



When Should I Go to the Hospital?

Congratulations!

We are so excited for you and your upcoming delivery.

If you are greater than 36 weeks and you are having **any of the following symptoms**, go directly to **Banner Desert Medical Center, Women's Center**. You do not need to call the office.

- If you suspect your **bag of water has broken**. It is very important that you not take a bath, have sex, or place anything into the vagina if you suspect your bag of water has broken.
- If you are having regular **contractions** that are 5 to 6 minutes apart, lasting 45 to 60 seconds and making it difficult to walk or talk through.
- If your contractions are strong enough that you think you may want to have something for pain soon or if you feel you want to have your cervix checked.
- **Decreased or absent fetal movements**. If you have not felt at least four movements in the past hour, stop whatever you are doing, drink something cold and sweet, and lie down on your side for one hour. Within 20 minutes, your baby should start to move and be active. If you do not feel at least four movements in the next hour, go to the hospital immediately for monitoring.
- **Bright red blood** is never normal during pregnancy.
- The "mucus plug" is somewhat of a misconception. The cervix contains a significant amount of mucus that can come out at certain times. Occasionally, women may lose a large amount of mucus, especially late in pregnancy and with cervical change. Unless accompanied by contractions, the "mucus plug" is not an indicator of labor.

You do not have to notify your provider. The hospital will call us when you arrive.

We have both male and female physicians in our practice, and one of them will be on-site 24 hours a day. If your provider is unavailable, the on-call physician will take care of you. The call schedule can be found on our website at <http://www.swcwc.net/doctor-call-schedule>.

GBS Culture - FYI

A swab of the vaginal and rectal canals is obtained between 35 to 37 weeks. Group B Strep is bacteria that occur in about 20 to 35 percent of women who usually have no symptoms. In a few rare cases, infection from the bacteria can cause serious harm to the baby. Less than 1% of women who have Group B Strep will have an affected baby.



FREQUENTLY ASKED QUESTIONS

FAQ105

PREGNANCY

Group B Strep and Pregnancy

- **What is group B streptococcus?**
- **Why is group B streptococcus a concern for pregnant women?**
- **How can group B streptococcus affect a newborn?**
- **What is early-onset disease?**
- **What is late-onset disease?**
- **Will I be tested for group B streptococcus?**
- **What if the test result is positive?**
- **What if I am allergic to penicillin?**
- **Are there times when antibiotics are given without testing first?**
- **What if I plan to have a cesarean birth?**
- **Glossary**

What is group B streptococcus?

Group B streptococcus (GBS) is one of the many **bacteria** that live in the body. It usually does not cause serious illness, and it is not a **sexually transmitted infection (STI)**. Also, although the names are similar, GBS is different from group A streptococcus, the bacteria that causes “strep throat.”

Why is group B streptococcus a concern for pregnant women?

In women, GBS most often is found in the **vagina** and **rectum**. This means that GBS can pass from a pregnant woman to her **fetus** during labor. This is rare and happens to 1 or 2 babies out of 100 when the mother does not receive treatment with **antibiotics** during labor. The chance of a newborn getting sick is much lower when the mother receives treatment.

How can group B streptococcus affect a newborn?

Even though it is rare for a baby to get GBS, it can be very serious when it happens. Babies who get GBS may have early-onset or late-onset disease.

What is early-onset disease?

With early-onset disease, a baby typically gets sick within 12 to 48 hours after birth or up to the first 7 days. Early-onset disease can cause severe problems, such as

- inflammation of the covering of the brain or spinal cord (**meningitis**)
- infection of the lungs (**pneumonia**)
- infection in the blood (**sepsis**)

A small number of babies with early-onset disease die even with immediate treatment.

What is late-onset disease?

With late-onset disease, a baby gets sick between a week to a few months after birth. The disease is usually caused by contact with the mother after delivery if she is infected. But it can come from other sources too, such as contact with other people who have GBS.

Late-onset disease also is serious and can cause meningitis. In newborns, the signs and symptoms of meningitis can be hard to spot. Contact your baby's health care professional right away if your baby has any signs or symptoms of disease, including

- lack of energy
- irritability
- poor feeding
- high fever

Will I be tested for group B streptococcus?

Yes, pregnant women are screened for GBS as part of routine **prenatal care**. The test for GBS is called a culture. It is now done between 36 and 38 weeks of pregnancy. In this test, a swab is used to take a sample from the vagina and rectum.

What if the test result is positive?

If the results show that GBS is present, most women will receive antibiotics through an **intravenous (IV) line** once labor has started. This is done to help protect the fetus from being infected. The best time for treatment is during labor. Penicillin is the antibiotic that is most often given to prevent early-onset disease in newborns. While treatment with antibiotics during labor can help prevent early-onset GBS disease in a baby, this treatment does not prevent late-onset disease.

What if I am allergic to penicillin?

If you are allergic to penicillin, tell your health care professional before you are tested for GBS. You may have a skin test to determine the severity of your allergies. If needed, other antibiotics can be used.

Are there times when antibiotics are given without testing first?

In some cases, women are automatically given antibiotics during labor without testing for GBS. Antibiotics may be given without testing if

- you had a previous child who had GBS disease
- you have GBS bacteria in your urine at any point during your pregnancy
- your GBS status is not known when you go into labor and you have a fever
- your GBS status is not known and you go into labor before 37 weeks
- your GBS status is not known and it has been 18 hours or more since your water broke
- your GBS status for this pregnancy is not known but you tested positive for GBS in a past pregnancy

What if I plan to have a cesarean birth?

Women who have a **cesarean birth** do not need to be given antibiotics for GBS during delivery if their labor has not started and the **amniotic sac** has not ruptured (their water has not broken). But these women should still be tested for GBS because labor may happen before a cesarean birth. If the test result is positive, the baby may need to be monitored for GBS disease after birth.

Glossary

Amniotic Sac: Fluid-filled sac in a woman's uterus. The fetus develops in this sac.

Antibiotics: Drugs that treat certain types of infections.

Bacteria: One-celled organisms that can cause infections in the human body.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Group B Streptococcus (GBS): A type of bacteria that many people carry normally and can be passed to the fetus at the time of delivery. GBS can cause serious infection in some newborns. Antibiotics are given to women who carry the bacteria during labor to prevent newborn infection.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Meningitis: Inflammation of the covering of the brain or spinal cord.

Pneumonia: An infection of the lungs.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Rectum: The last part of the digestive tract.

Sepsis: A condition in which infectious toxins (usually from bacteria) are in the blood. It is a serious condition that can be life threatening. Symptoms include fever, rapid heart rate, breathing difficulty, and mental confusion.

Herbs and Foods to Increase Your Breast Milk Supply

How can I increase my milk supply?

To keep up your milk supply, you need to empty your breasts 8 or more times a day in the first few months. If you are doing this, and your milk supply is not enough for your baby, you can also take herbs or eat foods (*galactagogues*) to promote lactation.



Even if you take a galactogogues, you still need to **empty your breasts well at least 8 times a day** by nursing or pumping. Talk with a lactation consultant for help with this.

What Herbs can help?

You can buy these galactogogues herbs without a prescription:

- Fenugreek seeds
- Brewer's Yeast
- Moringa (Malunggay)
- Galega (Goat's Rue)
- Shatavari

Which herb do I take?

An herb that helps one mother may not work for another. To find out if an herb will work for you, take the herb for 3-7 days and watch your milk supply. You should see an increase in your milk after that time. If you do not see an increase, try one of the other herbs.

How do I take the herbs?

These herbs come as capsules, liquids, or teas. Each can be taken by itself or with others. Follow the dose instructions on the package.

Are there any side effects?

- Some herbs and herb blends are not advised for pregnant women. Check the label for any warnings.
- Any herb can cause an allergic reaction. Stop using the herb if you have any reactions.
- Some herbs cause perspiration, gas or loose stools. Fenugreek can make your urine smell sweet, like maple syrup.

- Both fenugreek and galega can lower blood sugar and cholesterol.
- Do not take fenugreek if you take *anticoagulants* (blood-thinners).

Where can I buy these herbs?

You can buy these herbs without a prescription on *Amazon.com* or in stores that sell herbal remedies. You can find fenugreek at most drugstores.

To Learn More

- Visit <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm> to search for safety information on drugs and supplements that affect breastfeeding.
- Visit <http://www.lowmilksupply.org/>.

Foods to Increase Your Milk Supply

It's always good to eat a well-balanced, healthy diet and drink plenty of water. To promote milk production, you may want to add some *lactogenic* foods (foods that increase milk secretion) to your diet:

- Vegetables: fennel root, beetroot, carrots, yam, sweet potato, dark leafy greens.
- Fruit: dates figs, apricots, papaya
- Some Fats: butter, olive oil, coconut oil, sesame oil
- Grains: barley, oats and oatmeal, quinoa, rice, brewer's yeast
- Nuts and Seeds: almonds, sesame seeds, sunflower seeds, chia seeds, hemp seeds, flaxseeds, coconut
- Legumes: chickpeas, lentils, peas, green beans, kidney, black beans, white beans
- Seasonings: marjoram, basil, pepper, fennel, anise, dill, caraway, cumin, garlic, ginger, onion



“Lactation cookies” are also a nice treat to make or purchase. You can find recipes online that include oats, brewer's yeast, flaxseed, and more.



FOODS TO HELP INCREASE BREAST MILK SUPPLY



DRINKS

WATER, COCONUT OR BARLEY WATER, GINGER ALE, LACTATION TEAS W/RED RASPBERRY LEAF OR MILK THISTLE

DRINKS W/CHICORY, DANDELION, HOPS OR MALT



FRUITS

APRICOT, GREEN PAPAYA



HERBS

FENNEL, GARLIC, GINGER, FENUGREEK, GOAT'S RUE



NUTS & SEEDS

SESAME SEEDS, CASHEWS, ALMONDS, MACADAMIA NUTS



GRAINS

OATMEAL, BROWN RICE, BARLEY, MILLET



SPICES

MARJORAM, BASIL, ANISE, DILL, CARAWAY, TURMERIC



VEGGIES

ASPARAGUS, GREEN BEANS, CARROTS, SPINACH, YAM, WATERCRESS, SWEET POTATOES, DANDELION GREENS, PEAS, BEET, ALL GREEN LEAFY VEGETABLES

Information for breastfeeding families

Increasing Your Breastmilk Supply



During the first few days and weeks, frequent stimulation of the breasts by breastfeeding or by using a breast pump is essential to establish an abundant breastmilk supply. If you find your milk supply is low, try the following recommendations.

More breast stimulation

- Breastfeed more often, at least 8 or more times per 24 hours
- Discontinue the use of a pacifier
- Try to get in “one more feeding” before you go to sleep, even if you have to wake the baby
- Offer both breasts at each feeding
- Empty your breasts well by massaging while the baby is feeding
- Assure the baby is completely emptying your breasts at each feeding.

Use a breast pump

- Use a hospital grade breast pump with a double kit
- Pump after feedings or between feedings
- Apply warmth to your breasts and massage before beginning to pump
- Try “power pumping.” Pump for 15 minutes every hour for a day; or try pumping 10 minutes, resting 10 minutes, pumping 10 minutes and so on, for an hour

Mother care

- Reduce stress and activity. Get help
- Increase fluid intake
- Eat nutritious meals; continue to take prenatal vitamins
- Back rubs stimulate nerves that serve the breasts (central part of the spine)
- Increase skin-to-skin holding time with your baby; relax together
- Take a warm, bath, read, meditate, and empty your mind of tasks that need to be done

Avoid these things that are known to reduce breastmilk supply

- Smoking
- Birth control pills and injections
- Decongestants, antihistamines
- Severe weight loss diets
- Mints, parsley, sage (excessive amounts)

Keep records

- It is important to keep a daily log with the 24 hour pumping output totals - this amount is more important than the pumped amount at each session. This will help you see your progress over the days.
- Keep in touch with your healthcare provider to monitor your progress and modify your care as necessary.

Retained placenta

- If you are not seeing improvement and you are still having vaginal bleeding after 2 weeks, discuss the possibility of retained placental fragments with your healthcare provider. Small bits of the placenta can secrete enough hormones to prevent the milk from coming in.

Low thyroid

- Have your healthcare provider check your thyroid levels. Low thyroid can affect milk supply.

If supplementation is recommended

- Determine the amount needed with your healthcare provider
- Pump after the feeding
- Offer the supplement in a way that won't interfere with breastfeeding such as a tube or syringe at the breast or a cup or spoon
- Wean your baby off the supplements gradually.

Other resources

- <http://www.lowmilksupply.org/>

OTHER BREASTFEEDING RESOURCES

Arizona Department of Health Services Pregnancy and Breastfeeding Hotline
TOLL FREE, 24 Hour, BILINGUAL, HELP LINE 1-800-833-4642

Banner Health's 602-230-CARE Resource Line 602-230-2273

Banner Desert Medical Center & Cardon Children's Medical Center
Weekly Support Group Thursdays 1-2:30, excluding holidays - 480-412-3035
Come in Cardon Children's Medical Center, entrance facing Southern Ave

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WIC Program: If you are participating in the WIC program, help is available at your clinic. You may also borrow an electric breast pump if you have a premature baby, difficulties with breastfeeding, or are going back to work or school.

To find the nearest WIC Clinic, call (602) 542-1886 OR 1-800-252-5942

Maricopa County WIC Peer Counselor Program: Call your WIC clinic for an appointment with a counselor for one-on-one help with breastfeeding. Call **602-506-9333**

Mountain Park WIC Peer Counselor Program: Call your WIC program for appointment.

Native Health Clinic WIC Program - 4041 N. Central Ave 602-279-5262
Phoenix Indian Medical Center WIC - 602-263-1558

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Gila River Genesis Program - 520-562-1237

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La Leche League International – www.llli.org
Provides phone support from experienced mothers trained to help you. Call for information about Breastfeeding Support Groups in your area **on line at: www.lllofaz.org**
Phoenix and Northern Arizona (8am-8pm) 602-234-1956
Tucson and Southern Arizona (8am-8pm) 528-789-6455

TOLL FREE Warm Line (8am-4pm EST): 1-877-LA LECHE (1-877-452-5324)

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National Breastfeeding Help Line – Bi-Lingual 1-800-994-9662
TDD: 888-220-5446
Provides phone support by a Breastfeeding Peer Counselor 9am-6pm EST at no charge

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Websites/APPS that may be helpful:
<http://kellymom.com/> Breastfeeding Information
www.breastfeedinginc.ca/ Breastfeeding Information and videos
<http://www.infantrisk.org/> Medications and Mothers Milk
<http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT> Medications
<http://womenshealth.gov/breastfeeding/index.html>
<http://www.womenshealth.gov/breastfeeding/going-back-to-work/>
www.ilca.org to find Lactation Consultant in your area - enter your zip code
<https://www.hrbana.org/> - Human Milk Banking Association of North America
<http://www.womenshealth.gov/breastfeeding/employer-solutions/laws.html>
<https://med.stanford.edu/newborns/professional-education/breastfeeding.html>

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*****For Physician Moms Only: www.drmlk.org – Support for physicians who are Breastfeeding**

BREASTFEEDING RESOURCE LIST
2019

- Banner Desert/Cardon Children's Medical Center 480 412-3035
BDMC/CCMC NICU: 480 412-5146
- Banner Gateway Medical Center 480 543-2752
- Banner Ironwood Medical Center 480-394-4422
- Banner University Medical Center 602-839-3502
BUMC NICU: 602-839-7516
- Banner Thunderbird Medical Center 602-865-5920
- Banner Estrella Medical Center 623-327-8001
- Banner Del E. Webb Medical Center 623-524-4332
- Banner Casa Grande Medical Center 520-381-6386

Updated: July 2019

**Your health insurance company may cover the cost of a lactation consult and/or a breast pump, if needed.
Check with your insurance company.**

RN = Registered Nurse
IBCLC = the abbreviation for *International Board Certified Lactation Consultant*. It indicates that an individual has had education and experience to help breastfeeding mothers and has passed an international qualifying exam. The term "lactation consultant" does not guarantee that the individual using this title has any special education or experience in assisting breastfeeding mothers. It is wise to ask about the credentials of professionals offering advice and assistance with breastfeeding.

EAST VALLEY

Breast Pump Rentals:

Banner Gateway Medical Center

Modern Mommy Boutique

Anything for Baby

Modern Milk Gilbert

Modern Milk Scottsdale

480-543-2752

480-857-7187

480-515-9783

480-534-8192

480-999-1585

Banner Home Medical Equipment

Medela Pumps through your insurance – Can preregister while pregnant

Ask for a Case Manager, call for information

480-657-1600

FAX: 888-403-4114

East Valley Breastfeeding Support Groups:

Banner Desert/Cardon Children's Medical Center Breastfeeding

Support Group 480-412-3035

- Every Thursday, 1-2:30pm, excluding holidays – Enter at the Cardon Children's Entrance, entrance that faces Southern Ave

Banner Gateway Medical Center

480-543-2752

Rentals: Mother's Support Group, Every other Tuesday, call for dates

Banner Ironwood Breastfeeding Support Group

480-394-4422

2nd & 4th Tuesday, 10-11AM, Banner Health Center @ 21772 S. Ellsworth Loop QC

EAST VALLEY

Arizona Breastfeeding Center www.azbreastfeedingcenter.com **480-442-8491**

Tempe AZ - Consultations: BF Support Group - 1st & 3rd Tues, 10am

Heather Evans, IBCLC - www.empoweredlactation.com **480-351-0149**

Tatiana Daughtrey IBCLC – www.northstarwellness.com **602-743-8062**

Trine Bradshaw, IBCLC- www.BreastforBaby.com **480-242-5588**

Micheala Zach, IBCLC – www.swperinataledu.com **480-406-7413**

Marti Baca, RN, IBCLC - Casa Grande

www.alovingstartlactationassistance.com

623-695-3975

Emily Barnes, IBCLC – www.liquidgoldlactationaz.com **480-528-5891**

PHOENIX

Banner University Medical Center Phoenix – Breastfeeding Support Group
Mondays 10am-11am – Prenatal Class room, except Major holidays **602-839-3502**

TLC Lactation Consulting **775-771-1390**

Beth Melton, RN, IBCLC – Phoenix – West Valley

Bethany Women's Healthcare **602-348-2483**

3660 W. Bethany Home Road, Phoenix - Consultations: Support Group

The Milk Spot – Donor Milk Collection **602-529-5159**

Belth Melton, RN, IBCLC www.tlclactation.com **775-771-1390**

Jacqueline Kincer, BA, IBCLC www.holisstlactation.com **602-842-2863**

NORTHEAST VALLEY

Rene' Moore, IBCLC - Consultations **602-725-6648**

Carol Kidd, IBCLC – www.connectionslactationcare.com **602-888-1969**

Kerrie Christie, IBCLC – www.habitatlactation.com **480-721-4585**

Dr. Cara Riek, DNP, FNP-BC, IBCLC- www.bfmedaz.com **480-208-1490**

Arizona Breastfeeding Medicine and Wellness **480-508-0861**

Michelle Hottya, IBCLC www.hottya.com **480-420-8567**

WEST VALLEY

Banner Estrella Breastfeeding Support Group **623-327-8001**

- Every Monday 1p-2p, Conference Center

Banner Thunderbird Breastfeeding Support Group **602-524-4283**

- 1st and 3rd Tuesday of each month – 2:30-4pm

Banner Del E. Webb Medical Center - Lactation Center **623-524-4283**

Consultations, Pump Rentals, Breastfeeding Support Group **623-524-4332**

Hablo Espanol 623-524-4418

MaryLou Sandoval, IBCLC www.joyfulbreastfeeding.com **623-980-0347**

Hablo Espanol

Amey Fields, RN, IBCLC www.azbreastfedbabies.com **623-687-6659**

Summer Lang, RN, IBCLC www.ssbreastfeeding.com **623-282-4352**



Banner Desert
Medical Center

Pregnancy and Postpartum Adjustment Support Group

**Are you feeling sad, anxious,
overwhelmed or disconnected?**

We are here for you...

Pregnancy and Postpartum Adjustment Support Group

You are not alone. You are not to blame.
This group is free and no registration is necessary.
Babies are welcome.

Tuesdays @ 10 to 11:30 a.m.

Banner Desert Medical Center
1400 S. Dobson Road, Mesa, AZ

2145 Building, 4th Floor

Parking available in front of 2145 Building
**This is not in the hospital but in a building on
the southwest corner of campus.*

Please call Suzanne @ (480) 412-5292 for more information.

Baby Blues and Postpartum Depression

While it is hoped the transition to mothering will be smooth, many new moms experience a sometimes dramatic shift in their emotional well-being. Postpartum adjustment can include wide mood swings, depression, anxiety, and in its most extreme form, loss of touch with reality. The most common problems are the baby blues and postpartum depression.

Baby Blues

- Experienced by 70 to 80 percent of all new mothers
- Onset is usually within 2 to 3 days following delivery and lasts 7 to 10 days
- Symptoms may include:

Sadness	Crying spells
Fatigue/exhaustion	Anxiety
Mood swings	Irritability
Confusion	Feeling overwhelmed
Difficulty coping	Inability to sleep, even when baby sleeps
Increased sensitivity	Loneliness

Postpartum Depression (PPD)

If the baby blues persist for more than 2 weeks or if the symptoms intensify, the condition is considered to be postpartum depression.

- Experienced by 10 to 20 percent of all new mothers
- The highest incidence of PPD occurs 4 to 8 weeks postpartum but may start anytime within the first year after birth.
- Though most women will recover within 6 to 12 months without treatment, the condition may become chronic and interfere with mother-baby attachment
- Symptoms may include all of the problems associated with the baby blues with the addition of:

Appetite changes	Difficulty concentrating or remembering things
Indecisiveness	Feelings of worthlessness or guilt
Anger, agitation	Obsessive thoughts or fears
Loss of control	Lack of interest in usual activities
Wanting to run away	Loss of the ability to experience pleasure
Feeling disconnected	Lack of concern with personal appearance
Disturbing thoughts	Fears or thoughts of hurting yourself or your baby

Postpartum Psychosis

This is the most extreme form of postpartum adjustment reaction and occurs very rarely.

- Experienced by 1 or 2 mothers per 1,000 births
- Onset can be immediate following delivery or occur within the first several months
- Treatment must be sought immediately as a woman's condition may deteriorate rapidly
- Symptoms may or may not include those of postpartum depression along with any or all of the following:

Extreme agitation	Extreme irritability
Irrationality	Inability to care for self or baby
Sleeplessness	Delusions and/or hallucinations
Impulsiveness	Suicidal thought or plans
Thoughts of hurting your baby	

If you are not feeling like yourself following the birth of your baby and wonder if you may be suffering from a postpartum reaction, call for a telephone consultation or an appointment for a complete evaluation. Paula Tanis is state licensed and nationally certified in counseling and has a background in maternal-child health nursing.

Paula Tanis, BSN, MC
2204 S. Dobson Rd., Suite 203, Mesa, AZ 85202
480-777-9446
www.paulataniscounseling.com



THE POSTPARTUM STRESS CENTER

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Postpartum Depression: Patient Information Sheet

What does postpartum depression feel like?

- “It feels scary.”
- “It feels out of control.”
- “It feels like I’m never going to feel like myself again.”
- “It feels like each day is a hundred hours long.”
- “It feels like no one understands.”
- “It feels like my marriage cannot survive this.”
- “It feels like I’m a bad mother.”
- “It feels like I should never have had this baby.”
- “It feels like if I could only get a good nights sleep, everything would be better.”
- “It feels like I have no patience for anything anymore.”
- “It feels like I’m going crazy.”
- “It feels like I will always feel like this.”

Why did this happen to me?

There is no single cause or reason. PPD is a condition that results from a combination of biologic, hormonal, environmental and psychological factors. It is most often influenced by a number of risk factors, some of which may include: dramatic hormonal changes, unexpected childbirth experience, chronic sleep deprivation, your family’s medical history, your previous experience with depression, (particularly PPD), recent losses, lack of social support, environmental stressors, high-needs infant, perceived loss of control, unsupportive partner, history of abuse. It’s important to note that PPD can strike women with no risk factors, too. It is not fully understood why it happens to some women and not to others, but we do know exactly what to do to treat it. For each woman with PPD, the combination of factors that cause it are unique.

Will this ever go away?

Yes. Postpartum illness is more common than you might think. It is a real medical condition that affects 20% of new mothers. It is not your fault. It did not happen because you are weak, or thinking the wrong things, or because you are not a good mother. PPD is a mood disorder characterized by a cluster of symptoms (which are present most of the time during a period of at least two weeks) which can include: weepiness, irritability, anxiety, sleeplessness, loss of appetite, excessive guilt, difficulty concentrating, obsessive thoughts, panic, feelings of sadness, hopelessness, thoughts about death, general fatigue. These feelings and thoughts — which can make you feel like you are doing something wrong or simply not handling motherhood very well — are symptoms which respond well to treatment.



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How do I know if I have postpartum depression or if what I'm feeling is normal?

Trust your instincts. If you think something is wrong, it probably is. That doesn't mean anything terrible is happening. It may mean you are overwhelmed and overloaded and need some down time so you can get things back on track. It is possible for you to be experiencing what we call Postpartum Stress Syndrome, which is not a clinical depression, but rather an adjustment disorder that is self-limited and responds well to supportive intervention. Baby blues, which is marked by feelings of sadness, fatigue, anxiety, occurs shortly after birth and lasts for a few days to a couple of weeks. Postpartum Stress Syndrome and Postpartum Depression can emerge any time during the first postpartum year. If you notice that you are feeling worse as time goes on, it's important for you to let someone know how you are feeling. Do not let feelings of guilt or shame or embarrassment get in the way of you doing what you need to do to feel better.

What can I do about it?

First, focus on self-help measures, such as eating nutritiously, even if you're not hungry; resting as much as you can, even if you can't sleep; getting out of the house for a walk, even if you don't feel like moving. Avoid caffeine, alcohol, high fat and sugar foods. Talk to someone you trust about the way you are feeling. Let your doctor know. Let your partner know. Find supportive people who can help you and accept their help. Do not delay getting proper treatment. The longer you wait, the harder it is to treat.

What if I still don't feel better?

Sometimes, self-help measures are not enough. If symptoms persist for more than two weeks, you should consider seeking professional support. Ask your doctor for the name of a good therapist who specializes in the treatment of women and depression. Often, the combination of therapy and antidepressant medication is the most efficient, effective treatment for PPD.

What can my husband do to help?

- He can encourage you to rest as much as possible.
- He can take you seriously and listen to your concerns.
- He can go to the doctor or therapist with you to get more information and support for himself.
- He can help you set limits.
- He can sit with you when you're feeling bad.
- He can tell you he loves you and remind you that you won't always feel this way.
- He can reassure you that he's not going anywhere and he can wait this out as long as it takes.
- He can give you permission to do what you need to do to take care of yourself during this vulnerable time.
- He can continue to take care of himself so he remains strong and supportive.



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Is there anything else I can do to help myself feel better?

- You can stop blaming yourself.
- You can stop feeling guilty.
- You can begin to accept that you have an illness that is treatable and take the steps necessary for recovery.
- You can put yourself on top of your list of things to take care of.
- You can ask for help and accept it when it is offered.
- You can try to make time for yourself and do your best not to overload yourself.
- You can give yourself permission to rest, to exercise, to surround yourself with things that feel good.
- You can avoid people and things that make you feel bad.
- You can stay close to those who love you unconditionally.
- You can thank them for their continued support.
- You can accept your feelings, good and bad.
- You can take one day at a time, allow yourself the freedom to make mistakes and you can remind yourself that you will not always feel this way.
- You can understand that the healing process is a slow one and may not move as quickly as you would like.
- You can believe that you will feel better again.

Please inform your healthcare provider if you do not like the way you are feeling.