

# CO-OP COMMUNITY NEWS

From the Parent Advisory Council  
of the North Seattle Community College  
Cooperative Preschool Program



November 2004

## “THIS ISN’T HOW IT WAS SUPPOSED TO BE!”

### Postpartum Mood Disorders, The “Baby Blues,” & “Normal” Adjustment

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*Editor’s Note: Part I of this article appeared in the October 2004 issue of this newsletter.*

**P**ostpartum mood disorders are far more common than is generally thought: *ten to twenty percent* of new mothers experience some form of it. If not treated, these disorders are likely to persist beyond the “postpartum period” and to recur in subsequent pregnancies.

And yet there is little public awareness or attention given to this issue. Why? One reason is because postpartum mood disorders have a lot in common with *normal* postpartum adjustment. There is a continuum, really, with “normal” adjustment at one end, “postpartum mood disorders” at the other, and “baby blues” in between. Most moms experience emotional and mood difficulties after the

birth of a child; at issue is when normal adjustment problems “slide into” some-

thing worse—a diagnosable clinical mood disorder—without anyone really noticing. Family and friends get used

to Mom’s mood swings, exhaustion and despair, and simply tune it out. This, plus the stigma of mental health issues, our cultural romanticization of motherhood, and the “mommy myth” (that we can and WILL do it all!) combine to divert attention away from the very real and serious problem of postpartum mood disorders.

#### Reasons to Take Action

So why not just accept these feelings as normal adjustment difficulties and “wait it out”?

*First, for the sake of the mom.* She feels miserable—that’s enough reason right there. These feelings contaminate the joy

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#### PART II: Prevention & Intervention

## 2004-2005 Calendar

### November

- 8 PAC Meeting
- 11 Veterans Day (no school)
- 11 Choosing a School:  
A Free PAC Workshop
- 25-26 Thanksgiving (no school)

### December

- 13 PAC Meeting
- 20–31 Winter Break (no school)

### January

- 11 Talking to Kids About Sex:  
A Free PAC Workshop
- 12 PAC Meeting
- 17 MLKing Jr. Day (no school)

### February

- 14 PAC Meeting
- 21 Presidents Day (no school)
- 22–25 Mid-Winter Break (no school)

### March

- 14 PAC Meeting
- TBD Coop In-house Registration
- TBD Coop Open Registration

### April

- 11–15 Spring Break (no school)
- 18 PAC Meeting

### May

- 9 PAC Meeting
- 30 Memorial Day (no school)

### June

- 13 Last day of classes for Seattle  
Public School students



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of having a new baby. Furthermore, the “baby blues,” if they go on too long, can develop into postpartum depression. If a woman develops a postpartum mood disorder and it is not recognized and treated or addressed, it’s likely to go past the first year, and to recur in subsequent pregnancies. Furthermore, a mom with the “blues” can develop secondary symptoms—guilt, shame, embarrassment—that lead her to isolate herself; and the isolation only makes things worse. That’s a lot of suffering for the woman

*Second, for the sake of the baby.* Postpartum mood disorders have a significant impact on the baby. There is considerable research now documenting the harmful effects of maternal depression and other mood disorders on the mother’s responses to her baby, which directly affects attachment. Attachment problems are correlated with long-term difficulties with relationships, self-esteem, and emotional regulation. Brain development is also affected. We now know that babies, too, can become depressed in reaction to a mother’s depression as expressed in non-responsiveness.

*Third, for the sake of the rest of the family.* The feelings involved in postpartum mood disorders inevitably affect interactions with one’s partner and with other children in the family. At the very least, the couple’s relationship is under stress because the woman is not functioning well. Further, partners may feel bewildered by what the woman is experiencing, confused about how to help, frustrated, angry, hopeless. With both parents affected, siblings may feel that their world is in disequilibrium.

## What Can We Do? Prevention & Intervention

What we can do about postpartum mood disorders falls into two categories: prevention and intervention.

**Prevention** helps ensure that the undeniable difficulties of “normal” adjustment don’t develop into something worse. Key prevention steps include:

- Knowing if you are at risk for a postpartum mood disorder
- Recognizing the changes that a baby is going to bring to your life and your relationships with partner, friends, family
- Making sure that your expectations for yourself are realistic
- Establishing a support network (friends, family, others to help out)
- Thinking in advance about how to take care of yourself during this stressful time

If you’re a parent, you’ve been through at least some of these difficulties at least once; so if you’re heading into another pregnancy or adoption, you know what you need to do and can take steps to prepare yourself for the mood swings and other

feelings you may experience. You can line up that support network and ask people for what you’re going to need. You can plan for your own self-care—physical, emotional, spiritual—to get you through this time. You can talk with other parents who have more than one child to make sure that you don’t have unrealistic expectations for yourself, your partner, and your other child(ren) during the postpartum period.

But how about prevention steps for new parents? Ideally, childbirth education classes and prenatal doctor/midwife care would include in-depth discussion of this issue and preventive strategies, preparing women for what 50 – 80% of them will experience and encouraging them to take steps in advance to ensure that “normal” adjustment doesn’t develop into “baby blues” or a postpartum mood disorder. Unfortunately, that’s not the case (yet!). Meanwhile, those of us who have been through the difficult transition of “normal” adjustment to new parenthood or have experienced “baby blues” or postpartum mood disorders—all of us moms and dads—have to serve as educators on this issue. If we have friends and coworkers who are about to become new

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## Kindergarten Readiness Corner

### **FREE PAC Lecture Nov. 11: Choosing a School!**

See page 4 for details.

**Seattle Public Schools:** [www.seattleschools.org](http://www.seattleschools.org) (click on “Enrollment Services”). Pre-Registration for Fall 2005 runs Nov. 1— Dec. 22, 2004. Open houses are early- to mid-January.

**Seattle Private Schools:** see list of open houses at the ParentMap web site: [www.parentmap.com/soh.htm](http://www.parentmap.com/soh.htm)

**For More Information:** Visit the web sites above and check out your co-op’s Kindergarten Readiness folder, prepared and updated each year by PAC.

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parents, we need to broach the subject of adjustment, talk about our own experience, and be ready to reach out with support if it's needed.

### Intervention

Intervention comes into play when you recognize that what you're feeling goes beyond (in intensity or duration) "normal" adjustment, or when you recognize someone else is in the grip of baby blues or a postpartum mood disorder. Intervention comes in several basic forms: support, medical intervention, counseling.

The first component of support is **emotional support**. This involves acknowledgement of these feelings—that they exist and that they are interfering with functioning—as well as validation of the feelings. Moms and their partners need to hear us say that:

- Feeling this way—having a postpartum mood disorder—is awful.
- She did not make it happen; it is not her fault.
- It is not a matter of character, attitude, or personal strength.
- She is not alone in feeling this way; lots of women go through this.
- She is not crazy; these feelings are an extreme version of what is normal.
- She cannot just "snap out of it" by choosing to behave differently.
- She cannot simply think her way out of it.
- It doesn't have to be this way; she can and will feel better.

These messages are like emotional First Aid: basic, front-line emotional support to help alleviate the worry, the despair, the "what's-wrong-with-me?" feelings.

The second component is **physical support**. This includes support for:

- Mom's physical needs: Helping her get sleep, nutrition, breaks and rest periods during the day.
- Care of the baby (and siblings).
- Household chores (meals, shopping, cleaning, laundry)

If you are the one experiencing postpartum mood problems and your friends and family do not voluntarily offer these kinds of support, you need to ask others. Hiring help during this time, if you can afford it, is an investment in your own and your family's health.

A third component is **social support**—daily phone or face-to-face contact with sympathetic adults who know what it's like to go through what she's going through. Or daily contact with adults, period! A mom (or dad) home alone with a new baby can feel like s/he is going crazy . . . touching base with an adult will help alleviate difficult feelings arising from the isolation.

**Medical Intervention** may also be necessary. A woman should begin with her health care provider, explaining her symptoms and their duration.

If the health care provider seems uninformed about PPD or minimizes your symptoms, she should seek out providers who have expertise in this area (see list of resources at end). Just learning more about postpartum mood disorders and what causes them often helps tremendously. A health care provider can also assess for anemia or a thyroid condition, two medical conditions that can contribute to postpartum symptoms. Another medical factor may be a deficiency of Vitamin B6, a necessary element in the formation of serotonin, the brain chemical involved in mood regulation. Antidepressant medications may be advisable in order to alleviate symptoms, and there is research available on the safety of antidepressant medications while nursing.

**Counseling**, whether individual or group, is an important supplement to medical intervention. Medical intervention can relieve current symptoms, but counseling can teach skills that will help a mom avoid future postpartum mood problems. Counseling provides relief by helping a person identify and express thoughts and feelings that may be difficult to express to friends and family; helps you

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<b>NSCC Co-op Preschool Fall 2004 Openings*</b>				
	<b>Co-op</b>	<b>Openings</b>	<b>Contact</b>	<b>Phone</b>
<b>Pre-3s</b>	Ingraham	12	Anita Wooster	789.9186
	Meadowbrook	4	Monica Mace	522.0274
	Northgate PM	7	Jill Petro	706.1113
<b>3-5s</b>	Broadview	5	Erika Larimer	425.774.6571
	Meadowbrook	6	Suzie Rinne	523.6003
	Meadowbrook 5's	8	Sara McCoy	524.2209
	Northgate	6	Jill Petro	706.1113
	Sandhurst	3	Andrea Baumgarten	527.2886
<b>Web Link</b>	To view current listings and for descriptions of each co-op, please go to <b><a href="http://northonline.sccd.ctc.edu/parented">northonline.sccd.ctc.edu/parented</a></b> *current as of 10-18-04			

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learn effective psychological and emotional coping skills such as managing anxiety and changing disturbing thoughts. A counselor can also help a woman plan how to get the kinds of practical support she may need to get through this time.

So . . . *awareness* and *support* are the crucial factors, both in prevention and intervention. And you're right if you're thinking at this point, "But a lot of what's being described would be helpful for ALL new parents!" All parents could benefit from more emotional, physical, and social support during the first months with a new baby; and the steps outlined above under "Prevention" are important for

all new parents. Co-op parents are fortunate in already having a support network to lean on when a new baby arrives. We know how valuable that is. Other cultures do a better job than this one of providing support for new parents. My hope in writing this article is that we will act as informal educators on this issue and advocate for parent support in all its forms in the other networks in which we participate.

### Local Resources

**Depression After Delivery**  
www.ppmdsupport.com  
1-888-404-7763

**Listening Mothers**  
www.listeningmothers@family-services.org.

### Secure Beginnings

www.nwfdc.org  
206-443-9045.

**PEPS** (Program for Early Parent Support): www.pepsgroups.org.

**Co-ops through Seattle Community Colleges** (e.g., NSCC Cooperative Preschool Program at northonline.sccd.ctc.edu/parented

### References

Dawn Gruen, MSW, with Rex Gentry, M.D., *Beyond the Birth: What No One Ever Talks About* (1997). Pamphlet available from Depression After Delivery.

Postpartum Mood Disorders: *Beyond the Basics*. UW School of Nursing Continuing Education conference, March 22, 1999. Speakers: Dawn Gruen, MSW; Rex Gentry, MD; Lin Thoennes, MN; Abby Myers, MN; Ann Keppler, MN; Frances Jones, RN; Jeanette Dyal, MA; Pam Jordan, Ph.D.

## CHOOSE YOUR CHILD'S SCHOOL WITH CONFIDENCE

Free P.A.C.  
Lecture!

Thursday, November 11  
7:00 p.m. - 8:30 p.m.  
Faith Lutheran Church - Social Hall  
8208 18th Ave. N.E.  
Seattle WA 98115

Free workshop for parents of toddlers through teens on how to choose the best school for your child and family. Presented by Rhodes Scholar, author and national school choice expert, Dr. Bryan C. Hassel. Dr. Hassel and his wife, Emily Ayscue Hassel, are the authors of **Picky Parent Guide: Choose Your Child's School with Confidence** (Armchair Press, 2004). For more information, visit [www.pickyparent.com](http://www.pickyparent.com)).

### Mark Your Calendar! Upcoming Free PAC Lecture

## WHAT DO YOU SAY AFTER YOU GULP?

Talking to Kids About  
Sex & Sexuality

Tuesday, January 11, 2005  
7:00 p.m. - 8:30 p.m.  
Faith Lutheran Church  
8208 18th Ave. N.E.

Marja Brandon is a warm, engaging, humorous speaker who brings with her 20+ years as a sexuality educator of kids pre-K through post-college. She is the founding Head of the Seattle Girls' School, Board member of SMART Girls, Advisory Board Member of ParentMap, a Stanley O. McNaughton Golden Apple Award winner, and parent of four.

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