

SUPPORT for MOMS



Beyond Baby Blues

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Ten Facts About Pregnancy: Postpartum Depression, Anxiety, and Perinatal Mood Disorders (PMDs)

- 1. You will recover.** You are not alone. Anyone can become depressed or anxious during pregnancy or postpartum. It is not your fault, it is not your partner's fault, and it is not your mother's fault. The causes and the cures are biological, psychological, and environmental.
- 2. You need regular breaks from babyscare.** Taking breaks from the intensity of babyscare is not a luxury; it is a necessary part of recovery.
- 3. There is no quick fix. There is no one thing that will suddenly make PMDs go away.** You will feel better gradually if you take regular and consistent steps to get support, engage in recovery, and feel nurtured. Find physical, practical and emotional support.
- 4. You will feel better if you reach out to understanding people and express your feelings.** Women who go through PMDs without support may incorporate negative feeling into their self-esteem as mothers. Talking to other women who have recovered can be extremely effective. It is normal to feel embarrassed about your negative feelings, but it will help you to talk to someone who understands.
- 5. You will feel worse if you evaluate your life when you are having a bad day.** On a bad day, we see through a negative filter which can create a downward spiral of depression. Make a rule that you won't judge yourself or your life on a hard day. Instead, fill your day with things that help you get distracted from negative judgments and fears: get physical, get air and light, express your emotions, listen to music or color. Don't compare or judge your life, your partner, your body, your home, etc.
- 6. Remedies are individual and need to work for you.** Remember that different people need different solutions. This applies to questions of medication, natural remedies, sleeping arrangements, parenting styles, feeding, and sources of information and support. Learn what works best for you and be flexible about your expectations.
- 7. You will feel better if you get outside regularly.** Start as small as you need to and do more as you feel better.
- 8. Recovery from Perinatal Mood Disorders goes in cycles.** There are good days, bad days, and lots of gray days. If you stick to a plan of self-care, breaks, support, and remedies, you will keep feeling better. Don't despair when a bad day follows a good period. It is a natural part of the cycle. You will get through this. When you have a slump, it helps to assess your last few days. Did you get any breaks? Did you overdo it? Stuff your feelings? Make a change in nursing? Forget to eat well? Did the baby have a growth spurt? Are you expecting your period? Are you experiencing extra stress?
- 9. Your child came to live with you and needs you to be true to yourself.** Your difficult feelings do not hurt your baby. You will cry and feel mad and frustrated and sometimes just flat. It's not the feelings that affect your baby; it is your actions. Make eye contact, hold, touch, and express warmth and love to your children when you can. It helps both you and your children if you can smile, but don't get hung up on smiling when you can't find one inside. Be true to yourself, and take breaks when you need them.
- 10. PMD does not mean you are a bad mother.** Negative feelings about motherhood are a result of PMDs, not a cause. When we judge ourselves against our prenatal fantasies, we usually end up disappointed. Instead, change your picture of motherhood: make it more realistic, flexible and satisfying. Spend time with people who make you feel good about yourself and your recovery, and hopeful about the future. You will feel better, and you are not alone.

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You are not alone. You are not to blame. With help, you will be well.

Beyond Baby Blues



The Recovery Process

This information was compiled from The Postpartum Health Alliance, Postpartum Depression Resource Guide, Postpartum Support International, Depression After Delivery, Women's Psychiatric Resource Center, and Baby Blues Connection.

It usually takes 3-12 months (sometimes longer) before the postpartum depressed woman feels "herself" again. The following information should be shared with the individuals in her "support system" so they can understand her feelings and needs at each stage of recovery.

1. **Initial stage:** It is important during this stage that the mother takes frequent breaks and has some time for herself. Encourage her to accept and acknowledge her feelings. Generally speaking, the woman feels very depressed at this stage. She needs a lot of reassurance and encouragement.
2. **Transition stage:** The mother starts to have a few "good" days. This can be a very difficult time for her since the first "bad" day after feeling somewhat better is very disappointing. It is a high-risk stage because the depressed ways of coping are not acceptable to her, but she has not yet developed a reliable set of new alternatives. She may become very despairing or very angry even if she did not feel this way before. She needs a great deal of support at this stage.
3. **Middle stage:** At this point, the woman has started to have more "good" days than "bad" days. She is feeling a lot better. However, as she becomes more assertive about her needs she often asks her husband/partner to change in order that these needs be met. Arguments and fighting between the woman and her partner can occur at this stage. Patience, understanding and communication are crucial at this stage.
4. **Final stage:** At this stage, the woman is having mostly "good" days. She can cope with her occasional "bad" days. She is feeling mostly positive about her child(ren). She accepts any negative feelings which she may have and can deal with them safely. She says she knows who she is again. She feels confident about the changes that she has made and will continue to make changes to ensure her own well-being.

After the woman's depression is resolved she may be able to help other mothers experiencing postpartum depression. With brief training, she can volunteer to be a phone counselor or another type of volunteer.



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