



FEELINGS AND RELATIONSHIPS

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From the minute you know you are pregnant, your feelings change: feelings about yourself, about the baby and about your future. Your relationships change: with your partner, other children and also with your parents and friends. Coping with these changes is not always easy.

This chapter is about some of the worries that may come up in pregnancy and suggestions on how to handle them. What is a problem for one person may not be a problem for you, and what is helpful advice for some people may not be right for you. So take from these pages what you find useful.

FEELINGS

When you are pregnant it can sometimes seem as though you have to be happy all of the time. You may find that people expect you to look forward to the baby, be excited and to ‘bloom’ all the time. You too may think that this is the way you ought to feel. In fact, you are likely to have ups and downs, just like any other nine months in your life.

Hormonal changes and tiredness

Hormonal changes taking place in your body can make you feel tired, nauseous, emotional and upset – particularly in the first three months. You may find that you cry more easily, sometimes for no reason, and lose your temper more. Being tired and run down can make you feel low. Try to look after your physical health and get plenty of sleep (see Chapter 3 on your health in pregnancy).



Help and support



If you are feeling very tearful or anxious most of the time – for whatever reason – talk to your midwife or doctor as soon as possible.



- Discuss any worries, concerns or anxieties you have with someone you feel you can talk to. This could be your midwife, your partner, your friends or family.

DEPRESSION AND MENTAL HEALTH PROBLEMS

It's normal to have some worries while you are pregnant and to feel a bit down from time to time. But it is a cause for concern if you are feeling down most of the time. Whatever the reason for your unhappiness, or even if there doesn't seem to be any reason at all, explain how you feel to your midwife, doctor or health visitor (see page 54 to find out who is who). Make sure that they understand that you are talking about something more than just feeling low. Some women do get depressed during pregnancy and you may need treatment and support to help you deal with it.

If you have had a mental health problem in the past, then you might be at risk of becoming ill with a depressive illness during pregnancy and childbirth. It is important that you tell your midwife at the start of your pregnancy about any previous illness. If your mood changes throughout the pregnancy then let someone know how you are feeling; don't suffer alone – there is help available for you.

Anxiety

It is quite normal to feel anxious and worried when you are pregnant – especially if this is your first pregnancy. There are a number of things that you may feel anxious about. You may find antenatal tests stressful – because of the possibility that something may be wrong.

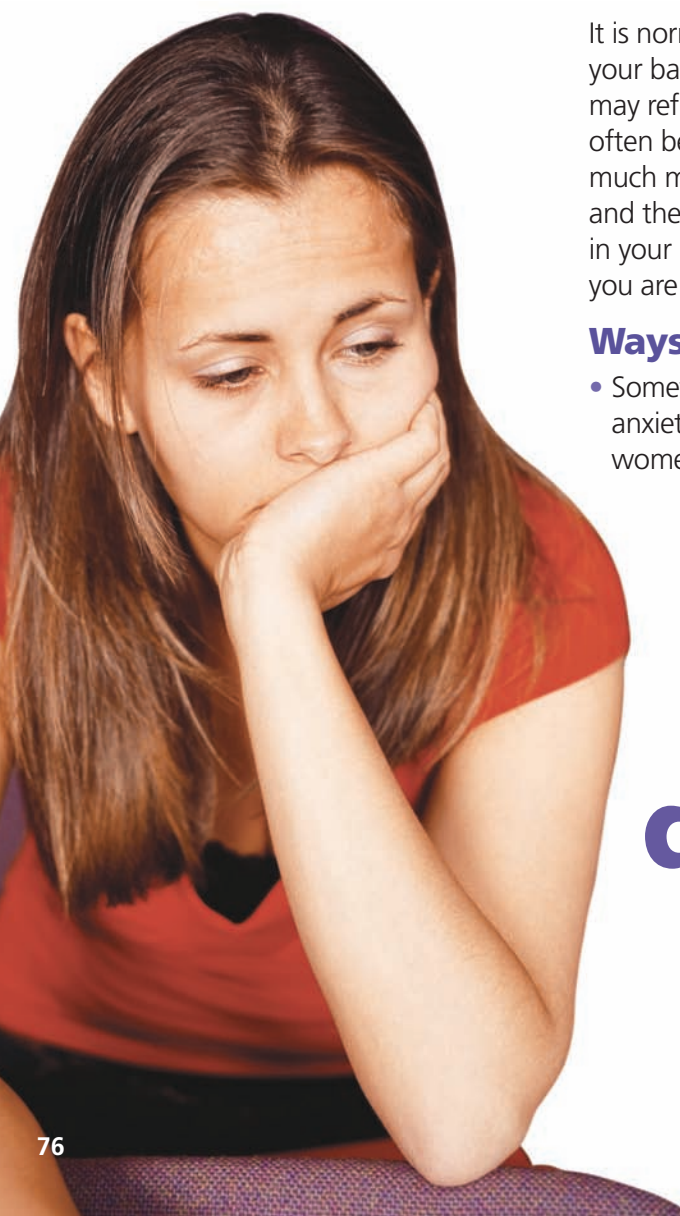
You may be worried about practical things like money, work or where you are going to live. You may be anxious about whether you will cope as a parent, or about whether you are ready to be a parent. Some of these anxieties could be shared by your partner, friends or family. It is a good idea to talk through these feelings together.

Dreams

It is normal to have dreams about your baby. Sometimes your dreams may reflect your anxieties. This is often because you are thinking much more about your pregnancy and the changes that are happening in your body. Talk to your midwife if you are worried by this.

Ways of coping

- Sometimes it helps to share anxieties with other pregnant women.



**discuss
your
feelings**



Antenatal education will also help to prepare you for labour and the birth and to know what to expect (see page 56).

You will have an opportunity to discuss this in more detail with your midwife, and to draw up a birth plan, during the later months of pregnancy (see page 74).



Talk to your partner or someone close to you. They may be feeling anxious too – particularly if they are going to be with you during labour. Together, you can then work out ways that will help you to cope.

**antenatal
education
will help
prepare
you**

WORRYING ABOUT THE BIRTH

Many women worry about whether they can cope with the pain they will experience during labour and while giving birth. It is difficult to imagine what a contraction is like and no one can really tell you – though they may try! Exploring ways of coping with labour may help you to feel more confident and more in control.

You can begin by reading the chapter on labour and birth (page 85) with your partner or a friend or relative who will be with you for the birth. Ask your midwife or doctor for any further information.

CONCERNS ABOUT DISABILITIES

At some time during pregnancy, most expectant parents worry that there may be something wrong with their baby. Some people find that talking openly about their fears helps them to cope. Others prefer not to think about the possibility that something could be wrong.

Some women worry because they are convinced that if something does go wrong it will be their fault. You can increase your baby's chances of being born healthy by following the advice outlined in Chapter 3. But there are certain problems which cannot be prevented. This is either because the causes are not known or because they are beyond your control.

Of all the babies born in the UK, 97% are healthy and 1% of babies will be born with abnormalities that can be partly or completely corrected, such as extra fingers or toes. About 2%, however, will suffer from some more severe disability. Regular antenatal care and careful observation during labour helps to pick up any potential problems and allow appropriate action to be taken.

If you are particularly concerned – perhaps because you or someone in your family has a disability – talk to your midwife or doctor as soon as possible.

They may be able to reassure you or offer you helpful information about tests which can be done during pregnancy (see Chapter 4).

If you have previously had a baby with an abnormality or disability, talk to your midwife or doctor and see if you need any additional care during this pregnancy.

COUPLES

Pregnancy will bring about big changes to your relationship, especially if this is your first baby. Some people cope with these changes easily, others find it harder. Everybody is different.

It is quite common for couples to find themselves having arguments every now and then during pregnancy, however

much they are looking forward to the baby. Some arguments may be nothing to do with the pregnancy, but others may be because one of



you is worried about the future and how you are going to cope. It's important to realise that during pregnancy there are understandable reasons for the odd difficulty between you, as well as good reasons for feeling closer and more loving.

One practical question you will need to discuss is how you will cope with labour, and whether your partner wants to be there. Many fathers do want to be present at their

baby's birth. The chapter on labour and birth (page 85) gives some suggestions for ways in which fathers can help, and what it can mean for them to share this experience.

If your relationship is particularly problematic, or abusive, don't ignore the situation in the hope that it will get better. Get help. For sources of confidential support, like Relate or Women's Aid, refer to the list of useful organisations featured at the back of the book (see page 180).

It may be that you do not have a partner in this pregnancy and you need extra support from family or friends. You may wish to talk to your midwife about services that may be available. See 'Single parents' opposite.



SEX IN PREGNANCY

It is perfectly safe to have sex during pregnancy. Your partner's penis cannot penetrate beyond your vagina, and the baby cannot tell what is going on! However, it is



normal for your sex drive to change and you should not worry about this, but do talk about it with your partner.

Later in pregnancy, an orgasm – or even sex itself – can set off contractions (known as Braxton Hicks contractions – see page 87). You will feel the muscles of your uterus go hard. There is no need for alarm, as this is perfectly normal. If it feels uncomfortable, try your relaxation techniques or just lie quietly till the contractions pass.

Your midwife or doctor will probably advise you to avoid sex if you have any heavy bleeding in pregnancy, since this risks infection in the baby – especially if your waters have broken (see page 87).

Some couples find having sex very enjoyable during pregnancy,

while others simply feel that they don't want to have sex. You can find other ways of being intimate or of making love. The most important thing is to talk about your feelings with each other.

While sex is safe for most couples in pregnancy, it may not be all that easy. You will probably need to find different positions. This can be a time to explore and experiment together. Even early in pregnancy it can become uncomfortable to have sex with your partner on top. This can be because of your bump or because your breasts are tender. It can also be uncomfortable if your partner penetrates you too deeply. So it may be better to lie on your sides.

Help and support

thecoupleconnection.net

thecoupleconnection.net is an innovative new service developed by One Plus One, the UK's leading relationships research organisation. thecoupleconnection.net has been designed to help couples to cope with changes and to strengthen their relationships. Visit www.thecoupleconnection.net



SINGLE PARENTS

If you are pregnant and on your own, it is important that there are people who can support you. Sorting out problems, whether personal or medical, is often difficult when you are by yourself, and it's better to find someone to talk to rather than to let things get you down. You may find it encouraging to meet other mothers who have also gone through pregnancy on their own.

Don't feel that, just because you don't have a partner, you have to go to antenatal visits and cope

with labour on your own. You have as much right as anyone else to take whoever you like – a friend, sister, or perhaps your mum. Involve your 'labour partner' in antenatal classes if you can, and let them know what you want from them. Ask your midwife if there are antenatal classes in your area that are run especially for single women.

Think about the people who can help and support you. If there is no one who can give you support, it might help to discuss your situation with a social worker. Your midwife can refer you or you can contact the social services department of your local Health and Social Services Trust directly.

Help and support



One Parent Families/Gingerbread

One Parent Families/Gingerbread (see page 182) is a self-help organisation for one-parent families that has a network of local groups which can offer you information and advice. They will be able to put you in touch with other mothers in a similar situation.

If money is an immediate concern, see the chapter on rights and benefits (page 156) for information on what you can claim and your employment rights. Your local Social Security or Jobs and Benefits Office or Citizens Advice Bureau (CAB) will be able to give you more advice. If you have housing problems, contact your local CAB or your local Housing Executive Office.

Gingerbread Northern Ireland advice line **028 9023 4568** (9am–5pm, Mon–Fri).

FAMILY AND FRIENDS

Pregnancy is a special time for you and your partner, but there may be a lot of people around you who are interested in your baby, such as your parents, sisters, brothers and friends.

People can offer a great deal of help in all sorts of ways, and you will probably be very glad of their interest and support. Sometimes it can feel as if they are taking over. If so, it can help everyone if you explain gently that there are some decisions that only you and your partner can take, and some things that you would prefer to do on your own.

You may also find that being pregnant puts you on the receiving end of a lot of advice, and perhaps a bit of criticism too. Sometimes the advice is helpful, sometimes not. Sometimes the criticism can really hurt. The important thing is to decide what is right for you – it is **your** pregnancy and **your** baby.

More information

Families Information Service

Your local Families Information Service (which may be called something else in your local area) can provide information about registered childcare, free early education places and other services available in your area.

You can contact them on **0800 028 3008**.

WORK

If you work, and you like the people you work with, you may have mixed feelings when you go on maternity leave. Try to make the most of these few weeks to enjoy doing the things you want to do at your own pace. It is also a good opportunity to make some new friends. You may meet other mothers at antenatal classes (see page 56) or you may get to know more people living close by.

You may have decided that you are going to spend some time at home with your baby, or you may be planning to return to work, either full or part-time, fairly soon after the birth. If you think that you will be going back to work, you need to start thinking about who will look after your baby in advance. It is not always easy to find satisfactory childcare arrangements, and it may take you some time.

You may have a relative willing to look after your child. If not, you should contact your Families Information Service for a list of registered childminders and nurseries. You may also want to think about organising care in your own home, either on your own or sharing with other parents.

Care in your own home does not need to be registered, but you should make sure that your carer is experienced and trained to care for babies. However, if you are to claim financial help with the costs, either through tax credits or tax relief on help from your employer, the carer must be registered with Social Services. You can find out more at www.nidirect.gov.uk





MOOD CHANGES THAT CAN DEVELOP AFTER THE BIRTH OF A BABY

If you experience any of the following mood changes, do not feel ashamed of how you are feeling. You are not alone: asking for and accepting help is the first stage of recovery – particularly for the more serious conditions. If you think you are in any way depressed, talk to a healthcare professional as soon as you can. Your midwife, health visitor and GP are all trained to help you, and many voluntary organisations offer advice (see the list of useful organisations on page 180).

The baby blues

As many as 8 out of 10 women get what is commonly called 'the baby blues'. It normally begins within a few days of the baby's birth.

How does it affect you?

Common reactions are to burst into tears for no obvious reason, or to feel on top of the world one minute and miserable the next. It is not unusual to feel anxious or tense, lacking in confidence or worried.

Remember that having a baby can turn your world upside down. In the first few weeks and months you are likely to feel emotionally and physically drained. Becoming a parent for the first time can feel like an overwhelming responsibility and it is very easy to feel inadequate when other parents around you seem to be coping well. You may expect to love your baby immediately, but this can take a while and is not always instinctive, and does not mean that you are not a 'good' or 'natural' mother. Many women experience these feelings.

AFTER THE BIRTH

Having a baby and becoming a parent are major events for both you and your partner. Becoming a parent usually brings changes to your home life, social life and relationships. Parents of a new baby experience a variety of emotions after the birth. You will feel happy and proud of yourself, or possibly relieved that it is all over.

Whether this is your first, second or third baby, the first few weeks of parenthood are both physically and emotionally tiring. It can be difficult to find time for yourself, your partner or your family when you have the 24-hour demands of a new baby to deal with. Meeting the needs of a baby can be rewarding, but in the weeks and months following the birth of a baby you can feel stressed.

It is likely that during the first few weeks and months of parenthood you will feel a mixture of emotions. Your health visitor will be available to talk to you, but it is important that you talk honestly to your partner, friends or family about how you feel.

Being a parent means constantly experiencing new events and carrying out new tasks. You will have to learn a new set of skills to cope with these situations. Women do not automatically know how to be a mother and men do not automatically know how to be a father. It is something that you learn over time.





If you have twins or triplets, you are more likely to experience postnatal and longer-term depression. This is mainly because of the additional stress of caring for more than one baby. Getting out of the house can be difficult and this can make you feel isolated. Tamba (see page 188) can help you to make contact with other mothers through local twins clubs and through their helpline, Tamba Twinline (0880 138 0509).

When you have a baby your life changes, so don't be too hard on yourself – you are only human. We all learn to be a parent when we actually have a baby, not before. Give yourself plenty of time to adjust to your new life. Find time to rest and eat a healthy diet, as this will help you to become and stay physically and emotionally healthy.

Talk to someone you can trust such as your partner, your mum, a friend, or to your midwife or health visitor, about how you are feeling. It can help a lot just to confide in someone else. Once they know how you are feeling, they will be able to give you support.

If you become more unhappy or upset, or if your low mood lasts more than a week, then you are probably experiencing something other than the baby blues. In these circumstances, you should talk to your midwife, health visitor or GP – especially if you have had depression before.

Postnatal depression

Postnatal depression affects 1 in 10 women following the birth of their baby. It usually begins in the first six months after childbirth, although for some women the depression begins in pregnancy. It can occur at any time within the first year of the birth of your baby.

How does it affect you?

If you get postnatal depression, you can feel as if you are taken over by a feeling of hopelessness. You may feel angry, but more often you will feel too exhausted to be angry or even to cope with the simplest tasks.

Postnatal depression is serious, and if it is left untreated it can last for longer than a year. However, early diagnosis and treatment of postnatal depression will result in a faster recovery. Quite often a partner or close family friend will recognise that there is something wrong before you do.

If you think you are depressed, contact your GP, midwife or health visitor and explain how you are feeling. Your partner or a friend could contact them for you if you want. You can also contact the Association for Post-Natal Illness (see page 184) for more information.

Postnatal post traumatic stress disorder and birth trauma

Post traumatic stress disorder symptoms may occur on their own or with postnatal depression. The reasons women develop this are unclear, but women often describe feeling 'out of control' and very afraid during the birth. This condition can be caused by:

- a fear of dying or your baby dying, or
- life-threatening situations.

How does it affect you?

The symptoms include flashbacks, nightmares, panic attacks, numbed emotions, sleeping problems, irritable, angry and irrational behaviour.

If you get any of these symptoms, you need to talk to someone about how you are feeling; your midwife, GP or health visitor will be able to advise where to get help.

Puerperal psychosis

This is a much more rare and serious condition, which affects about 1 in 500 new mothers. Women with a family history of mental illness or who have suffered from puerperal psychosis in previous pregnancies are at a higher risk of developing this illness.

Symptoms include hallucinations (seeing or hearing things that others cannot), delusions (incredible beliefs such as thinking you must save the world) and mania (extremely energetic and bizarre activity like washing and ironing clothes in the middle of the night).

How does it affect you?

The symptoms of this illness can be very severe and sometimes very frightening for you, your partner, and your family. In fact, your partner may be the first to notice that you are unwell. It is important that your partner or someone close to you knows the symptoms to look out for. They will appear suddenly, often within the first two weeks following the birth of the baby. Seeking help quickly will ensure that you are treated as early as possible, to help you get well again.

Women with this illness are often treated in hospital. Mother and baby units are available so that you will not be separated from your baby.

DOMESTIC ABUSE

One in four women experience domestic abuse at some point in their lives. This may be physical, sexual, emotional or psychological abuse. Of this, 30% starts in pregnancy, and existing abuse may get worse during pregnancy or after giving birth. Domestic abuse during pregnancy puts a pregnant woman and her unborn child in danger. It increases the risk of miscarriage, infection, premature birth, low birth rate, fetal injury and fetal death. Domestic abuse should not be tolerated.

If you are pregnant and being abused, there is help available. You can speak in confidence to your GP, midwife, obstetrician, health visitor or social worker. Or call the confidential National Domestic Violence Helpline number (see right) for information and support. For further sources of confidential support, refer to page 182.

Help and support

Domestic abuse

If you are in immediate danger, call 999.

For information and support call the freephone, 24-hour **National Domestic Violence Helpline**, run in partnership between Refuge and Women's Aid: **0808 2000 247**

Refuge

www.refuge.org.uk

Women's Aid

www.womensaid.org.uk



there is
help
available

Benefits and advice if your partner has died

You can get information and advice on what to do if someone has died at www.nidirect.gov.uk or www.dsdni.gov.uk

Read Chapter 17 for advice about the following:

- Income Support
- Housing Benefit
- Working Tax Credit
- Child Benefit
- Child Tax Credit
- If you were married and your partner worked, you may be entitled to Widowed Parent's Allowance, based on your partner's National Insurance contributions.
- If you were not married, you will not be classed as a widow and will therefore be dependent on your private arrangements, on Income Support or on Working Tax Credit.
- If you are on a low income you may be able to get some help with the funeral expenses from the Social Fund. It is always worth talking to your undertaker or religious adviser to see if they can help.

For more information, contact your local Social Security Office or Jobs and Benefits Office.

BEREAVEMENT

The death of someone you love can turn your world upside down, and is one of the most difficult experiences to deal with. This may be harder to cope with if you are pregnant or have just had a baby.

Family and friends can help you by spending time with you. A sympathetic arm around the shoulders can express love and support when words are not enough.

Grief is not just one feeling but a whole succession of feelings, which take time to get through and which cannot be hurried. If you need help or advice, contact your GP or midwife or any of the organisations listed on page 184.

If your partner dies

If your partner dies during your pregnancy or soon after childbirth, you will feel emotionally numb. It may not be something that you get over – more something that you eventually learn to live with.

Don't be afraid to lean on your family and friends. If your partner was going to be with you at the birth, you will need to think about who will be with you instead. Try to choose someone who knows you very well.

Financially, you may need urgent advice and support. You can get more information from your local Social Security Office or Jobs and Benefits Office.

As well as speaking to friends, family and social services, you may like to contact Cruse (see page 184).

