

PSYCHOLOGICAL AND PEDAGOGIC SUPPORT TO THE MOTHERS IN POST-PARTUM PERIOD HANDBOOK FOR THE MOTHERS

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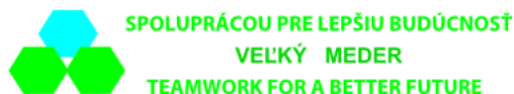


**YOU'VE PREPARED FOR BABY, BUT HAVE YOU PREPARED
FOR POSTPARTUM ?**

Most new moms agree that the postpartum phase is one of the most shocking aspects of early motherhood. As expecting mothers, we spend so much time preparing for the baby that we forget to prepare for what's about to happen to us. The 4th trimester isn't talked about enough, and we want to change that!



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CONTENTS

PROJECT NO: 2022-1-NL01-KA220-ADU-000086205	0
1 INTRODUCTION (P5)	5
1.1 Preamble	5
1.2 Background	5
1.3 Defining the Postpartum Period	5
1.4 Needs of Mothers in Postpartum Period	6
2 NEWBORN CARE (P4).....	7
2.1 Essential newborn care	7
2.2 Timing and number of postnatal contacts	7
2.2.1 Skin-to-skin contact the first hour after birth.....	7
2.3 Breastfeeding	7
2.3.1 Initiation of breastfeeding	7
2.3.2 Exclusive breastfeeding	8
2.3.3 Home visits for postnatal care.....	9
2.3.4 Soothing/dealing with a crying baby	9
2.3.5 Sleep patterns for the babies	10
References - PART II	12
3 PHYSICAL PROBLEMS AND NEEDS OF THE MOTHERS IN POSTPARTUM PERIOD (P3).....	15
3.1. Involution of the uterus	15
3.2. Vaginal bleeding/discharge	15
3.3. Postpartum contractions	15
3.4. Perineum.....	16
3.5. Hygiene and personal care	16
3.6. Bladder and bowel function	16

3.7.	Adequate nutrition of the mother	16
3.8.	Sexual life	17
3.9.	When to call a doctor	18
3.10	Midwife services (refer to the Annex for country-specific changes)	20
References - PART III		21
4.	PSYCHOLOGICAL PROBLEMS AND NEEDS OF THE MOTHERS IN POSTPARTUM PERIOD (CO.)....	23
4.1.	Pre-Natal blues: Roots and Causes	23
4.2.	Postpartum depression: more than just the blues	23
4.2.1.	What is postpartum depression?	23
4.2.2.	Differences between depression and blues	24
4.3.	Postpartum Emotional Adjustments	25
4.4.	Special Circumstances	25
References - PART IV		27
5.	PEDAGOGIC PROBLEMS AND NEEDS OF THE MOTHERS IN POSTPARTUM PERIOD	28
5.1.	Attachment	28
5.1.1.	Bonding With Baby.....	28
5.1.2.	The development of attachment	28
5.2.	Sleep Healthiness of Mothers	29
5.3.	“Wonder Weeks” As A Concept	29
5.3.1.	An alternative explanation for “mental laps” for infants: Wonder Weeks	29
5.3.2.	Leaps and their conditions for infants	29
5.3.3.	How to approach to infants in mental leaps periods	30
5.4.	Sensory Integration for Infants	30
5.4.1.	What is sensory integration for infants?	30
5.4.2.	Types of sensory disorders	31
5.4.3.	How to tackle with sensory dis-integrations	31

5.5. Mother- Father Relations for Infants	31
5.5.1. Parental Relationship Problems	31
5.5.2. Single parenting	32
5.6. Division of Labor within the Family	32
5.6.1. Fair Division of Labor	32
5.6.2. Changing roles	33
5.6.3. Housework	33
References - PART V	34
6. SUPPORT MECHANISMS (P2)	35
6.1. Foundation of Motherhood: Institutional Support for Mothers	35
6.2. Social Support Groups: Online Mothers Groups as Critical Support	36
6.3. "Others Like Me": The Crucial Support from Other Mothers	37
6.4. Activities for Physical and Emotional Health	38
6.4.1. Postpartum Exercises	38
6.4.2. Yoga in Postpartum	38
6.4.3. Relaxation Techniques in Postpartum	39
References - PART VI	40
ANNEXES	41

1 INTRODUCTION (P5)

1.1 PREAMBLE

The postpartum period, also known as the puerperium, is a critical time in a woman's life after giving birth. It is a time of transition and adaptation, both physically and emotionally. During this period, a mother may experience various changes in her body, and she may need support and care to adjust to the new changes. The postpartum period is a crucial phase for new mothers and their families that requires attention and support. This period involves significant physical and emotional changes as new mothers adapt to the responsibilities of caring for a newborn while recovering from childbirth. While this time can be fulfilling, it can also be challenging, especially for first-time mothers who may be unsure about what to expect. Therefore, understanding the characteristics of this period and the support that new mothers require is essential for healthcare providers, policymakers, and communities. This knowledge can help ensure that mothers and their families receive the necessary resources and support for their health and well-being. In this article, we will provide a definition of the postpartum period, discuss its features, and highlight the needs of new mothers during this period. Additionally, we will emphasize the significance of providing support to new mothers, including information, psychological support, sharing experiences, and practical and material assistance. Our goal is to raise awareness about the challenges of the postpartum period and the essential role that support plays in promoting the health and well-being of new mothers and their families.

1.2 BACKGROUND

Postpartum care has been an integral part of maternal health for centuries. Throughout history, different cultures have developed various practices to support mothers during the postpartum period. However, with the advancement of medical technology and changes in lifestyle, the postpartum period has become shorter, and many mothers do not receive the care and support they need during this time. The postpartum period, also known as the puerperium, is a critical time for new mothers as they adjust to their new role and recover from childbirth. This period typically lasts for six weeks following the birth of a child, but may last longer in some cases. During this time, mothers experience physical, emotional, and psychological changes that require support and care from healthcare providers, family members, and friends. As a result, there is a growing need for healthcare providers and support systems to address the needs of new mothers during the postpartum period. This includes providing education and information about postpartum recovery, offering emotional and psychological support, and facilitating access to practical and material resources. By addressing the unique needs of new mothers during this critical period, healthcare providers and support systems can help promote the health and well-being of both mother and baby.

1.3 DEFINING THE POSTPARTUM PERIOD

The postpartum period is defined as the period that begins after the delivery of the baby and ends when the mother's body has returned to its pre-pregnancy state. This period typically lasts around six weeks, but it can vary for each mother. During this time, a mother's body undergoes

many changes, including the involution of the uterus, the cessation of lactation, and the healing of any perineal tears or incisions. The postpartum period is characterized by physical, emotional, and social changes. Physically, a mother may experience fatigue, vaginal bleeding, breast engorgement, and changes in appetite and bowel movements. Emotionally, she may feel overwhelmed, anxious, and depressed. Socially, she may experience changes in her relationship with her partner, family, and friends.

1.4 NEEDS OF MOTHERS IN POSTPARTUM PERIOD

Need for information, mothers need accurate and reliable information about postpartum care, breastfeeding, infant care, and family planning to make informed decisions and care for themselves and their babies. **Need for psychological support**, mothers may experience a range of emotions during the postpartum period, including anxiety, depression, and stress. They need emotional support and counseling to cope with these feelings and adjust to the new role of motherhood. **Need for sharing experiences**, mothers need to connect with other mothers who have similar experiences to share their feelings, concerns, and challenges. **Need for practical and material support**, mothers need practical assistance, such as help with household chores, cooking, and childcare. They may also need financial support to purchase necessary baby items or pay for medical bills. In conclusion, the postpartum period is a crucial time for mothers to receive adequate care and support. Meeting the needs of mothers during this period can positively impact their physical and emotional well-being and the health of their babies.

2 NEWBORN CARE (P4)

2.1 ESSENTIAL NEWBORN CARE

The postnatal period poses a big challenge for the baby. Until then, he used to be in constant physical contact with his mother, surrounded by a pleasant warmth, constant darkness and muffled sounds, and he felt no hunger or thirst. Once he is born, he suddenly has to adapt to the world outside his mother's womb, that is unfamiliar to him.

Babies have the right to be protected from injury and infection, to breathe normally, to be warm and to be fed. All newborn should have access to essential newborn care, which is the critical care for all babies in the first days after birth. Essential newborn care involves immediate care at the time of birth, and essential care during the entire newborn period. It is needed both in the health facility and at home. (WHO 2017)

The main idea of rooming-in is that the baby and mother are placed side by side in a ward after birth and observation, and are together 0-24. The system has several positive impacts: uninterrupted time together provides a space for mother and baby to get to know each other and helps to build attachment. Continuous body closeness also has a positive impact on breastfeeding: the mother can recognize and respond to the baby's needs more quickly, the newborn can be placed on the breast immediately when early hunger signals appear, thus establishing on-demand breastfeeding.

2.2 TIMING AND NUMBER OF POSTNATAL CONTACTS

2.2.1 SKIN-TO-SKIN CONTACT THE FIRST HOUR AFTER BIRTH

Although birth is a natural process, both giving birth and being born are significant physical and emotional strains. There is nothing better to help relieve accumulated stress than immediate skin-to-skin contact after giving birth. The essence of the procedure is to place the newborn naked on the mother's bare chest immediately after birth and let them rest there for at least 1 hour. We also call it as the Golden Hour. This process is suggested to contribute to an early coordination of infant's five senses: sight, hearing, touch, taste and smell, as well as movement.

Skin-to-skin contact has several positive impacts both from the point of the mother and the child. The hormonal changes that take place during this time help to trigger milk production and strengthen the bonding process. The proximity of the mother greatly helps stabilize the vital functions (breathing, pulse, blood sugar, and body temperature) of the child. When the baby comes into contact with the mother's skin, they encounter bacteria appearing within the sphere of the family that are already known to the mother's organism, which provides immunity against them through breastfeeding, making the baby more resistant also to foreign pathogens.

2.3 BREASTFEEDING

2.3.1 INITIATION OF BREASTFEEDING

In an optimal case, the baby's first placement on the breast takes place in the delivery room, during the skin-to-skin contact. This intimate moment has many benefits for both the mother and the baby:

- Suckling triggers uterine contractions that help the placenta to be born and reduce bleeding.
- A newborn learns to suck more easily from a breast that is still soft.
- As a result of early-started and frequent breastfeeding, the coming-in of milk occurs sooner, the newborn loses less weight, starts gaining weight faster and has fewer breastfeeding problems.
- The newborn immediately receives the colostrum, which has an important role in protecting the infant against infections.

The stomach capacity of newborn is very small, so for them, consuming small amounts of breast milk several times a day is the appropriate feeding method. For these reasons, new-borns often request to be breastfed frequently, which causes concern for mothers that the available amount of breast milk may not be sufficient. This problem often means the end of breastfeeding as artificial supplementation begins. However, it is important to know that the quantity of milk is based on the principle of supply and demand, so the more effectively the baby empties the breast, the more breast milk will be produced. Limiting the number of times you breastfeed, or replacing breastfeeding can have a negative effect on the volume of milk produced.

2.3.2 EXCLUSIVE BREASTFEEDING

What does exclusive on demand breastfeeding conception mean?

The concept of on-demand breastfeeding essentially means that the timing and duration of breastfeeding are based on the needs of the baby, not on some external schedule. In other words, the baby can be put on the breast in response to any signals, regardless of whether they were last fed five minutes or five hours ago, and can stay on the breast for as long as they like.

It is important that the baby is not only put on the breast when they cry (which is already a late sign of hunger), but the mother should respond to the early signs of breastfeeding demand as much as possible (e.g. smacking lips, sticking out tongue, bringing hands to mouth), because the crying of the baby may indicate a stressful, agitated state, which significantly impairs their breastfeeding technique.

Mothers can be made unsure when the baby frequently seeks to be breastfed, so it is important to know that the demand for breastfeeding is not always related to hunger, but also serves to satisfy many other needs (e.g. need for social interaction, sleepiness, restlessness, pain).

On-demand breastfeeding also takes into account the needs of the mother besides the baby: the little one can be put to the breast upon the mother's request, e.g.: due to the pain of an overfull breast.

The meaning of exclusive breastfeeding is that the child receives no other liquid besides breast milk and that all their sucking needs are met through the mother's breast.

Unfortunately, it is still a common misconception that infants need various additional liquids alongside breastfeeding. One of the most common indications includes, for example, warm weather (mothers, fearing inadequate fluid intake for their child, give water to their baby), and

pain relief (such as sweet fennel tea given to relieve stomach ache), but unfortunately, giving sugar water is still a common practice in many healthcare institutions (assuming that the child does not have sufficient nutrition until the onset of milk ejection). These extra liquids, besides being unnecessary (unless there is a specific medical reason for their use), entail several negative consequences: they fill up the baby's stomach (meaning they get less nutrient-rich breast milk), decrease their desire to breastfeed, and can therefore cause a decrease in milk production.

The concept of exclusive breastfeeding is important to mention that the use of a feeding bottle or pacifier should be avoided as much as possible, as their sucking technique is completely different from that of the breast, and can easily disrupt the process of successful breastfeeding.

2.3.3 HOME VISITS FOR POSTNATAL CARE

The discharge from the hospital is a momentous event in the life of the family: the beginning of an exciting new adventure. At the same time, it can also be frightening for new parents that after the 0-24h presence of healthcare personnel, they suddenly have to be responsible for the life of a vulnerable newborn. Fortunately, after being discharged from the hospital, the new family is not left alone: in addition to laypeople (family, friends, relatives), professionals also help parents in the care of the newborn. The care protocol varies from country to country, typically in the initial stages of child care, the maternity nurse and paediatrician play a significant role.

It is important for parents to know that in addition to mandatory care, they can take the services of numerous professionals and volunteer helpers to make the initial period easier, such as lactation consultants, prenatal advisors, doulas, etc., who can assist parents during the challenges of the newborn period.

2.3.4 SOOTHING/DEALING WITH A CRYING BABY

Infant crying is the expression of intense internal discomfort coming from unfulfilled needs – to sooth pain, hunger, thirst, fear, boredom, etc. – of the infant. This evolutionarily-based signal motivates the social environment, both physiologically and psychologically, to stop crying as soon as possible and to meet the infant's current needs. (Dr. Danis Ildikó, 2015)

As the parent-child relationship develops, mothers eventually learn to distinguish between different types of crying and recognize their child's needs to be responded to more easily. When a baby is born, there are suddenly lots of new stimuli to adapt to, so it can help if you try to create a familiar, comforting foetal environment. Babies are not used to complete silence in the womb, either; besides the sounds of the outside world, they can hear, for example, the beating of their mother's heart, the blood rushing through the aorta and the sound of the mother's digestive system. This is why many babies respond positively to, for example, different white noises. In the womb, the baby is shaken every time the mother moves, which is why they like to move around after birth, something that is perfectly possible for us by carrying them. The

tightness of the womb is imitated by swaddling, but be very careful to swaddle only until the baby can turn over, after that, it presents a choking hazard!

On the subject of soothing a crying baby, it is essential to mention the dreaded colic, which makes life difficult for so many parent-child pairs, and the theory of the lesser-known but widely-affected regulation disorder. The two problem areas are in fact very similar, they are often hard to distinguish, and their common element is excessive crying. („We consider excessive crying to be when an otherwise healthy and well-fed infant cries and fusses for more than 3 hours a day for at least 3 days a week for at least 3 weeks in the first 3 months") (Dr. Danis Ildikó, 2015)

Soothing a baby is stressful for both parent and child: repeated reassurance strategies quickly overwhelm the child and the fussy state turns into crying. The difficulty of the regulation disorder is that the baby and the parent regulate each other's emotions: the baby's inability to be soothed triggers anxiety and uncertainty in the parents. The parent involuntarily transfers the accumulated stress to the child, who becomes more tense, and an emotional spiral can easily develop into a negative direction.

Research have shown that the pairing of a baby, who cries a lot and an exhausted, stressed parent is a risk factor for infant abuse. This is why the well-being of the parent and the presence of a supportive community where the overburdened mother dares and can ask for help is so important. In addition, it is very important for the parent to recognize their own limits and be able to step out of the situation, if necessary (e.g., go to the bathroom to wash their face), keeping the child safe until they calm down and return to the crying baby with a "clear head."

2.3.5 SLEEP PATTERNS FOR THE BABIES

Sleep is one of the central issues of the infancy period and it is also one of the biggest stress factors. When a baby arrives, parents' life is turned upside down: suddenly their basic needs are pushed to the background and the needs of the newborn baby take centre stage. Children go through a very intense developmental phase in the first year of life, which can affect many aspects of everyday life, one of the most important being sleep.

Relatively soon after the baby is born, parents may be asked, „Does the baby already sleep through the night?" But what does it mean for a child to "sleep through" the night? To be precise, no one, not even adults, sleep through the night, it is part of our evolutionary heritage. During the alternating cycles of sleep, we adults also repeatedly enter wakefulness, roll over and continue to sleep. But let's picture ourselves in the place of the infant who has fallen asleep in his mother's arms, and then suddenly wakes up: alone, in the dark, still unable to change his position. Of course, he has to make sure he hasn't been abandoned, so he alerts the parents. Also, as we have already discussed in the breastfeeding section, babies' small stomach capacity makes them hungry at night and they need to be fed.

It arises as a constant problem that the child switches night and day. Newborn babies do not yet know the difference between the times of day. They did not need this ability in the womb, because from 0-24 they had everything they needed: warmth, closeness, food... even after the baby is born, it tries to carry on the rhythm it has picked up in the womb. Expecting a baby to adapt to our sleep rhythm (night sleep) is completely unnecessary and unrealistic. So how should we support the adjustment of our child's biorhythm? The best thing to do is to try to set up a

consistent night-time ritual that will help your child learn to distinguish between day and night over time. It is important that the ritual preferably always takes place at the same time and its elements preferably always follow each other in the same way. Before and during the evening ritual, try to minimize the exposure of the baby to stimuli and create suitable atmosphere for sleep.

In addition to the subject of infants' sleep, the subject of safe sleep is an inevitable topic. In the developed countries SUID (sudden unexpected infant death) remains the leading cause of infant deaths. Although the cause of sudden infant death syndrome (typically affecting infants under 6 months old) is still being researched by science, according to the literature, by eliminating certain risk factors, we can significantly reduce the likelihood of developing crib death. The first important thing is to create a safe sleeping environment, whether the child sleeps in a separate bed or with the parents. Remove everything from the baby's environment that could cause suffocation: avoid using pillows, blankets (instead, use a sleeping bag), crib bumpers, and baby nests in the crib. The child can easily pull these over their head, bury their face in them, and thereby obstruct their oxygen supply. For children sleeping together with their parents, another important rule is to only sleep with a healthy child born in time. A drunk, intoxicated, smoking or extremely overweight parent potentially might endanger their child's life by sleeping with them.

Babies cannot choose their sleeping position by changing position until they are about 4 months old. Sleeping on the back is considered the most ideal sleeping position because of the free flow of oxygen, and lying on the stomach the most dangerous. It might arise as a misconception in parents that their child is at risk of suffocation if they fall at night. On the contrary! Since the oesophagus lies beneath the trachea when lying on the back, the baby's vomit is more likely to flow back into the oesophagus, while lying on the stomach makes it easier for the child to inhale it. Appropriate clothing and room temperature are also important: during the heating season, the ideal temperature for sleeping is around 18°C, and overdressing the child should be avoided.

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3 PHYSICAL PROBLEMS AND NEEDS OF THE MOTHERS IN POSTPARTUM PERIOD (P3)

After giving birth, especially if it is the first birth, many changes occur. These take place not only in the mother's body, but also in her life as a whole. The most important changes in the mother's body relate to anatomical, physiological, psychological changes and lactation.

Already the last trimester of pregnancy exhausts women many times, the baby is getting heavier and heavier, she is tired and her strength is running out. Similarly, after childbirth, a woman is exhausted not only physically, but also mentally. Tiredness is a common phenomenon in the puerperium, but it often lasts even longer. In the postpartum period, the mother stays in the delivery room for approximately two hours, where the midwife checks physiological functions and postpartum bleeding.

3.1. INVOLUTION OF THE UTERUS

Uterus involution is a natural process that involves your pregnant uterus returning to its pre-pregnancy state. The process begins after you deliver your baby and the placenta and takes about six weeks to complete. After the third day, a daily check is not necessary, unless there is a reason for it (e.g., lochia becomes foul-smelling, fever, chills, increased lower abdominal cramping appear, accompanied by copious piecemeal bleeding).

You may experience postpartum cramps called afterpains during uterine involution. The pains remain by the character the contractions, or strong menstrual pain.

During this period, it is more convenient to lie on mothers' abdomen due to faster involution of the uterus. As far as the pains are stronger, it is possible to use analgesic. Other suggestions are: engaging in light exercise (like walking), eating a high fibre diet with lots of fresh fruits and vegetables. drinking more water.

3.2. VAGINAL BLEEDING/DISCHARGE

After giving birth, the nature and intensity of the outgoing vaginal bleeding is checked. During the first days after birth, the bleeding is more intense, or even larger pieces of blood coagulation may be released after lying down for a long time. The colour of the vaginal discharge, also called lochia, gradually changes from bright red, after four days to brown colour to translucent mucus.

After the birth it can be carried only sanitary pads, it is not recommended the tampons. It is necessary to change the sanitary pads very often. Lochia become infective when passing through vagina, therefore an increased hygiene is important and is necessary to wash the hands after changing the pads.

3.3. POSTPARTUM CONTRACTIONS

After giving birth, mothers may experience spasms in the lower abdomen, which are related to the contraction of the uterus. Breathing is used to reduce spasms, as in birth pains, and keeping, especially the lower part of the body, in warm. In case of very strong postpartum pains, the mother may be prescribed spasmolytic.

3.4. PERINEUM

Mothers may experience pain in the perineum during the first few days, even if this area is not injured during childbirth. If there are no problems with the mother, there is no need to check the perineum daily.

In the event of an injury to the perineum during the first days, a daily check of the perineum is carried out to see if the stitches are holding, whether the wound is clean and healing. The mother is instructed about the symptoms of possible infection, such as redness, swelling, pain and increased body temperature, and at the same time about the importance of hygiene as prevention against inflammation. To relieve pain, simple procedures are used, such as sitz baths, a few drops of lavender oil or tea tree oil in a sitz bath, or applied locally. If necessary, pain can be relieved with oral analgesics.

3.5. HYGIENE AND PERSONAL CARE

Taking care of intimate hygiene during the puerperium period is very important, especially washing the external genitals with lukewarm water after each use of the toilet. At the same time, a cooling lotion can be used to wash the genitals when urinating, or urinating in the shower to reduce the unpleasant burning sensation. It is necessary that sanitary napkins are changed often while maintaining hand hygiene before and after their replacement.

3.6. BLADDER AND BOWEL FUNCTION

First hours after the birth are characterised by increased diuresis and damping of the feeling that you need to go for urinate. This situation can direct to the retention of urine and infection of urinary tract. The difficulties with urination can be also regarding tumid external genitals, urine can bite on injuries. After the birth it is necessary to go for urinate in regular intervals, although you have no compulsion. By this you will prevent oversize extension of urinary bladder. Sometimes the urination is impossible, at that time the spool will be installed into the urinary bladder. Possible discomfort or slight burning during urination is a normal condition, due to irritation of the urethra and small injuries in this area during childbirth.

Mothers, who gave birth naturally, but also after C-section, have very difficult first days in terms of defecation. This factor is often influenced by the mother's psychic, her condition after giving birth, but also by the diet itself, which should set the new mother's digestive system in motion. Normal bowel activity should resume within two to three days after childbirth. If the excrement does not appear within three days, it is recommended to use a glycerine suppository or an enema for defecation. Sufficient receipt of liquids, mushy food, increased receipt of fresh fruits and vegetables can support bowel activity.

3.7. ADEQUATE NUTRITION OF THE MOTHER

Adequate receipt of liquids and proper nutrition is inevitable for lactation, proper functioning of the gastrointestinal tract and restoration of colon function.

The production of breast milk means an increased load on the mother's organism and an increased expenditure of energy, nutrients, minerals, vitamins and micronutrients. Therefore, her food must be richer and more substantial during breastfeeding. It is not necessary to eat for two,

but twice as healthy! The food should be varied, with a lot of the most diverse nutrients, full of fresh fruits and vegetables, rich in energy and at the same time easy to digest. It is important that the food contains:

- cereals (wholemeal bread and dark pastries) and potatoes
- vegetables (you can also use sterilized, frozen and dried) and fruits (ripe apples, cherries, sour cherries, plums, apricots, peaches, bananas, greengage - fresh or compote), while taking into account the possible hypersensitivity of the child and later the development of allergies during breast feeding citrus fruits, kiwi, mango and other foreign fruits should not be consumed.
- milk and milk products (it is important to remember that calcium reduces the availability of iron, therefore it is recommended to consume milk and milk products at least 2 hours before food that contains iron, e.g. meat)
- lean meat (veal, beef, pork and lamb, chicken, pigeon, turkey, rabbit, poultry), egg (because of the risk of salmonellosis, eggs are recommended to be heat treated before consumption), fishes
- It is important to follow the correct drinking regime - about 3 liters of liquids / day, depending on physical activity and climatic conditions (when you sweat a lot, you should drink more), regularly in smaller amounts. In addition to pure water, mineral water with natural magnesium content, and baby water, liquids also include milk, suitable herbal teas for nursing mothers, and soups. However, excessive liquid consumption should be avoided.

It is necessary to avoid animal fats, simple sugars, and sweets in general, salting and increased consumption of coffee, black tea (beverages with a high content of quinine and theine), and liquids with a high content of salt, nitrates and carbon dioxide, foods containing preservatives.

Also, leave out of the menu foods to which the child reacts more sensitively - garlic, onions, cabbage, legumes (peas, beans, and lentils), chives, radishes, sometimes it can also be parsley, broccoli, kohlrabi, and even unpeeled apples.

Alcoholic drinks and smoking are inappropriate. Alcohol and nicotine through breast milk can subsequently harm the health of the new-born.

3.8. SEXUAL LIFE

Childbirth is a physically exhausting and highly emotional process, so it is quite natural that the body needs to recover, and a woman's sexual appetite decreases after the birth of a child. There are no strict rules about when the desire for sexual intercourse should return, it is individual. In general, it is recommended to wait until the woman is mentally and physically ready for it. According to most experts, sex after childbirth can be started after puerperium, but they recommend waiting until the end of the lochia, when the bleeding and coloured discharge stops. It is somewhere between the 2nd - 6th week after giving birth.

Premature intercourse during bleeding can cause infection. It is necessary to wait until the wounds heal after the incision of the perineum, forceps birth, or caesarean section. They could become irritated, infected, or disturbed, requiring further treatment. Lubricating gel can be used

in the beginning if the female partner is worried about injuries and scars after sewing. Any pain during intercourse indicates that the wounds have not yet healed. The vagina will return to its original shape soon after childbirth, and normally there should be no noticeable difference in sexual intercourse.

If this is not the case, it is necessary to contact a gynaecologist. Before revival of sexual life, the use of contraception (condoms combined with spermicidal gel, intrauterine device or other forms of protection against pregnancy) should be considered. And that's even if the woman is breastfeeding and her period hasn't returned yet, because she can get pregnant.

3.9. WHEN TO CALL A DOCTOR

Vaginal discharge:

- If blood soaks a sanitary pad every hour for more than 2 hours
- If the discharge smells foul
- If the discharge contains very large clots (larger than a golf ball)

Possible cause: Bleeding (haemorrhage), Infection of the uterus

Temperature:

- If the temperature is 38° C or higher at any time during the first week

Possible cause: Infection

Urination:

- If urination hurts (not just stings) or women have an urge to urinate very frequently
- If the bladder cannot be emptied completely

Possible cause: Urinary tract infection, Urinary retention

Lower abdomen:

- If pain or discomfort is felt in the lower abdomen (above the pubic area) after the first 5 days

Possible cause: Infection of the uterus or bladder

Back:

- If pain is felt in the back or side just under the rib cage, particularly if fever is also present or urination is painful

Possible cause: Kidney infection

Breast:

- If a firm lump is felt in the breast after engorgement has subsided

Possible cause: A blocked milk duct

- If the breast is painful, swollen, or red or feels hot or tender

Possible cause: Breast infection (mastitis)

Mood:

If a new mother has any of the following symptoms for more than 2 weeks:

- A very sad mood
- Extreme fatigue
- Frequent crying
- Sleep problems (too much or too little)
- Loss of appetite
- Overeating
- Irritability
- Inability to care for herself or her newborn

Possible cause: Postpartum depression

Incision from a caesarean delivery:

- If soreness increases
- If this area turns red or becomes swollen or hard to the touch
- If there is any discharge from the incision

Possible cause: Wound infection

Leg or chest:

- If the leg is swollen or painful
- If a new mother has sudden, sharp chest pain or chest pain that worsens when she inhales
- If breathing becomes difficult

Possible cause: A blood clot in a leg or lung

General:

- If a new mother feels light-headed, faints, or feels short of breath

Possible cause: A blood clot in the lungs, Severe anemia

3.10 MIDWIFE SERVICES (REFER TO THE ANNEX FOR COUNTRY-SPECIFIC CHANGES)

The focus of postnatal care is on the mother and the family, her physical, psychological and social needs. A woman must recover from childbirth and begin to care for the child, which requires support, participation and professional guidance during this period by the midwife. In order for the care of mother to be effective, the midwife must:

- Develop an individual nursing plan in cooperation with the mother.
- To treat the mother and her family with kindness, respect and honour.
- To provide the mother with the right time and relevant information so that she can take care of her own health and the health of her child and know to recognize the beginning of problems.
- Educate the mother about all the signs and symptoms of potentially life-threatening conditions.
- Encourage the mother to participate in decisions related to the care of herself and her child, or treatment, if necessary.
- Monitor the mental state of the mother and recognise support in the family.
- Instruct the family and partner of the mother to alert the midwife in case of any deviations from the norm in mood.

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4. PSYCHOLOGICAL PROBLEMS AND NEEDS OF THE MOTHERS IN POSTPARTUM PERIOD (CO.)

4.1. PRE-NATAL BLUES: ROOTS AND CAUSES

Private Background Stories

Both biological and psychosocial factors take part in development of postpartum depression. The strongest risk factor is a history of mood or anxiety disorder, especially having active symptoms during pregnancy. Other psychosocial risk factors for Post Partum Depression (PPD) include poor social support, persistent infant health problems, difficult infant temperament, marital difficulties, intimate partner violence, prior abuse, and other negative life events. Also, trait anxiety and early postpartum state anxiety are significant predictors of postpartum anxiety (Stewart & Vigod, 2019).

Social- psychological changes

Major physical, personal, emotional, and social changes occur in all women, associated with pregnancy, giving birth, and caring for an infant. A woman must adjust to body changes, lack of sleep, fatigue, breastfeeding, lack of personal time, and changes (including sexual) in her relationship with her partner. Maternal self-care is often a low priority and may contribute to reduced well-being. Societal, familial, and professional pressure to breastfeed may produce added stressors (Stewart & Vigod, 2019). Women may feel the need to rapidly return to their pre-pregnancy body weight and shape. If a woman previously worked outside the home, she must negotiate her leave, return to work, and decide how to divide her time. A decision not to return to work also entails changes, including financial ones. In either case, or even if she did not previously work outside the home, she will have less time for herself, her partner, her interests, and her friends, especially during the first three months after birth. It is not surprising that many women experience mood changes and some become clinically depressed. Social supports facilitate adjustment and should be ascertained by the clinician, as these are a vital aspect of etiology and recovery.

4.2. POSTPARTUM DEPRESSION: MORE THAN JUST THE BLUES

4.2.1. WHAT IS POSTPARTUM DEPRESSION?

According to global data, PPD ranges from 10 % to 20 %, although it may be higher and reach 26 %, as observed in teenage and single mothers and, especially, even more in those who have a low social status, a low level of education or who are poor or malnourished (Cernades, 2020).

PPD and nonperinatal major depression share the same diagnostic criteria: a combination of depressed mood, loss of interest, anhedonia, sleep and appetite disturbance, impaired concentration, psychomotor disturbance, fatigue, feelings of guilt or worthlessness, and suicidal thoughts, which are present during the same two-week period and are a change from previous functioning. These symptoms must cause clinically significant distress or impaired functioning that are not attributable to a substance or to another medical condition. PPD symptoms also include mood lability, anxiety, irritability, feeling overwhelmed, and obsessional worries or preoccupation—often about the baby's health, feeding, and bathing safety. Suicidal thoughts

are extremely common, affecting about 20% of women with PPD symptoms. Some women with PPD also have thoughts of harming their child. Thoughts of intent or desire to harm the child need to be distinguished from obsessional symptoms, where the woman has a thought or an image of harming herself or her child but is highly distressed by this thought or image and has no intent to act on it. Concerns about self or infant harm are essential to evaluate and should result in immediate referral for psychiatric assessment and care (Stewart & Vigod, 2019).

The American Psychiatric Association defines PPD as a major depressive episode “with peripartum onset” and elaborates, “if onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery.” However, in clinical practice and clinical research, PPD is variably defined as occurring from 4 weeks to 12 months after childbirth. Depressive symptoms during the year after childbirth that do not meet full criteria for a major depressive episode may still have substantial negative impact on mothers, children, and families and therefore may require intervention (Stewart & Vigod, 2019). The natural duration of PPD is variable. Most cases resolve within a few months with treatment, but 24% of women diagnosed with PPD are still depressed one year after giving birth and 13% after two years. About 40% of women with PPD will relapse either during a subsequent pregnancy or unrelated to pregnancy. Untreated PPD is likely to repeatedly recur as depressive episodes, resulting in ongoing problems for mother, child, and family (Stewart & Vigod, 2019).

4.2.2. DIFFERENCES BETWEEN DEPRESSION AND BLUES

Shortly after childbirth, more than 50% of women experience a mild and transient syndrome of low mood, tearfulness, and mild irritability, often called the “postpartum blues.” Postpartum blues tend to last less than two weeks, but some cases may continue and develop into PPD. Postpartum blues can be distinguished from a depressive episode by the severity and persistence of the latter (Stewart & Vigod, 2019). For example, severe obsessional preoccupations and suicidality are not usually present with the blues. Some mothers do not have depression but describe a feeling of sadness or melancholy in the first three to five days after childbirth. Symptoms may be similar to those of a major depression and usually also include worries and fears about being a mother. A woman may also neglect her physical health and well-being and engage in harmful behaviors such as substance abuse or self-harm, including suicide. When this occurs, nurses, obstetricians, and neonatologists may tell these mothers that they should not worry so much because such feelings will usually go away in the next two weeks. Still, it is absolutely necessary to make an appointment with them after discharge and, if possible, every week until the first month. Therefore, it would be adequate to teach every mother to recognize postpartum depression symptoms and query them for the presence of symptoms that may be caused by depression, before and after delivery. With these actions, the best results possible will be most likely obtained through an early identification and management of postpartum depression in the first weeks (Stewart & Vigod, 2019).

Distinguishing patterns of depression

Depressive disorders are often hard to distinguish from anxiety, obsessive-compulsive, and trauma-related disorders in the postpartum period and can co-occur with any of these problems. The clinical history should query for symptoms of excessive worry, panic, obsessional thoughts, and compulsive behaviors as well as remote or recent traumatic events associated with nightmares, flashbacks, or other symptoms of post-traumatic stress disorder (PTSD). A current

or past history of intimate partner violence should be queried, as the risk for violent episodes may be increased postpartum and result in PTSD. Some women can develop PTSD symptoms related to traumatic events that occur during labor and delivery (Zhao & Zhang, 2020).

4.3. POSTPARTUM EMOTIONAL ADJUSTMENTS

- *Feeling of inadequacy*

Motherhood is full of feelings of overwhelm and tiredness. It is a huge myth of the image of ever - happy breast -feeding mama or the perfect parenting. This is normal. However, social perceptions and approaches feed the feeling of inadequacy of mothers in postpartum period.

- *Embarrassment*

With the birth of their children, many women experience what Cheryl Beck called the "dying of self," a stage of PPD. So, examining the role transitions that motherhood entails might assist women in accepting their new duties as part of their "new" normal selves and coping with these changes (Thurgood *et al.*, 2009).

- *Fear/ Anxiety*

Most mothers are concerned about whether their babies are getting enough milk, resting soundly, and having regular bowel movements. Women who experience rising anxiety that doesn't subside may feel out of control and experience uncontrollable concerns. Concerns for the baby's safety could spiral into unsettling ideas about the parents' capacity to protect the child. The body experiences anxiety. Sometimes it manifests as headaches, chest pains, an accelerated heart rate, loss of appetite, or trouble sleeping. Despite the fact that the house is well-kept and organized, it might appear to be perfectly clean, tidy, and organized. There can be a trait that prevents one from stopping or slowing down (Paul, 2019).

- *Lack of self-confidence*

There are several times during the "normal" or healthy postpartum adjustment when you feel anxious. A mother or father could feel especially burdened by taking care of a newborn. Having a new baby may be isolated and layered with uncertainty. Yet, resilient behavior and joyous moments are essential to a good postpartum recovery. Reassurance and social support will make many mothers in this group feel better. Newborns should not be cared for only by mothers and fathers (Paul, 2019).

- *How to be a good mom*

Feeling like we aren't performing to our full potential leads to guilt. Many of our decisions are based on what the ideal mother would do, and we feel bad when we don't follow her example. Always keep in mind that becoming a mother is something you learn. Moms will err and act in ways that are distinct from those of other mothers (WHC, 2014).

4.4. SPECIAL CIRCUMSTANCES

Women are more at risk if there is a history of depression or anxiety, or have experienced a difficult or unexpected childbirth experience. Mothers whose babies have been born early or

have needed special care in the nursery, or whose babies have special needs are at particular risk for PPD. Women who have had miscarriages or difficulty getting pregnant, or have waited for a very long time might also experience a difficult transition into parenting a newborn.

- Traumatic birth

Traumatic birth/difficult birth adversely affects the woman, her baby and her family physically and emotionally. In the prevention of birth trauma, women at risk for birth trauma should be identified, women should be able to increase their adaptation to pregnancy, and they should be able to conduct a structured birth preparation class to prevent birth trauma. In addition, they should provide supportive care services at birth, support the sharing of experiences and re-interpretation of negative experiences in the postpartum period, and be able to provide appropriate guidance when necessary (İsbir ve İnci, 2014).

- Long time intensive care

Being a new mother includes a lot of abrupt changes and is known to be stressful. The most common health issue among infants in industrialized nations is a preterm birth, which is defined as a birth before 37 weeks of gestation. Premature birth rates are thought to be present in the world at a rate of about 11.1%. Infants born at or before 28 weeks of gestation (WG) are most at risk for developing behavioral, motor, and cognitive issues. Its development is constrained by the emotional state of the mother and the atmosphere in the newborn critical care unit. The creation of a secure relationship and the processes of adaption are threatened by the mothers' sense of emptiness and emotional crises (Medina et al., 2018).

- Loss of baby / stillbirth

More than 7300 babies are stillborn every day in the world, or nearly three million every year during the third trimester. Giving birth to a dead baby is one of the most traumatic experiences a woman can go through, if not the most traumatic. Stillbirth has physiological, social, spiritual, emotional, cognitive, and psychological effects. It's critical to keep in mind that maternal behaviors are not just a byproduct of emotion and affect when framing the experience of stillbirth. Whether the baby is alive or dead, giving birth is physiological. It is true that the loss of a child, regardless of age or cause, is traumatic and life-altering. For many parents, reconciliation takes time and pain as they work through their intense grief and the numerous issues that arise. (Cacciatore, 2013).

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5. PEDAGOGIC PROBLEMS AND NEEDS OF THE MOTHERS IN POSTPARTUM PERIOD

5.1. ATTACHMENT

5.1.1. BONDING WITH BABY

Forming relationships with other individuals during the early stages of life is crucial for babies and young children, as it is a critical factor in their physical, cognitive, emotional, and social development. The attachment process, defined as the emotional bond established between a child and their parent or caregiver, is a unique relationship between the caregiver and the baby. Both the mother and father can support this attachment process

5.1.1.1. TIPS FOR BONDING WITH BABY

Your bond with your baby is shaped by the things you do together and the feelings you create for your baby. The first weeks after birth are spent mostly on feeding, changing diapers, and trying to get your baby to sleep. These ordinary daily tasks are an opportunity to build a connection with your baby. Babies feel secure when they receive close and warm attention. There are many secure paths to building attachment. To help babies develop a secure attachment relationship, following some tips as a parent can be helpful: **Touching** your baby's skin and holding them helps strengthen the bond between you and your baby, **Hugging your baby that** hold your baby close to your chest on your left side, so that your baby can hear your heartbeat, **Making eye contact and** looking into your baby's eyes while talking, singing, and making facial expressions, **smiling at your baby**, Responding **quickly to your baby's needs that** can make them feel that you are always there for them, **Ensuring your newborn baby feels physically safe**, **Talking to your baby that** helps your baby learn to recognize your voice, which has a calming effect. It also helps your baby learn language later on, **Breastfeeding your baby** that strengthen the bond between you two (if you are unable to breastfeed for different reasons, you can also develop this bond by touching, making eye contact, and talking to your baby while bottle feeding), **Singing to your baby as** a fun way to develop your baby's language skills, **Playing with your baby by** making eye contact, talk, and smile with your baby that help your baby's learning and movement skills, **Reading books to your baby** and **Seeing the world from your baby's point of view** and discovering what your baby really likes or dislikes. For example, is your newborn baby a social baby or a little cautious about the outside world?

5.1.2. THE DEVELOPMENT OF ATTACHMENT

You can contribute to the development of bonding by interacting with your baby frequently and responding quickly to their needs. The bonding of a baby depends on the quality of interaction and relationship they establish with their parents or caregivers. Bonding occurs when you respond to your newborn with love, warmth, and care. Your baby uses body language to connect with you and strengthen the bond between you. They may smile, giggle, or make eye contact with you. By following your baby's body language cues and responding to them warmly and lovingly, your baby feels secure. This also helps your baby learn about communication,

social behavior, and emotions. It creates a sense of security for your child, as they feel their needs are being met and they are growing up in a safe environment.

5.2. SLEEP HEALTHINESS OF MOTHERS

It has often been shown that maternal sadness, maternal sleep disturbance, and the infant's polyphasic sleep pattern are related. One of the main causes of the start of affect and mood disturbance is the weariness that most women report experiencing in the first few weeks after giving birth. It takes five hours of unbroken sleep to restore optimal brain function. Mothers' health would be much improved even if they could simply obtain a 5-hour stretch of sleep once a week. The effectiveness of conventional advice to avoid any type of infant bed-sharing is continually being questioned by a growing body of research; instead, it might be more beneficial to parents to provide information on how to do it securely. According to recommendations made by the American Academy of Pediatrics, a safe infant sleep arrangement entails the infant sleeping in a separate bed in the same room as the mother. Also, contrary to earlier theories, breastfeeding a baby does not appear to have a negative effect on a mother's ability to sleep. Breastfeeding women may fall asleep faster and forget their awakenings if they wake up more frequently at night. They may not be subjected to as much ambient light or the necessary physical exertion to make formula, for example, as potential causes. It's also likely that nursing women are dozing off during feedings and breastfeeding mothers who co-sleep get more rest than formula-feeding mothers and nursing mothers who don't co-sleep (Gay et al. 2016; Downs et al. ,2013). Mothers should contact a doctor if they discover that they cannot sleep, even when their child is sleeping. This may also call for further assistance so they can try to relax or sleep when the child is not in your arms (Paul, 2019).

5.3. "WONDER WEEKS" AS A CONCEPT

5.3.1. AN ALTERNATIVE EXPLANATION FOR "MENTAL LAPS" FOR INFANTS: WONDER WEEKS

Wonder Weeks (originally named *Oei, ik groei!*) is actually a book written by physical anthropologist Hetty van de Rijt and ethologist and developmental psychologist Frans Plooij in 1992. It provides an explanation about the periods in which babies cry more, being more cranky and clingy and systematizes these periods in a scheduled framework. They call these specific periods as "mental leaps", which refers to a big leaps in babies' mental development, making them feel too confused and tired. However, they refer to these leaps by saying "even though it may seem like your baby is regressing, it is actually something positive: your baby is learning!" To get information about these specific periods can make mothers in postpartum period understand the changes in their babies' physical, psychological and mental activities and calm down regarding these regressing and mostly challenging periods. The book is also converted into a mobile application, thorough which mothers can follow changes in these mental leaps periods and take some suggestions from the authors regarding for each leaps.

5.3.2. LEAPS AND THEIR CONDITIONS FOR INFANTS

According to "Wonder Weeks", babies have sudden changes in their brain, alongside with the huge growth in their senses of hearing, touch, smell, taste and sight during these mental leaps.

Babies have ten leaps within the first two years of their life, in which they are adjusted to a new "world" of discovery. They are respectively categorized as Leap 1 – from 4 weeks, called "The World of Sensations"; Leap 2 – from 7 weeks, called "The World of Patterns"; Leap 3 – from 11 weeks, called "The World of Smooth Transitions"; Leap 4 – from 14 weeks, called "The World of Events"; Leap 5 – from 22 weeks, called "The World of Relationships"; Leap 6 – from 33 weeks, called "The World of Categories"; Leap 7 – from 41 weeks, called "The World of Sequences"; Leap 8 – from 50 weeks, called "The World of Programs"; Leap 9- from 59 weeks, called "The World of Principles"; Leap 10 – from 75 weeks, called "The World of Systems." A leap is approximately expected to last between a couple of days to the a few weeks. Each leaps have two phases, called fussy phase and skills phase, of which babies are getting new skills and characteristics. They usually become very cranky, upset and clingy, while they are progressing in a rapid growth and getting getting a lot of abilities and skills mentally, physically and psychologically.

5.3.3. HOW TO APPROACH TO INFANTS IN MENTAL LEAPS PERIODS

Mothers usually feel confused and desperate in mental leaps and do not know how to challenge these challenging periods. Authors of Wonder Weeks suggest to mothers to keep babies close more than before, babywearing and spending much more time with them. Since sleeping and feeding routines are also affected by these leaps, it is also suggested to allow babies sleep on their moms or in the carrier and schedule mothers' programme more flexible as flexible as possible. Feeding can be provided on demand, extra-feeding and less-feeding can be evaluated as normal, and not insisting on them. Please keep in your mind that all these periods are temporary and contributing to babies' mental development, and ask for and accept as much help as possible.

5.4. SENSORY INTEGRATION FOR INFANTS

5.4.1. WHAT IS SENSORY INTEGRATION FOR INFANTS?

Sensory information is received from our senses, which include sight (vision), hearing (auditory system), touch (tactile system), taste (gustatory system), smell (olfactory system), proprioception (senses of body awareness and position), vestibular (awareness of movement, balance, and coordination), interoception (our internal sensory system that tells us what is happening inside our body, for example, hunger, needing the toilet, fatigue, emotions, etc). The sensory integration is the process of receiving the information coming from our body and our environment through our these sensory organs, transmitting this information to the brain, making sense of it by going through various processes in the brain, and then creating a behavior appropriate to this information. When a disorder occurred in this process, our sensory organs encounter problems somewhere during the incoming signal and neurological processes and as a result, they cannot form the appropriate behavior with the incoming information. Babies with sensory integration problems experience difficulties, delays and different kinds of problems in many different areas, like emotional, social, perceptual, academic or physical.

5.4.2. TYPES OF SENSORY DISORDERS

According to the categorization developed by Lucy Jane Miller and her friends, there are three basic sensory integration problems. Sensory Modulation (Regulation) Disorder, Sensory Discrimination (Discrimination) Disorder and Sensory Based Motor Disorders. Sensory Modulation problems refer to adjustment problems such as stimulus seeking (not getting enough of the relevant stimulus), unawareness of the stimulus (high threshold problem), or being disturbed by the stimulus (low threshold problem). Sensory discrimination problems mean having difficulty understanding sensory information coming into the nervous system in a timely and accurate manner. Sensory Sources and Motor Problems mean difficulty in transforming the practices required to bring about a certain activity into behavior.

5.4.3. HOW TO TACKLE WITH SENSORY DIS-INTEGRATIONS

Sensory integration problems resulted in emotional problems, like emotional ups and downs, difficulty adapting to changing mood, difficulty coping with stressful situation, anxiety outbursts of anger and behavioral problems, like It can cause various problems such as distraction, fine-gross motor and coordination problems, eating problems, toilet holding or incontinence problems, hyperactivity, adaptation problems, planning problems, attachment problems, play and exploration problems, developmental problems, and problems in self-care skills. Babies and toddlers, having these kinds of problems, as noticed by their parents, should get consultancy from sensory integration experts and centers and should be supported by professional activities and programmes. In this way, most of emotional and behavioral problems, including feeding, sleeping and playing, can be fixed and regulated, making the mothers feel relaxed and confident as well.

5.5. MOTHER- FATHER RELATIONS FOR INFANTS

Clear and open communication between parents is essential. They should discuss their expectations and concerns about parenting and work together to create a supportive and loving environment for their baby. Both parents should take an active role in caring for the baby. This includes everything from changing diapers and feeding to playing and interacting with the baby. Parenting can be challenging, and both parents should be patient and understanding with each other as they navigate the ups and downs of caring for a newborn. They should support each other and work as a team to provide the best possible care for their baby. In this section, we will mention some important aspects of parental relationships and their impacts on babies.

5.5.1. PARENTAL RELATIONSHIP PROBLEMS

Conflict: Conflict between parents can have a negative impact on infants. When parents argue or fight, infants may become distressed and anxious. Here are some strategies that parents can use to help resolve conflicts: Communicating openly and respectfully, Taking a break, Finding a common ground, Seeking support, Practicing empathy and Focusing on solutions through brainstorming ideas together and working collaboratively can help build a sense of teamwork.

Infant father interaction: It is important for fathers to be present and engaged in their baby's life, and to provide a nurturing and supportive environment. Here are some strategies that can help foster a positive and nurturing relationship between a father and his infant: Spending quality time together, Participating in caregiving activities, Engaging in interactive play, Talking and singing: Talking and singing to a baby can help promote language development and provide a sense of comfort and reassurance, Practicing self-care and Building a support network can help fathers feel less isolated and alone, and provide a source of emotional and practical support.

Feeling inadequate as a father: Some fathers may feel inadequate or unsure of their ability to parent their infant. This is normal and common, but it is important for fathers to seek support and guidance from their partner, other parents, or professionals. By learning about infant care and building their confidence as a parent, fathers can provide valuable support to their baby. Here are some strategies that can help fathers overcome feelings of inadequacy and build a stronger relationship with their child: Recognizing that parenting is a learning process, Seeking support and guidance, Focusing on building a strong relationship with your child, Learning about child development and Practicing self-care.

Holding the baby in your arms: Holding an infant in your arms can be a wonderful and intimate experience for both parents. Skin-to-skin contact can help promote bonding and relaxation for both the baby and the parent. Holding the baby in their arms is important for fathers for several reasons: Bonding, Soothing, Stimulation, Feeding and Positive impact on fathers can promote feelings of competence and confidence in their ability to parent effectively, and create opportunities for emotional bonding with the baby.

5.5.2. SINGLE PARENTING

Single parenting can present several challenges for both the parent and the child. Some of the disadvantages of single parenting include Financial stress, Lack of support, Time constraints and Role overload. Overcoming the challenges of single parenting requires a multifaceted approach that addresses the well-being of the mother, father, and infant. Here are some strategies that can help are Seeking support, Prioritizing self-care, Creating a routine, Seeking out community resources and Fostering positive co-parenting relationships that can help create a supportive network for both the parent and child.

5.6. DIVISION OF LABOR WITHIN THE FAMILY

Division of labor within the family refers to the way tasks and responsibilities are shared between family members. Division of labor is important within the family because it reduces stress, improves communication, promotes teamwork, teaches responsibility, and promotes gender equality.

5.6.1. FAIR DIVISION OF LABOR

To achieve a fair division of labor within the family, it's important to have open and honest communication about each family member's strengths, limitations, and preferences. Each family

member should have a voice in the decision-making process, and the division of labor should consider individual needs and schedules.

Here are some tips for achieving a fair division of labor within the family: Making a list of household tasks, Assigning tasks based on strengths and preferences, Rotating tasks, Setting expectations and being flexible to accommodate changes in schedules or family needs.

5.6.2. CHANGING ROLES

In recent decades, there have been significant changes in family roles and dynamics, with more women entering the workforce, fathers taking a more active role in child-rearing, and an increase in single-parent households. These changes have important implications for the well-being of infants and families. One of the most significant changes has been the increased involvement of fathers in child-rearing. Research has shown that when fathers are involved in their children's lives, it can have positive effects on the child's development, including better cognitive, social, and emotional outcomes.

To promote infant well-being in these changing family dynamics, it's important to promote equitable division of labor and caregiving responsibilities, regardless of gender or family structure. This can include policies that support paid parental leave, flexible work arrangements, and affordable childcare. It's also important to provide social support and resources to single parents, including access to affordable healthcare, counseling, and community resources.

5.6.3. HOUSEWORK

Here are some examples of housework tasks and how they can be divided: Cleaning, Cooking, Laundry and Child care that can be divided based on each partner's schedule and preferences. One partner may be responsible for drop-off and pick-up from daycare, while the other handles bedtime routines.

To ensure a fair division of labor, it's important to have open and honest communication about each partner's needs and preferences. It can also be helpful to create a schedule or chart that outlines each partner's responsibilities and expectations.

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6. SUPPORT MECHANISMS (P2)

Supporting mothers during postpartum is of paramount importance. During this period, women are often more vulnerable and experience more stress than usual due to the sudden change in lifestyle and physical demands. Postpartum can also be a time when women are at greater risk of developing mental health issues such as depression or anxiety. The psychological, emotional, and physical needs of mothers must therefore be addressed appropriately to ensure their well-being.

Having adequate support during postpartum can help women manage the various stressors they may face. It can also foster social connections with other mothers who have gone through similar experiences, providing emotionally secure environments for them to discuss their feelings without judgment. Support mechanisms for mothers during this time can include access to specialized healthcare providers, lactation consultants, counselors, support groups, online resources and reliable information about breastfeeding and newborn care.

Research has found that social support is especially beneficial for postpartum mothers because it can lead to better mental health outcomes (BRITTON, et al, 2019). Studies indicate that women who are surrounded by a supportive social network typically report higher levels of self-confidence and less difficulty adapting to motherhood than those without such networks. Additionally, receiving consistent emotional support from friends and family helps reduce depressive symptoms in new moms; it has even been found to be more effective than traditional pharmacological treatments for depression in some cases.

The presence of strong relationships between mother and baby is also linked with improved outcomes in both physical health and emotional well-being for the infant; consequently, nurturing these bonds requires proper parental caregiving strategies which should include obtaining adequate support from family members or healthcare professionals if needed.

In short, there is a clear need for diverse sources of comprehensive postnatal care: providing comprehensive support services that meet the needs of expectant and new mothers will not only benefit them but will also promote healthier development outcomes among infants in their care.

6.1. FOUNDATION OF MOTHERHOOD: INSTITUTIONAL SUPPORT FOR MOTHERS

The postpartum period is a vital time for new mothers, and having adequate support during this phase is essential to ensure their well-being. To foster positive mental health outcomes and promote healthier development of infants, it is important that moms receive comprehensive support services from both family members and healthcare professionals. In this section, we will discuss the available existing sources of institutional support to mothers in order to help them manage the stressors they may face during postpartum.

In Europe, there are many different types of institutional support available to help mothers through this transition period.

Postpartum Support International (PSI) is dedicated to helping families suffering from postpartum depression, anxiety, and distress. They provide resources such as online support groups,

educational materials, and referrals to local professionals who specialize in postpartum care. PSI also offers a 24-hour helpline for those in need of immediate assistance.

Many hospitals also offer postpartum support groups that provide education and emotional support for women experiencing “baby blues” symptoms or postpartum depression and anxiety. These groups often include topics such as coping strategies, self-care tips, and ways to build a strong support system.

In addition to these services, there are also organizations that focus on providing financial assistance for mothers in need. For example, the World Health Organization (WHO) has launched an initiative called “Time To Speak Up About Post-Partum Depression” which provides grants to help cover the costs associated with treatment for postpartum depression.

Overall, there are many different types of institutional support available for mothers going through postpartum in Europe. From online resources and helplines to hospital-based programs and financial assistance initiatives, there are plenty of options available to help make this transition period easier. Please check Annex 1 with references to country based institutional support systems.

6.2. SOCIAL SUPPORT GROUPS: ONLINE MOTHERS GROUPS AS CRITICAL SUPPORT

As a new mother, it can be difficult to find the support you need. Social support groups provide a safe and supportive environment for mothers to connect with each other and share their experiences. Online mothers groups are becoming increasingly popular as they offer an accessible way to access critical support during the postpartum period.

Online mothers groups provide a platform for new moms to connect with each other and share their stories in a supportive environment. These groups often focus on specific topics such as breastfeeding, parenting tips, postpartum depression, or general advice about motherhood. Members of these groups can ask questions, get advice from experienced moms, and receive emotional support from others who understand what they're going through.

Online mother's groups can also be beneficial for those who may not have access to traditional in-person support networks due to geographical distance or lack of resources. These virtual communities allow moms to connect with other women who are experiencing similar issues and challenges that come along with being a new mom.

The benefits of online mother's groups extend beyond just emotional support; many of these groups also provide practical information about parenting topics such as sleep training, nutrition, baby care products, and more. The members of these online communities often have extensive knowledge about various topics related to motherhood and can provide helpful advice when needed.

Overall, online mother's groups are an invaluable resource for new moms looking for emotional and practical support during the postpartum period. They offer a safe space for women to connect with each other and share their experiences without judgment or criticism. By joining one or more of these virtual communities, new moms can find comfort in knowing that they are

not alone in this journey and that there is always someone willing to lend an ear or offer helpful advice when needed.

Here are some useful examples of online support groups that mothers can easily find:

Parents Helping Parents: Virtual Parent Support Group

The purpose of this support group is to create safe spaces where group members share experiences about parenting no matter where they are on the parenting journey and learn to cope with things they cannot change. <https://www.parentshelpingparents.org/virtual-support-groups>

Motherly - free online support group for new moms

It's a global community of more than 40M mothers that is dedicated to informing, inspiring and educating women to live their best life as a woman and a mother. Because when mothers thrive, families and communities thrive! <https://www.mother.ly/news/new-motherly-features/>

Peanut app - Peanut is the only social media app specifically for moms

It's an app not just for experienced moms - even if you haven't started your pregnancy or parenting journey yet, Peanut is the place to build a social network around fertility, pregnancy, adoption and every stage of motherhood. They offer a safe space for friendships, groups, chat rooms and community support, all on your phone. www.peanut-app.io

6.3. "OTHERS LIKE ME": THE CRUCIAL SUPPORT FROM OTHER MOTHERS

Postpartum can be a difficult time for new mothers. It is often filled with physical and emotional changes, as well as the challenge of adjusting to life with a newborn. For many mothers, finding support from other mothers who have gone through similar experiences can be invaluable.

The importance of having a postpartum support network cannot be overstated. Having someone to talk to who understands what you are going through can make all the difference in helping you cope with the challenges of postpartum. Other mothers who have been through the same experience can provide advice, empathy, and understanding that family and friends may not be able to offer.

Support groups are one way to find other mothers who understand what you're going through. Postpartum Support International (PSI) provides online and in-person support groups for women suffering from postpartum depression, anxiety, and distress. PSI also offers resources such as an online helpline and information about local services available in your area. The Postpartum Support Center (PPSC) also offers peer support lines and community efforts to prevent perinatal mood disorders.

In addition to formal support groups, there are many informal ways to connect with other mothers during postpartum. Social media platforms like Instagram offer a great way to connect with other moms who are going through similar experiences or just want to chat about parenting topics. There are also online forums where moms can ask questions or share stories about their experiences with postpartum recovery.

No matter how you choose to connect with other mothers during postpartum, it is important to remember that you are not alone in your journey. Finding others like you who understand what you're going through can provide much needed comfort and reassurance during this difficult time.

6.4. ACTIVITIES FOR PHYSICAL AND EMOTIONAL HEALTH

Postpartum is a critical period for new mothers, and the well-being of both mother and baby depend on having adequate support. However, very often the family members and health professionals focus solely on the health of the infants, relegating the mothers for second priority.

Ensuring positive mental health outcomes and promoting healthy physical recovery of the mothers is of utmost importance, as they are ultimately responsible for the care and nurturing of their babies.

Therefore, it is essential that moms have access to a variety of programs, services, and activities which cater to all aspects of postpartum health – both physical and emotional.

As a new mother, it is important to take care of your mental and physical health during the postpartum period. There are many activities that can help you do this, such as exercise, yoga, and relaxation techniques.

6.4.1. POSTPARTUM EXERCISES

Exercise is an important part of postpartum recovery. It can help relieve stress, promote better sleep, and reduce symptoms of postpartum depression. It is recommended to start with light exercises such as walking or swimming before gradually increasing intensity. Here are 3 examples of exercises women can do in postpartum:

1. Pelvic tilt exercise: This exercise helps to strengthen the abdominal muscles and can be done by lying on your back on the floor with your knees bent, and then flattening your back against the floor.

2. Kegel exercises: These exercises help to tone the muscles of the pelvic floor and can be done by contracting and releasing those muscles repeatedly.

3. Walking: Taking a walk is a great way to get some light exercise after giving birth, as it helps to increase blood flow and circulation throughout the body.

6.4.2. YOGA IN POSTPARTUM

Postpartum yoga is a great way to help new mothers stay active and recover from childbirth. It can provide physical, mental, and emotional benefits that are essential for the postpartum period. Physically, postpartum yoga can help strengthen the core muscles and pelvic floor which were weakened during pregnancy and delivery. It can also increase flexibility in the body, reduce stress levels, and improve posture. Mentally, it can help to reduce anxiety and depression while providing a sense of calmness and relaxation. Emotionally, it can help to boost self-confidence by allowing mothers to reconnect with their bodies after giving birth.

Yoga is an excellent way for new mothers to get back into exercise safely without putting too much strain on their bodies. It is important to start slowly and listen to your body when doing postpartum yoga poses. Many classes offer modifications so that each mother can practice at her own level of comfort.

Here are 3 examples of yoga exercises that can be done in postpartum:

1. Cat-Cow Pose: This pose helps to stretch and open the muscles in the back, chest and abdomen while also improving posture. To do this pose, begin on all fours with hands directly under the shoulders and knees directly under the hips. Then, arch your spine up towards the ceiling (cat) then down towards the floor (cow).

2. Bridge Pose: This pose helps to strengthen the abdominal muscles as well as improve circulation throughout the body. To do this pose, lie on your back with your feet on the floor and your arms at your sides. Then, lift your hips up off the ground by pressing into your feet before slowly lowering them back down.

3. Child's Pose: This gentle stretching exercise helps to relax tight muscles in the back and neck while calming both mind and body. To do this pose, start in a kneeling position before gently lowering your chest towards your thighs while keeping your arms extended along each side of your body.

6.4.3. RELAXATION TECHNIQUES IN POSTPARTUM

Relaxation techniques are also important for postpartum healing and recovery. Taking time out for yourself to relax can help reduce stress levels and improve overall well being. This could include activities like reading a book, listening to music, or going for a walk in nature.

Here are 3 examples of relaxation techniques that can be used during postpartum:

1. Mindfulness Meditation: This technique involves focusing on the present moment in order to create peace and calm within. To practice mindfulness meditation, focus on your breath, take a few deep breaths, and slowly let your body relax.

2. Progressive Muscle Relaxation (PMR): PMR is a technique that involves tensing and releasing each muscle group in the body one at a time. First, tense each muscle group for 10 seconds before exhaling and releasing it into a relaxed state. Repeat this process until the entire body has been relaxed.

3. Guided Imagery: This technique consists of creating mental images or stories to evoke feelings of inner peace and relaxation within the mind and body. To practice guided imagery, close your eyes and take some deep breaths before picturing yourself in a calming environment such as lying on a sunny beach or going for an invigorating walk through nature. Allow these images to bring you peace as you practice each session of guided imagery.

It is important to remember that everyone's postpartum experience is different and there is no one-size-fits-all approach when it comes to recovering from childbirth. It is best to listen to your body and take things slowly so you can heal properly without putting too much strain on yourself.

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- <https://www.fitnessmagazine.com/workout/postnatal/exercises/yoga-poses/>
- <https://www.acog.org/womens-health/faqs/exercise-after-pregnancy>

ANNEXES

TABLE 1 - USEFUL LINKS FOR MOTHERS, HUNGARY

HUNGARY	
Institution/Organisation	Benefits /Allowance/Services
Hungarian Directorate-General for Social Affairs and Child Protection https://szgyf.gov.hu/en/	responsible for the maintenance of the public social and child care institutions in Hungary
National Institute of Health Insurance Fund Management (NEAK) http://www.neak.gov.hu/	medical treatment, medicine, dental treatment, early detection and preventive testing, treatment at home, hospital care, medical appliances
Hungarian State Treasury https://www.allamkincstar.gov.hu/csaladok-tamogatasa	Benefits on children: Birth grant, Child home care allowance, Family allowance, Child raising support, Child care fee ect.
Healthcare service for children https://egeszsegvonal.gov.hu/en/health-care-system/healthcare-services-for-children.html	GP Pediatrician care, children out- and inpatient services, health-visitor, vaccinations
Health-visitor service https://egeszsegvonal.gov.hu/en/health-care-system/health-visitor-service.html	family and women-protection, counselling and family care; organizing screening programs for women, providing care for women during pregnancy, for puerperal and breastfeeding mothers; providing child care for children from infancy until the establishment of their student status ect.;

TABLE 2 USEFUL LINKS FOR MOTHERS, SLOVAKIA

Slovakia	
Institution/Organisation	Benefits /Allowance/Services
Office of Labour Social Affairs and Family https://www.upsvr.gov.sk/	Child birth allowance
	Multiple birth allowance
	Parental allowance
	Child allowance
	Supplement to child allowance
	Child care allowance
Social Insurance Company (employer) https://www.socpoist.sk/	Pregnancy allowance
	Maternity allowance
Tax Offices (employer) https://www.financnasprava.sk/	Tax bonus for a child
High schools, Universities	Pregnancy stipend
Health Insurance Company https://www.vszp.sk/ https://www.union.sk/ https://www.dovera.sk/	Provision of midwifery and consulting services within the specified range
Civic association MAMILA https://www.mamila.sk/	Certified lactation consulting services (without medical professional education)
Civic association <i>Inštitút pre podporu dojčenia</i>, (Breastfeeding Support Institute) https://institutdojcenia.eu/	Certified professional lactation consulting services - provided only by medical professionals (nurses, midwives, doctors)

TABLE 3 USEFUL LINKS FOR MOTHERS, NETHERLANDS

Netherlands	
Institution/Organisation	Benefits /Allowance/Services
Youth and family center (CJG) https://www.opvoeden.nl/cjg/	<p>CJG focuses on children and young people from -9 months to 23 years, and their parents. It bundles the local functions and tasks in the field of health, growing up and upbringing. The CJG can also play an important role in aftercare issues. CJG is located in every municipality in the Netherlands. It is usual in the Netherlands for every mother and child to visit the CJG.</p>
Municipal health services (GGD) https://www.ggd.nl/	<p>The GGD employs paediatricians, youth nurses, assistants, pedagogues and speech therapists. They visualize the physical, psychological, social and cognitive development during contact moments, which are agreed with the parents. They do this by:</p> <ul style="list-style-type: none"> -To follow (monitor) the development. -Identify problems in development. -To detect (screen) a number of specific diseases. -To give vaccinations (to vaccinate). <p>The GGD also advises on lifestyle, personal care, growing up and dealing with illnesses and disorders.</p>
Healthcare providers (in hospital)	

Gynecologist and obstetrician (during pregnancy and after care)	The gynecologist is responsible for the physical health of the mother during pregnancy. If there are mental problems during this period, this can be raised with the GP. The obstetrician will guide mothers during your pregnancy, delivery and maternity period. She advises, supports and monitors during these important periods.
Maternity nurse	The maternity nurse helps and guides mothers during the birth, as an assistant to the obstetrician. At home, in a birth center, and sometimes in the hospital. The maternity nurse provides care for mother and baby during the first few days.
Mental healthcare (GGZ) https://www.denederlandseggz.nl/	For psychological complaints you can contact the GGZ. Your GP can refer you for treatment. The GGZ is responsible for the treatment and recovery of psychological complaints.
General practitioner (GP)	Most people in the Netherlands have a regular GP. The GP knows your health situation. The general practitioner determines which care you need and can refer you to a specialist if necessary.
Ministry of Health, wellbeing and sports (VWS) www.rijksoverheid.nl	The Ministry of VWS is committed to the health and quality of life of all Dutch people. By working on good, affordable, sustainable care and support.

<p>Care institute Netherlands</p> <p>www.zorginstituutnederland.nl</p>	<p>Zorginstituut Nederland ensures the quality, accessibility and affordability of Dutch healthcare. In addition, the Zorginstituut advises the Ministry of Health, Welfare and Sport (VWS) on health care.</p>
<p>Avrasya Founding</p> <p>https://avrasyakafkas.com/</p>	<p>Since its existence, the Avrasya Foundation has regularly organized cultural exchange projects, conferences and lectures. Leading foreign speakers are regularly invited to give lectures in the Netherlands and vice versa.</p>
<p>asylum center (AZC en COA)</p> <p>https://www.coa.nl/nl</p>	<p>The Central Agency for the Reception of Asylum Seekers offers this reception: safe accommodation, necessary resources and guidance in preparation for a future in the Netherlands or the country of origin. In the first instance, women (asylum seekers) who have just given birth can also end up here</p>

TABLE 4 USEFUL LINKS FOR MOTHERS, TÜRKİYE

TÜRKİYE	
Institution/Organisation	Benefits /Allowance/Services
<p>AÇEV (Mother And Child Education Foundation)</p> <p>https://www.acev.org/</p>	-Socio-economic support
	-Supporting parenting roles
	-Providing information on child development
	-Strengthening mother-child communication
<p>Family Health Centers</p> <p>https://hsqm.saglik.gov.tr/tr/ailehekimligi-anasayfa</p>	-Physical health monitoring of mother and baby
	-Baby vaccination follow-up
<p>Ministry of family and social services</p> <p>https://www.aile.gov.tr/ss/sosyal-yardimlar-genel-mudurlugu/dogum-yardimi/</p> <p>https://aep.aile.gov.tr/</p>	<p>-Maternity allowance</p> <p>-Family communication training</p>

Family counseling centers affiliated to municipalities https://maya.mamak.bel.tr/merkezlerimiz/aile-danisma-merkezi/aile-danisma-merkezi	-Counseling for parents in communication with the child -Strengthening parenting skills
Municipalities https://www.istanbulkart.istanbul/anne-kart	-Mother card free transportation application
Private hospital services https://www.memorial.com.tr/kurumsal/topluma-katkilarimiz/saglikli-yasam-okullari/memorial-doguma-hazirlik-kurslari https://www.koruhastanesi.com/doguma-hazirlik-sinifi-1093-2 https://acibademmobil.com.tr/evde-anne-bebek-egitimi/	-Pregnancy and baby care preparation course -Birth preparation class -Pregnancy school -Mother-Baby Service at Home
Universities; Mother and Baby Mental Health Application and Research Center https://uskudar.edu.tr/tr/abrm-anne-ve-bebek-ruh-sagligi-uygulama-ve-arastirma-merkezi	-Strengthening maternal and infant mental health -Organize academic trainings
Pregnancy application prepared by Dr. Banu Çiftçi	-Informing about pregnancy -Preparation for motherhood

TABLE 5 USEFUL LINKS FOR MOTHERS, PORTUGAL

PORTUGAL	
Institution/Organisation	Benefits /Allowance/Services
Social Security https://www.seg-social.pt/maternidade-e-paternidade	Child birth allowance
	Multiple birth allowance
	Parental allowance
	Child allowance

	Supplement to child allowance
	Pregnancy / Pre-natal allowance
Public Services Portal - Egov https://eportugal.gov.pt/guias/ter-uma-crianca/licenca-parental	Pregnancy / Pre-natal allowance
	Maternity allowance
	Guidance on parental licences
Authority for Work Conditions (ACT) https://www.act.gov.pt/(pt-PT)/CentroInformacao/afixacoesobrigatorias/Documents/Informa%C3%A7%C3%A3o%20sobre%20a%20legisla%C3%A7%C3%A3o%20referente%20ao%20direito%20de%20parentalidade.pdf	Information on legislation regarding parental rights and rights and duties regarding equality and non-discrimination in the workplace
Electronic Diary of Republic (DRE) https://dre.pt/dre/detalhe/decreto-lei/70-2000-281661	Law publication on the protection of maternity and paternity rights
Commission for Equality at Work and Employment (CITE) https://cite.gov.pt/direitos-exclusivos-da-trabalhadora-gravida-puerpera-e-lactante	Exclusive rights of pregnant, recent mothers and lactating workers
Portuguese Nacional Health Care System (SNS) https://www.chts.min-saude.pt/mais-saude/a-mae-e-o-bebe-as-primeiras-semanas/o-bem-estar-mental-da-recem-mama/	The mother, the baby and the first weeks
We Care Services (private services) https://wecare-servicos.com/mommies-e-babies.php	Domiciliary support for mommies, babies and fathers
Breastfeeding Network https://amamenta.net/	A private clinical practice that provides a network to support breastfeeding mothers