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Taking care of yourself as a parent

Many people say that becoming a parent is one of life's most challenging and rewarding experiences, but you need time to recover from the birth, to rest and to get to know your baby. You will also need time and support in your new role as a parent.

The postnatal check - a six week check for you

Make an appointment with your GP for your six week postnatal health check. Your GP may check your blood pressure. This is an opportunity for you to discuss with your GP any problems you may be experiencing with your stitches or wound site healing. You can talk to your GP about family planning and when is the best time to attend for your next cervical smear. Your GP will ask

you about your mood and how you are feeling. This is to see if you have any symptoms of postnatal depression, which is very common. Don't be afraid to be open and honest about how you may be feeling, as they will be able to help.

Physical problems

Having a baby changes your body. If you are happy the way you are, don't let other people tell you differently. If you feel uncomfortable with your body,



though, you will want to make some changes. Some things will never be quite the same again – for example, stretch marks will fade, but will never go away completely. Other changes need not be permanent.

You can tighten a saggy tummy with exercise, and weight gained will gradually drop off if you eat and exercise sensibly. But it's not going to happen overnight. It took nine months to make a baby, and it will take at least that long to get back into shape again. In the meantime, give your body some little treats to cheer you up. For example, if it makes you feel good to paint your nails, then make time to do it.

A lot of women experience physical problems either as a result of labour and birth or



because of the kind of work involved in caring for young children, or both. Problems like recurring infections, back pain, a leaky bladder and painful sexual intercourse are more common than people think.

For some problems you can do a lot to help yourself. For example, if you are suffering from a leaky bladder or getting that 'falling out' feeling, you may need to strengthen the muscles around your bladder, vagina and perineum. Pelvic floor exercises can help. A bad back can also be helped by exercise and by learning to use your back carefully.

But if something really is bothering you, don't be afraid to ask for help. Your GP may be able to suggest treatment or refer you to a specialist or a physiotherapist specialising in women's health who can help with back and bladder problems and painful stitches.

Pelvic floor exercises

The muscles of the pelvic floor form a hammock underneath the pelvis, supporting your bladder, uterus and bowel. You use these muscles when you pass water or empty your bowels and when you have sex. Pregnancy, labour and birth can stretch and weaken these muscles. If you can improve their strength and function you are less likely to



have a leaky bladder and more likely to enjoy sex.

You can do the following exercises either sitting or standing, when you are washing up, queuing in the supermarket, watching TV – anytime, anywhere:

- squeeze and draw in your back passage at the same time - close up and draw your vagina (front passage) upwards;
- do it quickly, tightening and releasing the muscles immediately;
- do it slowly, holding the contractions for as long as you can (not more than 10 seconds) before you relax;
- repeat both exercises 10 times, four to six times a day.



You may find it helps to imagine you are stopping a bowel movement, holding in a tampon or stopping yourself passing urine. In fact, the best way to find the muscles is to try stopping and starting (or slowing down) the flow of urine while you are on the toilet.

Deep stomach exercise

This exercise will help to firm your stomach:

- lie on your side with your knees slightly bent;
- let your tummy sag and breathe in gently;
- as you breathe out, gently draw in the lower part of your stomach like a corset, narrowing your waistline;
- squeeze your pelvic floor at the same time;
- hold for a count of 10 then gently release;
- repeat 10 times.



Easing back pain

The following tips will help relieve an aching back:

- while feeding your baby, always sit with your back well supported and straight - use a pillow or cushion behind your waist;
- kneel or squat to do low-level jobs like bathing your baby or picking things up off the floor - avoid bending your back;
- make your knees work instead - change nappies on a waist-level surface or while kneeling on the floor;
- to lift weights like a carrycot or an older child, bend your knees, keep your back

straight and hold the weight close to your body - make your thigh muscles work as you lift;

- try to keep a straight back when you push a pram or buggy, or carry your baby in a sling.

Deep vein thrombosis

Deep vein thrombosis (DVT) is a serious condition where clots develop in the deep veins of the legs. It can be fatal if the clot travels from the legs to the lungs. Flights lasting over five hours where you sit still for a long time may increase the risk. Pregnant women and women who have recently had a baby are among those more at risk. If you intend to travel by air, it is

important that you consult your GP or health visitor before the trip. They can give you advice on in-seat exercises to keep your blood circulating.

If you do develop swollen, painful legs or have breathing difficulties after a flight, see a GP urgently or go to the nearest emergency department.



Eating

Being a parent is an exhausting business and it's easy to find that you have no time or energy to cook or eat properly. Healthy eating is important for all of your family. Eating well will make you feel better and it need not take much time.

If you are breastfeeding, you don't need to eat a special diet. But you should make sure you eat and drink plenty and get plenty of rest. See page 32 for information on eating healthily while breastfeeding.

If you feel you need to lose weight, the most effective way



of losing weight is to cut down on fat and sugar but not to go on a crash diet. Small regular meals will keep up your energy levels without adding to your weight. If you are breastfeeding, losing weight by eating healthily and taking regular moderate exercise such as a brisk 30-minute walk will not affect the quality or quantity of your milk.

Physical activity

When you are feeling tired, being active or taking more exercise may seem like the last thing you need, but activity can relax you, help your body recover after childbirth, keep you fit or improve your fitness, and make you feel better and more energetic. The following suggestions may help:

- **Keep up your postnatal exercises.** They will strengthen vital muscles and improve your shape. See page 5 for practical information on some important exercises.
- **Join a postnatal exercise class.** It may help to be with other new mums. Find out if your local maternity unit has a class run by a physiotherapist who specialises in women's health, or ask your health visitor about other local classes. If you are going to a class other than a special postnatal class, be sure to tell the person running the



class if you have had a baby in the last few months. You will need to take special care of your back and avoid exercises that could damage it.

- **Push the pram or buggy briskly, remembering to keep your back straight.** Walking is great exercise so try to get out as much as you can.
- **Play energetic games with older children.** You can exercise by running about with them. Find outdoor space if there is no space at home.
- **Run upstairs.** You probably find yourself going up and down a hundred times a day in any case. Try to think of it as good exercise!



- **Squat down to pick things up from the floor, holding heavy weights close to your body.** This is also something you are likely to be doing a lot. If you squat rather than stoop, bending your knees and keeping your back straight, you will strengthen your thigh muscles and avoid damaging your back.
- **Swimming is good, relaxing exercise.** If you take your child with you, try to have someone else there too, so that you get a chance to swim.
- **Borrow or buy an exercise DVD or search YouTube.** This is a way that you can do a workout at home. You could get a friend or your older children to join in.

To stay healthy, adults aged 19-64 should try to be active daily and should:

- do at least 150 minutes of moderate aerobic activity such as cycling or fast walking every week or 75 minutes of vigorous aerobic activity every week;

- do strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms);
- minimise the amount of time being sedentary (sitting).

Thinking about the next baby?

Holding your new baby in your arms, it may be impossible to imagine that you will ever have the energy to go through it all again! But sooner or later, you may decide that you want another child.

This section explains how you and your partner can create the best possible circumstances for your next pregnancy.

Finding it hard to get pregnant?

It can take several months or more to get pregnant, even if it happened really quickly the first time.

If you are under 36 years old and still not pregnant after one year, are over 36 years old and still not pregnant after 6 months, or have a known fertility problem, talk to your doctor or family planning clinic.

It takes two

You will increase your chances of getting pregnant if you are in good health – and that applies

to men too. A bad diet, smoking, drinking and unhealthy working conditions can affect the quality of sperm and stop you getting pregnant. You should both try to make your lifestyle as healthy as possible before you try to conceive.

Folic acid

Women should take 400 micrograms (mcg/μg) of folic acid from the time you start trying to conceive right up until you are 12 weeks pregnant. You can get these tablets from a supermarket or pharmacist. Eat foods that contain this important vitamin as well.

These include green, leafy vegetables, and breakfast cereals and breads with added folic acid.

You will need a bigger dose of folic acid that requires a prescription if:

- you already have a baby with spina bifida;

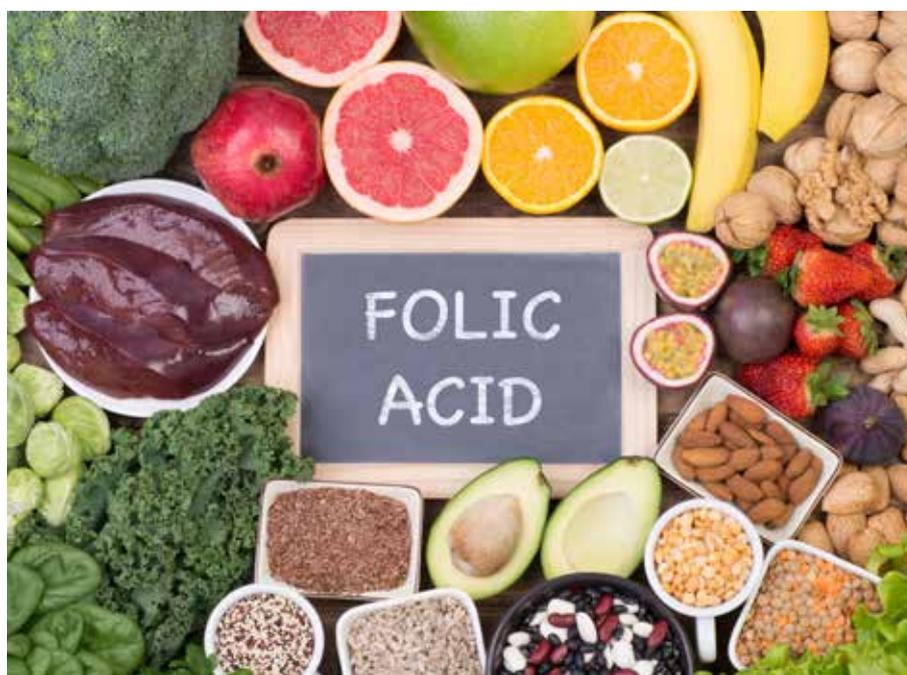
- you have coeliac disease;
- you have diabetes;
- you are obese;
- you take anti-epileptic medicines. Ask your GP for advice as well.

Rubella (German measles)

Rubella in early pregnancy can damage your developing baby. It is important to make sure that you have had two MMR (measles, mumps and rubella) vaccines before you get pregnant again, to ensure that you are protected against rubella infection.

Your weight

Maintaining a healthy weight can improve your chances of getting pregnant. You may have put on weight during your last pregnancy and want to go back to your normal size. This is particularly important if you weigh more than 100kg (approximately 15.5 stones).





The best way to lose weight is by following a balanced low-fat diet and doing exercise. It might help to join a slimming class with a friend or your partner to encourage and support you. Speak to your doctor if you need help or advice.

Long-term conditions, medicines and drugs

Some medicines can harm a baby in pregnancy but others are safe.

If either you or your partner has a long-term illness or disability and has to take long-term medication, talk to your doctor about any possible effects on fertility or pregnancy.

Check with your doctor, midwife or pharmacist before you take any over the counter drugs.

Illegal drugs will affect your ability to conceive and can damage your baby's health. For

more information visit www.drugsandalcoholni.info

Diabetes

All women with a history of diabetes (type 1, type 2 and gestational) during pregnancy will be advised in the postnatal period of the importance of planning future pregnancies and ensuring that their diabetes is well controlled before they get pregnant. All Health and Social Care Trusts have pre-pregnancy diabetes clinics in place to assist women with this. All women with diabetes should be made aware of the website www.womenwithdiabetes.net

Epilepsy

If you have epilepsy, talk to your doctor before you try to get pregnant. Pre-pregnancy clinics for women with epilepsy are available to help you get ready for pregnancy.

Postnatal depression and puerperal psychosis

If you have previously experienced postnatal depression or puerperal psychosis, talk to your doctor before you try to get pregnant (see page 18).

Sexually transmitted infections

Sexually transmitted infections (STIs) can affect your health and your ability to conceive. If there is any chance that either of you has an STI, it's important to get it diagnosed and treated before you get pregnant.

STIs, including HIV, herpes, chlamydia, syphilis, gonorrhoea, hepatitis B and hepatitis C, can be passed on through sex with an infected person, especially if you don't use a condom. Some STIs can be transmitted during sex without penetration. HIV, hepatitis B and hepatitis C can also be passed on by sharing equipment for injecting drugs. If you are HIV positive, you can pass the virus on to your baby during pregnancy, at birth or when breastfeeding.





Vaginal birth after a caesarean section

Many women who have had a caesarean section can have a vaginal delivery for their next baby. This depends on why you had a caesarean section the first time. Your obstetrician will be able to advise you. Most women who are advised to try for a vaginal delivery in subsequent pregnancies do have normal deliveries.

Smoking

Lots of people smoke because they think it calms their nerves, but it doesn't. It just calms the cravings for nicotine, the addictive substance in cigarettes. The best thing you can do for your health and your family's health is stop smoking. It's a worrying fact, but the children of smokers are three times as likely to grow up to be smokers themselves.

Giving up smoking is not always easy, but the HSC is here to help. You are up to four times more likely to stop smoking successfully with support. Here

are some first steps you might find useful to stop smoking:

- **Know why you want to stop.** Keep a checklist of your reasons for going smoke-free and keep it handy in those times when you are finding it tough. Good reasons include feeling healthier, protecting your children's health and having more money to spend on other things.
- **Change your habits.** Smoking is strongly linked to certain situations – the first cigarette with a cup of tea or coffee, a cigarette when the phone rings. Try to break the link by changing your habits. For example, drink orange juice instead of coffee for a while.
- **Be ready to stop.** Choose a day and stop completely on that day. The day before, get rid of cigarettes, ashtrays and lighters.
- **Get support.** Tell your family and friends you have decided to stop and ask

them for their support. For example, ask them not to offer you cigarettes and not to smoke around you.

- **Plan ahead.** If you know a situation is going to be difficult, don't just wait for it to happen. Plan how you are going to deal with it.
- **Take one day at a time.** At the start of each day, congratulate yourself on having got this far and make it your goal to get through the day without smoking. Don't worry about tomorrow.
- **If you need to put something in your mouth, try sugarfree gum.** If you need to do something with your hands, find something to fiddle with like a pencil or a coin – anything but a cigarette.



You can also ask pharmacist, midwife, health visitor or practice nurse for advice on stopping smoking and details of your local free HSC Stop Smoking Service. They can offer one-to-one or group sessions with trained stop smoking advisers and, if you

are pregnant, they may even have a pregnancy stop smoking specialist. They can also give you advice about dealing with stress, weight gain and using nicotine replacement therapy to help you manage your cravings. Support and advice on stopping smoking is also available at www.stopsmokingni.info

Sleep and rest

While caring for a small child is rewarding, it can be very tiring. Here are some suggestions:

- **Get to bed early, really early, say for a week.** If you cannot sleep when you get to bed, do something relaxing for half an hour beforehand, whether it's exercise, soaking in a bath or watching TV.
- **Try deep relaxation.** As little as five or 10 minutes' deep relaxation can leave you feeling refreshed, so it's worth learning some techniques. Look online, or go to the library for books or DVDs.



- **Sleep when your child sleeps.** Rest when your child has a day time rest, and/or when they are at playgroup or nursery school. You could ask a relative or friend to take your child for a while and spend the time sleeping, not doing chores. Take turns with other parents to give yourself time to rest. Set an alarm if you are worried about sleeping too long.
- **If you can, share getting up in the night with your partner.** Take alternate nights or weeks. If you are on your own, a friend or relative may be prepared to have your children overnight occasionally.

Sleep deprivation can be difficult. Your days and nights will become easier over time from about 6 weeks on. This is when your baby starts to settle into a routine for feeding and sleeping

If you feel all of this is getting to be too much, then talk to your partner about ways that you can both manage through this time. You can also talk to your GP or health visitor.

See page 78 for other ways of coping with disturbed nights.

Stress

Small children ask a lot of you but perhaps the most stressful thing is having to cope with everything else that is going on in your life as well as coping with their demands. You can spend a whole day trying – and failing! – to get one job done. Just as you start on it, your baby wakes up, or a nappy needs changing, or they just need a bit of attention.





Sometimes you can feel as though life is completely out of control. If you are the sort of person who likes to be in control and worries about getting things done, this can make you feel very tense and frustrated.

Worry and unhappiness can also cause stress. Maybe you are worried about where you are living, money or relationships or just a whole lot of small things that nevertheless make a big difference to your life. You may not be able to do anything about some of these things, but there are some things that you can do about the stress. Here are some suggestions. Some will be more suitable for you than others:

- **Unwind.** You may find that you can relax just by spending half an hour each evening doing something that you enjoy and that helps you put other things out of your mind. Have a bath, read a magazine or watch TV – whatever helps you unwind. Borrow a book or audiobook from the library about relaxation. Ignore any other

chores, they can wait. Make some time for yourself.

- **See other people.** Seeing other people can help to relieve stress. Your health visitor, or other parents, may be able to recommend local mother and baby or mother and toddler groups. If you are not keen on organised groups, you could try to get together with people you meet at the clinic, playgroup or nursery school. Netmums (www.netmums.com) has full details of baby and toddler groups in your area.
- **Make time for your partner.** Relationships can go wrong when you are tense and tired and you don't seem to spend any time together. Make time to be with your partner, even if all you manage to do is fall asleep in front of the TV together!
- **Express yourself.** Talking about how you are feeling can help, at least for a while. You and your partner need to understand how each other

is feeling, and work out how best you can support each other. Sometimes it's better to talk to someone outside the family.

- **Accept help.** Make the most of all the help you can find. And remember, you cannot do everything. There is really no point trying.
- **Relax!** There are no prizes for being a supermum or superdad. It can be difficult if you are a perfectionist, but being a parent is the one thing that no one is perfect at.

Alcohol

You may feel like alcohol helps you relax and unwind. In fact it's a depressant, and will affect your mood, judgement, self-control and coordination. If you are tired and run down, it will have even more of an effect. It's fine to drink every now and then, but try to keep track of how much and when you drink. Never mix alcohol with antidepressants or tranquillisers.





Talking it over

It does help to talk, but it's not always easy:

- You may want to say things that you are afraid of admitting to the people you love.
- You may feel guilty about your feelings.
- You may worry that people will think you are a 'bad mother'.

For all these reasons it's often best to talk to someone who is not too close to you. That way you can talk honestly without worrying about whether you are shocking them. You may find that it helps to talk to your GP or health visitor. Alternatively, they may be able to refer you to someone else. When you start talking about how you feel, you will almost certainly find that the things you have been worrying about are not as bad as you thought they were.

If you cannot bring yourself to talk to someone face to

face, www.netmums.com has an online support forum. It's a good way of talking to other parents who have had similar experiences, and a way to access professional support.

Getting medical help

If you are feeling totally lost in depression, your doctor may prescribe antidepressant drugs. They may be enough to give you the lift you need to start coping again and to find a way out of your depression, though they can take time to work.

Antidepressants are not habit-forming. As long as they are prescribed for you by your GP, there is no need to worry about taking them. Tranquillisers are different. They don't help depression and can be habit-forming, so they are best avoided.

Relationships

Parenthood often puts a strain on relationships, regardless of what they were like before. Part of the problem is that you have so much less time to spend with

each other than you did before the baby arrived and it's a lot harder to get out together and enjoy the things you used to do. Your partner may feel left out, and you may feel resentful at what you see as lack of support.

Remember, make time for each other when you can and do little things to make each other feel cared for and included. Talk together and share your feelings. Share household jobs.

Relationships with family and friends

Bringing a baby into your life changes your relationships with other people, whether you are part of a couple or alone with your child. Everyone's situation is different. For example, some mothers feel that their own mothers are taking over, while others resent the fact that their mothers will not help them more.

However painful it may be, it's best to try to be very clear about the kind of help you do want, rather than going along with what is offered and then feeling resentful. Remember, your mother is also having to



get used to a completely new relationship with you, and she will not know what to do for the best – unless you tell her!

Taking time to listen

However close you were before the baby was born, your partner cannot read your mind! Things are changing in both your lives and you have to talk about it. Both you and your partner will need to tell each other what you want, and you will need to explain what is bothering you if you are resentful, angry or upset.

- Be upfront about what you need. Do you need a hug? Or just a bit of quiet understanding?
- Ask a friend or relative to babysit so that you can have time together – even if it's just for a walk in the park.
- Share the housework, so you can make more time to be together.
- Share the childcare too.

It's also important to talk about how you want to bring up your children.

You may find that you don't agree about such basic matters as discipline and attitudes. You need to find a way of dealing with these issues without disagreeing the whole time in front of your children.



Friends

You may find that your old friends stop visiting or that they seem to expect you just to drop everything and go out for the evening. This can be quite annoying, but try to explain how your life has changed. They may not understand the changes you are going through. Keep in touch and keep some space for them in your life.

Getting some extra help

If this is your first baby, you may be feeling very lonely and cut off from your old life. Your partner cannot supply everything that you used to get from work and friends. You need other people in your life, too, for support, friendship and a shoulder to cry on. See page 18 for more on coping with loneliness.

If you feel your relationship is in danger of breaking down, get help. Relate has local branches where you can talk to someone

in confidence, either with your partner or alone. You don't have to be married to contact them. You can find your local branch at www.relate.org.uk

Sex

Babies and small children don't make for an easy sex life. You are tired and stressed, and opportunities are few and far between. That is fine as long as you and your partner are happy with the situation, but if sex is causing problems in any way at all, you need to sort it out. Lack of sex, or unhappy sex, can cause a lot of frustration and worry and put a real strain on a relationship.

Immediately after the baby is born many women feel sore as well as tired. They may also be worried about the state of their body or about getting pregnant again. Men can face problems too. Tiredness apart, a partner's sexual feelings will probably be

much the same as before his baby's birth, but many men worry about what is right for their partner, are unsure what to do, and feel worried and frustrated.

The following suggestions may help:

- **If penetration hurts, say so.** It's not pleasant to have sex if it causes you pain. If you pretend everything is all right when it is not you may well start seeing sex as a chore rather than a pleasure, which will not help either of you. You can still give each other pleasure without penetration (for example, by mutual masturbation).
- **Be careful the first few times.** Explore a bit with your own fingers first to reassure yourself that it will not hurt, and use plenty of extra lubrication, such as lubricating jelly (you can buy this at the chemist). Hormonal changes after childbirth may mean that you don't lubricate as much as usual.
- **Make time to relax together.** There is little point trying to make love when your minds are on anything but each other.
- **Take your time.** If you are still experiencing pain two months or so after the birth, talk to your GP or

family planning clinic. You can get treatment for a painful episiotomy scar. Ask to see a physiotherapist who specialises in women's health.

Contraception

You can get pregnant as soon as three weeks after the birth of a baby, even if you are breastfeeding, and even if you have not started your periods again. You should use some kind of contraception from the first time you have sex after giving birth unless you want to get pregnant again. You will usually have the opportunity to discuss the various options before you leave hospital after your child's birth, and at the postnatal check-up. But you can also talk to your GP or health visitor, or go to a clinic, at any time.

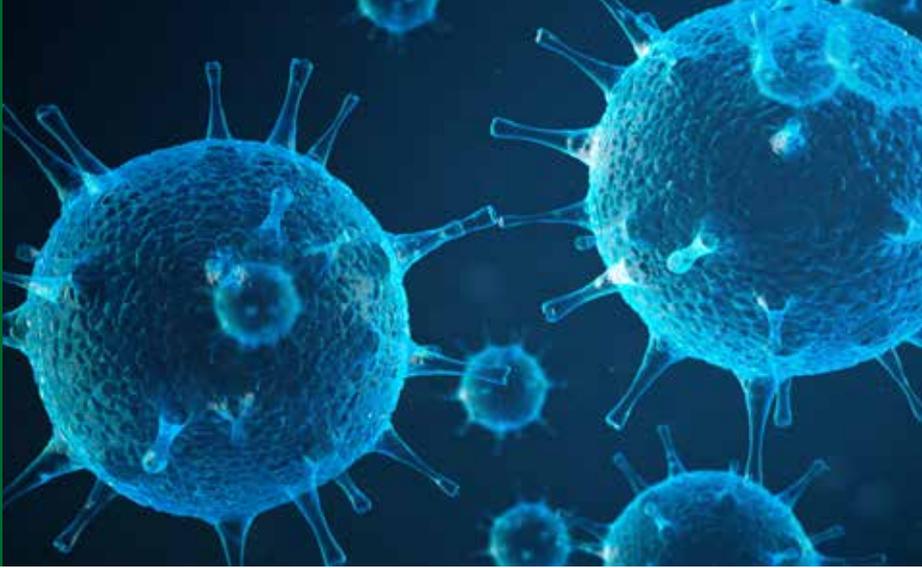
Non-surgical (that is, not sterilisation) short-acting contraceptive choices include the pill, the patch, barrier methods (condoms and diaphragms), spermicides and

natural methods. Remember, contraceptives are only effective if you use them correctly. For example, taken correctly, the pill is a very reliable method of contraception but you can still get pregnant if you forget to take a pill, take one at the wrong time or have an upset stomach.

If you are looking for an extremely reliable method of contraception, which you can 'fit and forget', you could think about a long-acting reversible contraceptive (LARC). These include implants (such as Implanon), injections, IUDs (intra-uterine devices, formerly known as the coil) and IUSs (intra-uterine systems, such as Mirena). Once fitted or injected, LARCs stay in place for anything between three months and 10 years and have an almost 0% failure rate.

Remember to use condoms with any new partner to reduce the possibility of catching a sexually transmitted infection, regardless of what other form of contraception you choose.





Sexually transmitted infections

The rate of sexually transmitted infections (STIs) is on the increase. Up to 70% of women and 50% of men with an STI show no symptoms, so you may not know if you have one. However, many STIs can affect your baby's health during pregnancy and after birth.

If there is any reason to believe that you or your partner could have an STI which was not diagnosed before pregnancy, you should go for a check-up as soon as you can.

Ask your GP or midwife or, if you prefer, go to a genitourinary medicine (GUM) or sexual health clinic, where you will also be guaranteed strict confidentiality. You can find your nearest GUM clinic or sexual health centre at www.sexualhealthni.info

HIV and AIDS

Since 1999, HIV tests have been offered and recommended to every pregnant woman, and as a result there has been a

dramatic fall in the percentage of HIV positive women giving birth to HIV positive babies, from 20% in 1997 to less than 1%. Treatment according to the latest British HIV Association (BHIVA) guidelines (www.bhiva.org) will result in the best outcomes for mothers with HIV and their babies.

If you are HIV positive, talk to your GP about your own health and the options open to you, or you can contact a number of organisations for advice and counselling. There are ways of substantially reducing the risk of transmitting HIV to your baby during pregnancy and after birth. You should be offered a confidential HIV test as part of your routine antenatal care. Before the test, your doctor

or midwife will discuss it with you. If the result is positive, counselling will be offered to help you understand the implications. You can also go to a GUM clinic for an HIV test and advice.

Domestic and sexual abuse

One in three women experience domestic and sexual abuse at some point in their lives. This may take the form of physical, sexual, emotional or psychological abuse. Victims are likely to suffer repeated attacks before they ask for help. Nearly a third of this abuse starts in pregnancy, and existing abuse may worsen during pregnancy or after birth. No one should have to put up with domestic abuse. It puts your health, and that of your baby, at risk, before and after birth.

If you are being abused, help is available. You can speak in confidence to your GP, midwife, health visitor or social worker, or call the confidential National Domestic Violence Helpline



for information and support on 0808 2000 247.

Witnessing domestic abuse can have a serious effect on children. Social workers can help you protect your child and, if you wish, help you take steps to stop the abuse or seek refuge. For more information visit pha.site/domestic-violence

Single parenting

Don't be afraid to ask for help from friends and family. But you may find the best source of support is other single parents. The following suggestions may help take the pressure off you a bit, and make it easier to cope:

- Suggest a 'swap' arrangement with another parent so that you take it in turns to look after both the children. It might be easier to start doing this during the day; later, when everyone is used to the arrangements, you can try doing it overnight. The children will benefit too from having a close friend, especially if they don't have brothers or sisters.
- Suggest a regular evening babysit by a trusted relation or friend. You may well find that they are delighted at the opportunity to make friends with your child.



- Grandparents are often glad to have a child stay overnight.
- Focus on your strengths and skills.

Shared parenting for parents who live apart

For couples who are separating or divorcing:

- Love, support and reassure your child.
- Get support and help from others, such as family and friends.
- Look after yourself. Eat, sleep, rest, take exercise and reduce the amount of alcohol you drink.
- Keep telling yourself that this upsetting time will not be for ever.
- Be kind to yourself.

- Be positive about your future, make plans for yourself and your children.
- Make both homes feel special.

Making friends

If you don't already know people locally, try contacting other mothers through local groups.

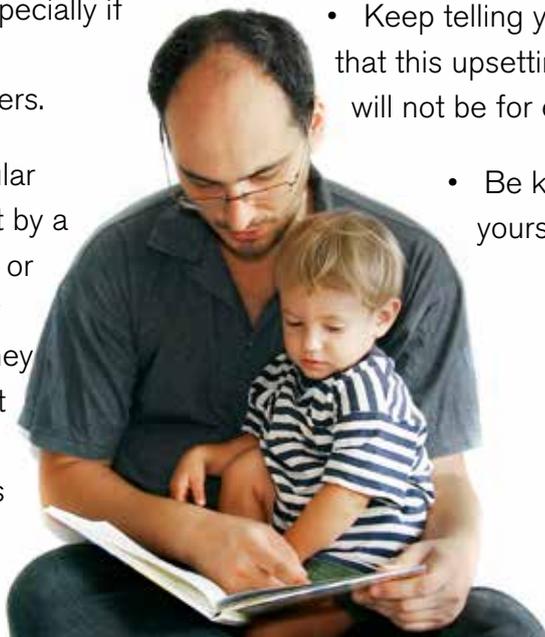
Ask your health visitor what is going on locally, and have a look through the list of support and information organisations on page 165. Many run local groups.

Sharing your feelings

You will almost certainly want (and need) to talk about your own feelings. Try to find another adult to talk to. Your children don't need to hear the details of your feelings about their father and will feel confused and unhappy about loving someone who you clearly don't love any more.

Bereavement

The death of someone you love can turn your world upside down and is one of the most stressful and difficult things you can go through.





If you have just had a baby, you may find it even harder to cope. It can help just to spend time with friends and family. 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 mixture of feelings. It takes time to get through it, and the process cannot be hurried. If you need help or advice, contact your GP or any of the relevant organisations listed from page 165.

If your partner dies

Losing your partner, particularly during your pregnancy or soon after childbirth, is devastating. You may feel numb and as if you will never be able to get over what has happened. That may be true; but it's also true that you will learn, eventually, to live with it. Don't be afraid to lean on family and friends for help and support for yourself and your baby.

Financially, you may need urgent advice and support. Call the benefit helpline Make the Call on 0800 232 1271.

You could also contact the WAY Foundation (www.widowedandyoung.org.uk).

Loneliness

Lots of mothers feel lonely, especially after the birth of a first baby. You may feel cut off from old friends but find it difficult to make new ones. Even if you have friends around you, it can be difficult to make the effort to get out and see them.

Meeting new people takes confidence, but it's worth it. Being able to share the ups and downs of parenting with other people who are in the same situation will help you to cope with the difficult times and make the good times better.

- Ask your health visitor for information about postnatal groups, mother and baby groups, carer and toddler groups, and playgroups. These may also be advertised on the noticeboard at your clinic or Sure Start Children's Centre. There may be a group specifically for young parents.

- Chat with other mothers at your baby or child health clinic.
- Talk to your health visitor and ask them to introduce you to other new mothers living nearby.
- Netmums, Home-Start, NCT and many other local organisations (sometimes based in churches or temples) run local groups where you can meet other people, chat, relax and get some support (see the useful organisations section from page 165 for details).

Postnatal mental health and wellbeing

During the first week after childbirth, many women get the 'baby blues'. Symptoms can include feeling emotional and irrational, bursting into tears for no apparent reason, feeling irritable or touchy or anxious and depressed.

These symptoms are probably caused by the sudden hormonal and chemical changes that happen after childbirth. They are perfectly normal and usually last for only a few days.

Postnatal depression

Sometimes, though, the baby blues just will not go away. Postnatal depression is thought to affect around 1 in 10 women (and up to 4 in 10 teenage

mothers). Although it's very common, many women suffer in silence.

Postnatal depression usually occurs two to eight weeks after the birth, although it can happen at any time up to a year after your baby is born. Some of the symptoms, such as tiredness, irritability or poor appetite, are normal when you have just had a baby, but these are usually mild and don't stop you leading a normal life. With postnatal depression, you may feel increasingly depressed and despondent, and looking after yourself or your baby may become too much.

Women with twins, triplets or more may suffer from postnatal and longer-term depression because of the extra stress of caring for more than one baby. Planning ahead, by getting information and advice on feeding and caring for two or more babies

before they are born, can help prepare you to cope and give you more confidence. See page 94 for more on coping with twins, triplets and more.

If you think you may be suffering from postnatal depression, don't struggle on alone. It doesn't mean you are a bad mother or that you cannot cope. Postnatal depression is an illness, so ask for help just as you would if you had the flu or had broken your leg. Talk to someone you can trust, such as your partner or a friend, or ask your health visitor to call in and see you. Many health visitors have been trained to recognise postnatal depression and have been taught techniques for dealing with it. Even if they cannot help you, they will know someone in your area who can.

You should also see your GP. If you don't feel up to making an appointment, ask someone to

do it for you or ask the doctor to visit you at home. Milder cases of postnatal depression can usually be dealt with by a health visitor or therapist. In more serious cases, your GP may prescribe anti-depressants. Some are safe to take while you are breastfeeding, so check that you are on the right one. Your GP may also refer you to a specialist.

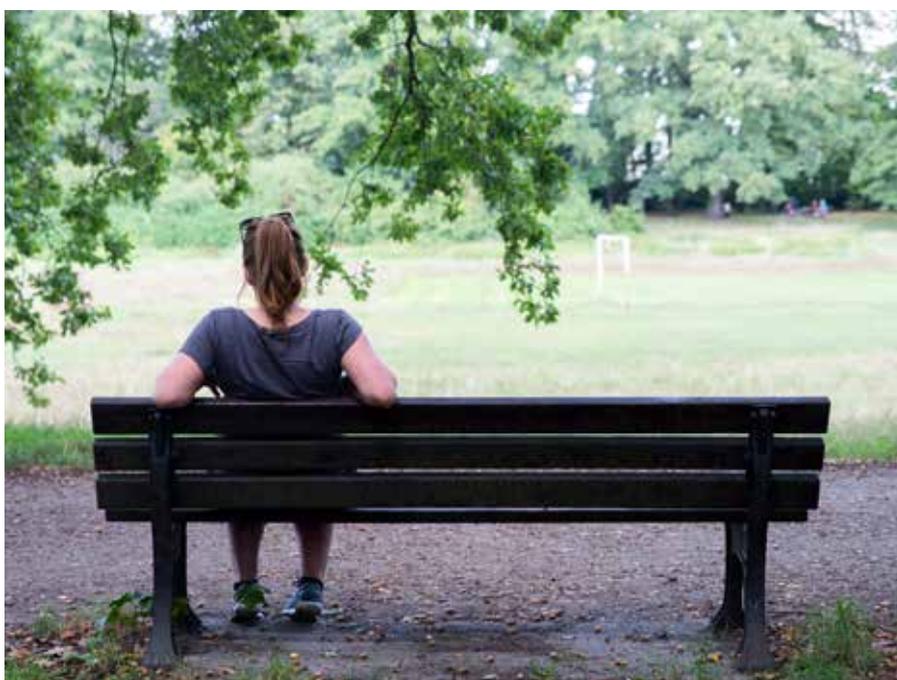
Puerperal psychosis

This is an extremely rare condition, affecting only one or two mothers in every thousand. You are more likely to be affected if you have severe mental illness or have a past history of severe mental illness, or if there is a family history of perinatal mental illness. Puerperal psychosis is a serious psychiatric illness, requiring urgent medical or hospital treatment. Usually, other people will notice the mother acting strangely.

Most women make a complete recovery, although this may take a few weeks or months.

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) can occur on its own or alongside postnatal depression. It's not clear why women develop PTSD, but there may be a link between the condition and feeling 'out of control' and/or being very frightened during the birth. Sometimes women



worry that they might die, or that their baby might die.

The symptoms include:

- flashbacks;
- nightmares;
- panic attacks;
- feeling emotionally 'numb';
- sleeping problems;
- feeling irritable or angry;
- irrational behaviour.

If you think you might be suffering from PTSD, you must talk to someone about how you are feeling. Your midwife, GP or health visitor will be able to advise you where to go for help. Don't be ashamed of how you are feeling. You are not alone, and remember, you will get better. Accepting that you need help is the first step towards recovery.

The Association for Post-Natal Illness (apni.org) can help. They can offer information and advice, and put you in touch with other mothers who've experienced PTSD and know what it's like.

Postnatal depression and men

Postnatal depression can affect men. Pregnancy and the birth of a baby can be a stressful time for both parents. Some men feel the pressure linked to



becoming a father too much to cope with. Sometimes coping with a partner who has postnatal depression can lead to a father becoming depressed as well. The symptoms of postnatal depression can surface any time in the first year of your baby's life.

Going back to work

For some mothers, the solution to feeling lonely and cut off is to go back to work. It's not always easy to find the right sort of work with the right sort of hours, or to make childcare arrangements. But if you feel that working outside the home could help you, there is plenty of support available.

Money, work and benefits

Money can be a major headache. The first step is to make sure you are getting everything you are entitled to.

Call the benefit helpline Make the Call on 0800 232 1271.

See page 161 for information about help with work and benefits.

Most mothers go back to work at some point. About half do so before their children start school. It may help to talk to other working mothers, but the most important thing is to

decide what is right for you and your family. You will need to consider all these issues:

- **Feeding.** If your baby is still breastfeeding, try to get them used to taking milk from a bottle or cup before you go back to work. For advice on feeding once you have gone back to work, talk to your health visitor, NCT, La Leche League, or the Association of Breastfeeding Mothers (see page 39 for contact details). You can express milk to leave for feeds. It's also possible to give your baby formula milk in the middle of the day and still breastfeed the rest of the time (mixed feeding). See page 28 for more on expressing milk.
- **Childcare arrangements.** Keeping arrangements as simple as possible will mean things are more likely to run smoothly, and that means less stress for you. You will also need to be reasonably sure the arrangements you have made will go on working effectively over time (see page 132 for more information about childcare).
- **Childcare costs.** Childcare can be very expensive. Will you be able to afford to pay for childcare out of what you earn? Can you find work that you can do while your partner is at home? Can you

fit work into school hours? Can a relative help out at least some of the time? Have you checked all the benefits you may be entitled to?

- **Housework.** Think about who is going to do it, and when. If you have a partner, talk to them about how you are going to share the housework and childcare.
- **Making time for your child.** Even the best childcare is not a substitute for a parent. There are ways that you can spend quality time with your child so that they know that they are special. If you work long hours during the week, can you or your partner keep your weekends free? If you don't see your child in the day, can they stay up later in the evening and

sleep longer during the day? You may be able to work flexi-time, part-time or a four day week, to free up time to spend with your child.

- **Flexible working.** Everyone has the right to ask their employers for flexible working arrangements if:
 - they are an employee (but not an agency worker or member of the armed forces);
 - they have worked for their employer for 26 weeks continuously by the time they make their request;
 - they have not made a request in the last 12 months.

