Loretta Hale: Intimate Partner Violence, Formula Feeding, and Postpartum Depression Loretta Hale, age 18



- 1. Define intimate partner violence and describe its associated risk factors.
- 2. Explain the cycle of violence that occurs in intimate partner violence.
- 3. Discuss the responsibilities of nurses to respond to intimate partner violence.
- 4. Assess risk factors for postpartum depression.
- List the considerations for safe formula feeding of infants.
- 6. Describe special considerations for working with low-income maternity patients.

Key Terms

Cycle of violence Intimate partner violence Introitus Postpartum depression Traumatic bonding

Before Conception

Loretta Hale is 18 years old, recently dropped out of high school, and lives with her boyfriend, Bryan. She is overweight, with a body mass index of 31 (see Box 1.4), and smokes and drinks alcohol. Bryan is older and sells marijuana out of their small apartment. He's out of high school and has a job and a car.

Loretra's earliest memory is of crying—not her own crying but that of her mother. In her memory, her mother lies next to her in the narrow bed Loretta slept in all throughout childhood. She doesn't have any other pieces of this memory that she can recall, but the memory of her mother crying next to her was reinforced numerous times throughout her childhood.

It was predictable, in its way. Her father was often effusive with her mother and with Loretta. He brought home small gifts and flowers. He told Loretta that she was pretty and sweet. He didn't drink. He kissed Loretta's mother on the cheek and sometimes full on the mouth right in front of Loretta. Loretta's mother laughed and said, "not in front of Loretta." These were the good times.

Her mother was better in those times as well. She acted happy and hopeful. She never told Loretta to shush.

Then there would be a shift. Little things started to bother he father that hadn't bothered him before. He brought home case of beer. He criticized little things about how her mother looked or cleaned or cooked or took care of Loretta. He wasn't patient and he didn't tell Loretta she was pretty or sweet. He got loud and yelled, and as he got louder, Loretta's mother got quieter Loretta learned to be quieter, too.

And then came, predictably, in a pattern, the times wher Loretta's mother came and lay in her bed. Before that there was usually more yelling and she heard her father say terrible things. Loretta covered her ears and hummed. She turned up the volume on the television. Once or twice Loretta's mothe grabbed Loretta and left the house with her. Once they went to her grandmother's, and once they went to a shelter. Both time Loretta's mother explained she had nowhere else to go, and no money to get there. Her grandmother was strict and she had to

be quiet all the time. The shelter was small and loud and shabby and her mother cried all the time.

Both times after they left, her father came for them, and they went with him. He said he was terribly sorry, that he'd stop drinking, and that he loved his family, loved Loretta's mother. Loretta's mother reassured him that it wasn't so bad, and that she would heal and that it was her fault, too, that they would heal as a family. Loretta's mother told her that he wasn't a bad man; he just had a lot of responsibilities, and sometimes he had a bad temper. In fact, he loved them both very much and would take care of them. Loretta was pleased to have her kinder father back. He told her that she was sweet and that she was pretty (Fig. 12.1). Later, though, true to pattern, he'd bring home beer instead of flowers, and she'd wake to find her mother crying in her bed.

High school was rough for Loretta. She skipped classes. She didn't go home any more than she had to. She avoided her parents.

She met Bryan when she was a junior. He was nicer to her than most people were. She was surprised that he even talked to

Batterer:

her. A lot of people were surprised by that. Boys weren't usually interested in her, and she was flattered by the attention. He gave her free joints, drank beer with her, and told her to come around whenever she wanted. When he wanted to have sex, it was not even a question. She would do anything for him, anything at all. She stopped going to class completely so she could spend more time with him. He told her she was pretty.

Then one day he called her a dumb pig. He'd had a bad day at work. He apologized but said that in fairness she could lose a few pounds. She did try to eat less. She starved herself for days and then got so hungry she binged on pies from the gas station across the street from his apartment. He was right; she knew he was right. He was just telling it like it is. She was lucky an older guy like him would go for someone as fat and stupid as she was. She asked him to use condoms so she wouldn't get pregnant, but he told her that he didn't like condoms, and if she didn't want to get pregnant, she was the one who would have to do something about it. She didn't get her period much

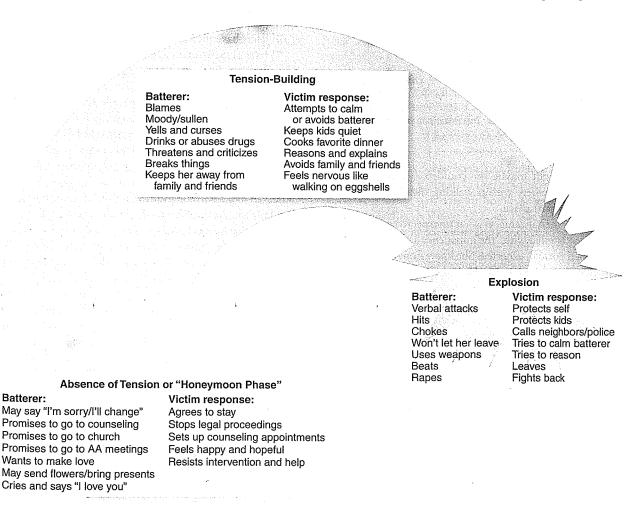


Figure 12.1. The cycle of violence. AA: Alcoholics anonymous. (Adapted with permission from Hatfield, N. T. [2013]. Introductory maternity and pediatric nursing [3rd ed., Fig. 16.3]. Philadelphia, PA: Lippincott Williams & Wilkins.)

Box 12.1 Risk Factors for IPV

- · Personal history of prior victimization by IPV
- Female (though males can be victims, too)
- Under the age of 24 y
- · High-risk behaviors with sex, alcohol, and drugs
- Witnessing IPV in childhood
- History of mental illness, including depression
- Poor education
- Poverty
- Income disparity between self and partner
- Male-dominated relationship
- Weak community support
- Strong traditional gender norms within community
- Underemployment, unemployment, and job insecurity

IPV, intimate partner violence.

Data from Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey. Atlanta, GA: Centers for Disease Control and Prevention; Gracia, E., López-Quílez, A., Marco, M., Lladosa, S., & Lila, M. (2015). The spatial epidemiology of intimate partner violence: Do neighborhoods matter? American Journal of Epidemiology, 18(6), 1456–1462; Khalifeh, H., Oram, S., Trevillion, K., Johnson, S., & Howard, L. M. (2015). Recent intimate partner violence among people with chronic mental illness: Findings from a national cross-sectional survey. The British Journal of Psychiatry, 207, 207–212.

anyway. She thought maybe she couldn't even get pregnant. Besides, there's nowhere within walking distance to get birth control, and she can't drive.

The hitting, when it came, was not unexpected and followed a pattern she was familiar with. The impatience and casual cruelty to Loretta seemed normal, expected. She knew from long experience at home that this was what love looked like for women like her mother and for girls like her. She looked forward to the times of gentleness and forgiveness, and savored them when they came. It was during one of these times when she left her parents' home for good and moved in with Bryan.

Now, she has no money, no job, and no high school diploma. Bryan says he'll take care of her (Box 12.1).

Pregnancy First Trimester

Loretta does get a job, in a dollar store. There's no employee discount, but she can buy some groceries and other supplies without having to walk to the grocery store. She doesn't have a car, and there's no public transportation in their small town. She buys some off-brand tampons for a dollar in anticipation of her period. She realizes after a few months that she hasn't used them, and she buys a pregnancy test and uses it in the employee restroom. It comes up positive.

She thinks strategically. Bryan said that birth control was her job, but she didn't get it because there was no place within

walking distance that had it and no one to drive her. Bryan hat car, but he works during the times when the local clinic is of and she knew he wouldn't want to take time off to drive her; fact, he'd probably get mad at her for even asking. She asked he to withdraw before ejaculation, but he refused. She took a risk not using contraception, and now it looks like she'll have to fathe consequences; but maybe it isn't a bad thing. Babies are love and need, and a baby would bind them together.

She isn't sure how far along she is. Her period has alwa been irregular, anyway. She remembers having a very light peri some months back but can't recall just when. She recalls that I breasts were tender like they are when she is expecting her piod, but she can't remember having bled. She doesn't remembeing particularly nauseous and knows she hasn't vomited. She exhausted, but that's typical.

"I think I'm pregnant," she tells Bryan. She's made him I favorite dinner. The apartment is as clean as she can make it. "Okay," he says.

Loretta waits. When it seems clear he doesn't plan to say mo she says, "I need to go to a doctor."

"I don't have money for that," he says.

"I have state insurance still," she says quickly. "It won't α you anything. But I need to get there."

"I'll do it," he says. "But I'm coming in with you."

"To the appointment?" she asks, pleased he wants to be a pa of it. She's been watching him carefully for anger and now s. relaxes. He doesn't seem happy, exactly, but he's not mad either

"I'm sorry," says the nurse who comes to get Loretta fro the waiting room. "We need to see the patient by herself fire It's policy."

Bryan looks peeved. "But I want him to come back with me says Loretta. She doesn't want him to be annoyed. She wants hi to be involved and excited.

"It's only for a minute," says the nurse. "It's office policy." Loretta hesitates and then goes with her reluctantly. She fee

awkward and avoids looking the nurse in the eye.

When they reach the exam room, the nurse, who introduc herself as Julia, takes a set of vital signs and then asks, like it's ju a normal conversation, like they've been talking about the weatht "Do you feel safe in your home and safe in your relationship?

"I already answered that question in my paperwork," sa: Loretta. She filled out a stack of papers when they first checke in. "I'm fine."

"I know you did," says Julia. "But we like to ask twice. Somtimes people are more likely to tell us one way than the othe and when you answered the questionnaire, your boyfriend we sitting next to you. Do you think you can leave a urine sample:

Loretta nods. "Can my boyfriend come in now?"

Dr. McDonald comes in shortly after Bryan and confirms the positive pregnancy test.

"How far along is she?" asks Bryan.

"We can't tell that just from the urine test," says Dr. McDonald "Loretta, what was the first day of your last period?"

Loretta shrugs. "I don't know. It's been a while." "What do you think? Has it been weeks? Months?" Loretta shrugs again. "I don't know."

"Do you think it was in the spring or the summer?" "Spring, maybe."

Dr. McDonald asks about first trimester symptoms such as breast tenderness, fatigue, and nausea (see Table 6.1), and Loretta confirms the fatigue but nothing else.

"I'd like to do an ultrasound to see if we can pin that date down a little bit for you," says Dr. McDonald.

"How much will that cost?" Bryan asks.

"You have insurance?" Dr. McDonald asks Loretta, who nods. "State insurance," she says.

"That will cover it," says Dr. McDonald. "Have you thought about what you want to do with this pregnancy?"

"Do you mean if I want to keep it?"

"She wants to keep it," says Bryan. "That's my kid."

Dr. McDonald looks at him for a long moment and then looks back at Loretta. "Well, the first thing I want to do is confirm how far along this pregnancy is, and then we can make a plan. Have you ever had an ultrasound before?"

Loretta shakes her head.

"We'll start with the transvaginal ultrasound. In early pregnancy, we get a much better view this way. If you're further along, we'll need to switch to an abdominal ultrasound" (Fig. 12.2).

In the end Dr. McDonald does need to switch to the abdominal view.

"It's moving!" says Loretta as she watches the fetus kick and roll its spine.

"It looks like an alien," says Bryan.

"It's beautiful," says Loretta.

"You are sixteen weeks along, give or take," Dr. McDonald says. "Generally speaking, earlier ultrasounds give a more accurate date, but sixteen weeks should be pretty darn close" (Verburg et al., 2008).

"Sixteen weeks," says Loretta slowly. "That's almost half way."

"Almost," says Dr. McDonald. "You're just four weeks shy of half way, assuming you give birth at forty weeks."

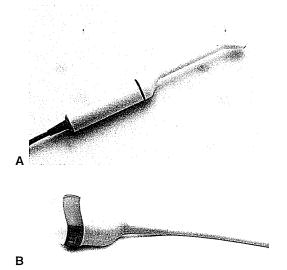


Figure 12.2. Ultrasound transducers. (A) Transvaginal. **(B)** Abdominal. (Reprinted with permission from Sanders, R. C. [2015]. *Clinical sonography: A practical guide* [5th ed., Figs. 2.12 and 2.14]. Philadelphia, PA: Lippincott Williams & Wilkins.)

"Can you tell what it is?" asks Bryan. "Like, boy or girl?"

"I can," says Dr. McDonald. "Loretta, would you like to know?" "Yes," says Bryan, answering for her.

Dr. McDonald looks at Loretta, who nods. "It's a girl," she says. "Oh," says Loretta. She isn't sure what to think. She's braced herself to be pregnant but not for details.

"I'd like to order a more thorough ultrasound," says Dr. McDonald, "One that will tell us a little more about the health of the pregnancy" (see Box 1.8).

"Can we do that today?" asks Bryan. "I can't keep taking all this time off of work for doctor's visits."

"It's important that Loretta be seen regularly," says Dr. Mc-Donald (see Box 2.3). "Right now I'd like to see you monthly, Loretta, plus an appointment for the next ultrasound. We should schedule it for about a month from now, around the same time I'd like to see you next. You can schedule the appointments together, if you'd like."

Loretta glances at Bryan. "It depends on his schedule," she says, and looks away.

Dr. McDonald looks back and forth between Bryan and Loretta. "I understand the transportation difficulties. One option would be to arrange home visits with a maternity nurse. She may be able to help with transportation, as well."

"You mean having someone in the house?" asks Bryan. "I don't know about having someone in the house."

Dr. McDonald looks at him sternly. "This is about the health of the pregnancy and Loretta's health."

"I'll think about it," says Bryan.

Dr. McDonald looks back and forth at them again. "You should both think about it. In the meantime we should do some blood work today to screen for health issues and problems with the pregnancy" (Lab Values 12.1; see Table 1.1). "Then I need to ask you some more questions and conduct an exam" (see Boxes 1.2 and 1.3).

In the car on the way home, Loretta swallows hard and says in her softest voice, "So, if we got a home nurse, you maybe wouldn't have to drive me to visits so often. Maybe she could help with some other stuff, too. What do you think?"

"No. I'll take you," he says. There is a warning tone in his voice that dissuades her from pointing out the difficulties of the plan.

Instead, she stages a quiet action of rebellion. She calls Dr. McDonald's office and makes arrangements to have a visiting nurse come. Loretta is careful to arrange her work schedule and the visiting nurse schedule so there will be little chance Bryan will catch on, and she hopes the neighbors mind their own business. It feels exhilarating. It feels dangerous.

The nurse who comes is short and round. Loretta thinks she's probably her mother's age. She wears dark pants and a cardigan with an angled hem and looks nothing like what Loretta thinks a nurse should look like. She carries a backpack covered with pink flowers and introduces herself as Cara.

"It's not that I don't feel safe at home," Loretta tells Cara. "There are just times I feel like I have to be extra careful. He's got a temper, you know?" Loretta didn't mean to say anything to Cara. This was supposed to be a time to just get to know each other, but she likes Cara. She seems kind and she listens. And



First-Visit Laboratory Tests for Loretta

Because Loretta presents in week 16 of pregnancy, she has some "catch up" screening to do.

Testing for Maternal Factors

- Hemoglobin A_{1c}: Elevated levels are associated with uncontrolled diabetes. Loretta is obese and at higher risk for diabetes and is thus screened for preexisting diabetes with her first visit.
- Blood type and screen: for Rh status (negative or positive)
- · CBC: to evaluate for anemia
- Rubella: to screen for successful immunization. Vaccination indicated postpartum if not immune
- HBV: to evaluate for successful immunization for hepatitis or infection.
- Syphilis: to evaluate for infection
- Gonorrhea and chlamydia: to evaluate for infection
- HIV: to evaluate for infection
- Urine dip: one-time screening for UTI

Testing for Congenital Defects

- Cystic fibrosis: screen for carrier status. If positive, Bryan would be tested as well
- Maternal serum alpha-fetoprotein: High levels are associated with neural tube defects; low levels are associated with Down syndrome and trisomy 18.
- Human chorionic gonadotropin: High levels are associated with Down syndrome; low levels are associated with trisomy 18.
- Unconjugated estriol: Low levels are associated with Down syndrome and trisomy 18.
- Inhibin-A: High levels are associated with Down syndrome.

CBC, complete blood count; HBV, hepatitis B virus; HIV, human immunodeficiency virus; UTI, urinary tract infection.

Bryan has been in a difficult mood lately. He hasn't been talking and he seems coiled like a snake.

"Tell me about that, Loretta," says Cara. She's not taking notes. She's just like a friend having a conversation.

"He can be mean," says Loretta. "He can say hurtful things sometimes. Sometimes he'll swipe at me. Not very hard, but enough to let me know who's boss, you know?"

"Loretta, sometimes people say abusive things to other people to make them feel small. It can make them feel powerful, like they're in control."

"You think he's abusive?" asks Loretta, surprised. "He never beats me up. He's just not nice all the time. It's not like he's tossing me down the stairs or giving me black eyes."

"It doesn't have to leave a mark to be abusive," says Cara. "Every time he says something just to watch you hurt, that's abuse."

Loretta shifts in her seat. "I don't want to talk about this anymore. Bryan wouldn't like me talking about him like this.

He has a lot on his mind with taking care of me and think about the baby."

"We don't have to talk about it anymore. But, Loretta, the you for trusting me with this information," says Cara. "I that must have been a hard thing to do."

Loretta shrugs and looks away.

"Loretta, I'm going to tell Dr. McDonald what you told r There are risks to the pregnancy from **intimate partner violen** (Box 12.2).

Loretta looks up. "I didn't tell you so you'd tell other peopl she says. "I told you only because you asked. I don't want to to to anyone else about it."

"I'd like to help you," says Cara.

"I was just answering a question," says Loretta. "That not the same as asking for help. Look, if Bryan knows said something, who knows what he'd do. That's private. I wouldn't like it."

"It's alright," says Cara. "We don't have to do anything ye don't want to do. Healthcare providers don't have to report to kinds of things you told me, not in this state, not if you do want us to."

"I don't want you to," says Loretta. "This is private, like I sai I shouldn't have said anything."

"This is what I think, Loretta. I am a safe person for you I really want you to believe that. I want you to know you can tato me if that helps, or you can choose not to talk. If you want to talk to someone else, like a counselor or a social worker, I ca help arrange that. If you want other help with shelter or safet or something else, you need only tell us."

"Don't take this wrong," says Loretta. "I'm not a trusting per son. I don't feel like I can trust you. I trust him, but he hits me What does that say about what I know about people?"

Box 12.2 Risks of Intimate Partner Violence in Pregnancy

- Two to three times increased risk for postpartum depression
- Pregnancy-induced hypertension
- Vaginal bleeding
- Hyperemesis
- Frequent urinary tract infection
- Preterm birth
- Small size for gestational age
- Placental abruption
- Perinatal injuries, including fracture, and death

Data from Parrish, J. W., Lanier, P., Newby-Kew, A., Arvidson, J., & Shanahan, M. (2015). Intimate partner violence victimization prior to and during pregnancy among women residing in 26 U.S. states: Associations with maternal and neonatal health. *Child Maltreatment, 21, 26–36*; Ludermir, A. B., Lewis, G., Valongueiro, S. A., Araújo, T. V., & Araya, R. (2010). Violence against women by their intimate partner during pregnancy and postnatal depression: A prospective cohort study. *The Lancet, 376*(9744), 903–910.



The Nurse's Point of View

Cara: It never does any good to judge anyone, or any person's situation. It would be easy for me to look at Loretta and say that she's

foolish or weak or not worth my time. But the truth is much harder. Loretta has been taught by so many people in her life that she's not worth the trouble that she believes them. She doesn't trust because the people in her life don't have a track record of earning that trust.

Another thing, Loretta isn't weak, she just doesn't have power. Those are two different things. She doesn't feel she has a lot of control over her life because she believes that she shouldn't. She thinks it's the order of the world that someone else, in her case right now Bryan, makes the decisions. One of the most important, one of the kindest, things I can do for

her right now is encourage her to make her own decisions. It would be wrong to tell her to leave, even if I truly believe that's what's best for her. If I tell Loretta what to do she might do it, and in the short term that might be a good choice, but it just continues the pattern of people telling her what to do and disempowering her. She needs to get strong. It's part of my job to help her become so.

It's so easy to think that you know what's best for someone, but the truth is, Loretta knows her situation best. She may not think she can afford to leave, and she may be right. She may think she has nowhere to go, and she's probably right about that. She may feel like she loves Bryan, and that if she leaves she risks never loving again. And she might be right about that, too. Part of earning trust is giving it. I need to trust that if I can help Loretta learn her strength, she'll make the decisions that are right for her.

Bryan surprises her. He does arrange his schedule so he can take her to visits, usually first thing in the morning or the last appointment of the day. He comes in with her to each of them from start to finish.

"I don't like it when they ask nosey questions about us, you know?" he says. "We're in this together. It's our relationship. No one else has any business here."

The results of Loretta's initial blood work are normal.

Second Trimester

A second, more thorough, ultrasound at 20 weeks confirms she is having a girl and that she appears healthy. The results of her initial blood work do not indicate preexisting diabetes, and those of her 1-hour glucose tolerance test at 26 weeks do not suggest the onset of gestational diabetes (see Lab Values 3.2). Loretta tries to keep her weight gain at 12 lb or less (see Box 1.5), as Dr. McDonald recommended, but it's hard. Food can be a friend when things are tough. She's still working at the dollar store, and it's where she buys most of her food. She knows she's supposed to be eating more fruits and vegetables, but she figures that the prenatal vitamin Dr. McDonald gave her for a prescription would fill in the chinks, along with the food she gets from WIC (see Box 3.1).

The next time Cara comes, Loretta has applied a thick layer of foundation to her face and turned off most of the lights in the apartment. Cara turns on the overhead lights without asking Loretta and then just looks at her for a moment. Loretta avoids her eyes.

"It's not like this all the time," Loretta says. "He can be loving and kind. He makes sure I get to all of these appointments because he cares about me and he cares about this baby. He's just sad. And sometimes I look at him and my heart just aches for him because he's so sweet. And he's damaged, just like me. For him it just comes out different, you know? He comes out swinging."

"He comes out swinging at you, Loretta," says Cara.

"I know. I'm just saying that's not all he does. He's loving and kind and he needs me," says Loretta. "Nobody else has ever needed me before."

"What about this baby?" Cara asks gently. "This baby needs you."
"This baby needs both of us," says Loretta. "A mom and a dad.
A real family. Look, he mostly just says stuff. He usually hits only when he's been drinking a lot, and mostly he won't do that if I make sure not to say anything to make him mad. I've never had to go to the hospital. It's not that bad."

"What about your family," says Cara. "You're eighteen. You're still a teenager. Would they take you back in?"

Loretta makes a snorting noise. "Like it's so much better at home. Dad's just the same and I caused them plenty of trouble before I left. They said I can't do it, go it alone. But I can. I mean, I have to. I have nowhere else to go."

"There are places you can go," says Cara. "There are shelters and services and people who can keep you safe, you and the baby. I can help connect you with all of these. That's part of why I'm here."

Loretta is not sure whether to be exasperated with Cara or pity her. For a moment she feels like she's older than Cara. "Who would have me now if I left? I'm pregnant. I'm fat. I'm covered with stretch marks and my clothes are all stretched out and nasty. You think boys are lining up for me? Who's out there for me besides him? I don't want to be alone, not with the baby and not without the baby."

"You're not in this alone, Loretta. You have me to help. There are many people out there whose job it is to help people in your situation."

Loretta thinks for a long moment. When she looks up at Cara, she feels tears pricking her eyes. She wipes her nose with the back of her hand. "That's the loneliest thing you just said. That there's people out there who are paid to take care of people like me. Bryan and me, it's not perfect, but at least no one's paying us to take care of each other."

"Oh Loretta," says Cara, "I didn't mean . . ."

"I know you didn't," says Loretta. "But I'm taking my chances with what I've got. There's nothing I know about that says there's anything better out there."

At her next visit, Cara discusses infant care and feeding and asks Loretta whether she is planning to breastfeed the baby.

"The truth is, Bryan wouldn't like it," says Loretta. "He said my boobs are for him, not for some baby."

Cara raises her eyebrows. "It's your body, you know. And there are so many good things about breastfeeding, for you and for the baby. It's good for the baby's digestion, it's associated with lower rates of breast cancer, and it helps you bond with the baby" (Box 12.3).

"He wouldn't like it," repeats Loretta.

Cara sighs. "Don't you get mad?"

"Sure I do, I get mad all the time," says Loretta.

"What do you do when you're mad?"

"I don't know. I think about stuff. I go for a walk. I used to call a friend, you know, when I had a phone. I talked to my mom sometimes, but it's been a while since I've done that. I tried punching pillows once, but I just felt stupid."

"Have you ever hit anyone when you're mad?"

"No."

"Why not?" asks Cara.

"It's not my way, I guess," says Loretta. "I'm not the hitting kind."

"But Bryan is," says Cara.

"I guess."

"That's okay?"

"He's a man, you know," says Loretta. "They have more rage in them. Sometimes they have to hit and you might get in the way."

"Not all men hit, Loretta," says Cara.

Loretta is doubtful. "What kind of man doesn't get into fights? They have those hormones in them that make them tough and make them want to fight."

"A lot of men just talk through their problems," says Cara. "Or they do what you do. They go for a walk or talk it out. But they don't hit people, particularly not people who aren't as strong as they are and who can't protect themselves."

"I protect myself," says Loretta. "Sometimes I'm just not fast enough to do it all the way."

Cara decides to change the subject. "What happened to your phone?"

"Nothing really," says Loretta. "I just don't get much time. It's one of those where you pay for your minutes up front. Money's tight and Bryan says I can't get a new one until after the baby. I just need to be careful how much I use it."

"You know, Loretta, you're not alone," says Cara. "This isn't something that just happens every now and then to some women. I've read that one out of every five women is a victim of partner violence" (Breiding, Basile, Smith, Black, & Mahendra, 2015).

"It's pretty normal," says Loretta. This statement from Cara seems to confirm something she'd been thinking all along. "It's everybody."

"No," says Cara gently. "Not everybody. You're right that it's a normal part of the lives of a lot of people, but it doesn't have to be. It shouldn't be. Just because it's common doesn't mean it's right."

Loretta just shrugs. Cara sighs.

Box 12.3 Breastfeeding Benefits

Benefits to the Infant

- Improved gastrointestinal function
- Improved immunity to disease
- Reduced susceptibility to respiratory disease for the first year
- Reduced rate of otitis media, neonatal sepsis, and urinary tract infections
- Possible reduction in the occurrence of obesity
- Reduced rate of lymphoma and leukemia as well as other childhood cancers
- Improved dentition
- · Reduced rate of type 1 diabetes
- Improved cognition
- Reduction in childhood behavioral issues

Benefits to the Mother

- · Improved involution of the uterus
- · Improved postpartum weight loss
- Reduced rates of breast and ovarian cancers
- · Lower risk for heart disease
- Lower risk for type 2 diabetes

Economic Benefits

- Reduction in the cost of infant feeding
- Reduction in the cost of healthcare

Data from Victora, C. G., Bahl, R., Barros, A. J., França, G. V., Horton, P. S., Krasevec, J., . . . Rollins, N. C.; Lancet Breastfeeding Series Group. (2016). Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect. The Lancet, 387(10017), 475-490; Horta, B. L., & Victora, C. G. (2015). TI Optimal breastfeeding practices and infant and child mortality: A systematic review and meta-analysis. Geneva, Switzerland: World Health Organization; Bowatte, G., Tham, R., Allen, K., Tan, D., Lau, M., Dai, X., & Lodge, C (2015). Breastfeeding and childhood acute otitis media: A systematic review and meta-analysis. Acta Paediatrica, 104(S467), 85-95; Peres K. G., Cascaes, A. M., Nascimento, G. G., & Victora, C. G. (2015). Effect of breastfeeding on malocclusions: A systematic review and meta-analysis. Acta Paediatrica, 104(S467), 54-61; Heikkilä, K., Sacker, A., Kelly, Y., Renfrew, M. J., & Quigley, M. A. (2011). Breast feeding and child behaviour in the Millennium Cohort Study. Archives of Disease in Childhood, 96(7), 635-642; Gunderson, E. P., Hurston, S. R., Ning, X., Lo, J. C., Crites, Y., Walton, D., . . . Quesenberry, C. P.; Study of Women, Infant Feeding and Type 2 Diabetes After GDM Pregnancy Investigators. (2015). Lactation and progression to type 2 diabetes mellitus after gestational diabetes mellitus: A prospective cohort study. Annals of Internal Medicine, 163(12), 889-898.

"The bottle-feeding isn't a problem. It's expensive, but WIC will help with that part. You'll think about what we've talked about though, won't you?"

Loretta nods but says nothing.

Third Trimester

Loretta is 34 weeks pregnant, and Cara stops in to talk more about infant care.

"I think you have the wrong idea about how it is with me and Bryan," says Loretta. "Most of the time he's normal, he's not hitting. He's just around, you know. He's not being violent. I mean, sometimes he says stuff, but that's not the same thing."

"What kind of stuff, Loretta?"

"Mean stuff—like that I'm fat or ugly or stupid. He doesn't mean it, he just says it to get to me, you know? I don't show him it hurts because it just eggs him on and it takes him longer then to get sweet. If I laugh along he gets better."

"Loretta, that's a kind of abuse as well," says Cara. "Making you feel small and worthless and frightened. That's psychological

abuse."

"Maybe, but it's been that way nearly all along," says Loretta.
"It started out kind of jokey, you know?"

"It's not unusual for abuse to start out just like that, with the psychological abuse, with getting inside your head first to make you feel badly about yourself. Then if he hits later you might even feel like you deserve it or that you don't deserve for someone to be kind to you. It's all part of what we call the **cycle of violence** (Fig. 12.1)."

Loretta is quiet for a minute. She inspects her fingernails. "Yeah, sometimes I feel like that. Like I'm so bad he can't help himself but to hit me. Like what's the point of leaving because I'd never find someone new the way I am and even if I did, what's to stop me from provoking them to hit me as well?

"Abusers don't usually hit on the first date," says Cara. "They probably wouldn't get a second date if they did."

Loretta laughs a little. "No, I guess that's right."

They've agreed that Loretta will always call Cara, usually from work, to reduce the risk of Cara calling at an inopportune time.

When Loretta doesn't call for a full week, Cara stops by the dollar store and buys some tissues at Loretta's register. Loretta is pleased to see her.

"Are you spying on me?" she says and laughs.

"Loretta, I'm worried about you. You haven't called."

"We've been fighting," says Loretta, though it's not really an explanation for why she hasn't called. "He said he thought I was calling other men, but I told him he's stupid. What other men would be interested in me, with my belly hiding my shoes?"

"When's your break?" asks Cara. "Can I buy you lunch?"

An hour later they're sitting in Cara's car eating packaged sandwiches from a grocery store and drinking water out of plastic bottles that crinkle when they're squeezed.

"Loretta, tell me what you think his behavior is about," Cara says.

"He's correcting me," says Loretta. "I do something stupid or wrong and it just makes more trouble for him and it makes him mad. So things happen. I'm not saying I like how he does it, but it's at least partly my fault as well."

"A lot of people think about violence like this, not just the physical stuff but how he gets into your head as well, they think that's about control. What do you think about that?" asks Cara.

"Like he's wanting to control me?" asks Loretta. "I guess. We all want to feel like we're in control. And he can control me, so he does."

"Tell me about that."

"Well, some of it's just like life stuff. He's got the car so he controls when I go somewhere and where I go. He's the one with

the money. He took my phone away completely. Not like I had much time left on it anyway."

"Could you tell a friend what's going on? That he took the phone away?"

Loretta shakes her head. "It's embarrassing. You're the first person I've ever even told about it. I left my parents' home because I didn't want to be treated like a child. Well, that and they kicked me out. But here I am with a man who's controlling my phone. It's childish. Besides, I haven't seen a friend in so long it would be weird to talk to them. They just sort of dropped off once Bryan and I started up. He didn't like them."

"Loretta, what would you do if you were at home alone without a phone and something happened? What if your water broke or you started having contractions?"

"I don't know," says Loretta. "I haven't thought about it. Maybe I could go across to the gas station and get them to call."

"Do you think you could talk with him about giving you your phone back, just for emergencies?"

"I'll have to think about it," says Loretta. "I don't want him to think I'm up to something. Maybe if I just had it so I could call in an emergency."

Loretta goes to her visit with Dr. McDonald at 36 weeks and has a swab taken from her **introitus** to test for group B streptococcus, which turns out to be negative. Dr. McDonald asks her about her plans for birth control after the pregnancy.

"I haven't thought about it," says Loretta.

"Can't you just give her a pill or something?" asks Bryan.

"We could. Several hormonal methods should be delayed until the milk supply is well established, however," says Dr. McDonald.

"I won't be breastfeeding," says Loretta quickly.

"I respect your choice," says Dr. McDonald, "but there are several benefits to breastfeeding over bottle-feeding. Would you like to go over any of that?"

Loretta shakes her head. "No. I'm fine. Lots of babies are bottle-fed. I was bottle-fed."

"Well, let's talk about birth control. We have many options we can talk about. We can place an intrauterine device or an implant in your arm even before you're discharged . . ."

"We'll think about it," says Bryan.

"Women can get pregnant shortly after giving birth, particularly if they're not breastfeeding," says Dr. McDonald, addressing Loretta. "Giving birth to children too close together is riskier for mom and baby. We recommend having a birth control plan on board even before you give birth."

Loretta opens her mouth to speak, but Bryan cuts her off. "I've got to get to work. Can't you just give her some pamphlets or something?"

During her next home visit, Cara says, "Loretta, you've told me before you didn't plan this pregnancy. Were you using birth control?"

"Well, I didn't plan it, but I didn't not plan it, either. It was too hard to get to the clinic and he said he didn't want to use condoms. I thought that maybe that meant he wanted me to have his baby. So I didn't try that hard to do anything honestly because I thought that was kind of sweet—like he wants the two of us to be linked forever. It made my heart melt a little

bit. I still thought about getting birth control because I wasn't sure I wanted to have a baby yet, but I got pregnant before that happened, so here we are."

"Do you ever have sex with him when you don't want to?"

"Sometimes. He says he's paying for the cow so he wants the cream. Sometimes I say I don't want to, but he can get really mean, so I mostly don't try to stop him now. It's not worth it to me. I'd rather he just did it. And it's not all the time, you know? It's just sometimes. Other times he's really gentle and sweet and he makes me want to do it."

"You know what they call it when someone forces you to have sex when you don't want to, right?"

"It's not really rape," says Loretta quickly. "We live in the same place and we're having a baby. That's almost like being married, and you can't rape someone you're married to."

"That's not true. Any time someone forces sexual contact when you don't want it, that's sexual assault."

"I hadn't thought of it like that," says Loretta. "I'm not sure I want to think about it, to be honest. It's just how it is. It feels bad, but it's how we are, the two of us. I don't have to like it. I don't like a lot of things, but here we are."

"Does it bother you?" asks Cara.

"Well, sure," says Loretta. "But I've been raped before, when I was a teenager. It wasn't with a boyfriend or anything. It was just a guy. So I know what that is."

"I'm so sorry," says Cara. "Did you get help? Did you tell anyone?"

Loretta shakes her head. "No. I just wanted it to be done. I didn't want to go through the whole thing, with people thinking I was dirty or that I was asking for it. I never told Bryan, either. I told him I was a virgin when we first got together. I don't know if he believes it, but it's better than telling him and having him think I was being slutty with someone else."

"Being raped isn't being slutty," says Cara. "It's not that at all. It's an assault and it's wrong."

"I hear you saying it," says Loretta. "And in my heart I believe that, but there's all sorts of people who don't believe that. All the time you see it on the TV shows with people saying they're raped and other people saying they're asking for it. And here I am just a girl who had something happen to her and you think they're going to believe me? Nah."

When Loretta is almost 39 weeks pregnant, Bryan has taken to staying away for days at a time, and Loretta hasn't seen him since the day before. Cara arrives for a visit.

"Have you thought about leaving?" asks Cara.

"I think it must be hard for someone like you to understand why someone like me stays with someone like that," says Loretta.

"Tell me about that," says Cara. "Why do you say that?"

"Well, to you maybe it's obvious. Someone hits you and you leave because that's unkind," says Loretta.

"But you don't think like that," says Cara.

"I think like that a lot," says Loretta. "But it's not all I think about. I have no money. I'm not counting on my family to take me back, and I don't know that would be much better anyway. My friends are alright, but I've barely talked to them, and I'm not counting on any of them to try to help me out or get in his

way. He's known, you know? I'm not the only one he shows his temper to."

"There're other ways," says Cara. "We can leave right here and right now and take you to a shelter. There's not one but two organizations in this town whose sole purpose it to help women like you in situations like this."

"I know. And maybe one of these days that will be what I'm asking for, but this is what I'm talking about when I say that people like you can't understand people like me."

"Tell me. I want to understand," says Cara. "I want to help."
"I love him," says Loretta. "It's stupid and it's got me in a bad
spot, but that's how it is. I've never felt this love for anyone like
I have for him. What if I never feel anything like that for anyone
again? You can say I'm stupid for letting him hurt me like this
and maybe I am, but my heart says I'd be stupid to walk out on
how he makes me feel when things are good."

"You're right that I can't understand it the same way you can," says Cara.

"You can't ever judge what's in someone's heart," says Loretta, "In someone's relationship. Everyone else is just looking in from the outside."

"Well, that's true," says Cara. "I can't understand it the way you do. But I've read about it, and I've talked to the people who can help. One thing they've talked to me about is a theory of **traumatic bonding** that says that when some people are threatened or hurt routinely while in a situation they can't easily escape, they bond with the person who is hurting them. It's a means of self-preservation."

"You think I'm crazy," says Loretta. "I tell you what's in my heart and you tell me I'm crazy."

"No," says Cara. "I truly don't think you're crazy. I think you have a brain that's trying to help you through a tough situation."

"I do feel trapped sometimes," says Loretta. "People think you can just walk out of the door, but it's not that easy."

"Tell me," says Cara. "Tell me how you feel trapped."

"Well, there's money for one," says Loretta. "That probably sounds stupid to anyone who has any money, but the only money I get is the little bit I make at work and that wouldn't feed a cat. I'd get a better job, but I don't even have my diploma. I don't have a car to get to a better job even if I could get one. And I love him. It's like a part of me would starve without him."

"I don't think you're crazy. Loretta, I want to tell you a story I heard from one of the advocates in the shelter near here. Back in the 1970s, there was a bank robbery in Sweden, in Stockholm. The robbers, I think there were two of them, took four hostages. They were in there for six days. That wasn't so weird. But what was interesting is that the hostages, despite being repeatedly threatened by their captors, took their side. They sympathized with them and befriended them. When the police came, they tried to fight them off."

"That's weird," says Loretta.

"It is weird," says Cara. "I have another weird story. This one happened a few years after what happened in Stockholm. There was a flight from Athens, Greece, with a final stop in the United States that was diverted by terrorists. Dozens of the passengers were held hostage. Some were beaten and threatened. One, a Navy

Box 12.4 The Link Between Intimate Partner Violence and Murder

In 2010, 13.4% of murders occurred as part of intimate partner violence (Stöckl et al., 2013). Many women are killed during the process of leaving and after they have left.

diver, was killed and his body thrown out onto the runway. This went on for weeks. Those passengers who survived also became sympathetic to their captors. They bonded with them."

"Why would they do that?" asks Loretta.

"I guess there's no easy answer to that, but it's a way our brains make sense of a bad situation. It helps us to cope and get through it. I've seen it called a lot of things. The most current term I think is traumatic bonding, like I mentioned before."

"He'd kill me if I left and he found me. No question," says Loretta. Cara looks startled. "Why do you say that?" she asks.

"Because he told me so" (Box 12.4).

"Do you believe him?" asks Cara.

"I don't know," says Loretta. "He sounded like he meant it when he said it. It was a while ago, though. And the way he said it was kind of sweet, like if he couldn't have me no one else could either."

"Loretta, that's not sweet," says Cara. "That's a terrible thing to say to someone."

Loretta just shrugs.

"Why do you think he'd want to kill you?"

"Like I said, so no one else could have me. Plus, I think it would make him real mad. He'd take it like a rejection."

"You're telling me he'd get so mad about you leaving that you think he might kill you?"

"That's what he said. He's one to follow through, too."

"Loretta, I'm very worried that you're not safe here," says Cara.

"Listen to me," says Loretta. "I'm more worried I'll be unsafe if I leave. How am I supposed to do this on my own? My family won't help, and I can't count on my friends like that. How am I supposed to do anything for this baby? I can't take care of myself without him."

"There are people who can help and places you can go," says Cara patiently.

"You keep saying that," says Loretta. "But if you get people from the state involved, they'd take one look at me and decide I'm not a fit mother."

"Why would they think that?" says Cara.

"Well, look at me. I spent all this time with a man that hits. I have a job that pays nothing, no education, no prospects, no one to help me out."

"That's what they're there for. That's what I'm here for," says Cara. "To help you out."

"I hear what you're saying," says Loretta. "But I've heard the stories about kids being taken from their families. Better the devil you know than the devil you don't."

"Are you concerned he'll hurt the baby, or hurt you in front of the baby?"

"No," says Loretta quickly. "He wouldn't do that. I wouldn't let him. My dad never hurt mom in front of me."

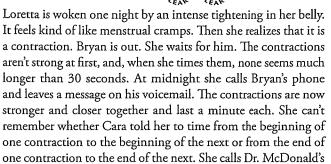
"I want you to think about a few things. First, many abusers also abuse their children, if not physically then mentally. Second, even if you think you're hiding it and your child won't know how he treats you, children are affected by the abuse. It makes an impression."

"Well, that's true," says Loretta. "My mom thought she was hiding it pretty good, but I knew. He doesn't hit as much now, but my dad was wound pretty tight when I was a kid. He never hit me, but I knew he hit her. I used to think she was weak and stupid for letting him do it. I had no respect for her. I used to run wild."

"What do you think now?" asks Cara.

"I still think that way about her. It's just now I think it about me, too."

Labor and Delivery 🐞 📆



When he finally comes in at two in the morning, Loretta is trying to blot up amniotic fluid from the bed. The towel she laid down just in case this were to happen is soaked.

office and describes the situation, and the person on call tells her

to go to the hospital for evaluation. She remembers as she gets

up to change that she doesn't have transportation. She leaves

"What's happening," asks Bryan. Loretta can see from his eyes that he's stoned. She's relieved. He's usually better stoned than drunk.

"Baby's coming," she says.

another voicemail for Bryan.

"You should have called," he says. He sits on the edge of the bed and seems to be preparing to take off his shoes.

"Bryan, we need to go," says Loretta. She feels her muscles bunching for another contraction. "We have to go now."

He squints at her and rubs his face with both hands. "Yeah. Let's do this thing."

Loretta is relieved once they reach the hospital, and she expects that her labor will progress quickly now. Her contractions do gradually become stronger and more frequent, but the whole thing is so much slower than she expected. She's known from the beginning that she wants an epidural and is disappointed to find that someone is not just waiting in the delivery room to make that happen. In reality, she has to wait for it almost a full hour while being poked and prodded and told to walk. She's glad Bryan is here, even if he spends a lot of time out of the room and watches television when he's in the room. He naps a bit, as well.

After spending 16 hours in active labor, she's told that it's time to push (see Table 1.3). At first, she has a hard time telling when she should push. Then, once she's got the pushing down, it seems like it will never end. She is glad of the epidural as she pushes and pushes without the emergence of a baby. She pushes for 3 hours.

"Do I need a cesarean section?" she asks her nurse, Rosalie. She started out with a different nurse, but the shift changed a while ago.

"Your baby is doing great," says Rosalie, gesturing to the little wiggly lines on the machine next to the head of the bed. "You're doing great. I know it's slow going."

"The baby's crowning," Rosalie says a little later. She brings in a mirror so Loretta can see the matted cap of dark hair emerging from the vaginal canal. Several pushes later the head is born, followed within a minute by the body. A nurse deposits the baby, already crying, on Loretta's abdomen and vigorously rubs it down and covers it with a fresh, warm blanket. Apgar scoring (see Table 1.4) is done at 1 and 5 minutes.

A few minutes later there is another rush of blood and the umbilical cord lengthens as the placenta detaches from the uterus and is delivered.

The newborn—in her mind Loretta has already named her Jacqueline, or Jackie for short—finds her exposed nipple with her mouth. Bryan leans down and gently kisses Loretta on the top of her head. Equally gently, he sweeps her nipple out of the baby's mouth.

"I'm proud of you babe," he says. "I'm going to have a smoke, and when I come back I'm going to fill up this whole room with flowers."



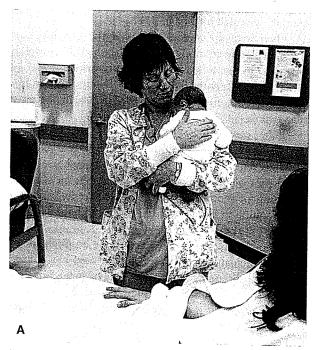
Loretta learns quickly that Jackie likes to eat. After a few f starts of accidently tucking the bottle under the baby's ton instead of placing it on top, Loretta gets the hang of it and Jac eats like a champ. Loretta finds she doesn't fuss much, and a qu bottle can make all the difference.

She also learns quickly the importance of a thorough burp during and after feeding. She initially tries to burp the air of the baby's belly by holding her over her shoulder, but a sin shower of warm, congealed formula down her back convin her to burp Jackie in an upright, folded position on her lap. Salso finds it easier to control the new baby's head on its flop neck this way (Fig. 12.3).

"Let me try," says Bryan when it's time for Jackie's next feedi The family's nurse, Gretchen, seats him in a chair and han him the baby, who appears alert if unfocused. She thrusts of her rolled tongue.

"She's hungry," says Gretchen. She quickly pulls a bottle premixed formula out of the pocket of her scrubs along w a nipple and a ring to attach the nipple to the bottle. "Nowhen she's this little you want to use a low-flow nipple so shot getting too much at one time. She probably won't ha more than an ounce or two in one sitting right now" (Patic Teaching 12.1).

Gretchen helps Bryan to hold the bottle at a 45-degree ang "It helps with gas bubbles in the tummy to hold it this way," s says. She points to bubbles rising from the nipple and up to t top of the liquid in the bottle. "These bubbles are a good sig It means she's eating."



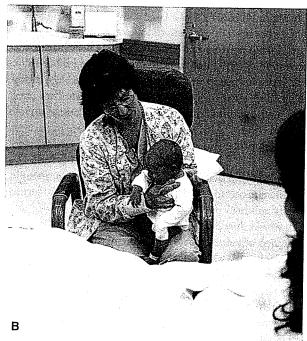


Figure 12.3. Burping the newborn. (A) Burping over the shoulder. (B) Burping with the newborn on the lap, while the nurse supports the head and neck. (Reprinted with permission from Evans, R. J., Brown, Y. M., & Evans, M. K. [2014]. Canadian maternity, newborn, and women's health nursing [2nd ed., Fig. 21.11]. Philadelphia, PA: Lippincott Williams & Wilkins.)



Formula Feeding Guidelines for Term Infants

Formula Types

- Ready-to-feed, premixed: the most expensive option; may be indicated for infants requiring sterile formula
- Concentrated: must be mixed with water before feeding, according to package instructions
- Powdered: the least expensive option, typically mixed with 60 mL (2 oz) of water. Mixing with too much or too little water may have serious health consequences for the infant.

Water Sources for Mixing

- Avoid natural mineral water, untested well water, and spring water.
- Use distilled water, tap water, or filtered tap water.
- If sterile water is indicated, keep the water at a rolling boil for 2 min and then cool it before using.
- If water without fluoride is indicated, as for infants under 6 mo of age, use distilled water or filtered tap water. If using water from the tap, use cold water and run it for a full minute before collecting.

Formula Preparation

- 1. Clean your hands, bottles, nipples, and other bottle supplies (this is essential).
- 2. Prepare only the volume required for one feeding.
- 3. If using concentrate, shake well before use.
- 4. If using powdered formula, use the scoop provided.

 Level off the scoop and do not pack it.
- 5. Do not add anything to the bottle besides formula and the recommended volume of water.
- 6. Do not allow fresh formula to sit at room temperature for longer than 2 h.
- 7. Warm the prepared formula in a bowl of warm water.

Formula Volume

- First month: 2-4 oz six to eight times daily
- Second month: 5–6 oz five to six times daily
- Third through fifth months: 6–7 oz six to seven times daily

Feeding

- Newborns require a slow-flow-nipple. Older infants may graduate to medium- and high-flow nipples.
- Always hold the infant during feedings.
- Hold the bottle at a 45-degree angle.
- Bubbles rising in the bottle during feeding indicate effective sucking.
- Placement of the infant's tongue on the tip of the nipple rather than under it often results in ineffective feeding.
- Discard any milk that is left over in the bottle, because it is not safe.
- Burp the infant during and after feeding to avoid vomiting.

After an ounce, Gretchen has Bryan hold Jackie in his lap the same way Loretta has been taught to burp her. She shows him how to hold the lower part of her face to stabilize her head while he gently rubs and pats her back. She lets out an enormous belch. All three laugh.

After Delivery

Loretta calls to quit her job. She's known that she'd have to because she can't afford to pay anyone to look after Jackie while she works. It's not like she could keep a baby under the counter. She knows there is no other decision to make, but it feels like a door closing behind her, like a complete commitment to this man and this life (Boxes 12.5 and 12.6). Bryan's hours haven't changed. They are still long and he still sometimes spends nights away without calling. Loretta called her mother from the hospital, and she came to visit her new granddaughter before they went home, but Loretta's father didn't.

Box 12.5 Risk Factors for Postpartum Depression

- · Past personal history of depression
- · Past personal history of abuse
- Youth
- Unplanned pregnancy
- Lack of support
- · Lack of a partner
- Unemployment
- Diabetes
- · Bottle-feeding
- · Family history of psychiatric illness
- Pregnancy loss

Adapted from Committee on Obstetric Practice. (2015). The American College of Obstetricians and Gynecologists Committee Opinion no. 630. Screening for perinatal depression. *Obstetrics and Gynecology, 125*(5), 1268–1271; O'Hara, M. W., & McCabe, J. E. (2013). Postpartum depression: Current status and future directions. *Clinical Psychology, 9*, 379–407; Norhayatia, M., Hazlina, N. H., Asrenee, A. R., & Emilind, W. W. (2015). Magnitude and risk factors for postpartum symptoms: A literature review. *Journal of Affective Disorders, 175*, 34–52; O'Hara, M. W., & Wisner, K. L. (2014). Perinatal mental illness: Definition, description and aetiology. *Best Practice and Research Clinical Obstetrics and Gynaecology, 28*(1), 3–12; Giri, R. K., Khati, R. B., Mishra, S. R., Khanal, V., Sharma, V. D., & Gartoula, R. P. (2015). Rates and risk factors associated with depressive symptoms during pregnancy and with postpartum onset. *BMC Research Notes, 8*, 111.

Box 12.6 Common Clinical Manifestations of Postpartum Depression

- · Inability to sleep, even when the infant is sleeping
- Reduced appetite
- · Reduced energy unrelated to lack of sleep
- Irritability
- A feeling of inadequacy related to infant care
- · A sense of failure as a mother
- Anxiety and/or panic attacks
- "Scary thoughts" of harming self or the infant



The Nurse's Point of View

Cara: This will be my last visit with Loretta as she and Jackie are at the end of the postpartum period. This is always a hard time. Sometimes

I feel like I've helped as much as I can, and I'm frustrated I couldn't do more. Sometimes I feel like there's so much good left to do, if only I had more time. With Loretta, I feel something in between. I think maybe she's stronger than when I found her. I think she knows what resources are available. But at the same time, she's still in a tough situation, and it's hard to see how she'll make her way out. I don't have a wand, and I'm no kind of fairy godmother.

"You look tired," says Cara when she visits. Cara has been coming twice a week since Jackie's birth. "Are you sleeping?"

"Not that much. I just can't. I'm up at all hours feeding Jackie. And when I'm not doing that, my brain starts spinning and that's it."

"What's making your brain spin?"

"Everything. I'm worried about how I can take care of Jackie when I'm barely taking care of myself," says Loretta. "I'm worried I'm already failing as a mother. I feel like I'm too young, too stupid to be a mother. I don't have the right food, I can't buy the baby anything."

"You're still using WIC, right?" asks Cara.

"Yeah, but then I eat something stupid like pie, and I feel like I'm going to have this baby fat forever," says Loretta.

"Loretta, do you ever think about hurting yourself?"

"Me? No. I've been thinking about death, like what it would be like and what the world would be like without me in it, but I'm not thinking about killing myself."

"I've had patients say that sometimes they think that if they didn't wake up in the morning, that wouldn't be such a bad thing," says Cara. "Do you ever have thoughts like that?"

"Yes," says Loretta. "That's it exactly. I don't want to hurt myself, but I think maybe it wouldn't be so bad to be dead. It's still scary, though, thinking like that, thinking about not being here and not existing anymore."

"What would you say if I told you I thought you might be depressed?"

"What, like postpartum depression? Isn't that when you're sad from not having enough time to take a shower and too much crying and stuff like that?"

"Well, I can see why you think that," says Cara. "Circumstances like not having a lot of support in the home and having a fussy baby can certainly contribute, and having a new baby can be a tremendous change in how you live and how you think about yourself. But there is likely a genetic component and a hormonal component and maybe other things contributing as well" (O'Hara & Wisner, 2014; Schiller, Meltzer-Brody, & Rubinow, 2015).

Loretta thinks for a moment. "I'm afraid that if I say I'm depressed you'll think I don't love Jackie—that I'm a bad mother."

Postpartum depression is a common occurrence for wom in situations like Loretta's. She's young, isolated, poor, and a relationship with someone who abuses her. If I had to ma up a recipe for depression, this is it. I'll do a formal assessme with her today and point her in the direction of help if it com out the way I think it will. It will be down to Loretta to folloup, however. If she can.

I don't mean to say that Loretta's situation is hopeles there's always hope. But she and Jackie have a long road ahe. of them. I hope they find the right path for them. I hope the lives will be happy, and I hope they find safety. I think she learned to trust a little, and that counts for something. I gue maybe I do know how I feel. I wish I could have done more

"Oh Loretta, I don't think that at all," says Cara. "This h nothing to do with loving your baby. This is an illness, a sickness

"So, do people take a medicine or something?"

"That's an option we can consider for you, but I'd like yo to complete this questionnaire first. It's called the Edinburg Depression Scale. It will give us a lot more information about where you stand and how best to help you."

"You do think I'm crazy," says Loretta. She's not angry, just matter of fact.

"I don't think you're crazy. I think you're feeling sad and you're in a tough spot in your life and that there are people, includin me, who can help you."

"I just want a normal happy family," says Loretta, "With nice husband and a couple of kids. Maybe I could even have house and a dog someday, nice things like other people have Other people don't even have to ask and they have everything and it makes me feel like I'm garbage, like I'm nothing. And I low my baby, honest I do, but I look at that lovely little thing and think that every step I get closer to a nice, normal life is anothe step further away from her. Like, by having her, by having tha part of it, it makes all the rest so much harder to make happen Do you know what I mean?"

"I think so."

"I can't just put on my coat and walk out anymore. I can't just leave. Me and Bryan made this person, this baby, and it's my job to take care of her and it's his job to help. I used to think that was the way, that was the path, that if I could just hold on tight to him we'd come out on the other side of the birth with our nice life. But what if we're wrong? What if we come out on the other side and it's me and a baby who needs everything and a man who wants none of it?"

"How have things been since the birth?" asks Loretta. "Have you felt safe?"

"Alright," says Loretta, shrugging. "He's not here so much. I try to keep her quiet because he leaves if she cries too much, but he's not hitting. He curses some, but he's been alright."

"What do you want to do?" asks Cara.

"I want to start over, back at the beginning when I was as little as this one." Loretta gestures to the baby sleeping in Cara's arms.

"Will you take this test for me, the one about depression?"

Loretta shrugs. "If that's what you want. It doesn't make any difference."

"It might," says Cara. "There are people you can talk with, and medications. There are so many people out there who would like to help you—you and Jackie."

"You do think I'm crazy," says Loretta again. "You think I'm nuts to stay in this situation."

Cara thinks for a minute. "You know, Loretta, everyone always asks why, if it's so bad, do women stay. You know what they never ask? They never ask, if he's so unhappy with her, why doesn't he just leave?"

Think Critically

- 1. In this scenario, what risk factors does Loretta have for intimate partner violence? What risk factors does she have for postpartum depression? Do any of them overlap?
- 2. You are caring for a woman who is struggling with the cost of pregnancy and is worried about supporting her newborn. How do you discuss with her available supports in your community?
- 3. Imagine you have a patient who you suspect is being abused by her partner. How would you broach the topic?
- 4. Your patient asks you why someone would choose to breastfeed instead of bottle-feed. What are the top five reasons that you personally find compelling that you would share with the patient?
- 5. You overhear a fellow nursing student saying that he doesn't understand why someone would stay in an abusive relationship. What would you say?
- 6. You are educating a patient about how to correctly bottle-feed a baby at home. What critical points would you emphasize?

References

Breiding, M. J., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. (2015). Intimate partner violence surveillance uniform definitions and recommended data elements version 2.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

O'Hara, M. W., & Wisner, K. L. (2014). Perinatal mental illness: Definition, description and aetiology. *Best Practice and Research Clinical Obstetrics and*

Gynaecology, 28(1), 3-12.

Schiller, C. E., Meltzer-Brody, S., & Rubinow, D. R. (2015). The role of reproductive hormones in postpartum depression. CNS Spectrums, 20(1), 48–59.

Stöckl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C., & Moreno, C. G. (2013). The global prevalence of intimate partner homicide: A systematic review. *The Lancet*, 382(9895), 859–865.

Verburg, B. O., Steegers, E. A., Ridder, M. D., Snijders, R. J., Smith, E., Hofman, A., ... Witteman, J. C. (2008). New charts for ultrasound dating of pregnancy and assessment of fetal growth: Longitudinal data from a population-based cohort study. Obstetrics and Gynecology, 31(4), 388–396.

Suggested Readings

Association of Women's Health, Obstetric and Neonatal Nurses. (2015). Intimate partner violence. Journal of Obstetric, Gynecologic, and Neonatal Nursing, 44(3), 405–408.

Centers for Disease Control and Prevention. (2016, May 3). Intimate partner violence. Retrieved from Injury Prevention & Control: Division of Violence Prevention: https://www.cdc.gov/violenceprevention/intimatepartnerviolence/

March of Dimes. (2015, June). Depression during pregnancy. Retrieved from March of Dimes: https://www.marchofdimes.org/complications/depression-during-pregnancy.aspx

Schwartz, M. R. (2012). When closeness breeds cruelty: Helping victims of intimate partner violence. American Nurse Today, 7(6).