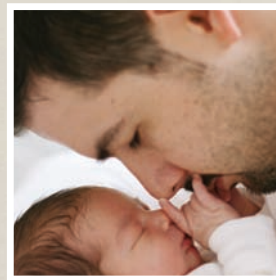
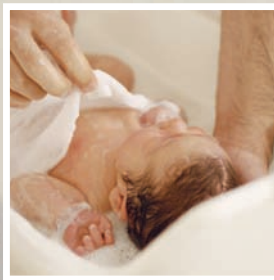


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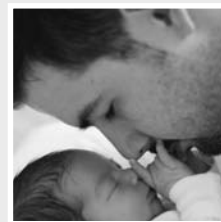
Preparing for the changes and challenges of a new baby



Jeannette Milgrom,
Jennifer Ericksen,
Bronwyn Leigh,
Yolanda Romeo,
Elizabeth Loughlin,
Rachael McCarthy
and Bella Saunders

towards parenthood

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For our dear friend, Rachael

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Preface

History and background of *Towards Parenthood*

The Towards Parenthood Program has grown out of the work of the Parent–Infant Research Institute (PIRI), a not-for-profit organisation dedicated to improving the emotional wellbeing of parents and infants. Our institute is unique in combining the expertise of clinicians working with infants with that of academic researchers, resulting in practical, hands-on, very early intervention programs that make a difference to infants and their parents.

About the Parent–Infant Research Institute



www.piri.org.au

The Parent–Infant Research Institute (PIRI) is committed to supporting parents and babies (0–24 months) to enhance wellbeing and children’s healthy development. Parenthood can be more challenging than anticipated, and at our Infant Clinic we encourage parents to nurture themselves and their babies and feel comfortable to ask for professional help in times of stress—from our psychologists, their GPs, and nurses.

PIRI contributes to early intervention in Australia by:

- undertaking research that results in evidence-based treatments to resolve difficulties facing parents and infants; and
- providing an experienced team of clinical and academic staff to inform the research, development and application of innovative intervention programs.

The Towards Parenthood Program is based on previous research that has identified the main areas of change encountered by men and women as they make the transition into

parenthood. This program contains important information particularly for first time parents, but it also has plenty to offer those who have already had a child. Our experience working with families has helped us to incorporate examples and practical advice that others have found really works.

The Towards Parenthood Program

Current programs targeting preparation for parenting often focus on the physical aspects of pregnancy, foetal development, birth and baby care. Many prospective parents find this focus too narrow and have, in retrospect, told us they would have benefited from preparation for parenthood that includes the emotional, social and psychological issues that arise. This program has a dual focus on coping skills and parenting skills, and aims to reduce difficulties in these areas in order to facilitate postnatal adjustment. The program targets expectations of parenthood, the couple relationship, family problems, negative life events, rethinking childhood experiences, isolation, anxiety, depression, coping, parenting skills, and attachment to infants.

We were guided in the choice of which factors to target by a *biopsychosocial* model of parenting. In essence, negative parenting experiences are seen to result from the interaction between vulnerability factors in the mother and/or father, unrealistic sociocultural expectations and current trigger factors such as stressful life events. Difficulties that arise are then maintained by negative thinking and behaviours, as well as negative interactions with significant others.

The aims of *Towards Parenthood*

This guidebook aims to assist parents to manage the complex demands of parenting. An additional objective is to strengthen the couple relationship and the relationship between parents and infants. Skills in coping, problem solving, enhancing self-esteem, assertive communication, bonding with your baby and understanding your baby's cues are presented.

Evaluation

The program has been extensively piloted with Australian families. Focus groups have been conducted and the program revised to incorporate their feedback. Overall, parents who were involved in the program told us they both enjoyed and gained from it.

beyondblue: the national depression initiative has been instrumental in supporting the development and evaluation of this program by funding a pilot study in the first instance, and then a more substantial randomised controlled trial of this intervention in Victoria, Australia. The intervention involved reading the *Towards Parenthood* book and discussing it over the phone weekly with a counsellor. The results indicate that *Towards Parenthood* is able to provide helpful information to make a difference in the adjustment to parenthood for women delivering babies in Victoria, and their partners. Those women who read the book and had the weekly calls were more likely to seek help if they needed it, felt more competent as parents and had less depression than those who did not have the program.

Feedback from women who have completed *Towards Parenthood*

‘Exploring the expectations, worries and fears of motherhood in the first chapter allowed me to think about some issues.’

‘Reading the first two chapters opened up discussions with my husband.’

‘The problem-solving skills were really useful.’

‘Taking part in the program allowed for reflection on the transition to parenthood and the responsibilities involved.’

‘I found the chapter “From lovers to parents” enhanced communication between me and my partner.’

‘The support services list is a useful resource.’

‘The most helpful aspects of the guidebook for me were the distraction and self-talk techniques.’

‘Understanding the relationship between thoughts, feelings and behaviours using the model was very useful.’

‘Identifying contributors to low mood was something I had not considered.’

‘Recognising passive, aggressive, assertive and indirect communication styles helped me review the way I communicate with others.’

‘The discussion of self-esteem was useful in trying to be a role model to my own children.’

‘I related to the concept of thoughts affecting feelings.’

‘The strategies for increasing positive and decreasing negative thoughts were useful.’

‘I found “Caring for your newborn baby” was the most helpful chapter as it assisted in practical ways.’

‘The final chapter is a great review of the strategies learned in the program.’

‘Overall, the program helped organise my thinking about my baby.’

How to use *Towards Parenthood*

This program has been produced as a self-help guidebook for mothers-to-be and fathers-to-be, or for parents in the first year after having a baby. Professionals can also use the guidebook as an adjunct to counselling (see www.piri.org.au). If you are working through the book without professional help, use it at your own pace—reading, completing the activities, reflecting and discussing issues with your partner in your own time. There are some sections (☞☞☞) designed for you to copy and place in a prominent position as a Tip Sheet or memory

jog. After you have read this book, we encourage you to use it as a reference. In this way, you can revise the strategies you find important as your infant grows and issues evolve.

The ideas contained within this book are a guide to adjusting to parenthood. However, each mother, each father and each baby is unique. This means that some of these suggestions may work well for you while others may not. We encourage you to adopt an attitude of curiosity and exploration around the ideas presented here—by doing so, you will be in a position to try everything and to see what works for you as an individual, as a couple and as a family.

Chapter 1 is directed specifically to mothers-to-be, while Chapter 2 is directed to fathers-to-be. While these are your special chapters, there is much to be gained by reading both and discussing how parenthood may impact differently on each of you. The remaining chapters were developed for, and are relevant to, both mums and dads. Chapter 5 is particularly important for both of you as it outlines some changes that may occur within your relationship. The final chapter, Chapter 9, was designed to be read after the birth of your baby.

We hope you enjoy your journey with us, as we take you Towards Parenthood!

Acknowledgements

Our deepest thanks go to the many mothers-to-be and fathers-to-be that have participated in our research or provided valuable suggestions on earlier drafts of this guidebook. All at the Department of Clinical and Health Psychology, Austin Health, deserve our thanks and appreciation. In particular, gratitude is extended to our research team at PIRI, Carol Newnham, Alan Gemmill, Melina Ramp, Christopher Holt and Charlene Schembri, whose ongoing efforts and thoughtful advice throughout the development and implementation of this guidebook have been invaluable. To the many psychology registrars who have been on placement at the Infant Clinic, your contribution to our work is graciously acknowledged.

We also wish to acknowledge and thank the Northern Hospital and *beyondblue: the national depression initiative* for their funding of the evaluation of this program in a randomised trial and their recognition of the value of our work. Without this, the Towards Parenthood Program could not have been evaluated, revised and be offered free of charge to over 300 couples in Victoria.

In Memoriam

Sadly, we cannot share this publication with Rachael McCarthy and Sherryl Pope but fondly remember their passion and dedicated support of women experiencing postnatal depression. We remember them for their substantial contributions and wisdom and thank them for having made this guidebook possible.

About the authors

Professor Jeannette Milgrom is Professor of Psychology, School of Behavioural Science, University of Melbourne and Director of Clinical and Health Psychology at Austin Health in Melbourne, Australia. Jeannette pioneered ‘The Infant Clinic’ and in 2001 established the Parent–Infant Research Institute (PIRI) focusing on high-risk infants and postnatal depression, and developing psychological treatments. She has had international recognition for her work with mothers and babies, and her book on treating postnatal depression has been translated into Italian and condensed in French. PIRI is based at Austin Health in a psychology hospital department she established over 25 years ago. This department is held in high regard as a model for integrating clinical services, research and teaching. Professor Milgrom has promoted health psychology, as convenor of the Doctor of Psychology (Health), University of Melbourne (1999–2003) and as Chair of the National Executive of the College of Health Psychologists (APS, 2002–2006). Professor Milgrom is the recipient of 40 research grants and has authored or edited four books and 12 chapters and published over 80 scientific articles.

Her work with postnatal depression has included training health professionals and delivering public health initiatives. She has an ongoing active research interest and has recently been the Victorian chief investigator on the *beyondblue* National Postnatal Depression Program and is now actively involved in the implementation plan for universal screening of perinatal depression, supported by federal government funding. She is currently principal chief investigator on a four-year grant from the National Health and Medical Research Council (NHMRC).

Jennifer Ericksen is Coordinator of the Infant Clinic of the Parent–Infant Research Institute. She is a clinical psychologist specialising in early childhood assessment, parent support and skills training, cognitive behaviour therapy, service planning and implementation. She has worked in a variety of specialist children’s services. Currently, she works with families during the child’s first two years of life. She has a strong interest in training other health professionals, and has been project manager on a number of the Parent–Infant Research Institute research studies, playing a key role in the *beyondblue* projects and leading a multidisciplinary team of parent–infant specialists. She has also been providing training and expertise to the Postnatal Depression Initiative funded by the Department of Human Services and developed by the HBA Parental Wellbeing Program. She has published a number of articles and contributed to improving awareness in the media of the needs of mothers, fathers and infants.

Dr Bronwyn Leigh is a clinical health psychologist who works with women, infants and families through the Infant Clinic, Austin Health. She is involved in a range of research studies related to maternal mood and prematurity through the Parent–Infant Research Institute. Bronwyn’s areas of specific interest include perinatal maternal mood disturbance, perinatal loss, adjustment to parenthood, adjustment following a premature birth, the parent–infant relationship and maintaining intimacy between couples in the transition to parenthood. Bronwyn is also an honorary psychologist to the Bonnie Babes Foundation.

Yolanda Romeo is a clinical psychologist who worked with infants, children and their families at the Parent–Infant Research Institute for five years. She has two Masters Degrees in clinical psychology and child clinical psychology from the University of Melbourne, and has also undertaken further studies in the Graduate Diploma in Parent–Infant Mental Health, also at the University of Melbourne. Yolanda has over nine years’ experience working in the departments of child and adolescent psychiatry at a number of major hospitals in Melbourne including Austin Health and Monash Medical Centre. Her interests include postnatal depression, parent–child attachment and relationship problems, and the impact of family of origin and trauma issues.

Elizabeth Loughlin is a professional dance therapist who has worked with mothers and infants in dance in community, studio and clinical settings for many years. At the Infant Clinic, Austin Health, she offers dance and movement with music as a therapeutic intervention for mothers with postnatal depression and their infants. The aim is to build on the mother’s intuitive processes that may have been dampened by postnatal depression and to encourage expressive communication between infant and mother. Elizabeth has published in the area and also teaches about this work at the International Dance Therapy Institute of Australia.

Bella Saunders is a clinical and developmental psychologist who worked at the Infant Clinic, Austin Health for three years during the major development of the Towards Parenthood program. She has a strong and continuing interest in working with women with postnatal depression. She has extensive experience working in the areas of child and family issues, across private, government and hospital sectors. She specialises in assessing and treating children’s social, emotional, learning and behavioural needs. She is currently the Director of the Royal Children’s Hospital Child and Family Psychology Clinic.

Rachael McCarthy (1969–2005) was a clinical psychologist who worked at the Infant Clinic and Parent–Infant Research Institute for 10 years. Rachael possessed a passionate interest and rare sensitivity in working with mothers, babies and families. Her contribution to this book and to PIRI will not be forgotten and continues to resonate in the lives of all those she worked with.



1

Towards motherhood

For most mothers, the knowledge that they are having a baby fills them with excited anticipation and maybe just a little apprehension. The birth itself is unlike any other experience—filled with powerful emotions and, for most, pain. For some, the birth experience can be traumatic and can take some time to recover from. But for many, it is a joyous moment when a mother can see, hear, touch and hold her baby for the first time. While love and concern for your baby tend to occur naturally, establishing a relationship with your newborn requires some effort. Reading your baby's cues, learning their own unique nuances and creating a secure attachment with him or her all take time, patience and devotion.

In this chapter, some expectations, realities and challenges of becoming a mum are explored. Do spend some time working through this chapter, which aims to:

- help you make a space for your baby in your mind and in your life so that you feel prepared for this new relationship.
- support you in developing a bond with your baby. While many mothers by this stage are beginning to develop feelings for their unborn baby, some may not have thought much about it yet.
- help you to deal with any mixed feelings or worries you may be having about your baby.
- get you to look back to your own childhood experiences of being parented so you can be aware of how this may influence your relationship with your baby.
- provide you with ideas to support you in your own mothering of this new baby and to look forward to the future.

Getting to know your baby—a growing experience

Life is busy and it may be hard to take enough time to stop and enjoy living in the moment! When you find out you are pregnant, the focus is often on the days and weeks in pregnancy left before your baby will be born, but what about you and your baby *now*?

The exercise below focuses on your emotional connection with your baby. You will find this exercise most helpful if you first create a relaxed mood, close your eyes and try to imagine your baby as clearly as you can. (Some suggestions to help you to do this are offered.) You may like to write your experiences after each suggestion.

Tuning in to your baby

How do you imagine your child? Try to visualise your baby both in pregnancy and as he/she develops through infancy, childhood and into adulthood. Jot down your thoughts below. What do you imagine yourselves doing together? Try to picture yourself as a mother, feeding, holding and bathing your baby.

How do you expect your baby to be—in terms of physical appearance, personality, and behaviour (for example, crying, sleeping, smiling, feeding)? Do the names you have chosen ‘fit’ this baby in your mind?

What expectations, hopes or fears do you have for your baby?

Do you include your unborn baby in your daily activities (such as talking to him or her, massaging your tummy or playing music)? How do you feel your baby reacts? Can you feel your baby by stroking your tummy? Does your baby move when you touch your tummy? Can you feel when your baby has the hiccups?



For many mothers-to-be life can be stressful, as there may be many other life issues and priorities to deal with. As far as possible, try to make time to connect with your baby each day by making a time to relax and 'tune in' to each other. You may like to combine this suggestion with the previous exercise, to help hold your baby in your mind, so that your baby becomes a part of your everyday life and consciousness.

Common feelings for the 'mother-to-be'

Waiting for motherhood is a complex time when women can experience a wide range of feelings and emotions. This, together with lots of new physical changes, marks the beginning of a new stage. It can feel scary. Mixed feelings are normal and a necessary part of preparing yourself for changes and the new life to come.

Your mixed feelings could be due to the discomfort you feel in pregnancy or the unknown of having a baby. For example, your unborn baby might move a lot, making it difficult to get comfortable; or you may feel resentful about loss of sleep. Try to be accepting. Your baby is not 'kicking' you to wake you up, but is also trying to get comfortable in a small space.



Remind yourself that a baby is not ‘aggressive’, but just active and alert. Maybe mothers need to experience these things to remind them of the changes that are coming. It may all be part of the progression ‘Towards Parenthood’!

However, be aware of how feeling downcast or tired might influence how you interpret what your baby may be doing to you. Try to focus your mind on *positive* imaginings about your baby. It may help to keep a journal or discuss your feelings with a supportive person, such as your partner, another pregnant woman, your mother, friend or a counsellor.

Do you have any specific thoughts, worries or fears about how you are coping or about the future? Try listing them below.

For example

‘I might not get enough sleep. I can’t cope without sleep!’

‘What if I don’t bond with my baby?’

To help you get some perspective, put a tick next to the worries you listed that you consider realistic. For example, many things mothers worry about are not really likely to happen; that is, the odds of them happening are low. Most of your fears are just *possibilities*. Your imagination can create havoc through conjuring up all kinds of dire possibilities. If, after doing this exercise, you identify some realistic or likely fears; you could discuss these with someone close to you. Chapters 6 and 7 also contain useful coping strategies for both realistic and unrealistic fears.

The ‘inside story’—feelings after birth

The reality of motherhood is that there are wonderful highs and many joys and intense feelings of love and closeness. But, there can also be challenges.

- Some women have physical discomfort after birth for some time. They can feel tearful, anxious and emotional at times and/or feel confused and overwhelmed.
- Difficulties with sex are quite common for some months and so there is a drop in intimacy while the couple adjusts to the changes in their life.
- Breastfeeding is a skill that needs to be learned and doesn’t always go smoothly.
- Some babies are hard to settle and at times it may be difficult for the mother to know what they need. There is a lot of trial and error and this can lead to frustration and tears.

- Parenting is a 24-hour job and for new parents it can take time to adjust.
- New babies can also be a disappointment! They are all shapes and sizes and sometimes look funny.
- Not everyone responds to your new baby in the way you expect them to.
- Some women feel tearful and experience low mood after the birth; remember it is best to seek help early. These feelings can start during your pregnancy too.

These challenges can mean that disappointment may be part of your experience. Take a moment to think seriously about how you tend to deal with situations when things don't go the way you expect them to.

Some women say they are surprised by the variety and mix of feelings they had after childbirth. Read through the list below which has been compiled by new parents. Circle the ones you anticipate you might feel after the birth of your baby.

AMAZED	DESIRABLE	ALONE
HAPPY	CLEVER	JEALOUS
RELIEVED	TIRED	CONFUSED
SPECIAL	FRUSTRATED	IGNORANT
HONOURED	UNSURE	OBSERVED
OVERWHELMED	TEARFUL	SUPPORTED
VIOLATED	ANXIOUS	UNSUPPORTED
STUNNED	SCARED	INFATUATED
JOYOUS	RESPONSIBLE	BONDED
ELATED	DAUNTED	CHALLENGED

Who nurtures you?

All mother-child relationships ideally develop over time and within a network of support. You will find it easier to develop a close affectionate relationship with your baby if your adult needs for closeness and affection are met.

Do you have a network of other pregnant women or new mothers to share your experience with? Remember—if you are being supported, you can better care for your baby. Many women rely on their partners for nurturance and they certainly play an important role, but don't forget that they need to have supports too!

Take a few moments to think about who nurtures, comforts and supports you. If you do not have a partner, or do not have a supportive one, you might consider other people you could turn to. Friends, family, other mothers you might meet at new mothers' groups when your baby arrives, neighbours or other community groups might all be possible sources of support.

What do babies need?

Intimacy: a foundation for love

Babies have intense emotional and physical needs. To thrive, they need a consistent flow of warm, responsive, reliable maternal love. They do best if they feel that someone is emotionally ‘tuned in’ to them and understands them. They learn that their needs will be met when they communicate by wriggling, vocalising and crying. When a helpless little baby feels loved, understood and responded to, they learn that they are valued; that they can have an effect on their little world and that experiences can be shared. These are the building blocks of being an emotionally stable separate person.



Don't worry, you can't 'spoil' a baby!

Babies thrive on lots of physical contact, attention and care. There is plenty of time to think about setting limits, as your baby becomes an older toddler. In the meantime, enjoy the intimacy of physical closeness and trying to guess your baby's needs—one of the great challenges confronting parents.

The partnership between mother and baby is a beautiful, yet complex, balance between the changing needs of each. The following is an example of what you might see when a mother feeds her baby.

Observing a mother feeding her baby

The baby is held close to his mother's body as she cuddles him in her arms. Notice how attentively the mother is observing her baby—‘holding him with her eyes’ as well as her arms. She may gently stroke his head, arms or legs and murmur quietly in a tender tone of voice. She tries to tune in to understand what he is trying to communicate if he fusses or wriggles, and to imagine what he feels. Her face expresses enjoyment and acceptance of him and he ‘drinks in’ her love along with his milk by gazing at her attentively. She tries to read his signals; if he is tired she will soothe and settle, if he is bored she will stimulate and focus his attention. She seems to have learned to understand him. She will look at him with delight, at the miracle of his creation and the perfection of his little body.

The intensity of this interaction may seem exaggerated to a woman who has not yet had her baby. Can you imagine feeling like that?

Points to ponder

How close do you like to be to others? You may notice that you have strong feelings for your baby and that your baby has strong feelings too. You may love the intense closeness of the

first months with your baby or you may fear the closeness that is awakened by the intensity of emotion. This intensity of feeling and the baby's need for closeness can be confronting for some people. So it is important to give yourself time to learn, to trust and to develop this new relationship.

High expectations? Remember to be realistic

Try to be reasonable in your expectations—both of yourself and your baby. Women become mothers over time, not overnight. Expect that it will take time before you are comfortable in your new role. Remember that babies have different temperaments and if you watch closely, your baby will 'bring you up' as much as you bring them up. Together you learn what each other enjoys and it helps to be flexible and open to this relaxed approach.

There is no such thing as a 'perfect mother' and fortunately you don't need to be one. As discussed, what your baby needs is a consistent flow of warm, responsive, reliable nurturing most of the time. If you are reasonably consistent and devoted in your nurturing, your mothering will be 'good enough' for your infant. That is, you don't always need to get it right. What is right anyway? If you are there for your baby in an empathic way, you are doing enough for your baby: you are a 'good enough mother' for your child.

Expect sleepless nights, spells of crying and times of frustration and not knowing. This is normal. It is also normal for mothers to learn how to get through these stressful times. *Towards Parenthood* will take you through some strategies for coping with stress in the coming chapters.



Where did you learn to be a mother?

Don't be surprised if you find yourself thinking a lot about your childhood at this stage of your life. When you have a baby, the past comes up. This is quite normal. It happens to all mothers-to-be because women tend to identify with their mothers when they have their own child. You may be wondering what to take with you into your relationship with your child, and perhaps what to leave behind.

Of course not everybody grows up in a traditional family. For this reason, in the next section, the word 'parent' is used to describe the person who played the major role in raising you. This may have been your mother, father, brother or sister, grandparent, step, adoptive or foster parent.

The activity below is designed to help you to become aware of how your parents influenced the attitudes you have towards mothering.

My family, myself

Take some time to think about your life until now and write your answers to the following questions.

What are some of your happiest memories of growing up? Who were these with?

What did you like and dislike about how you were raised?

How do you remember your parent/s' emotional style? Were they warm and affectionate or more distant? How was love and caring shown?

What was your parent/s' style of teaching and disciplining you?

What was your parent/s' general attitude to parenting? Was it relaxed and caring or strict? Were children respected as individuals?

How might your parent/s have responded to you when you were anxious, tired or unsettled as a baby?

How might your relationship with your parent/s influence your attitudes and behaviour as a mother?

If your relationship with your parent/s was difficult, was there another person (aunt, older sister or teacher) who nurtured you? What did this person teach you about mothering? Have you learned anything from other mothers through observing them with their babies?

If you have brothers and sisters, what do you notice about the parenting they received as they grew up?

Based on the way you were parented, what would you like to keep and incorporate into your own parenting? What would you like to do differently?

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What strengths do you bring to motherhood as a person? List your special talents or abilities. Think about challenges you have mastered before. What special qualities helped you manage and what special skills did you learn as a result? Your life experience is an invaluable asset in parenting! (Fill in the table below.)

Things to incorporate	Things to do differently	Strengths I bring

You may find that this exercise has brought up some mixed feelings or distress about the past. If this is the case, it may help to discuss this with your partner, a counsellor or friend.

Identifying ‘what belongs where’

As mentioned earlier, babies awaken feelings in mothers from their own infancy and childhood. Often these feelings have been dormant for years or not well understood.

Mothers will usually try to imagine how their baby feels in order to work out what they want. In this process, mothers can re-experience buried feelings from their early life. For example, if you were a sensitive baby who cried a lot and were hard to comfort, you may feel anxious when your own baby cries and is hard to settle. This may be particularly so if your memories are that you did not receive as much comfort as you felt you needed.

It helps if you can separate such feelings from your reaction to your baby and try to locate their true source. If you find you are interpreting your baby’s behaviour in a negative way—challenge this. Check out your observations or interpretations about your baby’s behaviour with someone else. For example, if your baby is crying a lot and you think he may be angry, you could ask someone else’s opinion. ‘He seems angry to me, what do you think?’

Draw a distinction in your mind between your past relationship with your parent and your present attachment to your baby. Resist the temptation to become angry with or cut off emotionally from your baby. This is a new relationship you are building, so try not to let it be clouded by past relationship problems.

Pause and share

This is a good place to pause and discuss your answers so far with your partner or the person you plan to parent with. Your partner may first like to read Chapter 2— ‘Towards fatherhood’ that contains similar sections to this chapter. Perhaps you could share your fantasies of your baby, as well as what you are each fearful of *and* looking forward to about parenthood. You may like to compare your support networks. It is very useful to compare your own experiences of being parented, as these are likely to be different and will influence your parenting styles. It is wise to discuss how you will deal with any possible differences in parenting styles *before* your baby arrives. If you find there are areas of conflict or concern, you may find later sections of *Towards parenthood* useful, as it will give you some communication strategies to help you discuss difficult issues.

How you will deal with any possible differences in your parenting styles

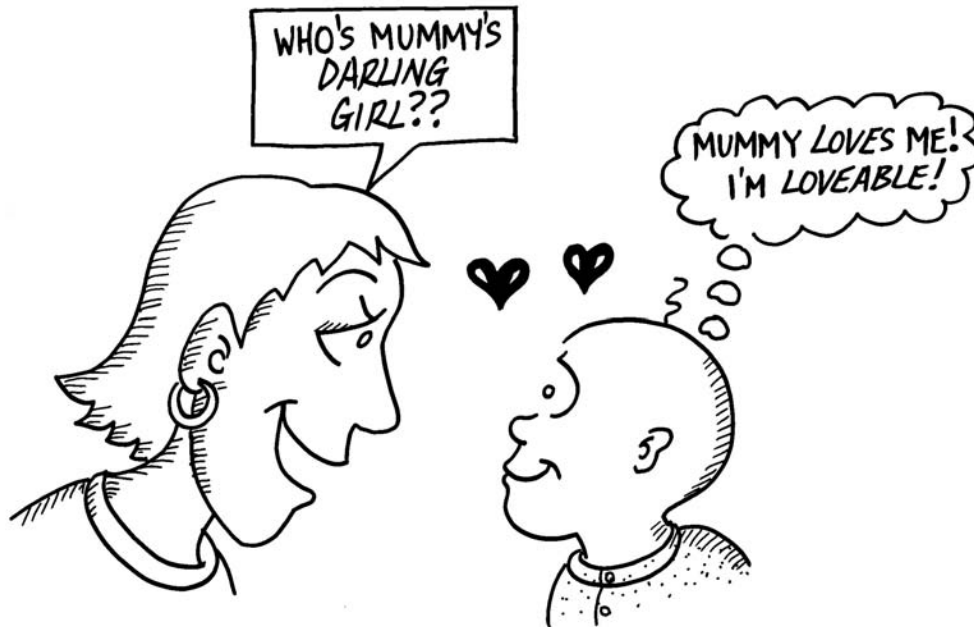
Parenting style differences between me and my partner	Conflicts that might result	A plan!

Looking forward ... learning and loving through play

Of course you ‘know’ you are pregnant, but it may seem hard to actually believe that you will soon have a real baby of your own. The more you ‘tune in’ to your baby, the more real your baby will become to you. You can also start to think about some things you can do together when your baby arrives.

To get you started some ideas about play can be found in the final chapter. For your very new baby, playing is touching, tasting, looking and listening. All babies are different and enjoy different things. Play is an important part of building a loving relationship.

It is through play that babies learn about themselves and the world. However, babies are not just blank slates, rather they arrive with their own temperament and skills to interact with their parents. If you watch your own baby carefully, and learn to enjoy play together, he or she will show you the way towards parenthood.



Some things to think about in the last months of pregnancy

You may have already begun to create a visible space in your home in anticipation of the arrival of your baby. As well as your own ideas, you might consider some of the suggestions below.

- Try to create a space for you and your baby in your home. What about a comfortable chair in a special spot with some extra cushions, a heater or a fan? Where will you feed your baby? Where will you and your baby play together? What about bathing and changing?
- Think about creating a quiet space in your home for your child. Have you planned where your baby will sleep—with you, in a bassinet, cot or their pram? How practical is the place where you will store clothes, nappies and baby's things?
- There are many ways of preparing for your new baby and making mental space for them in your life. You may like to buy a special rug or outfit for your baby. Some mums who are into crafts might sew or knit something while they are waiting for their baby to arrive. Some may choose one of their own things from their childhood that they want to pass on to their child.
- Check out some toys and mobiles that you think your baby might enjoy. They don't need to be expensive and can be home made or recycled. Something bright and interesting to look at should be your aim. This might be your first present.

Here's a recap of the key ideas from this introduction to motherhood.

- The reality of parenthood is often different from your expectations.
- Make a space in your mind for your baby. You are creating a new relationship together.
- Include your baby in your daily life by holding your baby in your thoughts and connecting through touch and talking with them, even while pregnant.
- Your own experiences of being parented can influence how you parent.
- Motherhood can be stressful, so it's important to have support networks around you.
- There is no such thing as a 'perfect mother'. Be realistic in your expectations. If you are reasonably consistent and devoted in your nurturing, your mothering will be 'good enough'.

Chapter 2 is devoted to fathers, and the adjustments and considerations they need to make on the journey *Towards Parenthood*. Inside information from other men can provide useful insight.



2

Towards fatherhood

Most partners experience the birth of their child as a deeply emotional experience. For many fathers, a sense of joy and achievement is found in watching their child grow, knowing they have played a unique role in their development. Some men say the most difficult part of becoming a dad is trying to achieve their expectations of the ideal father. Reflecting on fatherhood, men have commented that it provides an added dimension to their identity and brings a sense of completeness to their lives. All this indicates that building a relationship with your own baby can be a deeply rewarding experience.

In this chapter, some expectations, realities and challenges of becoming a dad are explored. While reference is made to 'dads, fathers and men' this chapter is devoted to all partners. Do spend some time working through this chapter, which aims to:

- help you make a space for your baby in your mind.
- assist you to consider some of the potential challenges in becoming a dad.
- encourage you to examine your own experiences of being parented and how this might influence your own parenting.
- raise awareness of mental health issues associated with having a baby.

This chapter is specifically devoted to dads, but reading the other chapters in this book might be helpful, especially Chapter 5, which focuses on building and strengthening your relationship with your partner at this important and challenging time.

Beginnings and changes on the road towards fatherhood

While fathers do not go through all the physical changes of pregnancy, having a baby marks the beginning of many other changes in them: emotional, financial and social. The reality of fatherhood is that there are wonderful highs, many joys and intense feelings of love and closeness. However, there can also be challenges.

Often, your reality does not meet with your expectations. New babies come in all shapes and sizes. Sometimes babies look funny and you can be disappointed by their appearance. Their behaviour isn't always what you expect. Babies can be a lot of trouble and cause major disruption to all aspects of your life. Sometimes babies cry a lot and they get through those nappies at an incredible rate! In other cases, babies can just blend in and the family hardly notices that this is a new addition—it seems like they were always there. Who can tell what your experience will be?

You may also find changes in your relationship. Many women experience physical discomfort after birth and this can last for some time. Difficulties with sex are quite common for some months and so is a drop in intimacy while the couple adjusts to the changes in their life. Breastfeeding doesn't always go smoothly and women may find they are tearful, anxious or emotional.

So, a sense of change, maybe loss and feelings of disappointment can be part of your experience. Think for a minute—how have you tended to deal with things when they don't go the way you expect them to?



The birth experience

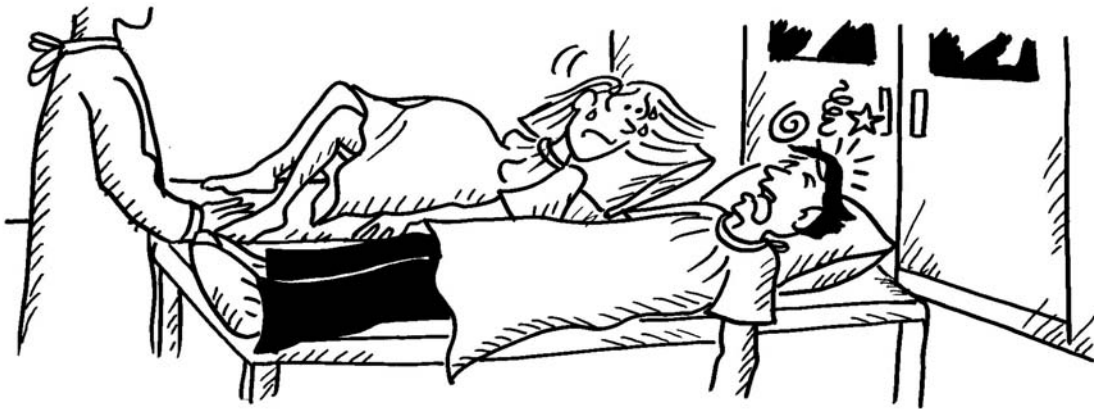
Many partners say that nothing compares to being present at the birth of your baby. Below is some advice to dads from other fathers about the birth experience.

While many of the comments suggest being there for the birth, this may not be ideal for everyone. It can be a scary prospect. Do what feels right for you and to be involved in a way that is best for both of you. Discussing with your partner the extent to which you will be present and what might be expected of you, can help both of you feel prepared for the birth.



Advice to dads from dads about being present at the birth

- ✓ 'Be there—be involved.'
- ✓ 'Be supportive of your partner.'
- ✓ 'Try not to have too many expectations.'
- ✓ 'Be prepared to make some important decisions.'
- ✓ 'Be aware of pain relief options and implications.'
- ✓ 'Help communicate your partner's feelings and needs to staff.'
- ✓ 'Be prepared—it can be distressing.'
- ✓ 'It can be difficult to witness your partner in pain.'
- ✓ 'I was glad I could be there to help her.'
- ✓ 'Enjoy it, remember it and smile!'



Connecting with your baby

Expectant parents usually approach their role with mixed feelings. Take a moment to think about your baby and your relationship with him or her. This can help you to feel connected to your unborn child. Try to imagine as clearly as you can. You may like to write your experiences after each suggestion.



If your partner is currently pregnant, think about how you might include your baby in your daily activities (for example, by talking or playing music to them). How do you tell if your baby is reacting? Can you feel how they are positioned? Can you quieten your baby by stroking your partner's tummy when they are restless? Can you feel when they have the hiccups?

How do you imagine your child? Jot down your thoughts and imagine your baby both in pregnancy and as he/she develops through infancy, childhood and into adulthood. How do you expect your baby to be in terms of physical appearance, personality, and behaviour (for example, crying, sleeping, smiling, feeding)? Do the names you have chosen 'fit' your baby in your mind?

What are your expectations about how life will be when your baby arrives? What are you most looking forward to about the first months of your baby's life? What expectations, hopes or fears do you have for your child?

Where did you learn to be a father?

Of course not everybody grows up in a traditional family. For this reason, in the next section, the word 'parent' is used to describe the person who played the major role in raising you.

This may have been your mother, father, brother or sister, grandparent, step, adoptive or foster parent. Regardless of the family constellation in which you were raised, some important ingredients help to shape your experience of being parented, like the amount of positive nurturing and consistency in parenting you received.

Don't be surprised if you start thinking about your own childhood at this time. It happens to many fathers-to-be. Parents-to-be tend to identify with their parents or parental figures when they become parents themselves. You may be wondering what to take forward with you into your relationship with your child, and perhaps what to leave behind. The following activity may help you reflect on this.

What are some of your happiest memories of growing up? Who were these with?

What did you like and dislike about how you were raised?

How do you remember your parent/s' emotional style? Were they warm and affectionate or more distant? How was love and caring shown?

What was your parent/s' style of teaching and disciplining you?

How might your relationship with your father or carer influence your attitudes and behaviour as a father?

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If your relationship with your parents was difficult, was there another person (uncle, aunt, older brother, cousin, teacher) who nurtured you? What did this person teach you about fathering? Have you learned anything from other dads?

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Based on the way you were parented, what would you like to keep and incorporate into your own parenting? What would you like to do differently?

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Your strengths

What strengths do you bring to fatherhood as a person? List your special talents or abilities. Think about challenges you have mastered before. What special qualities helped you manage and what special skills did you learn as a result? Your life experience is an invaluable asset in parenting!

Things to incorporate	Things to do differently	Strengths I bring

Pause and share

You may have found that this exercise has brought up some mixed feelings. If so, it may help to discuss your ideas. Take a break here and share your ideas with your partner. She may have completed the similar section in Chapter 1. You may like to compare your thoughts, expectations and plans for your baby. How does she think she will learn to become a mother? What are some of the differences and similarities in your own parenting experiences? How might you deal with differences in your parenting styles? Understanding each other's past parenting experiences can increase understanding and might help you get a head start on managing the changes. The following chapters in *Towards Parenthood* will also help you explore some of these issues.

Looking forward ... learning and loving through play

Of course you 'know' you are having a baby, but you may find it hard to believe that a real baby of your own is soon to be part of your family. The more you 'tune in' to your baby, the more real they will become to you. It may also help to think about some things you can do together when they arrive.

There are some play activity ideas in the final chapter for you to try after your baby is born. Try to take every opportunity to spend time alone interacting. Play can be a wonderful way to get to know your baby. Dads provide special experiences for babies through their interaction. Play increases the bond and attachment you both share. Many of the play activities are different and the baby learns to enjoy this male interaction.

Dads spend time with their babies in different ways to mums. The Towards Parenthood survey found that fathers rated the most important things about being a father were being accessible to their children when they were needed as well as guiding and teaching them. Fathers show love too, and babies learn about love relationships through the emotional connection they have with both their parents.

High expectations? Remember to be realistic

Try to be reasonable in your expectations of yourself and your baby. Men become fathers over time, not overnight. Expect that it will take time for you to be comfortable in your new role. Remember that babies have different temperaments and if you watch closely, your baby will 'bring you up' as much as you bring them up. Together you will learn what the other enjoys and needs.

There is no such thing as a 'perfect father' and fortunately you don't have to be one. As mentioned earlier, what your baby needs is a consistent flow of warm, responsive, reliable nurturing. If you are consistent and devoted in the way you care for your baby, your parenting will be 'good enough'. That is, you don't always need to get it right. If you are present for your baby in an empathic way, you are doing enough for your baby: you are a 'good enough father'.

The stress of fatherhood!

There are many exciting things to look forward to in becoming a dad. Focusing your mind on positive imaginings about your baby and your new life can add to the anticipation and expectations about fatherhood. However, having a baby is a time of transition and change, which is characterised by increased stress. There are many changes to adjust to. Sleepless nights, spells of crying, times of frustration and not knowing how to help are all part of the parenting experience—these are to be expected! It can be helpful to consider ways to prepare for such stressful times (covered in more detail in later chapters). Thinking about how you, as well as your partner, deal with stress can help to increase understanding and make those trying times a little easier to manage.



Fathers are often in a challenging position of trying to juggle work and home life. Many new fathers report feeling stressed trying to balance sleepless nights and the need to still perform well at work, worrying about and supporting their partner and baby—all while



adjusting to their new role of dad! The following chapters are therefore highly relevant to you. Given you are the main support person for your partner and baby, it is important that you are able to manage your own stress effectively—you need to take care of yourself so you can be there for your family.



Do ‘real men’ ask for help? Who nurtures dad?

All father–child relationships ideally develop over time and within a network of support. There is an old saying: ‘It takes a village to raise a child.’ Ideally, being part of a community means you work as a team. There are people who will lean on you and similarly there are those you can lean on. Take a few moments to think about who supports you. Dads need support too!



*Remember ...
It is a cultural myth
that men don't need help!*

** * **

Superman doesn't exist!

Some men find support through existing networks, such as their partner, friends, family or workmates. However, becoming a parent also opens up opportunities to make new support contacts. Think about whether you have a network of other fathers to share your experience with or ask advice from. Ways to increase supports are discussed again in Chapter 4, as a lack of practical and emotional support increases a person's vulnerability to anxiety and depression in the face of life stress. Sources of potential supports for dads include those shown on page 24.

Possible supports	
Partner	Doctor
Friends	Men's Line Australia (24hrs): 1300 789 978
Work mates or neighbours	Parent Line: 13 22 89
Family or in-laws	PANDA (has resources for fathers)
Religious, church groups	Hospital Psychology Departments
Neighbourhood Community House	Financial Counselling
Local Community Men's Group	Visit Internet sites (see further reading section)
Housecleaners, gardeners, babysitters	Books on fatherhood (find some listed in our further reading section)

Breastfeeding: not your problem! Or is it?

Breastfeeding, while natural, is a learned skill for both mother and baby. Don't be concerned if breastfeeding doesn't go as smoothly as expected. It can take *practice* to be able to breastfeed easily. Your partner will have support, if required, from the hospital lactation consultants and the Australian Breastfeeding Association as well as her Maternal and Child Health Nurse.

How might breastfeeding affect you?

Fathers can feel a bit left out when their partner is so involved in feeding their newborn. It is not uncommon for fathers to feel a bit jealous as attention gets shifted from them to be focused on their baby. However, it is important to recognise the unique contributions you make in parenting, knowing you can be involved in your baby's life in other significant ways. There are lots of ways dads can interact with their babies: play, bathing, cuddling, carrying and the like. Your partner will find your help very welcome as she struggles to get some time for herself.

Your partner may also need support from you through the early stages of feeding. Your patience, approval and reassurance can make all the difference in overcoming obstacles and frustrations. Breastfeeding makes it easier for you and your partner to be spontaneous—you can go out without having to make arrangements for bottles and so on. Breast milk is always ready—it's the right temperature and portable!

Some men, while impressed by the size of their partner's breastfeeding breasts, can feel uncomfortable with the breast milk that can be released. This can happen especially during sexual activity. They can also feel that her breasts are now for the baby only and not for them.

What can you do?

- Give your partner emotional support (listen) regarding feeding or other parenting issues as they arise.
- Try to be involved in other care needs, such as changing nappies, bathing.
- Share feeding time with your partner by sitting together as a family and having a cuppa with some quiet music on.
- Try to communicate your feelings with your partner openly and honestly.
- Be patient and encouraging.

What if breastfeeding doesn't work out?

The most important thing is that you both learn to enjoy and feel comfortable with your way of feeding your baby. Breastfeeding is not possible for all women, for lots of reasons. If this is the case, listen to how your partner feels, empathise and reassure your partner that she can create happy feed times while bottle-feeding. Remind her that she is a great mother and that you are proud of her for 'giving it a shot'. Bottle-feeding can also be a special time when you can both relax, feel close to and enjoy your baby. Bottle-feeding also gives you a chance to help out with night feeds.

Chapter 8 has more information about feeding and other baby management issues and tips. Read through this before your baby arrives so that you are informed about options before you need to make these decisions. It is also easier to take in before you are having broken nights of sleep and other distractions!



What have other new mums told us they want from their partners?

A little inside information can help to develop some understanding.

‘I love it when my partner figures out what to do all by himself, without asking all the time.’

‘It’s great when he just changes the nappies without me telling him to.’

‘It really helps to just have him listen and understand me.’

‘Sometimes just a hug and a shoulder to cry on can help so much.’

‘It helps when he gives me a break because it is a 24-hour job!’



Recent research shows that fathers who are critical of their partners and who do not help with the baby increase their partner’s likelihood of developing a mood disorder. Women who have a troubled relationship are more at risk than those who are raising their child alone (Milgrom et al, 2008).

What men say about moving towards fatherhood ...

‘I never expected that a baby could be so emotionally needy and demanding.’

‘I knew I’d lose sleep, but I didn’t expect to feel this exhausted!’

‘I found myself thinking a lot about my father and how I wanted to be a more involved dad and have a closer relationship with my son.’

‘I feel such an overwhelming mixture of pride, wonder and protectiveness towards my baby. It has made me want to make the world a better place for her.’

‘I miss the leisure time and closeness my partner and I shared before—it’s hard including a third person in your relationship. It’s a bit sad not to be “number one” in my partner’s eyes any more.’

‘I expected my life would continue on much as before with work and sport. Reality hit home when I realised that playing football just wasn’t an option because it meant leaving my wife with too much responsibility for the kids.’

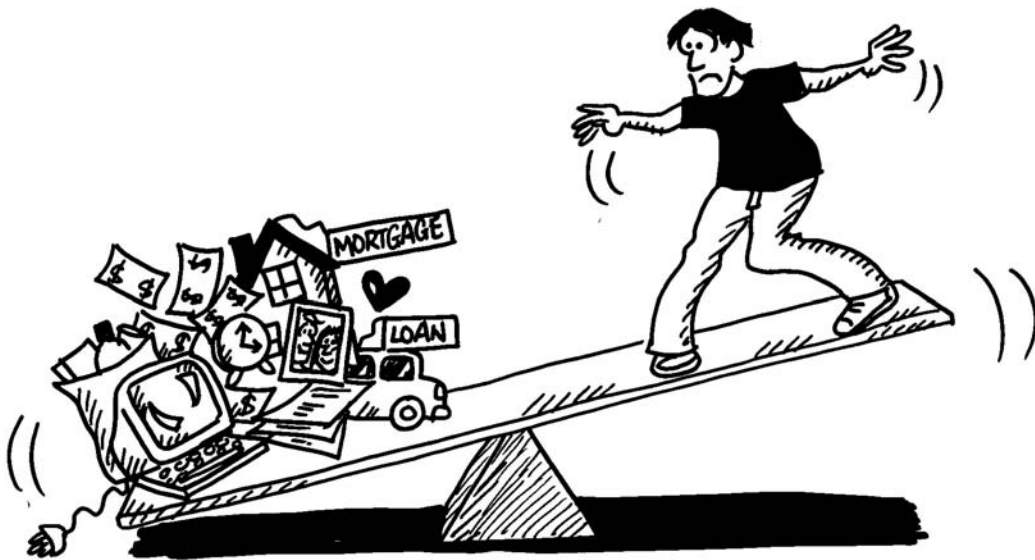
‘Work has become second priority to my family, which surprised me because previously my career was my main priority.’

‘Now we’re on one income, it’s a luxury to buy my lunch at work!’

‘Sex? What’s that again!’

‘My wife’s breasts were enormous but I felt they were for the baby, not for me.’

‘We’ve needed to be really patient and tolerant with one another, because we’re both tired and going through a lot of adjustments. It’s taken me a while to develop my confidence as a dad—for a long time I felt like I was being told what to do by my partner.’



Focus on mental health

Have you heard of depression and anxiety?

Antenatal Depression (AND) and Postnatal Depression (PND) are terms used to describe a depressive episode which begins during pregnancy (for a woman) or in the year following the birth of a baby. However, both men and women can suffer from depression during this time of transition and life stress. Anxiety is also common at this time. Anxiety and depression are not signs of weakness but well recognised and common problems that can be treated.

Symptoms of antenatal and postnatal depression

- Feeling down, sad, depressed, blue most of the time
- Loss of enjoyment or interest in life
- Feeling worthless or like a 'bad' parent
- Crying a lot
- Persistent guilt feelings
- Feeling very tense, anxious, irritable and being unable to relax
- Feeling confused
- Slowed speech
- Slowed movement
- Thinking about death or feeling suicidal
- Difficulty making decisions and concentrating
- Lack of motivation
- Insomnia and extreme exhaustion
- Loss of appetite
- Loss of libido

All new parents experience heightened anxiety—there is plenty to worry about when you have a newborn. However, many women with depression at this time will present with persistent and excessive anxiety or worry, so this is a symptom to watch out for. Similarly, tiredness and fatigue are part of the normal experience of adjusting to parenthood, but ongoing tiredness that does not get better even with rest can be a sign of depression.

Some factors that make some women more vulnerable to developing depression after birth are: a complicated birth; a personal or family history of depression; an unhappy or abusive childhood; a tendency to feel anxious or guilty; relationship problems; lack of support and life stress. If there is a family history of depression or if you or your partner have previously been depressed, it may be helpful to monitor your moods, both while your partner is pregnant and after birth. Seek help early if you notice these signs.

What do I do if I think my partner has depression?

- Discuss your concerns with your partner. Try to find out how she really feels. Encourage her to consult with her family doctor or Maternal and Child Health nurse. You may need to go with her to appointments for extra support particularly if she is reluctant to attend. Seeking help takes courage—providing support can help.
- Organise extra support for your partner and yourself at home with home duties and baby care.
- Access counselling services (individual and group programs are available).
- Chapters 6 and 7 on coping with stress, anxiety and depression cover some coping strategies that can be useful.
- Watch your own moods too. If you notice your mood is low for two weeks or longer, discuss your concerns with your partner and your family doctor.
- Look on the *beyondblue* website for information and support about depression in general and especially around the time of having a baby, as well as anxiety: www.beyondblue.org.au
- Talk to your Maternal and Child Health Nurse. She can help you find the support you need.

Here's a recap of the key ideas introducing you to the fatherhood stage:

- The reality of parenthood is often different from your expectations.
- Being present at the birth of your baby can be rewarding, but also distressing.
- While your partner is still pregnant, include your baby in your daily life by holding them in your thoughts and connecting with them through touch and talking with them.
- Your own experiences of being parented can influence how you parent.
- There is no such thing as a 'perfect father'. Be realistic in your expectations. If you are consistent and devoted in your nurturing, your parenting will be 'good enough'.
- Fatherhood can be stressful so it's important to have support networks around you.
- Breastfeeding can be difficult for some mothers and babies.
- Depression and anxiety are common for both mums and dads around the time of having a baby.

Enjoy reading the rest of the book with your partner, but specifically try to cover Chapter 5, 'From lovers to parents'.



3

We're expecting! Preparing for parenthood



For some months now you've been getting ready, because life is about to change! Planning ahead can help you ride these changes more smoothly. In this chapter, some tips for coping with stressful changes are suggested.

As described in Chapters 1 and 2, expectant parents approach their new role with mixed feelings. Every individual anticipates a unique combination of rewards and difficulties in their role as parent. Some expectations about parenthood will be realistic, whereas others may not.

Changing body, changing lives

Let's take a closer look ...

Pregnancy marks the beginning of many changes: physical (for mum!), emotional, financial and social (for both). The changes experienced during pregnancy help parents prepare for what is to come. Have a go at writing your ideas about how your life may be different after your baby arrives. Try to have a balanced view of what lies ahead.

Roles at home

(I'll be at home all the time so I'll be able to do more around the house; we'll both need to pitch in more around the house to stay on top of things.)

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Changes in emotions

(I'll feel contented and fulfilled; I might feel a bit overwhelmed and need support.)

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Relationship with partner

(My relationship with my partner will enter a new phase! Our sex life may be challenged but we'll be creative! Sharing the joys of a new baby will bring us closer.)

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Role at work

(I will still see my work friends; I might be able to do some work from home; work might be more challenging when I'm sleep deprived.)

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Leisure time and hobbies

(I'll catch up on some of the things I haven't been able to do because I've been at work; it will be more difficult to have time for hobbies with the increased responsibilities of a child. I look forward to long walks with our baby in the pram.)

Social life

(It will be a good chance to meet new people who also have babies. We might need to change the way we see our friends but we can still catch up.)

Health, body image, fitness

(I will have more time to work on my fitness when I give up work. We can walk with the pram to improve our fitness.)

Rest/Sleep

(I might not get as much sleep as I do now but I'll plan for time-out. We could share the night time getting up if our baby is not settled.)

Finances

(There may be less money coming in so let's budget on the less important items. We might save money by not eating out as much as we do now.)

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Relationship with parents/in-laws

(I will see more of my family when the baby arrives. How will we deal with grandparents wanting to be involved?)

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Housing

(Our house will be full of baby stuff. Will it be big enough or are new storage ideas needed? At last our house will feel like a home when we bring our baby home.)

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Parents’ expectations

You may find it hard to imagine some of the ways your life will be different, especially if this is your first child. However, most people approach parenthood with a set of expectations.

Take a moment to write your ideas about how you have coped with life changes in the past (non-pregnancy-related adjustments). What are the biggest changes you have come through, and what helped you get there? Write your thoughts below.

(Examples include changing schools, housing, job, relationships)

Change

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Way I coped

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Change

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Way I coped

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Change

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Way I coped

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These ways of coping are resources you have. If the way you coped was helpful and healthy, it worked and didn't have detrimental consequences, it means it's a coping strategy worth holding on to. Remember to use what has worked for you in the past. Coping strategies that many find useful include information seeking, problem solving, taking one step at a time, distraction, avoidance, seeking social support and wishful thinking. The coping strategy used needs to be relevant to the situation you are facing. It will be no good using avoidance if you have a parking fine for instance.

Quiz—Get real!

This light-hearted quiz may help you to appreciate that there is often no one answer to parenting dilemmas, no black or white, just shades of grey. This is one of the many challenges that *Towards Parenthood* will help prepare you for.

Try to answer True or False to the following statements:

- | | | |
|--|----------------------------|----------------------------|
| 1 The biological transition to parenthood should be smooth. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 2 Having a baby puts strain on a couple's relationship. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 3 You're a failure if you don't give birth the right way. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 4 Mothers don't instantly recognise and love their baby. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 5 Bonding with your baby should be easy and free of negative feelings. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 6 Mothers always put the needs of others first. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 7 Motherhood is an all-fulfilling role. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 8 Only a mother can care for a baby properly. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 9 Mothers are responsible for all of a child's behaviour. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 10 Being a parent should be manageable and any problems easily solved. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 11 Fathers can't look after babies as well as mothers. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 12 Partners in paid work are needed at home to help with parenting and household chores. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 13 It is completely normal to need a lot of help with mothering. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 14 All interested partners attend the baby's birth. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 15 Partners are always the right support person for the birth. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 16 All grandparents dote on their grandchildren. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 17 You should always accept advice from grandparents because they are experienced in raising children. | <input type="checkbox"/> T | <input type="checkbox"/> F |
| 18 In the year after having a baby it is common for a couple's relationship satisfaction to drop as they adjust. | <input type="checkbox"/> T | <input type="checkbox"/> F |

Did you find it hard to decide on your answers?

You're right, it is hard to say true or false to many of these statements but that's the way it is when you become a parent! You will need to consider lots of extra information or differing viewpoints and begin to decide for yourself how you want to do things and what your expectations and wishes are for your new family.

Plan ahead to make life easier

Review your ideas about the ways that you expect your life to change immediately after the birth of your baby. List below the changes you think you may find stressful.

Then, dealing with one at a time, brainstorm a list of strategies that you think might help.

Stressful change	Possible coping strategies
Not getting enough rest	Request no visitors at the hospital besides family.
	After arriving home, request that visitors telephone before visiting.
	Take the phone off the hook when resting.
	Lie down when your baby is sleeping.
	If someone offers to help you, accept it, maybe a casserole!

Stressful change	Possible coping strategies
1	
2	
3	

Problem solving—what will you do when things get tough?

Like any other major life project, parenting brings potential situations for which there are no definite right or wrong solutions. There can be a lot of uncertainty and not knowing in parenting. Many new parents find this a frightening situation to be entering into and can feel overwhelmed at times. Trust your instincts, learn problem-solving strategies, communicate with your partner and things are more likely to be all right. If not, ask for help!

To help you get a head start in solving some typical challenges, have a go at matching potential solutions to the problem situations listed in the boxes below. Some of the problems will have more than one solution.

Possible problems	Possible solutions
Feeling overwhelmed by too much advice	Remove extra clothes and wipe with flannel
Sore nipples / breast feeding painful	Massage and relaxation
Feeling inadequate as a new parent	See your Child Health Nurse or GP
Baby cries constantly	Talk with your partner
No instant rush of feelings for baby	Shorter, more frequent feeds
Conflict with own parents or in-laws	Give up breastfeeding
Baby develops a temperature	Talk with other mothers at a group
Baby vomits a lot after feeds	Sleep when baby sleeps
Feeling lonely and isolated	Choose one source you trust and rely on their guidance
Feeling tired and weepy	Have a warm bath
Baby is hard to settle to sleep or sleeps only for short periods	Express milk so your partner can do a feed

Pause and share

Pause here and share with your partner your comments in the ‘Changing body, changing lives’ section (expected lifestyle changes), the Quiz and the problem-solving activity above. It is often surprising how differently couples see things. The next problem-solving activity is one you may like to do together—to get some practice before your baby arrives!

Every problem has a solution!

Problem solving is a skill that can help you think through options when difficult situations arise. It is best to use a pencil and paper and write down your answers for each step, particularly when you are practising this skill.



Six steps of problem solving

- 1 Identify the problem
- 2 List as many solutions as you can think of (brainstorming)
- 3 Weigh up the advantages and disadvantages of each solution
- 4 Weigh up the pros and cons against your main goals
- 5 Choose a solution and try it out for a trial period
- 6 Check if solution is working, if not try another.

A problem scenario and suggested problem-solving steps are given below to show you how you can work through difficult times to reach a satisfactory solution.

Step 1: Clearly identify the problem

For example: Imagine you've just come home from hospital with your baby and she doesn't stop crying. She is very hard to settle at night and you feel like you've tried everything. You don't know whether this is normal and are finding it stressful. You and your partner are snapping at each other.



Step 2: List as many solutions as you can possibly think of to solve the problem

Have a go at writing what you think would help with the above situation.

Here are our suggestions for Step 2 (brainstorming solutions)

- Talk to your Maternal Health Nurse to see if there is a reason for your baby's behaviour (eg, stomach pain, overtired)
- Experiment with different settling techniques (eg, walk in the pram, warm baby bath, dummy, wrapping baby and walking around, different types of holding positions, soothing music, gentle singing or patting, walking outside in the fresh air, breastfeed)
- Take turns with your partner to deal with your baby
- Have a friend / family member come over to help out if your partner can't
- Rock your baby in your arms or cradle, or try a baby swing
- A baby pouch to carry your baby around in
- Request visitors do not come by in the evening
- Request visitors do come in the evening to help out
- Cook meals in the morning when baby is settled
- Buy frozen meals so they can be reheated when you can get a chance to eat
- Rest in the afternoon to help you cope with the stress of evening time
- Call a truce with your partner and acknowledge you are both stressed

Step 3: Weigh up the advantages and disadvantages of the potential solutions

Potential Solutions	Advantage (pros)	Disadvantage (cons)
<i>Buy a baby swing</i>	Would give you freedom	Financial expense
<i>Cook meals early</i> <i>Buy frozen meals</i>	Allows you to focus on baby	Less choice and spontaneity with meal Cost
<i>Afternoon rest</i>	Will refresh you	Less time for other things Might feel guilty about not doing housework
<i>Request help from a friend</i>	Will help you cope	Might feel pressure to return the favour

Step 4: Weigh up these 'pros and cons' against your main goals

Consider how each of the pros and cons might meet the main aim above. For example:

My main aim is to feel well and relaxed and have a settled baby.

Step 5: Choose a solution or a combination of solutions and try them out for a trial period of a few days or weeks

I will make an appointment to see my maternal nurse to get some information; I'll use the baby pouch and accept carrying her around in the evenings; I'll prepare dinner in the morning to reduce the pressure at night and ask my partner to come home 30 minutes earlier if he can.

Step 6: Check if your solutions are working. If not, resist the temptation to feel frustrated or a failure. Instead, try something different. Remember, being a parent is all about 'trial and error' learning.

Being realistic

Here are some key messages offered to parents by parent counsellors.



Quick reminder: being realistic

- ✓ Be flexible and realistic.
- ✓ Examine your expectations. Are they reasonable?
- ✓ Remember nobody's perfect. Expect to use trial and error.
- ✓ Supermum doesn't exist! Neither does Superman!
- ✓ Give yourself time to learn—you wouldn't expect to master a new job overnight.
- ✓ Beware when you hear yourself say 'should' (for example, 'I should be able to put my baby to sleep'), and challenge these ideas by asking 'Why should I? Where is it written that I should?'
- ✓ Problem solve with your partner.

Here's a summary of the main points from this chapter:

- Pregnancy marks the beginning of significant changes as you move towards parenthood.
- Remember to draw on helpful coping strategies that have worked for you in the past.
- Parenting has elements of uncertainty. Be realistic and expect not to have all the answers.
- The six-step problem-solving approach can be a useful guide in developing and implementing solutions to a problem.



4

Caring for yourself is caring for your baby

Parenthood is a time of transition. It requires mums and dads to mobilise a great deal of their resources and energy. New parents have to adapt to their new roles with enormous ongoing demands and responsibilities. In preparing for these changes, *Towards Parenthood* aims to:

- encourage you to take care of yourself so you can take care of your family.
- provide ideas on self-care and stress busters, both during pregnancy and when your baby arrives.
- assist with planning for emotional and lifestyle changes to smooth the transition to parenthood.

Self-care and stress

New parents don't necessarily feel 'on top of the world' in the months following childbirth. Some people love being a parent right from the beginning, while others take much longer to adjust. You may find you need to learn different ways of managing stress to those you have used in the past.

You can cope with stress in 'helpful' or 'unhelpful' ways. Many of your patterns of coping were learned during childhood—for example, hiding in your room when your parents argued (withdrawal).

It can be useful to think of 'stress' as arising from two sources: internal and external. Examples of internal stressors include feeling physically unwell, constantly worried or thinking negatively. Examples of external stressors include problems at work, relationship troubles and financial hassles. Because having a baby brings about both internal and external changes, it is considered to be a major life stress.

If a coping strategy helped you manage in the past, then you are more likely to use it again when feeling stressed. However, what helped you cope in one situation isn't always useful in another. For example, withdrawing or emotionally shutting down on your crying baby may not be helpful. In the past you may have yelled at your partner when angry—however, an infant will find this frightening, so parents often have to learn new ways of coping with relationship stress. New stages in your life can challenge you to develop new strategies.

How do you cope?

Take a few moments to reflect on how you cope with problems.

What do you do (for example, call a friend, avoid thinking about it, pray)?

When and from whom did you learn these coping methods?

Are they helpful? Do they solve your problems or make things worse?

Inherited coping strategies

Parents tend to model ways of coping for children. Your parents influenced you, and you will influence your child. It is not unusual for parents to find themselves responding to their children at times of stress in ways they vowed they never would!

My coping models

Take a minute to think back to your childhood. How did your parents cope with stress?

Mother or carer

Father or carer

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How has this influenced your coping style?

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Self-care and stress busters

Having a variety of ways to help manage stress can improve your resilience in the face of major life changes, such as becoming a parent. Consider taking on some of the suggestions in the following pages as additional coping strategies.

Some of these involve taking good care of yourself. This is a vital step in being better able to cope with pregnancy and the constant demands of parenthood. Self-care will give you some resilience to deal with the day-to-day demands of parenting and ensures the best environment for your growing baby while you are pregnant. Research studies have shown that chronic stress during pregnancy is linked with some physical and emotional problems in infants. This makes stress an important target for mums-to-be. Incorporating small acts of self-care into your day and your week can have a positive impact on your mood and on your developing baby. It can influence energy levels and resilience as well as how you feel about yourself.

Life stress—how do you rate?

There are times when life can feel out of your control. For most this is an uncomfortable or stressful feeling. This is especially the case when you are coping with a lot of change or are burdened by a lot of things happening at once. The activity on page 46 may help you measure the degree of stress in your life.

Life events

Tick Yes/No next to the events you are facing or have recently dealt with.

	Yes	No
Changing/leaving job	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Having a new baby	<input type="checkbox"/>	<input type="checkbox"/>
Family problems	<input type="checkbox"/>	<input type="checkbox"/>
Partner problems	<input type="checkbox"/>	<input type="checkbox"/>
Housing problems	<input type="checkbox"/>	<input type="checkbox"/>
Migration/relocation	<input type="checkbox"/>	<input type="checkbox"/>
Financial issues	<input type="checkbox"/>	<input type="checkbox"/>
Marital separation	<input type="checkbox"/>	<input type="checkbox"/>
Death of spouse	<input type="checkbox"/>	<input type="checkbox"/>
Death of close family member	<input type="checkbox"/>	<input type="checkbox"/>
Health difficulties in family member	<input type="checkbox"/>	<input type="checkbox"/>
Sexual difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Spouse begins/stops work	<input type="checkbox"/>	<input type="checkbox"/>
Change in recreation/social activities	<input type="checkbox"/>	<input type="checkbox"/>
Change in sleeping habits	<input type="checkbox"/>	<input type="checkbox"/>
Change in number of family get-togethers	<input type="checkbox"/>	<input type="checkbox"/>
Legal problems	<input type="checkbox"/>	<input type="checkbox"/>
Christmas	<input type="checkbox"/>	<input type="checkbox"/>
Personal injury/illness	<input type="checkbox"/>	<input type="checkbox"/>

Add up the number of ticks in the Yes column. The more ticks, the greater the chance you may be experiencing signs of emotional stress. Obviously, these stressors are not equal: some have more weight than others. If you are feeling 'stressed out' by any or all of the events in your life, it may help to learn and use some stress management tools.

Nutrition and physical health

Research has shown that women who are stressed in pregnancy are less likely to eat a nutritious diet. This may lead to inadequate pregnancy weight gain, which may bring about a pre-term delivery and low birth weight. Managing stress during pregnancy is therefore

very important for the health status of you and your baby. *Remember: Taking care of yourself is also taking care of your baby.*

Sometimes women manage stress or other emotional difficulties by smoking or drinking alcohol. When the woman is pregnant, this not only affects the mother's health but may also compromise the health of her unborn baby, perhaps resulting in a lower birth weight. Seek help from a health professional if you are struggling with smoking or alcohol consumption while pregnant.

There is a growing list of things that need to be reduced or avoided during pregnancy including alcohol, tobacco, caffeine, some prescription medications, some herbal and over-the-counter medications, illicit drugs, and some foods including soft cheese, unpasteurised milk, unwashed fruit and vegetables, pre-packed salads, raw meat, processed meats and pâtés and smoked seafood. Your health professional will give you information about what to avoid, or visit these websites:

www.cyh.com (Parenting and Child Health)

www.health.sa.gov.au/pregnancy (Staying Well)

www.betterhealth.vic.gov.au (see Pregnancy and Diet, under Fact Sheets)

www.health.act.gov.au (Health Services)

Regular exercise

Exercise is one of the simplest and most useful ways to reduce stress, muscle tension, fatigue and insomnia. It also helps to decrease negative feelings such as depression and anxiety. For women, appropriate physical activities during the pregnancy may help reduce the risk of some health problems such as high blood pressure (pre-eclampsia) and excessive weight gain (diabetes). If you have not been very physically active or fit, consult your doctor and together come up with a gentle, gradual introduction to exercise that is appropriate for you and your stage of pregnancy. Some suggestions for regular exercise include walking (with the pram when baby arrives), yoga, aqua-aerobics, antenatal exercise sessions or swimming. Your exercise routine might also incorporate a social dimension with activities like group classes, team sport and coffee afterwards.

Self-nurturing

There are lots of ways to nurture yourself. Think about what you find rewarding and satisfying. Consider how to bring pleasure to your day in small ways, while you are pregnant and also after your baby is born. Self-nurturing need not cost a lot of money or time. Consider doing something pleasurable for yourself each day. You can use the following options as starters and add your own ideas.

- Have a bath
- Read a magazine or book
- Go for a walk
- Sit in the sun and rest for a while
- Light a candle, some incense or aromatic oils
- Phone a friend for a chat and a laugh

- Notice and admire how beautiful the stars are at night
- Listen to a favourite piece of music

Keeping stress levels down is important for dads too. Doing things that make you happy and feel good about yourself is part of keeping some balance in your life. For dads, time-out for self might include any of the following things.

- Reading the newspaper
- Washing and detailing the car
- Watching a game of footy
- Seeing mates
- Tinkering in the garage or on the computer
- Watching TV
- Spending time with your partner

There is a more comprehensive list of pleasant activity ideas in Chapter 6.

Relaxation

There are many relaxation techniques that can help reduce tension. Some easy, 'relax on the run' tips are listed below.

- Take some slow, deep breaths. Breathe deeply in, hold your breath and count to five. Then breathe out slowly and try to imagine a cloud of smoke with your worries floating away. Repeat a few times until you notice yourself feeling calmer.
- Take a mini mental holiday by shutting your eyes and imagining a peaceful scene or your favourite holiday destination. What can you see? Smell? Feel? Hear?
- Shrug your shoulders to release muscle tension, or stretch or move around.
- Reduce extra noise stimulation.
- Try to find humour in a situation.
- Sing a happy song or hum to yourself.

Thought stopping

Another approach to stress involves strategies for dealing with unhelpful thoughts. You will be familiar with the feeling of being stuck worrying about something and it takes over your thoughts. You become more and more emotionally involved in it. This thinking gets you nowhere except for making you feel anxious. The thought-stopping technique involves recognising you are worrying and telling yourself to 'STOP' whenever you notice yourself slipping into worrying thought patterns. This simple technique can work! To increase the impact, imagine a STOP sign as you clamp down on the unhelpful thoughts.

Worry time

The idea here is to allow yourself to only worry at a set time of day for a certain period of time, for example, 20 minutes before dinner. During that time you are allowed to worry as much as you like! Outside of your scheduled worry time use the thought-stopping method to control worry.

Problem solving

The six steps of problem solving were discussed in Chapter 3. It is a very useful technique for most problems. Could you apply the problem-solving approach to any current worries or problems you identified in your ‘worry time’? List them. Have a go at problem solving.

Distraction

If you have done all you can to solve a problem, distract yourself from your worries by doing something to keep busy. Telephoning a friend or going for a brisk walk may help. Experiment with what works for you.

Self-talk

Your thoughts can influence the amount of stress you experience—beware of critical and negative thinking. Sometimes people can be very self-critical and beat themselves up mentally without realising it. Examples include saying things like, ‘Nobody else finds being pregnant as difficult as I do’; or ‘Everything I do goes wrong’ and so on.

A frustrated mother may think, ‘It’s my fault my baby is unsettled, I should know what to do. What have I done to deserve this?’ What effect would such thinking have on her emotional state? If you guessed lowered confidence, increased anxiety and feelings of guilt—you’re right!

So, try to be your own best friend and tell yourself helpful, supportive things. Sometimes thinking about what you would say to a friend with the same problem may help. Start practising helpful rather than negative thoughts. This may help you deal with stresses after your baby is born. A common stressful time of day for mums is the 5 pm ‘fussy time’. A mother could tell herself, ‘This is impossible! I can’t cope!’ or she could think, ‘I know this is a fussy time of day. I can handle this because I managed yesterday and got through it. I just need to stay calm and try soothing my baby by following my list of settling ideas. I can do this and I know I am a good mum.’

How would she feel if that’s what she was telling herself? Which set of thoughts would be more likely to help her settle her baby?

Make a resolution that you will tell yourself to ‘STOP’ when you find your thinking is negative and try to replace it with more helpful self-talk. For example, make a note of all the things you have managed to achieve rather than what you haven’t. As a new mum, washing clothes and hanging them on the line is a big achievement! As a new dad, staying calm while navigating peak-hour traffic to work after a sleepless night is also an achievement. Start learning to congratulate yourself on what you accomplish now.

There is more about managing self-talk in Chapter 7—a whole chapter has been devoted to helping you manage unhelpful or negative thinking.

Add your own suggestions

To help yourself cope at difficult times, list below all the strategies you might use when you experience emotional stress. Feel free to use the suggestions in the next section as a guide, but also add your own ideas.

Common problems for new parents

Here are suggestions on how to deal with some common life stressors.

Housing

Housing issues can be a big source of stress for new parents. This may be due to renovations, relocations or practical financial difficulties. If this sounds like you, then try the problem-solving techniques.

Financial problems

Babies are expensive! Other things that drain money include unexpected expenses that weren't budgeted for. For instance, the hot water unit blowing up, a partner being unemployed or the car breaking down.

If you are having money troubles, then seeking support may help. Warning signs that you may need financial counselling include gambling to make more money, spending more money than you can afford on alcohol to cope with stress, or feeling so worried about being broke that you can't enjoy your pregnancy or new baby.

Again, try the problem-solving approach. Brainstorm every possible solution (for example, take a loan, apply for government assistance, find out what financial help exists). It is important to contact someone and discuss your situation, as there may be avenues open to you that you don't know about.

Health problems

Some women experience health problems during pregnancy and after delivery. These problems range in severity and importance but all make an impact on your ability to cope. When you're feeling unwell, it's hard not to have concerns about how you will manage baby care.

Towards Parenthood recommends an approach to health which supports both emotional and physical wellbeing. Ask for whatever support you can. Allow yourself time out to rest. At the same time, try to relax emotionally using whatever healthy technique works for you. Partners have a role here too. Finding practical ways to assist your partner to rest and recuperate will be important, particularly in the early weeks after birth.

Baby health problems

Infant health problems constitute another major stress for some parents. They can cause incredible levels of distress in parents, as they feel so helpless and worried for their child. In addition to medical care, it may help to focus on coping thoughts rather than 'catastrophising' or worrying about everything that might happen. For example, it may be helpful to remind yourself: 'I am doing everything I can for my baby.' Also, take care of yourself using the strategies above so you don't burn out. Think of looking after yourself as a way of looking after your baby and try to get a break when you can.

Loneliness and boredom

Many new mothers experience loneliness, feeling housebound, frustrated, bored and isolated. It is not unusual to lose touch with friends and colleagues when you stop work to care for your baby. Relationships may also change due to different life stages and interests. Loneliness and boredom are common problems, which can contribute to feelings of depression. Think of ways you might counter this. Some ideas are listed below.



- Invite neighbours, friends or family over.
- Consider activities for you and your baby such as visiting the local park, market, library, new mothers' groups, TAFE classes, or the gym.

- Practise learning to be alone at home while pregnant. Try creating a mood by playing music, listening to talkback radio or watching a midday movie.
- If being home full-time is really not working for you, explore whether part-time work is an option.
- Increase your social contacts where you can socialise with friends. It might just be a telephone chat or walk around the park.
- Get out for a walk at least once a day, even if just to the milk bar or local coffee shop, so you don't feel too hemmed in.
- Give yourself time to adjust before making any big decisions. Remember, change and personal growth takes time.

Increasing support

Being a new parent is such a demanding task that increasing your sources of support is not only helpful but necessary. As mentioned earlier, there's an old saying, 'It takes a village to raise a child.' It's true! Raising a child alone is pretty tricky. Consider possible sources of help: parents, in-laws, brothers or sisters, friends, work mates, neighbours, mothers' and community groups (such as a local church volunteer group). Paid supports may also be an option. These may include the occasional babysitter or nanny, formal child care, nappy wash service, cleaner or gardener. However, these are expensive and many parents may be unable to afford these services.

Remember, needing help does not mean you can't cope with being a parent! It means you are resourceful and know how to meet your own and your family's needs. Build a safety net for yourself, just in case you need it. A template for your safety net as well as a list of community support agencies is listed in the Appendices.

Who will be your support team after your baby arrives?

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Coping with maternal exhaustion

Physical tiredness is a real stress that your body experiences. Motherhood can be very demanding, particularly when you may not have recovered from your birth and your hormones are in flux. When you combine the stress of exhaustion with responding to your baby's needs, it is no wonder new mothers often feel incredibly worn out!



Tips for tired new mums and their partners

- ✓ Take care of your sleep needs by napping when baby does.
- ✓ If you have a partner, ask them to do night nappy changes. This way all you need to do is feed and then go back to sleep.
- ✓ Save your energy by delegating tasks wherever possible.
- ✓ Go easy on yourself! No one ever died from eating takeaway or sitting near a dusty coffee table! Be realistic and set simple goals. Many things can wait.
- ✓ Consider a babysitting roster with other new mums. For instance, going to the pool with another new mum and her baby: you mind the two babies while your friend swims, then you have a swim while she minds the babies. You can have coffee together at the end.
- ✓ Don't be a martyr! Time-out to do something you enjoy is very important!
- ✓ Reduce extra demands. For instance, now isn't the time to agree to have anybody extra stay over or to take on extra responsibilities at work.
- ✓ Accept that all new parents feel fed up at some stage with their newborns. Things do improve!
- ✓ Be flexible about timetables and schedules. Accept that you have little control over your time with a newborn. This reduces a lot of frustration.
- ✓ All babies are different! Accept your baby for who they are and for his or her particular temperament.

Self-esteem

Building or maintaining a healthy self-esteem is another way you can take care of yourself. Self-esteem refers to your degree of perceived self-worth or value. Having a high self-esteem means that you have a healthy respect for yourself and consider yourself to be worthy and equal to others. You have the ability to recognise your strengths as well as your limitations. Those with a low self-esteem lack a healthy self-respect and tend to judge themselves, and sometimes others, very harshly. Those with a low self-esteem often maximise their limitations while minimising their strengths. They can be very self-critical.

What are the advantages of high self-esteem?

Feel better about yourself. A healthy self-esteem by definition means you feel pretty good about yourself most of the time. A high self-esteem is associated with greater happiness and less depression.

Life satisfaction. Research indicates self-esteem is associated with greater overall life satisfaction.

Resilience. High self-esteem gives a person psychological resilience in the face of loss and difficulty, and helps them to recover more quickly from stressful life events and fluctuations in mood.

Positive role modelling. If you want your children to have a healthy self-esteem, start by working on your own self-esteem. Children learn their sense of self-worth from others, largely their parents. Again, this is another example of how taking care of yourself may also benefit your baby, both in the short and longer term.

How do you build your self-esteem?

- Identify the qualities, skills or talents you like or value in yourself. Remind yourself of these regularly.
- Reflect on your many roles as friend, daughter, mother, wife and worker. Think about what others have valued in you.
- Practise compassion. That is, practise adopting an attitude of acceptance of self and others. Be 'on your own side'. Be a friend to yourself.
- Avoid thinking about yourself in negative and critical ways (for example, 'lazy' or 'selfish').
- Practise accepting compliments rather than rejecting them (for example, say 'Thank you' rather than 'Oh, no I'm not!').
- Give yourself compliments and reward yourself for your achievements.
- Honour yourself by behaving in accordance with your values and meeting your own needs.
- Take responsibility for yourself in as many ways as possible. Give up expecting others to make you feel happy or secure.
- If you feel that unresolved issues from the past are holding you back, seek some counselling to assist you. Negative self-views are learned and therefore can be changed, but it can be hard to do that alone.

Here's a recap of the main points from this chapter:

- Self-care is an important component of maintaining resilience in the face of change and stress.
- Caring for yourself is caring for your baby. If you are so depleted because your needs are not being met, how do you expect to look after your family?
- Having a variety of stress-busting strategies can help you manage.
- Taking care of yourself includes checking in on your self-esteem. It's important to feel good about yourself.



5

From lovers to parents: managing relationship changes

By now you've had a chance to think about some of the changes having a new baby might bring into your life. In this chapter some ideas and activities are suggested to support you in your adjustment to these changes.

Statistics show that many people having babies are not in 'traditional' relationships or marriages and that there are all kinds of different family arrangements. Some of these include same-sex couples, stepfamilies and single parents. Everybody's journey towards parenthood is a little different within the context of their own life circumstances. Even if you are a single parent, do consider this chapter carefully, as it focuses on your relationship with the people around you.

It goes without saying that the birth of a baby brings with it changes in a couple's relationship. In the case of a firstborn, you go from being 'just the two of us' to including a third person and becoming 'a family'. You move from lovers to parents. With a second child, your whole family system changes again and so it continues as your family grows.

Becoming a parent introduces a new dimension to your relationship—not only with your partner but also with everyone around you. You are no longer a couple doing your own thing



and spending time together, you have undertaken a joint venture in raising a child. This may require help from family and friends and requires you to work together as a team in ways not familiar to you. Changes in roles, power and communication may occur as you form your 'parenting partnership'. This chapter aims to assist you to identify your needs in relationships and to develop skills to communicate these assertively.

If you are entering parenthood alone, it is important that you think about how you would like to parent, who else might be able to help and what kind of help you might need. Some of the following sections will be relevant and may be useful now or in the future if or when a partner becomes available to share the parenting with you.

This chapter will help you become clearer about the expectations you have of your relationship, what you want from your relationship and what you expect of each other as a mother or a father. In addition, it is useful to look at your parents' relationship and explore how this might be influencing your expectations.

A closer look at how relationships work

The following section is adapted with permission from *You, me and baby makes three*, by Pope and Halford (2002), and *Couple CARE* by Halford et al. (2006).

Most people have a set of ideas about what an 'ideal relationship' looks like. The next section offers you a way of thinking about your relationship to help you reflect on your expectations before your baby arrives. This can help to curb misunderstandings.

Communication

Communication and conflict management skills are key ingredients for the success of any relationship. How do you tend to communicate in *your* relationship?

- Do you think you should talk a lot about what's worrying you or do you try to forget about it?
- Do you believe you need to 'work at' a relationship or should it just happen naturally?
- Do you speak to each other respectfully or with sarcasm, aggression or a critical tone?
- Do you express anger with physical force or the silent treatment?
- Do you talk and achieve a compromise or does one person give in to keep the peace?
- Do you actually keep working until you resolve issues or do they build up and cause resentment?

In addition to communication, expectations about relationships usually relate to the following issues.

- Boundaries (how close versus how separate you think you *should* be)
- Power and control (who *should* make decisions and how)
- Roles (what men and women or mothers and fathers *should* do)

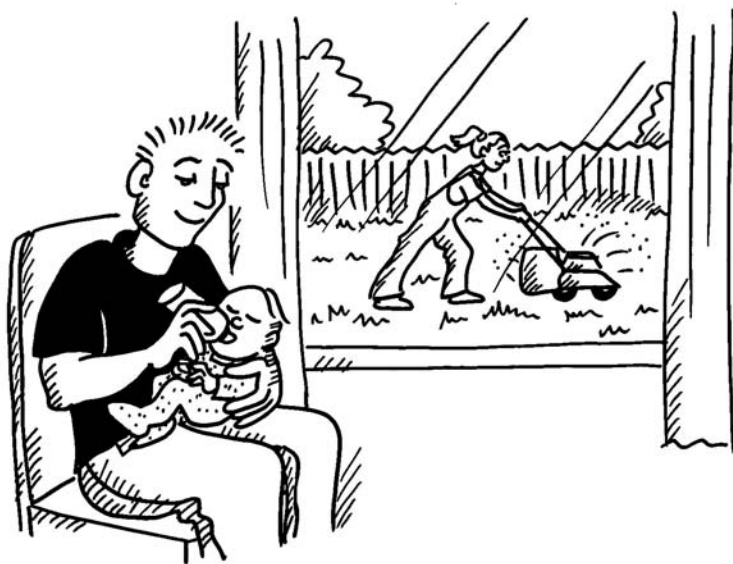
What kind of parenting partnership do you want?

What would your 'ideal parenting partnership' look like? Write your vision of the 'ideal relationship' in these areas:

Boundaries (for example, How much time should be spent together as a couple and family versus time apart? How independent is each person allowed to be in terms of separate interests?)



Control (for example, Who is more dominating? Does one partner believe they are 'right' all the time and tell the other what to do? Should one partner make all the decisions without consultation or are decisions shared? Which decisions are shared? Is each person's point of view respected? Who decides how money is accessed and spent?)



Roles (for example, Who is responsible for doing what? Should the primary carer do the ‘female jobs’ like cooking and cleaning while a partner does the ‘male jobs’ like taking out the rubbish? Should women do most of the care of children or can all these tasks be flexibly shared? How will childcare and domestic tasks be divided? Should partners help when they come home from work? Who will be the primary income earner?)

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As well as having ideas about what a good relationship is, you may also have ideas about what it is to be a good mother and good father.

What is your idea of a ‘good’ mother? (for example, How does she show she cares for her baby? How does she balance her own needs with the needs of the family? Does she work outside the home? Is she ‘the expert’ on the baby or does her partner have equal say?)

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What is your idea of a 'good' father? (for example, How does he show care for his baby? Does he spend time alone with the baby? Does he get involved in night feeds and changing nappies? Does he work part-time and share parenting? Does he have a say about how to handle the baby or is mother 'the expert' on this?)

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It can be hard to change your expectations about relationships. This is because you have developed them gradually over time in the family you grew up in, so they seem 'natural', 'right', 'the way things are'. Your partner grew up in a different family, so they have learned a different reality.

It helps to reflect on how things were done in your family. This way you can understand the influences that shaped your ideas and make clearer decisions about what you would like to be similar as well as different in your own relationship.

One factor influencing your ideas about your relationship is your cultural heritage. In many cultures, women were largely responsible for home duties and childrearing. This may not be consistent with the way you wish to parent. Couples coming from different cultures may have different expectations of each other. Grandparents may also exert pressure to do things in traditional ways. Cultural issues may add to the stress around parenting and a couple's relationship.

How you grew up!

What did you see in your parents' relationship when you were growing up? Here are some reflective questions to help you understand the influence of your parents' relationship on your own ideas about relationships. It may be that you grew up in a household with one parent.

Perhaps you could consider how this has shaped your attitudes. Filling in the exercise below can help you see how you could have developed your attitudes as well as what is relevant in your relationship with your partner.

Your parents’ relationship

What was your parents’ relationship like **overall**? (Close? Affectionate? Unequal? Rocky?)

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What was their relationship like in terms of **roles**? (Who did what?)

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What was their relationship like with **boundaries**? (Togetherness versus separateness)

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What can you remember about the **balance of power and control**? (Was there a boss in the relationship? Were there aspects of equality, flexibility, dominance or abuse?)

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What **patterns of communication and conflict management** have you observed? (Did they fight a lot or talk calmly?)

Other influences

Are there any other relationships you have had in the past or those of friends or family that you have observed to work well? What have you noticed that you would like to include in your own relationships?

Pause and share

Take a break here and think about what you value in the various relationships that are important to you. For instance, in reflecting on your parents' relationship, were there aspects that you admired? Are there aspects of others' relationships that you would like to see enhanced in your own intimate relationship?

Of course, there may be some differences in values and expectations between you and your partner around what constitutes a healthy relationship and healthy parenting. So, how will you bring together your ideas with your partner's in a way that meets both your needs? You may like to write down what each of you would like and any areas of disagreement in the space below. There is time to think about this and to work on some problem-solving and negotiation strategies as you adjust to your new roles.

It is worth saying that what you think you would like to do as parents sometimes has to be moderated by what is practical and possible to do when the time comes. At this point, if you are first time parents you are entering into the unknown and should allow yourselves the time and opportunity to change as you go through the process.

If possible, work through the remainder of the chapter together. In this way you will have a head start on managing changes in your relationship and should grow together.



Tips for making relationship adjustments

If you have decided that there are some things you would like to change in your relationship, here are some general tips for how you might proceed.

- ✓ Be clear about what you do want in your relationship. Be specific.
- ✓ Work on one issue at a time.
- ✓ Start with your own behaviour. Identify what you can do that will help you achieve your goal.
- ✓ Clearly communicate what you would like your partner to do more or less often. (for example, 'I want Bob to be more interested in my life. We need to talk more. I will make time to talk after dinner each night. I would like Bob to stop watching TV so we can talk together.')



Communication tips

- ✓ Choose a time when you are relaxed.
- ✓ Discuss one issue at a time.
- ✓ Speak calmly.
- ✓ Agree to take time out to 'cool off' if a fight starts but also agree when you will come back to finish your discussion. Don't just walk off.
- ✓ Listen to each other without interrupting.
- ✓ Accept your partner's feelings without judgement.
- ✓ Before you respond, check that you have heard the message correctly by summarising and repeating it.
- ✓ Don't bring up the past, blame or use sarcasm and putdowns. If you can't agree on something that happened in the past, focus on what you would like next time a similar situation arises.

This is an opportunity to look more closely at your relationships and the impact they may be having on your wellbeing. Clearly, close and supportive relationships are important for emotional health. As stated earlier, childbirth introduces many changes to all of your relationships. Family relationships are often a major source of support for new parents but if they are strained, this can increase stress.

Additionally, research shows that women who are unhappy in their relationships are more likely to have difficulties and may even become depressed. A poor relationship can be worse than no relationship at all. If there are significant problems in your relationship, now is a great time to consider whether seeking professional assistance would be helpful. The birth of a baby can be a terrific motivator to seek help and work on relationship difficulties.

Assertiveness skills for new parents!

Assertiveness refers to the ability to express your thoughts and feelings openly and honestly—both complaints and affection. It involves the ability to communicate directly and honestly about your needs and stand up for your rights in interpersonal situations while also respecting the rights of others. Assertiveness also allows you to ask for what you want and say ‘No’ to something you don’t want. It is the ‘happy medium’ between passive and aggressive behaviour.

The skills of assertive communication are very useful for new parents for the following reasons.

- Nearly everyone has an opinion on what’s best for your baby! Assertiveness helps you deal with unsolicited advice.
- Open communication helps to build warm, close relationships.
- Having a baby brings the potential for conflict in relationships due to different parenting styles, and communication is essential to resolving such conflicts.
- When people hold on to their opinions and don’t speak up (are passive) they are more likely to feel angry, depressed and/or anxious.

So, the ability to be assertive is a way to feel empowered in relationships. At the heart of assertiveness is the issue of rights. Everyone has basic rights in relationships. One of these is to be treated with respect. If you feel that this right is not being acknowledged, it is important for your self-esteem to speak out and claim respect for yourself. Similarly, if you feel that your needs are not being met in a relationship, it is empowering to ask for what you need. It is important to note that assertiveness is a learnt skill. It takes practice. New mums are especially tired and have a lot of new things to manage, and it may not be possible to be assertive all the time. However—given the benefits to your relationships and your wellbeing, it is a skill worth practising, even if you choose not to use it in all situations.

How assertive do you like to be?

Read each statement and indicate your response with a tick.

Do you find it easy to:	Rarely	Sometimes	Usually
Express your feelings to your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive a compliment from a friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk when all eyes are upon you in a meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Say ‘No’ when a friend asks for a favour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control your temper in an argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond to undeserved criticism from your boss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak up when you are dissatisfied with a service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask friends for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tell your friend when she has upset you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely	Sometimes	Usually
Admit to a colleague that you were wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak up if a stranger smokes near you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tell your in-laws what you honestly think	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decline an invitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remind your friend he owes you money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do what you want rather than what is expected of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, add up your ticks. The ticks in the Usually column count for 3, ticks in the Sometimes column count for 2 and in the Rarely column for 1. The higher the number you score, the more assertive you are. Obviously, some situations are more challenging than others. Many of us can be assertive in some situations but find others more difficult.

How do you recognise assertiveness?

An assertive position holds that 'I'm OK and you're OK.' The aim is to behave and communicate in accordance with the basic rights of respect for self and others. When behaving assertively, you tend to stand tall and make eye contact. You speak in a clear, confident and respectful tone of voice. When communicating assertively, you take responsibility for your feelings by using 'I' statements rather than blaming others by using 'you' statements. For example 'I feel angry', rather than 'You made me angry'.

Assertive responses tend to include content related to what you think, how you feel and a request (what you want or don't want). For instance:

'I think it's unreasonable for you to expect me to wash the dishes while you're watching television. I feel unappreciated and taken for granted. I want you to help me with the dishes, then we can relax watching TV together.'

It can be helpful to remember these three aspects (I think, I feel, I want) to help in creating an assertive response.

What is aggressive communication?

When you are aggressive, your goal is to dominate and control and get your needs met at the expense of others' rights. Another term for aggression is bullying. Aggression can be identified by a loud, angry tone of voice, sarcasm, intruding on another's space, staring, convoluted arguments aimed to bamboozle, finger pointing or physical aggression to people or objects. The person on the receiving end of aggressive communication feels put down and angry. This is not a good way to encourage changes in behaviour or enlist another's help.

How do you recognise passive communication?

When you are being passive, your aim is to keep the peace, avoid conflict and maintain others' approval. Sometimes passive people are called a mouse or a doormat. You send the message,

‘Your rights are more important than mine’ or ‘I know you are wrong but I’m not going to risk an argument by speaking up.’ You tend to avoid eye contact and speak softly, hesitantly or in a mumble. You tend to say ‘Yes’ when you mean ‘No’!

There is a relationship between passive and aggressive behaviours. When you tend to be passive, your needs are unmet, often to meet the needs of others. This self-sacrificing can build up resentment. You feel angry on the inside until you can no longer be passive. You move into aggressive behaviour, perhaps by yelling, to ‘let off steam’ and let others know what you really think.

What is indirect communication?

When behaving indirectly, you tend to be manipulative and sneaky in gaining control and in decision making. Those who are indirect tend to use sarcasm and cynicism in communicating. Indirect people can sometimes be seen as cute and clever; they have fun playing games. However, because they tend to feign emotions others can see them as untrustworthy.

Have a look at the summary of communication styles below to see how they affect you and how they affect others.

Communication styles				
	ASSERTIVE	AGGRESSIVE	PASSIVE	INDIRECT
Basic attitude	I'm OK and you're OK	You're not OK	I'm not OK	You're not OK but I'll let you think you are
Philosophy	Take care of own and others' rights and needs	Own rights and needs are met at the expense of others	Take care of others' rights and needs without regard to one's own	Take care of own rights and needs while letting others <i>think</i> you care about their rights/needs
Behaviour	Confrontation Honesty Negotiation	Nasty comments Put-downs Screaming	Retreating Giving up Resenting situation	Manipulating Sarcasm
Response from others	Respect Acceptance Comfort	Fear Hurt Humiliation Defensiveness Aggression	Attention Sympathy	Suspicion Confusion Feels manipulated

What's your style?

Are you typically assertive, aggressive, passive or indirect?

List below the situations in which you tend to act in assertive, aggressive, passive or indirect ways. You may be passive with some people and not others. Don't forget, mood also plays a major role in influencing behaviour, so when you are feeling vulnerable, you may find yourself behaving more passively than you usually would.

Assertive

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Aggressive

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Passive

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Indirect

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Assertive communication can prevent unnecessary resentment, miscommunication and the common mind reading between you and your partner! Don't forget, it's normal to ask others for what you need. Human beings are not mind readers, how can others know what you want unless you tell them!

Let's practise!

For each situation, have a go writing down what you might say as an assertive response to these scenarios. Remember, you may want to incorporate the three aspects of 'I think, I feel, I want' into your response. (Some possible responses are shown at the end of the exercise.)

- 1 Your partner comes home at the end of the day and switches on the TV instead of helping out with cooking dinner or baby care. You feel resentful and want his help.

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- 2 Your sister tells you that your newborn can't come to her child's christening because she will be too disruptive, and she wants her baby to be the focus of attention. You feel offended.

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- 3 You want to go back to work but your boss says you will no longer have the same position, but can do a role you would dislike a lot.

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- 4 Your mother-in-law insists on putting honey on your baby's dummy, which you don't like.

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A few suggestions

- ‘I think it’s unreasonable for you to expect me to wash the dishes while you’re watching television. I feel unappreciated and taken for granted. I want you to help me with the dishes, then we can relax watching TV together.’
- ‘I feel upset that Amelia is not invited to your christening because it is a family gathering and I think that she should be a part of it. We both have beautiful babies and it would be nice if we could enjoy them together at family times.’
- ‘My understanding is that I have the right to have the same position that I left when I went on maternity leave. Is it possible for you to review your decision and get back to me at your earliest convenience?’
- ‘I know you mean well, but I would prefer that you don’t put honey on the dummy, because I don’t want Amelia having sweets at such a young age.’

Don’t forget that with assertive behaviour, it’s not just *what* (the verbal content) you say, but *how* (non-verbal body language) you say it! Watch your body language, as people are very good at picking up things like the tone and volume of the voice, body posture and gestures. These things communicate as much as the words actually said and this can contribute to feelings of being misunderstood. When you know someone well, you are even more tuned into the non-verbal language of communication—so when you are not communicating effectively you are giving mixed messages to those around you. This leads to frustration and anger on all sides.

CASE STUDY

Ned and Joanne

‘It took us a while to work out how to work together. I felt like I had to do everything and wouldn’t let Ned do it his way. We were snappy with each other and felt like we were growing apart a little. One day we had to sit down and decide we were going to be nicer to each other.

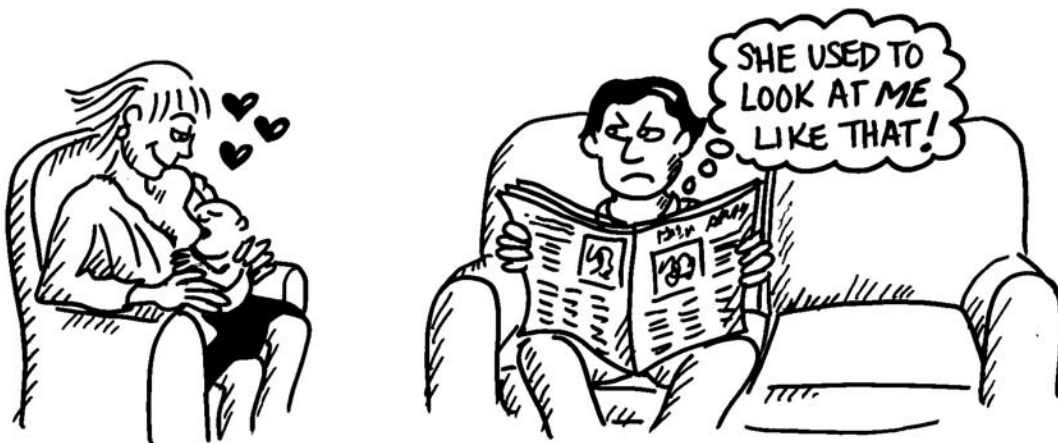
Now he asks if I need help when he sees I’m getting frustrated. We don’t discuss things when we’re trying to attend to the baby. Talking seems to keep us connected and keep things in perspective.’

Intimacy

Intimacy refers to the feelings of love, trust and closeness between two people. Having a baby can greatly enhance intimacy between a couple as you share the joy of the new person you have created together. However, as stated earlier, having a baby brings new demands and most couples report a decrease in intimacy, especially sexual intimacy, later in pregnancy and in the early postpartum months.

It helps to think ahead about how you might find time together as a couple to connect and have fun. How might you balance home and work and support one another during those normal times of tiredness or stress? What might you need from your partner at those times? Sometimes it might just be a cuddle or 10 minutes uninterrupted to yourselves.

Many women comment on the 'love affair' they develop with their baby, particularly in the early months. Feeding is a unique experience that provides a special closeness. Partners can sometimes feel displaced by the intense relationship between mother and baby. Mothers also report that sharing so much of their body with their baby often satisfies their need for close tactile time.



Few couples are prepared for the impact parenthood may have on their relationship, including their sexual relationship. Issues like changes in body image, different levels of sexual interest and lack of time for togetherness all influence the new parents' relationship. (Martien Snellen, *Sex and intimacy after childbirth*, 2005.)

There are a number of factors that play a role in the early days of being a new parent and have an enormous impact on a couple's sexual relationship. These can include any of those listed below.



- Bruising and possible episiotomy pain from the birth can lead to fear of intercourse or reduce desire and satisfaction
- Tiredness and lack of opportunity
- Hormonal factors that reduce vaginal lubrication can cause painful intercourse
- Fear of another pregnancy
- Breastfeeding can influence the desire for sex as stimulation can lead to the letdown reflex being triggered and milk leakage
- Women can feel overwhelmed by the constant demands and physical contact necessary to look after their baby and do not want to be touched
- Partners can feel left out or unloved while their new baby receives all the care and nurturing they used to get
- Myths about unchanged or enhanced sex after children also set unrealistic expectations.

Communication is the key to negotiating these delicate issues, should they arise. It may be helpful to read over some of the communication skills presented earlier.

Little acts of kindness

Here are some suggestions about ‘little acts of kindness’ that create feelings of goodwill and mutual support between couples. When you are feeling more understood and supported, you have a closer connection—your intimacy is stronger. Intimacy provides the context for a healthy sexual relationship. Frustration and irritability are great killers of desire! When you are stressed or preoccupied, you sometimes forget to do the little things that create a caring



Little acts of kindness

- ✓ Make a cup of tea for your partner.
- ✓ Offer to take over settling the baby.
- ✓ Offer to pick up some takeaway on the way home from work or initiate preparing a meal.
- ✓ Allow your partner a moment to unwind and catch their breath when they come home from work. They may need a few minutes to shift their focus onto baby-related activities!
- ✓ Give your partner a hug and tell them they are doing a great job.
- ✓ Buy them a spontaneous gift.
- ✓ Send your partner a cheery and loving email while he's at work.
- ✓ Give them a sleep in and take the baby out.
- ✓ Don't take it to heart when your partner is irritable and snappy. You are both doing the best you can; it may take a while to adjust.
- ✓ Don't pressure your partner for sex.
- ✓ Notice something that your partner has done that you like and let them know.

environment. Little acts of kindness can be carried out by either partner as a reminder of how much you do care for each other. Putting some effort into your own relationship will protect it at this time of transition.

Let's be practical—who will do what?

Areas of change for new parents are care for the baby *and* normal home duties. We invite you to think about and complete the table below. It lists some of the things that need to be done and who does them now and when your baby arrives. We hope this exercise gives some food for thought about who does what in your household.



Couple's chore list

What needs to be done	Before baby			After baby		
	Partner	Me	Other	Partner	Me	Other
Laundry						
Washing clothes						
Hanging out and bringing in washing						
Ironing clothes						
Folding and putting away washing						
Bathroom						
Cleaning basin and mirror						
Cleaning toilet						
Clean shower and bath						
Mop floor						

Couple's chore list (cont.)

What needs to be done	Before baby			After baby		
	Partner	Me	Other	Partner	Me	Other
Bedrooms						
Making bed						
Changing sheets						
Tidying up						
Dusting						
Vacuuming						
Kitchen						
Planning meals						
Grocery shopping						
Cooking meals						
Washing dishes						
Putting groceries away						
Vacuuming and mopping floor						
Living areas						
Tidying up						
Dusting						
Vacuuming						
Mop floor						
Animals						
Feeding pets						
Walking dog						
Taking animal to the vet						
Outside						
Weeding						
Mowing lawn						
Watering plants						
Putting rubbish bins out and in						

What needs to be done	Before baby			After baby		
	Partner	Me	Other	Partner	Me	Other
House maintenance						
Car maintenance						
Finances						
Budgeting						
Paying and filing bills						
Medicare and insurance claims						
Social management						
Arranging birthday presents/cards						
Organises get togethers						
Baby						
Feeding baby						
Getting up in the night to feed baby						
Holding and comforting baby						
Settling baby						
Bathing baby						
Dressing baby						
Changing nappies						
Dealing with dirty nappies						
Tidying baby things						
Walking with pram						
Entertaining baby						
Taking baby to appointments						
Shopping for baby needs						

What do you think?

- Are you both happy with the balance of 'who does what' in your household now?
- Will you be able to keep it that way when your baby arrives? Will you have the time to do it yourself? Will you have the income to pay helpers?
- Are you both prepared to make changes when your baby comes?

Most couples realise quickly that male partners need to make more of a contribution around the home than they did before. This is because a baby brings extra duties. The following list includes some baby-related issues to consider in planning how you will organise your time. Discussing these issues can help you to have realistic expectations about your own role as well as that of your partner when your baby arrives.



Let's swap jobs for a day!

Towards Parenthood recommends that you make an agreement with your partner that, as soon as possible after your baby arrives, you will reverse roles for one day each weekend.

This means that mothers will breastfeed only and do any other tasks that fathers would normally do on that day. Similarly, fathers will do all baby care and anything else that mothers would usually do. Fathers may need a few practices to adjust to this, just as mothers do when they first start out. Persist with this exercise over 6–8 weeks, so that you are flexible in how you fulfil your roles. As well as making parenthood more flexible and less of a 'chore', couples usually become more appreciative of each other's contributions and therefore better able to support one another.

Mothers—stand back to allow your partner to offer help and learn in his own way with the baby! Some women find it tempting to provide instructions on how they perform tasks. Resist! Your partner will find his own way and this is important for the development of the father–baby relationship.

One extra thought: when you model flexibility in your roles as parents to your children, you give them a wider range of options to follow in forging their own identities and path in life!

Here's a summary of the main messages from this chapter:

- The birth of a baby propels a couple from being lovers to being parents.
- The ways in which we were parented can influence our expectations and values around our own parenting.
- Reflecting on your partner's, and your own, expectations and values about parenting can increase understanding.
- Open, honest, respectful communication between couples can increase intimacy and decrease misunderstandings and resentment.
- Emotional and sexual intimacy can be reduced after having a baby. Increased effort in your relationship and understanding can help.
- Thinking practically about how tasks will be shared can assist in preparing for parenthood.
- Swapping roles for a day can increase appreciation for each partner's contribution.



6

Keeping some balance in your life

As you will have gathered from earlier chapters, the transition to parenthood involves huge physical, emotional, social and financial changes. Any big change generally brings increased stress. At such times there is the potential for negative experiences to outweigh positive ones, and when this happens, life gets out of balance. Given the enormous changes that occur during pregnancy and early into parenthood, it is not surprising that some women experience emotional difficulties. Dads can struggle, too, as it is tricky to strike a balance between work and home responsibilities as well as having time out for oneself.

Emotional problems include feeling depressed, sad, irritable or anxious much of the time; concerns about the ability to cope with being a parent; or excessive worry about life in general. When these problems start to interfere with your life, it is important to take some action to manage them.

This chapter suggests how you can manage some of these negative attitudes, so that you have a greater sense of control over your feelings and experience more enjoyment in your life and relationships. These strategies are useful for everyone as they help people manage better, regardless of whether things are going well or not. Practising these strategies can also provide some resilience against stressful times.



The importance of balance

Most people need a balance of rewarding experiences in their lives to maintain psychological wellbeing. Some are shown below.

- Experiences that are enjoyable, pleasurable or fun.
- Experiences of satisfaction, mastery, competency or achievement in valued areas.
- Experiences of feeling positively connected to other people.

Of course, within these broad categories of rewards there will be differences between people. Your idea of fun might be someone else's nightmare!

An important first step in keeping things balanced is to examine the rewarding experiences in your life.

Identify your rewards! What makes you happy as a person?

List below the happiest times of your life. Write what you were doing, who you were with, where you were. What kinds of rewards made this experience a happy one? Here's an example.

January holidays at the beach: Loved being able to sleep in and suit myself. Walks on the beach, lying on the sand and swimming were fun and relaxing. Gained a sense of satisfaction in reading a novel. Felt a sense of connectedness by spending more time with my partner.

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Now list below as many activities as you can think of that you find rewarding. In particular, focus on activities that have resulted in feelings of pleasure, achievement, fun, mastery, or connection to others. Think about what you are currently doing as well as activities you used to engage in. Perhaps there are things you can list that you would like to try in the future.

Make the list as long as you can and include a range of activities. For example, include some that cost money and some that are free, some that you do alone versus those with others, activities that you can do at home versus those done outside the home, and some that require planning versus those you can do spontaneously. This way you have an extensive and flexible list to choose from.

[illegible]

Noticing how your activities can influence your mood

For a couple of days of this week, record your daily activities. At the end of each day, list all the activities you did on the list below. Then write next to each activity whether it was rewarding (R) or neutral/unrewarding (N). To help you decide, ask yourself if the activity resulted in feelings of fun or pleasure, feelings of mastery or competence, or a positive connection to others. If so, these are the activities that you rate as rewarding. You may need additional space—perhaps photocopy the list or rule up another page.

[illegible]

List of activities	R/N
.....	(.....)
.....	(.....)
.....	(.....)
.....	(.....)
.....	(.....)
.....	(.....)
.....	(.....)
.....	(.....)
.....	(.....)

The next step

Everyone has ‘good’ and ‘bad’ days. Your mood (how you feel) is directly related to how you behave (the things you do); this was highlighted by what you chose to put in the activities list. Without a decent balance of rewarding experiences, it’s difficult to feel good.

Thinking about your lifestyle more generally now, consider whether you are including enough rewarding experiences to maintain your emotional wellbeing. For example, many women report they do not have enough rewarding social experiences or feelings of achievement. When they are new mothers, there are so many extra demands that take over from the things they used to do for fun. This does not mean that looking after your baby is not rewarding—it can be. But what some mothers say is that you must look for the rewards in the face of your infant, in their behaviour (eating, sleeping) and be able to reward yourself for the little accomplishments along the way. For instance, some positive self-talk might be ‘I’ve fed Amelia and she has dropped off to sleep in my arms. She looks content. I’ve done a good job.’

Try to enjoy the moment! The challenge is to put the other less pleasurable jobs out of your mind just for a moment to fully enjoy your reward. The neutral activities (such as washing, tidying) can and will wait. New fathers commonly report a similar lack of balance, where experiences of fun, recreation and social connection can also be diminished. Remember the old saying—‘All work and no play makes Jack a dull boy’—there is a need for play to address the balance in life.

Beware the downward spiral

There’s no doubt it is more difficult to have a social life once you have a baby. However, it is important to find new ways to work around the limitations of a baby and keep up some social contact, particularly if you feel isolated, lonely or unmotivated. When someone feels this way,

a downward spiral of feeling isolated or depressed can lead to social withdrawal whereby they do less with other people. As a result of a lack of positive social interactions, they can end up feeling more isolated or depressed or unmotivated, and so the pattern continues, resulting in a vicious cycle of low mood and inactivity.

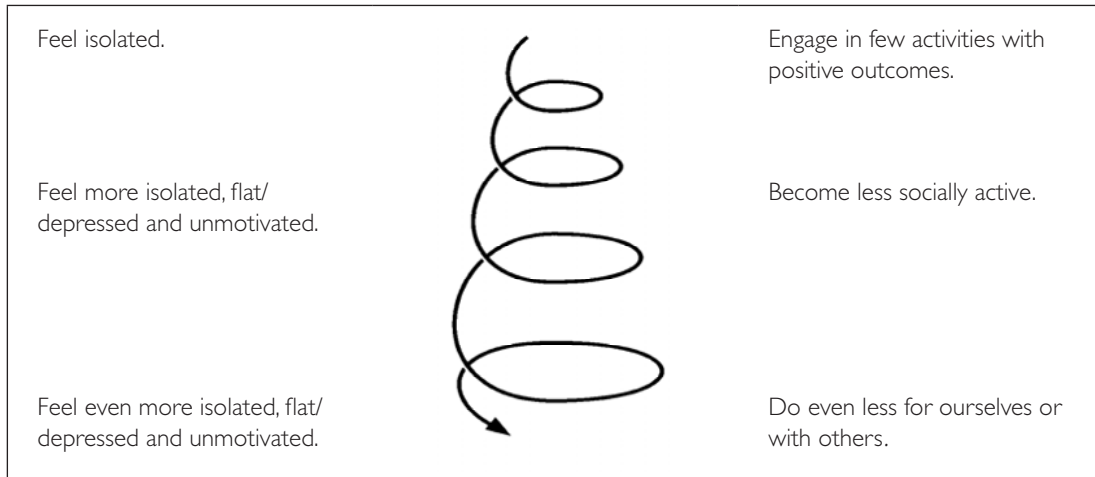


Figure 6.1 The downward spiral

From J. Milgrom, P. Martin & L. Negri | 1999. *Treating Postnatal Depression: A psychological approach for health care practitioners*, Chichester, England, John Wiley & Sons Ltd.

Is this an idea you can relate to? Can you see from this model how you might lift the way you feel by increasing your social interactions? Think about times when you have felt isolated, flat or unmotivated. List below the things that you tended to avoid at this time. What helped you move through these feelings?

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Addressing the balance: making order out of chaos

Hopefully by now you will be able to see the connection between increasing the balance of rewards in your day and improving your feeling of wellbeing. Everyone should strive to maintain optimal wellbeing. Therefore, actively structure into your life the experiences of pleasure/fun, mastery/achievement and connection with others.

To help you do this, you may find the Weekly Plan (see Appendix, page 137) helpful. Aim to organise each day so that you create a balance between activities you have to do and those that feel rewarding. This may require effort, but don't give in to inactivity!

To help you with your planning, refer to your list of rewards from a few pages back (page 80). You might also consider the following suggestions under the 'Pleasant activity ideas' shown below.

Remember to aim for a balance and consider issues of quality versus quantity of activities. If you can't go to see a movie (a high quality activity), maybe you can build in smaller rewards in greater quantity (a nice meal, warm bath, nice music, a cuddle with your partner).



Pleasant activity ideas

- | | |
|---|--|
| ✓ Spend time with someone you like | ✓ Buy yourself a present |
| ✓ Read a newspaper or novel | ✓ Go to the hairdresser |
| ✓ Phone a friend | ✓ Go to a film or museum |
| ✓ Go out to a café | ✓ Eat a nice food treat |
| ✓ Meet up with a friend for lunch | ✓ Potter around in the shed |
| ✓ Clean and detail your car | ✓ Go to the football |
| ✓ Have a picnic | ✓ Give yourself a facial |
| ✓ Ask for a cuddle | ✓ Have a warm bath |
| ✓ Brew some beer | ✓ Go fishing |
| ✓ Have a massage | ✓ Burn some scented oil |
| ✓ Join a club | ✓ Listen to music |
| ✓ Spend time with children | ✓ Spend time with pets |
| ✓ Undertake a weekend building project | ✓ Do something for someone you like |
| ✓ Go for a walk in a park, or along the beach | ✓ Play sport (tennis, squash, swimming, netball) |
| ✓ Do something creative—art, pottery, tapestry, cooking, arrange flowers, decorate a room | ✓ Go shopping |



The opportunity for spontaneous, close, intimate couple time is one reward that many new parents report that they miss after the birth of their baby. Of course, exhaustion and the demands of a new baby play a key role in this! These extra challenges require a little planning to overcome. How might you still have some couple time within the demanding schedule of new parenthood? Jot down some ideas.

Martien Snellen's book *Sex and intimacy after childbirth* looks at ways to increase the quality and quantity of closeness and togetherness. He proposes a 'Formula for a happy family'. This mix helps keep families happy and connected. See what you think ...



Formula for a happy family

- ✓ Mum needs time alone with the children.
- ✓ Dad needs time alone with the children.
- ✓ Mum needs time on her own (work doesn't count).
- ✓ Dad needs time on his own (work doesn't count).
- ✓ Mum and Dad (partner) need time together.
- ✓ The family need time all together.
- ✓ All of the above need to happen, both at home and away from home, at least once per fortnight.

© 2005 Martien Snellen, *Sex and intimacy after childbirth*, published by Text Publishing.

What are your thoughts about this formula? Many have commented that it seems reasonable in theory but pretty tricky in reality! Social supports may be important in being able to achieve the formula. Are there factors that might prevent you from trying to put this formula into practice?

Coping with anxiety

Being relaxed is a vital step in being better able to cope with the constant demands of parenthood. Anxiety, worry and stress get in the way of enjoyment. Finding ways to keep anxiety and stress at bay allows parents to relax and enjoy time with their baby, their partner

and their families. Being relaxed can have a positive impact on your mood, your energy levels and how you relate to each other.

Parenting, especially first time around, is an anxiety-provoking event. The many new and unknown situations facing parents can be a real test! It can be difficult to judge at times just how well you are doing. Feeling anxious about how you are parenting and the enormous responsibility of caring for a little one can add to feeling overwhelmed and stressed by the many demands. Additionally, anxiety and lowered mood tend to go together. It is hard to feel happy if you are chronically stressed and worried.

Physical exercise, relaxation, meditation, yoga and tai chi are examples of positive behaviours that can alleviate stress, anxiety and low mood. Noticing and challenging what you say to yourself, your own inner dialogue, can also be a way to manage anxiety.

Identifying your coping style

List any problems you find significantly stressful in your life now. A couple of examples are shown below.

- 1 *Getting the renovations completed before the birth*
- 2 *Stressed that my mother-in-law wants to attend the birth*
- 3
- 4
- 5
- 6

Now, write your way of coping with each life situation.

Life situation

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Coping strategies—what I have done about it

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Life situation

Coping strategies—what I have done about it

Life situation

Coping strategies—what I have done about it

Are you a constructive copier?

Look back at your coping strategies. How do you fare? Do you cope with stressful situations constructively, or find that your responses do not achieve what you want? Some strategies result in the required response, while others can lead to arguments and frustration; some situations can be changed, while others need to be accepted. If you would like to improve your coping strategies, check out the suggestions below.



Coping strategies others have used

- ✓ Relaxation and meditation
- ✓ Telling myself positive or realistic coping thoughts
- ✓ Visualising a positive outcome in the situation
- ✓ Problem solving: identifying the issue, brainstorming and testing out solutions
- ✓ Exercise
- ✓ Good communication with others
- ✓ Distraction—doing things that I enjoy to take my mind off my problem
- ✓ Prayer and religion
- ✓ Taking a philosophical position
- ✓ Talking to others and finding support
- ✓ Trying to find meaning or lessons in the situation
- ✓ Acknowledge negative feelings but don't dwell on them
- ✓ Expressing my negative feelings through art, writing, sport
- ✓ Trying to find humour in the situation or laugh at myself
- ✓ Finding out how others have coped and trying to learn from them
- ✓ Gathering information about the problem to help me solve it
- ✓ Have some compassion for myself and others—we're all doing the best we can
- ✓ Practising accepting what I can't change

Think back to your own examples of stressful life situations. Are there any suggestions here you could apply? List some ideas that might work for you.

Focus on mental health

The aim of this chapter has been to explore ways to increase your coping skills in the transition to parenthood. Most parents, mums and dads, have some days when they feel tired, overwhelmed, worried and struggle to cope. However, for some parents, depression and anxiety in more serious forms can emerge at this stressful time.

If you notice you have been feeling sad, flat, depressed, irritable or anxious for more than two weeks and it is interfering with your ability to cope, seek some assistance. It is very

important that you tell your partner and your GP or another health professional so that you can receive help. A more thorough outline of antenatal and postnatal depression and anxiety issues can be found in Chapter 2. While very distressing, depression and anxiety at these times are common and treatable. For more information, go to: www.beyondblue.org.au

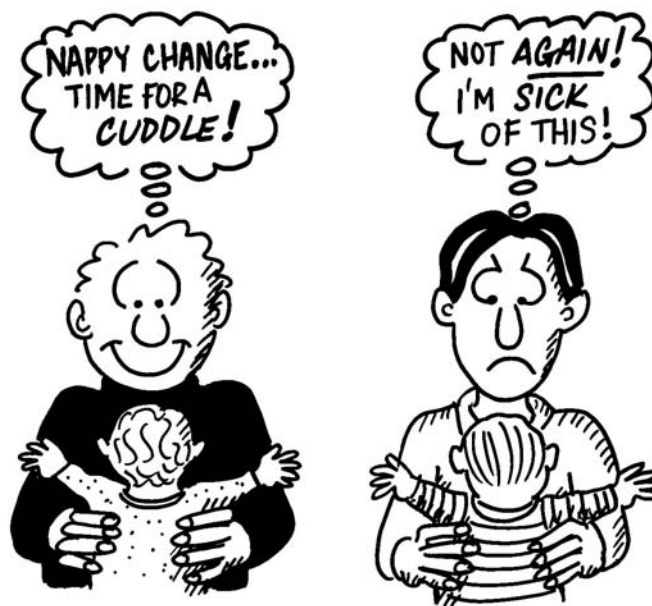
The following points summarise this chapter:

- The transition to parenthood involves enormous change and therefore stress.
- Finding and maintaining balance in your life can help keep you happy and relaxed.
- The 'Formula for a happy family' is a guide to increasing happiness and closeness within the family unit.
- New parents should explore ways to increase constructive coping.
- If you are concerned, seek help for depression or anxiety.



7

Healthy thinking, healthy self



As stated earlier, for most people change is stressful. However, one factor which influences *how* stressed you get is *how you think about it*.

This is not a new idea. The ancient Greeks knew it and even Shakespeare had Hamlet say, '... there is nothing either good or bad, but thinking makes it so.' Given that most new parents experience a range of uncomfortable feelings and confusing thoughts, these are explored more closely in this chapter.

As you can see from the picture above, these two dads were faced with the same situation but experienced it differently as a result of their thoughts!

How do you think?

Imagine the following scene: You have an important job interview and just as you are leaving home you get a call from the hospital to say your mother has fallen down an escalator and

broken her leg. You still decide to go to the interview (and visit her afterwards) but by now are running late. Then you get stuck in a major traffic jam because a car in front has a flat tyre.

What thoughts or images would go through your mind?

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How would you be feeling if you had these thoughts? (For example, emotions like angry, guilty, depressed, anxious, inadequate, nervous, excited, discouraged, relaxed, calm, confident.) List below the emotions you would be feeling.

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How would you tend to behave or act in the interview, once you got there, if you were feeling this way?

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Can you think of any other ways to think about the same situation? If you're stuck for ideas, some suggestions are shown below.

'It's lucky she only broke her leg, it would be much worse if she had received a head injury.'

Associated feeling = relief. Associated behaviours = calm and relaxed.

'I wouldn't be any use to her at the moment anyway, what she needs is to see the doctor and get a plaster cast.'

Associated feeling = realistic concern. Associated behaviour = calm and maybe a bit distracted.

'Mum would want me to go to the interview.'

Feeling = encouragement. Associated behaviour = calm and relaxed.

'It's not a catastrophe that I'm running a bit late, I'm sure the interviewers have been caught in traffic jams before. If I explain about mum they'll surely be sympathetic.'

Feeling = relief, hopeful. Associated behaviour = calm and relaxed.

'If I'm stuck in traffic, I may as well rehearse what questions I want to ask them.'

Feeling = mastery, confidence. Associated behaviour = calm and relaxed.

'The interviewers will probably be running late anyway.'

Feeling: relief. Associated behaviour = calm and relaxed.

The interaction between thoughts, feelings and behaviour

You may have noticed from the exercise above that thoughts, feelings and behaviour all influence each other in interactive ways. For example, if a person has angry thoughts, they will be more likely to feel angry and, in turn, to behave in aggressive ways. Also, if your mood is low (perhaps due to sleep deprivation or hormones), you will be more likely to have negative and distorted thoughts. This relationship works in reverse too, which means that your mood can affect your activity or behaviour. For instance, most people report that when they feel low in mood, or overwhelmed, they tend to withdraw, do less, procrastinate and neglect themselves.

The diagram below illustrates this relationship between your thoughts, feelings and behaviour.

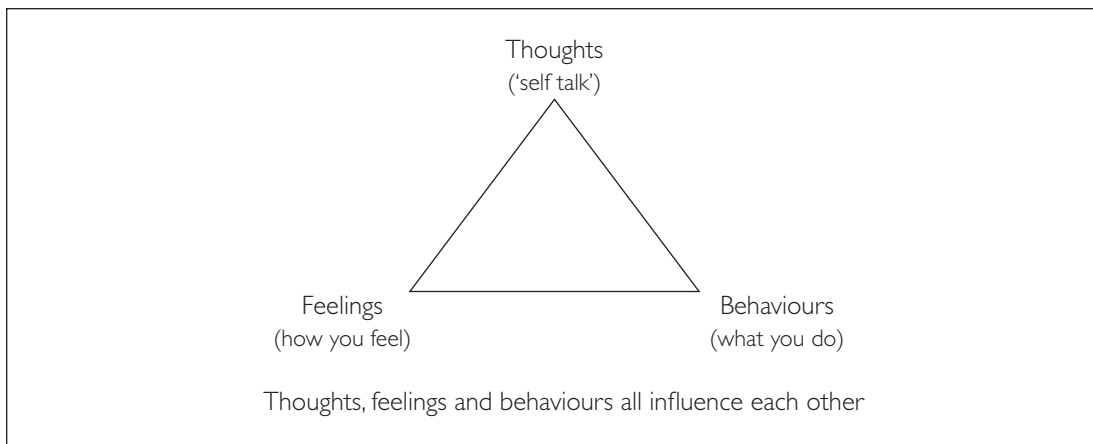


Figure 7.1 The relationship between behaviour, thoughts and feelings

From J. Milgrom, P. Martin & L. Negri 1999. *Treating Postnatal Depression: A psychological approach for health care practitioners*, Chichester, England, John Wiley & Sons Ltd.

Because of the interaction between thoughts, feelings and behaviours, it can be hard to know where and when to intervene to help yourself at times when you're feeling low or stressed. It's really hard to change how you *feel* by focusing on your feelings. Rather, if you want to change how you feel, changing your *behaviour* (doing something differently) or changing your *thoughts* (what you say to yourself) can be helpful.

Previous chapters have discussed behavioural components to managing stress, change and low moods by focusing on the relationship between your *behaviour and feelings*. **By deliberately choosing to do things in a different way and changing the way you**

talk to yourself, you can change your mood. This chapter explores the connection between *thoughts and feelings*.

Everyone has a typical 'cognitive style' or thinking style. That is, they tend to be optimists or pessimists. The good news is that your thoughts are under your control and you can learn to change them!



So the idea is that negative emotions can lead to negative thoughts but also that negative thoughts lead to negative emotions. The cartoon below, featured previously, shows how this new mother's interpretation of her partner's behaviour may have been distorted by her exhaustion and her state of mind.

The key idea is that *how you think affects how you feel*. So by changing your thoughts you can often (but not always) reduce uncomfortable or negative feelings, so that healthy thinking leads to a healthier self.

Sampling your thoughts

Try to focus on what you are thinking. You might like to write down as many thoughts as you can remember having today, even about mundane things. It may be easier to do this as you go through the day. Try to identify the feeling and the behaviour that would follow from that thought. Some suggestions are shown below.

'I'm always late for everything.'

Feeling = discouragement. Behaviour = Give up trying to be punctual.

'None of my friends have even rung to see how I am.'

Feeling = unloved. Behaviour = Don't call them and feel even more alone.

Now that I am pregnant I have become more popular. Everyone asks me about the baby even people I don't know well.'

Feeling: special, popular. Behaviour = more relaxed and outgoing in public.

Other examples of thoughts

Why can't I ever get anything done?
Everybody else seems to cope.
I forgot to stop for milk.
I hope my boss doesn't ask about that proposal I haven't finished yet.
I'm sick of being pregnant.
What if the baby comes early and I can't get in contact with my partner?
This is exciting but a bit unknown.
My tummy really shows now.

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If your thoughts were mostly negative, how did this impact on your feelings and on your behaviour today? Similarly, if your thoughts were primarily positive, what impact did that have on your mood state? Can you observe any patterns or connections between your thinking, feelings and behaviour?

Realistic thinking will help you to feel more in control, and this is important when you become a parent. For instance, if you tell yourself ‘I am a competent person who usually manages things’, then you will be more likely to feel calm, in control, be able to focus on problem solving and to manage. In contrast, if you think, ‘I can’t cope with this’, then you will be more likely to feel desperate, frustrated, helpless and have trouble thinking clearly about what to do.

Changing negative thinking: avoid thinking traps!

Many of your thoughts pop into your head automatically and are just outside of your conscious awareness. People tend to accept and believe their thoughts without question, as if they were reality. Listed below are some common ‘thinking traps’ or examples of distorted types of thinking that are easy to fall into. Everyone has these pitfalls in thinking, but they can happen more often or become well developed if you tend to be pessimistic or if your mood is depressed. (Adapted from Burns, *Feeling good*, 1980.)

- 1 **All-or-nothing (black and white) thinking.** You see things in black-and-white categories. There are no in-betweens, no shades of grey, and no middle ground. You are either right or wrong, good or bad. If your performance falls short of perfect, you see yourself as a total failure. There's no middle ground. To combat this error in thinking, remember to think in terms of percentages or shades of grey. For example, 'Most of the time I am competent in managing my life, but nobody is perfect and everybody makes mistakes.'
- 2 **Catastrophising.** Catastrophising occurs when you 'blow things out of proportion'. You tend to view the situation as terrible, awful, dreadful, horrible, even though the reality is that the problem itself is quite small in comparison to a genuine catastrophe. You expect and even visualise disaster. You live in fear of impending problems and think things like, 'What if?' For example, you have a headache and think, 'What if it's a brain tumour?', or your boss wants to speak with you and you think, 'I've done something wrong, I'm going to lose my job.' To combat this error, ask yourself how likely it is, realistically, that the disaster will occur. What are the odds? Where is the evidence? Remind yourself of worse situations or problems that may help you get some perspective. Ask yourself, 'Is this really a disaster? Is it on the same scale as a tsunami or the devastation from an earthquake?'
- 3 **Should.** You have a list of unrealistically rigid rules about how you and others should act. People who break your rules anger you. For example, if you have a rule that 'mothers *should* stay at home with their children', you will feel angry and judgemental towards women who work. If you apply these rules to yourself, then you feel guilty and inadequate for breaking them. For example, if you think, 'I *should* never make a mistake and if I do, I deserve to be punished', you will feel terribly guilty whenever you make a mistake. To combat this error, relax your rules or expectations and try to be realistic and more flexible. Ask yourself, 'Why should I? Where is it written that I should?'
- 4 **Personalisation.** You assume everything people say is some kind of reaction to you. You also compare yourself to others in negative ways, leaving you feeling inadequate. For example, you compare how settled other babies are and think how inadequate you must be because your baby is more fussy. Or the receptionist makes a general comment about clients running late all day and you assume she's talking about you. To combat this error, resist comparing and remind yourself not to be overly sensitive—maybe not everything is about you!
- 5 **Jumping to conclusions.** You draw a conclusion without really knowing if there is evidence to support it. There are two types:
 - 1 *Mind reading* You assume you know what someone else is thinking, or you know the rationale behind their behaviour.
 - 2 *The Fortune Teller Error* You make predictions about what is going to happen in the future. You anticipate that things will turn out badly, and you feel convinced that your prediction is an already established fact.

To combat these errors, remind yourself that there are plenty of other things that people have in their minds besides their thoughts about you. Drum it in to yourself that there is a strong likelihood that you could be wrong if you attempt to mind read or make predictions about the future!

- 6 Overgeneralising.** You use words like ‘never’, ‘always’, ‘nothing’, ‘nobody’, and ‘everybody’. You conclude that because something happened once it will continue to happen. For example, you make one mistake and say to yourself, ‘I am *always* such a clumsy person!’ *Always* would mean you never do anything tidily or properly! Another example is that you bring your new baby home and he cries all night and you tell yourself, ‘Oh no! He’s going to be one of those babies who screams all the time.’ To combat this, remind yourself of times when things went according to plan, and try to resist jumping to conclusions about the future.
- 7 Labelling.** This is an extreme form of overgeneralisation. You label yourself and other people when you make global statements based on behaviour in specific situations. Instead of describing your error (for example, ‘I didn’t do well in the exam’), you attach a negative label to yourself—‘I’m a *failure*!’ When someone else’s behaviour rubs you the wrong way, you attach a negative label to him—‘He’s an idiot!’ You might use this derogatory word even though it might not be consistent with the person’s behaviour. Labelling uses language that is highly coloured and emotionally loaded.

These are just a few examples of thinking errors. Extra reading suggestions are listed at the back of the book under ‘Mental health.’ Self-help books on cognitive therapy are easy to find in bookshops and libraries. Additionally, the Centre for Clinical Interventions (www.cci.health.wa.gov.au) has some excellent resources available. Look in the suggested reading section for more ideas.

Breaking free of your thinking traps

Which unhelpful thinking traps do you identify with? Can you think of an example of one of your thinking traps? For instance, telling yourself you are a loser when you forget things.

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How does it make you feel when you tell yourself that? Is it helpful? Do you feel better or worse?

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What could you say instead that would be more helpful? For example, 'Everybody forgets things when they are tired and busy'. Have a go writing down a positive statement that you can use when you find yourself in this thinking trap.

How would you feel after telling yourself that alternative?

Let's rehearse! Practising cognitive strategies

Imagine you are in a shop and a woman pushes past you roughly. You look up and she says aggressively, 'I just walked past. What's your problem?'

What would you usually think in this situation?

Could this thought be categorised under any of the common thinking traps?

How would you feel if you had that thought?

How would you act if you had those feelings? What would you do or say?

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Are there more helpful or realistic thoughts you could have that would lead to more comfortable feelings in this situation?

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How would you feel if you had a more positive thought?

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How would you be likely to act if you had this thought?

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You are trying to get dinner on, your baby will not settle and your partner is out. You've tried rocking her, going for a walk and feeding her. Nothing is working!

What realistic or coping thoughts could you think in this situation?

Our suggestion

- 'I know this is a fussy time of day. I can handle this because I managed yesterday and got through it. I just need to stay calm and try soothing my baby by following my list of settling ideas. I can do this and I know I am a good mum.'
- 'Oh well, I will spend time with my baby now and then I will prepare the dinner later. If I can't get the casserole made, we could have something else.'

You have just had a run of bad luck. Your house got robbed, your car broke down, your partner has fallen ill—all in the one week.

What helpful thoughts could you have about this situation?

Your neighbour gets the flu after baby-sitting your child recently and you start panicking about your baby's health and how you will manage with an ill child.

What helpful thoughts could you have in this situation?

Our suggestion

- Instead of thinking: 'This is terrible, my baby is going to get sick, what if she needs to be hospitalised and I can't manage it all' (a thinking error called 'catastrophising'), try asking yourself how likely is it that the catastrophe will really happen. What are the realistic odds or likelihood? What realistically is the worst thing that could happen?
- Alternative thoughts in this situation might be, 'I'll deal with things day by day. There's no point panicking about something that may never happen. If my baby does get sick, then I'll get her the best medical care. After all, that's all any mother can do and I am doing my very best for my child. All children get bugs and this helps to build up their immunity.'

Using a thought diary

A thought diary is a very useful technique to help you become aware of the myriad of thoughts that cross your mind each day. In particular, the focus will be on those thoughts that cause uncomfortable feelings, and the behaviour that follows. To use this technique in your daily life, there are a few simple steps. A good starting point is to use an exercise book and rule it into four columns, like the table below.

- 1 Notice when your mood drops significantly or you feel an uncomfortable emotion. Label the feeling and its intensity (how strong it is from 0–100%). It may take some practice to learn to identify your feelings and differentiate them from thoughts.
- 2 Write the thoughts that went through your mind just before you started feeling that way.
- 3 Identify (if possible) the situation that triggered the thought.
- 4 Write how your behaviour was affected by your thoughts and feelings.
- 5 Check through your list of thinking errors to see if you have fallen into any of the thinking traps. Here's an example.

Situation	Thoughts	Feelings	Behaviour
Didn't feel baby move for a few hours	Oh no, what if something's really wrong, it must be because I lifted that heavy box.	Anxiety 90% Guilt 70%	Couldn't sleep Kept asking partner for reassurance Worried continually

This person was falling into the thinking traps of a) catastrophising (which caused her to feel anxiety), and b) jumping to conclusions (which caused her to feel guilty). The resulting effect on her behaviour was being unable to relax, seeking reassurance from her partner and disturbed sleep.

- 6 The next step is to identify alternative realistic, rational or helpful thoughts. Write these underneath the negative thoughts in a different coloured pen. Then check to see if the new thoughts reduce the intensity of your emotional distress.

If they don't, keep trying the technique, you may have missed some other key automatic thoughts.

On the next two pages are some quick reminders to help you with your thought diary. These suggestions will help you identify alternative thoughts and to decrease negative thoughts and increase positive thoughts. You could cut them out and stick them to the fridge to jog your mind.

Looking for rational answers

- What factual evidence do you have to support your negative thoughts? What evidence do you have against them?
- What alternative views are there? How would someone else view this situation? What evidence do you have to back up these alternatives?
- What is the effect of thinking the way you do? Does it help or hinder you from getting what you want? How? What would be the effect of looking at things less negatively?
- What 'thinking traps' are you falling into?
 - Are you thinking in all-or-nothing/black and white terms?
 - Are you condemning yourself as a person totally on the basis of one event?
 - Are you concentrating on your weaknesses and forgetting your strengths?
 - Are you blaming yourself for something that is not your fault?
 - Are you taking something personally that has little or nothing to do with you?
 - Are you expecting yourself to be perfect?
 - Are you using a double standard? How would you view someone else in this situation?
 - Are you paying attention only to the negative side of things?
 - Are you overestimating the chance of disaster or catastrophising?
 - Are you exaggerating the severity or importance of events?
 - Are you fretting about the way things 'should' be instead of accepting them and dealing with them as they come?
 - Are you assuming you can do nothing to change your situation?
 - Are you predicting the future instead of waiting to see what will happen?
 - Are you overlooking solutions to problems on the assumption they won't work?
- What action can you take?
- What can you do to change your situation?
- What can you do to 'test out' your negative predictions to see if they are true?
- Can you use 'I want', 'I need', and 'I wish', instead of 'I must', 'I should' and 'I ought'?

You may like to think of your mind as a garden with the negative thoughts as weeds and the positive thoughts as flowers that you want to flourish!



Strategies for increasing positive thoughts

- ✓ Carry cards with positive self-statements and review them throughout the day.
- ✓ Make a list of daily successes or accomplishments and focus on them.
- ✓ Reward yourself with encouragement ('I did that well').
- ✓ Review positives in your life.
- ✓ Make a downward comparison with someone worse off.
- ✓ Play uplifting music or watch a funny movie.
- ✓ Read inspirational literature.



Strategies for decreasing negative thoughts

- ✓ Distract yourself by refocusing your mind (for example, go for a walk).
- ✓ Use a thought-stopping technique, which involves telling yourself to 'STOP' whenever you notice negative ruminations. You may also like to imagine a red Stop sign to increase the impact.
- ✓ Worry time: allow yourself to worry for a set period of time each day. After that period, when worries pop up, use the thought-stopping technique and remind yourself that your worries will have their say at worry time.
- ✓ The blow-up technique: ask yourself, 'What is the very worst thing that could happen?'
- ✓ De-catastrophise the worry. Ask yourself what would be the 100 per cent most terrible event that could happen in your life, what would be 50 per cent and 25 per cent terrible by comparison. In context, how terrible is your current concern really?
- ✓ Surrender and accept, 'If I can't change it I can learn to accept it.'
- ✓ Transform negatives into positives—is there anything this situation is teaching you or helping you develop in yourself?

The main points from this chapter were:

- Thoughts can have an impact on your mood and how you behave.
- Thoughts, feeling and behaviours are all interrelated and influence each other.
- Monitoring your thoughts and the associated feelings and behaviours can help to identify unhelpful thinking.
- If common thinking traps are identified, you can challenge them by looking for rational answers.



8

Caring for your newborn baby

As you near the end of your pregnancy, the prospect of becoming a parent might be feeling more real to you. There is anticipation and excitement about seeing your child for the first time, of looking at and being able to hold your baby. There is also a longing to have the labour and birth over with successfully, and to begin the rest of your life together as a family.

Among the joys and challenges of the first few weeks are questions about how to care for your new baby. 'How will I know what my baby needs?' Thinking about these questions before the arrival gives you the best chance to take in information, consider options and to plan before you are too busy and too tired to think clearly. This chapter will help you to understand the needs of a newborn; it will introduce you to practical parenting ideas for common infant issues. Some activities are provided to help you plan for the future and some easy reference tips are provided to support you in the care of your newborn. Unless you have had a baby before or have had to care for one closely, this is a new area for most.

You may notice that some of the information contained in this chapter is directed more towards the mother, with the assumption that mum is the main caregiver. It is equally relevant to dads, grandparents and extended family.

Understanding newborn babies

Did you know?

- Newborns love face-to-face interaction and play. In the first three months the best distance for the baby to see another's face in focus is 22 cm.
- Some babies find it hard to hold their head up and need support so they are comfortable and ready to interact.
- When babies are contented and alert they are most ready and able to engage in interaction and play.
- Communication between adults and babies is through looking at each other, responding to what you see. This can be a smile or some gentle words.

- Babies prefer to look at patterned objects rather than single colours.
- Very young babies prefer to look at round curved shapes (circles, ovals) rather than straight-lined shapes (squares, triangles).
- Newborns have a clear preference for 3-dimensional objects over 2-dimensional objects.
- As vision improves at around three months, there is a shift towards playing more with objects.
- Newborns have a preference for looking at faces over other patterns.
- ‘Mirroring’ your baby’s expressions and gestures is a way of conveying understanding and acceptance and can help develop your baby’s communication.
- Social interactions can be tiring for babies. Signs that they want to reduce contact include yawning, frowning, grimaces, closing eyes and turning away. These all provide ‘breaks’ from the interaction and are a way of communicating that they want some ‘time-out’.
- Babies differ in response to cuddling. Some babies relax and their body moulds to the parents’ arms or torso. Others are less relaxed and remain a little stiff—they may even resist or pull away. This does not seem to be a personal response to parents but rather an individual difference between babies.
- The way your baby reacts to their world and to others has to do with their temperament, which refers to the unique qualities your baby is born with and has nothing to do with intelligence. Some babies differ in how fussy, uptight, predictable, active, difficult to settle, calm and easygoing they are.

These facts and more can be found in *Your social baby* by Lynne Murray and Liz Andrews (2001), and the article ‘What do babies prefer to look at?’ in the journal *Premiepress: The Psychology of Infancy*, Volume 5 Number 3, September 2004 by Carol Newnham. Getting to know your baby as a unique individual and getting to understand their temperament takes time, just like the development of any other relationship.

Sleeping like a baby

Sleep is often *the* thing new parents focus on. How much will the baby get? How much will I get? *All babies have different needs for sleep.* It may vary from 10 to 20 hours a day in the first few weeks. They also vary in how long they stay asleep, but 2–4 hours would be typical for newborns. Below is a guide to help prepare you for the average needs of infants from birth to 3 months (more information is available in the Parenting Information Brochures at www.karitane.com.au). However, keep in mind that all infants are individuals and many don’t neatly fall into typical statistics.

How much sleep does your baby need?—a guide

Baby’s age	Approximate time after waking to try to resetttle	Sleep time	Average number of sleeps
0–6 weeks	1 hour	2–3 hours	5–6 in 24 hours
6 weeks–3 months	1–1½ hours	2½–3 hours	4–5 in 24 hours
3–4½ months	2 hours	2–2½ hours	3 day sleeps



Young babies take time to get used to the difference between day and night. They usually don't sleep through the night for at least several months. You would be best to get your head around the idea that you will not be getting much continuous sleep for the first few months of having a newborn!

In fact, until newborns are at least 3 months old they will wake *at least* once or more a night and this is 'normal'. By the time they are 6 months old, about 75 per cent of babies sleep to sunrise, but 25 per cent still wake during the night. Once they are asleep they will wake briefly due to their sleep cycle but need to learn, in time, to resettle themselves. This is one of the most important things to help your baby to learn. If their settling routine always involves you cuddling, feeding or rocking them off to sleep then you will be needed to do this every time they wake! You would expect to cuddle your newborn baby to sleep, but as they get older they will learn to settle themselves. You can help them to do this by recognising the body language that shows they are tired.

Sleeping tips for your newborn

Are they tired?

- Babies show you they are tired through their body language. They may frown, look unhappy, move their arms, tense their legs, have jerky body movements, and clench their fists and grizzle or cry.
- Experiment to find out the best time to settle your baby—at the very first signs of tiredness or once they are showing all the signs of being tired.
- Remember it is usually easier to settle a baby before they are overtired.

How should my baby sleep?

- Sucking soothes babies and it is a natural reflex in newborns. Dummies and thumb sucking can help babies to settle off to sleep and calm down. This is one of the decisions you will need to make, as some parents find settling a baby is easier with a dummy.

- If you are having trouble getting your baby to sleep or keeping them asleep, wrapping or swaddling may help.
- Babies seem to feel more secure when firmly wrapped. It also stops some of their movements, which may otherwise wake them.
- When you are in hospital the midwives will show you how to wrap your baby and how to safely position them to avoid factors that contribute to Sudden Infant Death Syndrome (SIDS).

Safe sleeping for babies

- Putting your **baby on their back to sleep from birth**. Risks increase if babies sleep on their tummies or sides.
- Make sure your baby's face and head stay uncovered during sleep as this reduces the risk of SIDS. Put baby's feet at the bottom of the cot. Tuck in bedclothes so bedding is not loose or use safe baby sleeping bag: one with fitted neck and arm holes.
- Use a cot that meets the Australian Standard for Cots.
- Keep quilts, doonas, duvets, pillows and cot bumpers out of the cot. Use a firm, clean mattress that fits snugly into the cot.
- Putting your baby to sleep in their own safe sleeping environment next to the parents' bed for the first 6–12 months of life.
- **Taking your baby into an adult bed may be unsafe.** Babies may get caught under adult bedding or between the wall and the bed or fall out of the bed or they may be rolled on by someone who sleeps very deeply or who has taken medicine, drugs or alcohol that can cause them to sleep heavily.
- There is an increased risk of SIDS if parents are smokers, even if they smoke outside, away from the baby. If mothers who are smokers bedshare with their babies the risk of SIDS is increased. Being a non-smoker or smoking less will reduce the risk for your baby. **Do not let anyone smoke near your baby, not in the house, the car or anywhere else your baby spends time.** It is often hard to quit smoking, so ask for help. Call the Quitline on 131 848 or ask your doctor, midwife or child health nurse about giving up smoking.
- The peak age of SIDS is 2–4 months. There is strong evidence to show that immunisation is not associated with a higher risk of SIDS. If anything, immunisation may lower risk.

These guidelines are recommended by SIDS and Kids and reproduced with permission. For more information, go to: www.sidsandkids.org/faqs.html or call SIDS and Kids in your state or territory on 1300 308 307.

More discussion about where and how babies sleep can be found at www.cyh.com and www.raisingchildren.net.au

What helps babies settle?

- Repetitive soothing motions may help to calm your baby. For example, rocking the cot, gently patting or stroking them.
- Babies soon learn to associate things in their environment with sleep. For instance, covering them with a sheet at sleep times can help your baby realise it is sleep time.
- Babies seem to like repetitive sounds like a clothes dryer or vacuum cleaner.
- Tapes of music or womb sounds may also be worth trying. The radio quietly playing music may also work, and surprisingly often does work when the radio is not quite properly tuned to the music station! You may also like to think about buying a relaxing CD for the whole family.
- If your baby is very fussy and you don't have time to settle them, a sling can be helpful. Slings let your baby be held close and be soothed by your heartbeat and your movement, leaving your hands free!

When your baby is slightly older ...

- Once your baby is quiet, try to get them to settle themselves, providing they are not distressed. If they are calm but fussing, you could try leaving the room to see if they can settle by themselves.
- After the evening feed, put your baby into their cot in a darkened room to help them distinguish night-time from daytime.
- It is a good habit to try to get babies to fall to sleep in their cots, rather than in your arms if possible.
- For fussy times, the movement of the pram or car may settle your baby. It is important that this does not become a habit or it could become difficult or expensive.

How should I hold my baby?

- There are many ways to hold your baby to calm them down. Experiment to find what works best for your baby. The midwives in hospital and your Maternal and Child Health Nurses can show you lots of options.
- Some common ways worth trying are illustrated below.
- Rhythmic body movements like patting your baby or rocking them at the same time as using these positions can be helpful.



Figure 8.1 Ways of holding a baby

From R. Leeson (Ed.) 1999. *Settling Your Baby: A survival guide for parents birth to 12 months*, (5th edition), Adelaide, South Australia, Child Youth and Health.

There are many books and websites with information about babies and sleeping. You might like to browse and get a feel for what might suit you, your partner and baby.

Is baby sleep the same as adult sleep?

- Babies sleep very differently from adults.
- Babies often wriggle or cry out in their sleep. It is not necessary to pick them up at these times.
- Try to ignore wriggles and grizzles unless your baby is really upset and crying loudly.

As *baby gets older* ...

- If they have only just gone to sleep—try to resettle them in the cot in a low-key way, gently patting, rewrapping, rocking. Try not to pick them up.
- If they are very upset, pick them up briefly, resettle and then place them back in the cot again as soon their crying stops.



Some general sleeping tips

- ✓ Establish regular day sleep routines. Overtired babies do not sleep well and day sleeps help night settling.
- ✓ Try to avoid really long day sleeps and have good play times. About four hours between daytime feeds should be the maximum time for naps.
- ✓ Make night feeds boring with dim lights and no play. Avoid playing with your baby at night. Keeping things low-key helps to calm them.
- ✓ Babies learn and respond to routines, so when you have one going, try to stick to it. Babies can learn to settle themselves to sleep and resettle themselves. Sticking to the same sleep routines every day (ideally) helps them to do this.

Settling quiz

Use the information above, to help you to decide if these statements are *TRUE* or *FALSE*

- | | | |
|--|---|---|
| 1 All newborn babies sleep through the night as soon as you get home from hospital. | T | F |
| 2 My baby will tell me she is tired through her body language. | T | F |
| 3 Firmly wrapping babies can help them settle. | T | F |
| 4 Dummies and thumbs cause bad habits, and if my baby does this when he is very young, he may go on to suck his thumb forever. | T | F |
| 5 Rocking, patting and repetitive sounds all help babies to calm and settle themselves. | T | F |
| 6 I must turn on lights, sing to my baby and play with him in the middle of the night—that is sure to help him learn to sleep through! | T | F |
| 7 Babies respond well to consistent sleep routines. | T | F |
| 8 Babies should be put down to sleep on their backs. | T | F |

1=8 1=7 1=9 1=5 1=4 1=3 1=2 1=1

Cry, baby, cry ...

Babies communicate and try to tell you what they need through their cries. Crying can be upsetting to parents, particularly if you are having difficulty settling your baby. New mums can feel helpless, sad, uptight, guilty and even angry when their babies keep crying.

Activity ...

Spend a few minutes thinking about the following question.

How much do you think the average 6-week-old baby cries each day?

Write down your answer: _____ HOURS PER DAY

Write down some ideas for the following problem: If my baby cries after being fed, burped, changed and isn't tired, I will try to settle them by:

.....

.....

.....

.....

.....

Why does my baby cry?

It is important to remember that a baby can cry a lot. Nobody knows exactly why they cry so much, except that this is their way of communicating and surviving.

Whatever the reason, persistent crying in an infant is highly distressing and anxiety provoking even for the calmest parent.

Crying is 'normal' for newborns and most newborns cry a lot. For instance, at 6 weeks they average 2–3 hours of crying a day. It is usually even more for younger infants.

It is common for babies to have a very long crying period, even lasting several hours a day. Quite often this is in the late afternoons and evenings. Once you make sure your baby is dry, fed and comfortable, nurse them and try to provide comfort.

Once babies start crying it usually becomes louder, more intense and more difficult for them to stop. When you respond, you teach your baby you are there for them and that they can *depend on you for security*. You are building the basis for a trusting relationship with your child.

Crying may mean your baby needs comfort. Generally speaking, if your baby cries, you should always comfort them. It is *not* going to create a bad habit for a newborn to be comforted when they cry.

Remember that you will not always be able to settle your baby and that it is not always possible to find a reason for their crying.

With newborns, it is usually best to respond early to crying, as they tend to be easier to settle. But, on the other hand, don't rush to pick them up with every little noise or murmur they make. Wait until you are sure they are crying and won't resettle by themselves.

Tips to understand crying

What can I do when my baby cries?

- Keep calm and take some deep slow breaths. Remember, babies respond to your tension so try to relax.
- Go through the obvious needs your baby may have—change, feed, burp etc. Rule out each possible cause of crying.
- A cuddle with a soothing calm and caring voice usually works wonders at helping babies feel secure.
- Offering a dummy or helping your baby to settle by helping them to find their thumbs can often help.
- Quietly sing a lullaby or play soft relaxing music.
- Dim the lights and try to provide peace and quiet as your baby may be overstimulated and need help calming down.
- Wrapping your baby firmly may provide security.
- Try some constant repetitive movements like walking around the room, gently rocking baby, putting them in a sling or placing baby in a baby swing.
- Try a warm relaxing bath and massage. Try floating your baby on his or her front with a hand under the chin so the head stays out of the water.

Learning to listen to your baby

- When you hear your baby cry, ask yourself, *What are they trying to tell me?* What do they need? Stop for a minute and think about them. Are they wet, hungry, lonely or wanting to be held? Are they in pain, tired, not the right temperature, overstimulated or not feeling safe and secure?
- Try to tune into your *baby's language* communicated through their cries. If you listen carefully you will discover they cry differently when hungry (loud and insistent), tired (mumble, grizzle, cry), anxious, distressed and insecure (intense scream).
- Try to learn to *understand your baby's likes, dislikes and needs*, by responding to their cries and thinking about them. For instance, most babies dislike sudden noises like doors slamming. Get to know your baby's other signals like yawning. This may mean they are overstimulated. Similarly, hiccupping may mean they are full or agitated. Try to observe if this is the case for your baby in the weeks to come.
- Try to observe *what comforts them*, note when, and at what times this occurs so you can continue using what works for next time. Sometimes keeping a list of what works can be helpful for when you feel stuck or if someone else is looking after your baby for a little

while. This can give them more confidence in their ability to manage and it gives your baby some consistency. Everyone gets to the point where they are unsure about what to do, so don't stress about it, just plan ahead for those hard times!

How can you prepare yourself?

- *Start thinking and imagining what life will be like with your new baby.* How might you reorganise your daily routines? How will you still be able to do some of those vital tasks, like showering, if your baby is unsettled or does not sleep much?
- *If you are parenting on your own, who else can help you?* For example, if your mother is helping, how will this work? What would you like her to help with and what would you prefer to do alone?

What can you do if your baby is very unsettled?

- Get your baby checked out by your local doctor if ongoing crying is a problem.
- Try to get some rest when baby naps. You are not 'Superwoman' and unsettled babies are draining for new mums. So, you need all the rest you can get.
- Plan ahead to free yourself up for that difficult time of day. For instance, cook the evening meal early in the day. Prepare things when someone else is around.
- Try holding your baby in different positions as mentioned earlier.
- If you have tried everything and nothing works, all you can do is hold them securely and be there with them. If this still isn't helping, put them down for a few minutes and allow them to let off steam. Try comforting again if this is still necessary and repeat.
- If you find yourself getting uptight, angry or fed up, try to get someone to support you and take over, like your partner. If this is not possible, put your baby in their cot and leave the room. Have a few minutes out and try to calm down before trying to comfort your baby again. Focus on doing whatever calms you down! Remember your baby can feel your tension and this may be adding to their distress.
- This unsettled period will pass in time—things will get better. Try to keep the situation in perspective. Stay positive and remember that easier times are not too far away.

Play suggestions for young babies

- After the first few weeks babies often need a play after feeds, before going back to sleep (only after day feeds). A dark room and no stimulation help them settle into a night routine. Play is part of the day routine. Playing starts with looking at things, and listening to the world around them, and it progresses to touch and taste. These are the ways your baby explores and learns about their new environment. Through play, you can help your child to explore. Initially they have small play sessions when they are alert, but these times increase as they develop. They are learning all the time.
- Practise observing your baby and 'noticing' how they develop each week. What can you sense about your baby's personality and unique way of being? Try to develop a sense of your

baby's rhythms of sleep and wakefulness. This will help you to know when they are ready to interact and play.

- Hold your baby so they can look at your face (about 22–25 cm away) and try to meet their gaze. Talk to them. Make cooing sounds, smile at them, 'watch and wait'. If they make a face or a noise, imitate them. When they look away, they are telling you they need a pause, so just wait for them to look back again.
- Lay your baby down on a safe flat surface and let them kick freely. You may wish to undress them if they enjoy that. Tummy time is good for babies; it helps them to develop control of their neck and head. Start by allowing them short periods of time lying on their tummy while you are with them. Place some bright toys nearby for them to look at and eventually stretch for.
- Take your baby for a walk in the pram so they can see and hear different things. They often like to look at the light and dark patterns made by the leaves of trees against the sky and the movement trees make in the breeze.
- About half an hour after a feed you may like to give them a bath. This can be a great opportunity to interact. If they are scared, it may help to wrap them in something light (bunny rug or sheet), place them in the bath and then gradually let the wrap loosen and even float away as they gain confidence in their new environment.
- A gentle massage can help to relax your baby and communicate love through touch. Watching their enjoyment can be very rewarding. (Search for infant massage at this address: www.health.ninemsn.com.au)
- Children develop in their own time and in their own way: all babies are different. As a rule, we can't speed up their development but we can help it along a bit. Offering your infant age- and ability-appropriate opportunities to develop is important. For instance, infants need floor play to develop rolling and crawling skills and toddlers need to chew to help their speech development.
- So, newborns are not yet ready to talk, but they will soon be ready to babble, smile, hold a rattle or reach out for things! They are able to communicate; they do this through their facial expressions, bodily movements, crying and vocalising. It is important to be aware of what is 'age appropriate' for your child.

Feeding your baby

Breastfeeding is encouraged widely as the natural way to feed your baby. Breast milk is free, fresh, clean, safe and just the right temperature. It is made up of lots of really good things such as vitamins, minerals and antibodies to protect your baby and help them to develop. It's also helpful for making mothers and babies feel good about each other and bonded. However, breastfeeding is a skill that needs to be learned and may not come naturally at first.



The Australian Breastfeeding Association (ABA) believes that most women can breastfeed given confidence, support and knowledge. If you would like some support and information to increase your confidence with breastfeeding, please contact the ABA (www.breastfeeding.asn.au). This organisation produces many helpful pamphlets and resources. They also run classes to prepare new mothers for breastfeeding. This preparation can be very useful as learning about positioning your baby and how to attach the baby to the breast can help to avoid some of the problems that sometimes arise. The ABA also has counsellors that you can talk with (1800 MUM 2 MUM, 1800 686 2686).

... But breastfeeding, while natural, is a learned skill for both mother and baby. *So don't be concerned if breastfeeding isn't a skill that comes naturally to you, or is not as you expected.* It can, and usually does, take practice to be able to breastfeed successfully. Perseverance and patience are also keys to success. Partner support and encouragement are vital to breastfeeding success.

Soon after the birth, you will be shown by the midwife how best to position your baby for a breastfeed. Your baby is already able to smell the colostrum your breast produces, to seek out the breast and to open their mouth to suck. Your first feeding experience with your new baby will be soon after the birth as it is important for establishing feeding and bonding. While you are in hospital, you may have some questions related to breastfeeding—they could be about attaching your baby for feeding, expressing milk or breast or nipple soreness. Ask your midwife or lactation consultant for direction. *If you do need help* when your baby comes along, don't panic because your local community Maternal and Child Health (MCH) Nurse, the Australian Breastfeeding Association or lactation consultant will have heaps of information and there are many supports to help you. Most women need some help with breastfeeding and there are some common challenges along the way, which can usually be solved.

Just as it is good to read up about childbirth, it is also a good idea to start reading and thinking about feeding. It might be a good time to have a look at information about breastfeeding while you are still pregnant. You could start with your local library, doctor or hospital or visit some of the websites, for example the Australian Breastfeeding Association (or see the Further Reading section of this book). The book *Breastfeeding with confidence: A do it yourself guide* by Sue Cox (2004), might also be helpful to you. You could also talk it over with someone you might know who has breastfed their baby.

Some common breastfeeding issues are covered in the information below. Familiarising yourself can prepare you for possible eventualities and may help you to avoid or manage better, should any of these problems arise for you. Do not be scared to ask for help—there are many people who can help you.



General breastfeeding tips

- ✓ Breastfeeding should feel good, not painful.
- ✓ If breastfeeding is painful, take the baby off the breast.
- ✓ When your baby is correctly attached, they have a good mouthful of breast.
- ✓ To stop feeding, slip your finger in at the side of your baby's mouth to break the seal.
- ✓ Bring your baby to your breast—not your breast to your baby.

How often does your baby need to feed?

- ✓ Whenever they are hungry. Newborn babies often have short 'comfort' feeds as they adjust to life. This will settle over the first few weeks.
- ✓ For new babies at least eight times every 24 hours.
- ✓ Most babies need at least one feed during the night.
- ✓ Some days your baby will want extra feeds.

How do I know if my baby is getting enough?

It takes a few weeks for your milk supply to fully come in. Even then there will be times you may feel you have more or less milk. Monitor your baby to see that:

- they are gaining weight and growing.
- they are generally settled after most feeds.
- they have 6–8 'wet' nappies a day that are pale and not too smelly.
- their 'dirty' nappies are within the normal range. These vary enormously, but if you are concerned—check with your MHC nurse. The bowel motions should be loose and can range from yellow to greenish-gold in colour.
- they look healthy (for example, they have bright eyes, moist lips) and react to you and things in their environment.

Many women feel their milk supply is not enough for their baby. As babies grow, they require extra feeds to increase the supply, particularly at 6 weeks and 3 months.

Avoiding dummies and feeding on demand help you to have plenty of milk.

Common breastfeeding problems

What should I do if my milk supply seems low?

- Feed more often than usual (at least every 2–3 hrs).
- Offer both breasts at each feed.
- Change sides several times during the feed to encourage vigorous sucking.
- Get lots of rest and relaxation.
- Eat and drink well.

- Try offering 'top up' feeds about half an hour after feeds, as it gives your breasts more stimulation and helps increase your supply.
- Express any milk left after feeds, if your baby refuses 'top ups'. Babies only take about 60 per cent of the available breast milk. You may need to get a breast pump to help you with this.
- Check for correct positioning and attachment.

What should I do if my breasts are too full?

Once more, your milk supply should settle down soon. Meanwhile, here are some ideas:

- try only offering one breast at a feed.
- express for comfort.
- make sure your bra is comfortable.

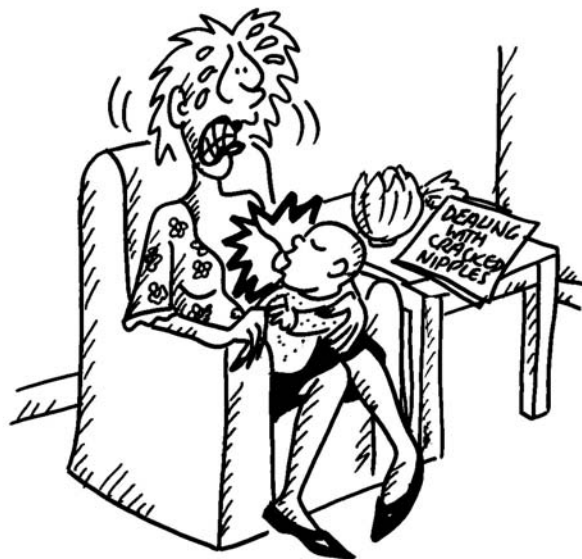
What to do if my milk flows too fast?

- A baby who gets too much milk too quickly may become fussy. Typically, they start sucking and then begin to choke, cough or struggle at the breast.
- Make sure they are well on the breast and that your nipple is in the back of their mouth.
- Try feeding one breast per feed. Express unused breast milk if you feel uncomfortable.
- Feed baby as soon as they show signs of hunger.

What can I do about sore nipples?

It is common to have sore breasts when you start breastfeeding and it usually gets better quickly. Some helpful ideas:

- Talk to the midwife in hospital. Watch breastfeeding videos.
- Make sure your baby is latching on properly and taking a fair amount of the breast into his mouth.



- Start the feed on the least sore side.
- Try to relax.
- Express (squeeze out) a little milk to get it flowing before putting baby on.
- Take your baby off the breast by putting your finger in his mouth, don't pull your breast away.
- Expressing milk for a few days until breasts heal can sometimes be necessary.
- Get professional help if the problem continues. Your midwife or Maternal and Child Health Nurse will be helpful. Consider seeing a lactation consultant or your GP.
- Take some pain relief.

What can you do about fussy feeding?

Fussy feeding typically happens between the ages of 3–6 months and it can be distressing when your baby screams but will not feed. Don't worry—it usually doesn't last long, and if you remain calm it improves. You can both become tense about feeds and the problem can then get worse as it may feel as though your baby is rejecting you. Some ideas to try are shown below.

- Check that your baby is well, as a sore throat, reflux, virus or teething can affect feeding.
- Be patient with your baby and don't try to force them to stay on the breast.
- If they seem more interested in what's going on around them, try feeding in a quiet, dark room.
- Try feeding when your baby is almost asleep at night.
- Get the milk flowing first before putting them onto the breast.
- Try feeding while you are walking about and pat your baby at the same time.
- Expressing and giving milk from a cup or spoon may be necessary.
- Remember, some babies are more 'fussy' than others and that's no fault of their mothers!



From R. Leeson (ed.) (1999). *The Feeding Book: For babies and young children*, Adelaide, South Australia, Child Youth and Health.

What is mastitis?

Mastitis is an inflammation of the breast tissue, which may be *non-infective*—resulting from a blocked duct, or from an infection of the breast tissue.

It is reasonably common in breastfeeding women to have at least one bout of mastitis.

Symptoms of infective mastitis

The affected area is red, hot, swollen and very sore. You may feel quite unwell and flu-like with aches and pains and a temperature. The onset of mastitis can be very rapid and you need to get some medical treatment straightaway or you will get worse.

Causes

- Incorrect breast drainage, often from incorrect attachment.
- Untreated blocked duct.
- Nipple trauma.
- Poor general health.
- Use of some creams and lotions.

Treatment of mastitis

- Antibiotic therapy/analgesics are required if the symptoms of infective mastitis are present. It is recommended that you consult your doctor.
- Continue breastfeeding as this helps to drain the breast. This is not the recommended time to wean.
- Do not restrict baby's sucking time.
- Rest, eat healthy meals and increase fluids.
- Apply warmth from hot packs to the breast prior to feeding and cold after.
- Gently massage the affected area towards the nipple prior to or during feeds.
- Ensure your baby is positioned properly at the breast.

Although there seem to be lots of things to consider, once you have the right technique, and have had some practice, breastfeeding can be achievable for most mothers.

Information has been adapted from the Australian Breastfeeding Association, The Feeding Book: For Babies and Young Children, by R. Leeson (ed.), (1999), Child and Youth Health, Adelaide, as well as www.betterhealth.vic.gov.au and www.cyh.com

Bottle-feeding

- Breastfeeding is something that most women and their partners plan to do. However, it is a skill and does not always work out for a variety of reasons. Sometimes it is just not practical considering all the factors.
- If breastfeeding has not worked out, and you have decided to substitute formula or to wean your baby after you have spent some time trying to breastfeed, then it is largely out of your control. Don't beat yourself up over it! Put it aside and focus on creating loving feed times while bottle-feeding.
- Many women choose to bottle-feed and of course they are also 'good' mothers. If that is your choice, then it's the best decision for you and your baby.
- Bottle-feeding can also be a 'special time' where you can relax, feel close to and enjoy your baby. You could also try to replace the closeness breastfeeding provides with other 'touch' experiences, for instance, massage, baths together and cuddling.
- Bottle-feeding provides more flexibility to the mother as other people can feed her baby if necessary.
- Useful information about choosing and making up infant formula, cleaning and sterilising bottles can be found at www.cyh.com

What are your preferences?

Now, write down any feeding questions that you may have.

What is your preferred feeding method? Why?

What will you do if you have a feeding problem? Spend a few minutes imagining one—such as sore nipples, embarrassment feeding with others around, not enough breast milk, having a fussy feeder. What steps and supports will you use to overcome your problem?

What will it mean for you if breastfeeding does not work out? How will you cope with this? For example, telling yourself, 'Not all mothers can breastfeed and that is OK. I tried my best and that's all any mum can do.'

How will you respond when others comment on your feeding choices?

The most important thing is that you learn to enjoy and feel comfortable with your way of feeding your baby. This time together is an opportunity to slow down and spend some time enjoying each other's company.

Let's have a 'dress rehearsal'!

Below are some parenting scenarios. Using the information from all the units, have a go writing down some answers.

You have just settled your baby after hours of trying. You're tired and just need some quiet time for yourself. Your mother and sister come over, peep into your nursery, and eventually wake the baby with their enthusiasm. Try to problem solve what you could do below.

You visit your Maternal and Child Health Nurse. She weighs your baby and tells you that there has not been enough weight gain. What could you do? Brainstorm below:

You and your partner disagree about asking someone else to look after your child occasionally. Your partner tells you he expects you to be the 'primary carer' until your children go to school. However, you wish to return to the gym and possibly some work as you have been feeling bored and isolated. Brainstorm what you could do.

Your baby has been unsettled for several weeks due to teething. You have been bringing them into bed, but your partner would like to use controlled crying and book into a settling day program at your local hospital. You disagree because you want to parent as your mother did and don't believe in that method. Brainstorm how you would overcome this.

This image shows a full page of white paper with horizontal dashed lines, typical of primary school writing paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

??

OOBLE BLOOBLE UBBLE BLE!

I WISH I HAD A BABYSPEAK INTERPRETER!

You may need to keep on trying things until your baby seems happy. You might need to try the same things more than once: what they don't respond to the first time they might later on. Babies can be fickle.

As this is the last chapter before the birth of your baby, it comes with the following:

- The wish that you will have lots of joy and happiness with your new journey into parenthood.
- The wish that the information here has helped make your transition, as new parents, as smooth as possible.
- The wish that, although the next few months will be challenging, parenthood will be enriching and fulfilling for you all.



9

Welcome to ‘The Club’!

This chapter is designed to be read in the first weeks after the birth of your baby. Since the birth, you will have been adjusting to your new life as a family. You may be experiencing a confusing mixture of feelings; at times perhaps euphoric and joyful, at others exhausted and bewildered. This is normal.

This chapter focuses on assisting you to revisit and integrate some of the earlier ideas and suggestions outlined in *Towards Parenthood*. So much has happened for you recently, it will be understandable if you have forgotten and/or changed your views since you first thought about these issues. It is likely that you have. Having a baby is a life-changing event.

What a relief!

You may be feeling a sense of immense relief and personal strength through having finally given birth. However, it is not unusual to feel a sense of loss for your pregnancy and the baby of your fantasy. For many women, the birth experience is very different to what they expected.

For mum—accepting the birth

Take a few moments here to write your thoughts and feelings about your baby's birth.

What were the good parts to your birth experience?

In what ways were you disappointed with the experience?

What would you like to change or do differently next time?

What are your first memories of your baby?

‘Special’ babies

Birth complications, prematurity and health problems in newborns are more common than you might expect. This section is for those of you with a ‘special’ baby—a baby born prematurely, physically different or with particular medical needs.

Most parents fantasise about a ‘perfect birth’ and a ‘perfect baby’, and grieve for the loss of the dream when things don’t go as planned. If your child is special, you may struggle to understand why and how it happened. Issues of blame and responsibility may arise. You may feel angry with nursing or medical staff, or with yourself or your partner if there is a genetic reason.

Allow yourself the space to be disappointed and feel sad, this is normal. Gather whatever information you need to help you understand what happened during the birth of your baby. Also remember that your child is a whole person who is more than their physical body and has their own special gifts. Try to practise acceptance and loving your child as they are.

Nobody told me! Reality meets expectations...

As you now know, having a baby brings physical, emotional, financial and social changes. In Chapters 1, 2 and 3 you reflected on how having a baby might change various aspects of your life. You may like to go back and look at what you thought then. What have you noticed with respect to your expectations about these changes?

In what ways is being a parent different to what you expected?

In what ways is being a parent better than you expected?

What are the three things you are finding most challenging?



Back to basics! Brainstorming problems

Towards Parenthood encouraged you to brainstorm a list of strategies for coping with some of the difficulties you might encounter. Examples discussed were issues like not enough rest, too many visitors or an unsettled baby. Refer to the problem-solving section of Chapter 3 and jot below those strategies that may help you deal with the current challenges you have listed above.

The six steps to problem solving

Remember, every problem has a solution!

You may remember *Towards Parenthood* introduced the 'Six steps of problem solving' in Chapter 3 as a helpful coping strategy and provided a cue card for the fridge. To refresh your memory, the steps are set out below.

- 1 Clearly identify the problem.
- 2 List as many solutions as you can think of.
- 3 List the advantages and disadvantages of each solution.
- 4 Weigh up the 'pros and cons' against your main goals or values.
- 5 Choose and try out one or a combination of solutions.
- 6 Monitor your progress. If it's not working, try something else.



Don't forget to keep your sense of humour, it's a great tension reliever!

If you are still feeling uneasy about managing your current challenges, you may like to apply these steps individually to each problem. Do this on a large sheet of paper, writing something for each step. Having done this, you can discuss the solutions with your partner

or others who could help. Often just the process of writing out the problem serves to clarify and identify possible actions.

Who is this little stranger? Getting to know your baby

By now, your baby will be developing, settling in and might even be smiling (around 6 weeks). You may be noticing his or her unique way of being and communicating. What sort of relationship is developing between you?

Babies arrive with their own inborn temperament, which interacts with their environment to shape their personality. You may not feel that parenting comes instinctively to you and that you are on a very steep learning curve. It takes time to get to know your baby, how to care for them and yourself, to understand their temperament and their ways of communicating. This is absolutely normal.

The following are some of the ways that babies differ. Do any of these apply to your baby?

Cuddly	Sensitive	Active/wiggly
Calm	Irritable/unhappy	Easy to soothe
Smiley	Intense	Alert
Sensitive to noises	Predictable feeding and sleep rhythms	Copes well with new things
Curious		

Babies communicate with their parents using their voices, faces and bodies. For example, when they are tired they grimace, grizzle and move their arms and legs in a jerky way and it is hard to get them to focus their attention.

When they are in a quiet alert state ready for play, they will lie still, look around and gaze intently at you and may smile or gurgle. Keep observing and notice the verbal and nonverbal ways your baby tries to talk to you. You'll come to know by watching. But remember that sometimes you won't know and this is normal. At these times, trust your judgement and use some trial and error to find a solution.

If your baby is awake now, pick them up and say 'hello'. Then see if you can describe below what you are thinking and feeling. There are no right or wrong answers!

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Growing together through play

Play for your baby is touching, tasting, looking and listening. Play is essential for mental and emotional growth. Through play, babies learn about themselves and the world. The Parent–Infant Research Institute has been involved in the production of a set of DVDs: you can check out their website: www.piri.org.au for their ‘Baby2—It’s the power of you!’ series. Really the best educational toy a child can have is you. Your voice, enlivened face, gentle rocking body along with family ‘noises’ are the best playthings a baby can have.

Here are some suggestions to help you develop and strengthen your bond with your child and to help you learn to understand them.

- Observe your baby closely and notice as much as you can about them, their unique way of being and rhythms of alertness and activity. Notice how they change each day.
- Try to imagine how your baby might feel and how they might experience the world. Empathy helps you work out what to do to make them comfortable.
- When settling, try to communicate to your baby that you understand their distress. Being with them and holding them is the best way to comfort them.
- Interact with your baby when they are in a state of quiet alertness by cuddling, gazing at and talking to them, making faces and different noises. Try to imitate their facial expressions and noises. Pause and watch their responses. When they look away, pause and wait for them to look back.
- Take your baby for a walk in the pram so they can see and hear different things.
- A gentle massage often helps baby relax.
- Provide interesting things for your baby to look at and noises to listen to, such as mobiles, a tree outside, music and nature sounds.
- Where possible, include your baby in your daily activities and talk to them as you go about your day. This helps them feel connected and helps language development.

What babies need

Chapters 1 and 2 stressed that there is no such thing as a ‘perfect parent’. You can’t always know what your baby wants, it takes trial and error. What you can do is provide a consistent flow of warm, responsive, reliable nurturing—which is what your baby needs. Babies thrive on lots of physical contact, attention and care. They do best if they feel that someone is emotionally ‘tuned in’ to them and understands them. Trying to respond sensitively and appropriately to your baby’s gestures allows them to feel understood. If you are consistent and devoted in your nurturing, your parenting will be ‘good enough’ for your infant. Again, you don’t always need to get it right. If you are present for your baby in an empathic way, as a devoted parent is, you are doing enough for your baby: you are a ‘good enough parent’. So relax and enjoy!

Coping with negative feelings

What is 'Normal'?

It is normal for parents to experience both positive and negative feelings towards their baby.

Remember that parents may not instinctively recognise, love, or know how to care for their baby. It is sometimes hard to feel it is a rewarding job. Even contented parents at times feel unfulfilled, angry, frustrated or bored with their children!

Some of the things that might increase negative feelings towards your baby include exhaustion, low mood, frustration with your partner (if you have one) and negative self-talk. Buried feelings from your own childhood may also be stirred up in interactions with your baby. For example, if your mother was intolerant of your needs for comfort as a baby, you may feel angry when your efforts to soothe your baby do not work.

Women can also experience a normal period of adjustment that can make them feel like they are not coping. If this feeling continues or increases in severity it may be postnatal depression, a mood disorder, which can occur after the birth of a baby. Postnatal depression could be present if you are experiencing a number of the following symptoms over a couple of weeks or longer:

- lowered mood
- irritability
- loss of interest in things you would normally enjoy
- excessive anxiety or worry
- weight or appetite change
- sleeping problems
- fatigue
- feelings of worthlessness or guilt
- inability to think clearly or concentrate
- feeling agitated or slowed down
- recurrent thoughts of death or suicide.

Recognition of these symptoms and getting help early on is encouraged and is the best thing you can do for yourself. You can start by talking with your partner or someone you trust. Your doctor can also help, and so can a psychologist or counsellor. The Australian Psychological Society has a 'Find a psychologist' service on its website www.psychology.org.au. Many of the *Towards Parenthood* strategies already learned will be helpful to you. These strategies form the basis of Cognitive Behaviour Therapy, a treatment approach that is very successful for alleviating depression and anxiety.

The following websites might be useful in accessing information:

www.beyondblue.org.au (there is a specific section for postnatal depression)

www.DepNet.com.au (Depression support forum)

www.panda.org.au (Post and Antenatal Depression Association)

www.piri.org.au (Parent–Infant Research Institute)

In Chapter 2 there is a section focusing on anxiety and depression that will give you some ideas on how to deal with these conditions.

How to cope if you are feeling anxious or depressed

- Resist the temptation to act out your feelings in negative behaviour towards your baby. You can protect them from your distress by remaining calm and taking an accepting attitude.
- Make time to enjoy and play with your baby. Remind yourself of these good times when things are difficult.
- Talk about your feelings with someone to help you separate the past from the present and to help you be objective about your baby.
- Get help with practical problems like feeding and settling from your Maternal Child Health Nurse.
- If possible, ask for help when you are struggling with your baby's needs. The presence of another comforting person reduces the stress.
- Get some rest and time out to nurture yourself.
- Try to relax when you feel anxious, referring to the strategies outlined earlier in *Towards Parenthood*. For example, take deep breaths and say, 'This will pass.'
- If you are having negative thoughts, try to challenge them realistically. For example, 'My baby is not being naughty when he stops crying if I pick him up ... he is responding to my comforting.'

Check your 'self-talk'

Try to remember the last time you found yourself feeling frustrated, anxious, angry or guilty. What was the trigger? What did you tell yourself about that trigger? Using the example below, try to challenge your feelings using rational self-talk. Refer to Chapter 7—'Healthy thinking, healthy self'—to help you do this. See the example below.

- *Trigger: I was just about to eat my dinner and he started screaming and wouldn't settle.*
- *Self-talk: He's doing this on purpose just to annoy me because he knows I'm about to eat.*
- *Feeling: Frustrated*
- *Challenge: Don't take it personally. Babies are not capable of manipulation, he is just trying to get his needs met. If I stay calm, he'll be more likely to settle too. I can reheat my dinner, it's not a disaster.*

Now, think of incidents that have triggered your negative thoughts.

Trigger:

.....

.....

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.....

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Self-talk:

Feeling:

Challenge:

What about 'mothers' intuition' ... ?

Sometimes you will have a feeling about what your baby needs and this is a good instinct to follow. However, often you may not know what to do. Common problem areas for new parents are feeding, sleeping, crying and settling. You may feel confused or overwhelmed by all the advice you are receiving. One way to deal with this is to choose one person whom you respect and blend their advice with your 'sense' of what might work. Don't forget, parenthood is a learning process!

In addition to the information available from your Maternal Nurse, *Towards Parenthood* has provided an overview of these common parenting issues in Chapter 8. Refer to these when you can.

A balancing act: your relationship and parenting partnership

By now you will be aware of how a baby changes a relationship! Most couples report that having a baby brings a new closeness and opportunity to grow together. However, they acknowledge they have little sexual activity for many weeks, even months, less time together and they tend to be more irritable with each other. As your 'parenting partnership' evolves, you may notice changes in certain aspects of your relationship, such as those described in Chapter 5. Some of these developments may please you, others will not.

You may recognise the following cartoon from an earlier section. Here it is again to remind you it is normal for couples to experience a drop in their intimacy after the birth of a baby.



What have you noticed in your relationship?

Chapter 5 asked you to think about what your ideal parenting partnership might look like. Now write the changes you have noticed in each of the following areas of your relationship that bother you.

Boundaries (Separateness and independence)

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.....

.....

.....

Control (Who has more power/authority/makes decisions?)

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.....

.....

.....

Roles (Who does what? How is parenting shared?)

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.....

.....

.....

Communication and resolving conflict

Taking action: what do you need to do to communicate?

Refer to where you wrote your ideas on your ideal parenting partnership in Chapter 5. Compare your ideal with your notes above. How well do they match? Which bits are you satisfied with, and which bits would you like to be different in your relationship now? List below.



Pause and share

Take a break here to discuss your ideas with your partner or someone close to you. What have you each noticed about your changing needs? What do you each need from one another to feel supported? How can you find some time to enjoy each other? The following collection of good ideas—on how to communicate better could be cut out and stuck on your fridge as a constant reminder to you.



Communication tips

It's easy for conflict to erupt when you are both tired and stressed. If this is an issue for you, the following may help guide your communication.

- ✓ Choose a time to talk (not in bed late at night!) and discuss one issue at a time. Write down what you will each agree to do to resolve it.
- ✓ Speak in a calm, respectful tone. Avoid sarcasm and put-downs.
- ✓ Use 'fight-control' strategies. When you notice your own and your partner's signals of being upset, take time out to calm down, but agree to resume in the near future. Don't walk away from your partner.
- ✓ Avoid 'mind reading' each other. You don't know what the other is thinking until you ask.
- ✓ Listen to each other without interruption and check out that you have received the message correctly.
- ✓ Don't blame each other or minimise the other person's feelings.
- ✓ Ask what your partner needs from you.
- ✓ Be specific in your feedback and in what you want your partner to do differently.

Formula for a happy family

Do you recall the 'Formula for a happy family' from Chapter 6? How close are you to achieving the formula? If you're not there yet—don't despair! In the early days, weeks and months of parenting you are still adjusting. The formula is an 'ideal'—a goal to work towards. Remind yourself of the formula often and check in to see if you are moving towards achieving it.

A final word

Congratulations on completing *Towards Parenthood*! The ideas and skills presented here are to help you deal with your own stress and life change and to manage the important relationships in your life—most notably with your partner and your baby. May these skills and ideas stand you in good stead over the years as you grow as an individual, as a couple and as a family.

Appendices

Weekly Plan: My Current Activities

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early morning till 8.00 am							
8.00 am–10.00 am							
10.00 am–12.00 pm							
12.00 pm–2.00 pm							
2.00 pm–4.00 pm							
4.00 pm–6.00 pm							
6.00 pm–8.00 pm							
8.00 pm–10.00 pm							
10.00 pm till go to bed							

Community support services

Emergency telephone support

Australian Breastfeeding Association (ABA) http://www.breastfeeding.asn.au/	03 9885 0855
beyondblue information line (24 hours—information and referral for depression-related issues) http://www.beyondblue.org.au	1300 224 636
Child Abuse Prevention Services http://www.childabuseprevention.com.au	1800 688 009
Child Care Access Hotline 8 am–9 pm (Mon–Fri) http://www.fahcsia.gov.au	1800 670 305
Domestic Violence & Sexual Assault Helpline (Violence against women 24 hour helpline)	1800 200 526
Family Relationship Advice Line 8 am–8 pm (Mon–Fri) 10 am–4 pm (Sat) (local time) http://www.familyrelationships.gov.au/	1800 050 321
Lifeline (24 hours—telephone counselling) http://www.lifeline.org.au/	13 11 14
Maternal & Child Health Line (24 hour) Victoria	13 22 29
Men's Line Australia (24 hours—support and referral to specialist men's services) http://www.menslineaus.org.au	1300 78 99 78
National Poisons Information Centre (24 hours)	13 1126
Nurse On Call Victoria	1300 606 024
Parentline ACT NSW Queensland/Northern Territory SA Tasmania Victoria Western Australia (Counselling, information and assistance on a wide range of parenting issues)	02 6287 3833 13 2055 1300 301 300 1300 364 100 1300 808 178 13 2289 1800 654 432
SANDS Australia (Stillbirth and neonatal death support) Queensland South Australia Victoria Cradle Northern Territory	07 3254 3422 08 8277 0304 03 9899 0218 0438 272 353
Sane Australia Mental Health Helpline http://www.sane.org/	1800 187 263
SIDS and Kids	1800 138 300
Suicide Call Back Service http://www.crisissupport.org.au/SuicideCallback.aspx	1300 659 467
Tresillian Family Care Centres (24 hours) New South Wales http://www.tresillian.net	02 9787 0855 1800 637 357

Building a safety net

Build a safety net for yourself, just in case you feel a bit overwhelmed when your baby arrives.

- Consider who your support team will be after your baby arrives. Are there any resources listed that you might find out about now or after your baby is born? If you don't want to ring yourself, ask someone you trust to do it. Use the Internet to browse for helpful things and information.
- Making connections in your community really helps. What is available? Try to find out who your local Maternal and Child Health Nurse is from your council. Try to meet her before your baby arrives.
- If you feel you would benefit from some support at this time, speak with your GP, other health professional, or someone you trust. Let them all know who else is involved in your care. This is your safety net.
- Accept help and social contact if it is offered.

My safety net

Partner

Partner's name:

Work:

Mobile:

In-laws

Work:

Mobile:

Home:

Mum

Work:

Mobile:

Home:

Dad

Work:

Mobile:

Home:

Family

Work:

Mobile:

Home:

Family

Work:

Mobile:

Home:

Friends

Work:

Mobile:

Home:

Friends

Work:

Mobile:

Home:

GP

Surgery:

After hours:

Maternal and Child Health Nurse

Telephone:

After hours:

Midwife

Mobile:

Work:

Community Health Centre

Telephone:

Obstetrician

Surgery:

After hours:

Local Council Services

Telephone:

Hospital

Telephone:

**Local Occasional Care/Family
Day Care**

Telephone:

Telephone:

Telephone:

Telephone:

Telephone:

Telephone:

Telephone:

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www.breastfeeding.asn.au (Australian Breastfeeding Association)

www.panda.org.au (Post and Antenatal Depression Association)

Chapter 4: Caring for yourself is caring for your baby

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www.betterhealth.vic.gov.au (see Pregnancy and Diet, under Fact Sheets)

www.cyh.com (Child and Youth Health)

www.health.act.gov.au (Health Services)

www.health.sa.gov.au/pregnancy (Staying Well)

Chapter 5: From lovers to parents

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www.betterhealth.vic.gov.au (Breastfeeding; dealing with mastitis; dealing with nipple problems)

www.breastfeeding.asn.au (Australian Breastfeeding Association)

Breastfeeding helpline: 1800 Mum 2 Mum (1800 686 2 686)

www.cyh.com (Child and Youth Health, search for 'safe sleep')

www.health.ninemsn.com.au/article.aspx?id=694334 (Baby massage)

www.karitane.com.au (Parenting Information Brochures, under Families)

www.raisingchildren.net.au (Sleep, under Newborns and Babies)

www.sidsandkids.org (Safe sleeping for babies)

Chapter 9: Welcome to 'The Club'!

www.beyondblue.org.au (The National Depression Initiative)

www.DepNet.com.au (DepressioNet support forum)

www.panda.org.au (Post and Antenatal Depression Association)

www.peacebaby.com.au/baby2-home.php (Infant development DVDs)

www.piri.org.au (Parent-Infant Research Institute)

www.psychology.org.au (Australian Psychological Society)

Further reading

Contact your local council for details of child and maternal health nurses in your area.

Caring for your newborn baby

Crying

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www.depNet.com.au (DepressioNet support forum)

www.moodgym.anu.edu.au (Cognitive behaviour therapy)

www.panda.org.au (Post and Antenatal Depression Association)

www.piri.org.au (Parent–Infant Research Institute)

towards parenthood

Towards Parenthood aims to assist soon-to-be and current parents manage the complex demands of parenting and strengthen the parent–infant relationship and the couple relationship. The book covers expectations of parenthood, skills in coping, problem-solving, enhancing self-esteem, assertive communication, bonding with your baby and understanding your baby’s cues.

The program has grown out of the work of the Parent–Infant Research Institute (PIRI), a not-for-profit organisation dedicated to improving the emotional well-being of parents and infants.

Towards Parenthood has been extensively piloted with Australian families. Focus groups have been conducted and the program revised to incorporate their feedback. Overall, parents who were involved in the program told us they both enjoyed and gained from it.

beyondblue: the national depression initiative has been instrumental in supporting the development and evaluation of this program by funding a pilot study and a more substantial randomised controlled trial of this intervention in Victoria, Australia. The results indicate **Towards Parenthood** is able to provide helpful information to make a difference to the positive adjustment of pregnant women and their partners.

FEEDBACK FROM PARENTS:

Towards Parenthood
*allowed for reflection
on the transition to
parenthood and the
responsibilities involved.*

*I found the chapter
‘From Lovers to Parents’
enhanced communication
between me and my
partner.*

*The discussion of self-
esteem was useful in
trying to be a role model
to my own children.*

*The strategies for
increasing positive and
decreasing negative
thoughts were useful.*

Prof. Jeannette Milgrom, Jennifer Ericksen, Dr Brownyn Leigh, Yolanda Romeo, Elizabeth Loughlin, Rachael McCarthy and Bella Saunders are current and past members of the Parent–Infant Research Institute (PIRI) team at Austin Health, Victoria.

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