



# MENTAL HEALTH PREGNANCY AND POSTPARTUM PLANNING TOOL

Pregnancy and Postpartum Support Minnesota (PPSM-PSI) is here to help your transition to parenthood. Planning and education are important in this journey for anyone and absolutely essential when there are mental health concerns. This plan is intended to help you and your team identify symptoms before they become a problem by connecting you to the right resources.

If you have been given this tool by your provider, chances are you have already started to make these connections. If you are finding this on your own and want to connect to support now, [PPSM-PSI](mailto:ppsmhelpline@gmail.com) can help (ppsmhelpline@gmail.com or **612.787.7776**)





# MENTAL HEALTH PLANNING ALONG THE WAY

What is typically described as postpartum depression or postpartum mood or anxiety disorder, often can be identified as having started during the pregnancy. Identification and planning throughout the perinatal period is key to managing mental health and maintaining well being.

1

PREGNANCY

2

PREPARING FOR BABY

3

DELIVERY

4

FIRST 2 WEEKS POSTPARTUM

5

BREASTFEEDING

6

SELFCARE

7

FIRST YEAR

8

FOR FAMILIES AND SUPPORT PEOPLE

# 1



# Pregnancy

Mood and anxiety disorders during pregnancy affect approximately 1 in 4 women. Having symptoms during pregnancy is the biggest risk for return or worsening after delivery.

*Depression during pregnancy can resemble typical pregnancy symptoms:*

- Disturbed sleep
- Increased appetite
- Decreased energy
- Concentration problems

[Risk factor Checklist](#)



You may consider seeking help if symptoms start to affect your daily functioning and enjoyment of life. Some examples are:

Thoughts of not wanting to be here.

Not taking care of normal tasks like bathing or eating.

Worrying so much it is taking away from planned or desired activities.

Irrational or intrusive thoughts that you or others identify as not normal.

Options for Help:

Social support (support groups, moms groups, churches, friends)  
individual therapy  
group therapy  
medications

[pppsupportmn.org](http://pppsupportmn.org) has resources for all

# 2



## Preparing for Baby

The same way we prepare our home for a new baby, we have to prepare our mental well-being and address risks for changes to our mental health.

Take some time to be thoughtful about how you will address your mental health postpartum. Who is going to be there for you, what resources do you have, what do you need, who do you call.

Add names and numbers to the items below

### Labor:

Who will you call when in labor \_\_\_\_\_

Who is taking care of other children \_\_\_\_\_

Who will take care of pets \_\_\_\_\_

### Postpartum:

Who can run errands for you \_\_\_\_\_

Who can clean the house \_\_\_\_\_

Who will do the dishes \_\_\_\_\_

Who will do the laundry \_\_\_\_\_

Who can prepare meals \_\_\_\_\_

Or have meals prepared ahead or delivered. Think about meal trains, friends, family, freezer meals you make.

**\*\*make a list of other tasks people can help you with and think ahead on who you can ask\*\***

Who can you call that will listen with out judgement \_\_\_\_\_

Who can you call if you need baby advice \_\_\_\_\_

Who can you call if you need emotional advice \_\_\_\_\_

[Printable Format](#)



- YOU DO NOT NEED EVERY BABY ITEM YOU SEE ADVERTISED
- YOU DO NOT HAVE TO HAVE EVERY ITEM AT HOME BEFORE BABY ARRIVES

People in your support network really want to help you and their offers to do so are genuine.

Unfortunately when we are asked "what can I do to help" we either are too overwhelmed to come up with a task or our own thoughts and worries prevent us from accepting the help.

Before the baby arrives is the time to identify those tasks and make a list. Keep in mind everything you routinely do in a day, picking up older kids from school/child care, groceries, dry cleaning, dusting, laundry, etc.

**TIPS**

- ASK YOUR SUPPORT TEAM WHAT THEY WOULD LIKE TO DO.
- KEEP A LIST OF TASKS SOMEWHERE OTHER PEOPLE CAN SEE.
- WRITE EACH TASK ON A STICKY NOTE AND PUT THEM SOMEWHERE VISITORS WILL SEE.

**What's your MENTAL HEALTH Plan?**

***My Therapist Name:***

***Number:***

***Postpartum Plan:***

***Post-delivery Appointment:***

Are you taking medications and if so are there changes that need to be made once baby is born and if so what?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to add or use as needed additional medications (anxiety, sleep, mood changes) and if so what?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



***My Medication Provider Name:***

***Number:***

***Postpartum Plan:***

***Post-delivery Appointment:***

# 3

## Delivery



- 1 **Once Labor Starts**
  - Discuss birth plan with healthcare team
  - Reiterate if you have a trauma history, especially if past birth trauma
  - Reiterate special considerations for your care for example how you are touched, who is in the room
- 2 **Active Labor**
  - Inform healthcare team of triggering words, positions and remind them as needed to ask permission to touch
  - Use coping tools from your therapy plan to deal with pain and anxiety or see tool box
- 3 **In the room**
  - Comfort
    - manage pain
    - focal item to distract
  - Communication
  - Companion-support person
- 4 **After the baby is here**
  - Discuss plan for visitors
  - Prioritize your recovery
  - Communicate/advocate if you feel something is not right

★ Unless the the nurse or doctor uses the term "medical necessity" you always have time to ask questions and discuss other options.

Not every birth goes according to plan, but creating one empowers you to become informed of all your options during labor.

Your hospital or birth center stay will include a number of care providers. Communication is key to having not only your birth plan followed but your experience to be positive.

PAIN AND ANXIETY TOOLS

SPECIAL CONSIDERATIONS

WOMEN OF COLOR  
TRAUMA SURVIVORS



# 4

## First Two Weeks Postpartum



### Eat nutritiously

- small frequent meals
- strive for protein each time you eat
- keep snacks handy, ideal stash close to where you feed baby
- try to get something from each food group



### Accept help

- to do grocery store run
- take older kids out for an activity
- laundry
- cleaning
- watch baby while you nap



### You can control your visitors

- don't offer/allow to have people "stop by"
- give people time options that work for you
- protect your time to do self care and tend to baby's needs



### Don't entertain visitors

- they are there to offer you support not for you to take care of them

### Prioritize Sleep

- your body does best with 6-8 hours of sleep
- you may not get that all at night
- take naps to reach a collective time
- if you get less than 5 hours of sleep for more than a few nights you should be letting your doctor know



### Stay hydrated

- drink water, drink water
- 1/2 your body wt in oz a day PLUS
- a glass for each pill you take PLUS
- equal amount for any caffeine PLUS
- the amount you are feeding if breastfeeding



### TIPS

- It might not always be what you expected
- That is ok
  - It doesn't mean it will stay that way
  - There is help
  - You will get better

- Take your time to heal, take in the snuggles
- the laundry and dishes will be there tomorrow



# 5



## Feeding

IT DOES NOT HAVE TO BE ONE OR THE OTHER.  
CONSIDER AN INCLUSIVE FEEDING APPROACH.

Breastfeeding can be an extraordinary experience which has many benefits to baby including nutrition, immunity and convenience. Unless it is not. Breastfeeding can also produce anxiety, limit sleep and set us up to feel like failures.

### YOU HAVE OPTIONS.

- Exclusively breastfeed, your milk only.
- Exclusively pump and feed your milk from bottle.
- Exclusively formula feed from bottle.
- Donor milk feed from bottle.
- Inclusively feed from breast and bottle.

*You can exclusively feed your milk to your baby but if your baby needs more to be happy and healthy you can supplement and use a combination of feeding approaches that is considered inclusive breastfeeding.*

### TIPS

- SOME MENTAL HEALTH CONDITIONS REQUIRE UNINTERRUPTED SLEEP MAKING EXCLUSIVE BREASTFEEDING IMPOSSIBLE.
- THIS IS NOT A FAILURE ON YOUR PART, THIS IS YOU TAKING CARE OF YOUR MENTAL HEALTH.
- YOUR BABY NEEDS A HEALTHY MOM MORE THAN IT NEEDS YOUR BREAST MILK.
- PERFECTLY HEALTHY BABIES, KIDS AND ADULTS HAVE BEEN FORMULA FED.

# 5



## Breast-feeding Chest-feeding

### WHEN YOU SUDDENLY STOP NURSING:

- *Two protective hormones decrease*
  - Prolactin: milk production, also brings with it a feeling of well-being, calmness and relaxation
  - Oxytocin: milk let-down, "love hormone"
- *Due to the sudden shift in hormones you may feel:*
  - A sense of loss
  - Weepy and sadness
  - Depressed
  - Irritable
  - Anxious
  - Mood swings

You can exclusively feed your milk to your baby but if YOU OR your baby needs more to be happy and healthy you can supplement and use a combination of feeding approaches that is considered inclusive breastfeeding.

# 6

## Self-care

### IDEAS FOR YOU

- 1 Focus on sleep
- 2 Listen to your body
- 3 Get a massage
- 4 Say "no" and avoid over committing

**DON'T** let anyone shame you about your choices. Your pregnancy and parenting decisions are yours to make.

---

1

Be ok with shortcuts such as; paper plates, take out meals

2

Do what feels good

3

Stay active

4

Be fluid with your plans





7

# The first year

For gestational parents, hormone changes can occur long after the baby is here. There are points to again watch for hormone related mood changes:

-  **Breastfeeding cessation**
-  **Starting hormone birth control**
-  **Return of menses**
-  **Change in birth control**
-  **Fertility treatments**
-  **Subsequent pregnancy**
-  **Pattern changes in sleep and breastfeeding**

# How do I know if I need help.....



MOST PARENTS WILL FEEL AN "ADJUSTMENT" EMOTIONALLY. THE GESTATIONAL PARENT WILL HAVE ADDITIONAL WAVES OF EMOTION IMMEDIATELY FOLLOWING THE BIRTH DUE TO HORMONE CHANGES.

"THE BABY BLUES"

THIS OFTEN LOOKS LIKE:  
CRYING EASILY OR FOR NO REASON  
SAD  
WORRY YOU ARE DOING "IT RIGHT"  
EVEN GRIEF OR LONGING FOR LIFE BEFORE BABY  
MOOD SWINGS  
IRRITABILITY

## Seek professional help if:

You feel hopeless, sad, worthless, or alone all the time, and you cry often.

You don't feel like you're doing a good job as a new mom.

You're not bonding with your baby.

You can't eat, sleep, or take care of your baby because of your overwhelming despair.

You can't sleep even if baby is sleeping.

You have excessive worry.

You have panic attacks.

You have intrusive thoughts about something happening to yourself, your baby or someone you care about. (Sometimes these fears and thoughts are about you doing something to cause that harm and are very uncomfortable.)

You have thoughts seem irrational or that other people tell you are irrational.

Help is available at  
[PPsupportMN.org](http://PPsupportMN.org)

# At no other time in life is there such change....

- ♥ The gestation parent spends 9 months protecting the baby and now has to share that responsibility with the world.
- ♥ A couple goes from taking care of themselves to caring for a helpless human.
- ♥ "We" becomes "Us"
- ♥ Literally, the "[love hormone](#)" you have for your partner now also includes baby
- ♥ Lack of sleep can cause exhaustion, irritability, frustration, mood changes and even health changes.
- ♥ Emotional changes as your body adapts to not being pregnant and as you grow into parenting.
- ♥ Your body will change. Understand this. Be gentle with its journey to a new normal. It has gone through tremendous work to bring life to this world.
- ♥ Intimacy will likely be less spontaneous, give yourself and partner grace as you look for emotional ways to connect.

the  
**RELATIONSHIP**  
changes

# How do I help my loved one?

Make sure they are getting sleep, at least 5-6 hours in 24 and preferred for at least 4 of those hours consecutive.

Make sure they are eating nutritious food and staying hydrated.

Offer support, words of encouragement, ask how you can help. Try not to problem solve for them. Listen to their experience and sometimes no response is even necessary.

Help to make time for them to do good self care, sleep, bathing, seeing friends, time to recharge and do an enjoyable activity.

If they are seeking professional help, support by arranging care of the baby so they can attend. If needed offer reminders for appointments.

If you feel they could benefit from professional help but they are reluctant, offer encouragement, normalize that they are not alone (1 out of 5 women have clinically significant symptoms), offer to help them find a provider and make the appointment if she agrees.

If there is a safety concern, that they pose an immediate danger to themselves or someone else (maybe its baby) take them to the emergency room. If they refuse and you are afraid call 911 for assistance to get them to the hospital. Fairview University and HCMC in Minnesota have psychiatric emergency rooms that can assess and treat often without an admission to the hospital.

If a crisis intervention is needed, know that you are able to share information with any of the providers but they may not be able to immediately share information with you.

If your partner has a history of mental health concerns, consider having a mental health advanced directive.

[mental health advanced directive](#)



# 8



# Families and Support People

# Look for additional support for partners and family at PPSM-PSI.

PPSM (PSI-MN) is the voice for mental health during & after pregnancy.

We are a trusted ally for families & practitioners, providing support, advocacy, awareness and training during this vulnerable time.

We connect anyone who is struggling to support & quality resources, along with reassurance that you are not alone.

Through a strong partnership with the mental health community, we ensure the best care for parents and families.

We are a volunteer organization paving the way for perinatal mental health, and setting the standard for care nationwide.



[DONATE NOW TO PPSM-PSI](#)

**Thank you.**