

Facilitator's Training Guide:

How to help families cope with postpartum depression



CARE is a humanitarian organization leading the fight against global poverty. CARE places special focus on working alongside women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. As part of its mission, CARE works with survivors of war and natural disasters to help people rebuild their lives.

Funding for this Toolkit comes from a private family foundation donation to the Nutrition team for the Window of Opportunity project.

CARE is an Equal Opportunity Employer and Affirmative Action Employer (AA/MF/D/V) dedicated to workplace diversity.

CARE© and CARE Package© are registered marks of CARE. Copyright ©2011 by Cooperative for Assistance and Relief Everywhere, Inc. (CARE). All rights reserved. Unless otherwise indicated, all photos ©CARE. Photo credits: front cover: Sarah Bones/ CARE; Evelyn Hockstein/ CARE; Stephanie C. Roberts/CARE

Published March 2012

Recommended Citation: Facilitator's training guide: How to help families cope with postpartum depression. Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2012.

For more information please contact:

Dr. Lenette Golding

Senior Technical Advisor, Social and Behavior Change Communication

Health Equity Unit

CARE USA

Phone: 404-979-9459

Email: lgolding@care.org

Acknowledgements

The information presented in this guide has been adapted from a guide that Jane I. Honikman published in 2002 titled, *I'm Listening: A guide to supporting postpartum families*. Ms. Honikman is a long-time advocate for providing postpartum emotional support to mothers. We value her collaboration on this training guide. To obtain a copy of Ms. Honikman's guide please write to jane@janehonikman.com.

Introduction

This training guide will provide anyone with the basic information and tools they need to conduct a one-day training session on how to provide postpartum emotional support to mothers and family members. This training and information is important for anyone who comes into regular contact with mothers. This guide has been purposefully kept brief so as not to be overwhelming.

The goals of the guide are to:

- Provide an introduction to postpartum depression (PPD)
- Teach concerned, caring individuals how to help support mothers struggling with postpartum depression during one-on-one conversations or in a support group setting
- Offer suggestions on how family members can offer their support to a mother

Overview of the workshop

The one-day workshop described in this facilitator's guide provides notes and activities for a 4.5 hour training and an optional 2.5 hour field visit. By the end of this training, participants will have:

1. Learned about postpartum depression
2. Learned how to provide quality, personalized support for women experiencing PPD
3. Learned about the "steps to wellness" that can help empower women to help themselves
4. Learned how to help individuals create an individualized plan of action that will help them assess their strengths and needs
5. Learned how to build a supportive community for women experiencing PPD

TABLE OF CONTENTS

Sample workshop schedule.....	3
Session 1: Opening session	3
Session 2: Perceptions about depression	4
Session 3: Postpartum Depression (PPD)	5
Session 4: How to communicate with mothers experiencing PPD	8
Session 5: The Steps to Wellness	11
Session 6: Creating a Plan of Action	14
Session 7: Building a Supportive Community	15
Session 8: Optional field visit.....	16
Appendix: Handout 1	17
Appendix: Handout 2	21

Sample workshop schedule

Session	Session Title	Duration	Timeframe
1	Opening session	20 minutes	9:00 – 9:20
2	Perceptions about depression	30 minutes	9:20 – 9:50
3	Postpartum depression (PPD)	30 minutes	9:50 – 10:20
	Snack	15 minutes	10:20 – 10:35
4	How to communicate with mothers experiencing PPD	1 hour	10:35 – 11:35
5	The steps to wellness	30 minutes	11:35 – 12:05
6	Creating an action plan	40 minutes	12:05 – 12:45
7	Building a supportive community	30 minutes	12:45 – 1:15
	Lunch	50 minutes	1:15 – 2:05
8	Field visit (optional)	2.5 hours	2:05 – 4:35

Session 1: Opening session (20 minutes)

Step 1: Welcome all the participants to the workshop.

Step 2: Have all the participants introduce themselves by their name and the community where they work.

Step 3: Explain that the workshop is intended to teach them how to provide postpartum emotional support to mothers and family members. “Postpartum” denotes the period from birth through the first year of life. Explain that by the end of the workshop each participant will have:

1. Learned about postpartum depression
2. Learned how to provide quality, personalized support for women experiencing PPD
3. Learned about the “steps to wellness” that can help empower women to help themselves
4. Learned how to help individuals create an individualized plan of action that will help them assess their strengths and needs
5. Learned how to build a supportive community for women experiencing PPD

Step 4: Pick one of the following ice breakers (or use one of your own) and have the group complete it.

Names and adjectives: Have the participants’ think of an adjective to describe how they are feeling or how they are. The adjective must start with the same letter as their name, for instance, “I’m Chris and I’m creative”. Or, “I’m Amy and I’m amazing.” As they say this, they can also mime an action that describes the adjective.

Or

What we have in common: The facilitator calls out a characteristic of people in the group, such as 'having children'. All those who have children should move to one corner of the room. As the facilitator calls out more characteristics, such as 'writes poetry', people with the characteristic move to the indicated space.

Session 2: Perceptions of depression (30 Minutes)

Step 1: Have the participants put their chairs in a circle so that they are all facing each other.

Step 1: Tell the participants that you are now going to read a story to them. Ask them to listen carefully.

Step 3: Read the following story¹

Jomila complains of different troubles right after having her baby. Troubles, such as headache, pain in the stomach, general weakness of the body, and tiredness. She has not been doing her work as well as she usually does. She finds it difficult to sleep. In addition, she is worried about problems she faces (money, children, housing) and is irritable with close relatives and friends. She cannot relax or enjoy herself properly.

Step 4: Hold a focus group discussion and ask the participants the following questions:

1. What do you think about Jomila?
2. Does she have a problem?
3. What kind of a problem does she have? Probe: If she has a problem, what would you call it? Is it an illness?
4. What do you think are the causes of Jomila's illness or problem? Probe: Do you think this condition is physical, mental, both, or just social?
5. What can be done about Jomila's problem?
6. What suggestions do you have for providing treatment for such problems? Probe: What do you think works best—prevention or cure? Do you think that this problem can be prevented and how?
7. What are the most important results you think Jomila would receive from the treatment?
8. If left untreated, do you think that this disorder will get worse?

¹ This case vignette on depression and follow-up questions were adapted from a research study on cultural dimensions of depression in Bangladesh. See Selim, N. (2010). Cultural Dimensions of Depression in Bangladesh: A Qualitative Study in Two Villages of Matlab. *Journal of Health, Population, & Nutrition*, 28, 95 -106. International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B).

9. Do you think that this disorder is harmful to Jomila, her family, or the community? Probe: How?
10. How do you think this problem might hurt Jomila's marriage?
11. Do you think that Jomila, or a woman like Jomila, might cause problems in the home during her illness?
12. How capable do you think Jomila will be at working?
13. Do you know anyone in your village matching this description?
14. Who do you think suffers from this condition the most?

Session 3: Postpartum Depression (PPD) (30 Minutes)

Step 1: Review the following information with the participants. This information can also be found on the handout provided in Appendix 1. You may wish to put this information on Power Point slides.

Depression is characterized by low mood, sadness, and loss of interest in daily activities that persists for long periods of time.

The term postpartum describes the first year after a women gives birth.

Postpartum Depression (PPD): What it is²

Postpartum depression is depression that occurs for up to a year after having a baby. A woman suffering from PPD may experience one or a combination of symptoms, each ranging from mild to severe.

- A low or sad mood
- Loss of interest in fun activities
- Feelings of worthlessness, shame, or guilt
- Thoughts that life is not worth living
- Exhaustion, insomnia
- Anxiety, tension, panic
- Irritability
- Hopelessness, tearfulness
- Poor concentration, memory loss
- Rapid mood swings
- Obsessions, frightening recurring thoughts
- Lack of enthusiasm
- Self doubt, low self-esteem
- Eating disturbances
- Feeling distance/removed from or lack of love for baby and/or partner
- Thoughts of harming self and/or baby

² Sources: The Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/Depression/> on March 9, 2012; Postpartum Education for Parents. Retrieved from: <http://www.sbpep.org/ppd/> on March 9, 2012.

Additionally, a new mother may:

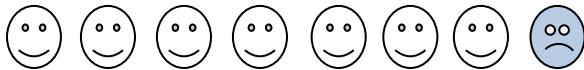
- Have trouble sleeping when the baby sleeps (more than the lack of sleep new moms usually get).
- Feel numb or disconnected from their baby.
- Have scary or negative thoughts about the baby, like thinking someone will take the baby away or hurt the baby.
- Worry that they will hurt the baby.
- Feel guilty about not being a good mom, or ashamed that they cannot care for their baby.

Trainer's Note: Emphasize this point! **When these symptoms occur within the first year after giving birth, occur together and last for more than a week or two at a time, this is postpartum depression.**

Who gets PPD?

Being a Mom is hard. For some, the journey to becoming a mom is really hard too. Often, trying to get pregnant, being pregnant, or the birth of the baby can increase the risk for depression.³

Depression is a common problem during and after pregnancy. About one in eight new moms has postpartum depression.⁴



PPD can affect any woman - Women with easy pregnancies or problem pregnancies, young mothers or old mothers, first-time mothers and mothers with one or more children, and can affect any woman regardless of income, age, race or ethnicity, culture or education.

Why it happens

During the time immediately after birth, the women's body undergoes rapid hormonal changes to adjust for no longer needing to support a baby. It is thought that these hormone changes can make women more vulnerable to depression. Additionally, poverty, family problems, lack of support and other daily stressors can contribute to the challenges of the postpartum period and increase the risk of depression.

Other factors may play a role in postpartum depression that include—

- Mother has anxiety or negative feelings about the pregnancy
- Mother is tired after delivery
- Mother is tired from a lack of sleep or broken sleep
- Mother is overwhelmed with a new baby
- Mother has doubts about her ability to be a good mother
- Mother has stress from changes in work and home routines

³ Source: The Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/Depression/> on March 9, 2012.

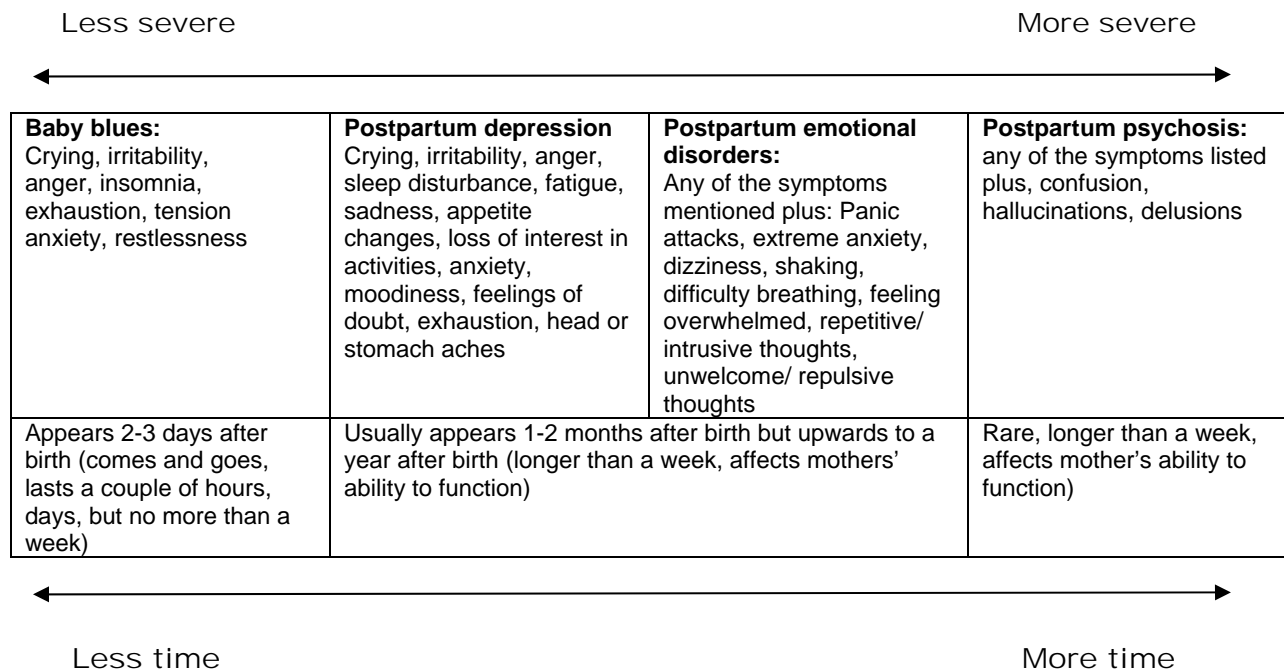
⁴ Source: Postpartum Health Alliance. Retrieved from <http://www.postpartumhealthalliance.org/> on March 8, 2012

- Mother has an unrealistic need to be a perfect mom
- Mother has a lack of free time
- Mother has difficult family relationships
- Mother is isolated from her family and friends

Women with a family history of depression are most at risk for PPD. Also, women who experienced PPD with one child are more likely to suffer it with subsequent births.

Many women feel especially guilty about having depressive feelings at a time when they believe they should be happy. They may be reluctant to discuss their symptoms or their negative feelings toward the child. Mothers need support and encouragement after a birth of a child.

Spectrum of postpartum emotional reactions⁵



⁵ Adapted from Dunnewold, A, & Sandford, D. (1994). *The postpartum survival guide: It wasn't supposed to be like this*. New Harbinger Publications and the American College of Obstetricians and Gynecologists, *Frequently asked questions about postpartum depression*. Retrieved from <http://www.acog.org/~media/For%20Patients/faq091.pdf?dmc=1&ts=20120404T1739307260> on April 6, 2012

What can mothers do to address PPD?

- Talk about their feelings with their husband, other mothers, friends, and relatives.
- Join a mother-to-mother support group.
- Find a relative or close friend who can help them take care of the baby.
- Get as much sleep or rest as they can even if they have to ask for more help with the baby.
- Take a walk or get some exercise.
- Try not to worry about unimportant tasks— be realistic about what they can really do while taking care of a new baby.
- Cut down on less important responsibilities.

How you can support a mother experiencing postpartum depression?

Women need to be nurtured in order to recover from pregnancy and childbirth, enabling them, in turn, to nurture their own families. The first and most important thing you can do to help a mother who is suffering from depression is to nurture her. You essentially need to provide “mothering” to the mother. Family members can also help her by offering her more food, and help around the house - cleaning, cooking, and caring for the baby- and allow her to get more rest. A family without a healthy mother will not be a healthy family.

What to do if the symptoms are severe or last a long time.

It is important to identify those mothers’ who are suffering more severe symptoms, including suicidal ideation, and refer them for additional follow-up and help from available resources such as community clinics and trained physicians.

Session 4: How to communicate with mothers experiencing PPD signs and symptoms (1 hour)

There is an accompanying handout for this session in Appendix 2. The handout contains a script that the participants can use when meeting with a mother after the birth of her child. Pass out this handout at the start of this session.

Tell the participants: A new mother is a mother that has given birth in the past year. She is considered “new” even if she has given birth in the past. Each new birth makes a woman a “new mother.”

Step 1: You will need paper and pens or markers for Step 1. Tell the participants that a new mother should be encouraged to speak about her pregnancy, birth and postpartum experiences. Encourage participants to identify and draw the ways they offer emotional support to new mothers. Give the participants 10 minutes to draw their drawings. Some people may feel uncomfortable – because they feel that they are not ‘good’ at drawing. Remember that what counts most is the quality of discussion rather than drawing. Ask for volunteers to show their drawings to the other participants and explain them. Affirm with participants that it is not difficult to offer nonmedical emotional support to mothers, but it does take time, commitment and patience.

Step 2: Ask the participants to think of the ways in which they typically establish an atmosphere of trust with a mother. Ask for volunteers to share their responses.

After participants have had the opportunity to share their experiences, emphasize the following points:

- Be an active listener⁶
- Ask effective questions⁷
- Leave time for silence
- Know the facts about the topic at hand
- Be informative, but don't lecture
- Never judge, no matter what the mother tells you
- Give people time to come up with their own ideas
- Stand or sit at the same level as people

Step 3: Tell the participants that when establishing a relationship of trust with a new mother their voice needs to convey a sense of validation (that they value what the mother is sharing with them), reassurance, warmth and hope. Tell the participants that it is critical to say/ask the following statements to a new mother.

⁶ Active listening means more than just listening. It means helping people feel that they are being heard and understood. Active listening encourages the participation of people and a more open communication of experiences, thoughts and feelings. In active listening, the person listening:

- uses body language to show interest and understanding; in most cultures this will include nodding the head and turning the body to face the person speaking
- uses facial expression to show interest and reflect on what is being said; this may include looking directly at the person speaking, although in some cultures such direct eye contact may not be appropriate until some trust has been established
- listens to *how* things are said by paying attention to a speaker's body language and tone of voice
- asks questions to show a desire to understand
- summarizes and rephrases the discussions to check on an understanding of what has been said and asks for feedback.

Source: *Tools Together Now! 100 Participatory Tools to Mobilize Communities for HIV/AIDS*. (2006). International HIV/AIDS Alliance. p. 18 This resource is available free of charge at:
http://www.aidsalliance.org/includes/Publication/Tools_Together_Now_2009.pdf

⁷ In effective questioning, the person asking questions:

- asks open-ended questions – for example using the six key 'helper' questions (Why? What? When? Where? Who? and How?)
- asks probing questions by following up people's answers with further questions that look deeper into the issue; continually asking, 'But why...?' is useful for doing this
- asks clarifying questions to ensure they have understood, which can be done by rewording a previous question
- asks questions about personal points of view by asking how people feel and not just about what they know.

Source: *Tools Together Now! 100 Participatory Tools to Mobilize Communities for HIV/AIDS*. (2006). International HIV/AIDS Alliance. p. 18. This resource is available free of charge at:
http://www.aidsalliance.org/includes/Publication/Tools_Together_Now_2009.pdf

1. Tell the mother that *motherhood is a unique and special role to play in life and I'm here to support you.*
2. Ask the mother the age of her child. This is done to confirm that she is a postpartum mother. *How old is your child now?*
3. Congratulate the mother on the birth of her child. *Congratulations on the birth of your child.*
4. Ask about how the pregnancy and labor went for her. These inquiries reinforce her status as a new mother, whether it's her first child or not. .. *How was your pregnancy? How was the birth of your child? How are you feeling emotionally after giving birth? Are you feeling different than what you typically feel like?*
5. If the mother states she has been experiencing symptoms of PPD follow up with her: *When did you first notice you weren't feeling like yourself?* Then ask, *Have you told anyone else how you are feeling?*

Step 4: Have the participants split into pairs to role play saying/ asking the statements above. Have the participants practice active listening and effective questioning One participant should play the role of the mother and the other participant should play the role of the supportive person and then the pair should switch roles. Have the participant role playing the mother to act like they are experiencing symptoms of PPD. Have the participants playing the supportive role pay attention to their body language when role playing. The supportive person needs to establish that they are “warm” and “caring” individuals. After both participants have had the chance to role play each part, have them provide feedback to each other on their active listening and effective questioning skills. Step 4 should take approximately 10-15 minutes.

Step 5: It is always important to debrief participants after a role play. Ask the participants what it felt like for them to role play the part of the mother. Ask whether or not they felt supported. Role plays can bring up a lot of emotions. People might be reminded of their own painful experiences or the experiences of family or friends. Be aware of that and provide plenty of time for discussion.

Step 6: Tell the participants that women with more than one child can compare their current postpartum experience with previous ones. However, many first-time mothers are unsure about whether what they're feeling is actually “normal.” Tell the participants that women with a family history of depression are most at risk for depression. Also, women who experience PPD with one child are more likely to suffer it with subsequent births. The mother might not be able to stop PPD with future births but at least she will be aware that it could occur and she might need additional support from her family and her community.

Step 7: Tell the participants there are three universal needs of childbearing women, no matter who they are or where they live:

1. A companion or spokesperson through pregnancy, delivery, and the postpartum year.
2. Supportive and trained community counselors, community health workers, and health care facility staff.
3. A time and a place to share pregnancy, birth and postpartum experiences.

Tell the participants that all women deserve these fundamentals of care and concern, but these needs are frequently unmet. Unfulfilled expectations about being emotionally and physically supported can lead to stress and distress. Tell the participants that as a support person listening to the concerns of women, you have an opportunity to fulfill some of her expectations and at least some of her need. It is important that mothers also find someone else to offer them support such as their husbands, mother-in-laws, other relatives, neighbors or friends. Tell the participants that they should check with the mother on whether or not she has anybody in her life that she can talk to. *Can you list the people you know that you could talk to about what you are experiencing?*

Step 8: Tell the participants there are three important messages that each mother experiencing PPD symptoms should hear. They are:

- 1) You are not alone.
- 2) You are not to blame for what you are feeling.
- 3) You will be well and feel like yourself again- you just need some support right now.

Step 9: Have the participants role play saying each of the statements to a mother and then asking the mother, what she thinks of the statements. Emphasize that it is important for new mothers to feel supported. Have the participants ask the mother to list the people she knows in her life that she could talk to about what she is experiencing. This role play should take approximately 10 minutes.

Step 10: Emphasize that if the participant knows a mother who has just given birth, it is important for them to call her or stop by and check on how she is doing 1-2 weeks afterwards if it is culturally appropriate.

Step 11: Read through the list of questions in Appendix 2 to ensure that those participants who are illiterate know what is listed. There are questions on that list that are not included in the exercise.

Session 5: The steps to wellness

You will need a piece of flip chart paper and writing instruments of some kind for Step 1.

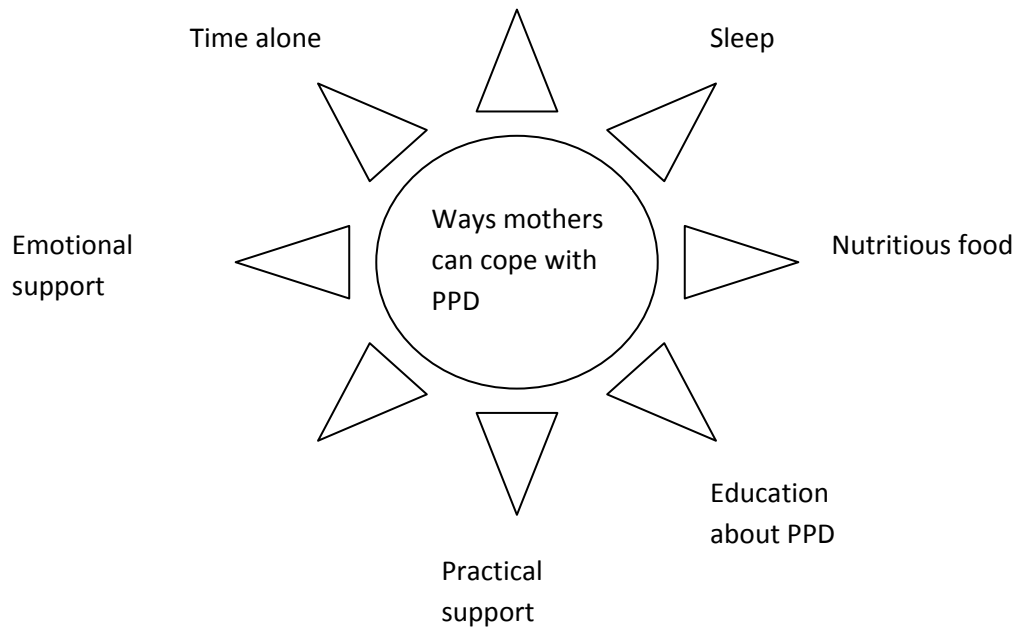
Step 1: Have the participants draw a sun diagram. This tool involves participants drawing a diagram like a sunburst to identify actions that new mothers and their family members can take to help the mother cope with PPD.

Using a sun diagram helps to:

- provide a non-threatening way to identify the key opportunities about how to cope with PPD
- assess which of those opportunities are most important, and why
- begin to identify how to overcome problems
- begin to identify how to make the most of the opportunities.

Follow these steps for the sun diagram activity

1. Tell the participants that you want them to come up with actions that mothers could do that would help them cope with PPD.
2. Draw a sun in the middle of the diagram. Write “Ways mothers can cope with PPD” the middle of the sun.
3. Encourage the participants to discuss all the possible actions a mother could take to help herself cope with PPD.
4. Write the actions that the participants come up with at the end of each sun beam.
5. Encourage the participants to keep going until they have identified all of the possible actions they can think of.
6. As a group, discuss what the diagram shows. For example, how many actions are there? Which actions are easier or harder for mothers to do?



Step 2: Go through the list of these potential actions if they were not discussed during the activity. Discuss if they are relevant given the context of the community.

Action	Key message
Getting educated about PPD	It is important mothers and family members know about the signs and symptoms of PPD.
Sleep	A mother's recovery depends on sleep. Sleep can heal the body and mind. New mothers need quality sleep in order to heal. Be sure to ask the mother about the quality of her sleep. A mother that is not sleeping well may be suffering from PPD or anxiety. Encourage the mother to ask somebody to watch the baby so she can take a nap.
Eating nutritious food	New mothers need more food and nutritious food. The body will have trouble healing itself without nutrition. The mother needs to eat in order to be healthy. If the mother is not healthy, no one will thrive- including the baby. Encourage the mother to eat small amounts of food on a frequent basis.
Quiet time alone	Having time away from the baby prompts mothers to consider their own needs beyond the basics of sleep and food. See if it is possible for somebody in the family to watch the child for a short period of time so that the mother can take care of herself.
Receiving nonjudgmental support from others	New mothers should be encouraged to talk about pregnancy, birth and motherhood. New mothers are taking a risk when they open up and speak the truth. Mothers feel that others will judge them. Listen to the mother and really try and understand what she is going through. Congratulate her on being brave and talking about it.
Getting emotional support from others	New mothers need caring people that will take the time to listen to them. Encourage the new mother to join a mother-to-mother support group where she can talk to other mothers about her worries.
Getting practical support from others	Taking care of a baby while taking care of your family and home is really incredibly hard. Mothers need help. Encourage the mother to ask her family, neighbors and friends for help when she needs it.

Session 6: Creating an action plan (40 minutes)

Step 1: Tell the participants that helping someone create a personal plan of action begins with helping them acknowledge his or her present state of health. As supportive people in the community, they can help educate people on what PPD is and the importance of supporting new mothers.

Step 2: Read the last half of the list of questions in Appendix 2 to ensure that those participants that are illiterate know what is listed.

1. *Now let's make a plan of actions you can take to help yourself feel better.*

- *Who can you talk to about what you are experiencing?*
- *Who can you ask for help around the house from?*
- *How can you eat more food more often?*
- *How can you get more sleep?*

Step 3: Tell the participants about negotiating with people using trials of improved practice.

The **Trials of Improved practice**⁸ procedure consists of a series of visits in which the supportive community counselor or community health worker and the participant analyze current practices, discuss what could be improved, and together reach an agreement on one or a few solutions to try over a trial period (one week); and then assess the trial experience together at the end of the trial period.

The community worker gives feedback to the mother (or others) on their practices (both on what they are doing well and areas they might improve) and gives several relevant suggestions of actions the mother might try for a trial period. (5-7 days). These suggestions are discussed thoroughly and the mother selects one to three of these ideas for trial. During the next visit, the community worker learns what the mother did, and how she felt about the trial experience; what was easy and difficult; if she discussed the new behaviors with anyone and what they said; and whether she would recommend the same practice to a friend, etc.

Step 4: Have the participants split into pairs to role play saying/asking these statements. One participant should play the role of the mother and the other participant should play the role of the supportive person and then the pair should switch roles.

Step 5: Ask for a volunteer pair to demonstrate their role play for the larger group. Encourage the other participants to watch and listen carefully.

Step 6: After the role play, ask the volunteers what it was like to act the parts, what they learned and how they felt. Then ask the audience what it was like to watch, what they learned and how they felt.

| 14

⁸ Food and Agriculture Organization of the United Nations (FAO). (2011). Trials of Improved Practice (TIPS): Guiding Notes for TIPS Trainers and Implementers. This document was retrieved from: <http://www.fao.org/docrep/014/am868e/am868e00.pdf> on April 6, 2012.

Step 7: When the activity is complete, encourage the participants to discuss what they have learned. For example, what were the challenges of the situation? Who had the most power in the situation? What might have been the effects of the situation? What could have made this situation better?

Session 7: Building a supportive community (30 minutes)

Step 1: Explain that peer support occurs when people provide knowledge, experience, and emotional, social or practical help to each other. Peer support not only decreases isolation, it offers an atmosphere of common purpose for learning to cope.

Explain that peer support should strive to:⁹

- Address the needs of at-risk populations (women of reproductive age, parents-to-be, new parents)
- Confront social isolation
- Serve as new sources of social support during short-term crises, life transitions
- Promote coping skills and self-esteem
- Provide positive roles models
- Display benefits of helping others
- Meet needs of underserved portions of the population
- Facilitate referrals to professionals when necessary
- Enhance social ties to serve as a buffer to stress
- Help people cope with stress and adversity
- Educate professionals about gaps and problems in service delivery
- Assist in development of needed programming for communities
- Promote social action and funding needs
- Promote new collaboration between self-help and professional communities

Explain that you would now like the participants to think of ways that they can support mothers and families after the birth of a child.

Step 2: Have participants create a vision diagram.¹⁰

Tell the participants that in vision diagramming, people draw a picture of a positive future they imagine for their community. This tool is useful when people are working together to identify new activities, services and resources.

⁹ List from Madara, E.J. (1990). Maximizing the potential for community self-help through clearing-house approaches. *Prevention in Human Services*. 7 (2).

¹⁰ Source: *Tools Together Now! 100 Participatory Tools to Mobilize Communities for HIV/AIDS*. (2006). International HIV/AIDS Alliance. Pp. 220 – 221. This resource is available free of charge at: http://www.aidsalliance.org/includes/Publication/Tools_Together_Now_2009.pdf

Tell the participants that using vision diagramming helps to:

- imagine a positive future – a vision – where new mothers and their families receive support for PPD
- identify activities and resources that will help achieve this vision
- identify who might be involved in providing these activities and resources
- identify possible difficulties in bringing about the vision
- discuss how to solve these difficulties.

Facilitator notes:

- It is important that participants feel relaxed in this exercise and that they take the time to imagine a very positive future.
- Encourage participants to be as imaginative as they can. Remember that it may be difficult for people to imagine a service or a project that they have never seen.

How to facilitate a vision diagramming session:

1. Vision diagramming works best with groups of up to 12 people.
2. Ask participants to think about the current situation for new mothers in their community. What kind of support do new mothers receive? What kind of support do families receive after the birth of a child?
3. Encourage participants to close their eyes and imagine a future in which new mothers and families are fully supported in the community. In this future, people are supporting all women, especially those affected by PPD. Everyone in the community is involved in supporting new mothers.
4. Ask each participant to draw this vision. What support exists? What would their role in this vision be? What would other people's roles in this vision of the future be?
5. Ask the participants to share their pictures with each other in small groups of three or four.
6. Encourage the participants to discuss their visions in detail, using the following questions:
 - In the visions, what new activities, support and resources exist?
 - Who is involved in carrying out the activities or support?
 - What would each of their roles be in this vision?
 - How did the vision come about?
 - In the visions, what difficulties were there in implementing these activities and support? How were these difficulties solved? What made things easier?
7. Ask the small groups to share their visions and discussions with the larger group. Encourage participants to ask questions about the drawings and make any comments or suggestions.

Session 8: Field visit (2 hours and 30 minutes)

Have the participants form small groups (3 people) and travel to nearby communities where current programming is taking place to practice speaking to new mothers. The participants are to search out new mothers and have a session with them asking the questions that are in Appendix 2. The participants should check if new mothers are experiencing symptoms of PPD. Each group should report back how the practice sessions went.

Appendix 1: Handout

Depression is characterized by low mood, sadness, and loss of interest in daily activities that persists for long periods of time.

The term postpartum describes the first year after a women gives birth.

Postpartum Depression (PPD): What it is¹

Postpartum depression is depression that occurs for up to a year after having a baby. A woman suffering from PPD may experience one or a combination of symptoms, each ranging from mild to severe.

- A low or sad mood
- Loss of interest in fun activities
- Feelings of worthlessness, shame, or guilt
- Thoughts that life is not worth living
- Exhaustion, insomnia
- Anxiety, tension, panic
- Irritability
- Hopelessness, tearfulness
- Poor concentration, memory loss
- Rapid mood swings
- Obsessions, frightening recurring thoughts
- Lack of enthusiasm
- Self doubt, low self-esteem
- Eating disturbances
- Feeling distance/removed from or lack of love for baby and/or partner
- Thoughts of harming self and/or baby

Additionally, a new mother may:

- Have trouble sleeping when the baby sleeps (more than the lack of sleep new moms usually get).
- Feel numb or disconnected from their baby.
- Have scary or negative thoughts about the baby, like thinking someone will take the baby away or hurt the baby.
- Worry that they will hurt the baby.
- Feel guilty about not being a good mom, or ashamed that they cannot care for their baby.

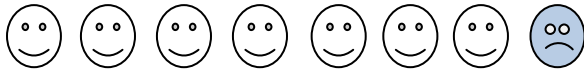
Trainer's Note: Emphasize this point! **When these symptoms occur within the first year after giving birth, occur together and last for more than a week or two at a time, this is postpartum depression.**

¹ Sources: The Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/Depression/> on March 9, 2012; Postpartum Education for Parents. Retrieved from: <http://www.sbpep.org/ppd/> on March 9, 2012.

Who gets PPD?

Being a Mom is hard. For some, the journey to becoming a mom is really hard too. Often, trying to get pregnant, being pregnant, or the birth of the baby can increase the risk for depression. ²

Depression is a common problem during and after pregnancy. About one in eight new moms has postpartum depression. ^{1 4}



PPD can affect any woman - Women with easy pregnancies or problem pregnancies, young mothers or old mothers, first-time mothers and mothers with one or more children, and can affect any woman regardless of income, age, race or ethnicity, culture or education.

Why it happens

During the time immediately after birth, the women's body undergoes rapid hormonal changes to adjust for no longer needing to support a baby. It is thought that these hormone changes can make women more vulnerable to depression. Additionally, poverty, family problems, lack of support and other daily stressors can contribute to the challenges of the postpartum period and increase the risk of depression.

Other factors may play a role in postpartum depression that include—

- Mother has anxiety or negative feelings about the pregnancy
- Mother is tired after delivery
- Mother is tired from a lack of sleep or broken sleep
- Mother is overwhelmed with a new baby
- Mother has doubts about her ability to be a good mother
- Mother has stress from changes in work and home routines
- Mother has an unrealistic need to be a perfect mom
- Mother has a lack of free time
- Mother has difficult family relationships
- Mother is isolated from her family and friends

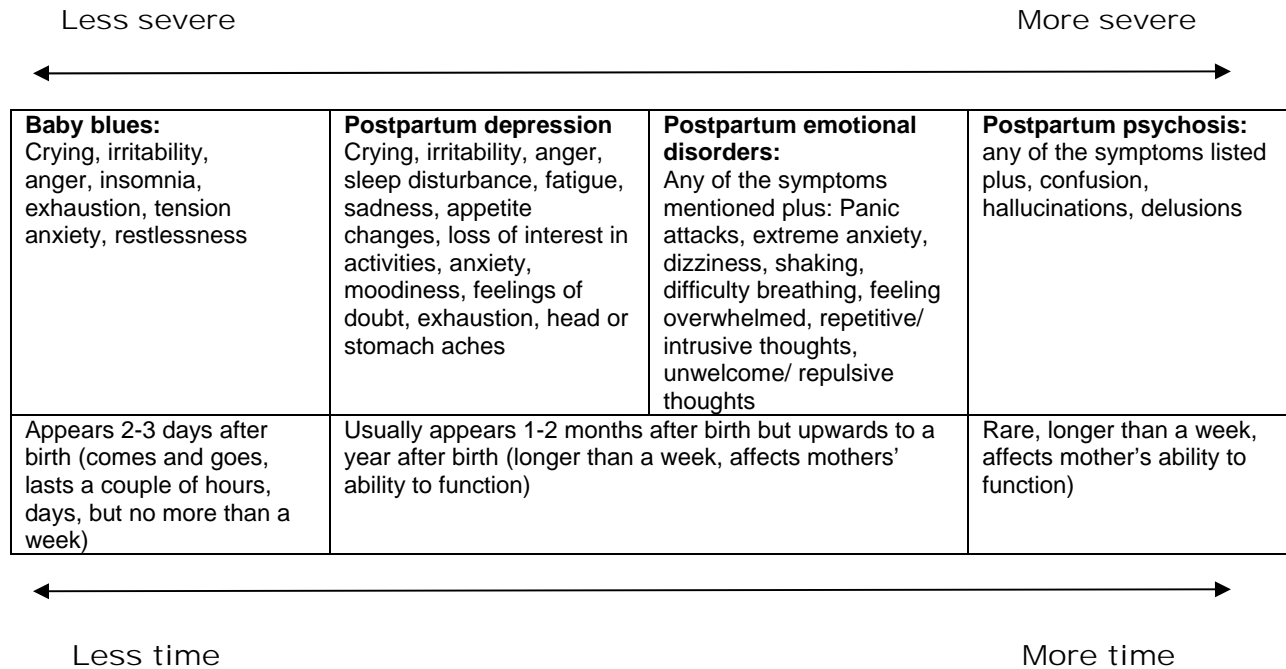
Women with a family history of depression are most at risk for PPD. Also, women who experienced PPD with one child are more likely to suffer it with subsequent births.

Many women feel especially guilty about having depressive feelings at a time when they believe they should be happy. They may be reluctant to discuss their symptoms or their negative feelings toward the child. Mothers need support and encouragement after a birth of a child.

³ Source: The Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/Depression/> on March 9, 2012.

⁴ Source: Postpartum Health Alliance. Retrieved from <http://www.postpartumhealthalliance.org/> on March 8, 2012

Spectrum of postpartum emotional reactions ⁵



What can mothers do to address PPD?

- Talk about their feelings with their husband, other mothers, friends, and relatives.
- Join a mother-to-mother support group.
- Find a relative or close friend who can help them take care of the baby.
- Get as much sleep or rest as they can even if they have to ask for more help with the baby.
- Take a walk or get some exercise.
- Try not to worry about unimportant tasks— be realistic about what they can really do while taking care of a new baby.
- Cut down on less important responsibilities.

How you can support a mother experiencing postpartum depression?

Women need to be nurtured in order to recover from pregnancy and childbirth, enabling them, in turn, to nurture their own families. The first and most important thing you can do to help a mother who is suffering from depression is to nurture her. You essentially need to provide “mothering” to the mother. Family members can also help her by offering her more food, and help around the house - cleaning, cooking, and caring for the baby- and allow her to get more rest. A family without a healthy mother will not be a healthy family.

⁵ Adapted from Dunnewold, A, & Sandford, D. (1994). *The postpartum survival guide: It wasn't supposed to be like this*. New Harbinger Publications and the American College of Obstetricians and Gynecologists, *Frequently asked questions about postpartum depression*. Retrieved from <http://www.acog.org/~/media/For%20Patients/faq091.pdf?dmc=1&ts=20120404T1739307260> on April 6, 2012

What to do if the symptoms are severe or last a long time.

It is important to identify those mothers' who are suffering more severe symptoms, including suicidal ideation, and refer them for additional follow-up and help from available resources such as community clinics and trained physicians.

Appendix 2: Handout

Statements to say or questions to ask a mother who has recently had a baby:

1. *Motherhood is a unique and special role to play in life.*
2. *I am here to support you.*
3. *How old is your child now?*
4. *Congratulations on the birth of your child.*
5. *How was your pregnancy?*
6. *How was the birth of your child?*
7. *What is it like for you to be a new mother/ or a mother again?*
8. *How are you feeling emotionally after giving birth? Are you feeling different than what you typically feel like?*
9. *If the mother states she has been experiencing symptoms of PPD, ask her, "When did you first notice you weren't feeling like yourself?" Additionally, ask the mother, "Have you told anyone else how you are feeling?"*
10. *What are you doing to take care of yourself?*
11. *Can you sleep if given the opportunity? Probe: Do you find it easy to fall asleep? Can you stay asleep? After you feed the baby at night can you go back to sleep?*
12. *Do you have an appetite? When did you last eat? What have you eaten today? What's there to eat in your house?*
13. *Is there anybody in your family or a neighbor or friend that can watch the baby or help around the house?*
14. *Is there anybody you can talk to honestly about what you are experiencing?*
15. *Now let's make a plan of actions you can take to help yourself feel better.*
 - *Who can you talk to about what you are experiencing?*
 - *Who can you ask for help around the house from?*
 - *How can you eat more food more often?*
 - *How can you get more sleep?*
16. *Reaffirm:*
 - *You are not alone.*
 - *You are not to blame for what you are feeling.*
 - *You will be well and feel like yourself again- you just need some support right now.*

If the mother is displaying moderate to severe symptoms of PPD talk with the project leader and come up with a plan on how to help her.