

Hair Loss in New Moms

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Abbreviations: TE: Telogen Effluvium

Short Report

The phenomena of postpartum alopecia, or postpartum telogen effluvium (TE), in women during the postpartum period is a well-known consequence that can cause significant psychological distress, especially to a first-time mother. During pregnancy, an increased number of hair follicles remain in the anagen phase (growth phase) for a longer period of time as a result of hormonal changes. However, within 3-6 months of delivery, these hairs synchronously return to the telogen phase (resting/ shedding phase) as a result of the sudden drop in hormone levels. Postpartum hair loss is largely attributed to this, however, we cannot discount other contributing factors, including emotional and physical stress associated with childbirth [1,2].

Even though exact statistics are difficult to obtain, some large multicenter studies and organizations such as the American Pregnancy Association estimate that 40-50% of new moms will experience hair loss after childbirth [3]. Our purpose in writing this article is to shed light on this common experience

and to bring attention to the importance of recognizing and reassuring affected mothers. As for treatment, an excellent prognosis exists in the majority of cases since the condition is completely reversible, therefore reassurance is a powerful therapeutic tool [4]. In this regard, active listening to a new mother's concerns during a stressful time can be an invaluable part of the therapeutic process. Additionally, this is a great time to recognize and treat undiagnosed hair and scalp conditions such as seborrheic dermatitis and scalp psoriasis together to improve the overall scalp health [2]. Sometimes postpartum TE will unmask underlying alopecia that had gone unnoticed; typically, female pattern hair loss (androgenic) or other contributing factors to hair loss like thyroid disease, or nutritional deficiencies like vitamin D or iron. The American Academy of Dermatology provides educational and management resources for the public that can be of great assistance [5].

Other important counseling for patients is to discuss healthy hair care practices such as gentle brushing, limiting hot



ironing or blow-drying, and avoiding tight hairstyles can reduce breakage and traumatic hair loss. Haircuts and volumizing shampoos can make the hair appear fuller. Hair health may be improved by foods high in iron, Vitamin C, Vitamin D, Omega-3s, magnesium, and beta-carotene. Topical minoxidil is available over-the-counter as a solution or foam and is a common medication recommended for treating hair loss. Minoxidil is FDA approved for both male & female pattern hair loss (androgenetic alopecia). It is actually the only medication approved for hair loss in females however, limited safety data exist for breastfeeding mothers [6]. Minoxidil is an effective treatment option for many hair disorders because it increases the anagen phase and hastens hair follicle turnover from the telogen to the anagen phase. So, in the case of TE, it can help return the hair cycle to its normal phase faster.

New mothers are sleep deprived and commonly stressed out or nervous about so many things related to caring for a new baby, when hair loss occurs it can add insult to injury. Physicians should continue to reassure their patients that TE is reversible but that they have to give it time, up to a year may be necessary to return to “normal.” Emphasize the need for healthy foods, adequate protein intake, maximizing sleep

when possible, and gentle hair care practices to help them get through this stressful time.

Consent statement: Not needed

Conflicts of Interest: None declared

Reference

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