

1. Antidepressant Medication Use During Breastfeeding
  - 1.1 Review of the maternal and infant benefits related to breastfeeding
  - 1.2 Overview of postpartum depression prevalence
  - 1.3 Comparison of therapeutic and adverse effects of antidepressant classes on breastfeeding infants and their mothers
    - 1.3.1 Tricyclic and heterocyclic
    - 1.3.2 SSRIs
    - 1.3.3 SNRIs
    - 1.3.4 NaSSA
    - 1.3.5 Norepinephrine and dopamine reuptake inhibitors
  - 1.4 Practical guidelines for antidepressant use during breastfeeding
2. Building the Evidence Base for Postoperative and Postpartum Advice
  - 2.1 Comparison of traditional recommendations, current evidence and recommended adjustments to guidelines for resumption of common activities
    - 2.1.1 Lifting
    - 2.1.2 Climbing stairs
    - 2.1.3 Bathing and swimming
    - 2.1.4 Driving
    - 2.1.5 Vaginal intercourse
    - 2.1.6 Exercise regimes
    - 2.1.7 Work outside the home
3. Complications of the Late Preterm Infant
  - 3.1 Classification and overview of the impact of late preterm births
  - 3.2 Morbidities related to late preterm births
    - 3.2.1 Thermal instability
    - 3.2.2 Hypoglycemia
    - 3.2.3 Infection
    - 3.2.4 Hyperbilirubinemia
    - 3.2.5 Respiratory distress
    - 3.2.6 Neurodevelopmental abnormalities
    - 3.2.7 Feeding difficulties
4. Phototherapy for Neonatal Jaundice
  - 4.1 The impact of jaundice as a clinical problem
  - 4.2 Review of the development of hyperbilirubinemia
  - 4.3 Description of phototherapy's light energy process to reduce circulating bilirubin levels
  - 4.4 Clinical outcomes and adverse effects of phototherapy use
  - 4.5 AAP guidelines for phototherapy use

### Objectives *continued*

- Identify the areas of increased risk for morbidity related to the late preterm infant born between 34 and 36 weeks of gestation and explain the pathophysiology associated with these morbidities as well as the implications for healthcare costs
- Define the process and magnitude of the clinical problem presented by the development of both physiologic and pathologic forms of jaundice in the neonate
- Outline the process involved to lower circulating bilirubin levels using phototherapy including known side effects and the details of its use in line with current clinical recommendations and guidelines

### Reading Material Resources

This self assessment module is based on the resources listed below. A copy of each article is included with the module.

“Antidepressant Medication Use During Breastfeeding”, DiScalfa, MD, Teresa Lanza, et al., Clinical Obstetrics and Gynecology, Volume 52, No. 3, September 2009, pp. 483-497

“Building the Evidence Base for Postoperative and Postpartum Advice”, Minig, MD, Lucas, et al., Obstetrics and Gynecology, Volume 114, No. 4, October 2009, pp. 892-900

“Complications of the Late Preterm Infant”, Darcy, Ashley, Journal of Perinatal and Neonatal Nursing, Volume 23, No. 1, January-March 2009, pp. 78-86

“Phototherapy for Neonatal Jaundice”, Maisels, M. Jeffrey, et al., The New England Journal of Medicine, Volume 358, No. 9, February 28, 2008, pp. 920-928