

## Postpartum Changes



NOTE: Refer to module outline for goal, objectives, class outline, equipment, resources required and references.

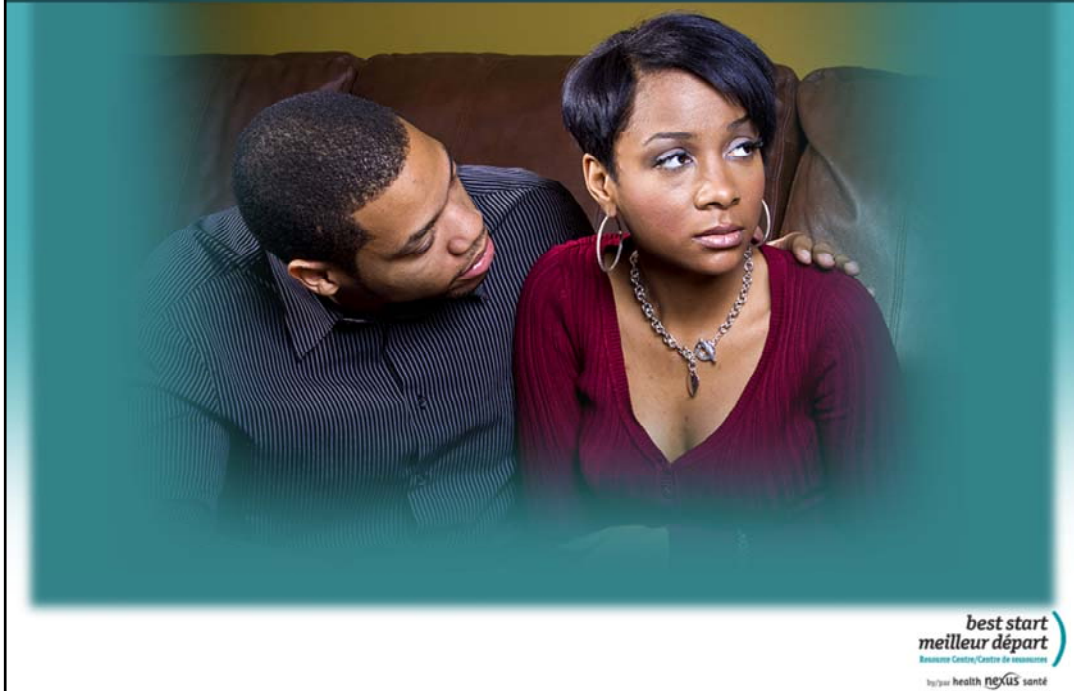
**If this is the first class:**

- Welcome participants to class.
- Housekeeping: bathroom, breaks, length of session, ground rules/respect.
- Have each couple or individual pair up with another couple or individual and introduce themselves to each other. (Consider including name, due date, HCP, something they are looking forward to, something they are nervous about and/or anything they would like to share about the pregnancy). Then have the pairs or individuals introduce each other to the rest of the group.
- Provide the choice of prenatal handout (depending on your organization, this may be *Healthy Beginnings* or *A Healthy Start for Baby and Me*) for each expectant mother.
- Provide a list of community resources.
- It is best to advise participants during the first session that you have a duty to report any concerns about the safety or well-being of a child (including the witnessing of abuse of the mother) to child protective services. (This is only applicable if there are children in the home already.)

**Suggestion for Facilitator:** on a flip chart, list the topics to be discussed in this session.

- Physical changes
- Sexuality and birth control
- When to seek medical attention
- Baby blues
- Postpartum mood disorders
- Father involvement
- Transition to parenting

## Chantal and Amar



### **Suggested activity:**

Read the following story and discuss

*“Chantal and Amar are new parents of a 10 day old baby boy. Chantal had a healthy pregnancy and an uncomplicated vaginal birth at 39 weeks. She is exhausted from being up all night breastfeeding every 1-2 hours. The kitchen is untidy from visitors who came to see the baby last night. The laundry is piling up and she is starting to feel overwhelmed. When Amar arrives with dinner from Chantal’s favorite restaurant, she starts to cry and states, “ I’m so tired, I don’t think I’m making enough milk because he is always eating, and I can’t keep up with this house.” Chantal is confused because she loves her baby but she does not understand why she is sad. Amar gives her a big hug and encourages her to have a rest once they have eaten dinner, while he takes care of the baby.”*

### **Points to highlight:**

- What is happening to Chantal? (baby blues, 10-day growth spurt, fatigue, too many visitors, frustration with household tasks)
- How is Amar being supportive? (takes the time to listen, brings home dinner, reassures her, takes the baby, encourages her to rest, attentive to her needs and emotions)

## Your Changing Body

### Common discomforts:

- Tender breasts
- Cramps in the uterus
- Perineum soreness
- Vaginal flow
- Pain at the incision site if you had a caesarean birth.
- Difficulties with urination and bowel function
- Feeling tired and having a difficult time getting enough rest.

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### Speaker's notes:

Over the nine months of pregnancy a woman's body undergoes tremendous change. It will take time for her body to return to its pre-pregnant state so it is important to be patient.

The first 6 weeks after birth are known as the postpartum period. During this time the uterus returns to its almost pre-pregnant size and shape, breastfeeding and milk supply are being established, the body is physically healing, and hormone levels are stabilizing. The new mother's first follow-up visit with her health care provider usually occurs about six weeks after the birth date.

If you have any concerns about your health before your six-week visit, you can contact your health care provider earlier or speak with a public health nurse. If you have a midwife, they will visit you and your baby several times during the first week and then regularly until six weeks after the birth.

Common discomforts in the postpartum period include:

- Sore nipples
- Tender breasts.
- Cramps in the uterus.
- Perineum soreness (area around the vagina and anus).
- Vaginal flow.
- Pain at the incision site if you had a caesarean birth or episiotomy.
- Difficulties with urination and bowel function.
- Feeling tired and having a difficult time getting enough rest.

## Sore Nipples

- Most common cause of sore nipples
- Signs of a poor latch
- Preventing sore nipples



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### Speakers notes:

At first, most mothers feel a tug when their baby sucks. This can be a little uncomfortable. You should not experience any nipple pain. Yet, sore nipples are a common complaint during the first few days.

The most common cause of sore nipples is a poor latch. If your nipples are sore from a poor latch, you may find:

- The pain started 1 – 4 days after birth.
- The pain may be worse at the start of feedings, and then improve.
- Your nipples may appear pinched or misshaped after feedings.
- Your nipples may be damaged or bleeding. (Swallowing blood from your nipples will not harm your baby.)

To prevent and improve sore nipples make sure:

- Your baby has a wide open mouth and is latched on to the areola.
- Your baby's tongue is under the nipple and her lips are flared out.
- Your baby's head is tilted back a little so she can open her mouth wide.
- Your hand is positioned back from the nipple area and your fingers are not touching your baby's cheeks, chin or lower lip.

## Tender Breasts



### Speaker's notes:

Most women find their breasts feel larger and heavier on day 3 or 4 after a baby is born. This may last for a few days. If your breasts feel swollen and sore, it is called engorgement. If your breasts become engorged, it may be more difficult for your baby to latch.

#### What you can do to prevent engorgement?

- Breastfeed whenever your baby wants to, at least 8 times in 24 hours.
- Make sure your baby is latched well and feeding efficiently. You should hear your baby swallowing often.
- Use both breasts at each feeding. If your baby will not take the second breast, express enough milk from that side to make you feel comfortable.

#### What to do if your breasts are engorged

- Breastfeed your baby more often.
- If your baby will not latch, express breast milk to soften the areola then try again.
- Some mothers find it more comfortable to wear a bra. Other mothers prefer to go without. If you wear a bra, make sure it is not too tight.
- Apply a wrapped ice pack or cold compress to your breasts between feedings.
- If the engorgement does not improve and your baby does not seem to be feeding well, express milk from your breasts until they feel softer and get help.

Note: Sometimes breasts can become sore due to blocked ducts or mastitis. Mastitis is an inflammation of the breast tissue which may develop into an infection. A health care provider should be consulted if it is suspected (pain, redness, heat, red streaking in the breast, fever and flu-like symptoms, feeling achy and run down, feeling nauseated). This usually does not happen during the first week or two after the birth.



## Cramps in the uterus

- Causes
- Management



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### Speaker's notes

- Immediately after birth the top of the uterus (fundus) is at the level of the navel. Every day thereafter, the uterus shrinks about the width of one finger. It takes about 6 weeks for the uterus to return to its almost pre-pregnant size and shape.
- As the uterus shrinks (contracts) some women feel cramping known as after-pains during the first week or two. First-time mothers may not feel after-pains. However, with subsequent births, after-pains are more noticeable.
- Reassure mothers that after-pains are the body's normal mechanism to involute the uterus thus decreasing the risk of bleeding and infection.
- After-pains often occur especially during the first week while breastfeeding since the hormone responsible for let-down of breastmilk is the same as the hormone responsible for uterine contractions. This hormone is called oxytocin.
- Warm baths, heating pads, or pain medication can provide relief. If a prescription medication is being used, ideally it should not contain codeine since this drug can make babies sleepy. Deep breathing and relaxation techniques are also helpful.

## Perineal soreness and vaginal flow

- o Causes
- o Management



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### Speaker's notes:

- Perineum (area around the vagina and anus) may be sore, swollen, and bruised from the birthing process.
- If stitches were required they usually dissolve around 2-4 weeks and the tissue heals over 6 weeks.
- Vaginal flow (also known as lochia) after birth is made of blood and tissue from the uterine lining. It starts as bright red and may contain some small clots. Within ten days the flow starts to change to a pale pink and decreases in amount. The flow becomes a whitish yellow colour and the amount gradually decreases over the next several weeks .
- Empty your bladder often since a full bladder may interfere with contractions of the uterus that are needed to close off the placental site and prevent postpartum haemorrhage.
- The flow may be heavier during breastfeeding and during physical activity.
- Contact a health care provider if the flow is heavier than it has been, it has a foul odour, or clots larger than a plum are passed.
- It is best to use sanitary pads during this time and avoid tampons.
- For comfort, wet and freeze a maxi pad and place it in your underwear. This will reduce swelling.
- A warm bath or a sitz bath with or without Epsom salts may relieve some of the itching related to healing of sutures.
- Keep the perineal area clean and always wipe front to back to avoid infections. Consider using warm water in a squeeze bottle to cleanse the perineal area after urinating or having a bowel movement. Pat the area dry with toilet paper to minimize irritation or pain.

### Note to facilitator:

Indicate that sexual relations will be covered later.

## Difficulties with urination and bowel function

- o Causes
- o Management



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### Speaker's notes:

- For the first few days after birth, it may be difficult to urinate due to swelling of the perineum, a tear near the urethra, or having had a catheter.
- It may be helpful to turn on the taps while trying to urinate or to urinate while in the shower. To decrease stinging, it may be helpful to use a squeeze bottle and spray water over the area while urinating.
- If you get a burning sensation when urinating and this condition persists, contact your health care provider.
- Within a couple of days it is normal to have increased urination as the body eliminates extra fluids.
- A bowel movement may not occur until 2-3 days after birth because the abdominal muscles have stretched and are not as effective. Also, limited food and fluid intake during labour and use of pain medication may contribute to sluggish bowel function.
- It is important to prevent constipation by eating foods high in fibre and drinking plenty of fluids. It is also helpful to move around and be active (i.e., walking).
- Hemorrhoids are swollen varicose veins around the rectum that are often painful and itchy. They may bleed during a bowel movement. Hemorrhoids are common following childbirth. Having easy regular bowel movements will improve hemorrhoids.
- Try a dampened, frozen pad, lie down to decrease pressure, and try special products to help shrink the swelling of the hemorrhoids.
- If you are unable to have a bowel movement, contact your health care provider



## Changes in the menstrual cycle



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### Speaker's notes

- If breastfeeding, a woman's menstrual period may not return for months, or until breastfeeding is discontinued.
- It is still possible to get pregnant because the ovaries may start to work before her period returns.
- If the woman has made a choice not to breastfeed, her period will start within 2-3 months after birth.
- The first few periods may be different than they were prior to pregnancy—longer or shorter, heavier or lighter. They eventually return to what was normal for the woman before pregnancy.
- A woman's menstrual period can return anytime, but exclusive breastfeeding can delay it. It is more likely to return once solid foods are introduced to the baby, if the mother supplements her baby regularly, or when she stops breastfeeding all together.

## Sexuality



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### Speaker's notes:

- Many couples wonder when it is safe to resume sexual activity after the birth of a baby. While the general guideline is 4-6 weeks after birth, some couples feel comfortable to have sex again before that time.
- Some factors that may influence this decision include the type of birth, physical discomforts (such as a sore perineum), fatigue, and demands of the new baby.
- If the woman is breastfeeding she may notice decreased vaginal lubrication related to changing hormone levels. Using a water-based lubricant can increase comfort during intercourse.
- In general, it is recommended to wait until any stitches have healed, the vaginal flow has decreased, and the mother feels emotionally ready. It is important that the woman and her partner both discuss their feelings and frustrations as they adjust to parenthood.
- Keep in mind that pregnancy can still occur in the absence of a menstrual period so using contraception is recommended. The woman should discuss birth control options with her health care provider at the 6 week postpartum follow-up visit or before.

## Birth Control While Breastfeeding

Lactational Amenorrhea Method (LAM) can be used if :

- Your baby is less than 6 months old.
- Your menstrual periods have not yet returned.
- Your baby is exclusively breastfed.

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### Speaker's notes:

Breastfeeding and birth control are compatible. You and your partner have several reliable birth control options to choose from. The following choices have no effect on the breastfeeding relationship and can generally be started soon after childbirth or the postpartum check-up.

#### Lactational Amenorrhea Method (LAM)

Can be used if:

1. Your baby is less than 6 months old, **and**
2. Your menstrual periods have not yet returned. Bleeding or spotting during the first 56 days after birth is not considered menstrual bleeding, **and**
3. Your baby is exclusively breastfed, feeding on demand both day and night and not being fed other foods or liquids. Medications and vitamin D are considered part of exclusive breastfeeding.

To avoid an unplanned pregnancy, you will need to use another form of birth control when:

- Your period returns, **or**
- Your baby is older than 6 months, **or**
- Your baby is no longer exclusively breastfeeding, **or**
- Your baby is sleeping through the night or has long intervals between breastfeeding (more than four hours during the day and six hours at night).

Reference: <http://www.waba.org.my/resources/lam/>

## Birth Control While Breastfeeding

### Other birth control options while breastfeeding:

- Male and female condoms
- Spermicides
- Intrauterine Contraceptive Device (IUD)
- Diaphragm
- Vasectomy (permanent)
- Tubal ligation (permanent)

### Speaker's notes:

Some other methods of birth control do not interfere with breastfeeding.

- Male and female condoms
  - Act as a physical barrier.
  - Can be used in combination with spermicides to increase effectiveness.
  - No effect on milk supply.
- Spermicides (foam, gel, vaginal contraceptive film)
- Intrauterine Contraceptive Device (IUD)
  - Can be inserted 6 weeks after birth
  - A small, T-shaped device with a copper wire.
  - Inserted into the uterus, the copper wire changes the chemistry in the uterus and destroys sperm.
  - Requires a prescription
  - Can be left in place for up to 5 years.
  - Contains no estrogen therefore has little to no effect on milk supply.
- Diaphragm and cervical cap (must be refitted after childbirth)
- Vasectomy (permanent for male)
- Tubal ligation (permanent for female)

## Hormone-based Birth Control



### Progestin-only

- Mini pill
- Injection (Depo-Provera)
- Intra-Uterine System (IUS)

### Estrogen and progestin (if all other methods have been ruled out)

- Oral contraceptive pill (OCP)
- Contraceptive patch
- Vaginal contraceptive ring



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**Speaker's notes:** It is recommended that mothers use progestin-only type birth control when considering hormone-based birth control.

### Progestin-only

- Mini pill
  - Can be used 6 weeks after birth by all women.
- Injection (Depo-Provera)
  - Requires one shot every 12 weeks
  - Because it last 3 months and is not reversible, it is suggested that women use the mini pill first to rule out sensitivity to progesterone-only medication. If the mini-pill does not cause a decrease in milk supply, then it is safe to use an injection of progestin.
- Intrauterine System (IUS)
  - A T-shaped device containing a slow release hormone that is inserted into the uterus by the health care provider at least 6 weeks after birth.
  - Requires a prescription.
  - Can be left in place for up to 5 years.
  - Some women may experience a decrease in milk supply with some IUS.

### Estrogen and progestin

Combined estrogen-progestin birth control methods should only be used if all other methods are not acceptable alternatives. Estrogen-progestin birth control methods may decrease your milk supply. Ideally, they should be delayed until at least 6 months postpartum. Consider using an alternate method while breastfeeding.

- Oral Contraceptive Pill
- Birth Control Patch
- Vaginal Contraceptive Ring

For information about other birth control options, the couple should talk to the health care provider or contact the local public health department.

## When to Seek Medical Attention



- Blood clots
- Opening of incision
- Yellow or green discharge
- Foul smelling discharge
- Fever and/ or flu-like symptoms
- Pain (including headaches) not relieved by medication.
- Visual changes
- Swelling.
- Signs of mastitis

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### Speaker's notes:

It is important for a woman to seek immediate medical attention if any of the following symptoms occur in the postpartum period:

- You pass blood clots larger than a plum, soak a pad an hour, or you think you are bleeding more than what is normal (signs of hemorrhage).
- The caesarean incision or the stitches in your perineum start to open.
- You have yellow or greenish discharge from your stitches or vagina (signs of infection).
- You have foul-smelling vaginal discharge (signs of infection).
- You don't think the tissues are healing properly.
- You have a fever greater than 38° Celsius or 100.4° Fahrenheit (sign of infection).
- You have flu-like symptoms (signs of infection).
- You have pain that is not relieved by your pain medication.
- You have a severe headache that is not better after taking pain medication (possible sign of Pregnancy Induced Hypertension).
- You have spots or stars before your eyes, dizziness, and/or sharp upper abdominal pain (possible signs of Pregnancy Induced Hypertension).
- One or both of your legs becomes very painful and swollen.
- You cannot urinate or are having burning or pain when you urinate.
- You cannot have a bowel movement.
- You have a red, hot, or swollen breast, or a sore, hard, red or painful area on the breast (signs of mastitis).

If you are not able to speak with your health care provider, call Telehealth Ontario at 1-866-797-0000 to speak to a Registered Nurse. This service is available in English and French with translators available for other languages. It is available 24 hours a day and seven days a week. Call 911 if you have trouble breathing, shortness of breath, chest pain, or a racing or irregular heart rate.



## “Baby Blues”

### Feelings of:

- Sadness
- Fatigue
- Irritability
- Being overwhelmed



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### Speaker's notes:

- Pregnancy and the birth of a baby brings physical, emotional, and social changes to the new family. The transition to parenthood is not always easy. New mothers may experience a variety of conflicting emotions such as feeling happy one minute and overwhelmed the next or feeling energetic some of the time and exhausted other times.
- After birth it is normal to cry and feel sad for no reason. A mother may also notice changes to her sleeping or eating patterns. This stage is referred as the 'baby blues' and usually occurs within a few days after birth and passes by two weeks. Four out of five (80%) mothers will have some form of the 'baby blues'. The baby blues usually subsides without any treatment.
- During this time the new mother needs to ask her partner, family, and friends for the type of support she needs such as help with housework, limiting visitors, or taking time to listen to her concerns.
- These feelings should not last longer than two weeks. If the mother has a dark mood, is unable to sleep between her baby's feeds, feels confused, has thoughts about harming herself or her baby, or has suicidal thoughts, she is experiencing something different than postpartum blues and should seek professional help immediately.

## Postpartum Mood Disorders (PPMD)



- When the baby blues last more than 2 weeks.
- Happens to 1 in 5 women.
- Can occur anytime within the first year after birth.
- Is real.
- Affects the whole family.

### Speaker's notes:

If the baby blues seem to be getting worse or are lasting longer than two weeks the new mother may be experiencing postpartum mood disorder. One in five (20%) mothers will have a postpartum mood disorder which can occur anytime with the first year. Postpartum mood disorder is real and not only affects the mother but can also impact her relationships with her partner, family, and friends.

Provide each couple with a copy of *Life with a new baby is not always what you expect* (Best Start) and review the list on page 4.

The new mother may feel depressed or anxious, which may make her:

- Not feel like herself.
- Be sad and tearful.
- Feel exhausted but unable to sleep.
- Have changes in eating or sleeping patterns.
- Feel overwhelmed and unable to concentrate.
- Have no interest or pleasure in activity that she used to enjoy.
- Feel hopeless or frustrated.
- Feel restless, irritable, or angry.
- Feel extremely high and full of energy.
- Feel anxious (i.e. chest pain, shortness of breath, 'lump in the throat').
- Feel guilty and ashamed, thinking she is not a good mother.
- Not be bonding with the baby or feel afraid to be alone with baby.
- Have repeated scary thoughts or images about the baby.

## Postpartum Mood Disorders (PPMD)



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### Speaker's notes:

It is important that mothers and partners know that postpartum mood disorder presents itself in many different ways. The new mother and her partner need to recognize the signs and symptoms of postpartum mood disorder and to speak with her health care provider.

### Suggested activity: What does PPMD look like?

#### Purpose:

- To explore what peoples' perceptions are of PPMD
- To familiarize participants with the many faces of PPMD

#### Materials:

- Medium size ball

#### Instructions:

Tell the group that you will start out by giving an example of what PPMD looks like for you, and then you will toss the ball to one of the participants. That participant will then be asked to give a scenario of what PPMD looks like for them. They then toss the ball to another person in the group. If they do not feel comfortable, or they don't know what to say, they can say "pass" and toss the ball to another person as well. Finish with the second scenario below, unless a similar one has already been told.

Facilitator's scenarios to share:

- *You tell everyone you are feeling great and they believe you. You are up early, you try to look your best, and get back into shape. The house is spotless and so is the baby. But you wonder how long you can keep this up. Inside you feel like a totally different person.*
- *You can't seem to be able to get out of the house, no matter how many people invite you. You don't even feel like getting dressed, and don't want to be around anyone. When people drop by, you have a hard time keeping up the pretense and often cry when they leave or even while they are still there.*

Remind participants that postpartum mood disorders can be treated and are not anyone's fault. It is a stressful time, however, help is available.

## Postpartum Mood Disorders (PPMD)

You are more at risk if you:

- Have been depressed or anxious during your pregnancy.
- Have a history of depression and/or other mood disorders.
- Have family members with mood disorders.
- Had a recent stressful life event such as a move or a loss in the family.
- Have little social support.
- Have relationship difficulties with close family members.

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### Speaker's notes:

#### Risk Factors for Postpartum Mood Disorders

Some women are more likely to develop postpartum mood disorders. You are more at risk if you:

- Have been depressed or anxious during your pregnancy.
- Have a history of depression and/or other mood disorders.
- Have family members with mood disorders.
- Had a recent stressful life event such as a move or a loss in the family.
- Have repeated or constant stress (i.e., work, finances, housing, life circumstances, relationships).
- Have little social support.
- Have relationship difficulties with close family members.

#### Postpartum Psychosis

Very rarely, women will have postpartum psychosis which is a serious illness requiring immediate medical attention. Symptoms include:

- Having thoughts of harming yourself or the baby.
- Hearing or seeing things that are not there.
- Believing people or things are going to harm you or your baby.
- Feeling confused or out of touch with reality.

If you have any of these feelings or thoughts, don't wait. Get medical help right away.

Partners or other family members may notice this before the mother does. If you do, make sure she gets the help she needs.

## Coping with PPMD

What mom can do	What partner, family, and friends can do
Ask for help	Listen and support her feelings
Take care of yourself - sleep, nutrition, exercise	Develop your relationship with the baby
Take time for yourself	Ask her how you can help
Get counseling or join a support group	Educate yourself about PPMD
Consider medication	Take care of yourself

### Speaker's notes:

Read and discuss the above points.

For more details about how to help a new mother cope with PPMD refer to the booklet, *Life with a new baby is not always what you expect*—Best Start, 2013

## Postpartum Depression in Fathers/Partners

- Can occur in 10.4 % of partners
- Incidence increases to 25-50% if the mother also has PPMD
- Usually occurs later in the postpartum period



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### Speaker's notes:

New research is emerging regarding postpartum depression in new dads and partners. Studies indicate that approximately 10.4% of fathers will experience depression in the first year postpartum. However, if the mother also has postpartum mood disorders, the incidence of depression in the father increases to 25%-50%. Typically the onset of postpartum depression in fathers occurs *later* in the postpartum period, unlike new mothers, who usually exhibit symptoms in the *early* postpartum period.

Some contributing factors for postpartum depression in dads/partners include:

- The increased responsibility of supporting a mother with postpartum mood disorders.
- Limited time for social and recreational activities.
- Decreased household income.
- Personal history of depression.
- Lack of support.
- Relationship stress with partner.
- Changes in family dynamics with new mother, parents, siblings.
- Lack of sleep.



## PPD Symptoms in Men



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**Note to facilitator:** You could introduce this topic by asking the group how symptoms for men might be different from the symptoms that women experience.

### **Speaker's notes:**

PPD symptoms in men may include:

- Being easily stressed.
- Increased frustration and anger.
- Increased risk-taking behaviours.
- Feeling discouraged.
- Ongoing physical symptoms such as headaches.
- Fatigue, lack of motivation and difficulty concentrating.
- Weight loss.
- Loss of interest in work, hobbies, or sex.
- Violent behaviour.
- Isolation from family and friends.

What can a father do:

- Be aware of his changing feelings.
- Take time for himself.
- Eat properly, exercise, and get adequate rest.
- Consider joining a 'dads only' parenting group.
- Talk to his health care provider.
- Consider counseling.
- Refer to [www.postpartummen.com](http://www.postpartummen.com)

The emotional well-being of a father is an important building block for developing a healthy attachment with his child. Fathers need to allow themselves time to adjust to life as a new parent.

## Note to Fathers/Partners



- Spend time holding, talking, and playing with the baby.
- Spend time holding your baby skin-to-skin
- Participate in the care of baby .
- Plan time alone with baby.
- Make yourself aware of community resources and activities.
- Take care of yourself.

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**Speaker’s notes:**

- Fathers/partners need to allow themselves time to adjust to their new role as a parent. Over time each parent develops their own special way of nurturing and taking care of their baby. The early days of parenting are overwhelming and confusing, but, with time confidence will grow.
- Research shows that in families where there is a father present, children who are raised by involved fathers have increased self-esteem, do better in school, and have positive social and language skills.
- Recognize that a father’s/partner’s role is vital to the growth and development of their child. Consider the following ways to be involved from the start:
  - Spend time holding, talking, and playing with the baby.
  - Spend time holding your baby skin-to-skin.
  - Participate in the care of baby - bathing, burping, diapering, reading, singing.
  - Plan time alone with baby, go on outings, play at home, visit a friend.
  - Make yourself aware of community resources and activities (i.e. dad’s groups).
  - Take care of yourself.

**Note to facilitator:**

Family structures can vary widely. Acknowledge that research shows no differences in the psychosocial development between children of same-sex parents and the children of heterosexual parents. Single-parent families will benefit from a rich support system of extended family, friends and community resources. For more information see:

[www.beststart.org/resources/howto/pdf/LGBTQ\\_Resource\\_fnl\\_online.pdf](http://www.beststart.org/resources/howto/pdf/LGBTQ_Resource_fnl_online.pdf)

## Video



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### Video suggestions:

- Life With a New Baby: Dealing with Postpartum Mood Disorders. Best Start Resource Centre. 2011
- Also available at <https://www.youtube.com/watch?v=xA1l8kpdwsc>
- Alternative videos: Toronto Public Health's videos: Postpartum Depression and Anxiety, available at <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=019379d85af02410VgnVCM10000071d60f89RCRD>

## Transition to Parenting

### Talk about:

- How you feel about becoming a parent.
- How you will share daily tasks.
- How to take care of yourself.
- How you want to raise your child.



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### Speaker's notes:

The birth of a baby brings joy and challenges to the lives of parents.

- You may have many different emotions after your baby is born. You may feel joy, wonder, and happiness as well as feel overwhelmed, worried, or tired at different times. These are all normal feelings after the birth of a baby. Caring for a baby is often demanding and can leave little time for rest and other things.
- A new baby means many changes for parents. It can take several months to get comfortable with your new role as a parent.
- It may be helpful for expectant parents to spend time talking about what each person thinks it means to be a parent, or specifically what it means to be a mother or a father. Think about:
  - How each of you was parented—what did you agree or disagree with, and how do you see yourself reacting to various parenting situations
  - How past experiences may impact your parenting views such as growing up in a large family or being an only child.
- Another consideration is that other family members and friends also take on new roles when a baby joins the family--parents become grandparents and siblings become aunts and uncles. Recognize that having many loving people in his or her life will enrich the baby's growth and development, however, it may be necessary to set some boundaries along the way. Being a parent can be very demanding physically and emotionally. It is important to take care of your own needs as well as your newborn's needs. You will feel better if you:
  - Eat regular, healthy meals.
  - Get enough sleep (at night and with day time naps).
  - Accept that sometimes not all your tasks will get done.
  - Share your child's care with your partner and/or other support people.
  - Engage in physical activity.
  - Engage in social activities or personal hobbies that you enjoy.

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### Speaker's notes:

- Life with a newborn can be exhausting and chaotic and there are not enough hours in a day to accomplish all of the tasks that must be done. In fact, most people cannot really anticipate all the extra jobs that come with having a new baby.
  - Build a support network before your baby is born. By planning ahead, it will be easier for you to access support after the baby is born. Ask family and friends to help out with things such as meal preparation and housework when you need it. You can find out about parenting groups and other supports in your community by contacting :
    - Service Ontario: 1-866-532-3161
    - Ontario Early Years Centres: 1-866-821-7770.
  - If you have a partner, your relationship may change after your baby is born. This may be especially true if this is your first baby when you move from being a couple to becoming a family.
  - Caring for a newborn takes a lot of time and effort. Sometimes parents have difficulty finding time for each other. During your pregnancy, talk to your partner about:
    - The changes the birth of your baby will bring.
    - How you will nurture your relationship once your baby is born.
    - When you might feel comfortable having sex after the birth.
    - How you will support each other to keep up your own interests.
    - How to recognize signs of physical or mental health concerns, such as post partum depression.
- If you have trouble resolving conflict, you can get help to learn to communicate better.
- Consider providing an example of how to improve communication, such as the complete the phrase: When.... I feel.....



## Transition to Parenting

Who is most responsible?

Partner's Responsibility			Both Responsible				Mother's Responsibility		
1	2	3	4	5	6	7	8	9	10

Using the above scale, rate where you would place your and your partner's responsibility for the tasks listed below. Compare the answers and identify areas that are similar and use these strengths to help you find ways to compromise in areas where you differ widely.

<u>General Areas</u>	<u>Partner</u>	<u>Mother</u>	<u>Child Care Areas</u>	<u>Partner</u>	<u>Mother</u>
grocery shopping	—	—	staying home	—	—
preparing meals	—	—	feeding	—	—
cleaning up after meals	—	—	playing with	—	—
repairs around the house	—	—	health care	—	—
house cleaning	—	—	dental care	—	—
general shopping	—	—	transporting	—	—
paying bills	—	—	bedtime	—	—
laundry	—	—	comforting	—	—
making social arrangements	—	—	sick child	—	—
car maintenance	—	—	up at night	—	—
home decorating	—	—	diapering	—	—
yard work	—	—	toilet training	—	—
snow removal	—	—	play dates	—	—
gardening	—	—	diaper bag	—	—
birth control	—	—	doctor's appt	—	—

From Virginia Collins, *Childbirth Experience*, with permission.


  
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### Speaker's notes:

Remember what life was like at the beginning of your relationship as a couple, there were likely numerous adjustments that had to be made. Who would pay the bills? Who would do the grocery shopping? Who would clean the house? Those changes probably resolved, but not without some conflict and compromise. Similarly, introducing a new baby into the family will require a few more adjustments. Roles and responsibilities in maintaining the home will need to be revisited after the baby arrives. In the first weeks and months, baby care can consume about 13 hours a day with feeding, diapering, soothing, comforting and spending time with the baby. This activity looks at life with a baby from birth to the next 2 – 3 years.

### Suggested Activity: Who is most responsible? Preparation for Family Life.

The purpose of this activity is to:

- promote dialogue between partners about how they will help each other after the birth of a baby.

#### Materials:

- Handout: "Who is most responsible?" (see module outline)

#### Instructions:

This activity can only be used for pairs of partners, whether they are woman/man, same-sex or woman/other support person (such as sister or mother).

- Handout copies of the questionnaire to each participant. They do not need to fill it out in class and may do it later at home.
- Display the questionnaire on a slide.
- Explain the objectives: "To see where your partner will provide support. To see if some support will need to be negotiated."

#### Note to facilitator

This is not a group activity, however, the facilitator can reinforce the importance of communicating expectations.

An alternative activity, **Welcoming Baby – Time Share** is also offered in the Module Outline.



## For More Information

- Best Start Hubs
- Best Start website: [www.lifewithnewbaby.ca](http://www.lifewithnewbaby.ca)
- Breastfeeding support groups
- Early parenting programs
- Health care provider
- Healthy Babies Healthy Children program
- Local public health department
- Ontario Early Years Centres
- Pacific Postpartum Support Society [www.postpartum.org](http://www.postpartum.org)
- Postpartum Mood Disorder Support Groups
- The Men's D.E.N. [www.mensdenacanda.wordpress.com](http://www.mensdenacanda.wordpress.com)
- The Society of Obstetricians and Gynaecologists

The information represents the  
best practice guidelines at the time of publication.  
The content is not officially endorsed by the Government of Ontario.  
Consult your health care provider for information specific to your pregnancy.



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