

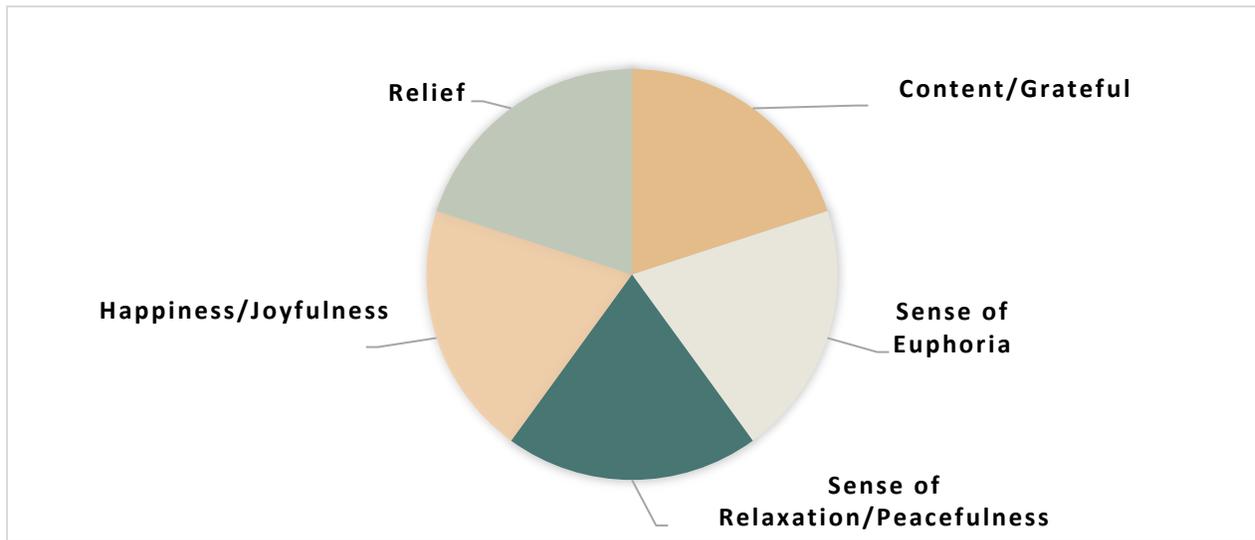


# HANDBOOK FOR PARTNERS

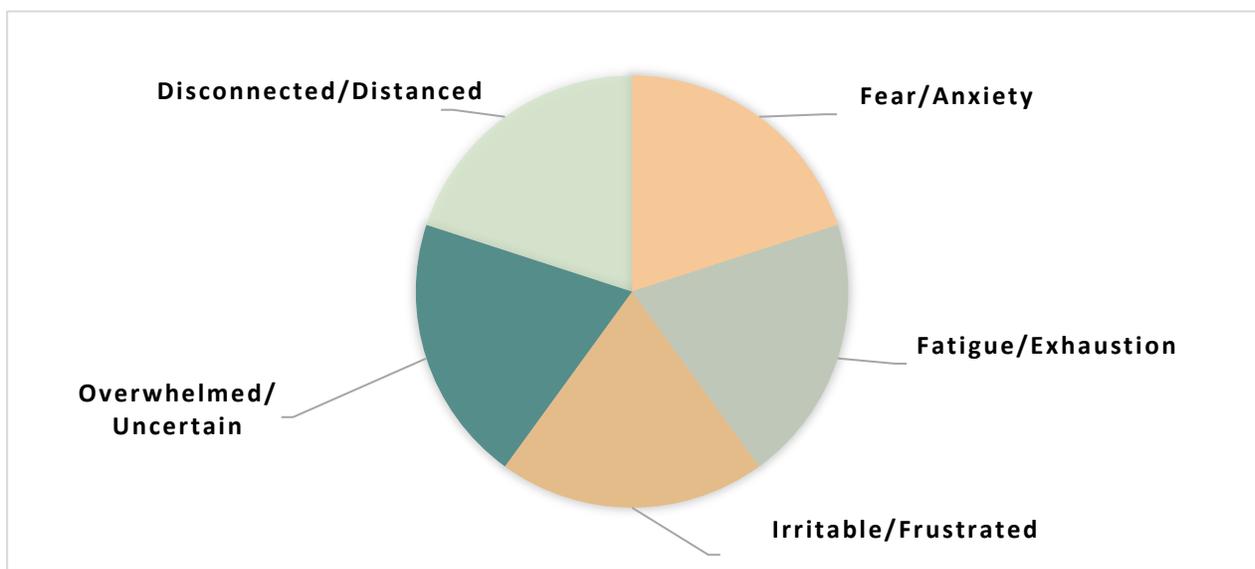
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*Pregnancy and becoming a new parent can be a very exciting and challenging experience.*

## What may you be feeling right now?



## You may also be feeling...



*All these feelings and emotions are completely normal.*

## SELF CARE

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Sometimes, parents have difficulty adjusting to the many physical, emotional, psychological, and social challenges of parenting. Stress, interrupted sleep and 24-hour demands can take their toll, but they also can become more manageable when we take care of ourselves.

### SLEEP

*Ensure both partners are getting equal levels of sleep.*

For many parents, interrupted sleep can be mentally, physically, and emotionally taxing. Some general rules for sleep hygiene include:

- Try to go to bed at the same time each day
- Avoid exercise before bed
- Ensure bedroom environment is as restful as possible
- Avoid screen time or other stimulating activities just before bed
- Avoid caffeine and other stimulants in the evening
- Try a warm bath or shower two hours before bed to regulate your body temperature for sleep
- Avoid a nap in the evening
- If you can't sleep, get up and do something quiet in another room

*Quick naps can improve your alertness and help in decision-making, creativity, and sensory perception. Short naps, such as 20 minutes, are less likely to disrupt your sleep at night.*

## EATING

Some parents find themselves snacking on convenience food. We know that setting realistic goals helps. Healthy, home-cooked food for every meal may not be an achievable goal so it is important to set goals for your family that are manageable and allow for something easier, such as toasted sandwiches, on difficult days. Another way to save time is to cook in bulk and freeze meals for the coming week.



*Please see end of handbook, **Appendix A**, for meal train resources.*

## BODY MOVEMENT

*It is important to check in with your family doctor  
prior to engaging in any physical activity.*

For some people, regular physical exercise is highly beneficial. We know that it can increase serotonin levels - a hormone that contributes to general happiness and wellbeing. We also know that getting out of the house into fresh air and sunshine can lift mood and boost vitamin D levels as well. However, setting **achievable goals** is important. These goals may depend on personal circumstances, previous exercise history, etc.

It can be helpful to schedule in exercise time weekly. Exercise does not always mean going to the gym and working out it may mean something gentler to some people such as, a yoga class. Some people find these types of activities very beneficial too. For example, physical activity

may look like evening walks with you partner starting during pregnancy and then continuing once the baby is born. This will also provide uninterrupted quality time with your partner.

## TIME OUT

It is important to differentiate between essential needs and self-care needs. For example, essential care is a mother taking time to shower



or sleep, in contrast to self-care which may look like her engaging in a hobby or having uninterrupted time alone. It is critical to recognize and understand that self-care does **not**

look like the mother engaging in basic personal hygiene or completing household work.

## ESSENTIAL NEEDS VS. SELF-CARE ACTIVITIES

*It is important to note, self-care is not effective while taking care of a baby or toddler.*

Essential Care	Self-Care
Showering/bathing (any personal hygiene)	Uninterrupted time alone such as going to the spa, movies, etc.
Cooking/Eating	Engaging in a hobby
Sleeping	Watching tv/reading a book alone
Physical activity	Going out with a friend
Laundry/tidying up (household chores)	Listening to music/podcast

It is important to recognize that your partner has had multiple roles prior to becoming a mother. A few of those roles may have been a sister, daughter, friend, wife, teacher, nurse, business owner, avid hiker, artist, musician, student, etc. Allowing her to have uninterrupted time alone may help her re-engage in some of those roles and contribute positively to her sense of fulfillment, whilst also allowing the birth partner to have a sense of self and reclaim their identity which is crucial during post-partum. Self-care also allows for the birth partner to feel renewed and energized, leading to more positive interactions and attachment with their child.

Time out means different things to everyone. But in general, it is important that parents have a break from the caregiver role at times. Many parents experience barriers to this. Sometimes the barrier may be a time constraint, other times it is driven by a parent feeling guilty or feeling like they shouldn't need time away from their family to focus on their own needs.

Some families find the best way to create time away is to structure it i.e., a set time or activity/week. The additional benefit is that the other parent or carer gets one-on-one time with the baby or child, which can also help with their bonding and confidence. Generally, a parent needing time to themselves gets the most benefit if the rest of the family is out of the house, or if the parent can go out themselves.



*Please see end of handbook, **Appendix B**, for a template schedule.*



**Imagine:** What would it be like for you if you had to transition into the primary caregiver role? Or how would you feel if you woke up at 6am to go to work, with only 3 hours of sleep, no shower, barely any time to eat. You feel dirty, sweaty, and hungry starting your day. You work all day at your job, come home and are on-call 24/7 with highly demanding supervisor for the rest of the evening...this is the reality of what a new mother's experience is like.

### **SUPPORT DURING LABOUR/HOSPITAL EXPERIENCE**

Although your needs are just as important, the needs of the birth giver take priority during the hospital stay and thereafter. It is about understanding and fulfilling the needs of the mother during labour and throughout the entirety of the hospital experience. Some partners may have limitations that stop them from fulfilling the needs of their partner. An example may be a fear of medical procedures, fainting at the sight of blood, etc. If these limitations cannot be worked through, brainstorm with your partner how you can support them and consider additional help such as a doula or another support person that your partner chooses.



*Please see end of handbook, **Appendix C**, for additional resources.*

### **BONDING TIME**

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*Please note these are only suggestions, only do what feels right for you & what you feel comfortable with as well.*

## PRE-BIRTH

- Reading or singing to the baby
- Massaging belly (baby can sense when touch & voice is familiar)
- Attend prenatal doctor visits, when possible (you will be able to hear baby's heartbeat, see them moving around on ultrasound screen & hear development updates straight from the doctor)
- Attend prenatal classes with your partner, may boost confidence
- Help prepare for the birth; you'll play a big role during labour & the delivery process (you can begin by helping in birth preparations).



**Recommendation:** *We're Pregnant!* – Novel by Adrian Kulp

## POST-BIRTH

- Talk to baby (reading or singing, they will soon recognize your voice)
- Baby wearing, skin to skin contact (provides so many benefits for you & baby for example, helps baby regulate temperature & heartbeat)
- Take part in mealtimes:
  - Formula fed: partner make take over a feeding
  - Breast fed: partner may take over burping baby
- Take over diaper duty or another responsibility like bedtime routine to create a set baby bonding time



## IMPORTANT INFORMATION FOR PARTNERS

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### PREGNANCY

- Mood changes sometimes easily, for example becomes teary, irritable, or angry
- Self-esteem is unchanged
- Sleep: bladder or heartburn may awaken (can fall asleep)
- No suicidal ideas/intent
- Energy: may tire, rest restores
- Pleasure: joy + appreciation (appropriate worry)
- Changes in appetite, may increase or decrease due to hyperemesis gravidarum (HG)

### BABY BLUES V. POST PARTUM DEPRESSION

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<b>Baby Blues</b>	<b>Post-Partum Depression (PPD)</b>
Affects 60-80% of new mothers universally	Affects up to 1/7 new mothers within the first year after giving birth
Due to hormone fluctuations at birth & acute sleep deprivation	Due in part to hormone fluctuations as well as other factors
Lasts between 2 days – 2 weeks after birth, usually peaks 3-5 days after delivery	Symptoms present for at least 2 weeks & interfere with daily functioning (baby blues period has passed)

Symptoms: tearfulness, mood swings, reactivity, exhaustion, crying spells	Symptoms: inability to feel pleasure, low self-esteem, feelings of guilt, hopelessness & despair
Mood: predominantly happy, feelings of sadness throughout the day, mood swings can be quick	Mood: gloom, irritable, agitation, rage, poor self-esteem
Sleep: ability to sleep, often feel exhausted due to new baby's needs	Sleep: difficulty initiating and/or sustaining sleep, sleeping more than normal
Importantly: NOT a mild form of depression, baby blues are temporary	May have suicidal thoughts, plans or intention (depression present without suicidal ideas or intention)

### POST-PARTUM PSYCHOSIS

- Quite rare, but does occur and can be incredibly dangerous
- Delusions or hallucinations (seeing or hearing things that aren't there), sometimes can be harmful
- Highly irritable, rapid mood swings
- Hyperactive (decreased need for or inability to sleep)
- Paranoia & suspiciousness
- Communication difficulties, irrational judgments
- Most significant risk factors:
  - Family history of bipolar disorder & previous psychotic episode

Postpartum psychosis is only temporary and treatable with professional help, but it is an emergency and the best thing you can do is **seek out immediate help for your partner.**

*'I noticed some strange behaviours and unusual thoughts, it really hit home when I found my wife in the middle of the night, sitting on the floor in the garage eating chocolate. I knew I needed to get help for her.'* – partner's perspective

*I started hearing voices, they were telling me that something was wrong with my baby, and then I began feeling intense urges to harm her...* – mother's perspective



#### **Recommended TEDX TALKs:**

- [Understanding Postpartum Psychosis](#) by Rachael Watters
- [What Is Postpartum Psychosis?](#) by Teresa Twomey

#### **DYSPHORIC MILK EJECTION REFLEX (DMER)**

- Research is ongoing, thought that DMER happens because of decrease levels of dopamine that occurs during milk letdown
- Feelings of negative emotions during breastfeeding
  - Sadness, agitation, restlessness, anger, anxiety, panic, etc.
- Estimated that 9% of breastfeeding mother's experience
- Important to understand to DMER is a physical, bodily reaction to hormones, it is **not** the fault of the mother
  - Although the mother often experiences feelings of guilt



*Important to remind mother's it is **OKAY** to exclusively pump or formula-feed – **FED IS BEST.***

*Please see end of handbook, **Appendix D**, for birth trauma tree.*

## RESOURCES

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- Call **811** or reach out to health care provider
  - *Always better to connect with a professional, even just for peace of mind*
- **Emergency crisis hotline:** 1 800 784 2433 (call)
- **Postpartum crisis hotline BC:** 604 255 7999 (text)
- **Postpartum crisis hotline International:** 1 800 944 4773 (call)

**Emergency contact:**

It is very important to seek treatment as soon as possible so that symptoms do not continue or worsen. Untreated mental illness can have long term consequences not only for the mother, but also her relationship with her baby and also the baby's development.

Women may be concerned about breastfeeding if they need to take medications. This will be an important part of the discussion between the woman and her healthcare provider so that if they are needed, the safest appropriate medications are chosen for a breastfeeding woman.

## What Does a Mother's Body Go Through Physically?

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### PRE-BIRTH/PREGNANCY

- Aches & pains, soreness (i.e., backache)
- Morning sickness (nausea and/or vomiting)
- Bloating & constipation
- Breast tenderness & swelling
- Fatigue, sleep problems
- Increased need to urinate
- Heartburn
- Hemorrhoids & indigestion
- Varicose veins
- Stretch marks & skin changes (i.e., itchiness)
- Weight gain (unless mother suffers from HG)

*'I did all my reading on being pregnant, but I realize now I was really unprepared for afterwards...I was healthy and strong while I was pregnant, so maybe that's why I felt kind of defeated after delivery...I really just felt blindsided by my post-baby body...' – mother's perspective*

### POST-BIRTH

- Aches & pains
  - C-section delivery: swollen belly, painful incision site, difficulty lifting, getting up, etc.
  - Vaginal delivery: swollen, bruised & sore

- After delivery afterpains (cramping) as uterus 'shrinks' back
- Bloody discharge for up to 6 weeks after delivery
- Constipation
- Weight changes (loss or gain)
- Skin changes
  - Dry patches, acne, pigmentation
- Changes in breast size
  - Often larger while breastfeeding, then decrease in volume when baby is weaned
- Urination leaks
- Spider veins, varicose veins & stretch marks (common on legs and stomach)
- Hair loss
  - Many mothers lose up to a third of their hair post-birth
- Changes in teeth & eyes (because of hormone level fluctuation)

*'I'd had a C-section and was recovering at home, but still had a newborn baby that needed around-the-clock care. It was a demanding as a new mom to balance breastfeeding and caring for my baby with recuperating from surgery. I also wasn't allowed to lift much or drive the first couple of weeks and had to rely on others not only for help with the baby but also transportation to and from pediatric appointments.'* – mother's perspective

## POST-BIRTH PLAN

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*Although pre-birth plans (labour & delivery) are important, it is also incredibly crucial to discuss a post-birth plan with your partner once the baby is home. Here are some ideas.*

 Please see end of handbook, **Appendix E**, for additional resources

- What are the rules regarding who is able to come visit the baby in the first few days, weeks, months?
- What are the rules before/during holding the baby (i.e., Handwashing, no kissing, etc.)?
- A plan for meals (i.e., Meal train, food preparation, etc.)
- If family comes, how long will they be staying? What will they be doing? (i.e., Helping with housework, cooking, caring for baby, etc.)
- Schedule regarding baby (Who will be waking during the night? Early morning? Diapers?)

Emotional disorders during the postpartum period can occur any time from labour up to one year following the birth of the baby. They can be helped by a range of possible treatment options which may not always include medications. A discussion between the woman and her healthcare provider can decide the most appropriate treatment for her.

## SUPPORTIVE TIPS

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### Listening & Validating

Sometimes, just listening to your partners feelings and emotions can be a very validating experience. Often, partners may want to quickly jump to 'fixing' the issue. However, simply being present, listening empathetically, and letting her voice her concerns can be beneficial. Notably, refrain from solutions, pay attention to body language, provide empathy not sympathy, be fully present, take time to engage, and remain attentive.

### **Positive Encouragement**

It is important to encourage your partner through the pregnancy, labour, and delivery, and finally, throughout her post-partum journey.

It can be a very scary experience for both of you, but if you are able to provide positive encouragement it can go a long way. For example, if she is struggling to breastfeed providing consistent reassurance and recognition that she is trying her absolute best can



may make the difference whether she successfully breastfeeds. However, it is significant to reiterate fed is best, and formula feeding may work better for your family.

### **Avoid Negative Comments**

A mother may be particularly sensitive during pregnancy and after giving birth. It is important to recognize that even making a small comment, which may not have affected her before may feel quite hurtful to her now. It is important to refrain from making any negative

comments about the physical changes to her body. Stay positive, encouraging and uplifting, especially post-partum.

 *Try your best to be supportive and kind. You likely know your partner better than anyone and will often know what she may want or need, or just how to cheer her up. Trust yourself!*

### **ADDITIONAL TIPS**

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- Be kind to yourself.
- Adjust your expectations, everything will take longer than usual.
- Seek opportunities to bond with your baby.
- Enlist expert help if needed, like therapists, lactation consultants, etc.
- Stay nourished.
- Sleep as much as you can.
- Don't try to be the perfect parent, just try your best.
- Don't forget to make time for your partner, quality time is important after baby comes.
- Accept that you don't have to listen to all advice.

### **POST PARTUM DEPRESSION (PPD) IN PARTNERS**

*What may it look like?*

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*Less is known about postpartum depression in new dads or birth partners, but necessary research is being conducted in this area. Our hope is there will be more awareness, education, and resources available for partners who experience PPD in the future.*

*Although much of the research is conducted on fathers, it is reasonable to assume that some of the information provided below may translate to same-sex partners as well.*

- **Risk factors:** personal/family history of depression, maternal depression, unintended pregnancy, poverty, marital problems
- **Occurrence:** approximately 8-10% of fathers suffer from PPD
- **Prevalence:** 3-6 months postpartum, but may develop over the span of a year (after the birth of the child)
- **Symptoms:** Irritability, indecisiveness & restricted range of emotion observed more frequently in men diagnosed with PPD
  - Depressed mood for most of the day
  - Diminished interest or pleasure
  - Significant changes to weight
  - Difficulty sleeping, fatigue/loss of energy
  - Feelings of worthlessness/inappropriate guilt

 It is incredibly important to **not** push these thoughts and feelings aside, your physician can help! There is absolutely no shame or embarrassment in reaching out for support. PPD in partners is often not discussed openly, but the effects can be serious. For example,

untreated PPD can affect your ability to bond emotionally with your infant as well as contribute to relationship/marital conflict.

*Experiencing postpartum depression is not a sign of weakness and does not represent a character flaw. Rather, recognizing that what you're experiencing is real and then seeking help for the sake of your well-being, your marriage, and your child demonstrates strength and courage...traits that are admirable in every man and woman... – dad's perspective*

## **ADOPTION**

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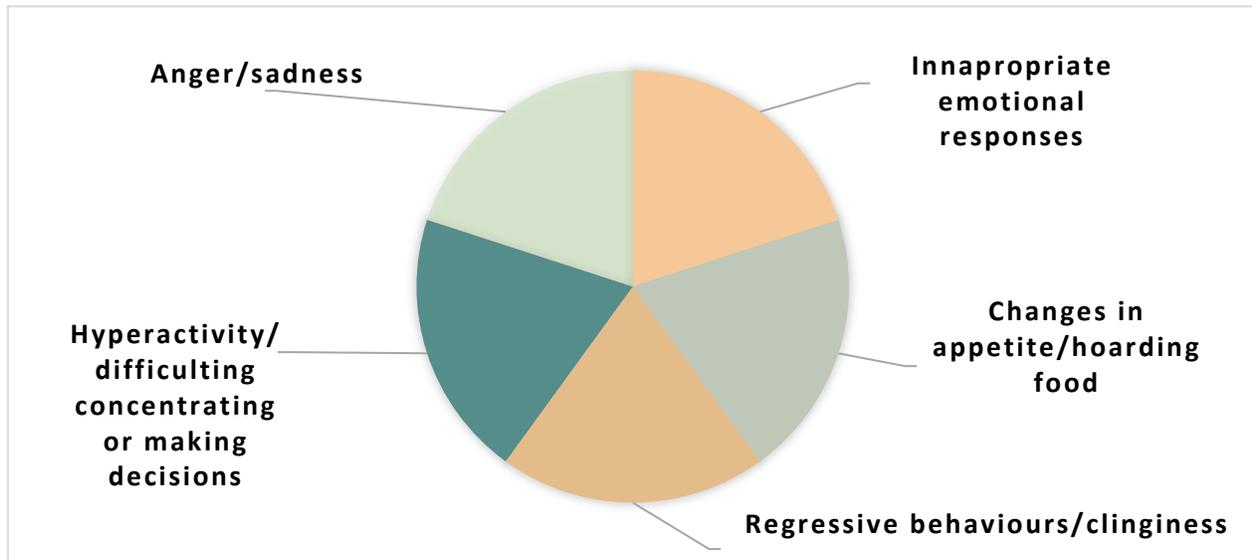
*There is no simple blueprint to being an adoptive family. Families thrive with the advice, support, and kinship of others. The adoptive community includes adoptive parents, birth parents, adoptees, and adoption professionals. It is important to connect with others at every stage of the adoption journey.*

## **GRIEF & LOSS**

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Children who join their families through adoption often bring with them a tremendous amount of grief and loss. For example, losses could include birth parents, extended family, home, pets, neighbourhoods, schools, friends, treasured belongings, and in some cases culture. Children don't always have the words to express loss and grief, so instead they express their feelings through a variety of behaviours.

## Behavioural Reactions:



Not only do they not have the words to express their feelings but often their emotional reaction to loss can be very confusing even to themselves. This is because many adopted children experience ambiguous loss.

**Ambiguous loss:** refers to the grief experienced by a person when there is confusion or uncertainty about the loss. For instance, a parent may be physically present but emotionally unavailable to the child (as in the case of addictions or mental illness). Or the parent may be physically absent (whereabouts unknown) but still very present in the child's mind (as in the case of abandonment or an unknown parent). These types of circumstances make it difficult for the child to grieve in a healthy way and for others to know how to support the child and acknowledge the loss.

Part of being an adoptive family is to understand and help the child work through issues of loss throughout their lives. Adoptive parents need to exercise skill and sensitivity in dealing with their children and provide the necessary support to ensure children emerge from this stage as self-assured and confident adults.

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### **SPECIAL CHALLENGES**

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Adoption is a special status; it is held for life. This unique status can arise in expected and unexpected ways, which may cause stress and distress for the child. For example, in elementary school children are often asked to complete family trees, will the child complete the tree using the adopted family? Birth family? Is there enough information? This distress can persist into adulthood.

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### **ABANDONMENT**

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*How could someone leave you before you were even big enough to know anything?*

This loss is sometimes referred to as a 'primal' loss. Importantly, it needs to be acknowledged to be healed. For example, children who are adopted may go through phases of being detached, clingy, over worried about people leaving and not returning, fear or curiosity surrounding illness and death along with transition challenges of all kinds.

## **IDENTITY ISSUES**

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This is where we get into the roles of the good adoptee and the bad adoptee. One of the major developmental milestones of growing up is to develop an independent and cohesive identity. Some adopted kids may act the image of the adopted parent's natural child (generally the good adoptee) or live life according to the fantasy of his or her birth family (the bad adoptee). These birth family fantasies can lead kids to try identities involving criminal behavior, excessive use of alcohol and drugs, or sexual acting out. This kind of behavior also serves the purpose of testing the commitment of the parents, to see if they will send you away and abandon you again.

## **SENSE OF BELONGING**

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As soon as a child begins to grapple with the fact that he or she is adopted, he/she starts looking for similarities and differences with his adopted parents and family. Children look to their parents, aunts and uncles, etc. for information about how they will turn out. For adopted children this can be profoundly confusing. For example, an athletic, artistic child adopted by an intellectual family full of scientists and lawyers may feel out of place as they grow older. When children realize how different they are, there is often a period of looking for people like you – your tribe.

## ADDITIONAL ADOPTION RESOURCES

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- Adoption Centre of British Columbia
- Adoptive Families Association of BC
- Families with Children from China, British Columbia (FCCBC)
- Adoption Council of Canada
- BC Ministry's Fact Sheets on Inter-Country Adoptions
- North American Council on Adoptable Children (NACAC)
- Hague Convention
- Family by Adoption
- Canadian Immigration and Citizenship (CIC)
- Heart of Adoptions, Inc.
- Premier Adoption Agency
- Cornerstone Adoption Agency
- The Children's Bridge
- Child Trauma Academy
- Child and Youth Mental Health
- Attachment and Bonding and Adoption Resources



*Please be aware that inclusion of these websites should not be interpreted as an endorsement of the agency/organization's services.*



## Appendix B



*this week*

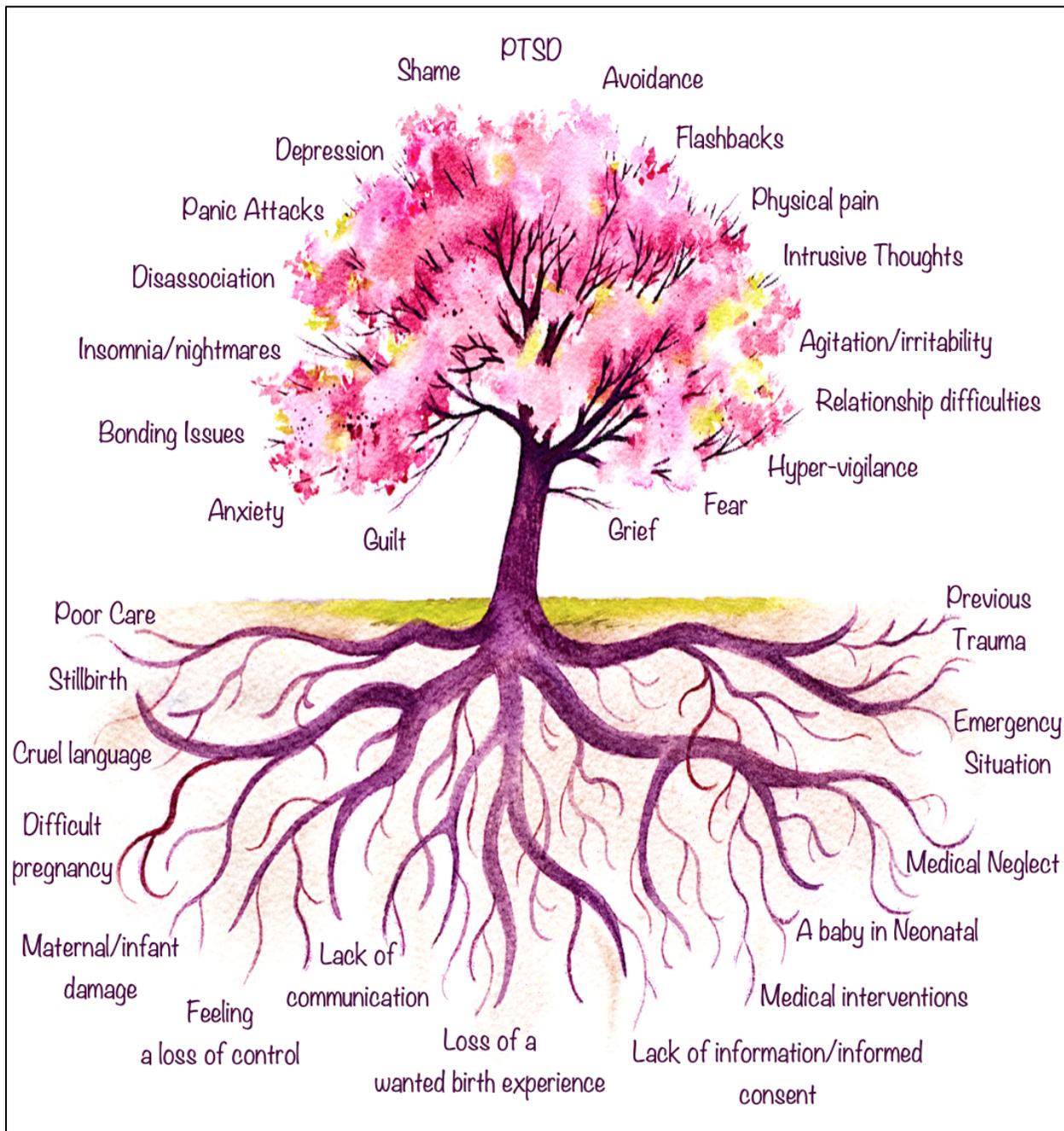
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One example could be if the partner chooses to look after the baby before work, then the 6-7am time slot Monday – Friday could be blocked off allowing the mother time for herself in the mornings.

## Appendix C

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## Appendix D



All are unique to the woman or partner affected. A mother or partner may have experienced all or some of the things listed, but importantly what matters is how this has affected her or him and what the feelings are around the birth experience.

## Appendix E

# Postpartum Care Plan

### Sleep

How much sleep do you need/expect every 24 hours? \_\_\_\_\_

Where will the baby sleep?

- In our bed
- In a bassinet in our room
- In the nursery/seperate room

Who will care for the baby overnight?

(Select all the apply)

- Mother
- Partner
- Family Member/ Friend
- Postpartum Doula

### Feeding

I plan to:

(Select all the apply)

- Breastfeed on demand
- Breastfeed on a schedule
- Pump and bottle feed
- Formula feed

### Meals

We plan to:

(Select all the apply)

- Have frozen meals prepared
- Prepare meals day-to-day ourselves
- Create a meal train
- Order take-out \_\_\_ times a week
- Other

### Self Care

What are some ways that I can practice self care throughout the day?

What are some food or items provide me comfort?

What are ways that my partner can help me feel recharged?

What are some ways you and your partner like to connect?

### Visitors

We expect to have \_\_ visitors in the first 3 days.

We expect to have \_\_ visitors in the first 2 weeks.

We expect a visit from family to last \_\_\_\_\_

We expect a visit from a friend to last \_\_\_\_\_

Here is a list of tasks that visitors can help with:

### Relationships

It is important in our relationship that we:

Here is a list of friends and family we can call at anytime for help:

### Roles

As the mother, I expect my partner's role to be:

As the partner, I expect my mother's role to be:

Consider who will be doing the following:

(It may be one of you, both of you, or someone you hire)

- |                          |                    |
|--------------------------|--------------------|
| Changing diapers         | Laundry            |
| Bottle feeding           | Housecleaning      |
| Calming the baby         | Pet care           |
| Burping the baby         | Bills and finances |
| Taking the baby on walks | Grocery shopping   |
| Dinner prep or take-out  | Other errands      |



**Salish Sea Doula Services**  
www.salishseadoula.com

\*Template from Nashville Doula Services