

Emotional wellbeing

Help and support at home

You will probably need a lot of full time help at first, not just with the cooking and housework, but also to give you emotional support. The more you can share your baby's care, the more you will enjoy your baby. You are bound to feel up and down and get tired easily in the early days. Your partner can help with bathing, changing, and dressing as well as cuddling and playing. If you are on your own, or your partner is unable to be with you, perhaps your mother or a close friend can be there. Even with help you will probably get tired. You may find it helpful to discuss any problems or worries you may have with your midwife, health visitor or GP.

Adjusting to a new baby can leave parents drained, especially in the first few months. Loss of sleep and all the new challenges in understanding how to meet your baby's needs can add to the pressure. There is often little or no time for you and your partner to spend time together and attempting to be super parents may leave you both exhausted. Keep meals simple, try to space visitors out and if you need extra help – ask. You may also want to talk to mothers in a similar situation. Your health visitor has information about child health clinics or mother and baby groups in your area. Other contact numbers and support groups are available (see page 22).

Baby blues. Up to 80% of new mothers go through the 'baby blues'. This is the tearfulness which can occur in the first three or four days. It is rather like coming down to earth with a bump after giving birth. It may be caused by hormone changes, tiredness, and discomfort from sore stitches or sore breasts. It usually passes after a few days, but rest as often as you can during the day and arrange extra support while you rest.

Other types of emotional changes that can occur after childbirth

10 to 15% of new mothers have some experience of postnatal depression. Many more – perhaps half – go through spells of feeling very low, lacking in confidence, loneliness, isolation and exhaustion – these are normal feelings if you have just given birth, but usually they are mild and do not stop you leading a normal life.

If you are experiencing any of the following symptoms, contact your carers for advice.

- feelings of anxiety
- loss of confidence
- sleeping and eating difficulties
- difficulty coping with day to day tasks
- dissatisfaction with the quality of relationships
- varying degrees of tearfulness and irritability
- feelings of hopelessness or despondency
- loss of interest in yourself or your baby
- feeling better in company and worse alone
- feelings of loneliness and isolation

What can be done if you develop postnatal depression? Postnatal depression is a real illness and the most important part of treatment involves telling someone how you feel. Simple things like looking at your social support network may be all that is required. Your midwife, health visitor or GP can help you and they can arrange for further support. Your doctor may prescribe conventional anti-depressants which are not considered to be addictive and have been found to be extremely helpful in treating the symptoms of postnatal depression.

Planning for next time

It is recommended that you do not have intercourse until after the bleeding has stopped for a few days and you feel ready. This allows time for healing to take place and to prevent infection. It may take longer depending on your own recovery and if you have had stitches or a caesarean. It is very common during the early months to experience a reduction in sexual desire, due to many factors such as tiredness and adjusting to your new role in life. Returning to normal sexual relations is very dependant on the individual. If you are experiencing difficulties such as painful intercourse (dyspareunia) mention it to your midwife, health visitor or GP.

Family Planning

There are many forms of contraception, ranging from natural family planning (such as methods based on urine testing) to male and female condoms, intra-uterine devices, diaphragms, caps and spermicidal foams, creams and jellies. Hormonal contraception is also available such as the pill and implants. Permanent methods are tubal ligation for women and vasectomy for men.

All these choices may seem confusing. Your midwife can provide you with leaflets to help you and your partner choose the method that is most suited to you both. You can also ask your GP, practice nurse or family planning clinic for more information on any method that you are interested in. You should return to your chosen method of contraception within four weeks of the birth to ensure protection. It is also important to be aware that most methods of contraception do not protect you from sexually transmitted infections.

A record of your contraception choices will be made on page 20.

Folic acid. When you are trying to get pregnant again, you should take a 400 microgram (mcg) folic acid supplement each day, from the time you stop using contraception until the 12th week of pregnancy, to protect your baby from spinal defects. If you have a personal, previous pregnancy or family history of spinal defects, see your GP who can advise you according to your individual circumstances.

