

12-2019

## Promoting Awareness of Postpartum Mood Disorders

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### Recommended Citation

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Promoting Awareness of Postpartum Mood Disorders

Alexandra Beleche

A Capstone Project for the Bachelor of Arts in Human Development and Family Studies

## Introduction

As media becomes more of a regular part of everyday life for today's society, more people are learning about the potential struggles in the postpartum period, like postpartum mood disorders. Unfortunately, this same media has forced extremes on both sides of the issue – “good” mothers who quickly return to their pre-pregnancy selves and the “crazy” or “unfit” mothers that struggle along the way. This has contributed to the rates of postpartum mood disorders not improving for years because “women are still not talking about how they are feeling. They are still not sure that they are safe to disclose their scary symptoms. They are still not convinced that they won't be judged, or misunderstood, or locked away, or labeled crazy” (Kleiman and Raskin, 2013, p. xii). With this in mind, it is crucial that pregnant women and new mothers know they are not alone in their feelings and struggles while in the postpartum period. They need to know that there are options out there for them and that the first step is to talk to someone.

For my capstone project I created a workshop focused on postpartum mental health. The workshop took place at the Monterey Birth and Wellness Center and the recipients were women who are pregnant or recently had a baby. The workshop was organized into 2 main sections – one being the contributing factors, preparation, and prevention methods and the other focusing on sign of mood disorders and resources to find help. The overall goal of the workshop was to help the parents feel comfortable and as educated as possible about things to expect during the postpartum period so they can receive the necessary support as soon as possible when issues arise, if they are not possible to avoid.

### **Needs Statement**

While overall awareness of potential postpartum struggles has begun to rise, societal standards have created the mindset that those who go through these struggles are crazy and most people believe that it will never happen to them. Unfortunately, few are aware of the actual rates of postpartum mood disorders, in both mothers and fathers, and because there is still a fear of the judgement that would come if they were to speak up, many do not even know the symptoms to watch out for. Kleiman and Raskin (2013) report that about 1 in 7 postpartum women suffer from MDD, or major depressive disorder, while up to 1 in 5 suffer from other mood disorders like postpartum anxiety, OCD, or PTSD. With all of this said, it is found in many research studies that postpartum mood disorders are the number one complication in childbirth, yet only about 15% of these women receive treatment and 6% sustain treatment (Byatt et al., 2015).

While maternal postpartum health is crucial to understand, the mental health of the father or partner must also be considered. One study found that paternal postpartum depression and anxiety are very prevalent. Kamlifard et al. (2014) states, “Facing new responsibilities at home and at work, the new infant’s needs and other children, concerns about the health of wife and children, fear of worsening relations with spouse, financial concerns and work commitment, can increase father’s stress with high probability” (p. 7). Though the fathers’ and partners’ mood disorders are not caused by hormonal imbalance, like with the mothers’, they are still caused by the birth of the baby. This shows that the postpartum period is a very crucial time for the entire family and must be taken very seriously in order to prevent the stressor event or birth from becoming a family crisis.

Unfortunately, postpartum mood disorders do not only have effects on the mothers and fathers; the infants are also affected. When the infant's primary caregivers are struggling with serious mood disorders, they may not receive the best possible care. While socioeconomic status can play a role in this, it was found that infants whose mothers suffered from postpartum depression showed issues in cognitive, language, and motor skill development. For example, Smith-Neilsen, Tharner, Krogh, & Vaeuver (2016) found that between the ages of 4 and 13 months, these infants had low scores in cognitive development as well as social withdrawal and reduced responsiveness. Regarding physical development, Gress-Smith, Luecken, and Lemery-Chalfant (2011) reported that between 5- and 9-months, infants of low SES mothers who also struggle with postpartum depression gained an average of 2.24 lbs. less than those whose mothers were not depressed, they had more minor health issues, and more problematic infant sleep. These studies show that the entire family unit is affected when a mother and or father suffers from postpartum mood disorders, likely because depressed parents are much less responsive to their children than parents who are not depressed. Because of this, something needs to be done in order to help these families.

While awareness is growing and treatment of postpartum mood disorders is crucial, it must also be recognized that there many other challenges that parents face in the postpartum period – especially when it comes to the physical and mental healing of the mothers. With all of this in mind, there needs to be a bigger push for educating these parents prior to the arrival of their child, in order to help prevent potential serious complications. One way of doing this can be to host postpartum education workshops or even simply adding on a more in-depth section on postpartum to childbirth classes that parents already take or educating the mothers before they head home with their babies. Ruchala (2000) found that while many people, especially nurses,

believe that simply teaching these parents how to care for their newborn is what is most important, the mothers in the study said that they would put prioritize learning about their own care rather than the baby's. This shows that mothers are longing for the appropriate education and education about postpartum care and not receiving it because all of the focus goes to the new baby.

In one study in particular, it was found that even well-educated parents still were overwhelmed and unprepared for the emotional and physical struggles that would come during the postpartum period. (Barnes et al., 2008). Because of this, I believe that a workshop is needed that will emphasize the importance of identifying a true issue and then finding the appropriate support in the time of need. This workshop will go over potential issues that may arise both emotionally and physically and will give detailed information on how to find support. I believe that this is what needs to be focused on because no matter how much preparation someone can do for anything, there will always be challenges that we did not expect and the only way to get through that is to be able to know where to find someone who truly knows how to help – whether that is a postpartum doula, medical professional, massage therapist, therapist, lactation consultant, or simply a family member or friend.

### **Theory and Development**

The postpartum mood disorders workshop for expectant and new parents was created with the expectation that the participants would be young to middle aged adults. The focus of the workshops was to help each family member have the most comfortable postpartum period in order to help the entire family unit stay strong, especially to help ensure that the new infant gets the best possible care. Being that the participants were adults, they were at an age where they

would be in Piaget's formal operational stage and, in the end, will be responsible for their own learning and what they take from the workshops. With that, this workshop focused on helping parents establish a good system for their child's development as seen by Bronfenbrenner's Ecological Systems Theory which "explain[s] how the inherent qualities of children and their environments interact to influence how they grow and develop" (Marsh et al., 2019).

The content that was taught in the workshop helped to create a support system around the new parents and their child, covering Bronfenbrenner's different systems – whether it is the Macrosystems of social and cultural values or the meso and microsystems of connections and immediate environment. Within this workshop, the primary systems that will be focused on are the mesosystem and microsystem, being that they consist of the immediate environment around a child and how those in that environment connect with one another. Specifically, one goal of the workshop is to have the parents have a better understanding of the resources that are available for them to get support. The reason that this can be so important is that parents having postpartum mood disorders can majorly affect the child's family and home life, which goes on to affect all of the other areas of the child's life. For example, if the parents themselves do not leave the house or socialize, then the children will have a very limited amount of interactions. Through this workshop, parents were educated on how to create a support system for themselves, expanding the child's microsystems and connections within the mesosystems. With this, they have the potential of expanding the child's immediate environment by adding in new play groups or even potential care providers.

### **Consideration of Diversity**

When it comes to how a family handles the transition of welcoming a new baby, each culture has their own customs of how they care for the mother and baby. Within the birth community, it is most often seen that upper-class white families are the ones who seek the most support and education through outside resources. While some of the reasoning behind this may be that other cultures put a huge emphasis on familial support, I believe that the primary reason for this is the lack of financial capability. With this said, I intended on reaching out to the lower-income and minority groups in the community by making it a free workshop. To put into perspective how crucial it is to reach this community, it was found that of all women giving birth in Monterey County, 50% have an income that falls below the 100% Federal Poverty Guideline (Monterey County Maternal Child and Adolescent Health Community Profile 2017-18, 2018), 77% are Latina women (Data Snapshot: Monterey County by Education 2013-2015, 2018), and 37% did not have a usual source of pre-pregnancy care (MIHA Data Snapshot, 2013-2014, 2016). With these outstanding statistics in mind, I cannot help but also think of the fact that in many cultures, Hispanic especially, there is a bigger stigma on disclosing mental health issues than there is with European American families and therefore can make it even more difficult for the mother to receive the necessary help. While I planned to focus on these groups to help ensure everyone who needs the information receives it, I was open to anyone who was interested in joining the group. With that, I focused on objective aspects of postpartum mood disorders and, when necessary, encouraged families to methods of preparation and finding support that fit within their culture – whether they will focus on familial or outside resource support.



### **Learning Outcomes**

My workshop was an education course on postpartum mood disorders. It was given to expecting and new parents, between the ages of 24 and 38-years-old and its purpose was to help these parents be as prepared as possible for the struggles of the postpartum period. The learning outcomes for the workshop participants were the following:

**1. Emotional and Relational Health:** Each family will be able to identify the signs of postpartum mood disorders.

**2. Resource Awareness:** Each family will be able to identify at least two available resources for each of the following: mental health support, physical health, and newborn care.

**3. Prevention and Preparation:** Each family will create an individualized postpartum sanctuary plan to help know where or from whom to get the support that is needed to ensure that their family is prepared to handle any complication that may occur.

### **Methods**

#### **Participants**

My presentation was held at the Monterey Birth and Wellness Center in Monterey. In total, there were 9 attendees, but only 7 were actual participants. Of the 7 participants, 2 were new mothers and 5 were expectant mothers. The other 2 attendees were a fellow birth and postpartum doula and the woman who runs most of the local postpartum groups in the area. The participants ranged from 24 to 38 years old. There were 3 Hispanics, 3 Caucasians, and 1 African American, and 4 of them spoke Spanish. Two participants graduated high school, 4 received a bachelor's degree, and 1 has a master's degree.

## **Procedure and Materials**

In the beginning of October, I began recruiting participants for the workshop by posting a flyer on social media and having fellow birth workers help distribute them to places like prenatal yoga classes and doctor's offices. My workshop was officially held on October 19<sup>th</sup> from 1pm – 4 pm. The 3-hour workshop was split into 3 parts. As can be seen in appendix B, I began the workshop with a PowerPoint presentation, introducing myself and why I chose to focus on this topic. I then moved on to describing what a postpartum mood disorder is, who can get them, and the primary risk factors for them. I then showed the video:

<https://www.youtube.com/watch?v=8Uc398hnc24> which is a TedTalk by a pelvic floor therapist who speaks about the importance of properly caring for the mother in the postpartum period, especially because those with urination issues are two times more likely to have postpartum depression. After that, to begin covering material for learning outcome number 3, I went over some potential ways of helping to prevent mothers from getting postpartum mood disorders and introduced the idea of a postpartum sanctuary or support plan and what it consists of. This was about halfway through the PowerPoint presentation, so we then took a 10-minute break for people to use the restroom and get some refreshments.

Once the break ended, I began the second half of the PowerPoint presentation. The bulk of this section was going over the statistics and signs of each of the different postpartum mood disorders, to cover the first learning outcome. Then, to finish the presentation aspect and cover the material for learning outcome number 2, I gave examples of resources that could be found online, through books, and locally. To make sure that all participants understood the information to the best of their ability, I made sure to take occasional breaks between slides to allow time for questions. After the presentation aspect was complete, I handed out folders to each participant

with my information worksheet (appendix C), postpartum sanctuary plan (appendix D), and some informational flyers and articles (appendix E). Once everyone returned from a quick break, the remaining 45 minutes were spent with the participants filling out the information/assessment worksheet and me helping them start their personal postpartum sanctuary plan. The information sheet that they filled contained my assessment questions, asking the participants to list as many signs of postpartum mood disorders as they could and then listing 2 resources for each of the requested categories. Before each person left, they gave me their information worksheet and within 2 weeks following the workshop, they emailed me a copy of their final postpartum sanctuary plan in order to fulfill learning outcome number 3.

### **Results**

Learning outcome 1 focused on emotional and relational health, stating that each family will be able to identify the signs of postpartum mood disorders. I assessed this learning outcome in my information worksheet by asking the parents “Please identify as many signs of postpartum moods disorders as you can.” In the end, this learning outcome was fully met because each participant was able to list 10-16 signs of postpartum mood disorders. See Appendix A for an example of what one participant said.

Learning outcome 2 focused on resource awareness, stating that each family will be able to identify at least two available resources for each of the following: mental health support, physical health, and newborn care. Like learning outcome one, I assessed this in my information sheet. The question that I asked the participants was “Please name 2 resources for each other the following: Mental Health, Physical Health, Newborn Care.” This learning outcome was fully met

because every participant was able to completely answer the question. See Appendix A for an example of what one participant said.

Learning outcome 3 focused on prevention and preparation, stating that each family will create an individualized postpartum sanctuary plan to help know where or from whom to get the support that is needed to ensure that their family is prepared to handle any complication that may occur. I assessed this learning outcome by first assisting each participant in starting to create their postpartum sanctuary plan and then having each participant email me the completed plan within 2 weeks of the workshop. I believe that this learning outcome was only partially met because, out of the 7 mothers who participated in the workshop, only 5 emailed me completely plans. The other 2 mothers sent only partially completely plans.

### **Discussion**

Overall, I believe that this project was very successful. The participants of my workshop seemed to be very engaged in the topic and at the end, were saying how they were glad to know this information. Along with that, one of the birth professionals that attended my workshop is a woman who runs quite a few postpartum support groups in the Monterey area and I received great feedback from her. She has even offered to help me develop it into a workshop that is offered to parents regularly. While I can simply assess the success of my project by the fact that 2 of my learning outcomes were fully met and 1 was most met, I believe that there was more to this project than just that. The lack of knowledge of that most women have when going into the postpartum is a very serious issue, so the fact that these mothers were able to receive any form of education on this topic at all is a sign of success toward helping with the issue at hand.

As for the limitations of the project, I think that one was that the postpartum sanctuary plan that was the core of learning outcome 3 was too specific for a single workshop. While every aspect covered on the plan is very important during the postpartum period, I believe that it may have had too much detail for me to expect every participant to be able to work out. With that, I believe that the biggest limitation of the workshop was that, like with any information that families receive during the prenatal period, when they are actually going through the hard times, they can easily forget the things that they have learned. Because of this, I believe that the workshop was limited by time and in order for it to be truly successful in the future, it needs to include a component that incorporates more follow up in order to ensure that the participants actually retained the information.

When it comes to the diversity aspect of the project, I believe that my workshop was very inclusive. However, I wish that I would have put more of an emphasis on recruiting participants in areas that have a higher Latino population, like Salinas, rather than focusing on only the peninsula area. While it is important for all expecting mothers to learn this information, I should have done this in order to fulfill my original plan of focusing on the Latino population of Monterey County since 77% of birthing women are Latina. (Data Snapshot: Monterey County by Education 2013-2015, 2018)

In the future, I plan to continue working on this project and hope to develop it into an actual education course that expectant parents take before their child arrives. While I am not sure exactly how this will work, I may do this by having it be its own class or incorporating it into a childbirth class. Also, I want to ensure that I continue to focus on giving all of my birth and postpartum doula clients this information and helping them retain it. Along with those, I hope to one day do some political advocacy work that focuses on requiring more postpartum care and

focus on the mother. While there is some work being done towards this right now and there is hope that the number of visits will be raised, I believe this is an important aspect of helping with the issue at hand because women are only required 1 visit with the care provider postpartum and not all are even required to give out a mood disorder risk assessment form. Overall, my hopes are that women get the care that they deserve.

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## Appendix A

## Assessment questions for learning outcomes 1 and 2

Please identify as many signs of postpartum mood disorders as you can

Anxiety Chest pains Thoughts of harm Inability to sit still  
Crying Spells Loss of appetite Constant worry Sleep disturbances  
Anger/Irritability Feelings of guilt Racing thoughts Hot flashes  
Lack of interest in baby " " hopelessness Dizziness Nausea

Please name 2 resources for each of the following

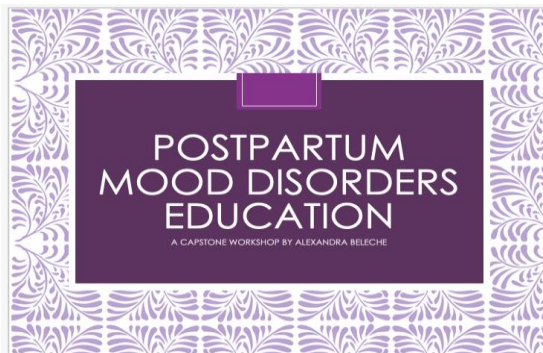
Mental Health: Army Community Services Warmline  
Physical Health: General Practitioner OB/GYN  
Newborn Care: Pediatrician La Leche League

Comments/Feedback on the workshop or content

Workshop was presented in a

# Appendix B

## PowerPoint Presentation for Workshop



1

## ABOUT ME

I am a: student, photographer, doula, placenta specialist, childcare provider, wife, expectant mother

Majoring in Human Development & Family Studies from CSUMB with minors in Service Learning Leadership and Global Studies from Azusa Pacific University

2

## What is a Postpartum Mood Disorder or PPMD?

More than just baby blues

Can be Postpartum Depression, Anxiety, Panic Disorder, OCD, PTSD, or Psychosis



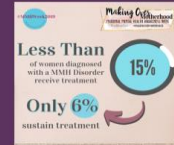
3

## Who can get a PPMD?



While baby blues can be seen in up to 80% of mothers, up to 1 in 5 can suffer from a more serious PPMD.

Postpartum mood disorders can also be found in fathers and partners.



4

## Risk Factors

- A personal or family history of depression, anxiety, or postpartum depression
- Premenstrual dysphoric disorder (PMDD or PMS)
- Inadequate support in caring for the baby
- Financial stress
- Marital stress
- Complications in pregnancy, birth or breastfeeding
- A major recent life event: loss, house move, job loss
- Mothers of multiples
- Mothers whose infants are in Neonatal Intensive Care (NICU)
- Mothers who've gone through infertility treatments
- Women with a thyroid imbalance
- Women with any form of diabetes (type 1, type 2 or gestational)

5



6

## Help Prevent or Alleviate PPMDs

- Take an education course
- Get a postpartum doula
- Find Postpartum Support groups
- Create an individualized plan for your postpartum period
  - Support team
    - Personal friends and family
    - Professional support
  - Sleeping plan
  - Feeding plan for both mom and baby
    - What foods?
    - Meal train
  - Self-care
  - Relationship plan
  - Household Chores
  - Front door sign



7

## Signs and Symptoms of PPMDs

As said by postpartum.net, remember that all of these are temporary and can be treated with professional help and by no means are they your fault or are you to blame.

8

## Baby Blues

Occurs 3-4 days after birth

Only lasts a few days to a week

- Mild depression
- Mood swings
- Crying spells
- Irregular sleeping and eating patterns
- Anxiety
- Difficult concentrating

9

## Postpartum Depression

Usually occurs soon after birth, but can any time within the first year postpartum

Can last up to 12 months

- Feelings of anger or irritability
- Lack of interest in the baby
- Appetite and/or sleep disturbance
- Crying and sadness
- Feelings of guilt, shame or hopelessness
- Loss of interest, joy or pleasure in things you used to enjoy
- Possible thoughts of harming the baby or yourself
- Chest pains and/or heart palpitations

10

## Postpartum Anxiety

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea

11

## Postpartum OCD

- Obsessions, also called intrusive thoughts, which are persistent, repetitive thoughts or mental images related to the baby. These thoughts are very upsetting and not something the woman has ever experienced before.
- Compulsions, where the mom may do certain things over and over again to reduce her fears and obsessions. This may include things like needing to clean constantly, check things many times, count or reorder things.
- A sense of horror about the obsessions
- Fear of being left alone with the infant
- Hypervigilance in protecting the infant
- Moms with postpartum OCD know that their thoughts are bizarre and are very unlikely to ever act on them.

12

## Postpartum PTSD

- Intrusive re-experiencing of a past traumatic event (which in this case may have been the childbirth itself)
- Flashbacks or nightmares
- Avoidance of stimuli associated with the event, including thoughts, feelings, people, places and details of the event
- Persistent increased arousal (irritability, difficulty sleeping, hypervigilance, exaggerated startle response)
- Anxiety and panic attacks
- Feeling a sense of unreality and detachment

13

## Postpartum Psychosis

1-2 out of 1000 new mothers

Typically occurs within 2-6 weeks after birth

THIS IS A PSYCHIATRIC EMERGENCY

- Delusions or strange beliefs
- Hallucinations (seeing or hearing things that aren't there)
- Feeling very irritated
- Hyperactivity
- Decreased need for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings
- Difficulty communicating at times

14

## Resources - Local



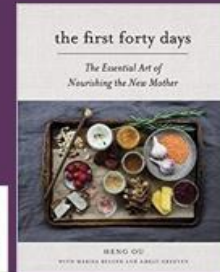
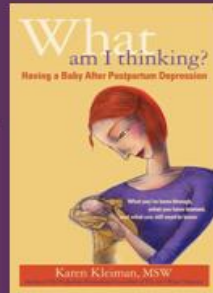
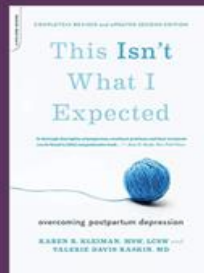
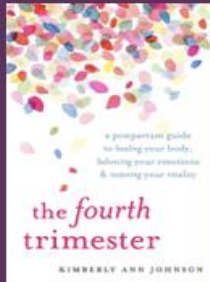
15

## Resources - Online



16

## Resources - Books



*Appendix C**Information worksheet for assessment for learning outcomes 1 and 2*

## Participant Information Form – Postpartum Mood Disorders Education Workshop

The information on this form will remain anonymous and will only be used for analysis purposes for the research project.

Age: \_\_\_\_\_ Level of Education: \_\_\_\_\_  
 Gender: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_

If you have already given birth, please fill in the following accordingly:

What month are you due? \_\_\_\_\_

Will this be your first child? YES NO

If no, how many others do you have? \_\_\_\_\_

Have you taken a childbirth education course? \_\_\_\_\_

If no, do you plan to? YES NO

Where do you plan to give birth? \_\_\_\_\_

Please identify as many signs of postpartum mood disorders as you can

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please name 2 resources for each of the following

Mental Health: \_\_\_\_\_

Physical Health: \_\_\_\_\_

Newborn Care: \_\_\_\_\_

Comments/Feedback on the workshop or content

_____
_____
_____

*Appendix D**Postpartum sanctuary plan to assess learning outcome 3*

## Postpartum Sanctuary Plan

### Visitors

Who do you want to visit in the first three days?

---

In the first 2 weeks?

---

In the first month?

---

### Rest

What do you anticipate might be obstacles to resting for you?

---

What are ways that you can address those?

---

How will you create the space to nap during the day?

---

How will you manage visitors to ensure space for resting?

---

How will you manage technology (devices, mobile phones, computers)? When will you unplug?

---

## Food

List three of your favorite and most nourishing meals.

---

List three balanced snacks that you love.

---

Who can organize the meal train?

---

Include dietary needs and restrictions for your family for them meal train?

---

Assemble take out menus. Which restaurants deliver?

---

## Companionship

Think about your tribe, the people who you know are there for you, and that you can trust for emotional support or to lend a helping hand. Fill in names and phone numbers to make it one step easier when the time comes and you need them!

Who can you call to tell how you are feeling about mothering and who will listen without judgment or advice?

---

—

Who could you call if you want to take a shower and need someone to hold your baby?

---

Who would you trust to take your baby for a walk?

---

Who can you talk to about the hard mothering decisions that you feel would be safe and would not judge you?

---

Who do you know who makes wholesome and nutritious food?

---

Who could you call if you want someone to sit with you and hang out?

---

Who do you know whose mothering you respect?

---

Who would you like weekly visits from?

---

Who is knowledgeable about local contacts for health care?

---

## Your Wider Tribe of Wellness Support

Now think about your wider tribe – the people that you can assemble to provide you with self-care expertise, wellness information, and expert care, when needed. Put this list on your refrigerator so that when you need the resource it is easy to find.

Somatic therapist \_\_\_\_\_

Holistic pelvic care/scar-tissue remediation specialist \_\_\_\_\_

Lactation consultant \_\_\_\_\_

Chiropractor \_\_\_\_\_

Massage therapist \_\_\_\_\_

Acupuncturist \_\_\_\_\_

OB-GYN \_\_\_\_\_

Midwife \_\_\_\_\_

Housekeeper \_\_\_\_\_

Postpartum doula \_\_\_\_\_

Night nurse \_\_\_\_\_

Local breastfeeding support group \_\_\_\_\_

Local playgrounds \_\_\_\_\_

Mommy and me exercise groups \_\_\_\_\_



*Appendix E**Informational flyers and materials***Top Recommendation from Postpartumdads****(info@postpartumdads.net)**

1. Try to find a local support group in your area. Visit [www.postpartum.net](http://www.postpartum.net) for assistance in finding a local group. These groups can offer valuable referrals as well as an opportunity to talk with specially trained volunteers
2. Get a referral to a doctor that is trained to deal with PPD. Ask your pediatrician, family doctor, ob/gyn, or other person you trust for recommendations. Finding someone you and your wife both trust and feel comfortable with is crucial for recovery.
3. Be prepared for a long recovery with setbacks along the way. PPD is not something that can be fixed overnight. It may take a few weeks or it may take a few years for your wife to recover and for your family to heal.
4. Attend as many doctor appointments as possible. This will not only demonstrate to your wife how much you care about her but it will also give you a chance to communicate with the doctor and hear the doctor's instructions. Don't assume that your wife is going to be open with her doctor, or that she is going to comprehend or trust what he tells her.
5. Continue treatment even when she starts feeling better. While discontinuing treatment is very tempting once she starts feeling better it can be very dangerous. The chances of relapse are much higher if treatment is stopped too early.
6. Get help for yourself and your family. Don't let the stigma of depression keep you from sharing with others what is going on. There are many people out there willing to help people and they just need to be asked.
7. Love your wife. Be tender, be supportive. Believe her and believe in her. Do not assume she is "over-reacting" or being "unreasonable."
8. Be her lifeline. You may be the one who needs to make the call about whether she needs medical attention. She may not be able to ask for it herself.
9. Ask questions. My husband says that if he knew then what he knows now he would have asked many more questions — Can you read? Can you follow a TV plot? Are you hearing things? Etc. — Those are things that apply to psychosis

### **TIPS FOR POSTPARTUM DADS and PARTNERS**

Pregnancy and postpartum mood and anxiety disorders affect the whole family. Here are some tips that might help you along the way. Remember that you will get through this with help and support. There is no magic cure, and sometimes recovery seems slow, but things will keep improving if you stick to a plan of *healthcare, support, and communication*.

#### **COMMON SYMPTOMS of PERINATAL DEPRESSION & ANXIETY:**

- Feeling overwhelmed, exhausted and insecure
- Crying spells, sadness, hopelessness
- Anger, irritability, frustration
- Repetitive fears and worries

#### **TAKING CARE OF YOUR STRESS AND EMOTIONS:**

- Ask for help, information, and support for yourself. Call 1-800-944-4PPD.
- Develop a support team for your family. Ask for help. Say YES when they offer.
- Take time for yourself. Talk to your partner to arrange a good time to be away.
- Talk to other families who have come through this.
- Spend time with your baby to develop your own confidence.

#### **HOW TO HELP MOM:**

- Reassure her: this is not her fault; she is not alone; she will get better.
- Encourage her to talk about her feelings and listen without judgment.
- Help with housework before she asks you.
- Encourage her to take time for herself. Breaks are a necessity; fatigue is a major contributing factor to worsening symptoms.
- Don't expect her to be super-housewife just because she's home all day.
- Be realistic about what time you'll be home, and come home on time.
- Help her reach out to others for support and treatment.
- Schedule some dates with her and work together to find a babysitter.
- Offer simple affection and physical comfort, but be patient if she is not up for sex. It's normal for her to have a low sex drive with depression, and rest and recovery will help to bring it back.

#### **DEALING WITH HER ANGER AND IRRITABILITY:**

- Help her keep track of eating regularly, because low blood sugar results in a low mood and frustration. Have healthy and easy snacks on hand.
- Do your best to listen for the real request at the heart of her frustration. Reduce conflict by telling her, "I know we can work this out. I am listening."
- Keep the lines of communication open. Verbalize your feelings instead of distancing from her. It is helpful to take a break if your tempers are hot, but do get back to communicating.
- If she is expressing anger in such a way that you can't stay supportive, you might say something like, "I want to listen to you. I know this is important, but I'm having a hard time because you're so mad at me. Can we take a break and talk about it later?"
- Ask her how you can help *right now*. If she doesn't know, make some suggestions.

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Excerpts from Beyond the Blues, A Guide to Understanding and Treating Prenatal and Postpartum Depression by Bennett and Indman

Chapter Four: Partners; Things to keep in mind:

1. You didn't cause her illness and you can't take it away
2. She doesn't expect you to "fix it"
3. Get the support you need so you can be there for her
4. Don't take it personally
5. Just being there with and for her is doing a great deal
6. Lower your expectations
7. Let her sleep at night

SAY:

- \*We will get through this
- \*I'm here for you
- \*If there is something I can do to help you, please tell me
- \*I'm sorry you are suffering. That must feel awful.
- \*I love you very much
- \*The baby loves you very much
- \*This is temporary
- \*You'll get yourself back
- \*You are doing such a good job (give specific examples)
- \*You're a great mom
- \*This isn't your fault. If I were ill, you wouldn't blame me.

DO NOT SAY:

1. Think about everything you have to feel happy about
2. Just relax
3. Snap out of it
4. Just think positively



## THE POSTPARTUM STRESS CENTER

The Postpartum Stress Center • 610.525.7527 • [www.postpartumstress.com](http://www.postpartumstress.com)

### ARE YOU HAVING THOUGHTS THAT ARE SCARING YOU?

#### IT MIGHT HELP YOU TO KNOW:

- Scary thoughts are a very common symptom of postpartum depression.
- Scary thoughts are negative, repetitive, unwanted, intrusive thoughts that can bombard you at any time. They can come out of nowhere.
- Scary thoughts can come in the form of thoughts ("what if I burn the baby in the bathtub?") or images (the baby falling off the changing table)
- Scary thoughts can be indirect or passive (something might happen to the baby) or they can imply intention (thoughts or images of you throwing the baby against the wall)
- Scary thoughts are NOT indication of psychosis. They may make you feel like you are going crazy but you are not.
- Scary thoughts can be part of a postpartum OCD diagnosis (postpartum Obsessive-compulsive disorder) or they may occur in the absence of a full blown diagnosis.
- If you have a history of OCD or tend to be a worrier or describe yourself as overly analytical or perfectionist, you may be at increased risk to experience this symptom. Then again, you may have NO history of any anxiety symptoms.
- Scary thoughts will make you feel like you're a bad mother. They will make you feel guilty and ashamed. Try not to beat yourself up about this. Remind yourself it is a symptom.

#### THE NATURE OF THESE THOUGHTS:

- Scary thoughts typically focus on your baby, but can also center on thoughts about you, or your partner.
- Scary thoughts can range from mild to unbearable.
- Scary thoughts can be intermittent or constant.
- Scary thoughts may be fleeting or they may race in your head throughout the day or keep you from falling asleep at night.
- Scary thoughts may or may not be accompanied by compulsive behaviors (e.g. excessive checking)
- Some examples of scary thoughts:
  - "What if I drop my baby when I go down the steps?"
  - "What if I burn the baby in the bathtub?"
  - "I'm afraid I might take one of the knives in my kitchen and stab the baby" Or, "What if I slip and one of the knives falls on my baby"
  - "I can picture myself driving off the road with my baby in the car"
  - "I think my family would be better off without me"
  - "I'm having sexual thoughts about my baby."
  - "I can see terrible graphic violent things happening to my baby."

#### WHAT YOU CAN DO:

If you are worried about the thoughts you are having, that's a good sign. Of course you're worried. It's a terrible burden to feel so attached and loving toward your baby and have such scary thoughts at the same time. Having these thoughts probably make you feel enormously guilty. (You might think, "A good mother wouldn't be thinking such awful things.")

But good mothers DO think bad thoughts when they are struggling with depression and anxiety. If these thoughts do not feel consistent with who are you, if they seem totally out of character for you, or if you know they are irrational and make no sense, it shows that the thoughts are obsessive symptoms of acute anxiety.

Remember that these thoughts are NOT about who you are. They are symptoms. Your brain is playing a trick on you. The more you focus on them, the more you are telling your brain to believe them and the more you empower these thoughts. Try your best to distract yourself. Tell yourself that it's okay you're having these thoughts, nothing bad is happening and that you won't always feel this way. Keep your brain busy with other things. As silly as it may sound, it works. Focus on brain tasks, such as puzzles or other games that make you concentrate. Get up and out, take a walk, listen to upbeat music, dance, fool your brain into doing something else. It's hard, but it can help.

Scary thoughts can be so disturbing that it's hard to tell anyone how you are feeling or what you are thinking. Believe it or not, you might actually feel better if you tell someone you trust that you are having these thoughts. No one is going to take your baby away. No one is going to think you're a bad mother. Tell someone you trust that you don't feel good and that you know these thoughts are symptoms of depression. Let them reassure you that you will be okay when you get the treatment you need. Let them remind you that you are loved and safe.

The good news is that these thoughts are symptoms that are treatable and respond well to both medication and supportive therapy. This is why it's so important to ask for help. Talk to your partner. Talk to your doctor. Don't let your fear get in the way of you getting the help you need. Reach out to someone who understands. You deserve some relief. Do what you need to do to feel better.

\*If you feel that your thoughts are out of your control or that you cannot manage the intrusion, contact your healthcare provider immediately.

\*If at any time you feel you or your baby are not safe, please call 911 or have someone take you to an emergency room.

\*If you have been told that your thoughts are worrisome to others but they seem real to you, or you feel that your thoughts make sense and everyone around you must be the crazy ones, let someone close to you know how you are feeling and tell them it's an emergency.

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