

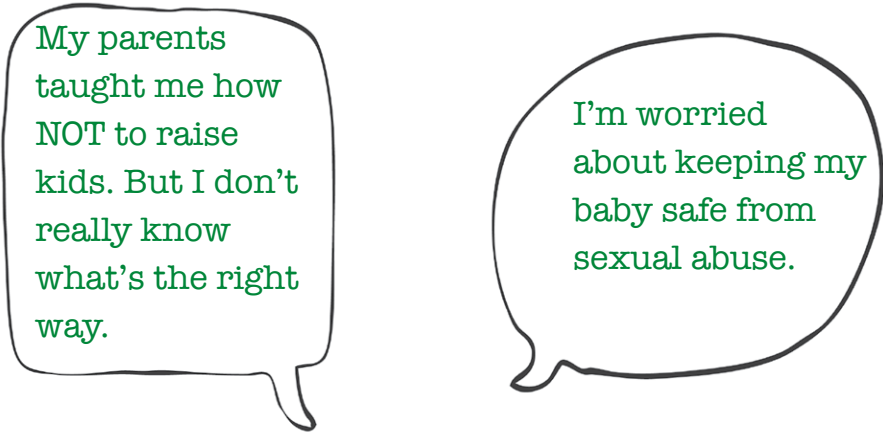
When caring for my baby,
I worry about good touch
and bad touch.

MODULE 8

Dealing With Worries About Parenting

Goals of Module 8

- ✓ Know that feelings of bonding with your baby are intense, but normal and good
- ✓ Find ways to learn more about parenting
- ✓ Discover ways to think about keeping your child safe
- ✓ Think about managing your personal needs around posttraumatic stress and too-strong feelings



My parents taught me how NOT to raise kids. But I don't really know what's the right way.

I'm worried about keeping my baby safe from sexual abuse.

Learning to Be a Mom

Most often, physical and sexual abuse happens in families. It often happens together with emotional abuse. And sometimes, physical neglect. So many survivor moms haven't had good role models for raising children. Without "good enough" parents to learn from, new mothers often worry about what kind of parents they'll be.

It's important to notice when your baby needs something. And it's also important to think about what his cries and sounds might be telling you. It's crucial to be able to focus and be calm with your baby. But all of this can be hard if you're feeling stressed or depressed.

In Module 8, we'll look at ways to be close with your baby. We'll also suggest ways to keep your baby safe. And we'll help you learn more about being a parent. Finally, we'll focus on how you can plan for your personal needs if PTSD reactions or depression appear.

How Close Is Too Close?

Women who survived childhood sexual trauma know about "good touch" and "bad touch." As a survivor mom, you might feel that the best touch is no touch at all. Or you may crave a loving touch so much that you worry about what might be too much for your baby.

It's important to know that being a mom means lots of close contact with your new baby. You'll be bathing, changing and dressing your baby. You might even be breastfeeding. All babies want to be held and you'll want to stroke your baby's soft skin. This is all very up-close and personal.

"Close and personal" are good words to use to describe your relationship with your baby. You're going to be the person who best understands your baby. New moms will build a close connection and have a lot of close physical contact. They'll also get to know their baby very well. You'll also learn what the cries and sounds are asking for: to be fed, dry, warm, rocked, held and played with.



What if the Baby Is a Mystery?

Everyone has to learn to "interpret" baby communication. There can be some trial and error and miss-steps. Your baby will give you lots of chances to learn. First, she'll need you to pay attention. Then she'll need you to ask yourself what her concerns might be. She'll also need you to respond to her concerns in a way that seems good. Finally, she'll need you to check with her to see if your response was the right one.

In one important way, practicing the interpreting skill with your baby is way simpler than it can be in other situations. You can pretty much forget about coming up with a "worst" meaning. Your baby's relationship with you is simple at the beginning. It's about being connected and needing care. There are no "worst" meanings.

In the early days, there may not seem to be any “best” meanings either. The cues just may be about food, dryness, upset tummy and a need for sleep. But soon, you’ll be able to interpret some “likely” meanings about your relationship too. Be very sure to notice how your baby signals that he’s happy with you. Or that he wants to be close to you. The relaxed way he curls up on you, eye contact and moments of quiet together. These are all signs of well-being. They mean things are going well with both of you.

You’re Teaching Emotion Regulation!

Of course, it’s a process to learn to read baby cues. Small delays in figuring it out aren’t a problem. Don’t worry. By noticing the baby’s needs and responding, you’re teaching the baby how to connect. You’ll also be showing her how to trust that you’ll provide for her needs.

Sometimes you’ll miss the first signals, and she’ll get really upset. But as soon as you notice, you’ll pause and wonder what she likely needs. Then you’ll respond, and she’ll get to calm down. She’ll come to feel satisfied, then content.

You might have to try more than one thing. (Let’s face it, those baby signals aren’t very clear at first!) During this process, you’ll be teaching her that it’s okay to be upset and angry. But you’ll also be showing her that it’s fine to stop feeling those strong feelings once they’ve served their purpose. This will be done without you even realizing it. Your baby will learn all these things by interacting with you.



But What About **Your** Emotions?

Think about what you learned in Module 3 about managing your strong feelings. That is, by trying to calm them in a nice way. At first, all the energy you have seems to go toward meeting that baby’s needs. Your own needs may sneak up on you suddenly and seem very strong.

Imagine yourself slowing down when strong upset feelings come up. You'd tell your baby, or a tiny child, simple things, like, "It's okay. I'm coming. We'll get things sorted out."

This is all your baby will have to hear. That's right. The sound of your calm voice—while he waits that few minutes for you to take care of his need. Can you come up with a few simple things to tell yourself when your strong feelings or needs come up? Try these: "I can take care of that soon." "I'm okay." "I can take care of my own needs in a minute."

When we first talked about calming skills, we were talking about using them for "too-strong" emotions. They're still handy for that. But in the early days of mothering, you may find that you need calming for other reasons. Often, it's because your physical needs aren't being met well. You may need to calm yourself because you realize you've gotten too hungry, and you feel shaky and upset. Or your breasts may fill and hurt. But you can't get to your baby soon enough to suit your need for relief. Or you can just be very tired.



Need Can Be a Trigger

Feelings that come up when our needs aren't met can be a surprise during the first weeks of mothering. They can also be triggers. Women whose needs usually were met in childhood sense that things will work out soon enough. They expect things to get better. But survivor moms tell us that that's not how it feels to them. It sounds to us like the "needy" feelings they have are triggers for PTSD reactions. Their own unmet needs can make them feel like something bad is happening. Then they start feeling danger. They get stressed and can't fall or stay asleep, and they start feeling hopeless. It's that traffic circle situation!

Finding that quiet street may need to take a different form if you have a fussy baby. There may not be any time to be alone. No time to sit cozily in a nice chair with tea and a journal. That may be the stuff of fantasy for a few months! You may need to learn short and simple ways to get



out of the roundabout. One simple thing is to stop the trigger of needy feelings by trying to fill a basic need in a quick way.

Here are some ways to fill such needs:

- Drink a glass of milk
- Put the baby down and do some stretching and deep breathing
- Reach out to a friend
- Enjoy something you love that's quick. Like playing a favorite song and dancing

Think of the basics. Even if they're the same basics you think of for the baby: food, cleanliness, comfort, rest, play and contact with other people.

What About Touching?

Sometimes your voice will let your baby know that everything is well. It may tell him you're coming. Or that it's time to calm down and sleep. You can do that by speaking or even singing. Just being close

to your baby, in a sling or in your arms, will help him feel safe. But many things young babies need require you to touch them. These are perfectly normal day-to-day things. Washing the baby's whole body or wiping the baby's bottom, vagina or penis lots of times each day. If you decide to breastfeed, that will also mean putting your nipple in the baby's mouth. This is all completely normal.

For a lot of moms this will be easy. But survivor moms have told us that touching their baby's "private parts" worries them. So can having their baby touch their breasts. This might be because it reminds them of bad sexual touch they had when they were young. They aren't sure what's normal for a mom to do. This makes sense, given their histories of childhood trauma.

A key thing to keep in mind: you have been and still are a learner. There will be chances to learn in a birthing or parenting class how to wash and change a baby. You also can watch a video or ask a friend to show you. Nurses and doulas can also assist you. The nurse might talk more about making sure the bath water isn't too hot. Or whether or not to use powder. It's helpful, though, to watch how the teacher touches the baby. They'll clean the baby's bottom, penis or vagina in a way that's gentle but not sexual. Hospital staff members are always willing to show you how to do this. They also will support you while you practice and get more at ease. All you need to do is ask.

Most new moms do much better than they think they will. After you've become used to changing the baby many times each day, you'll stop thinking about sexual abuse worries. You'll think only of keeping your hands clean or not getting wet all over when the cold air makes your baby pee! You'll forget that you were even worried about this in the first place. You'll think instead about how beautiful your baby is. You'll feel that he is safe with you, and that you feel okay.

If you're feeling at all worried about close, personal contact with your baby, please make sure you talk with your tutor about this. She'll

understand. She'll also help you find ways to feel sure about safe, personal touch with your baby.



What are your thoughts?

- Do you have any fears or worries about contact with your baby?
-

Baby massage is something else that might help you learn to enjoy touching your baby safely. There are baby massage classes. There are lots of really good things about baby massage. It can help your baby sleep or feel better. It can help her calm down if she has gas or colic. But your main goal might be to watch how the massage therapist uses touch, notices the baby's response, and stays close and personal, but not sexual.

Talk to your tutor if you would like help to find a baby massage class.

Breastfeeding

There have now been lots of studies to show that breast milk is really the best food for infants. It helps support the baby's growth and development. On top of that, many moms feel breastfeeding helps them feel close with the baby. Having said that, breastfeeding is not always easy. It can sometimes cause worry for any mom. And there can be extra worries for survivor moms. Some worry it will remind them too much of the bad touch they had as a child. They worry it will feel too sexual.

Breastfeeding can be physically intense. Especially at the start. It can be painful. But the pain usually goes away pretty soon. The suckling may produce



strong cramps. This actually helps slow your bleeding in the first few days. So it's a good thing. But the sensations that link our breasts and our pelvis in breastfeeding can feel like sexual arousal. Sexual abuse survivors sometimes feel confused or upset when this happens. It may be that it's scary for them to have "baby contact" and "sexual arousal" happening at the same time.

On the other hand, science shows that breastfeeding can lower stress in moms who've just given birth. There's a hormone let loose in your body with breast milk. It helps you bond with your baby and learn caregiving. This hormone also brings feelings of calm and helps stop worry and stress. But everyone gets some of this hormone. Whether they breastfeed or not. As soon as new babies are born, they'll have skin-to-skin contact with their mom. This starts it flowing. Breastfeeding just boosts the hormone during every feeding, and that can really help.

It's Your Choice

So, yes, there are many benefits to breastfeeding—for both of you. But it's your choice. You do not have to breastfeed. But the very best thing to do may be to plan on trying it. Then see if it goes well for you. If breastfeeding turns out to be a trigger, you can stop. You can also stop if it's not going smoothly. Or if it's stopping you from being able to focus on and enjoy the baby. As a survivor, you know, it's your body. So you get to say what's okay for you and what's not.

Some women try to keep breastfeeding. Even when they come to dread it. This isn't in anyone's best interests. You and your baby need to feel relaxed and close during feeding times. You may find that using a bottle can allow you to hold your baby close. You can gaze into each other's eyes. And create a closer emotional attachment between the two of you. This connection is probably more important than forcing yourself to breastfeed. Especially if it's upsetting.

That said, here's some advice. If you want to breastfeed, and you realize that it's not always as easy as it first looks, know there's a lot of help for you. This means no mom ever has to go it alone. The professionals will help, of course. But it's possible to get more support from a group called **La Leche League**. All they ask is that moms be open about their possible concerns so that they can give them the right support.



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Voicing your concerns about breastfeeding...

- How do you feel about the way you're feeding your baby now?
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- Do you have any trauma-related concerns about breastfeeding?
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- Do you want help to work them through? If so, ask your tutor for contact information for the breastfeeding support.
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**Keeping Your Baby Safe When
You Are Away**

We've already talked about how important it is to keep your baby safe from people you know to be abusive. These are the people you wouldn't trust to babysit. Or look after your child when you're not around. At first, it isn't too hard to make sure that your baby is always with you, your partner or a trusted babysitter.

But before very many weeks have gone by, that situation will change. You'll start to be ready to leave your baby for short periods of time. Now is a good time to think about whom you'd trust to babysit. It's a

good idea to invite her to come spend time with the baby while you're there too. That way, everyone will become comfortable with each other. You'll enjoy your bit of time away more if you feel confident in the person taking care of the baby.

It's very likely that at some point you'll want to think about daycare. In fact, you may already be looking for that service. Learn as much as you can about your day care program options. Find out whether programs are licensed. Friends may be able to recommend the place they use for their children.

Local governments almost always have a list of licensed child care providers. There are good resources. These include lists of questions to ask and things to look for when visiting a daycare center. This can help you choose one that's best for you. It will help you feel at ease to know that the baby will be safe and well-cared for there.



Keeping Your Baby Safe if You Get Triggered

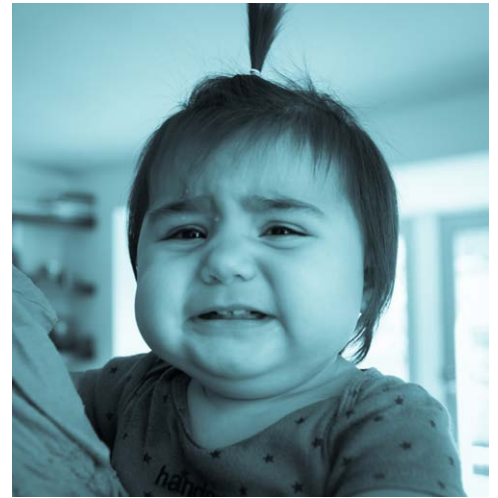
Although it isn't often talked about, sometimes women worry that they might hurt their own baby. Trust us. This is a worry for all parents. But survivor moms are more aware of the abuse in families. So they may feel more worried. By working through these *SMC* modules, you're working on ways to prevent yourself from hurting your baby.

There's not much information out there about what causes a mom to hurt her baby. A mom can become so tired, upset and overwhelmed that she becomes short tempered. If she has PTSD, intense anger could be a "fight or flight" reaction. Feelings of frustration can get too strong. They can become out of scale to what's happening. It's possible to forget that what the baby's trying to say can't have a "worst" meaning. Things can feel so overwhelming that you think the baby is mad at you. Or doesn't like you because he's crying, unhappy and having a

bad day.

Look back at that previous paragraph. That's got all the issues in it: PTSD reactions, too-strong emotions and interpersonal reactions. They could all be coming together at the same time.

These are vulnerable moments. You need to be able to use all three skills. Maybe all at the same time. You'll need to: **Find a “quiet street.” Calm yourself kindly. Remind yourself that your baby loves and needs you in a totally good way.**



Intensity can build up for any parent. If you have a PTSD reaction, you'll have a lot of fight- or flight-related energy! You could yell or squeeze your baby or shake it when that's happening. But you **can't** do this. You should plan for when this day happens, because it probably will. Denying it could happen won't help. You need to have a strategy.

Here's one we suggest:

1. **Put your baby down** safely in her bed or pram or stroller.
2. Turn up the radio. Or put on a musical toy so your baby doesn't hear you working out your feelings.
3. Go out of the room and:
 - Call someone who could help.
 - Have a good cry (which will drain away the overwhelming feelings)
 - March up and down to walk out your anger. Even punch a pillow to really release some energy
4. After a 10-minute “time out,” go back to the baby and notice what he needs.

There are lots of resources to get ahead of time to help with crying babies. They won't be specific to survivor moms. But all parents have a need for strategies. You're not alone.

Hopefully, having a “10-minute (safe) time-out” will calm you enough. So you can go back to doing what your baby needs to you to do. But you should ask yourself if this is a sign that you need some help. If this seems to be happening a lot, maybe PTSD or depression is making these feelings worse. You may need the extra help that a therapist can offer. You should always speak to your tutor or other helping professional if this is happening.



Bonding: There's No Deadline.

The relationship between parents and babies is really important. Sometimes people talk about “bonding” as though it happens in a flash—the minute the baby's born. But it's really a process. Some moms have “love at first sight” experiences. Others just need more time. Moms who have surgery to give birth or who had a really difficult labor sometimes need longer. Some babies are probably a bit more charming than others. The baby can have a rough start too. So realizing it can take a few weeks to feel close and loving with your baby is good.

In other modules we talked about feeling numb. We explained how it's a part of PTSD. Shut-off feelings can affect your ability to feel close and “bonded” to your baby. Feeling numb rather than feeling too angry or too sad might **seem** good. But if you're numb, you don't feel happiness either. Being able to calm (or safely vent) the over-strong feelings is better than feeling numb. Being open to the good feelings of closeness, love and joy with your baby is important. It'll help you get through the early days of being a mom. Even if those feelings are scary!

In Module 2, we also talked about dissociation. This is when someone mentally “goes away” from an overwhelming situation. This is not the

same as “taking the first exit” off the roundabout. “Finding the exit to a quiet street” is a deliberate, problem-solving plan.

Dissociation is very different. It involves being mentally apart from reality. This can happen during stress. Whether the stress has to do with past trauma or not. Your baby’s crying might trigger you into dissociating. When taking care of a baby, this “mentally going away” isn’t good. If you’re not grounded in reality, you’re not in control of yourself. So you can’t take care of your baby. It’s possible to learn how to stay grounded when this happens.

Getting Grounded*

As we’ve said, people with posttraumatic stress can start to feel like they might be dissociating. Especially when they’re under stress. Becoming grounded requires you to be aware of where you are. It also means knowing how old you are and what’s happening right now. It means becoming aware that what you’re experiencing is real. Sometimes we can become grounded by paying attention to what seems real right now.

It helps to have a routine. One routine involves using the five senses to let ourselves know where we are and what’s happening. Those five sense are: sight, sound, taste, smell and touch. Here are some questions people commonly ask to ground themselves in the here and now:

- What do you see?
- What do you hear?
- What do you taste?
- What do you smell?
- What can you touch?

*These ideas for grounding are from: Vermilyea, E. G. (2013). *Growing beyond survival: A self-help toolkit for managing traumatic stress*. (2nd ed.). Brooklandville, MD: The Sidran Institute.

Some people who need extra help with grounding gather objects that make them feel safe and good. It's possible to make a small "kit" and keep it with you. One idea is to put things in a tin box that used to contain mints. Put things in that box that remind you of good moments in your adult life. These things may include something to see, such as a photo. Or something to hear, such as dried flowers that rustle in a small cloth bag.

The box can also include something to taste, such as mints or leaves of tea. It can also contain something that one can smell, such as those same dried flowers. Or touch, such as a piece of fabric, feather or rock.

Take a moment to focus on each sense. Name each object, and tell yourself why you like it.



Dealing with dissociation...

- If you dissociate, do you know how to stop yourself from doing it? Do you have the phone number of someone to call, if this starts happening when you are alone with your baby? It can be your tutor or other care provider. Or your counselor if you have one. If you have not talked about dissociating with anybody yet, this could be a good time to name this problem and get some help.
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Being Good to Yourself

For some people, this may have been a difficult module to work through. It may have brought some "worst fears" or bad memories to the surface.

Most cultures look to mothers to live up to a high ideal. But they gloss over how hard a job it is. And it's really rare to hear anything about how hard it is to be a mom if you come from a family where abuse or neglect happened. Or if you're with a partner who can be abusive. And it's really, **really** hard to talk about how moms could hurt their baby.



Again, these ideas may be painful to think about. But it's really important to talk about them. Not talking about them makes it harder for new moms to get the help they need.

By talking it through with your tutor, you have more power to prevent bad things happening in the future by:

- Having a plan so you can manage PTSD and not hurt or neglect your baby
- Knowing you can get help

After reading all of this, you might find it really helpful to do something extra kind for yourself. Make yourself smile!

Think about your baby and how much he's going to love having you as his mom!

Molly's Story

Things to Think About

As you read Molly's story, try to think about what you have learned in Module 8:

- How does Molly's story show you that bonding can take some time? And that there can be all kinds of feelings involved?
- How does her story show you that there are things you can do to learn about parenting? (Hint: You don't have to know it all now.)
- How can you plan to keep the baby safe?
- How can you keep the baby safe **even** when her crying is too much for you? Or if your feelings are too strong?

During a therapist visit when she was still pregnant, Molly discussed her exchange with a nurse who had said that she might be too “high-risk.” Why? Because Molly was depressed and taking medication for that. Molly then changed care providers and chose a team of other care providers. She did disclose her abuse history with them. And got a far different reaction. The care providers didn't seem shocked or distressed. They supported her healing process. And they were responsive to her specific needs. Especially around her pregnancy, birth and medication decisions.

Molly continued to see her therapist. She decided to wean off of her anti-depressants while she was pregnant. Why? She was worried about that drug's potential impact on her baby. She then felt good about her pregnancy and the birth that followed.

Molly chose to breastfeed her baby girl, Carly. She felt uncomfortable right away. She felt strange when breastfeeding. Confused by her feelings. At first breastfeeding hurt a little. She was expecting that. Even though it was hard, she waited that out. But later, when it no



longer hurt, she started to feel warm and sensual feelings when she nursed her baby. She didn't feel good about that. Instead, she became very worried about what such feelings meant. She wondered whether there was something wrong with her. She loved her baby girl very much and felt very protective of her. But she also felt overwhelmed at how strong her feelings were. She worried that she wouldn't be able to protect her baby. She wondered if she might possibly abuse her baby. Just as she'd been abused. She felt uncomfortable touching her baby when she was changing her diaper. She worried that she'd touch her in an inappropriate way. One minute she'd feel overwhelming love and connection to her baby. The next she'd feel alarmed. She feared she wouldn't be able to protect her baby. She felt like she was on a roller coaster ride that she couldn't get off.

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Questions

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. Why might Molly feel stressed by positive feelings of closeness with her baby?
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2. What are your personal feelings about breastfeeding?

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3. What strategies might work for you when you're feeling overwhelmed by your baby's needs? Make a list of things you can or will do in stressful situations to tone down your feelings. And keep your baby safe from harm.

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Monica's Story

Things to Think About

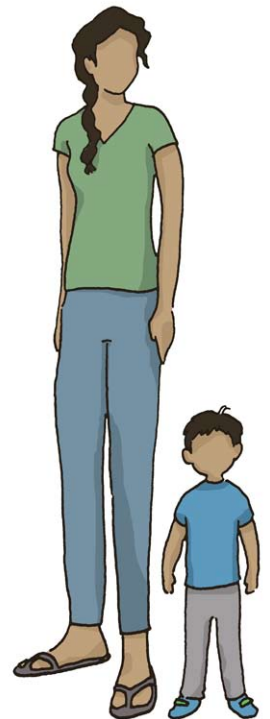
As you read Monica's story, try to think about what you have learned in Module 8:

- How can you practice responding calmly to stressful situations? Situations that occur involving you and/or your baby?
- How can you respond calmly to your baby in ways that will help her learn about emotional regulation? Even when you are frustrated?

Monica's therapist recommended that she plan how to deal with Luis' hitting. She suggested that Monica calmly tell Luis, "In this family, we don't hit each other. It hurts Mommy when you hit her." She also asked Monica to tell Luis that she'll stay with him until he calms down.

Monica was also encouraged to create routines for Luis as consistently as possible. Model the behavior she expects of him. She was told to praise his good behavior and use humor and jokes as much as possible. The therapist validated Monica's worries. She reminded Monica that this is a normal phase for children to go through. And if Monica works at these suggestions, that phase will likely pass quickly.

The next time Luis had a temper tantrum, Monica was ready for it. She had just seen her therapist, an Infant Mental Health specialist, a few days earlier. Monica took a deep breath and reminded herself to keep her voice calm. Even though she could feel her own anger and anxiety rising. She said, "It's hard for me to understand you when you're shouting like that, Luis." When he kept crying, shouting and striking out, Monica said, "I know you're mad. I know you don't want to take a nap. I am going to stay with you until you are able to calm down." Luis continued crying and kicked at Monica. It was re-



ally hard for Monica to stay calm because she was reminded of past abuse from Luís' dad. But she kept taking deep breaths and trying to remind herself that such behavior was normal. She remembered that it didn't mean that Luís is bad or that he'll be abusive when he grows up.

After a few minutes (which felt more like an hour for Monica), Luís calmed down. He started playing with his toys. Monica gave Luís a hug and told him that she was very proud of him for calming down. She told him again that hitting isn't okay. That it hurts her when he kicks her. She asked Luís if he was ready for his nap. Luís said he was.

Not every tantrum went this well. Sometimes, Monica found herself shouting at Luís before she realized what she was doing. As she practiced responding calmly, Monica found that Luís was able to calm down more quickly. The tantrums decreased over the next few months. The hitting stopped a few weeks later.

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Questions

1. Can you think of any times when you used praise or humor with anyone you disagreed with or who offended you in some way? Even your baby?

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2. How and when did Monica use praise in this situation?

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3. Have there been times when you struggled to respond calmly to someone—even your baby—when you were triggered? If so, what could you do differently in the future?

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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 ideas from your recent SMC work that you’re particularly excited to talk about??
- What more explanation, or help practicing, 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?

Notes

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Checking In With Yourself: Module 8

(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?

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**You know that the close contact you'll have with your baby is normal.
And it's good for you and your baby.**

Solidly	Enough for now	Just a little bit	Skipped: not important	Skipped: too stressful
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**You've thought about keeping your child safe when you are upset.
And you've thought about keeping him safe if there are abusers in the
family.**

Solidly	Enough for now	Just a little bit	Skipped: not important	Skipped: too stressful
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.....
**You've thought more about taking care of your own needs around
PTSD and too-strong feelings.**

Solidly	Enough for now	Just a little bit	Skipped: not important	Skipped: too stressful
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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. Based on what you learned in this module, which personal needs will you focus on over the next week?

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4. Based on what you've learned in this module, which skills might you practice in the coming week to help you meet those needs?

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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. You're not bonded to your baby if you don't feel constant love and devotion to her every second from the minute she's born.

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

10. How sure are you that you can let yourself feel some ups and downs during the first few weeks you're caring for your baby?

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



11. Your baby gets a rash on her bottom and you feel horrible, like it's all your fault. What's a useful thing to say or do?
- a. Tell yourself this is all new to you, so you can look up "rashes" in a baby care book.
 - b. Ask your friend who has a three-year-old what she used to do to take care of her baby's skin.
 - c. Call someone at the baby's doctor's office and ask what's best to do.
 - d. Any or all of those
 - e. We skipped this part.
 - f. We just touched on this, so I don't really know.
12. How sure are you that you can tell yourself that everyone must learn about parenting?
- Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure
13. It's healthy to dissociate or go away mentally while you're taking care of the baby.
- a. True
 - b. False
 - c. We skipped this part.
 - d. We just touched on this, so I don't really know.

14. How sure are you that you'll be able to keep from "going away" if you're stressed while caring for your baby?

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

15. You'll need a plan to keep from hurting the baby in case you have a strong PTSD fight or flight reaction.

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

16. How sure are you that you could use your plan to keep from squeezing or shaking the baby?

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

Module 8 Supplement. Finding a Health Care Provider for Your Baby—and You!

The Importance of Finding a Health Care Provider

If your baby's already arrived and you're happy with your care provider, that's great! It may even seem like you don't need to check out the information contained in this supplement. But take it from us. Sooner or later, one or both of the following may happen. You'll want or need to:

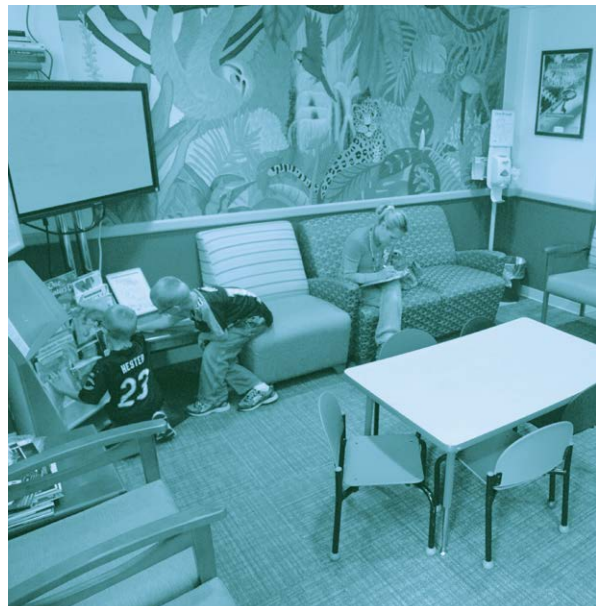
- Ask your health care provider (or your baby's provider) some questions about the way she works with patients.
- Find a different health care provider for either you or your baby

So even if you're no longer pregnant, this supplement is still for you.

If you are pregnant, however, it may take a while to find a health care provider who's a good match for you and your new baby. So by the time you're six months' pregnant, it's best to start thinking about how you're going to find one.

By now, it's probably not hard to see why this is important. The *SMC* program has already shown you how critical it is to have a good relationship with your care providers. And building trust with them has probably taken time, skill and practice.

Well, it's just as important to have a good relationship with your baby's health care provider! That's true no matter what kind of professional you choose. **If you have a choice, of course.** The provider could be a children's doctor



(pediatrician) or family practice doctor. A nurse practitioner or general practice doctor might become your baby's health care provider too. Ask your tutor what provider choices you may have.

Luckily, you've learned a lot of skills in the past few months. Skills that can help you find a provider. And strategies that can help you make the best of your relationship with that person.

Getting Help With the Search

But that's not all. You've also learned how to pick someone to help you get your needs met during appointments. Someone who's been helping you interpret what happened during those visits afterward. Hopefully, you've found that "traveling companion" helpful in other situations too. So why not ask her to help you find a provider? Chances are she'd be up for it!

She wouldn't be the only one you'd ask though. If you can choose a provider, start looking in a way that you imagine an easy going person would. Consider asking your current health care providers, tutor, friends and neighbors for the names of other providers they'd recommend.

Of course, that doesn't for sure mean those providers would be best for you—or your baby. Every family has different needs in a medical provider relationship. A friend's provider might meet her needs. But that same person may not be the best match for you. Collecting recommendations is a good start though.

Coming Up With Questions

Once you've received some names, start setting up visits with them. It's common for women to ask for this kind of meeting. When you call, just say you're starting to look for someone to care for you and your baby. Ask for a short appointment. During those visits, you (and your

companion) can meet health care providers and get to know them a bit. You can ask them questions that would help you learn whether you're a good match. It's a good idea to make a list of your questions in advance and bring it to the appointment.

By now, you've probably learned what kinds of questions help you the most. It's not necessary to ask each of the questions we're including here. Bring up ones that concern you the most. Especially ones you've come up with yourself!

Here are a few questions you might ask:

Questions About a Provider's Way of Working:

Questions related to either one of you:

- ✱ When do you think it's important to use tests instead of just an examination?
- ✱ How do you like to treat common illnesses?



Questions related to your baby alone:

- * If my baby needs a hospital, will you be able to help with the baby's care?
- * How would you feel if I decided not to vaccinate my baby or not to circumcise?
- * Is it okay for parents to call your office for advice, or do you want us to come in if there's a concern?
- * What do you think is important for parents to know about how you work?

Do you agree with a provider's basic views? It's important to feel comfortable with the person you choose.

Questions About a Provider's Practices:

Practices related to your baby:

- * How soon after birth will you want to see my baby?
- * How many visits or appointments will you expect me to make during the baby's first year? And why?

Practices related to either one of you:

- * What are your office hours? Do you have evening or weekend hours?
- * What's the length of an appointment?

Questions About a Provider's Availability:

- * How do I get in touch with you if I have questions or concerns?
- * Can I easily reach you by phone or email? Do you return every call/email?
- * What if there's an emergency? Can appointments be made for the same day if I (or my baby) seems sick?
- * What happens when you are unavailable?

Questions About a Provider's Fees: (General)

In most cases, your tutor, care provider or other staff will tell you which providers you have access to—and can afford. We also know that, sometimes, it can be tough for anyone to ask questions about health care costs.

But it's a good idea to know the answers to the following questions when you become a mom. That way, you'll feel more at ease about making decisions about you—and your baby's—health care.

- ✱ Are you (and your partners if the provider is part of a group practice) covered by my insurance plan?

(This might be a question you ask when you call to set up an interview.)

- ✱ How much do your services cost?
- ✱ Are there extra fees for any particular services?
 - For advice calls during daytime hours or emergency calls during night-time hours?
 - For requests for prescription refills or filling out forms?

Questions About a Provider's Knowledge of Trauma Issues:

Are you comfortable about bringing up your trauma history with a provider? Do you think it might be helpful if your provider was sensitive about this? Then ask your care provider or tutor if they know other providers who are knowledgeable about trauma. See if you can interview those providers.

It might be hard to come up with a way to ask this question. You might want to offer your perspective first. That gives providers time to listen and think before they answer. Try this:

- ✱ When I was growing up, I had bad things happen—like abuse and neglect—so I don't have good role models. I don't really expect my family to help me. Will you be willing to take those things into account when you work with me? And the baby?

Interpreting the Information You've Received

Asking providers questions can sometimes be stressful. So we recommend that you take a pen and a notepad to the interview. That way, you'll not only have the list of questions right in front of you. You'll also have the chance to write down the answers you receive! We know that some people find that hard to do. That's why taking a companion along can be so helpful. She can take notes instead!

In any case, there's something else she can do. Something that she's probably done for you already. She can help you interpret what each provider has said or done during the office visit. She can also help you work through your feelings about that visit.

Whether or not someone goes with you, it'll be important to use the interpreting skills you've learned. They'll help you choose the best provider. Think about the visit. Was there anything that struck you as really good? If so, what was good about it? Don't forget to write that down!

Was there anything that felt uncomfortable? If so, remember to review the following after your visit:

- * What's the worst meaning of what the provider may have said or done during the appointment?
- * What's the best meaning of what she said or did?
- * What's the likely meaning of what she said or did?

Once you (or you and your companion) have thought or talked about the visit, make some notes about it. See if the provider might be a match for you and the baby—or you alone. Or not. Then gather the notes together after you've made all of your visits. By then, you'll probably have enough information to pick the best provider.

