

I wish I had some support from my family to help me in this pregnancy.



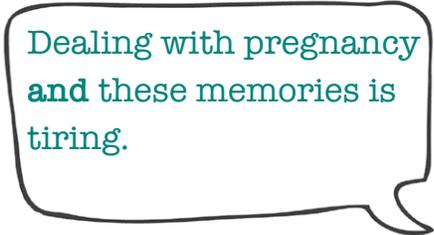
MODULE 5

Meeting Your Needs During and After Pregnancy

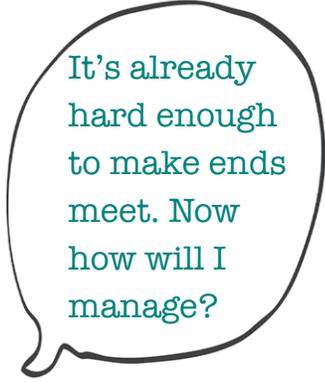
Goals Of Module 5

- ✓ Look at what practical needs survivor mums might have that can't be met by family. Learn about what types of help there might be
- ✓ Know that some normal things about pregnancy and becoming a mum can stir memories and emotions
- ✓ Think about your own emotional needs. Learn about ways to work with these feelings





Dealing with pregnancy and these memories is tiring.



It's already hard enough to make ends meet. Now how will I manage?

Pregnancy as a “Crisis”—in a Good Way!

Helping professionals believe that pregnancy presents a “crisis” to every woman. Especially if the baby is her first. By **crisis** they mean the dictionary definition of that word. **Crisis** means an event that presents a key chance for change and growth.

Most women would probably agree with this idea. Planning for a baby means figuring out many practical things. These include health care, money, housing and job issues. There's also the mental and emotional work of preparing to raise a child. And what if a woman isn't sure how solid her relationship with the baby's father is? Then she has to make some decisions about that.

For survivor mums, pregnancy and getting ready to be a mum may be a bigger challenge. Having a baby is a chance to change for the better, but sometimes a woman may not feel ready. Or she may need help. This is the focus of Module 5.

Maternity Needs

By the second half of pregnancy, women start thinking about what type of birth they want, and what services are possible. The midwife will bring up the topic as a routine part of care. There will be a chance to create a birth plan. This usually helps women feel more settled about



the labour and birth. The midwife should give a sense that she or another staff member will be there and be supportive in labour. But she's not the only person a woman can turn to for help.

There are other kinds of practical help that pregnant women need too. Plenty of people work to support pregnant women's needs. Many services are free or low cost. Some are available through midwives. Communities provide others. Many of these helping people will know something about trauma issues.

Professional Help and Support Ideas

La Leche League

Mums who are breastfeeding can join a national network of women who support each other with that. Sometimes these groups meet for a long time. They even meet long after breastfeeding concerns become more rare. They do so because they form a bond and have breastfeeding in common. Ask your tutor for information about this organisation.



Mothers' Groups

Some mothers organise themselves to socialise. These mums' groups share their "new mum" successes and worries. Some community centres host mums' groups. Some groups attend childbirth education classes together. Some still meet after the babies are born. Maybe your tutor could organise a group for survivor mums.



Home Visiting Programmes

Home visiting programmes for pregnant and postpartum women are more common. They can be really helpful. They provide a long-term supportive relationship. Nurses visit the mums regularly from early in pregnancy until the child is a year or two old. They aim to help young mums have a healthier pregnancy. Nurses also help mums improve their child's health and development. They can even help mums plan their own futures and achieve their dreams.



Prenatal Exercise Classes

A prenatal exercise class is a good option to help with stress. It can also be a great place to meet new people and make new friends! It can help women feel strong and confident in their bodies and ready for the birth. Check out your local area for free or low-cost classes.



Infant Massage Classes

Learning to massage an infant in a group setting can be a way to meet other new mums. A class can help mums see that they're doing just as well with their baby as other mums are. Giving a baby this organised, steady, comforting touch can be a nice activity. It helps to calm and connect mums and babies to each other.





Childbirth Education Classes

Learning about babies and preparing for birth can be a fun way to get ready. Usually women go with the person who's going to be with them in labour. Parents-to-be in these classes sometimes turn into friends and stay in touch.

New Programmes Are Always Starting

As we're writing, others are creating programmes to meet the needs of survivor mums. Books and online resources may be useful too.





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What do you think?

- What things would you like help or support with?
-

- Here are some common things women look for support about. Do any seem good for you to look into? Would doing some of them seem fun?
-

- Pregnancy yoga or exercise?
-

- Birth education or planning?
-

- Baby massage lessons?
-

- What else?
-

Financial Support

Some women can receive extra financial support during their pregnancy. The first step will be to see what's available. Some benefits cover health care costs. They can also include things like education programmes and activities. Food programmes, free dental care and car seats can also be paid for. So can prescriptions for pregnant women. Staff members in the maternity care system may ask about practical needs. If they don't, it's important to raise these issues. Ask about all of the benefits that may be available to you.





What is your situation?

- Do you have unmet needs now? Or can you look ahead and see needs that may go beyond what you can manage? Do you need help with this? Whom can you turn to?
-

Personal Practical Needs

Addressing personal needs in pregnancy, however big or small, may be really important. Finding housing is a need. So is feeling comforted when you're really tired or feeling stressed out. New babies have needs all the time. Practising for taking care of the baby's needs can start now. Just start taking care of "mum needs." Feeling safe, settled and well will help a lot soon. Those feelings will give a new mum the energy and strength to draw from to meet the baby's needs. Meeting personal needs for support now can help with feeling cared for and ready.



How about you?

So far we've talked about getting help from people whose job it is to help pregnant women. It's likely you'll have other practical needs too. So you'll want to build your network of helpers. Informal assistance works best. A friend who already has children or an experienced grandmother can be a great help.

- What sort of practical personal need or wish can you think of at the moment? How would it feel to have that need met? Who do you know who could help with this?
-



Emotional Needs

Regular life—without pregnancy—can be tough enough. Now there can be a lot of additional things stacking up. The extra fatigue, hunger, aches and pains of pregnancy can be challenging. Having trouble sleeping can make everything seem worse. It's important to have the time and space to take care of one's emotions. Especially when there are so many changes at once. Some pregnant women experience frequent crying or a sense of being down. This sure doesn't seem to match the popular view that pregnant women "glow" with happiness.



How are things with your emotional needs?

Do you notice that you **do** seem happy and maybe even "glow" a bit now and then? And do you also have some times when you feel too worried or down to feel okay?

- Can you think of things to do to build your happy feelings and make them last longer?
- Do you notice what makes you feel down? Is there anything practical you need to be doing about that?

Sometimes there is nothing practical to do. You just need to ride out the hard emotions. You can work on taking loving care of yourself. Pregnancy is a fine time to practise being kind to yourself. Do something simple, like curling up with a blanket and a magazine and noticing how good it feels. It can help you feel cared for—by you, yourself. Imagine how your toddler will feel cared for in a few years. Imagine that he is curling up on your lap with a blanket and hearing a bedtime story.

-
- Can you practise some ways to care for the strong feeling of needing something?
-



Help for Emotional Needs

Being alone with emotions isn't always the best way to cope. Sometimes we just need a friend or partner to be there and listen. Every woman has needs for emotional support during pregnancy. Needing help with feelings is completely normal.

Society also seems to expect family to help with emotional needs. But what if a family member has been abusive? Then it might not make sense to turn to the birth family or "family of origin" for emotional support. Getting help from them could be a bad idea for all sorts of reasons. In Module 7, we'll spend more time looking at this issue. It's an important one for survivor mums. We'll focus on safety issues for the baby there. But it's worth noticing here that survivor mums need support for their feelings too. Some of the feelings may be about the past abuse and how it's affecting the present. So turning to family might be okay, or it might not.



What is *your* situation?

Is your family good to look to for help to meet emotional needs or not? **It's your choice.** You might want to get help from people in your "family of choice" instead. This family could be made up of friends who show you love and trust.

- What do you think about your "family of origin" as a source of help for emotions?

Life when you are not pregnant can be hard enough. Add on the body changes, the energy growing a baby takes, and all the getting ready... it can stack up.



Feeling "needy" can become a too-strong emotion. If "neediness" gets strong you might try to numb the feeling. Instead, try practising some of the "calming ideas" that you learned about in Module 3. Noticing



and caring for your own needs goes a long way to getting you ready to meet the baby's needs. It'll feel really good!

Survivor Needs

So what do survivors say about their needs? Survivor mums may have more needs in at least two areas. First, problems with the family may mean some survivors are short on help. Second, they may experience the triggers we talked about before. They may have those when they feel the baby move, have more vaginal discharge or have dreams that startle.

It makes sense that these things create some extra needs for survivors. Particularly if we take the past and present into account. If their family was not good enough in childhood, that same family may not be good enough now either. So that's one extra issue. If pregnancy brings up trauma-related emotions or bodily sensations, that's a second extra issue. There's probably no quick fix for this. But naming these issues and needs may bring relief and be a step in meeting them.

In places where the *SMC* is being used, midwives, doctors and others may be more aware of these extra needs. (And the tutors are, of course.) But the midwives and doctors may not have a lot of knowledge about trauma. They'll learn, though. Survivor mums will teach them once they share some information about their lives.

Survivors feel all different ways about their family of origin. They've had all kinds of experiences. Midwives may or may not know about how abuse, neglect, or violence between parents tends to happen with parents who use substances or are mentally ill. The people who are helping may lose sight of how family can be a problem. They can forget about all



that and seem to assume family is always a good thing and a source of help. So survivor mums need to be ready to remind them. It's a step toward changing society. And it'll make it safer to speak up and remind health care professionals that not all families are good.

Pregnancy often can stir up old feelings of shame and being alone. It's not always easy for survivors to speak up and mention the past abuse or traumatic events. When professionals seem to assume a family will be supportive, it can make these feelings even worse. If this happens, it may be quite enough to say: "My family's not in the picture." Or "I wish my mum could help, but she can't."



What do you think you're up for?

You do not have to help educate your caregivers about how past trauma can affect pregnant women. What you say or don't say about your situation is up to you. But family support is likely to come up in visits. If it hasn't already.



Your feelings could get hurt easily when a topic like this comes up. So it may be useful to remember and practise the "interpreting skill." It might help a lot to think through the steps in Module 4 if your midwife seems to assume all families are good. Or if she doesn't know (or doesn't remember) that you've had some abuse in the past.

- How do **you** relate to your birth family?
- If you **do not** want to use support from them, how do you want to tell your midwife that if it comes up? Do you have a short phrase you can have ready to use to describe the situation?
- What if your midwife makes a wrong assumption? Or what if she doesn't remember that past abuse is an issue for you? Can you do the steps of the interpreting skill? Does that help you come up with a good response?



Mental Health Needs

People who study mental health know that pregnant women often have dreams or memories of what it feels like to be a child. They also think and dream about how they were looked after by their own mums. If a woman has good memories of her childhood, this can be comforting. But if she has bad memories, this can bring up really sad feelings. We sometimes talk about the sad feelings that come up as “ghosts in the nursery.” Either way, this layer of dreaming and having feelings seems to be part of the work of becoming a mum. It is important work—even if it is going on in our sleep!

Survivors tell us they have lots of feelings at the same time. They have sudden, exciting, good feelings about becoming a mum. And then those feelings can slip into making them realise how they should have been looked after. So they can have feelings that don’t go together. Excitement **and** grief can come up at the same time. It can be a lot to cope with.

Remember when we talked about unwanted memories, nightmares and flashbacks? How these can be triggers for PTSD reactions? Well, these pregnancy dreams and memories that are normal can also be triggers. The tricky thing is that they can be very unclear. So it can be hard to realise a trigger is happening.

This makes sense. After all, the memories and things the dreams are about may be from early childhood. So early that the “child self” may not have understood. Or the child may have used that “dissociation” way of coping instead. That helped to keep her from feeling or making sense of what was happening. So the memories and dreams that float up from early childhood may cause strong emotions. But a woman may not be able to make sense of it.

Not being able to make sense of something is stressful. People’s minds like things to be clear. So what happens if they can’t make sense of vague dreams, memories and feelings that come from them? They may



invent something to explain the feelings. Or at least look around in their waking day and their “awake” mind for something that could explain the feelings.

A lot of survivor mums notice that they are having worries or feeling down about whether they’ll be good-enough mums. They start to wonder if they’ll know how to keep their child safe.

Those dreams and vague memories can also trigger PTSD reactions. A woman may not have a clear picture of what is coming up, but her body doesn’t like it. That’s when the PTSD cycle can start.



How have you been doing?

- Have you been having any of these difficulties? If so, are you noticing any PTSD reactions? If you are not sure, take a minute to think back on the last few weeks. If you think some of what we said above might be true for you, remind yourself of the PTSD reaction skills. See if practising them will help.

- What about “just” anxiety or depression? This is a good spot to remind yourself that you may feel anxious or low, and it may not be about the past. It may just be about now. The *SMC* focuses on PTSD. But there are lots of other resources you can add in to help with feeling anxious or depressed. You can ask your tutor to connect you to those. What are your thoughts?

Therapy

PTSD is rough at any time. But this might be a really good time to think about getting some help. Pregnancy can be a really good time to make use of services that support women emotionally.



Psychotherapy or counselling is one form of emotional support. It can be very helpful for PTSD. Pregnant women have told us they are afraid to do therapy even though they want to. They are afraid to “open a can of worms.” It’s important to know that therapy clients get to choose what the goals and tasks of therapy will be.



How easy or hard it is to get therapy can vary. In some places, the resources for mental health care are more limited than in other places. But it’s important to know the options you have. There are different types of therapy available.

Some are long term, some are brief. Some go deep into past trauma. Others focus on the present and help manage day-to-day concerns. Research shows that feeling good about the therapist is key.

It’s important to find a therapist with some experience working with women and trauma. Not all therapists work on this. This is true even if dealing with events of the past is not the plan. Telling the therapist that trauma is an issue is important. It helps that person understand there are trauma issues underneath what’s happening right now. Therapists who work with trauma have extra tools or techniques that can be helpful. Such tools include hypnosis, which can be used to help you during labour, and specific treatments for PTSD. Therapists also can make a plan that focuses on resolving trauma if that’s a priority.

We realise that it may not feel like there are choices and plans to make right now. Triggering situations may be causing a lot of PTSD symptoms. Things may feel like they’re at a crisis level. It may be best to call the midwife and put the PTSD out there as the main need. Things can unfold from there.





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What are your thoughts?

If you had a chance to do some mental health work now, would you like to? **You** get to choose what to work on in therapy. If you had the chance, what would you want to focus on? And why? ... only if you feel comfortable asking yourself that question.

- Are you having PTSD symptoms? If so, do you want help with those?

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- Do you need help dealing with any of your current relationships?

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- Are you managing your emotions okay without drugs or alcohol? Or do you need some help with that?

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- Are you feeling close to your tutor? Enough to ask for a therapy referral if you want one?

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If you don't need or want mental health care, can you ask your tutor to help you practise one of the three skills at a deeper level? Maybe you're ready to practise for yourself now instead of focusing on the women in the stories.

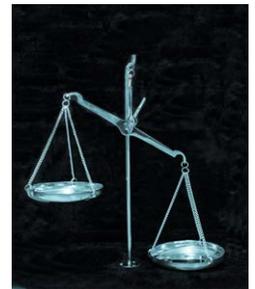
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Medication

Medications such as antidepressants can help some survivor mums. It's crucial to talk to a midwife about these options. Each woman's needs will be different. Are you already taking such a medication? Then talking to a midwife about whether to keep using it now is critical! That's also true while you're breastfeeding! Starting to use a medicine now is an option too. Here are some questions to consider:

- **How safe is the medicine for use in pregnancy?**
- **Is this medicine linked with any birth defects?**
- **Do newborns have any side effects when they're born?**
- **Will the dose of the medicine need to be changed during pregnancy?**
- **Will the dose of the medicine need to change once the baby's been born?**
- **Is the medicine safe for the baby during breastfeeding?**



The answers to some of these questions may not be what you want to hear. There could be small risks of birth defects or side effects for a newborn baby. The medicine might pass to the infant in breast milk. But there's no need to be alone in deciding. There are people who know enough to help you make the best decisions based on **individual** needs.

There's good information about medications that we'd like you to know. It has to do with the risks involved with using them. Those risks may be smaller than the risks of severe depression or anxiety. Feeling better seems worth it. So is doing self-care and infant care pretty well. And medication is known to have smaller risks than those linked with self-medicating with alcohol or illegal drugs.

If medication feels like it might be good, talk to a midwife. Remember that whatever the decision is now, it can change later. Some decide to wait to start medication until the baby's born. But they set up the



process during pregnancy so they have the medication on hand. Then they get going with it after the baby's born. There are options and choices.

Alexei's Story

Things to Think About

As you read Alexei's story, try to think about what you have learned in Module 5.

- Normal changes in the body during pregnancy can cause women to have memories of past abuse. So can dreams.
- Some women avoid mental health treatment because they feel shame.

As Alexei's pregnancy progressed, she continued to feel uncomfortable. She felt that she wasn't in control of what was happening to her body. She started to have memories of abuse by her stepfather when she was little. Sometimes she woke up startled in the night. She didn't remember any dreams, but her heart would be pounding. She had always known about the abuse, but had tried very hard not to think about what had happened to her. But now things were coming back into her mind. That happened especially when she noticed how full and sore her breasts were. It also happened when she was having more sensations in her pelvis than she did before the pregnancy.

When a new memory would come up, it would take her breath away. Alexei had a sense of panic, as though it were happening all over again. She found it hard to keep from crying and felt worn out emotionally. She wanted to numb the upset feelings by drinking. But she knew that wasn't good for the baby. Jim would comfort her. But he was very worried about her. He even said she should speak to their family doctor about what was happening. Alexei





didn't want to share what was going on with her out of a deep sense of shame. She was ashamed about what had happened in the past.

She finally did speak to their family doctor. He assured her that memories of abuse coming up at a time of big change—like pregnancy—was common. He stressed that her PTSD made sense and didn't mean she was crazy. He even made a small joke, saying, "They don't call it posttraumatic stress for no reason!" He suggested Alexei call a therapist in town who likes to work with trauma survivors. While he was looking up the number, he also said Alexei could call him back if she thought using some medication would help. He gave her the number to call. Alexei's first telephone contact with the therapist was warm. Alexei felt like she would be comfortable enough working with this woman.



Questions

These questions will help you get to know yourself better. You can use them to talk with your tutor about any worries you have.

If answering a question is too hard or upsets you, just write down a couple of notes or skip the question.

You don't need to talk about all the questions in this module with your tutor. You can pick the ones most important to you. If you want to, you could also talk about some with a friend or your partner.

1. What things about pregnancy caused Alexei to remember past episodes of abuse?

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.....
.....

2. What made her not want to reach out for help at first?

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3. What if the family doctor had not been so good about understanding PTSD? Can you plan a sentence or two Alexei could use to explain what was going on with her? And call it PTSD so the doctor would “get it?” What things about pregnancy caused Alexei to remember past episodes of abuse?

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Lakeesha’s Story

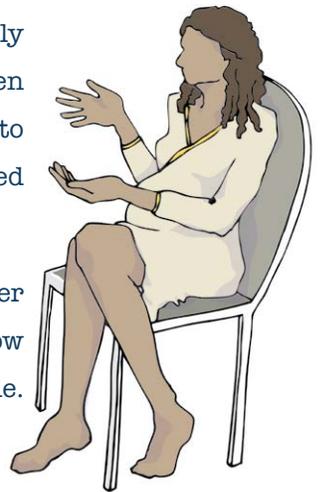
Things to Think About

As you read Lakeesha’s story, try to think about what you have learned in Module 5.

- It’s hard to get your emotional needs met when your birth family isn’t supportive. Or is unsafe.
- Getting practical needs met can make you feel better emotionally.

Lakeesha is a 23-year-old woman who’s pregnant for the first time. As a child, her dad would totally lose it and unleash anger, verbally and physically. She did not tell anyone. It had happened a lot when her mum was very sick with cancer. She did not feel she could add to the family’s worries by bringing up her own trouble. Her mum died when she was a teenager.

The abuse carried on, but not as often. Lakeesha moved out of her dad’s house when she was 17. She doesn’t see her family much now except on holidays. Being around her dad makes her uncomfortable.



But she keeps a relationship with him for the sake of her brothers and sisters.



She's had a boyfriend for the last three years. At first Lakeesha liked the way her boyfriend was so interested in her. He'd helped her "take charge" of her life. He helped her to go to school, change jobs and change some of her habits. But after a while her boyfriend's interest in her started to feel less like support. It felt more like he was trying to control her. When she disagreed with him about anything he got very angry and unreasonable. Lakeesha started to feel a little afraid of him. But she put up with it all until she found out she was pregnant. When she learned she was pregnant she broke up with her boyfriend. She realised that she would not want to bring up a baby with him. She was scared that he might be an abuser like her father.

Now she's 30 weeks pregnant and single. She works during the day at a coffee shop and takes courses at night at the local college. She's worn out from working, school and being pregnant. She talks things through with her midwife. She learns from the midwife that she might be able to get extra services and support. Lakeesha shared with the midwife that she's really excited to be a mum. But she also said that she's worried about labour, birth and bringing up her child on her own.

She misses her own mum so very much right now. The midwife tells her about the home visiting programme. She explains that these visits might help her to feel more prepared to be a mum. The midwife also says that the visits might meet a tiny bit of Lakeesha's need to feel cared for. She also says she hopes Lakeesha will see if there's an older woman in her daily life she could talk to about being a mum. Lakeesha comes away from this visit feeling hopeful.

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Questions

These questions will help you get to know yourself better. You can use these to talk to your tutor about any worries you have.

If answering a question is too hard or upsets you, just write down a few notes or skip the question.

You don't need to talk about all the questions in this module with your tutor. You can pick the ones most important to you. If you want to, you can also talk about some with a friend or your partner.

1. Lakeesha limits her contact with her family and her boyfriend. She does that to protect herself. How can she get her emotional needs met in other ways?

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2. Lakeesha is already looking forward to having a home visitor. She plans to ask her some questions. She wants to know if there are books or videos about handling anger. Especially for parents. Can you think of any other questions she might ask her home visitor?

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3. Lakeesha had not thought about seeking a friendship with a woman who is a mother and who is older. Someone who is like a mother figure. She knows she can't replace her own mother. What is realistic to hope for from a person who's just a neighbour? Or member of a faith community? Or a person at work?

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Contacting Your Tutor

Please use the space below to make some notes for your in-person meeting or telephone call with your tutor. Try to think about:

- Are there any things from your work on this that you're particularly excited to talk about?
- What more explanation, or help practising, would you like?
- Which parts of the story do you most want to focus on?
- Do you want to talk about how this applies to you—or just to the character?
- Is there any trauma-related help you need right now that you want to discuss?





Checking In With Yourself: Module 5

(Fill in, circle, or check your choice as needed. Do this **after** your tutor session.)

1. How well do you think you learned each topic?

.....
You've thought about what practical needs you have and who can help you with those needs?

Solidly Enough Just a little Skipped: not Skipped:
 for now bit importantl too stressful

.....
You've thought about your emotional needs, and how you might get help to meet them?

Solidly Enough Just a little Skipped: not Skipped:
 for now bit importantl too stressful

.....
You're able to notice how normal things in pregnancy can trigger memories and PTSD?

Solidly Enough Just a little Skipped: not Skipped:
 for now bit importantl too stressful

2. How intense was this module for you?

NOTE: Please fill in the blank with your rating of distress on a scale of 0 to 10, where 10 is the worst distress you can imagine.

Rating at the beginning of the session: _____

Peak Rating: _____

Rating at the end of the session: _____





3. Did you make any plans for the next week to look at needs you have?

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4. Did you agree to practise anything this week?

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5. How would you rate your tutor session?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

6. How would you rate this module's content?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

7. How did your learning go during this module?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great





8. How confident or sure are you of your skill?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

9. Which of the following are “needs” that some survivor mums may have?

- a. Survivors may not be able to count on help from family members.
- b. Being a new mum can stir up feelings and memories from childhood that were difficult.
- c. Survivors don’t have specific needs.
- d. Answers a and b
- e. We skipped this part.
- f. We just touched on this, so I don’t really know.

10. Survivors should expect that they might feel “needy” or want some “care” sometimes.

- a. True
- b. False
- c. We skipped this part.
- d. We just touched on this, so I don’t really know.

11. How sure are you that you could give some “care” to yourself? How sure are you that you could ask for it from someone close to you?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure





12. Sometimes triggers from pregnancy can cause PTSD reactions. If these get hard to manage, which of these can help?
- a. Asking for help to find a therapist who treats PTSD so you can work on the memories coming up. Then see if you can make them stop
 - b. Telling a therapist PTSD seems to be the issue, but you want to focus on the present, not the past
 - c. Asking to consult someone about medication to use to help
 - d. Any of these could be helpful, depending on what seems right to you.

13. How sure are you that you could ask for what you think would help you, if needed?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

