

A close-up photograph of a baby and a woman. The baby is in the foreground, looking towards the camera with a wide, happy smile. The woman is behind the baby, also smiling warmly. The background is softly blurred, suggesting an indoor setting.

Hair *to* Toe

A Guide to the 4th Trimester

What Happens Next?



MamaStrut

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Introduction

Hi Mama,

Congratulations on your pregnancy! You will carry your baby for 3 trimesters, going through many physical and emotional transformations. Pregnancy is an exciting time saturated with information to keep you healthy and comfortable. However, after your 3 trimesters the physical and emotional shifts don't stop. You will be going through approximately 12 months of changes and healing. When your baby is born, you are the most important thing in the world to their wellbeing. It's essential to become familiar with the 4th trimester, also known as the postpartum period.

Just like during pregnancy, evidence based information is critical during the 4th trimester. You need to know which symptoms are typical and which need immediate medical attention. The postpartum experience can be alarming and disorienting to many mamas. Arming yourself with the correct expectations and knowledge is key to reducing anxiety, mood disorders and serious medical problems.

This is why we have made this guide! We want to help you unravel the complex postpartum period so this guide covers common changes and experiences most women go through. Your experience with each will fall on a spectrum from not at all to very much.

This is for you mama, so you know, from hair to toe!

The Mama Strut Hair to Toe guide is intended to educate and offer an evidence based overview of the most common changes postpartum. The information, images and graphics contained in this guide are not a substitute for professional medical advice. Always talk to a qualified healthcare provider about your questions, medical conditions and treatments. Do not disregard a medical professionals diagnosis, treatments or advice because of anything you have read in this guide.

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after giving birth.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<p>Call 911 if you have:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
<p>Call your healthcare provider if you have:</p> <p>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes



Tell 911 or your healthcare provider:

“I gave birth on _____ and
(Date)
 I am having _____.”
(Specific warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- **Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- **Seizures** may mean you have a condition called eclampsia
- **Thoughts or feelings of wanting to hurt yourself or someone else** may mean you have postpartum depression
- **Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- **Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- **Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- **Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- **Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

GET HELP

My Healthcare Provider/Clinic: _____ Phone Number: _____
 Hospital Closest To Me: _____



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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Hair:

What you need to know: At 3-4 months postpartum, your hair will start shedding making way for new growth.

When to see your doctor: If hair loss continues, this could be a sign of vitamin deficiency.

Style, individuality, and even personality. We use our hair to show off all of these things, and our hair can tell a story about who we are with each little cut and color. Which is why experiencing hair loss at any stage in life can feel so shocking and upsetting.

At any given time, 15% of human head hair is going through a shedding phase to make way for new hair. When estrogen levels increase during pregnancy, new hair stops growing and goes into a resting phase, which is why your hair can feel full and luxurious while pregnant.

Postpartum women commonly go through a period of telogen effluvium, or temporary hair loss. About 3-4 months after delivery, many women experience what they would describe as excessive shedding of hair, this is because all the hair that was in a resting phase during pregnancy is ready to make way for new strands and the old begin coming out at one time.

The good news is that it's only temporary! Your normal fullness should return several months later. If you continue to experience excessive hair loss either during pregnancy or after a year postpartum this may be a sign of vitamin deficiency and a doctor should be consulted.

Vision:

What you need to know: Hormonal changes and water retention can make your vision blurry and cause difficulty focusing. Certain existing conditions can alter eyesight even more. After a few months (longer if breastfeeding) eyesight should return to normal.

When to see your doctor: If blurriness comes on very suddenly or is coupled with headaches, if you are seeing spots, flashes, or floaters, if there is any change in appearance to the eyes.

Hormonal changes and water retention can cause refractive error where your eyes have issues focusing and objects can begin to appear blurry. Many pregnant women also notice increased dry eye, but OTC drops are perfectly safe to take. Other conditions such as glaucoma, high blood pressure, or diabetes, especially during pregnancy, can alter your eyesight even more. If you have any of these conditions or develop them during your pregnancy, it's safe and a good idea to get your eyes checked regularly.

For most women, their eyesight settles back to normal along with their hormones--so after few months postpartum, your eyesight should go back to normal. But, if you're nursing, sometimes it can take longer.

Teeth:

- What you need to know:** Pregnancy and postpartum hormones can increase susceptibility to plaque, extra oral hygiene is necessary while pregnant and during postpartum.
- When to see your doctor:** If tenderness, redness, swelling, bleeding, loose teeth and receding gums occur.

Pregnant women across the world have been known to lose a tooth or two during pregnancy because of poor access to vitamins like calcium. While this doesn't happen as often in the U.S., gingivitis caused by hormonal changes during pregnancy affects 50-70% of pregnant women and can lead to long-lasting dental health problems. Gingivitis is the build-up of plaque that contains bacteria which inflams the gum-line and if left untreated can cause bad breath, loose teeth, and periodontitis. Periodontitis is a gum disease that can cause pre-term labor. Early signs of periodontal disease are increased gum sensitivity and bleeding. Brush and floss regularly, and make (and keep!) regular dental checkups during pregnancy and postpartum for teeth cleanings and routine care like filling.

Skin:

- What you need to know:** Acne, dark spots, rashes, varicose & spider veins, dry skin and stretch marks are part of many women's pregnancy and postpartum journeys.
- When to see your doctor:** If you have a severe rash, itching all over with no rash, blisters, jaundice or any skin changes accompanied by nausea, vomiting, loss of appetite, and fatigue.

Common changes in skin that show during postpartum are mostly temporary or at least treatable. Melasma, or pregnancy mask, is a hyperpigmentation around the face due to increased estrogen and progesterone and UV exposure. It will fade over time, and can be removed with a chemical peel, but the best thing is prevention by using 30 spf facial sunscreen everyday. Hormonal acne increases stress and sebum, which leads to clogged pores and painful red zits mostly on the lower part of the face. Products with benzoyl peroxide are safe for breastfeeding women and will deep clean your pores.

Going on hormonal birth control or taking other medicated treatments can also help, but if you're breastfeeding talk to your doctor first.

Spider veins are not just for your legs. The increased volume of blood from pregnancy causes facial veins to stand out on your face as the tiny capillaries burst. They will diminish over time, but more intense treatment like retinoids or laser therapy is the best permanent solution. Everyone knows what patchy dry skin looks like, and is very common especially while breastfeeding because it takes so vitamins and nutrients from you. Moisturize and drink lots of water. Stretch marks are believed to affect upwards of 90% of all pregnant women. Due to a combination of your growing baby, pregnancy weight gain, and lack of essential vitamins and water, these equal a recipe for parched skin that is stretched before it's ready.

Usually stretch marks affect the stomach, legs, butt and breasts. You can try to prevent them by drinking plenty of water, maintaining a healthy diet and pregnancy weight gain, taking your vitamins, and giving your body a nice shea butter rub down. Postpartum, you can try and reduce the appearance of stretch marks by applying certain oils and moisturizers. Advanced laser therapy treatment is worth a shot if they really bother you, but there's no shame in the stretch mark game.

Breasts & Lactation:

What you need to know: Your breasts will start to change within a few hours after giving birth and continue changing over the coming weeks. You might see your nipples changing color, raised bumps and leaking of a yellowish, thick substance. You may also find your breasts over-full and uncomfortable at times.

When to see your doctor: If your pain becomes worse and worse, sudden changes occur alongside change in milk supply, if pain, swelling hardness, warmth and redness occur, these are signs of infection. If the latch is painful, see a lactation specialist.

Hormones are genetic geniuses and are responsible for a lot of what happens to your breasts. They cause temporary things that seem unnecessary like the darkening of the nipples and areolas, and possible engorgement. But hormones also do clever things like enlarge the areolar glands, which secrete an oily substance that helps lubricate the nipple and provides olfactory stimulation for a newborn to more easily latch. How awesome is that?!

During Pregnancy Changes In Breasts Include:

- Darkened veins along your breasts (due to increased blood supply)
- Your breasts may start leaking a yellowish, thick substance known as colostrum
- Pronounced nipples, and the areolas and nipples will grow larger
- Small glands on the surface of the areolas called Montgomery's tubercles become raised bumps

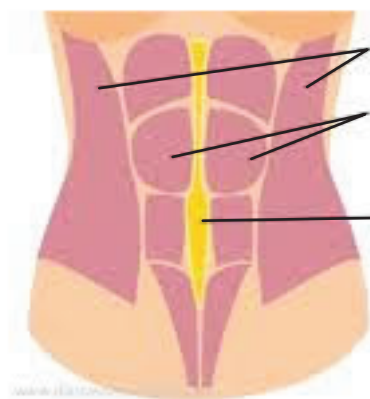
Whether or not you breastfeed, your breasts will change a lot within hours after delivery and more in the next few weeks until they get used to their new role as nutritional resources for your newborn. When your breasts become overfull and uncomfortable, try applying heat. Hot baths or showers, or even a heating pad or warm gel pack can help the ducts open. Make sure you are feeding or pumping every 2-3 hours to avoid overfilling. Mastitis is an infection of the breast tissue that results in breast pain, swelling or “hardness”, warmth and redness. It may also cause flu like symptoms such as fever, chills, and feeling run-down. An antibiotic is safe to take while you continue breastfeeding, though you’ll still feel discomfort while you heal.

Diastasis Recti:

What you need to know: Your abdominal muscles separate during pregnancy, this is known as diastasis recti. Ideally they will close on their own a couple of weeks postpartum or they may never fully come back together. This could cause lower back pain and pelvic instability. Physical therapy, targeted exercises and a supportive brace help these issues.

When to see your doctor: If you are in pain or if you cannot perform everyday tasks.

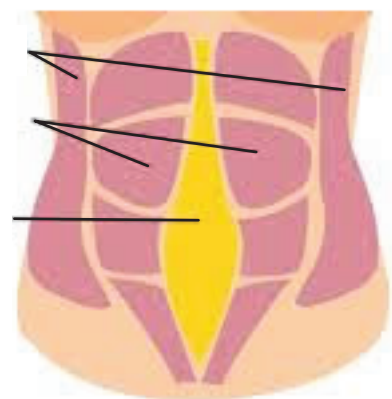
Don’t let the vanity of diastasis recti fool you, there are serious health implications for those affected by this condition. It’s not just a mama pooch or a few baby weight pounds you want to shed, diastasis recti is the separation of the abdominal muscle wall along the connective tissue that normally holds the two sides of the muscles together. When the abs are weakened to this degree, not only are you left with a noticeable separation or protruding belly, but you may experience back pain, constipation, and some urine leakage. A hernia is also more common with someone who is experiencing diastasis recti because the muscles aren’t able to hold in organs as well as they should. A supportive brace can help with pain relief while you heal, though surgery may be required for extreme cases.



Transverse Abdominis
(deepest muscle layer)

Rectus Abdominis
(outer most layer)

Linea Alaba
(connective tissue)



Back:

What you need to know: Back pain is common during pregnancy and postpartum and can be a sign of pelvic floor dysfunction. Strain from pushing during delivery, carrying, picking up or bending over your baby can create back pain as well.

When to see your doctor: If your pain is getting worse and worse, there are feelings of numbness or weakness in your legs or it interferes with your ability to perform daily activities.

It will probably be no surprise that if your back started to feel achy and sore during pregnancy, it won't go away after delivery and may even get worse. Weakened muscles and ligaments, strain from pushing during delivery, and frequent lifting and carrying of your baby while your body is still recovering all make a recipe for back pain. Ensuring that you're lifting with proper technique (and not lifting anything heavier than your baby for the first few weeks at least), lower back stretches and exercises, proper posture, massages and a support brace are some recommended remedies for back pain.

Tips:

- Implement stretching and flexibility exercises when you are ready.
- Be aware of how you are picking up and holding your baby.
- While nursing, sit somewhere upright and firm.

Existing Conditions:

What you need to know: Your pre-existing health conditions and medications can feel differently when you are pregnant and postpartum. It's important to speak to your doctor about these no matter how big or small.

When to see your doctor: If you feel like your condition is worsening, you're in immediate danger or your medication isn't working or you're having a bad reaction to it.

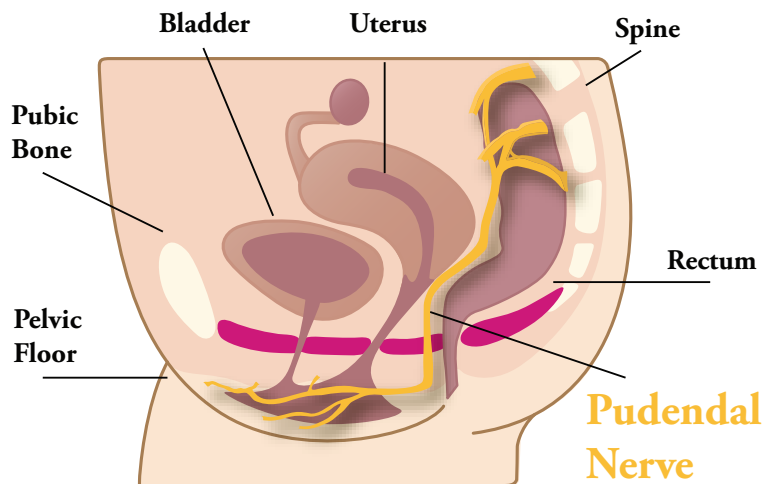
All areas of your body are impacted by pregnancy. The impact does not stop during the 4th trimester. Your pre-existing health conditions might change, fluctuate, improve or worsen. The severity of your health issues, the type, your general health and age are all factors in how your postpartum period and health conditions interact.

The type of medication you are using might also feel different in your changed body. It's important to talk to your doctor about what medications are safe and effective during pregnancy and into your postpartum period. Breastfeeding and your fluctuating hormones can keep you from going back on your medications like you did before your pregnancy.

Pudendal Neuralgia:

The Pudendal Nerve runs throughout your pelvis and lower back and is the main nerve in your perineum. In pregnancy, the muscle, tissue and organs compress the nerve causing pain. Labor and birth also cause trauma to the nerve. Whether you have a C-section or vaginal birth, pain through your pelvis and in your perineum can be felt due to this.

Applying ice to your pelvis, lower back and perineum is a scientifically proven method to immediately relieve pain, combat swelling and aid in healing



Pelvis:

What you need to know: Due to the hormone relaxin, ligaments and joints (mostly in the pelvic region) will loosen to prepare for labor which can make you feel unstable, have aches and pains or strange sensations. It is important to be aware of your movements and posture so you do not cause injury. Relaxin will stay in the body for a few months postpartum.

When to see your doctor: If it is hard for you to move around or if the pain is severe.

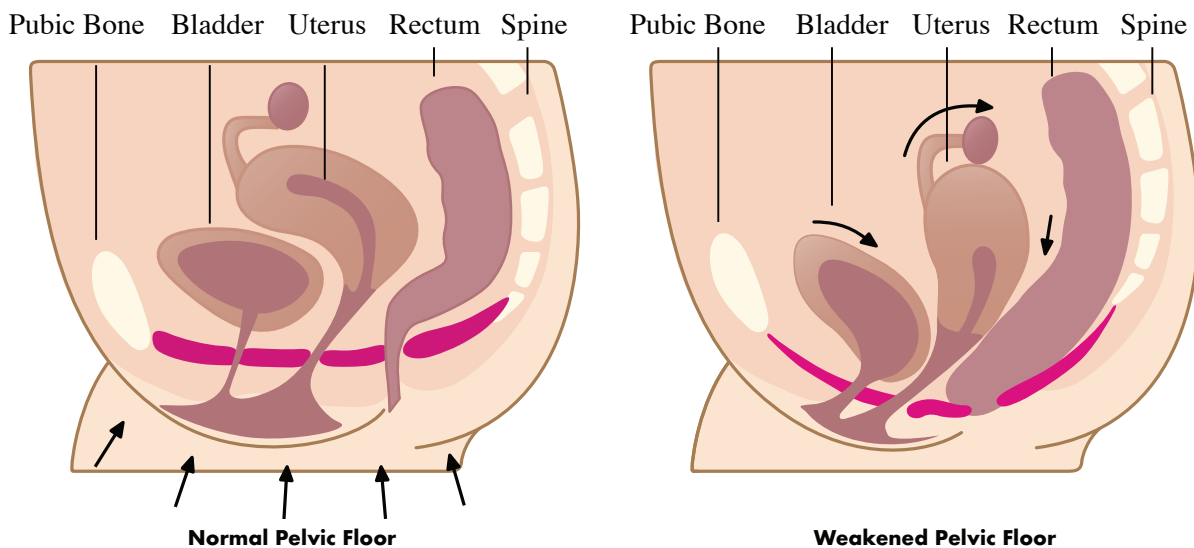
The pelvis makes up the lower trunk of the human body and performs a host of functions. It connects the hip bones through the pelvic girdle, provides support for your body weight when you sit and stand, and houses numerous organs. We don't often think of all the work our pelvis does until something feels wrong, which can happen often during pregnancy and postpartum. As many as 1 in 5 pregnant women will experience some version of pelvic girdle pain like Symphysis Pubis Dysfunction. The hormone relaxin causes loosening ligaments and joints to prepare for delivery, this can also make parts of the pelvis work unevenly and cause pain in the front, sides, or on the perineum. The more movements you make like climbing stairs, walking, or swinging one leg over the other causes more noticeable pain, and can make everyday tasks like getting dressed hard to do. SPD doesn't immediately go away during postpartum and can be exacerbated by other birth pain such as a bruised tailbone. Physiotherapy treatment should be sought as soon as possible to help reduce pain that can make caring for yourself or your infant almost impossible. Similarly, your hips can also feel the strain from loosened ligaments. Wearing a brace can help keep everything in place and let you heal more comfortably.

Prolapse:

What you need to know: Every woman while pregnant has some kind of prolapse (organs moving out of place) to make room for the baby. The feeling of prolapse is commonly described as vaginal pressure or like everything is going to fall out.

When to see your doctor: If you are experiencing incontinence, pain during sex, difficulty going to the bathroom, you have continual pain or you feel that something is coming out of your vagina.

Prolapse is complicated and common. The signs can present themselves immediately after birth or 40 years later. But the truth is that nearly 50% of ALL women will experience prolapse in their lifetime, vaginal birth being the most common cause. Other factors like age, genetics and smoking increase the likelihood of prolapse. In basic medical terms prolapse is when one or more organs begins to slip forward or down out of place. This can refer to various parts of the body like heart valves, but it most commonly refers to pelvic organs: uterus, vagina, bladder, urethra, and rectum. When one organ begins to collapse and/or slip into another organ, urinary, bowel and sexual function can become impaired. The most common symptom someone can experience when this happens is feelings of discomfort, difficulty going to the bathroom, leakage and pain during sex. Prolapse isn't usually detected until an exam weeks or months later, but if you do encounter this condition, help is available through pelvic physical therapy and a supportive garment that can help when everything feels like it's falling out.



Perineal tearing & Episiotomies:

What you need to know: The skin that covers from your vagina to your anus (perineum) often tears during birth, these tears range in severity. There are times in an emergency situation where a doctor will make a cut to aid the birth, this is called an episiotomy.

When to see your doctor: If you see signs of infection, uncontrollable swelling, bad smelling discharge from the tear/cut, excessive bleeding, new or worsening pain or cannot go to the bathroom.

One thing that can increase your chances of prolapse is perineal tearing. The perineum is the area of skin that covers from your vagina to your anus, and it can stretch a remarkable amount during delivery. But for many mamas this area does not stretch out as much as it needs to and can tear while making room for baby. Tears range from 1st to 4th degree. 1st being a small superficial tear of the skin, and 4th being a tear through several layers of muscle and into the rectum. This requires stitching and months of healing time for the area, and possibly years of incontinence issues. Other problems women who experience this type of trauma include also report difficulty with prolonged sitting while breastfeeding, pain with walking, pain with positional changes and inability to wear certain types of clothing.

An episiotomy is a surgical cut made by an Ob-Gyn during delivery usually when there is an emergency such as fetal heart rate dropping and the baby needs to be delivered quickly. There is some controversy around episiotomies regarding how often some doctors use them when there isn't a medical necessity. Traditional practice used to believe that an episiotomy was better than a natural tear because it's easier to suture and better for muscle repair, but studies have shown that not to be true and can end up being a more severe cut than what a natural tear would have been.

Soft Tissue Tears & Recovery

Obstetrics

VS

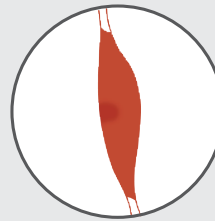
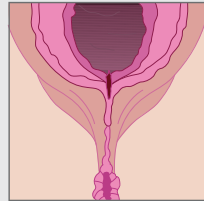
Sports Medicine

1-6 WKS

2 wks - 6+ Months

First Degree

Tears the skin between the vaginal opening and the rectum and the tissue directly beneath the skin.

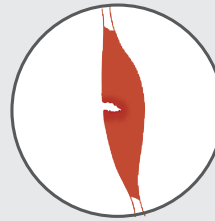
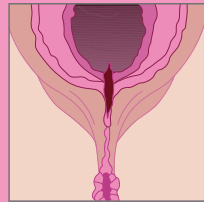


First Degree

Mild over-stretching of a muscle
(2-3 Weeks)

Second Degree

Involves the skin and muscle of the perineum and might extend deep into the vagina.

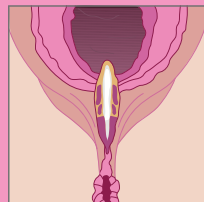


Second Degree

Moderate over-stretching of a muscle, some tearing of the fibers
(2-3 Months)

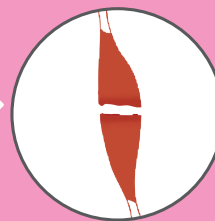
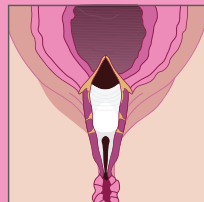
Third Degree

Tears extend into the muscle that surrounds the anal sphincter.



Fourth Degree

The tears extend through the anal sphincter and into the mucous membrane that lines the rectum. ⁽¹⁹⁾



Third Degree

Severe tearing or rupture of the muscle or tendon ⁽¹⁸⁾
(3+ Months)
2-3 Months of rehab

To lessen the likelihood of tearing or an episiotomy many health care providers recommend a perineal massage to stretch and prepare the muscles and tissues for delivery. Several studies have concluded that massage should be considered routine care to reduce tears and episiotomies. If you do experience tearing, your main concern should be infection prevention by keeping the wound clean, cool and dry. A peri-bottle will be your best friend, as will icing the area to help with pain. Many mamas use sitz-baths to soak the area and give some soothing relief. Almost 90% of all women will experience a tear of some degree, but it's rarely discussed. Talk with your doctor about their rate of episiotomies, share any concerns you have, and go over caring for yourself after delivery.

Bowel & Urinary Function:

What you need to know: Pain relievers, hormones, perineal tears and episiotomies can all slow down bowel and urinary function while in labor and for a time postpartum.

When to see your doctor: You cannot control your bladder or bowels or you have pain or difficulty going to the bathroom.

A combination of hormones, pain relievers, c-section, and/or epidurals all play a role in slowing down bowel and urinary function while in labor, so it might take some time for these to come back online. It's especially important to take care of your healing body which means not straining yourself when you do have to take that first postpartum poop. If you've had stitches from a c-section or perineal tear your doctor will most likely recommend a stool softener to help move things along. You'll also want to have your trusty peri-bottle on hand because toilet paper is a no-no when it comes to stitches. If you've had a c-section or epidural you'll most likely have a catheter to keep your bladder drained and it will need removal a few hours or a day after delivery. In the days following delivery you may notice urinary or fecal incontinence that ranges in severity from a little pee when you cough, to the inability to control any function. If you are having difficulty in the bathroom, consult a physical therapist for treatment.

Tips:

- Use a stool softener
- Have a peri-bottle handy

Postpartum Bleeding:

What you need to know: Blood, clotting and tissue is perfectly normal to see up until around 6 weeks postpartum. This is the blood and tissue that lined your uterus. It will be heaviest for your first few days postpartum. You should not put tampons or anything inside the vagina for these 6 weeks.

When to see your doctor: If you are feeling pain or swelling in one leg, you have chest pain, a rapid heart rate or dizziness, your blood clots are near the size of baseballs or the clots continue after several weeks.

Lochia is the technical term for the bleeding you experience after delivery. The body has to get rid of all the extra blood and tissue that lined your uterus, which is expelled over a process of about 6 weeks. What's in lochia? Discharge and blood from the uterine wall after the placenta detaches, thickened endometrium, mucus from your healing cervix, and dead tissue that lines the uterus. So in addition to a lot of bright red blood, there will be clotting and chunks of tissue.

This is completely normal. But one of the most common morbidities that women encounter after birth is hemorrhage, which can initially look like regular postpartum bleeding but can be fatal if not treated as quickly as possible. The main cause is when the blood vessels that attach the placenta to the inner lining of the uterus, do not contract quickly enough to stop the flow of blood, often due to pieces of placenta being left in the uterus. The body can be too weak after delivery to contract anymore so a nurse or midwife will often press on the uterus to help it deliver all the placenta or give a hemorrhage medication to cause contractions, but in rare cases emergency surgery such as a dilation and curettage, and possibly a hysterectomy will be performed to remove the remaining placenta and stop the bleeding.

Sex:

What you need to know: You should wait at least 6 weeks postpartum to have sex. This will give your uterus time to heal and reduce the risk of infection.

When to see your doctor: If you have pain or bleeding after sex.

Sex might be the last thing on your mind after delivery. Your doctor will tell you to abide by the “wait 6-weeks” rule to give your uterus time to fully heal and reduce the risk of infection. But according to one survey the average time before new mamas have sex is over 11 weeks. A mix of emotional and physical factors will determine when the time is right for you. Hormonal changes can cause vaginal dryness and decreased libido, especially if you’re breastfeeding. On top of physical soreness from any tearing or a c-section, you and your body might just not be ready for a while. Ob-Gyns recommend lots of lube, experimenting with what works for you, and patience with yourself. Lack of sleep, sore body, or just not feeling in the mood will all determine when you’re ready to have sex. It’s your postpartum journey, and it’s up to you!

Severe Complications:

Worldwide, the most common causes of severe morbidity or mortality among pregnant and postpartum women are: bleeding after birth (hemorrhage), infections, high blood pressure, complications from delivery and unsafe abortions. Maternal mortality rates have dropped everywhere in the world except in the United States where these rates have risen. Access to preventative health care before, during and after baby are key to saving lives but access is limited for many women. If you’re at risk for diabetes, high blood pressure, stroke, anemia, or infections it is important to go to all prenatal and postpartum checkups and to keep your doctor informed of your medical history and changes in your health. A lot of physical changes happen during pregnancy and may be mistaken for common pregnancy related symptoms, but it’s better to be safe than sorry.

(If you start to experience any of the following symptoms in the minutes/days/weeks after delivery, call 911: fever, chills, headache, excessive bleeding, nausea, chest pain, or shortness of breath. These are signs that something is seriously wrong.)

Postpartum Anxiety:

What you need to know: Due to hormonal changes 85% of postpartum women experience mood disorders which can express themselves in different ways such as sadness, anxiety, or feelings of being overwhelmed. Luckily for most women these feelings are temporary once your hormones rebalance.

When to see your doctor: Call 911 if you are having thoughts about harming yourself or someone else including your baby. See a doctor or therapist if your symptoms are so severe they keep you from caring for yourself, your family or performing normal activities.

With a new baby at home, it is normal to expect some level of stress and anxiety figuring out how to care for your infant and manage to find time to sleep. But when does that natural anxiety become toxic and harmful instead of helpful? Researchers at Yale University studied the brains of mothers and fathers through an MRI and determined that when they heard their children crying the same area of the brain that's commonly associated with OCD (obsessive-compulsive disorder) showed high levels of response.

This suggests that anxiety levels in parents are high following a birth because evolution rewarded this trait. Sometimes this anxiety manifests itself in thoughts or visions of a parent causing harm to their child, or thinking of terrible worst-case scenarios. These thoughts are usually fleeting and go away after several months. But for many women the thoughts persist and become all consuming, causing this normal feeling of worry to become toxic and cause panic attacks, racing thoughts and worsening sleep. Whereas Postpartum Depression causes a woman to become withdrawn and despondent to her life and child, anxiety is like a different side of the same coin. Though it could be three to four times more common than depression according to a study at the University of British Columbia.

Having help at the ready is important for those who have a history of anxiety or depression, those who may have experienced a traumatic birth, rapidly fluctuating hormones and lack of sleep. Sometimes the culmination of these things don't present themselves until months after birth, so it's important to stay vigilant and talk to a trusted person or medical professional.

Postpartum Depression

A devastating reality for around 20% of all new mothers is that they'll experience postpartum depression. The symptoms and experiences are similar to depression in the rest of the population, but there are added expectations and responsibilities that come with mothering, which can exacerbate the symptoms and have long term effects on the mother/child bond if treatment isn't received. You may not realize the emotions you're experiencing are depression related unless you know what to look for, such as: despondent and emotionally removed from your child; feeling overwhelmed; sadness and a lot of crying; lack of interest in participating in things you used to enjoy; quick to feel rage or anger to even small things; not wanting to spend time with friends or family. Severe depression that is not treated can even lead to thoughts of self harm or harm to the baby. Many aspects of motherhood are emotionally exhausting and it can be difficult to differentiate between depression and temporary emotions, which is why it's important that your postpartum support team (partner, parents, friends, etc.) know what the symptoms are so they can be at the ready to help. Because one of the hardest parts about depression is that it prevents you from seeking out help or telling others what you're going through.

PPD can affect anyone as it is a combination of some environmental factors like sleep deprivation and also chemical and hormonal imbalances following pregnancy. There are some women who may be more susceptible to it; those with a history of anxiety or depression in their medical history or that of close family; a traumatic birth experience, untreated postpartum pain; other life stressors such as work or a family death; alcohol or drug use disorder. But depression does not discriminate, and anyone could be at risk. Treatment for PPD usually involves counseling or therapy with a licensed therapist either in a group or one-on-one setting. Many PPD specialists are available to help. Some women may find that medication intervention may help stabilize their moods. Antidepressants are generally considered safe for breastfeeding women, but a health care provider can discuss the benefits and risks. Remember you can advocate for yourself as well, ask your doctor to give you a depression assessment at your postpartum doctor visits.

It's important to know that you don't have to live with depression, that people care about you, and you deserve to get treatment and live a connected and colorful life with your new baby.

Tips:

- See a therapist or join a group at any point if you want or need to, no matter how severe your symptoms are!

Here are some of the questions you will be asked to assess if you have postpartum depression. If you answered yes to several of these questions, you should see your doctor.

1. I haven't been able to laugh and see the funny side of things
2. I haven't looked forward with enjoyment to things
3. I have blamed myself unnecessarily when things went wrong
4. I have been anxious or worried for no good reason
5. I have felt scared or panicky for no very good reason
6. Things have been getting on top of me
7. I have been so unhappy that I have had difficulty sleeping
8. I have felt sad or miserable
9. I have been so unhappy that I have been crying
10. The thought of harming myself or my baby has occurred to me

Sleep:

What you need to know: Stress, anxiety, pain, discomfort, increased alertness to baby and breast feeding can be all factors relating to insomnia.

When to see your doctor: If your insomnia is keeping you from being alert during the day or stops you from performing normal activities. If your insomnia is related to difficulty breathing or severe pain.

You won't find a single person who can tell you that sleep isn't important, especially when recovering from a physical event such as childbirth and postpartum. But it can be increasingly rare to get in a good night's sleep not only because you have to get up multiple times throughout the night, but because there are some bodily changes that keep you up as well. Insomnia from stress, anxiety, increased alertness to your baby, and hormonal changes can make falling asleep or staying asleep difficult. Most only have a temporary experience with insomnia as their body gets back into a rhythm of sleep, but doing things like decreasing screen time before bed, or doing something relaxing like reading or meditation can help calm your mind before sleep. If insomnia lasts longer than 6 months a health care professional should be consulted because lack of sleep can have serious health effects.

Nightmares beginning in pregnancy and lasting through the first year or so postpartum can have a profound effect on your quality of sleep, and leave you feeling terrible during the day.

Dreams about violent, or just bizarre things happening to your baby sounds scary but in one study 75% of postpartum women described having dreams where their infant was in peril. It's a startlingly common event that is rarely talked about because women fear judgement from their peers. Nightmares tend to decrease or go away over time, but if you have a traumatic birth or pregnancy they could be a symptom of anxiety or PTSD and therapy may help you get relief.

Hot flashes or night sweats can also be added to your list of postpartum unpleasanties. While pregnant, your body's fluid volume increases, and is now finding its way out through excessive sweating. Hot flashes are similar to those you may experience later in life during menopause as your estrogen and progesterone hormone levels fluctuate. Hot flashes are usually also temporary, but if they last longer than a year or do not lessen an endocrinologist can determine if treatment is needed.

Social Groups & Support

Mom groups:

There's a lot of truth to the idea that something difficult is easier with friends. But if you're the only new mom in your group of friends, or live far away from those close to you, it can feel like you're on an island. Finding an in-person or online group of local moms to share, inform and support other moms can help break the isolation that raising a newborn can bring. Spending time with others has also been shown to reduce stress and anxiety, and gives women a chance to build vital social networks. There are infinite numbers of niche groups you can find, especially if you live in a larger city: fitness groups, music meetups, moms of children with special needs, LGBTQ groups, religious groups, single moms, the list goes on and on. Whoever you vibe with, there are tons of resources available at www.meetup.com to get out there and find your tribe.

Postpartum Doula:

What is a doula and why would a new mama want one on her postpartum journey? A postpartum doula provides you with emotional and physical support in your recovery like counseling you through emotional rollercoasters and teaching proper breastfeeding. Doulas can also offer household assistance in the form of laundry, dishes and cooking allowing you for more time to bond with baby or get some precious sleep. The services provided by each doula change from person to person, as does the price. Anyone can become a doula through hands on experience, training, and certifications, though there is no state or federal governing body that regulates doulas. Organizations like DONA International provide resources and oversight for those in their network and is a great place to hire your own doula for birth or postpartum. Do plenty of research to find the best fit for you and your family. Here's a tip: start a doula fund with friends and family during your baby/postpartum shower!

Back to Work:

It's no secret that the United States falls very short of providing federal protections to moms who also work outside of the home. In fact we're the worst of all industrialized nations when it comes to guaranteeing paid maternity leave, universal childcare, Pre-K, or flexible paid family leave for either parent. What this amounts to is women going back to work before they're mentally and/or physically ready, and systematic underpayment of women that results in an average loss of \$538,000-\$800,000 over the course of her lifetime compared to men.

In addition to earning less money, working moms are also increasingly the primary breadwinners in a family as well as the primary (or only) parent who takes care of a household. In a nutshell: mamas are working more, and earning less. Not to mention the fact that women are more likely to have multiple part-time jobs that offer no benefits, and thus makes it so nearly one-quarter of women return to work only TWO WEEKS after giving birth.

Going back to work so soon is the only option for many women, despite the statistics that it can cause depression, anxiety, higher maternal morbidities, and poor bonding with the infant, which can lead to developmental complications for years to come.

It's a depressing encapsulation of the current state for working moms in our country, but it doesn't have to be this way. As of writing this, California, New Jersey, Massachusetts, and Rhode Island are the only states to offer paid maternity leave, California ranking first by offering 6 weeks at 55% of the woman's monthly income. This is peanuts when compared to the rest of the world where Bulgaria offers the most leave with 59 weeks paid at 90% of salary. Even at the lower end in Europe Switzerland provides 14 weeks at 80%. Numerous studies that show an ideal maternity leave for the health of the mom and baby is 40 weeks. That's nearly an entire year. Lawmakers have been trying to rectify this with various federal bills, though none have been able to pass. Paid maternity leave is not only important for the health of a family, but it's good for the economy. Bold policy is needed to make sure that women and families are able to thrive during this crucial time.

We didn't think it was fair to just give mamas tips and tricks to dealing with their postpartum recovery at work without discussing the current state of maternity leave and the working mom. But if you're like the majority of new moms in this country, some tips are a necessity to dealing with the struggle of returning to work:

Tips for going back to work

- Start in the middle of the week to make sure you're not pushing yourself too hard
- Work your way back up to full-time if possible
- Plan ahead, whether this means packing your work bag, breast pump bag, and diaper bag the night before, or meal prepping for an entire week. Little things like this will save you precious minutes if you have to deal with an unexpected diaper blowout right before you walk out the door.
- Talk to your boss or HR before you return to make sure there are reasonable accommodations for pumping, and if there aren't they're most likely in violation of state law!
- Guilt and fear are common after returning to work. Try to video chat or visit your baby during a lunch break.
- Get some sleep! You don't need us to tell you why it's important.



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