

TOOLKIT

PREGNANCY AND POSTPARTUM PLANNING *FOR MENTAL HEALTH*



PREGNANCY & POSTPARTUM
SUPPORT MINNESOTA

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Postpartum depression and other postpartum mood or anxiety disorders, often start during pregnancy. Identification and planning throughout the perinatal period is key to managing mental health and maintaining well being.

Pregnancy



Mood and anxiety disorders during pregnancy effect 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

Talk to your healthcare team if your experience feels abnormal or distressing.

You may consider seeking help if symptoms start to effect your daily functioning and enjoyment of life, including:

- 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

For local Minnesota resources visit www.ppsupportmn.org



*Many people say, “**I wish I had known I was at risk**”. Here is a way to be proactive, and be aware of risks that you need to be aware of, and should discuss with your healthcare team.*

PMADs Risk Factor Checklist

Predisposing Factors:

- ☐ History of PMS/PMDD or PMAD; difficulty with taking birth control
- ☐ Personal or family history of mental health disorders, chemical dependency or eating disorder.
 - ☐ Social/Environmental stressors- job loss, lack of support, financial strain, etc.
 - ☐ Marital/Relationship stress
- ☐ Unplanned or complicated pregnancy (hyperemesis, loss, difficult diagnosis, infertility).
- ☐ Teen pregnancy
- ☐ History of previous trauma(s) (abuse, exposure to violence, pregnancy loss, veterans, etc.)
- ☐ “Type A” personality

Postpartum Factors:

- ☐ Chronic health conditions, chronic pain, or change in health due to pregnancy (pain, injury, etc.)
- ☐ Traumatic birth/loss
- ☐ Hormonal shifts - taking birth control, discontinuing breastfeeding
- ☐ Difficult infant temperament/baby with health complications
- ☐ Premature delivery/NICU involvement
- ☐ Breastfeeding difficulties
- ☐ Having multiples (twins, triplets or more)
- ☐ Sleep deprivation

If you checked ANY boxes, please share this information with your healthcare team! If you need additional assistance & support, please call/text the PSI HOTLINE :1-800-944-4773





You cannot prepare for every challenge that might arise after baby arrives, but taking time to identify the people who can support you during these challenges can help to ease the burden.

Preparing Your Support Network

Labor:

Who will you call when in labor

Who is taking care of other children

Who will take care of pets/other needs

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

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

Who can you call late at night





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

Preparing Your Support Network

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. Think about everything you routinely do in a day, picking up older kids from school/child care, groceries, dry cleaning, dusting, laundry, etc.

Tasks that can be done daily

Tasks that can be done weekly

TIPS:

- *Ask your support team what they would *like* to do.
- *Keep a list of tasks some where other people can see.

Your treatment plan may change once the baby is born. Discuss potential changes with your healthcare team.

Mental Health Plan

My Therapist Name:

Phone Number:

Postpartum Plan:

Post-delivery Appointment:

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

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



My Medication Provider Name:

Phone Number:

Postpartum Plan:

Post-delivery Appointment:

Birth rarely goes according to plan, but creating a plan empowers you to become informed of all your options during labor.

Birth Planning

Birth is unpredictable, but the planning process can help you understand what is important to you about this experience. It can be helpful to rewrite/revise your birth plan several times throughout your pregnancy as your thoughts and feelings may shift and change.

Imagine your ideal birth. Let your imagination run really wild! The normal laws of physics, mortality, geography, etc. do not apply here. This is the time to tap into your deepest desires for the birth.

Distill the fantasy and plan the whole birth. Think about how you can fulfill elements of your fantasy birth. Think about the sights, sounds, smells, feels and tastes, and people that bring comfort, peace, joy and support. This plan should be shared with the non-medical people on your birth team.

Write a medical birth plan. Keep it short, simple and positive. Focus on the themes/values/philosophies of your ideal birth. Help your medical team understand how you want to approach your labor/birth and the many decisions that will need to be made in the moment.



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.

Giving Birth

Before and Once Labor Starts

- Discuss your birth plan with your 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

In active labor you and your support team can

- Inform healthcare team of triggering words, positions and remind them they need to ask permission to touch
- Use coping tools from your therapy plan to deal with pain and anxiety

In the room

- Comfort measures
 - tap into all of your senses to manage pain
 - use a focal item to distract
- Communication
- Companion-support person

After the baby is here

- Discuss plan for visitors
- Prioritize your recovery
- Communicate/advocate if you feel something is not right



Unless it is a medical emergency, you ALWAYS have time to ask questions and discuss other options. When in doubt ask, "***Can I have time to think about this?***"



First 2 Weeks Postpartum



Eat Nutritiously

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



Accept Help

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



Remember

- 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 housework can wait until tomorrow



Don't entertain visitors

- stay in your comfy clothes
- 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 once, or at night
 - take naps
- if you get less than 5 hours of sleep for more than a few nights you should be letting your healthcare team know



Stay Hydrated

- drink water, 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



Set boundaries

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



Sleep is essential to your mental health and normal functioning. New parents need extra help to meet the minimum recommendation of 5 hours of uninterrupted sleep. Naps during the day, support during the night, and tag-team parenting can all be helpful. Family, friends, doulas, and other community members can lend an extra hand to ensure new parents are getting as much rest as possible.

Sleep and Rest

People to help
during the day



People to help during
the evening hours
(Especially helpful for older
siblings)



People to help during
the night



People available to
"move in"



Strategies that help
you sleep



Taking care of a newborn can be all consuming, and it can sometimes be difficult to meet even your most basic needs, including eating and drinking healthfully. Having a plan for meals BEFORE the baby arrives can be really helpful. Consider using online tools to help organize "meal trains" and other offers of help.

Nutrition and Hydration

Freezer Meals



Strategies that keep you hydrated



Take-out/delivery



People who can bring meals



Online grocery ordering/delivery



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

Self-Care



- 1 Focus on Sleep
- 2 Listen to your body
- 3 Get a massage
- 4 Say "no" and avoid over committing
- 5 Be ok with shortcuts such as take out meals
- 6 Do what feels good
- 7 Do gentle physical activity
- 8 Be fluid with your plans
- 9 _____



*Your baby needs a healthy parent.
Reach out. Help is available.*

PSI Helpline: 1-800-944-4773

Extra Support

Knowledgeable, professional
mental health providers:



Local support groups: (include meeting
place and time)



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 that seem irrational or that other people tell you are irrational.



Body feeding can be an extraordinary experience which has many benefits to baby including nutrition, immunity and convenience. Unless it is not. Body feeding can also produce anxiety, limit sleep and cause feelings of failure. It does not have to be one or the other. Consider an inclusive feeding approach.

Baby Feeding

You have options.

- Exclusively body feed, your milk only.
- Exclusively pump and feed your milk from bottle.
- Exclusively formula feed from bottle.
- Donor milk feed from bottle.
- Inclusively feed from body and bottle.
- Any combination of the above.

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. Your needs are also important when considering how to feed your baby.

TIPS

- Some mental health conditions require uninterrupted sleep making exclusive body feeding impossible.
- This is not a failure on your part. This is you taking care of your mental health.
- Your baby needs a healthy parent more than it needs your milk.
- Perfectly health babies, kids and adults have been formula fed

Who are the people who will support and encourage your infant feeding choices? Who could help provide updated and helpful information, recommendations, and answer your questions? (Research local doulas and lactation consultants for expert support)

When you stop body feeding:

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

Be kind to yourself if you find yourself experiencing this, and work with your healthcare team if you find it distressing.





*You will experience many changes in the first year of your baby's life. If you are the gestational parent, you will also experience many hormonal changes that can impact your mental health. Meet these challenges as they come, and remember to involve your healthcare team and support network. **You do NOT have to face this alone.***

PSI Helpline: 1-800-944-4773

The First Year

The following are some changes that may or may not arise during your postpartum time. Discussing these changes with your healthcare team will help you prepare and support your mental health.

Before the baby is born:

- o I have talked with my OB, midwife, and/or doula about the baby blues.
- o I have talked with my OB, midwife, therapist, and/or doula about perinatal mood and anxiety disorders.
- o I have talked with my partner about perinatal mood and anxiety disorders.
- o I am ready to be aware of mood changes after childbirth and ask for help if I need it.

After the baby is born:

- o I have talked with my OB, midwife, therapist and/or doula about body feeding cessation.
- o I have talked with my OB, midwife, therapist and/or doula about the return of menses/my period.
- o I have talked with my OB, midwife, therapist and/or doula about starting or changing hormone birth control.
- o I have talked to my OB, midwife, therapist and/or doula about fertility treatments and or subsequent pregnancy
- o I have talked to my OB, midwife, therapist and/or doula about changes in sleep patterns



Care for Siblings and "Us"

Welcoming a new baby is very exciting, but it inevitably changes existing relationships, including with older children and partners. Making sure each individual feels cared for can help ease the transition for all.

People who can care for
your children when needed



Activities/breaks for rest and
renewal as an individual



Needs of older children
(include rituals or special activities)



Activities/breaks for rest and
renewal as a couple/"us"





Returning to Work

If you are returning to work: When are you planning on returning to work? Is it realistic considering sleep deprivation of about 3 months and healing of 4 – 6 weeks? Is this plan flexible if something changes?

What are childcare, babysitter, and daycare options?

What is the plan for housekeeping and chores?

What are the gestational parent's concern(s) about this transition?

What are the partner's concern(s) about this transition?



How do I help my loved one?

PSI Helpline: 1-800-944-4773

Families and Support People

- Prioritize sleep, at least 5-6 hours in 24hrs and preferred for at least 4 of those hours consecutive.
- Provide nutritious food and hydration.
- Offer support, words of encouragement
 - Try not to problem solve for them. Listen to their experience. Sometimes no response is even necessary.
 - Ask what they need/what they would appreciate.
- 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. 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 they agree.
- 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 loved one has a history of mental health concerns, consider having a mental health advanced directive.**