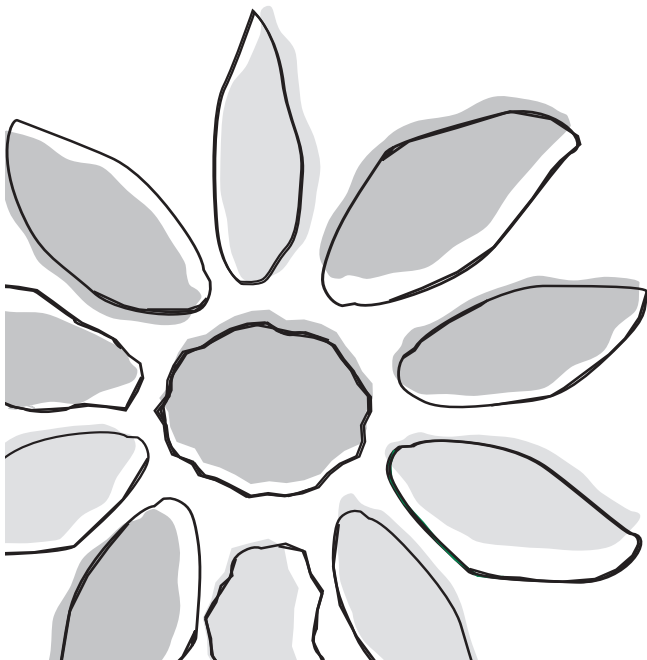


patient guide

Self-care Program

for Women with
Postpartum
Depression
and Anxiety

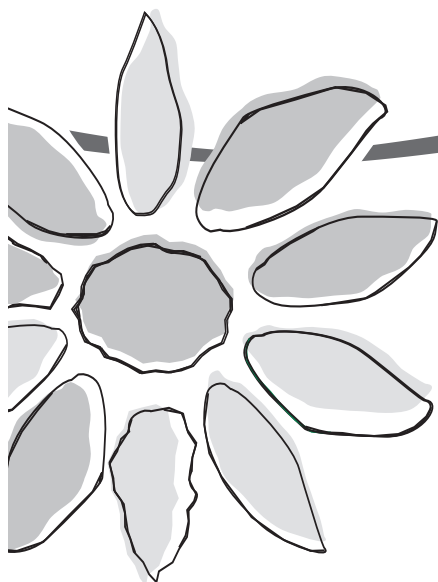


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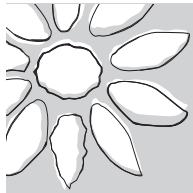
Doris Bodnar, MSN, Deirdre Ryan, MB, FRCPC

Jules E. Smith, MA, RCC

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introduction

THIS MANUAL WAS CREATED to meet the need of both women with postpartum depression and the health care providers who treat these women and their families.

Our goals were to:

1. educate about the causes, presentation and different treatments of postpartum depression
2. provide structured exercises to help women become active participants in their own treatment and recovery.

What is the Provincial Reproductive Mental Health Program?

We are a group of practitioners and researchers based at the Provincial Reproductive Mental Health Program at BC Children and Women's Health Centre and St. Paul's Hospital in Vancouver, BC. We represent several disciplines including psychiatry, psychology, nursing and nutrition. Together, we have many years of clinical experience working with women and their families dealing with emotional difficulties related to the reproductive cycle.

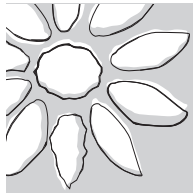
We bring a wide range of skills and life experiences to the preparation of this manual as well as the experience of other women who have been treated and recovered from postpartum depression.

Who Is This Manual For?

For Women: This manual is targeted for women who are having emotional difficulties in the postpartum period. We hope it will guide you to make positive changes in your postpartum experience. This information alone, however, will not be enough to treat your illness. You must also speak to your doctor, public health nurse, mental health worker or other health care provider about appropriate treatment options.

For Health Care Providers: We wrote this manual to provide you with tools to empower women with information and meaningful activities to enable them to make positive changes in their postpartum experience. It was designed to allow you to choose from the section(s) of the PATIENT GUIDE that are pertinent to the woman with whom you are working.

Note: If English is your second language you may wish to ask your care provider to assist you with this manual.



introduction

We're Looking for Your Feedback and Personal Stories

Thank you for all the positive feedback about the self-care program and ideas for enhancing the guide. We have incorporated many of your suggestions into this edition.

In addition, we have had requests that we include stories written in the first person by women who have had experience and recovery from Post Partum Depression and Anxiety. Please write to us about your own personal experience, the things that you did and support that you found that helped your recover. We will change any identifying information and would like to incorporate your stories into our next edition. This will allow us to combine our skills and knowledge with yours to provide users of this guide the opportunity for a positive life-altering experience.

Please send your comments about the Patient Guide to dbodnar@cw.bc.ca. Future revisions of this guide will rely on your responses.

How to Use This Manual

This manual includes information on postpartum depression and anxiety as well as different exercises and activities that will lead to positive changes. One way to start is by completing the self-assessment on the following pages. Identify your strengths and the areas you would like to work on. You can read the manual through from front cover to back, or go directly to the sections that correspond with your goals. You may find it most useful to begin with the areas that are most important to you.

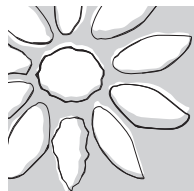
You may read this manual on your own, with your spouse or together with a supportive friend. You may also work with your health-care provider or counselor to go over some of the materials and activities.

my strength and goals

Here is a list of things that may help you to recover from postpartum depression or anxiety. For each one, circle the answer that best describes you.

| | This is a strength that I have. | I do this okay. | I'd like help with this. | Does not apply. |
|---------------------------------------------------------------------------------|---------------------------------------|--------------------|--------------------------------|--------------------|
| 1. I know the signs and symptoms of depression. (page 11) | Strength | Okay | Help | N/A |
| 2. I know the signs and symptoms of anxiety. (page 12) | Strength | Okay | Help | N/A |
| 3. I understand my illness. (pages 44-45) | Strength | Okay | Help | N/A |
| 4. I eat good food to keep me healthy. (pages 35-42) | Strength | Okay | Help | N/A |
| 5. I try to get 5 hours uninterrupted sleep at least once a week. (pages 46-48) | Strength | Okay | Help | N/A |
| 6. I rest when the baby is sleeping. (pages 49-50) | Strength | Okay | Help | N/A |
| 7. I do something for myself everyday. (pages 43, 61) | Strength | Okay | Help | N/A |
| 8. I can relax. (pages 49-50, 70-71) | Strength | Okay | Help | N/A |
| 9. I know where to go for spiritual comfort. (pages 51-52) | Strength | Okay | Help | N/A |
| 10. I don't feel alone. (pages 91-94) | Strength | Okay | Help | N/A |
| 11. I do things that I enjoy and have fun. (page 69) | Strength | Okay | Help | N/A |

continued next page



| This is a strength that I have. | I do this okay. | I'd like help with this. | Does not apply. |
|----------------------------------------------------------------------------------------------|-----------------|--------------------------|-----------------|
| 12. I understand the different treatments available for postpartum depression. (pages 20-25) | | | |
| Strength | Okay | Help | N/A |
| 13. I exercise on a regular basis. (pages 53-56) | | | |
| Strength | Okay | Help | N/A |
| 14. I am able to plan 1 or 2 things to do in a day. (page 62) | | | |
| Strength | Okay | Help | N/A |
| 15. I take small steps towards my larger goals. (page 32) | | | |
| Strength | Okay | Help | N/A |
| 16. I notice when my thinking is negative. (page 75) | | | |
| Strength | Okay | Help | N/A |
| 17. I feel connected to my partner. (pages 103-104) | | | |
| Strength | Okay | Help | N/A |
| 18. I feel connected to my baby. (pages 99-102) | | | |
| Strength | Okay | Help | N/A |
| 19. I enjoy breastfeeding. (pages 105-106) | | | |
| Strength | Okay | Help | N/A |
| 20. I feel confident that I can solve my problems. (pages 91-92) | | | |
| Strength | Okay | Help | N/A |
| 21. I am comfortable asking for help. (pages 75, 93) | | | |
| Strength | Okay | Help | N/A |
| 22. I know who to ask for help. (pages 26, 94) | | | |
| Strength | Okay | Help | N/A |
| 23. I can tell people when I am angry or frustrated. (pages 96-97) | | | |
| Strength | Okay | Help | N/A |
| 24. My partner knows what to do to support me. (page 107) | | | |
| Strength | Okay | Help | N/A |
| 25. I do things that help me feel better. (pages 98, 110-109) | | | |
| Strength | Okay | Help | N/A |



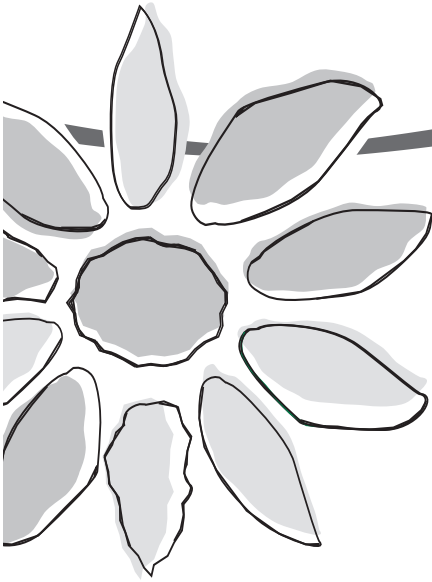
introduction

Acknowledgments

This manual also is indebted to previous work that has been published on depression and postpartum mood disorders. We have done our best to acknowledge throughout the text where material has been adapted. In addition, we would like to acknowledge the following publications that were used as resources:

- *Mental Disorders Tool Kit; Anxiety Disorders Tool Kit; Depression Tool Kit*, BC Partners for Mental Health Addictions Information, Vancouver BC, 2003. Available on line at www.mentalhealthaddictions.bc.ca
- *Beyond the Blues*, Shoshana S. Bennett, PhD and Pec Indman, Ed.D, Moodswings Press, San Jose CA, 2002.
- *Breaking the Silence*, Cydney Weingart, Noodle Soup, Cleveland OH, 2002.
- *Parenting Well When You're Depressed*, Joanne Nicholson, PhD, Alexis D. Henry, SC.D., Jonathan C. Clayfield, M.A., Susan M. Phillips, New Harbinger Publications, Inc., Oakland, CA, 2001.
- *Promoting Maternal Mental Health During Pregnancy*, NCAST, University of Washington, Seattle WA, 2001.
- *Postpartum Depression and Anxiety: A Self Help Guide For Mothers*, Pacific Post Partum Support Society, Vancouver BC, 1997. www.postpartum.org, 604-255-7999.
- *PMS & PMDD: A Positive Approach*, Barb Komar, Reproductive Mental Health Program 2003.
- *Self-Care Depression Program*, Randy Paterson and Dan Bilsker, Mental Health Evaluation and Community Consultation Unit and Department of Psychiatry, Faculty of Medicine, The University of British Columbia, 2002. Available on line at www.mheccu.ubc.ca
- *The Seven Principles for Making Marriage Work*, John Gottman and Nan Silver, Three Rivers Press, New York, NY, 1999.
- *Shouldn't I Be Happy?* Shaila Misri, MD, The Free Press, New York NY, 1995.
- *Women's Moods*, Deborah Sichel, MD and Jeanne Watson Driscoll, M.S., William Morrow and Company, New York NY, 1999.

information



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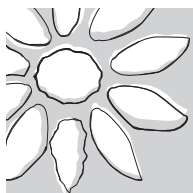
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"Postpartum Depression is a
Treatable Illness"

What Is Postpartum Depression (PPD)?

Postpartum Depression is an 'umbrella term' used to cover a variety of emotional problems that can affect the mother after giving birth. There is no single or accepted definition of 'postpartum depression' or PPD for short. Instead, it is described as a group of symptoms that can negatively affect the mother once her baby is born. These symptoms change her mood, behaviour and outlook.

Postpartum Depression can begin in pregnancy, right after birth, or anytime within the entire first year. The symptoms range from mild blues to total despair. Serious depression – a constant, intense, sad and empty feeling that lasts 2 weeks or more – is an illness that requires medical help. The new mother should be reassured that Postpartum Depression is a treatable illness and that with treatment she can function in all areas of her life.

Research suggest that the incidence of PPD in Canada and world wide ranges from 10-18% of pregnancies.

signs and symptoms of PPD:

- Depressed mood or extreme sadness
- Crying spells for no apparent reason
- Guilty thoughts or feelings of worthlessness or hopelessness
- Thoughts of ending your life or other frightening thoughts
- Panic attacks or excessive worrying
- Feelings of inadequacy or resentment towards the baby
- Changes in your sleep or appetite
- Restlessness, lack of control, or lack of energy
- Difficulty concentrating
- Withdrawing from family, friends, social interactions
- Some women may have more physical symptoms such as:
 - Feeling weak, feeling hot
 - Gas, constipation or diarrhea
 - Headaches, heaviness in the head or feels like your brain is exploding





What Is Postpartum Anxiety?

Under the 'Umbrella term' Postpartum Depression, women may also have overlapping symptoms of anxiety.

Women commonly experience symptoms of anxiety along with symptoms of depression in the postpartum period. The overlapping symptoms of anxiety can exist under the 'umbrella term' Postpartum Depression. However, a woman may experience symptoms of anxiety without being depressed.

A combination of these symptoms can begin in pregnancy, right after birth, or anytime within the entire first year. Often these women have had previous symptoms of anxiety or panic attacks. The new mother should be reassured that she is experiencing symptoms that are part of a treatable illness and that with treatment she can function in all areas of her life.

symptoms of anxiety may include:

- Depressed mood or extreme sadness
- Unrealistic or excessive worry
- Trembling, twitching or feeling shaky
- Restlessness
- Easily tired
- Shortness of breath or smothering sensations
- Racing and/or pounding heart
- Sweating or cold clammy hands
- Dizziness or lightheadedness
- Feeling keyed up or on edge
- Difficulty concentrating or mind going blank
- Trouble falling or staying asleep
- Gas, constipation or diarrhea
- Irritability
- Easily startled





information

It is not uncommon for a woman with symptoms of anxiety in the postpartum period to have an anxiety disorder. This may or may not co-exist with postpartum depression. The most common forms of anxiety disorders are Panic Disorder and Obsessive Compulsive Disorder (OCD). These disorders are described in more detail below.

A less common anxiety disorder encountered in the postpartum period is Post Traumatic Stress Disorder (PTSD). This is seen in women who have history of childhood abuse or find the birth experience very traumatic. In addition to the symptoms of anxiety mentioned above these women may also experience flashbacks and nightmares.



Panic Disorder

During pregnancy symptoms of anxiety may decrease or increase. During the postpartum period women may have a panic attack for the first time in their lives or experience panic attacks more often and more intensely.

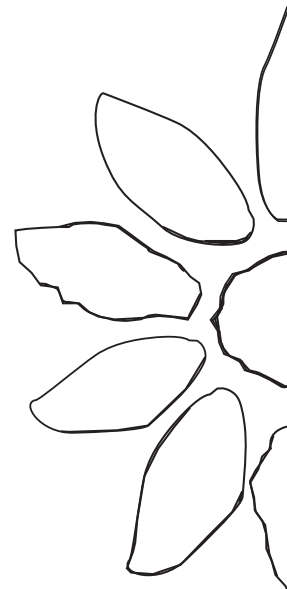
The most distinguishing feature of panic disorder is a series of panic attacks that are sudden, unexpected and intense. These panic attacks are followed by one month or more of persistent concern about having more attacks. They may be associated with a fear of leaving home and being in public places (agoraphobia).

signs & symptoms of postpartum panic attack

Four or more of the following symptoms

- Shortness of breath
- Choking or smothering sensation
- Racing and/or pounding heart
- Tingling sensation
- Chest pain or discomfort
- Sweating
- Hot flashes or chills
- Faintness
- Trembling or shaking
- Dizziness, light headedness or unsteady feelings
- Nausea or abdominal distress
- Feeling disoriented or that the world has become unreal
- Fear of going crazy or doing something uncontrolled
- Fear of dying

A panic attack usually lasts for less than an hour



Obsessive-Compulsive Disorder (OCD)

Obsessions are persistent, intrusive, and unwanted thoughts, images or ideas that the woman finds difficult to control.

Compulsions are repetitive, purposeful and intentional behaviours acted out in order to deal with the obsession. For example, a woman with obsessional fears of contamination may compulsively and repetitively wash her baby's bottles. The behaviours may take a lot of time out of her day and cause her to be very upset.

This type of anxiety is called OCD (Obsessive Compulsive Disorder). The intensity and frequency of obsessions and compulsions often go up and down and are most likely to worsen when experiencing life stress or symptoms of depression.

One to 3 % of the general population suffers from OCD. Most frequently the symptoms first started during adolescence or early adulthood. Research about OCD suggests that:

1. women may be at an increased risk for having their first episode during pregnancy and/or the postpartum period
2. women with OCD are at an increased risk for developing depression in the postpartum period
3. OCD may begin and/or worsen more frequently during the postpartum period than at any other time in a woman's life.

The most disturbing obsessions experienced by a postpartum mother include fears or images of harm occurring to her baby, e.g. – drowning the baby while bathing, dropping her baby over the balcony or stabbing her baby with a knife. The woman recognizes that these obsessions are the product of her own mind. She recognizes that they do not make sense. However she is ashamed and embarrassed by these thoughts and may have difficulty admitting them to anyone. Women with obsessions and/or compulsive behaviours while experiencing other symptoms of Postpartum Depression are in touch with reality. They are not psychotic.

WARNING If you are unsure of a woman's ability to distinguish reality from fantasy, for example if she believes her baby is the devil, contact her physician immediately or go to the nearest emergency unit. This is a medical emergency.



A Case of Postpartum Depression and Anxiety

Angela (35) had always been a worrier. She was anxious throughout her first pregnancy and worried that her baby would not be normal. As the birth approached, her anxiety increased and she started having panic attacks. After a normal delivery, she was relieved to see her healthy son. Within a month after his birth, her mood deteriorated and she began to experience images of harming her son by drowning him in the bath. She could not understand why she was having these images as she wanted nothing more than to have a healthy, happy son. She became increasingly anxious and was afraid to be alone with her son, especially when she was bathing him.

Angela recognized that the images she was experiencing were irrational, but the more that she tried not to see them the more they occurred. She was afraid to talk about the images because she didn't want others to think that she was crazy or that she was an unfit mother. Her worst fear was that her son would be taken away from her.

Angela was seen by her physician and was diagnosed with a Postpartum Depression. She was informed that symptoms of anxiety, like panic attacks and obsessions can occur in up to 30% of women experiencing Postpartum Depression. Angela was reassured that having these images did not mean that she was a bad mother. She was also reassured that she was unlikely to act out these images. Angela was not experiencing postpartum psychosis as she was able to distinguish that her intrusive thoughts were irrational. She had not lost touch with reality.

Angela was given a short course of an anti anxiety medication to treat her panic attacks and was started on an antidepressant medication. Antidepressants not only treat symptoms of Major Depression but also treat symptoms of anxiety and obsessions.

Angela was referred for psychotherapy to help her deal with her transition to her new role as first time mother. She was encouraged to spend time with her son and not to avoid being alone with him. A major component of her treatment was Cognitive Behavioural Therapy (CBT) to address her panic attacks and her obsessional images. Through therapy, Angela was able to recognize how her own thoughts and behaviours influenced her mood and her level of anxiety. She was encouraged to do regular breathing and relaxation exercises (see pages 70, 71, 98)

What Causes Postpartum Depression (PPD)?

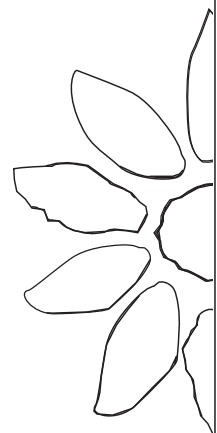
Certain women are more vulnerable to experiencing a postpartum depression. These include women with a previous history of major depression or mood disorder and/or a family history of major depression or psychiatric illness. Women with a history of thyroid abnormality are also at increased risk of developing PPD.

Women with perfectionistic or obsessive-compulsive personality traits are also at risk. They want to be perfect mothers and see themselves as defective if they have children who are difficult or colicky. Often women with perfectionist tendencies are not able to keep up the unrealistic standards they previously strove for. With a baby to care for and sleep deprivation, it is difficult to keep the house in order, the laundry piles up and dinner doesn't always get made. A woman may begin to judge herself harshly and perceive negative judgment from others. This can lead to isolation or anger towards others for not living up to her expectations of them.

Being in a marital relationship that is perceived as unsupportive is one of the psychosocial factors that may contribute towards a PPD. Others, such as having an unwanted pregnancy, financial difficulties, negative life events like the death of a parent or moving homes, may also contribute to the development of PPD.

risk factors for postpartum depression may include:

- Previous history of major depression
- Family history of major depression or psychiatric illness
- Hormonal fluctuations
- Chronic sleep deprivation
- Recent stressful life events, e.g. death of a parent or moving
- Your need to feel in control at all times
- Expectations of yourself or your partner's expectation of you
- Lack of support from family or friends
- Isolation
- Medical complications for you or your baby





postpartum myths and facts

Myth 1. You can just "snap out" of your depression.

Facts

Women experiencing a mild PPD may be treated with counseling and/or medication.

Women experiencing a moderate to severe PPD may require treatment with medications to help lessen the duration of their mood symptoms. They can't just snap out of it.

Myth 2. Depression will not affect your mothering skills or your baby.

Fact

Untreated PPD may affect the mother's ability to bond with her baby and may have a negative impact on her child's future functioning in preschool.

Myth 3. You won't recover from depression.

Fact

The majority of women recover with treatment.

Myth 4. Only "weak", "lazy" or "bad" mothers get depressed.

Fact

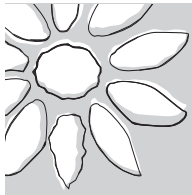
Major depression is a biological illness (chemical imbalances in the brain) with a strong genetic basis. Depressed mothers are not weak, lazy or bad. They are medically ill and need treatment. Depressed moms cannot change their feelings; it is not a reflection of their mothering skills.



Why Treatment of PPD Is Important

Postpartum Depression is a serious illness which, if not treated, can have long term consequences for both the mother and her infant. The woman whose PPD is not treated may go on to develop a chronic mental illness thus lowering her quality of life. If the PPD is severe, she is at increased risk of suicide. If a woman has postpartum psychosis (this is a very rare condition that occurs in only 1 in 1000 live births. Women who are able to distinguish reality from their intrusive thoughts are not psychotic) she is at increased risk of infanticide (killing her infant). Both of these outcomes are tragic consequences of untreated illness.

Infants are exquisitely sensitive to the emotional states of their mothers. The infant of a chronically depressed mother may develop insecure attachments with subsequent difficulties in interpersonal relationships. Infants of mothers who are depressed may typically cry more, look away or show less emotion than infants of mothers who are not depressed.



How Is Depression and Anxiety Treated?

Depression affects your body, mind, thinking, emotions, behaviours, and habits. Research supports the idea that a combination of medicine, counselling, support groups, and self-help strategies is often the most effective way to treat a depression.

Treatment Choices for Mild to Moderate Depression in the Postpartum Period:

A. Self-Help Strategies

B. Psychotherapy/Counselling:

1. Cognitive Behavioural Therapy
2. Interpersonal Psychotherapy
3. Group Therapy
4. Family and Marital Therapy
5. Psychoeducation
6. Supportive Psychotherapy

C. Light Therapy

Treatment Choice for Moderate to Severe Depression in the Postpartum Period:

D. Medications (Plus Self-Help Strategies and Psychotherapy/Counselling)

Self-help Strategies:

As a first step in treating your depression, there are some simple, basic changes that you can make that are all important ways to care for your health and mental well-being:

- A well-balanced diet
- Exercise
- Good sleep habits
- Stress management
- Relaxation techniques

With some women these changes will improve their mood but other women will require medications to be able to even take the basic steps with sleep or diet. Much of this guide deals with these changes and shows you ways to make them. You will find more details under the ACTION TO IMPROVE YOUR MOOD (and lessen your depression and anxiety) section (beginning on page 32).

Psychotherapy/Counselling:

For those with mild depression, there are non-pharmacological (no medication) options such as Cognitive Behavioural Therapy (CBT), Interpersonal Psychotherapy (IPT), Supportive Counselling, Group Therapy, Couple Therapy and Support Groups. These techniques may be used in conjunction with antidepressant medications in moderate or severe PPD.

1. Cognitive-behavioural therapy (CBT)

CBT works by helping individuals identify:

- patterns of negative thinking
- how their problems pile up.

The strength of CBT is that it focuses on building skills to challenge negative thoughts when they arise and to solve problems. This helps to prevent future episodes of depression even after formal therapy has ended. Many of the activities in this manual are based on CBT. CBT tends to help people take an active role in dealing with their depression and/or anxiety. In some cases, CBT may take longer to work initially, when compared to antidepressant medication. Unlike medications, however, CBT has no side effects. Keep in mind that it takes a degree of effort and motivation that some people with depression may not have, especially if severely affected.

2. Interpersonal therapy (IPT)

IPT focuses on different kinds of problems that may have triggered the depression in the first place, or they might be a result of the depression. The first step in this approach is to identify what kinds of difficulties the individual is experiencing. Therapeutic sessions may focus on understanding:

- the impact becoming a mother has on her relationships
- her expectations about those relationships
- a balanced view of her needs, and the degree to which they are being met
- how to clearly communicate her needs in her new role as mother

Other issues may be ongoing conflicts with family members, co-workers, or close friends. The lack of perceived support from significant others during pregnancy has been shown to be a specific factor in the occurrence of postpartum depression.



3. Group Therapy

Group therapy can provide emotional and social support for women who are undergoing similar experiences. It is a place to learn about postpartum depression. It can use cognitive-behavioural therapy as well as teach a variety of skills. Often there is a homework component to strengthen skills practiced in session as well as an exploration of resources in the community. Group therapy can also provide the opportunity to educate spouses about postpartum depression.

4. Family and Marital Therapy

Marital and family problems are common in mood disorders and even more common when dealing specifically with mood disorders during pregnancy and postpartum.

After the birth of the baby, the husband or partner also goes through an adjustment period. In some couples, a baby strengthens their relationship, which leads to a supportive environment for the baby's growth. The roles of the partner and family become even more crucial if the mother is afflicted with a mood disorder.

A stable marital relationship helps new parents adapt to the demands of marriage, the baby, and the family. In contrast, a poor marital relationship can contribute to depression and anxiety in the postpartum period. Techniques for marital and family therapy most often involve behavioral approaches and psychoeducation.

5. Psychoeducation

Education for women with mood disorders and their families is an important part of all treatment programs whether they are counseling, medical, self-help or a combination of approaches. The main goal of psychoeducation is to help the patient and her family understand the disorder, available treatment options, and ways to manage the disorder successfully.

6. Supportive Psychotherapy

Supportive psychotherapy involves offering support, reassurance, and psychoeducation to patients and their families. This type of therapy is used in addition to other treatment options. Supportive psychotherapy may be the only treatment a woman may receive if there is not a professional who practices Cognitive-Behavioural Therapy or Interpersonal Psychotherapy in her community.

Light Therapy

Postpartum depressed mothers have experienced a 40 to 56% improvement in their symptoms after exposure to bright, artificial light (10,000 lux, or the equivalent of being outside on the beach on a sunny day). These are non-tanning lights! Exposure in the morning for 30 minutes for 4 weeks has been shown to be effective for PPD. Further research still needs to be conducted but this is an option to be considered, especially for those with a previous history of Seasonal Affective Disorder (SAD) or seasonal mood changes. It is always best to consult with your physician before using light therapy, particularly if you are already taking a medication. It is also important that your doctor checks that your eyes are healthy, as light therapy should not be used if you have certain eye diseases. For more information, visit: www.sltbr.org

Medications

Antidepressants Antidepressant medications act on the neurotransmitters which act as chemical messengers between the brain cells. There are different groups of antidepressants, each having a slightly different effect on the neurotransmitters. These medications can be prescribed by a family physician or a psychiatrist, usually for those experiencing moderate to severe depression. It may take 4 to 6 weeks to know if the antidepressant you are taking will work for you. Sometimes one antidepressant may not be effective or may have bad side effects. In such cases, it may be necessary to try another antidepressant. The most commonly used antidepressants in pregnancy and postpartum are SSRIs (Selective Serotonin Reuptake Inhibitors), such as Paxil, Prozac, Zoloft and Celexa.



antidepressant myths and facts

Myth 1. Antidepressants are addictive and you'll have to take them for life.

Fact

Unlike sleeping pills, antidepressants are not addictive. Most people can discontinue them after approximately 1 year. However, this depends on the severity and duration of the depressive episode. Some medications like Paxil have to be tapered slowly to prevent withdrawal symptoms such as headaches or stomach upset.

Myth 2. You can't breastfeed while taking an antidepressant medication.

Fact

You can breastfeed when taking SSRIs. A small amount of medication does get into the breast milk but usually does not have an adverse effect on the baby.

Myth 3. Antidepressants are "uppers" or "happy pills".

Fact

Antidepressants are not "uppers" like amphetamines. Antidepressants improve sleep, appetite, and energy level thus improving your mood. Ideally, medication should be used in conjunction with psychotherapy.

Myth 4. Antidepressants will change your personality.

Fact

Antidepressants do not create a new personality but help you regain your former one.

Myth 5. Antidepressants have horrible side effects.

Fact

Like other prescriptions medications, antidepressants carry the risk of side effects. There is a range of side effects, and since everyone is unique, side effects will differ. Most lessen after a few weeks and are not significant. You should report all adverse events to your healthcare provider.

Myth 6. Antidepressant medications don't get at the root of the problem.

Fact

Antidepressants help you to cope with the stresses in your life and to deal with unresolved issues. The medication may lessen the depressive symptoms so that you are able to pursue and receive the benefits of lifestyle changes and counselling.

information

Anti-anxiety medications Other medications used in the treatment of PPD include anti-anxiety medications known as benzodiazepines. Women whose PPD is associated with acute panic attacks may require treatment with these medications, e.g., lorazepam (trade name Ativan) or clonazepam (trade name Klonopin). These medications act quickly to reduce the level of anxiety while the patient is waiting for the antidepressants to take effect. Long term use of benzodiazepines is not recommended.

Mood Stabilizers These medications, such as lithium and valproic acid are usually prescribed for women with bipolar disorder.

Anti-Psychotics These medications, i.e. Risperidone and Haldol are prescribed for women who experience postpartum psychosis. These medications may also be used to treat other symptoms of post partum mental illnesses. This does not indicate that you are experiencing a postpartum psychosis. Your doctor should offer a full explanation as to why they may be prescribed to you.

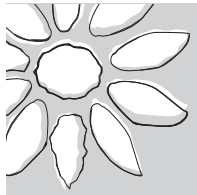
You should check with your health care provider for further detailed information about the medication(s) prescribed to you. You should not stop your medication(s) without consulting your healthcare provider. Do not hesitate to ask questions!

Alternative Therapies

Some people prefer to use herbal products for mild depressive symptoms. Please note that the benefit claims of most herbal formulations or alternative remedies are not as well supported by empirical research as antidepressants, counselling, or light therapy are.

Many women have found acupuncture is a helpful adjunct to treatment. It is outside the scope of this guide to recommend acupuncture. Please consult with your health care provider or licensed, reputable practitioners for further detailed information.

Always check with your treating physician and pharmacist when considering alternative treatments. Do not use, i.e. St. John's Wort, in conjunction with prescribed medications unless directed.



Where To Get Help For PPD

(*In BC only)

- Your family doctor, public health nurse, midwife or psychiatrist
- Community family services or resource centre
- BC Nurse Line – Toll free 1-866-215-4700, 604-215-4700
or toll free for deaf/hearing-impaired at 1-866-889-4700
- The Pacific Postpartum Support Society (604-255-7999)
- Your local mental health centre (1-800-661-2121)
- Your workplace "Employee Assistance Program"
- Registered psychologist (Referral line 1-800-730-0522)
- Registered clinical counsellor* (Referral line 1-800-909-6303)
- Local support groups: Support groups are beginning to form in many communities around BC, i.e. the Kootenays, Vernon and Mothers for Mothers in Salmon Arm.

Please ask your community health nurse, local health unit or community resource centre to find out what is available in your community.

- Reproductive Mental Health Program* (604-875-2025 or 604-806-8589)
- BC Mental Health Information Line* (604-669-7600 or 1-800-661-2121)
- Mood Disorders Association* (604-873-0103)
- The Redbook Online
- Internet resources

(please check with your health care provider for other reputable sites):

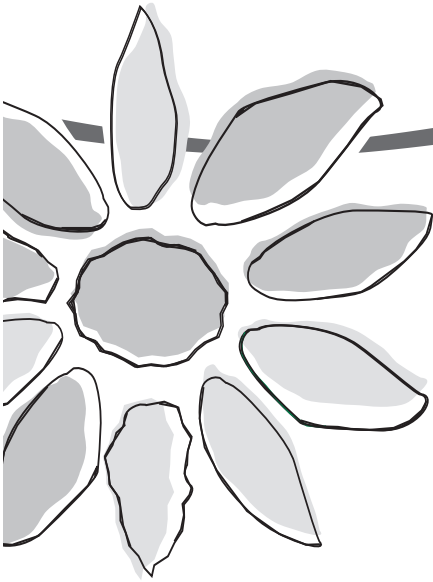
- www.bcwomens.ca
- www.heretohelp.bc.ca An excellent resource from BC Mental Health and Addictions Partners including easy to use wellness modules on a wide range of topics related to regaining and maintaining mental health.
- www.postpartum.org
- www.cmha-bc.org
- www.mheccu.ubc.ca This site has a list of different publications and resources available for mental health including a self-care program for depression translated into Chinese and Punjabi.



information

action

four ways to improve your mood
and lessen your depression and anxiety



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The NURSE program

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Reactivating your life

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Challenging negative
thinking habits

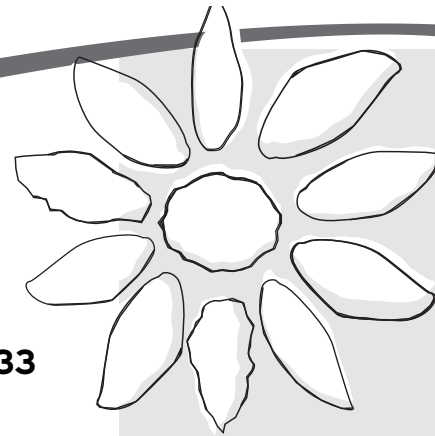
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4

Solving problems
effectively: common
problems and solutions

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Nourishment

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Understanding Your PPD

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Rest and Relaxation

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Spirituality

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worksheets

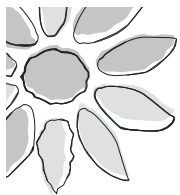
Inventory of Nourishment 41

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"Changing One Area can Lead to Improvements in the Others"

WHEN YOU EXPERIENCE DEPRESSION AND ANXIETY, it affects not just your mood but all areas of your life: how you feel, your thoughts, what you say and do as well as your relationships, work life, finances, etc.

A change in one of these areas of your life will create changes in the other areas. As depression develops, negative changes in one area can lead to a downward spiral in the others areas. However, when you begin to make even the smallest effort to get better, changing one area can lead to improvements in the others.

The best way to begin getting things to improve is to make small changes in more than just one area. Rather than just trying to change one thing, you can work on several at once. The goal of treatment is to get all areas of your life spiraling upward, each producing positive change that impacts on the others.

The following sections provide you with the steps you can take to make positive changes in your life, improve your mood and lessen your anxiety and depression

The NURSE Program

This chapter provides you with an understanding of the basic ingredients needed to take care of your brain, body and soul. It also includes worksheets to record your current activity in each of the 5 main areas.

- | | |
|------------------------|------------------------------|
| Nourishment | • Inventory of Nourishment |
| Understanding Your PPD | • Inventory of Understanding |
| Rest & Relaxation | • Inventory of R & R |
| Spirituality | • Inventory of Spirituality |
| Exercise | • Inventory of Exercise |

The NURSE program

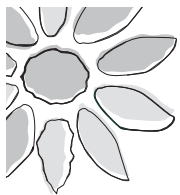
1. The N.U.R.S.E. Program*

The NURSE program was developed by two female healthcare providers specializing in women's reproductive mental health. It is a care strategy to maintain your brain's optimal functioning. Used as an adjunct to other treatments it will improve your sense of well-being and self-esteem.

Each letter stands for critical concept of brain care:

Nourishment and Needs
Understanding Your Illness
Rest and Relaxation
Spirituality
Exercise

The NURSE program aims to cultivate and nourish our brain, body and soul to enjoy life to the fullest.



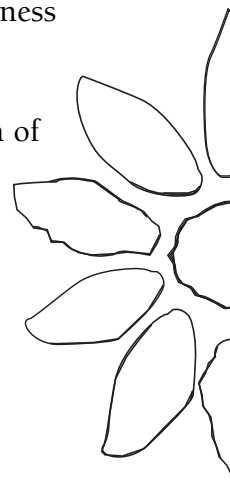
"Make a Decision to Take Care of Your Brain"

your brain's health

Your brain's health is central to your physical and emotional wellness and a program of brain care is fundamental to a healthy life.

Take care of your brain and you are taking care of a good portion of your health.

Learning how to take care of your brain will go a long way to helping it re-regulate itself. This will, in turn, improve your responses to everyday living and maximize your response to other treatments.



**Adapted from the book *Women's Moods: What every woman must know about hormones, the brain, and emotional health*, by Deborah Sichel & Jeanne Watson Driscoll, Quill An Imprint of HarperCollinsPublishers, 1999.*

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Nourishment and Needs

Nourishment

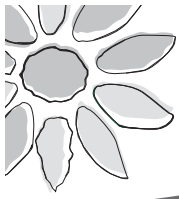
Food is the most obvious source of our energy. When we are depressed, however, our diet often suffers. Some people overeat. A more common problem is lack of appetite. If this occurs, it is important to remember that although you may not feel particularly hungry, or may feel distaste at the thought of eating, your body and your brain's need for fuel continues. Here are some tips on keeping up adequate nutrition during difficult times.

What can I do if I don't have an appetite or am too tired to cook?

- **Try a few mouthfuls** even if you are not hungry. Try snacking at least every 2 hours on foods from the four food groups.
- **Carry snacks with you** if you are going to be away from home.
- **Eat your biggest meal when your appetite is best.** This may be at breakfast or lunch rather than at supper time.
- **Keep your freezer, fridge and cupboards stocked** with foods that are ready-to-eat or easily prepared. Prepare food in large batches and freeze in single serving containers.
- **Take a multivitamin mineral** if you are unable to eat a variety of foods. Any "one a day" type sold in drugstores is fine. If you would like more information on vitamin/mineral supplements, contact Dial-A- Dietitian at 732-9191 (greater Vancouver) or 1-800-667-3438 (other parts of BC)

What can I do to manage food cravings/ overeating?

- **Include** regular physical activity
- **Eat at least three meals every day** to stay energized and prevent hunger attacks which may cause overeating or cravings for less nutritious choices later in the day. If hungry between meals add a nourishing snack. Meet the recommended number of servings from the four food groups.
- **Choose lower fat** dairy products and leaner cuts of meat more often. Remove visible fat from meat and skin from poultry. Use cooking methods such as baking, broiling, barbequing or roasting.
- **Moderation is the key** with high fat snacks, rich desserts, cream sauces, gravies and salad dressings.



What if I am an emotional overeater?

- If you have tried these suggestions and continue to overeat and or have cravings, you may be an "emotional eater". To overcome emotional eating, you must recognize it. Keep a food intake diary, noting each time you eat whether it is out of hunger or for another reason.
- After learning what triggers emotional eating, you need to learn ways to deal with it. Notice each time that you eat when you are not hungry. What emotion are you feeling? What can you do to take care of that emotion? For example, if you are sad, can you call a friend to talk or do something comforting? It is helpful to make a list of things to do in advance, if you get the urge to eat when you're not hungry. Carry this list with you so you can put off that desire by doing another enjoyable activity. This might be taking a walk, listening to music or calling a friend.
- NOTE: Controlling emotional eating does not mean avoiding favourite foods such as chocolate or cake for weeks on end. This will lead you to crave these foods so much that you will end up bingeing on them. It is better to allow yourself to have a modest amount perhaps 2-3 times per week without guilt.

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Nutrition

In postpartum depression eating habits may fall to the bottom of the priority list. You may overeat or more commonly, you may lack an appetite. Are you adequately fueling your body and brain and milk production if breastfeeding? What you eat affects the quality of your breast milk. With breastfeeding, you may need to eat more than during pregnancy. Follow your hunger to decide the amount of food you need.

- Am I eating at least three meals per day with no more than 4 hours between and adding nourishing snacks in between if hungry?

Yes ☐

No ☐

- Am I drinking at least 8 cups of fluids such as water, milk or juice daily?

Yes ☐

No ☐

- Am I meeting nutrient needs by eating the recommended number of servings from the four food groups?

Yes ☐

No ☐

If no, then make a plan. To start, choose just one food group to improve. Make your plan very specific considering which foods you'll eat and ease of preparation, where you'll eat them and when you'll eat them.

Check this by:

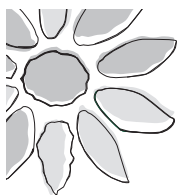
- FINDING these foods in the food groups that follow
- LISTING everything you ate and drank yesterday

EXAMPLE:

PLAN FOR: vegetables and fruits food group

SERVINGS STILL REQUIRED: 2

PLAN: I will add banana or raisins to my cereal at breakfast and add frozen vegetables or bagged salad at supper.



"Choose Whole Grain and Enriched Products More Often"

Canada's Food Guide to Healthy Eating

The Grain Products Group (5 or more servings daily)

Some examples of ONE serving - choose a variety:

- 1 slice of bread
- 175 ml (3/4 cup) cooked cereal
- 175 ml (3/4 cup) ready-to-eat cereal
- 1 pancake or waffle
- 1 tortilla or roti
- 4 graham wafers or Stoned Wheat Thins
- 6 soda crackers

Some examples of TWO servings:

- 1 hamburger or hot dog bun
- 1 pita or English muffin
- 250 ml (1 cup) cooked pasta or rice

- Choose whole grain and enriched products more often (examples include whole wheat bread, bran muffin, brown rice).

MY TOTAL _____ NUMBER STILL REQUIRED _____

The Vegetable and Fruit Group (5 or more servings daily)

Some examples of ONE serving - choose a variety:

- 1 medium-sized vegetable or fruit
(potato, carrot, tomato, peach, apple, orange or banana)
- 125 ml (1/2 cup) vegetables or fruit (fresh, frozen or canned)
- 125 ml (1/2 cup) vegetable or unsweetened fruit juice
- 60 ml (1/4 cup) dried apricots, prunes or raisins
- 1 small bowl of salad

- Choose dark green and orange vegetables and orange fruit more often.

MY TOTAL _____ NUMBER STILL REQUIRED _____

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The Milk Product Group (3 to 4 servings daily)

Some examples of ONE serving - choose a variety:

250 ml (1 cup) milk or buttermilk
 75 ml (1/3 cup) instant skim milk powder
 125 ml (1/2 cup) evaporated milk
 50 g (2"x 1"x 3/4") cheese
 2 slices processed cheese
 175 ml (3/4 cup) yogurt

- Choose two of the three to four servings daily as fluid milk, skim milk powder or evaporated milk as these are the only choices which provide Vitamin D.
- If you are unable to include three servings of milk products daily, ask your doctor or dietitian about a calcium and Vitamin D supplement

MY TOTAL _____ NUMBER STILL REQUIRED _____

The Meat and Alternative Group (2 to 3 servings daily)

Some examples of ONE serving - choose a variety:

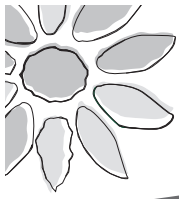
50-100g (2-4 oz) cooked meat, poultry or fish
 1/2 can tuna/salmon
 1-2 eggs
 125-250 ml (1/2 -1 cup) cooked dried beans, peas or lentils
 100 g (1/3 cup) tofu
 30 ml (2 tbsp) peanut butter or tahini
 60 ml (1/4 cup) nuts or seeds

- Include protein foods such as beans, peas, lentils, tofu, or nuts in your diet daily if you are avoiding meat, poultry, fish and eggs completely.

MY TOTAL _____ NUMBER STILL REQUIRED _____

Other Foods

Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are lower in vitamins and minerals and higher in fat or energy, so use these foods in moderation.



Drugs and Alcohol

Avoid self-medicating with alcohol and drugs.

Street drugs and alcohol are substances that may seem to provide temporary relief but in the long run will make your problems worse. There is a saying, "If you drink because of your problem, then you will have two problems. Alcohol and the problem you were drinking over".

- Problems are avoided rather than being dealt with.
- Performance at work, at home, and in social situations is impaired.
- Psychological and/or physical dependence can develop.
- Physical health can be impaired.

During periods of depression, alcohol and drug use may seem particularly tempting. But at these times using such substances can be a particularly bad idea. Your tolerance for their effects and your ability to control your use may both be lower than usual. The situation usually requires concrete, constructive action rather than a retreat into substance use. As well, drugs and alcohol interact with many prescription medications, including most of the medications prescribed for anxiety and depression. In general, then, it is best to follow these guidelines for a sustaining and sustainable lifestyle:

- Avoid recreational drug use.
- Avoid using alcohol at all during periods of depression or severe stress.
- Avoid using alcohol if you have a personal or family history of alcohol abuse.
- Even if you are feeling fine and have no history of abuse, adopt a personal policy to drink only in moderation.

The prospect of eliminating alcohol and drug use from your life can be a daunting one. Remember that while using 'none' is best (particularly in the case of recreational drugs), reducing your intake is better than becoming overwhelmed and giving up. Use the principles of goal-setting (see *Reactivating Your Life*) to help you examine the problem and overcome it a bit at a time.

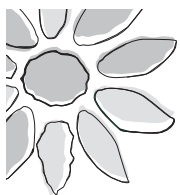
If your use of drugs or alcohol is altogether out of your control, you are not alone: Many people have had this problem. A number of organizations exist that can help you to regain control such as Alcoholics Anonymous and Narcotics Anonymous. Ask your physician for more information.

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| what I ate and drank yesterday | | | | | |
|--------------------------------------|-----------|-------------------------------|----------------------------|-------------------------------|----------------------------|
| When | List What | Is it a GRAIN? | Is it MILK? | Is it VEGETABLE or FRUIT? | Is it MEAT or ALTERNATIVE? |
| BREAKFAST | | | | | |
| SNACK | | | | | |
| LUNCH | | | | | |
| SNACK | | | | | |
| DINNER | | | | | |
| SNACK | | | | | |
| TOTAL 4 FOOD GROUPS | | | | | |
| RECOMMENDED In each Food Group | | 5 or more servings | 3 to 4 servings | 5 or more servings | 2 to 3 servings |
| What I still need? | | | | | |

EXAMPLE: I need 2 more servings from the vegetables and fruits food group.

PLAN: I will add banana or raisins to my cereal at breakfast and add frozen vegetables or bagged salad at supper.



"Determine Your Average Daily Consumption"

Caffeine

Avoid excessive caffeine use.

Caffeine stimulates the sympathetic nervous system, which governs the stress response. If your depression comes with a lot of anxiety, the last thing you need is a chemical that makes the stress response system more active. Caffeine can precipitate panic attacks. Caffeine can also aggravate tension headache, irritable bowel syndrome, chronic pain, and other physical problems.

Caffeine is an addictive drug. Heavy users can become psychologically dependent on it, develop tolerance (meaning that more caffeine is needed to get the same effects), and undergo withdrawal if they don't get it. Withdrawal symptoms include headache, drowsiness, irritability, and difficult concentrating. Many people discover that they are dependent on caffeine when they go for a day or two without coffee and develop splitting headaches.

How much caffeine does it take to become dependent on it? Estimates vary, but 450 milligrams per day is about average. Some people are more sensitive, others less. Use the table below to help determine your average daily consumption.

| Substance | Amt in mg |
|-------------------------------|-----------|
| Coffee: | |
| Drip (5 oz.) | 130 |
| Instant freeze-dried (5 oz.) | 70 |
| Decaffeinated (5 oz.) | 3 |
| Espresso drinks (1 shot) | 90 |
| Tea: | |
| 5-minute steep (5 oz.) | 60 |
| 3-minute steep (5 oz.) | 35 |
| Other: | |
| Hot cocoa (5 oz.) | 10 |
| Regular or diet cola (12 oz.) | 45 |
| Small chocolate bar | 25 |

Notice the small serving sizes. Your coffee cup may hold three or four of these!

Add your caffeine intake to your nourishment inventory to keep track of how much caffeine you have in a day.

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Emotional Needs

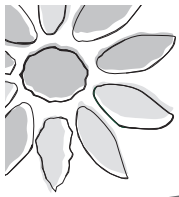
One way to help you avoid using substances that can harm you is to pay attention to your emotional needs and nourish yourself in other ways.

What do you need to counterbalance what you put out for everyone else during your day?

It is important to integrate some distinct down periods in your day, i.e.: taking a bath without interruption or sitting still for 10 minutes while your baby sleeps without rushing around.

Use the space below to make a list of things that make you feel good or warm or safe or nurtured or taken care of. You might include things that others did for you that you found comforting or made you feel better. **Include things that make you feel good in your mind, in your heart, or in your body.** Also note when you last experienced these things. It may be that it has been a while since you have given time to your emotional needs.

| emotional needs inventory | |
|-----------------------------------------------------------------------------------|-------------------------------------------------|
| • What I have done for myself that made me feel good: | When I last did it: |
| i.e. Sitting on my front step by myself for 5 minutes at my favorite time of day. | Before the baby was born – over 6 months ago. |
| i.e. Going to a restaurant with my husband without the baby | Before the baby was born – over 6 months ago. |
| i.e. Meeting a friend for coffee | Last week – first time since the baby was born. |
| 1 _____ | _____ |
| 2 _____ | _____ |
| 3 _____ | _____ |
| 4 _____ | _____ |
| 5 _____ | _____ |



Understanding Your Postpartum Depression and/or Anxiety

Appreciate how reproductive events can contribute to mood and anxiety disorders. The impact of 'normal' hormonal fluctuations on a brain that is stressed can trigger emotional symptoms. Feelings have an anatomy rooted in the brain structure.

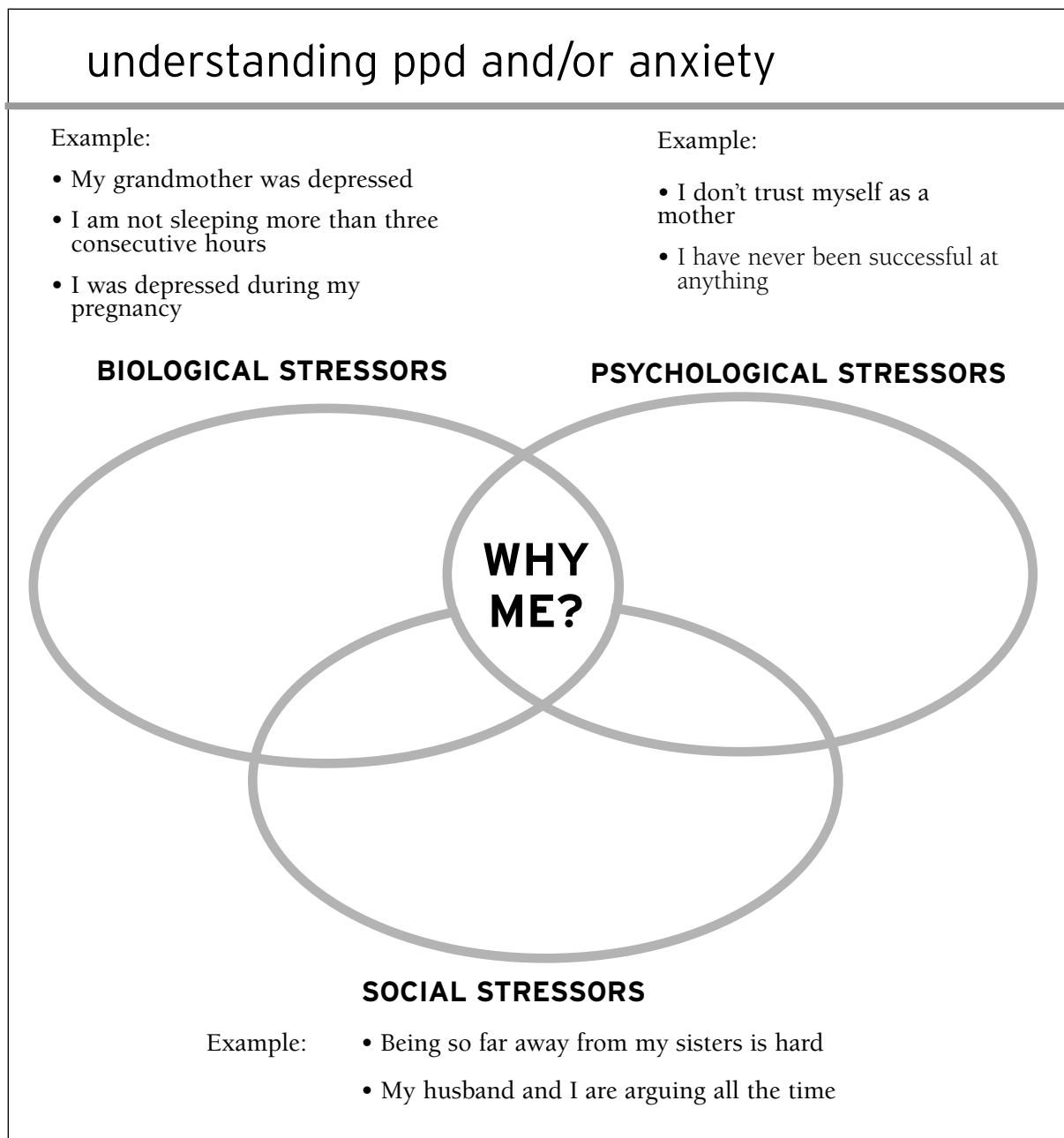
Guilty feelings that tell you 'you should be happy', 'my problems aren't important' and that 'I should be able to snap out of it on my own' can be lessened by understanding the biological-psycho-social dimensions of depression (see 'What Causes PPD' on page 17).

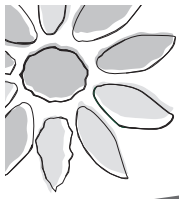
Your feelings are also closely tied with how you think about yourself in relation to the rest of the world. Your understanding of depression, yourself and your relationships can be enhanced with different psychotherapeutic techniques. Understand that it is important to seek out care and nurturing to resolve your unique situation. Understanding yourself and your situation can increase your ability to care for yourself and others.

In your role as the mother of an infant, you wear the many hats of motherhood. These hats include being your baby's protector, provider, nurturer, educator and pillar of strength. This may lead to unrealistic expectations that in order to be a good mother and fulfill these roles: you must be perfect, your baby must never be unhappy and that you must never make a mistake. These mistaken beliefs are common among mothers who experience depression in the postpartum period. Understanding how they affect your mood is an important step towards taking care of your brain (see 'Challenging Negative Thinking Habits' on page 75 for more information).

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Using the diagram, take an inventory of your understanding of how you have experienced different stressors in your life and how they may have contributed to your mood disorder. (See 'Risk Factors for PPD' on page 17 for more information)





Rest and Relaxation

Rest

Rest is essential for your brain's health and sleep is a priority.

It is during sleep that the brain bio-chemically resets itself, allowing hormones, neurotransmitters, and peptides to replenish themselves. Melatonin is a natural chemical produced by the brain. It plays an important role in the resetting process as it helps to maintain a regular sleep cycle. It also protects your body from the harmful effects of chemical byproducts known as free radicals by mopping them up. Melatonin produced by your brain enhances the body's ability to fight infection and suppresses potential tumor growth by stimulating the production of T-cells, which are vital immune system defenses. Sleep deprivation results in the reduction of these protective mechanisms.

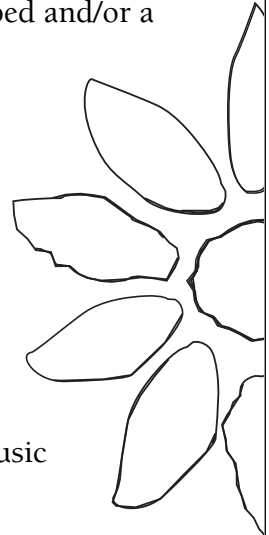
Stress, anxiety, and depression often disrupt sleep, but this sleep disruption can lead to even more anxiety and depression. In other words, sleep difficulties are a cause and an effect of mood problems. Regardless of which came first, it can be worth the effort to work on getting a good night's sleep.

Many women have reported the difference that five hours of uninterrupted sleep can make to their mood and ability to cope. Set a realistic goal. This may not be possible every night. Make a plan and identify the partners that can help you to achieve the goal of five hours of uninterrupted sleep at least once a week.

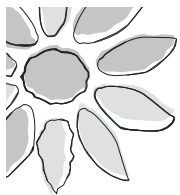
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tips for sleeping

- Avoid stimulating activities, exercise, heavy meals, and bright light for at least one hour before going to bed.
- Don't drink alcohol for at least 2 hours before bedtime.
- Reduce or cut out caffeine and be sure not to have any after 4pm.
- Don't smoke for at least 4 hours before bedtime: Reduce or stop!
- Manage daily stresses by making a to-do list for the next day.
- Have a light carbohydrate snack like milk and cookies before bed and/or a hot bath.
- Soak your feet in warm water for 15 minutes.
- Unwind/relax before bed!
- Go to bed and get up at the same time every day.
- Save your bedroom for sleep.
- Create a good sleep environment: comfortable, not too warm or cold, with minimal light and noise.
- Practice breathing exercises or distraction strategies such as music when attempting to get to sleep.
- Consult your community health nurse or lactation consultant if you are constantly interrupted in your sleep by nursing your baby
- It is essential to your stress symptoms as well as your overall health to get a good night's sleep. *Make the effort! It's worth it!*



If none of these tips are successful, your insomnia may respond to treatment with an SSRI, especially if it is a symptom of PPD.



Rest Inventory:

1. How many hours do I sleep each night?
2. Is this enough?
3. Have I created a good sleep environment?
4. Can I sleep when the baby is sleeping?
5. Am I trying to maintain the house to the standards I had before the baby?
6. Would naps benefit me? Or do they disrupt my nighttime sleep?
7. Am I avoiding strenuous activity, exercise, heavy meals, caffeine, and bright light for at least one hour before going to bed?
8. Am I using alcohol, tobacco, drugs, or over-the-counter sleeping medications?
9. Do I ask for help so that I can relax or rest?
10. Do I have a personal relaxation ritual?

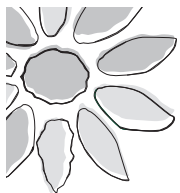
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Relaxation

It is important to create time to relax. Learning to relax is an essential part of treatment and recovery for women who are experiencing symptoms of anxiety and acute panic attacks. If we do not give time to ourselves, we do not honor or even acknowledge our needs or personhood. It may mean rethinking your priorities and changing your daily activities to make time for yourself.

- Learning to relax can be a difficult habit to develop.
- Take at least a few minutes out of each day to do something for yourself.
- Focus on being rested and learn new ways to slow your day.
- Our minds, bodies and spirits need time to be quiet and still.
- Downtime is essential. Allow your spirit to expand and do what is good for you.
- Model self-care for your child.
- Give this time as a gift to yourself.
- Breathe! Using breathing exercises to help increase your ability to relax.

Use the table on the next page to take an inventory of what you do to relax and how often.



"Take an Inventory"

| inventory | |
|--------------------------------------|------------------------------|
| What I Do to Relax | When I Last Did It |
| i.e. Have a bubble bath | Over a month ago |
| i.e. Sit down and read the newspaper | Just after the baby was born |
| i.e. Watch a video | Last week but I fell asleep! |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |
| 11. | |
| 12. | |
| 13. | |
| 14. | |
| 15. | |

the NURSE program

Spirituality

Spirituality can be any experiences that help you to feel uplifted and joyful. For some people attending their church, synagogue or temple is spiritually uplifting or comforting. Other people may find tranquility and comfort in places in nature or beautiful spaces such as a garden, a special room or sacred building.

Relationships, solitude, appreciation of nature, creative endeavours, music, keeping a journal or other reflective practices and a belief in god, goddess or higher power can all nourish the soul.

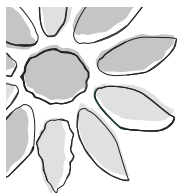
Depression can rob you of a sense of joy. What are joyful or uplifting things that you used to do?

What do you do now that you would consider joyful?

What kinds of activities would be joyful or uplifting for you during this time in your life?

Discovering a sense of spirituality may take time and effort as you find ways to reconnect with your spirit. You may find it difficult to feel any joy at all right now. Treating yourself with kindness and patience may be the spiritual action you need to practice in this moment. Encourage yourself that with time and treatment, you will have experiences of joy again.

Enjoy the process of exploration!



Use this chart to list experiences that have been spiritually enriching or comforting.

| experiences | |
|------------------------------------|-------------------------------------------------------|
| Spiritually Enriching Experiences | How Do I Feel? |
| i.e. Going for a walk by the ocean | Soothed |
| i.e. Praying during worship | Connected to my God and comforted that I will be okay |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

the NURSE program

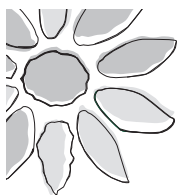
Exercise

Regular physical activity is related to improved mental and physical well-being. Recent research shows that physically fit people are at less risk of developing depression, and that regular exercise can reduce symptoms of depression and anxiety for many people. Physical activity helps you to withstand daily stressors and increases your immune system.

Exercise affects mood in several specific ways.

- First, it can produce a brief 'Runner's High' just after exercising in some people (during depression this effect may not occur).
- Second, after a few weeks of regular exercise (three to four times a week, at least 20 minutes at a time), a general improvement in mood tends to begin.
- Third, improvements in physical fitness are associated with improved energy, which can enable you to do more.
- Fourth, exercise can be a good way of burning off stress when you are feeling tense.
- Finally, exercise promotes a good night's sleep.

On the next page are some tips for developing an exercise program.



developing an exercise program

Get a physical examination. Before starting, ask your physician about any limitations on your activity.

Pick the right activities. The biggest challenge is keeping at it. Pick activities that you really enjoy. Select the type that suits you best. Variety also helps: pick more than one activity and alternate them. Check community and recreation centers that have child care. Walk with a friend or find out if there is a 'stroller' program in your community.

Go to the library and take out exercise videos to do at home.

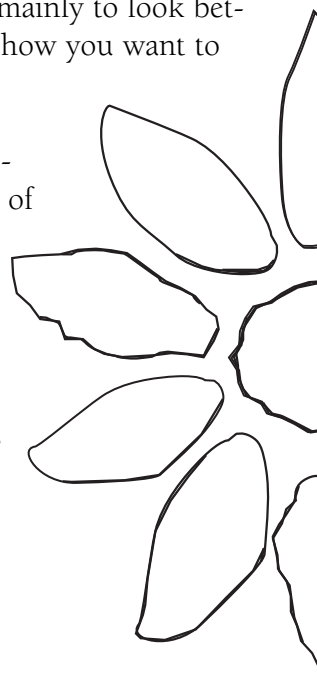
Stretch and warm up first. Learn how to do stretching exercises properly, and then make sure to do them before each exercise session. This can help reduce the likelihood of exercise-related pain or injury.

Frequency is more important than duration. Regular short periods of exercise (three to four times a week) are better than irregular long periods.

Focus on enjoyment. People who exercise for enjoyment and challenge seem to show bigger mood improvements than people who exercise mainly to look better. Try to put an emphasis on how you will feel rather than how you want to look.

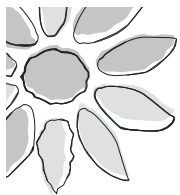
Monitor if bipolar. The effect of exercise on bipolar (manic-depressive) mood problems is less clear than for other forms of depression. Strenuous exercise during a manic episode or upswing in mood may aggravate the problem in some cases. Gentler exercise at these times may be preferable.

Nothing changes overnight. Use goal-setting when developing a fitness program, and be sure to pick something achievable. For example, aim to swim once for five minutes rather than starting off by committing yourself to a daily 70 laps.



the NURSE program

| exercise inventory | |
|--------------------------------------------------------|----------------------------------------------------------------|
| Things I already do for physical activity and exercise | Things I would like to do for physical activity and exercise |
| i.e. Go for a walk in my neighbourhood | i.e. Aquacise class at the community centre pool |
| i.e. Vacuuming the house | i.e. Go for a walk an extra 10 blocks to another neighbourhood |
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |



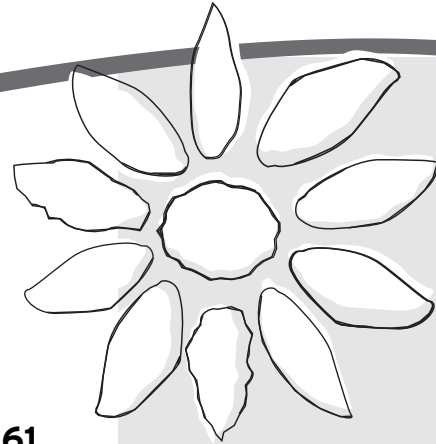
"Develop a Pattern of Exercise and Activity"

Note in a square every activity that you have and the number of minutes you spent doing it. For example, in one day you may have 20 minutes walking through the mall, 10 minutes of vacuuming and 30 minutes walking through the neighbourhood with a friend. That would be a total of 60 minutes of exercise for that day. Note how you feel. The goal is to develop a pattern of exercise and activity that keeps you active, feeling good, and that decreases the effect of stress on your body and brain.

| exercise chart | | | | | | | |
|--------------------|---|---|---|----|----|----|-----|
| ie - Minutes | M | T | W | Th | Fr | Sa | Sun |
| Walk 30 | | | | | | | |
| Vacuuming 10 | | | | | | | |
| Mall 20 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Day Total 60 | | | | | | | |
| How I Feel: | | | | | | | |
| Good ✓ | | | | | | | |
| Indifferent | | | | | | | |
| Down/ Depressed | | | | | | | |

the NURSE program

2 reactivating your life



STEP 1

Make a decision to take care of your brain

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STEP 2

Choose two activities from the NURSE program

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Set realistic goals

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Review your goals

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reactivating your life

DURING A DEPRESSIVE EPISODE, most people don't do the things that normally keep their mood positive or that can help to improve their mood such as the NURSE program. But if you stop taking care of yourself or doing the things you normally like, your life becomes more dull and depressing. Although it can feel as though you are comforting yourself by being less active, in fact you may be helping the depression get worse.

Don't wait until you feel like doing more. Waiting actually makes it less likely that you will get better. Instead, gradually get yourself moving even though you might not feel like it.

STEP 1

Make a decision to take care of your brain.

Review the NURSE program and complete the inventories for each of the 5 components:

- Nourishment and Needs
- Understanding Your Postpartum Depression
- Rest and Relaxation
- Spirituality
- Exercise

Reactivating your life is adapted from the workbook *Self-Care Depression Manual: A Patient Guide*, by Randy Paterson and Dan Bilsker, Mental Health Evaluation and Community Consultation Unit and Department of Psychiatry, Faculty of Medicine, The University of British Columbia, 2002.



Step 2

Choose two activities from the NURSE program

Pick two of the activities that are most practical for you to begin changing now. Your first two choices should be from different components of the NURSE program (i.e. Nutrition and Exercise or Rest and Spirituality). You will find some supplementary ideas for activities at the end of this section on page 69.

| activity |
|----------|
| 1. |
| 2. |

Step 3

Set realistic goals

For each of the activities you have chosen, set a manageable goal for the coming week. Keep in mind that depression makes it difficult to get moving. As a result, you need to set your goals much lower than you ordinarily would.

For example, if you would like to start running again, your first goal might be to locate your running shoes and buy or borrow a baby jogger. If you would like to get the house cleaned up, your first goal might be to vacuum one room, or dust one shelf. If you want to socialize with people again, your first goal might be to find the location of the nearest Mother and Infant group.

To succeed, your goals must be:

- **Specific:** Depression can make almost anything seem like a failure. You need to have a very clear idea of your goal so that you will know that you have succeeded.

reactivating your life

- **Realistic:** You may find it tempting to set your goals based on how much you think you should be able to accomplish. Don't. Keep in mind that depression slows you down and makes things more difficult. Your goals should be easy enough to be achievable even if you feel very depressed in the coming week.

- **Scheduled:** You should have a clear idea when and how you are going to carry out your goal. "Go to the group at 10:00am on Thursday at the community centre" is much better than "Go socialize". Some people buy an appointment book to keep track of their goals.

Here's an example:

Debbie felt overwhelmed with the responsibility of looking after her colicky baby. She was physically active prior to her pregnancy and now she has no time to exercise. Her husband works full time and usually gets home at 7pm by which time she is exhausted. She wanted to get back in shape and be active again to help manage her stress and create some time for herself. She wrote down the following goal for herself:

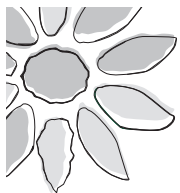
Go for a 15 minute walk four times a week.

State your goals:

| activity | goals |
|----------|-------|
| 1. | |
| 2. | |

Ask yourself: Is my goal realistic for this week?

Decide how often or for how long you will do the activity, and when you will do it.



"You're Doing Something Positive"

Example of Debbie's activities, goals, and when she plans to do them.

| activity | goals | how often? | day? |
|----------|-----------------|------------|---------------|
| Exercise | 15 minute walk. | 4x a week | M, W, F & Sat |

Write down your realistic goals:

| activity | goals | how often? | day? |
|----------|-------|------------|------|
| 1. | | | |
| 2. | | | |

Think of your activity goals as appointments with yourself. Treat these goals as respectfully as you would an appointment with your physician. If you must cancel one of these appointments with yourself, reschedule immediately and don't miss it.

Note: Give yourself credit for doing more than the goal you set for yourself but if you do more that doesn't allow you to skip the next appointment you have for an activity. If you let that kind of trade-off happen, your goals will soon be neglected.

reactivating your life

Step 4

Carry out your goals

As you complete each goal, check it off. At first you may not get much sense of achievement from doing these activities, except for the satisfaction of knowing that you're doing something positive to overcome depression. So check it off to demonstrate to yourself that you have done something (despite how hard it is to do anything when you are depressed).

congratulate yourself

If you succeeded at a goal, did you congratulate yourself? If not, do so now!

Depression is likely to make you:

- a) focus on the things you haven't done, and
- b) ignore or downplay your accomplishments.

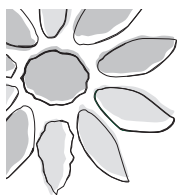
This keeps the depression going, because you will constantly feel like a failure. Deliberately remind yourself of achievements, no matter how small they may seem.

"All right, I planned to walk around the block and I did it. Good."

Don't ignore small victories or think they don't count. They do, especially during depression.

If you didn't succeed, what got in the way?

What can you do to make the goal easier?



"Allow Yourself to get Started Slowly"

Recognize that your goal may have been too ambitious. Perhaps make it smaller for next week, or substitute a different goal. Write down your revised and realistic goal below:

One of the main difficulties that most depressed people have is that they set their goals too high, fail to reach them, and become discouraged. *The problem is not that you are lazy, but that you are too eager to get well!* Scale back to something you are sure you can do, even if you feel no better this week than you did last week. Washing one dish, making one phone call, opening one bill, walking around one block, or spending five minutes at a hobby are all perfectly reasonable goals. As your energy comes back you may be able to do more. **But for now, allow yourself to get started slowly.**

Step 5

Review your goals

After two weeks of doing these goals, review the situation.

Do you want to increase the goals slightly or keep doing them at the same level until it feels pretty comfortable? It's your choice.

This is a good time to add another goal. This time, pick one from another area of the NURSE program. For example, if you had Nourishment and Exercise goals before, choose one from Understanding or Relaxation.

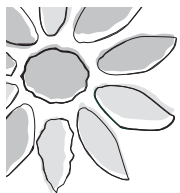
Debbie is now walking 4x a week and has increased her walking time from 15 minutes to 30 minutes. She is still tired from looking after her colicky baby and finds that she does not have the energy to prepare proper meals. She has not lost the weight she gained during her pregnancy. After nights when she has snacked on chips and chocolate, she is so upset with herself that she skips breakfast. Debbie's new goal is start her morning off with a nutritious breakfast.

Write down your new goal:

reactivating your life

Write the new goal into your schedule along with the 2 continuing goals. Remember, check off the activity goal as you do it and praise yourself for completing it.

| activity | goals | how often? | day of week | when done ✓ | date goal reviewed |
|----------|-------|------------|----------------|----------------|-----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |



"Keep Going"

Keep going! Continue to set your three ongoing goals and eventually have one goal for each component of the NURSE program to take care of your brain, body and soul.

| activity | goals | how often? | day of week | when done ✓ | date goal reviewed |
|----------|-------|------------|----------------|----------------|-----------------------|
| N. | | | | | |
| U. | | | | | |
| R. | | | | | |
| S. | | | | | |
| E. | | | | | |

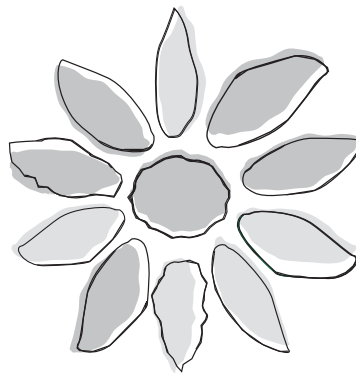
reactivating your life

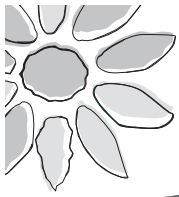
Reactivate Your Life Ideas

The following pages contain examples of activities that you can do to reactivate your life with respect to Emotional Needs, Relaxation and Spirituality.

Bubble Baths
Lighted Candles
Incense
Fresh Flowers
Planting Flowers
A Warm Mug of Tomato Soup
Lavender Scented Lotion
Self-massaging with Scented Oils
Reading a Short Story or Book
Reading a Magazine
Calling an Old Friend
Sending an Email
Watching an Old Movie
Watching a New Movie
Resting with Your Childhood Blanket
Sitting on a Park Bench
Drinking Hot Spiced Cider
Browsing in a favorite store
Feeding Ducks
Reading Cookbooks

Picking Berries
Drinking Tea from a Real Teacup
Popcorn with Real Butter
Lying in the Sun
Having a Fire in the Fireplace
Buying a Pair of Fuzzy Slippers
Rocking in a Rocking Chair
Listening to a Favorite CD
Looking at Old Photographs
Reading Your Old Diaries
Letting Someone Hold You
Silence
Daydreaming
Keeping a Journal
Petting Your Cat or Dog
Watching the Sunset
Painting a Picture
Window Shopping
Sitting in a Place of Worship
Browsing in a Bookstore or Library





Reactivating Your Life Activity

Reach for the Stars

This is a simple, relaxing activity that you can use to reconnect with your body. It is a good goal to start with because it only requires a minute of your time and a commitment to stop at least once in your day and reach for the stars!

Stand in a comfortable position.

Reach your arms up over your head

Be aware of your balance.

If you get at all uncomfortable, sit safely in a chair to do this exercise.

Stretch your arms out toward the sky, as if you were reaching for the stars or the sun.

Hold that reach for as long as you can - 5-10 seconds is good.

Try this with your palms up, palms down, your fingers laced, or your hands loose and free.

You can easily do this stretch from a chair or even standing on your tip toes, if you have good balance. Never push to the point of discomfort.

You can release the stretch by exhaling your breath and dropping your arms limply to the floor. On the next inhalation, come to a regular standing position or reach up again.

Use this exercise several times throughout the day to help you decrease the effects of stress and also to help you refresh yourself. It can be very energizing.

reactivating your life

Breathing: Nutrition for the Body, Mind and Soul

Premise:

Increasing oxygen levels promotes body-mind awareness which in turn increases your connection with yourself, others and all that surrounds you. Health and healing thrive in this open state. The following is a basic breathing exercise that will increase your oxygen levels and awareness.

1. Sitting; feet flat on the floor.
2. Notice your body and feel yourself connected to the chair and floor.
3. Relax your jaw muscles and allow your jaw to fall open. (Breathing through your open jaw for the entire exercise.)
4. Place one hand on your belly, the other on your upper chest.
5. Take a deep breath into your belly and expand the breath into your upper chest.
6. As soon as the inhale is completed (and without pausing) relax and gently exhale without forcing or holding back your breath.
7. Continue for five to fifteen minutes.

Breathing exercises may also be done lying down with your feet on the floor, hip width apart and toes slightly turned in for maximum benefits. Follow the same steps as above, particularly checking for an open jaw.

3 challenging negative thinking habits

STEP 1

Learn to identify negatively biased thought

PAGE 76

STEP 2

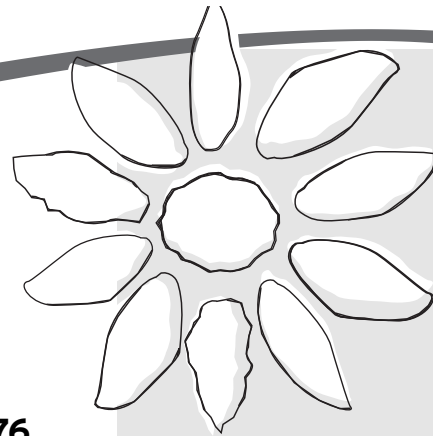
Recognize your own negative thoughts

PAGE 80

STEP 3

Learn to challenge these negatively distorted thoughts

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worksheets

challenging negative thinking habits

WHEN YOU ARE DEPRESSED, you are likely to think about your problems to the exclusion of anything else. In addition to dwelling on the serious problems you face, you may also magnify small problems. A broken cup becomes a symbol of the pointlessness and futility of life. A moment of awkwardness with a friend is taken as a sign of your utter worthlessness.

Negative thinking is often:

Unfair. Negative events are given much more significance than positive ones.

Unrealistic. Issues become distorted or magnified.

As we discussed earlier, depression is associated with interpreting situations in a very negative way. Depression causes negative thinking and negative thinking helps maintain depression. As well, some people have a lifelong tendency to focus on the negative. This can be one of the primary causes of the depression. Whether negative thinking is a cause of your depression or just a symptom, it is very important to recognize it when it is happening and to interrupt it. Remember the negative triad in depression:

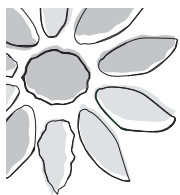
1. Harsh self-evaluation. You see yourself very negatively. The negative things you have done are very obvious to you, but you have a hard time even remembering anything positive about yourself. You may use a much higher standard for yourself than for anyone else. As a result, you think you always look bad compared to other people.

2. Negative bias about your situation. You see the world around you in very negative terms. People are rejecting and critical, demands are everywhere, and life is an endless string of pointless tasks. You fail to see the positive things about your life.

3. Negative expectations for the future. The future looks very bad to you. All you see coming your way is an endless string of failures, disasters, and rejections. You overestimate the likelihood that negative events will occur (I'm 90% sure that this stomach cramp will turn out to be a fatal illness, and 99% sure that my family will desert me in the coming year).

So what is the goal in dealing with negative thinking? Is it to think positive thoughts all day long? Do we want to kid ourselves that nothing bad will ever happen?

No. Overcoming negative biases in our thinking does not mean replacing them with positive biases (everyone loves me, nothing bad will ever happen, I will always get what I want). The point is that thinking in an unrealistic way, whether positive or negative, causes us to react inappropriately to life. The aim is to evaluate our lives and ourselves in a realistic manner. **Our goal is balanced, fair, and realistic thinking.**



STEP 1

Learn to identify negatively based thought.

Biased thoughts are unfair and unrealistic. We call them distorted because they are not true reflections of how the world is or how you are. Some common forms of distorted thinking in depression are described below and on the following page.

A blank line has been left after each type of thinking for you to add your own biased thought.

Overgeneralization:

Making a rule based on one event and applying it to situations that are not the same.

- I missed an important symptom when my baby was sick. I'm a terrible mother.
- I used to work and I wasn't happy – so there is no reason to expect that change will really improve anything.
- I used to run and I always got sore knees, so that's likely to happen to me if I do any kind of exercise.

• _____

Magnification or Catastrophization:

Increasing the intensity or stressfulness or significance of events; giving situations extra meaning that is not supported by the evidence.

- Doing poorly on a test would push me over the brink.
- If my baby cries in public, it means that I am not raising him properly.
- If I let my partner know I am upset with him, we may end up divorcing.

• _____

Adapted from the workbook *Self-Care Depression Manual: A Patient Guide*, by Randy Paterson and Dan Bilsker, 2002, Mental Health Evaluation and Community Consultation Unit and Department of Psychiatry, Faculty of Medicine, The University of British Columbia.

challenging negative thinking habits

Minimization:

Putting down one's own accomplishments. This type of thinking is often paired with Magnification. What is negative is magnified, what is positive is minimized.

- I only lasted a week without having a panic attack.
- I smoked for 10 years and I have only quit for one year.

• _____

“All or Nothing” Thinking:

Thinking in extreme, absolute, ‘black/white’ terms

- If I am not in complete control, I lose all control.
- If I can't breastfeed, I won't be able to bond with my baby.
- I ate a chocolate bar at lunch, I will never lose any of my pregnancy weight.

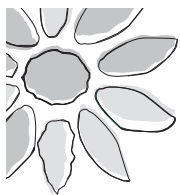
• _____

Personalization and Self-Reference:

Relating external events to oneself

- My mother was hospitalized for depression during menopause. I am going to end up just like her.
- When I see someone who is disheveled, I worry that I will be like her.
- Two people laughed and whispered something to each other when I walked by – they were probably commenting about me.

• _____



Superstitious Thinking:

Believing in the cause-effect relationship between events that are not related.

- I can't enjoy anything because it will be taken away.
- If I don't sterilize everything my baby touches, she will get AIDS.
- If I don't check my baby every 30 minutes while she is sleeping, she may stop breathing.
- _____

Fortune-Telling:

Making predictions about the outcome of an event, and then acting in ways that ensure that you bring about the future you fear.

- Once I have had just one cigarette, I know I can't control myself anymore – I go on and on until I have smoked the whole pack.
- This is my last chance – if I don't succeed this time, it's hopeless.
- _____

Overreliance on the Opinions of Others:

Overconcern for the opinions of one's peer group. Judging yourself based on what you think other people's standards of perfection are for you.

- Other people think that I should be able to control my child at all times. I can't make him behave the way other people want me to. I am failing as a mother.
- I can't feel good about myself until I look as good as my cousins did after their babies.
- _____

challenging negative thinking habits

Shoulds:

This is also known as ‘shoulding’ on oneself. You know how the world should be and it isn’t like that. You know what you should be like and you aren’t. Result: you are constantly disappointed and angry with yourself and with everyone else around you.

- I should have known better, I should know what to do.
- I should always be happy, cheerful and patient, even when my child is very fussy.

• _____

Labelling :

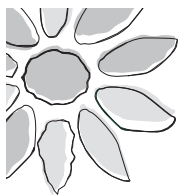
You talk to yourself in a harsh way, calling yourself names like ‘idiot’, ‘loser’, or whatever the worst insults are for you. You talk to yourself in a way you would not talk to anyone else.

- I am a lazy slob. I never do any exercise.
- I must be a freak, I am afraid that I might harm my baby.
- I am such an idiot. I don’t know how to get my baby to latch to my nipple.

• _____

There are other types of distortions, but these are some of the most common ones. You may think these thoughts will motivate you to change. Observe if they do help you change your behaviour. Notice how they make you feel. Chances are they keep you feeling badly about yourself and decrease your ability to change things.

When you catch yourself feeling badly or thinking negatively, it can be useful to look at this list to see if you are using one of these common forms of distorted thinking. Then use the following steps to challenge these thinking habits.



Step 2

Recognize your own negative thoughts and how they trigger depressed mood.

Most thinking is so quick and so automatic that we don't even realize we are doing it. We must learn to become aware of negative thinking as it occurs. An excellent strategy is to carry around pencil and paper with you for a week. Although depression can seem like a constant dark cloud, it actually varies over the course of the day. Every time your mood sinks just a little bit deeper, ask yourself this important question:

"What was going through my mind just then?"

What were you thinking about? What were you reacting to? Write this down. For example, perhaps you were with your baby at the park and you suddenly felt a deepening of the gloom you've been feeling. What was going through your mind just then? Perhaps you thought you noticed that everyone at the park was noticing you, and it occurred to you that they were probably judging you negatively. Excellent! Write it down.

| action - get it on paper | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Situation | What was going through my mind - negative thoughts |
| i.e.: Baby continues crying after trying to comfort her. | I am a terrible mother. I don't know how to do anything right. My baby doesn't love me. |
| | |
| | |
| | |

challenging negative thinking habits

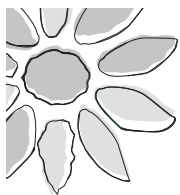
KEY POINT: Keep recording your thoughts until you notice that the same kinds of negative thinking come up again and again. Perhaps you will feel tempted to place a checkmark beside certain of the thoughts you wrote down earlier. “Oh, that one again.” When this happens, you have probably identified the most common kinds of negative thinking you do.

Then what?

Some of your automatic thoughts may seem obviously distorted.

“Wait, the reason they were noticing me at the park was because they saw I had a small baby and wanted to see her, not because they were judging me for the way I look!” It can sometimes be enough just to know that your mind generates negative thinking in certain kinds of situations. Try to become aware of the negative thinking as it happens and remind yourself where it comes from. “I think this way because I’m depressed and because I was a self-conscious kid not because they were all judging me.” You may find that you take the negative thoughts less seriously once you know where they come from.

When you become aware of distorted thinking you may feel tempted to attack yourself. “How could I think such stupid thoughts?” Depression causes you to be self-critical, and recognizing distorted thinking gives you one more way to beat up on yourself. Instead, remind yourself that distorted thoughts are the product of depression and of your personal history. You are not stupid for having them. **These thoughts are normal during depression.**



Step 3

Learn to challenge these negatively distorted thoughts and replace them with more fair and realistic ones.

Challenging negative thoughts involves deliberately rethinking the situation that got you upset. Now add a third column to your to your list of negative thoughts.

| action - get it on paper | | |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Situation | Negative Thoughts | Fair and Realistic Thoughts |
| i.e.: Baby continues crying after trying to comfort her. | I am a terrible mother. (Labelling) I don't know how to do anything right. (Overgeneralization) A mother should be able to comfort her baby all the time. (Shoulds) | |

First: Make a brief note of the situation.

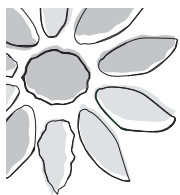
Next: Write down the negative thoughts that seem related to how you feel. If you like, you can try to classify the type of distortion involved (as shown in the middle column above).

challenging negative thinking habits

Finally: Think about the situation and try to come up with a more fair and realistic assessment of the situation.

Hint: Distorted thinking often goes way beyond the facts. Often the fair and realistic thought is simply to remind yourself that you don't have enough information to know for certain what's happening.

| action - get it on paper | | |
|----------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Situation | Negative Thoughts | Fair and Realistic Thoughts |
| i.e.: Baby continues crying after trying to comfort her. | I am a terrible mother. (Labelling) | I have tried many different things to comfort my baby which take effort and love. |
| | I don't know how to do anything right. (Overgeneralization) | I changed her diapers, fed her when she was hungry and made her laugh this morning. |
| | A mother should be able to comfort her baby all the time. (Shoulds) | I have learnt how to do a lot of things since my baby was born and I will continue to learn. Sometimes my baby will continue to cry even if I feed her or change her diaper. |



"Begin to Notice Emotional Differences"

| thought monitoring form | | |
|-------------------------|------------------|----------------------------|
| Situation | Negative Thought | Fair and Realistic Thought |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |

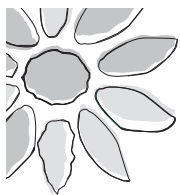
challenging negative thinking habits

Here are some additional strategies for coming up with fair and realistic thoughts:

- Take a look at the evidence you have. Would most people say that it supports your negative thought? If not, what conclusion could you draw instead?
- Can you get more information to use as evidence? Perhaps you need to ask someone what's going on, or find out if other people react the same way in similar situations.
- What would you say to a friend who was in the same situation with the same thoughts? We are often much more realistic about other people than about ourselves. What would be more realistic for your friend to say to herself or himself?
- What's a less extreme way of looking at the situation? Negative thinking tends to be extreme: I'll always be alone, I'll never succeed at anything, I'm a complete loser. If you did lose, does this really mean you're a complete loser? If you're alone right now, does this really mean you will always be alone?
- What are the results of thinking in this way? Is there another way of thinking about the situation that has better results? For example, calling yourself insulting names like 'idiot' may have the result of causing you to feel more discouraged; as a result you may give up on a task. However, giving yourself encouragement and fair evaluation is likely to result in trying harder, which increases the odds of a successful outcome.

It's not enough just to come up with a fair and realistic thought once. Negative thinking gets repeated over and over, sometimes for years, until it becomes automatic. More balanced thinking will help you to feel better, but it won't be automatic – at least not for a while. It does take work and a lot of practice. However, the good news is that changing negative thinking by using these methods doesn't take years: in fact, depressed people often begin to notice emotional differences after only a few weeks of work.

In order to get the greatest benefit from this approach, you must catch yourself in situations that normally trigger negative automatic thoughts. What are some of your most common trigger situations?



| action - get it on paper | | |
|--------------------------|-------------------|-----------------------------|
| Trigger Situation | Negative Thoughts | Fair and Realistic Thoughts |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

challenging negative thinking habits

When you find yourself in these situations, deliberately rehearse your fair and realistic thinking. Don't assume that it will happen on its own. You will have to tell yourself how to look at the situation, just as you might give advice or encouragement to a friend. Talk back to the negative thinking. Don't allow negative thinking to happen without replying to it. Every time you talk back, you make the negative thinking weaker and the realistic thinking stronger. But it will take time before the realistic thinking has more influence over you than the negative thoughts.

You will probably find that for the first while the realistic thinking sounds false to you. For example: You've been thinking in a perfectionistic way about your work, telling yourself that 'my work has to be 100% or else its worthless', but you are given very little time to complete each task, so you often feel like a failure.

You realize that this is unrealistic thinking and come up with the fair and realistic thought that 'achieving 80% is acceptable in this job, given the time I have; that's all anyone else accomplishes'. At first, this realistic thought will seem false, as though you are just fooling yourself. Only with time and repetition does the realistic thinking - the truth - begin to feel true to you. Eventually you will come to believe it fully.

4 Solving Problems Effectively: Common Problems and Solutions

Isolation,
lack of support

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Frustration and anger

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Emotional connections

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Breastfeeding
problems

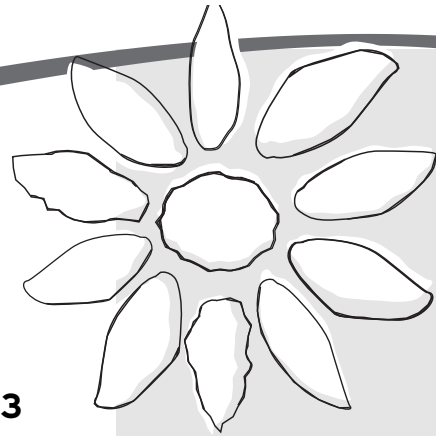
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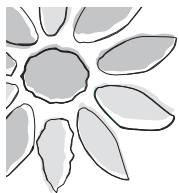
What your partner can
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Fear of relapse

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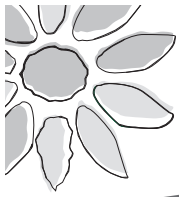




solving problems effectively: common problems and solutions

WHY IS IT THAT AS PEOPLE GET DEPRESSED, their ability to solve problems declines? There are several reasons:

1. Solving problems takes energy. As depression worsens, the energy level declines.
2. Everyday problems take a backseat to a bigger problem: The depression itself.
3. Because the person becomes so concerned about the mood problem, other problems slide and get worse.
4. Depression causes difficulties in concentration, memory, decision-making ability, and creativity. Most problem-solving requires all of these skills.
5. Depression and anxiety often go hand in hand. The stress response (also called the fight or flight response) pulls the person toward one of two problem-solving strategies: physical aggression (fight) or avoidance (flight). Neither is effective at solving most modern-day problems.



"Remind Yourself of These Truths"

Given all of these factors, it is no great surprise that problems don't get solved and instead pile up. What can be done? First, recognize that your problem-solving ability may not be as good as it usually is. Don't beat yourself up over this. As you face the challenge of a postpartum mood disorder, remind yourself of these truths:

- I will recover
- I am not alone
- This is not my fault
- I am a good mom
- It is essential for me to take care of myself in order to take care of others
- I am doing the best I can

Also, you will develop some new skills by following the goal-setting steps for reactivating your life and challenging your negative thinking. You can apply these skills towards solving your problems. Keep reminding yourself about the progress you are making.

We have compiled some strategies for you to use to help you with common problems experienced by women with PPD. These problems include:

Isolation

Frustration & Anger

Emotional Connections

Breastfeeding Problems

What Your Partner Can do to Support You

Fear of Relapse

We hope you find the following pages helpful to you and encourage you to include them in your goal-setting and to assist you in solving your problems.

solving problems effectively: common problems and solutions

Isolation

Harpreet has a two month old baby. She recently moved from Toronto to live in Vancouver. She has no friends or extended family. Her husband works long hours. She has been feeling isolated and does not know how to connect to her community. The following exercises helped Harpreet find a way to break out of her isolation.

Ways to Find Out About My Community:

Develop a list of ways you can learn about your community or neighbourhood. Some that are commonly found to be helpful are listed. Think of other ways to add to the list below:

Local Newspaper

Store Bulletin Boards

Baby Magazines

Community Centres

Doctor, Community Health Nurses

Midwives, Doulas – can you think of more?

Check off each idea as you try it and list what mother and child friendly places or activities you learn about:

Mother and Child Friendly Events or Places in My Community



"Identify Who May be Able to Provide Support"

Find Supportive People

Identify who may be able to provide support both physical – i.e. – cooking, cleaning, caring for the baby, shopping, taking you for a walk or to an appointment or emotional – i.e. – sitting and listening, hugging and giving encouraging words.

1. Brainstorm everyone who comes to mind.
2. Then identify what kind of support they can provide.

A support network may come from the following people:

| | |
|------------------------------------------------------------------------------|--------------------------------------|
| Partner | Family and extended family |
| Friends | Neighbours |
| Co-workers | Religious communities |
| Hotlines | Postpartum depression support groups |
| Professionals (community health nurses, doulas, nannies, housekeepers, etc.) | |
| Create a list with phone numbers to use when you need it. | |

solving problems effectively: common problems and solutions

One resource in BC is the **Pacific Post Partum Support Society** (www.postpartum.org/) or call 604-255-7999.

The Pacific Post Partum Support Society provides a support program for women experiencing postpartum depression (PPD). This consists of:

- Telephone Support

Postpartum counsellors can offer you support, assessment, information and referrals, depending on your needs.

- Weekly Support Groups

Support groups, led by trained facilitators, provide a safe place for women to receive valuable information and emotional support from other women in a similar situation.

- Information In Print

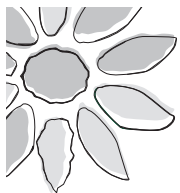
Information packages are available to individuals and professionals at no cost. A self-help guide published by the Society is also available for purchase.

- Partners' Information Sessions

The Pacific Postpartum Support Society offers information and support for partners of women experiencing postpartum depression and/or anxiety.

Pacific Postpartum Support Group also provides:

- Community training in group facilitation and telephone support.
- A Group Facilitator's Manual for agencies wishing to facilitate their own support groups.
- Educational workshops on PPD.
- Volunteer opportunities.



"Find Positive Ways to Manage Frustration and Anger"

Frustration and Anger

"Why won't the baby stop crying?" For some women, their depression may be associated with intense feelings of worthlessness, especially if they are having difficulty coping with a colicky baby. In spite of all their attempts to soothe the baby, the baby continues to cry inconsolably. If they are also experiencing sleep deprivation and feel that they are not getting enough support from their partners, they may, at times feel frustrated and angry.

Ann, the mother of a 3 month old infant daughter and a 2 _ year old son was upset one day when her daughter would not stop crying. While she tried to comfort her daughter, her son was seeking constant attention. She started yelling at her son and felt intense anger building up in her. She was ashamed of her angry feelings and felt that she must not be a good mother. After challenging her negative thinking, Ann decided to find positive ways to manage her frustration and anger. She used the following checklist as a starting place for change.

How Do You Express Your Anger?

- ☐ Rant, rave, scream and yell
- ☐ Physically hit, push, kick or hurt others in any way
- ☐ Order, command and get into a controlling mode
- ☐ Use the silent treatment
- ☐ Become verbally abusive
- ☐ Become depressed or sick
- ☐ Outwardly smile and comply while inwardly seething?
- ☐ Appear to go along with the other person on one hand, but on the other hand you find ways to sabotage the situation or other person
- ☐ Take some time out
- ☐ Find a way to calm down
- ☐ Problem solve
- ☐ Other ways include: _____

solving problems effectively: common problems and solutions

As Ann identified the ways she expressed anger that resulted in her feeling bad about herself as a mother, she recognized that she acted the same way that her mother had. By answering the following questions she was able to recognize some anger patterns.

Recognizing Anger Patterns

When you were growing up, how did your parents express their anger?

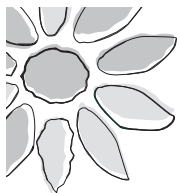
How did your parents respond when you got angry?

What kind of messages did you get from your parents about anger?

How do you deal with your children when they are angry?

How do you think the messages you received about anger influence the way you deal with your children's anger now?

Can you recognize any anger patterns?



Ann needed to learn some new ways to deal with her frustration and anger. It's okay to feel mad; everyone does; it is how we choose to deal with it that is important.

Ways to Calm Down

1. Breathe deeply and center yourself
2. Count to ten slowly – or twenty or whatever it takes!
3. Take time-out – go in the bathroom and close the door
4. Use relaxation techniques that you developed with the NURSE program
5. Use visualization
6. Notice your thoughts and if you need to replace with fair and flexible thoughts.
7. Do something physical – any kinds of sport or activity will help to release tension
8. Do art – use large vigorous strokes and wild colors or model with play-dough
9. Listen to music – it could be angry to shake out your anger or a calming melody
10. Write in a journal or a letter to the person you are upset with – just don't send it!
11. Do something you enjoy, for example, a hobby
12. Use reflective listening
13. Get or give a caring touch
14. Stand under a hot shower and let the anger wash down the drain with the water
15. Lie down, cool down, relax

solving problems effectively: common problems and solutions

Emotional Connections

I. To the Baby

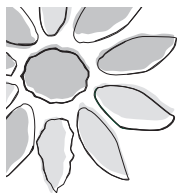
Wei Lai (30) was adopted shortly after birth and always wondered why her own mother did not love her enough to keep her and raise her herself. When she was pregnant with her first daughter, she felt detached from the pregnancy and believed that an alien form was growing inside of her. After the birth, she had 'no feeling' for her infant daughter. She did not feel connected to her. She had wanted to 'fall in love' with her baby but instead, felt that she was playing a role. She fed her baby, looked after all her needs but did not feel bonded to her. She was afraid that she did not know how to love her properly.

The lack of an emotional connection or bonding to the baby is a complication that can occur with PPD. Attachment is the bond that forms between a child and his or her parents or primary caregiver. Healthy attachment occurs when the infant experiences a primary caretaker as consistently providing emotional essentials such as touch, movement, eye contact, and smiles, in addition to the basic necessities - food, shelter, and clothing.

Understanding and responding sensitively to your infant's emotional needs is the cornerstone for developing your baby's trust. Building a strong attachment or connection with your baby involves spending enjoyable time interacting with your baby or child on a daily basis. A child who is raised with love, empathy and affection learns to form a deep trust with his or her parents. Attachment forms the foundation for a child's physical, cognitive and psychological development.

A secure attachment style that develops in childhood stays with a person for a lifetime. Securely attached adults were raised in a consistent, reliable, and caring way. They learned early that the world is a safe and accessible place and others are viewed as dependable and supportive. They feel able to love and they feel loveable. They are compassionate and responsive to others. They are flexible thinkers and able to explore options and ask for advice. They are accepting of differences and trusting in love.

Wei Lai was afraid to fall in love with her baby. She received counseling to resolve her feelings of grief related to being adopted. She was reassured that bonding does not necessarily happen right away but may develop slowly as the mother spends time with her baby and gets to know her baby. In addition she was encouraged to build in responses to her baby's emotional needs through the daily tasks she was already doing and listening to what her baby was saying communicating to her. (see following pages)



"DIAPERS"

DIAPERS*

Dependability: Respond to the best of your ability when your baby cries or calls.
Be prompt especially when your baby is ill, hurt or afraid.
(But remember no one can respond perfectly 100% of the time.)

Interaction: **Don't just change a diaper – talk with your baby.**
Play games during the changing.
Take your time and enjoy the time with your baby.

Adoration: **Kiss your baby when you change the diapers.**
Smile at your baby.
Change your baby with gentle hands.

Predictability: **Change diapers with the same routine each time.**
Sing the same song each time.
Tell your baby what you are doing when you are doing it.

Excitability: **Sing silly songs**
Play "I'm Gonna Get You"
Play "Peek-a-boo"

Repetition: **Sing the same song over and over again.**
Say the same things over and over again.
End with the same kisses after each diapers change

Sensitivity: **Use gentle hands.**
Go slowly; try not to rush.
Use a gentle, soft, loving voice.

**Source: Promoting Maternal Mental Health During Pregnancy, NCAST, University of Washington, Seattle WA, 2001*

solving problems effectively: common problems and solutions

| DIAPERing time | |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relationship Ingredient | Relationship Actions |
| D EPENDABILITY | My baby need me to be dependable. To show I am dependable, I will: |
| I NTERACTION | The more positive interaction I have with my baby, the better it is for us. I will make our diapering time fun by: |
| A DORATION | My baby needs to know how much I adore him or her. I can show this by: |
| P REDICTABILITY | My baby needs to be able to predict what will happen when he or she has wet diapers. I will show this by: |
| E XCITABILITY | My baby will learn how to take care of his or her feelings through practicing with different feelings. I can teach my baby to have fun and get excited and then calm down by: |
| R EPETITION | My baby learns through repetition. I can help teach my baby and support our relationship by: |
| S ENSITIVITY | When I am sensitive to my baby's needs and behaviours, my baby learns that he or she is important and learns to be sensitive to others as well. I will show I am sensitive by: |



INFANT ATTACHMENT - WHAT BABIES HAVE TO SAY!*

Birth to 2 Months:

- You can hold me as much as you want.
- You can't spoil me.
- Crying is how I tell you that I need something. I don't cry to make you angry.
- If you think you have taken care of all of my needs and I am still crying, hold me and comfort me.
- Smile at me, laugh, sing to me, rock me, dance with me gently, talk to me softly. This is how our relationship grows.

2 to 7 Months:

- When I look at you, smile, coo, and reach up to you, I want you to respond to me.
- Crying is how I tell you that I need something. I don't cry to make you angry.
- If I turn away, I have had enough.
- When I am hurt, sick or afraid, I need you to hold me right away.

7 to 12 Months:

- I prefer to be with the few people who look after me the most. I am upset by people I don't know.
- I get upset when you leave me. Hug and cuddle me when you leave, and again when you come back; then I will learn that I am safe and secure.
- Play and talk with me face to face.
- Watch me play and follow my lead. If you always direct my play I will stop trying.
- Try to understand what I am telling you when I cry, smile, babble, or turn away.

12 to 24 Months:

- I am learning about my world. I like to explore, but when I am frightened, I need to come back to you for comfort. When I feel safe and comforted, I am ready to explore again.
- Even though I can do more things by myself, I still need love and affection.

24 to 48 Months:

- When I want to do things on my own, let me try, as long as it is not dangerous.
- I still need you to keep me safe and comfort me when I am hurt, upset, frightened, or sick.

**Source: Health Canada Mental Health Promotion Website, "First Connections Make All the Difference", <http://www.hc-sc.gc.ca/hppb/mentalhealth/mhp/pub/fc/index.html>*

solving problems effectively: common problems and solutions

Emotional Connections

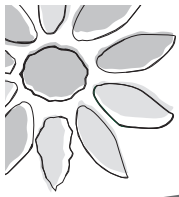
II. To the Partner

Jo-Ann (29) and her husband John had an intense and passionate relationship right up until she got pregnant. They both were looking forward to the baby and believed that the baby would enhance the relationship even further. They were surprised to find that after the birth of their son, Jo-Ann was so involved in his care, that she lost all interest in a sexual relationship with John. She was overwhelmed with caring for her son and needed more time and space for herself. John felt neglected.

The birth of a baby often marks a significant transition in couples' lives. When they are expecting a new baby, many couples believe that the baby will bring them together. If they have had a good relationship they may expect that the baby would make it even better. If they have had a strained relationship they hope the baby might help to "fix" it. What most couples find out is that a new baby may significantly strain the couple relationship.

When a baby arrives, the focus shifts from self and partner care to mostly baby-care. Each one of the partners may have new and intense experiences that will affect the relationship. First, there are the physical challenges such as lack of sleep, decreased time for house chores and errands, lack of time for self-care and lack of spontaneity and quality time with the partner. Then there are the emotional changes that come with the transition to parenthood. Most new parents experience feelings of joy, pride and happiness but may also feel overwhelmed, irritable or moody at times. Difficult feelings may challenge the couple's relationship and in return, the quality of the relationship may affect the partners' mood.

When a recently delivered woman struggles with postpartum depression, the link between her relationship with her partner and her mood intensifies. The more depressed a woman is the more withdrawn, overwhelmed, irritable and disinterested she may become. In addition, one of the first things to go when someone has depression is their libido, or sexual desire. This may add another challenge to the already taxed couple relationship. The partner, who has not gone through the many physical changes of pregnancy and birth, may feel the same level of sexual desire as he did before the birth of the baby. The woman, on the other hand, may feel a marked decrease in sexual desire and interest as a result of physical changes, fatigue, depression or medication side effects.



Many partners feel rejected and denied when their female partner often declines their sexual advances or tries to avoid sex altogether. They may feel unloved, uncared for and unimportant. If the woman is totally absorbed in taking care of the baby they may feel that they are not needed anymore; that their partner has found a replacement for them: the baby. This may result in frustration, anger and a sense of loss, which may create more tension in the relationship. In return, the woman's mood may be adversely affected by the tension in the relationship and her recovery process may slow down.

It is important to keep communication open between the two partners and to air feelings, thought and wishes. Happy couples communicate in a way that validates the other partner while maintaining each partner's rights and integrity. Here are some tips developed by Dr. John Gottman from his book, *The Seven Principles for Making Marriage Work**, to help you and your partner:

- Don't exclude your partner from the baby care
- Let your partner be baby's playmate
- Carve out time for the two of you
- Be sensitive to your partner's needs
- Get your partner to give you a break

If the couple finds it too challenging to resolve their differences or get over their negative feelings toward one another, then it is important to seek professional help. A marriage counsellor or a therapist may be able to help you get through this challenging time.

Jo-Ann and John were having many fights and were frustrated and angry with each other. They felt that they were growing apart from one another. They were referred to couple counseling where they learned to communicate better, to express their true feelings and to listen to and accept their partner's feelings. John learned that a decrease in sexual desire was very common in people with depression and that Jo-Ann's disinterest in sex did not mean she did not love him anymore. Jo-Ann learned to balance between caring for the baby, herself and nurturing the couple relationship. As the couple's level of distress was going down Jo-Ann's mood was going up.

*John Gottman, *The Seven Principles for Making Marriage Work*, Three Rivers Press, New York, NY, 1999.

solving problems effectively: common problems and solutions

Breastfeeding Problems:

Ranjit had always wanted to be a mother. She was the 'maternal' one among her sisters. She loved being pregnant and was looking forward to breastfeeding. Ranjit was upset when her baby had difficulty latching on shortly after an uncomplicated delivery. She developed mastitis and was surprised at how painful breastfeeding was. She was distressed when she had to go on antibiotics. After the mastitis cleared, her baby cried a lot and never appeared to be satisfied after a feed. She worried that she was not producing enough milk. She was concerned that her son was losing weight. Her family doctor advised her to supplement with formula. The baby would drink four ounces of formula quickly. Ranjit's own milk supply diminished and she began to think she had failed her son. She had wanted him to be breastfed exclusively and felt that she was not a good mother. Her family doctor gave Ranjit the number of the community health nurse. The nurse made a home visit and helped Ranjit decrease the formula feeding until the baby was breastfeeding exclusively and gaining weight.

Below are some of the resources available to you to help you with your breastfeeding problems.

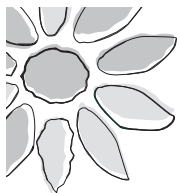
Resources available:

There are pamphlets you can get from your local hospital/health unit and the book "*Bestfeeding: Getting Breastfeeding Right for You*" by Renfrew/Fisher/Arms.

Breastfeeding Support Services:

La Leche League provides phone help and monthly meetings for mothers who wish to breastfeed. Friendly, informal discussions provide mother to mother information, support and encouragement. All pregnant women, mothers and babies welcomed. Phone 640-520-4623 to find the group in your area.

Public Health Units throughout the province provide support to nursing mothers through breast feeding/well baby clinics and or telephone/ in home consultations. Community Health Nurses and lactation consultants offer individual help with baby's position and latch at the breast, assessment of mother's milk supply, baby's growth and prevention and treatment of common breastfeeding concerns. Contact your local public health unit if you require support.



Hospitals with Maternity Units provide support to nursing mothers in hospital and sometimes after discharge. You could contact your local hospital to see if they have breastfeeding support services.

Newborn Hotline-Vancouver and Richmond (640-737-3737 8:30 to 5:30pm daily)
Community Health Nurse will answer questions and concerns including those related to breastfeeding. Chinese and Punjabi translation available.

Some facts to consider:

Limit caffeine intake to 2 cups coffee or 3 cups tea per day to minimize baby's caffeine intake. There are no foods to be avoided just because you are breastfeeding. If you think a food causes problems for your baby, cut out the food for five days and then reintroduce to see if there is a connection

Depending on amount of weight gained during pregnancy, current physical activity, and duration of breastfeeding, gradual weight loss may occur. Whether you are nursing or bottle feeding your baby, drastic weight loss regimes should be avoided. Physical activity and a sensible approach to eating (see previous guidelines) are the healthiest ways to promote gradual weight loss.

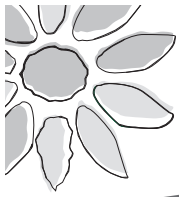
Some women, despite all their efforts, do not experience success with breastfeeding and choose to bottlefeed their babies. It is important to remember that you can be a successful mother who is fully bonded to her baby without breastfeeding.

solving problems effectively: common problems and solutions

What Your Partner Can do to Support You

It is common for partners to be baffled by the occurrence of depression and anxiety in the postpartum period. Rosetta suffered from a postpartum depression that baffled her husband. “We have everything to be happy about, I don’t understand why you can’t stop crying” and “Why can’t you just snap out of it” were just some of the words he uttered in frustration. Antoine also needed to be receiving practical and emotional support during Rosetta’s depression. Research indicates that women recover much faster if their partner is understanding and supportive. Here are some tips from the Pacific Postpartum Support Society on how your partner can help.

- A woman with PPD is going to be hard on herself. It is therefore very important she is receiving encouragement and reassurance that she is doing a good job.
- Getting practical help in the home either paid or help from family and friends can help. Find out specifically what you can do.
- Look at all the stressors and see which ones may be changed or relieved. You may not be able to change the fact that the baby is not sleeping but it may be possible to arrange to get up with the baby a few nights or let mom sleep on the weekends.
- Criticizing or commenting on the fact that the house isn’t getting clean can only add to the guilt she is already feeling. Hiring someone to come and help once a week can make a huge difference.
- Try to be involved in her recovery as much as possible – i.e. Doctor appointments and learning about PPD. The first section of this manual can provide useful information.
- Take over some of the responsibilities for baby and provide breaks she can count on.
- Make sure you are also getting support and breaks. Hire someone to help with childcare if necessary. Planning one night a week for yourself and one night a week your wife can go out can also be helpful. Remember to be flexible. If mom has had a demanding day at home, it may be better to plan your night out for a different day.
- If finances are an issue there are other ways to get a break. Talk to your PHN or community centre and see what resources there are. Sometimes it may help to get your Doctor or PHN to advocate getting help for you.
- Notice the things she is doing rather than what hasn’t been done.



"Have Someone You Can Talk to"

- Reassure your wife that you love her, just being with her, listening or holding her may be what she needs. Often moms express that they feel that they need mothering too.
- Understand that her sexual feelings will return and not adding more pressure to do things before she is ready.
- Reminding her that you understand that it will take time for her to get better and that you will do your best to be there for her.
- Sometimes taking the baby out for a walk can help as it will allow her some alone time. If she is at home and hears baby crying she may find it hard not to respond.
- It can be very difficult to support someone going through depression. Remembering that it is a condition that she does not have control of and that she is trying to recover from may help you be patient. It is also very important that YOU have someone you can talk to or some way of relieving the stress that you are under.

solving problems effectively: common problems and solutions

Fear of Relapse

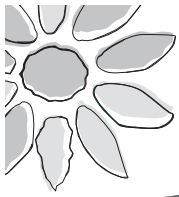
Sylvia had a PPD after the birth of her first child. She was sad and overwhelmed for six months. She isolated at home, overeating and sleeping whenever she got the chance. She did very well with treatment including attending a therapy group, getting regular exercise and taking prescribed anti-depressants. She was on Paxil for a year. She made a complete recovery. When she got pregnant again when her child was two, she was terrified that she would have a relapse. She did not want to go through another PPD.

Because of Sylvia's past history of PPD she has an increased risk of experiencing another depressive episode. It is best if a woman with a history of depression, especially in the postpartum period, makes sure that her mood is monitored by a health care provider during any further pregnancy and particularly after the birth of another child. If there is evidence of a relapse in her mood during her pregnancy, she may require supportive therapy and possibly treatment with an antidepressant. After the delivery the dose of her anti-depressant may need to be increased as this is a vulnerable time to experience a worsening of her mood.

Sylvia was encouraged to maximize her social support. Sylvia shared the information found in this manual with her husband, family doctor and other health care providers to make sure that they were aware of the symptoms to look out for in the case of another depressive episode. She also talked honestly with supportive family members about what had happened for her during after her first child and set up a schedule of practical as well as emotional support.

Sylvia also joined a parenting group to meet other mothers with young children. And she kept up her N.U.R.S.E. routines. Sylvia had learnt that in order to take care of her family, she had to take care of herself – especially her brain. She adjusted her eating and exercise as the pregnancy developed. She continued to practice relaxation exercises so that they would be a part of her routine when her second child was born. And she renewed her commitment to the spiritual practices that gave her a sense of gratitude and joy for her life and her family.

Sylvia has learnt a lot about PPD after her first child and in doing so had learnt a lot about herself. She implemented many of the suggestions found in this guide and was encouraged to find strategies from other helpful and reliable resources to continue on her road to wellness.



"PPD Has a Beginning and an End"

What Sylvia knew from past experiences was that PPD has a beginning and it has an end. Other women have described PPD like being in a fog. And getting better can be like a roller coaster ride in and out of the fog. But after a little while once the woman gets the support she needs, the good days start to outweigh the bad, the fog begins to lift and the ride is less wild. Like Sylvia, the sun breaks through and they can feel and see the light again.



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BC WOMEN'S HOSPITAL
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