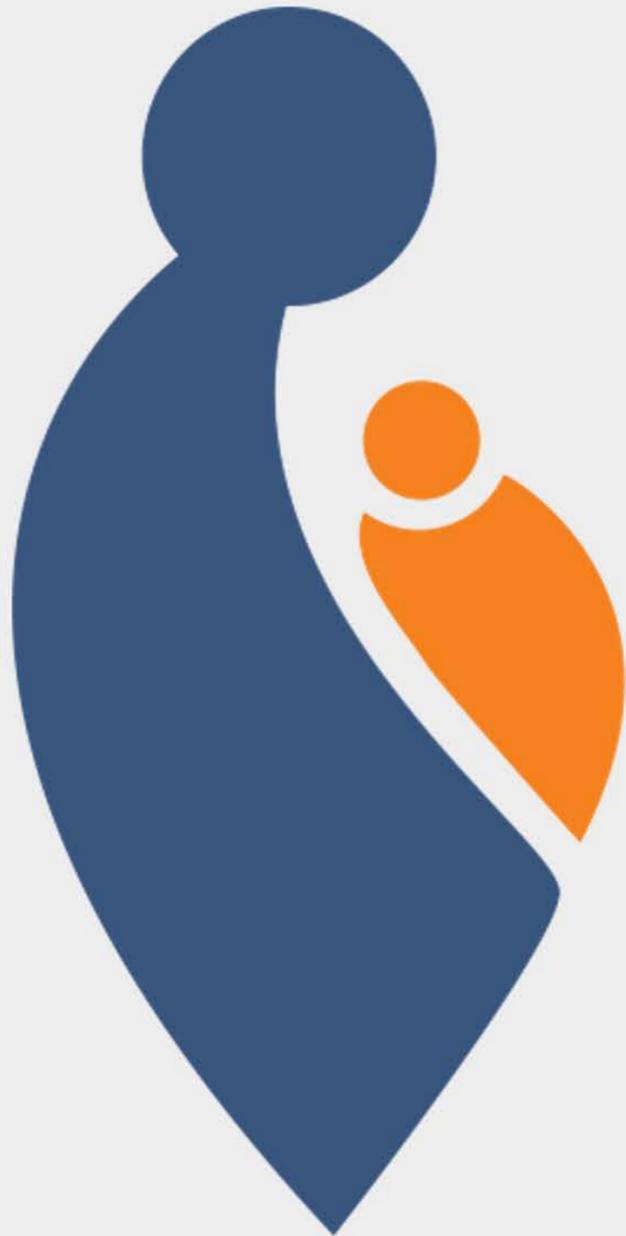


TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center



WORKING WITH COUPLES IN THE PERINATAL PERIOD:

COMMON CHALLENGES AND STRATEGIES TO MAINTAIN CONNECTION

Presented by: Paige Bellenbaum
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Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH).

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research.

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social -emotional needs of young children and their families.



Visit the TTAC Website

A Variety of Features:

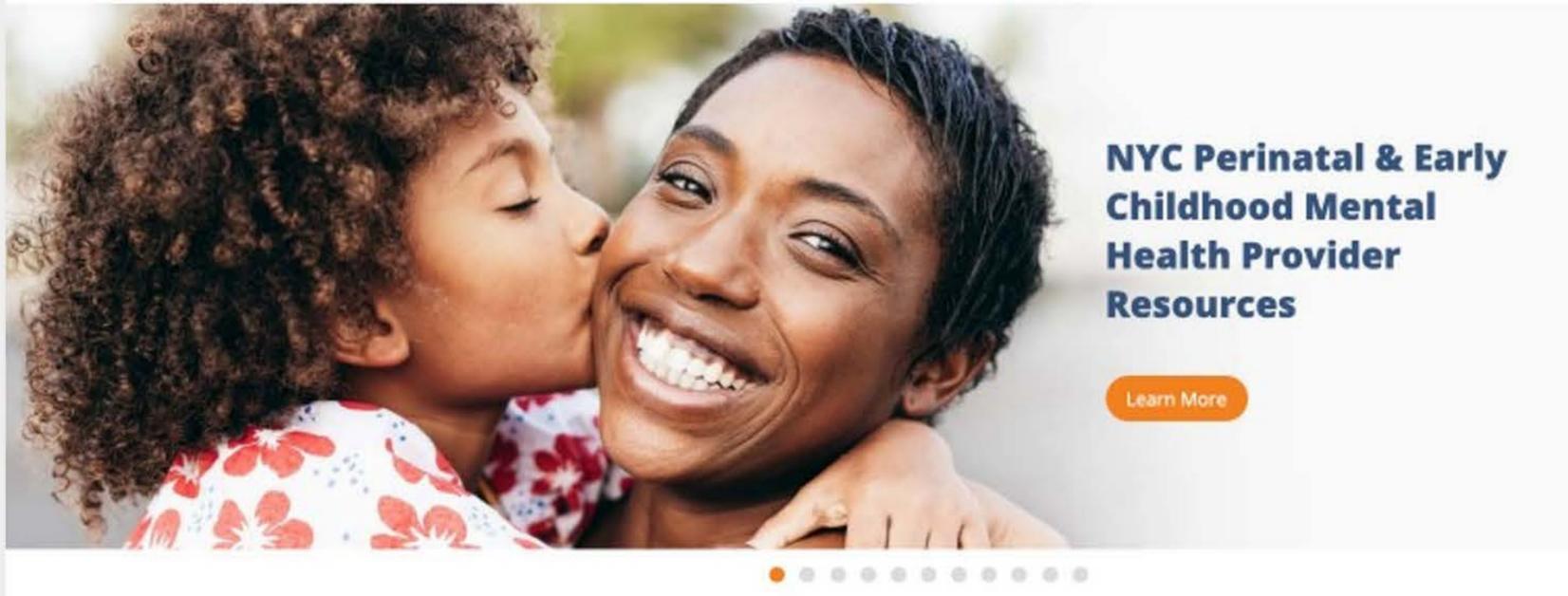
- View upcoming and archived content, trainings, and resources on the **Trainings page**.
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Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you

Explore all the provider resources at ttacny.org



About Trainings Resources Clinical Services



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Working with Couples in the Perinatal Period

**Common Challenges and Strategies to Maintain
Connection**



About Me

- LCSW, PMH-C (NY & VT)
- 20 years working in the maternal mental health space
- PMAD lived experience
- 2014 Legislation
- The Motherhood Center
- Work with ACS, DOHMH, NYSOMH
- Adjunct Professor, Silberman School of Social Work, Hunter College
- Advanced Psychotherapy Trainer, PSI
- Clinician



Learning Objectives

- Examine the sociocultural expectations that couples face as they enter new parenthood
- Gain a foundational understanding of key stressors and social-emotional shifts that impact couples during the perinatal period
- Learn evidence-based tools and strategies to help couples improve their relationship while adjusting to this new transition

Learning Agenda

- Expectations of Parenthood as a Couple
- Traditional vs. Today Parenting
- Couple / Individual Identity Reorganization
- Common Challenges and Solutions for Perinatal Couples
 - *Extreme Fatigue and Exhaustion*
 - *Unequal Division of Labor*
 - *Loss of Intimacy and Emotional Connection*
 - *Communication Breakdown*
 - *Differences in Parenting Style*
 - *Mental Health Struggles*
- Resources for Professionals and Perinatal Couples

Expectations of Parenthood

- The birth of the baby will be a magical experience for us
- Having a baby will bring us even closer together
- Having a baby will be blissful, beautiful and the best thing that has ever happened to us
- Being a parent comes naturally, and we will just know what to do
- We will bond with our baby automatically
- People have been having babies for centuries so how hard can it be?
- When the baby comes, we will do everything 50/50
- We will smoothly transition into our roles as parents and seamlessly integrate the baby into our existing lifestyle

Common Expectations about Parenthood for Couples



Realities about Parenthood for Couples

- **67%** of couples experience a significant decline in relationship satisfaction and increased conflict within the first three years of having a baby.
- **20%** of couples split up within the first year.
- **40%** of couples split up within 5 years.

- Having baby is stressful and overwhelming for many couples
- Some parents experience difficulty bonding with the baby - feeling like the other parent is doing it "better"
- When mother's/birthing people become very involved with their babies they have less to offer their partners emotionally and physically.
- Even though both parents are working much harder, they both may feel unappreciated and alone.
- During the first year after baby arrives, the frequency and intensity of relationship conflicts increase.
- It is normal for a mother/birthing person's sexual desire to drop precipitously after birth through the first year or longer.
- Both parents undergo major changes in their own identity. Their values and goals in life may change too.
- Couples navigating different cultural backgrounds may face additional challenges in deciding how many children to have and how to raise them.
- 1 in 5 mothers/birthing people experience a PMAD 1 in 10 fathers/non-birthing parents experience a PMAD

The Importance of Managing Expectations

- In a qualitative study with heterosexual couples, **individuals whose anticipations included “expecting the worst” reported an easier adjustment** once the baby arrived compared with those who treated the impending arrival of their baby as **“unknowable”** (something for which one could not plan or even envision).
- Couples who envisioned that having a child **would require a team effort** reported greater marital satisfaction compared with those who assumed the couple relationship would buffer child-related stressors.
- In another report with heterosexual couples, having **higher prenatal expectations relative to experiences** once the baby was born was associated with **greater declines in levels of marital satisfaction after birth.**

Traditional vs. Today Parenting

Traditional Parenthood

The definition of parenting has changed over the past few decades.

1. Parenthood Was a Role, Not an Identity

Being a parent was something you *did*, not something you *became*.

- Your sense of self wasn't expected to revolve around your child
- Loving your child was assumed, not analyzed

You weren't expected to *find ultimate meaning* through parenting. You were expected to **carry out responsibility**.

2. There Were Clear, Rigid Roles

Mothers

- Primary caregiver and homemaker
- Responsible for feeding, cleanliness, manners
- Expected to be self-sacrificing
- Personal needs were secondary

Fathers

- Financial provider and authority figure
- Less hands-on with daily care
- Emotional distance was normal

Good parenting meant **staying in your lane**, not sharing every task equally.

3. Obedience Over Emotional Expression

Children were expected to:

- Follow rules
- Respect adults without question
- Adapt to family and social norms

Parents were expected to:

- Teach discipline and morals
- Correct behavior quickly
- Prepare children for hardship

Children's feelings were acknowledged only insofar as **they didn't disrupt order**.

Traditional Parenthood

4. Discipline Was Central and Non-Negotiable

- Firm discipline was seen as love
- Consistency mattered more than explanation

The goal wasn't emotional insight—it was **character formation**.

5. Children Fit into Adult Life

- Children adapted to adult schedules
- Play was important but not optimized
- Safety expectations were looser
- Independence came early

Parents were not expected to hover, entertain, or emotionally coach **constantly**.



6. “Good Enough” Was Truly Enough

You were a good parent if:

- Your child was fed
- Clothed
- Schooled
- Behaved acceptably

No one expected:

- **Constant emotional validation**
- **Developmental optimization**

Parental Expectations Today

Parenting has Become a High-Stakes Identity

Parenting used to be something **you did**.
Now it's something you're **judged for**.

- Every choice—sleep, food, discipline, screen time, schooling—feels like it carries long-term psychological consequences for the child.
- Parents are told that the “wrong” response can **cause trauma, attachment issues, or future mental illness**. That creates constant self-monitoring and fear of messing up.

Instead of asking, **“Is my child okay?”**

Parents ask themselves, **“Am I damaging them?”**

It's exhausting.



Parental Expectations Today

The Village Disappeared (But Expectations Didn't)

Many parents are raising children:

- Far from extended family
- In households where both parents are working full-time
- Without affordable childcare
- With little practical community support

Yet they're still expected to:

- Work productively
- Parent intensively
- Maintain relationships
- Care for their mental health

Previous generations leaned on **shared caregiving** and lower expectations of parental presence. Modern parents are doing **more alone**, with significantly fewer supports.



Parental Expectations Today

Parents Are More Isolated—And More Visible

Social media created:

- Endless comparison
- Curated perfection
- Judgment without context

Parents don't just feel tired—they feel like they are doing it **wrong**. And there's always someone online doing it "**better,**" with cleaner floors and calmer kids.

At the same time, **parents are more isolated in real life** especially post-pandemic, with fewer places to be honest about **how hard it is**.



Parental Expectations Today

Economic Pressure Is Relentless

Housing, childcare, healthcare, education—costs have risen faster than wages. A recent Lending Tree study found that to “comfortably” afford childcare for two children, housing, food, taxes, etc. with savings left over, a family should earn approximately **\$400,000 annually**. The average U.S. family income is approximately **\$145,000**.

Parents are:

- Working more
- Worrying more
- Having less margin for error

Financial stress directly affects emotional bandwidth.

Couples struggle to be endlessly patient with each other and their children when they are chronically worried about money.



Parental Expectations Today

We Ask Parents to Heal While Parenting

Modern parents are encouraged (rightly) to:

- Break generational cycles
- Heal their own trauma
- Parent differently than they were parented

But doing deep emotional work **while raising children and focusing on a healthy partnership** is incredibly hard.

There's little space to process when **couples are constantly juggling so many responsibilities and stressors.**



Parental Expectations Today

In a Nutshell – “Good” parents should:

- Stay **calm** under stress
- Parent **consciously and gently**
- Validate **every** feeling
- Never **yell**
- Be **nurturing, patient, emotionally attuned**
- **Monitor development closely** (milestones, attachment, mental health)
- Maintain a **household, job, and personal identity simultaneously**
- Be **experts** without certainty
- Be **present** without rest
- Be **gentle** without anger
- Be **self-aware** without being self-critical

According to the 2024 Surgeon General’s Report, *Parents Under Pressure*, **48% of parents say that most days their stress level is completely overwhelming.**



Of course, **this all takes its toll on couples.**

Identity Reorganization

The Identity Reorganization for Couples

After having a baby – the couple identity reorganizes.

Before a baby, the relationship itself is often central and includes:

- Shared rituals
- Inside jokes
- Spontaneous connection
- Emotional and sexual intimacy

After a baby arrives, **the parenting partnership** can quickly replace the **romantic partnership** as the **organizing identity**.

Dr. John Gottman found that:

- **Two-thirds of couples experience a significant drop in relationship satisfaction in the first three years after birth.**
- Friendship and positive sentiment decline if not intentionally protected.
- Conversations become logistical rather than emotional.
- The couple identity doesn't disappear – **but it can become secondary.**

The Identity Reorganization for Couples

The “We” Becomes Task-Oriented

Instead of:

“We are partners and lovers.”

It often shifts to:

“We are co-managers of a tiny, sleep-depriving human.”

Identity as a couple reorganizes around:

- Division of labor
- Who is more tired
- Who is doing more
- Parenting philosophies

If **conflict increases** around these themes, the couple’s shared narrative can turn **adversarial rather than collaborative**.



The Identity Reorganization for Couples

Emotional Connection Becomes Harder — But More Important

Gottman emphasizes that the core of couple identity is *friendship*:

- Turning toward efforts for connection
- Expressing admiration
- Practicing “fondness” of one another

After a baby:

- Efforts to connect often go unnoticed due to exhaustion
- Repair attempts decrease
- Partners feel unappreciated

If the friendship system weakens, the couple identity fragments.



Identity Shift for Mother's and Birthing People

New mothers/birthing parents experience a dramatic identity shift after birth. They may grieve the loss of their sense of self and who they were before they became a mother. They may miss a sense of control, freedom and flexibility. Some new mothers may feel regretful and long for their “old life”.

Moms/birthing people feel pressured by:

- The need to be “perfect”
- The fear of judgement from others
- Feeling like they are not good enough or doing it all wrong
- Feeling like asking for help is a sign of weakness

Many feel overwhelmed by:

- Constant caregiving
- Loss of personal time
- Physical recovery
- Loneliness and isolation, even when surrounded by family
- Not feeling understood or taken seriously
- Unequal division of labor as a major source of resentment



Identity Shifts for Fathers and Non-Birthing Parents

Fathers/non-birthing parents face their own unique challenges in the transition to parenthood. They may feel like outsiders in the early months, especially if their partner is breastfeeding. Partners can feel excluded and are likely to respond by removing themselves from the situation. They often withdraw from the baby and birthing person, working more, while trying to avoid conflict.

Men may feel pressure to:

- Be the financial provider
- “Be strong”
- Not complain or need support (this can lead to withdrawal, overwhelm, or emotional distancing)

Many fathers/non-birthing parents report feeling:

- Uncertain about their role and contribution
- Jealous of the mother-child bond
- Pressure to be the primary provider
- Isolation from other fathers going through similar experiences

Roles of Extended Family:

In some cultures, grandmothers or other relatives play a central role in caring for the mother and baby, taking precedence over the father’s role, in the immediate postpartum period.



Before we get into
the heart of today's
training –

**What is the most
important way we
can support
perinatal couples?**

Postpartum Support International Postpartum Plan

Encourage them to
PLAN AHEAD!

Prevention is Key.

1 of 9
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YOUR Postpartum Plan



*You are not alone.
Help is available.*



Sleep & Rest

How many hours of sleep do you need each night to function and feel good?

Where will baby sleep?

How can you use daytime hours or someone else's help to get some extra rest?

What can you prepare ahead of time for overnight needs (feeding and diapers, etc)? If you are able to take "shifts" with someone, where will you both sleep and how will shifts work?

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Mental & Emotional Health

How do you cope with stress and fatigue now?

How will you care for your mental and emotional health once your baby is born? What are things you can do for 5 or 10 minutes that make you feel good?

What are my personal warning signs that I am feeling overwhelmed and need some self-care and/or more support?

Who can you reach out to for help and support? Name at least 3 different people.

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& Life With Baby: A Postpartum Workbook for Self-Care, Support and Emotional Well-being (2019)

Household & Practical Concerns



Who will prepare meals and clean up? Can you make and freeze meals ahead, have a friend, co-worker, or family member organize a meal train or order meals?

What nutritious and convenient snacks and meals can you keep on hand?

Who can help with household chores such as laundry and cleaning?

During the newborn stage, should you adjust your cleanliness and organization standards and expectations for your home? What areas could you "let go" of a bit?

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More Information

For more information about Postpartum Support International, visit postpartum.net
Follow us on Facebook and Instagram: [@postpartumsupportinternational](https://www.facebook.com/postpartumsupportinternational)
For a more detailed plan, check out the Life With Baby Workbook: www.lifewithbabyworkbook.com



My Support Team

Share this list with your main support person, so they can help reach out to your team if needed. Include the name, phone number, & email.

OB/GYN or Midwife: _____

Pediatrician: _____

Primary Care Physician: _____

Therapist and/or Psychiatrist: _____



Scan here to visit the PSI Directory to find a therapist or psychiatrist in your area.

Doula(s): _____

Lactation Consultant(s): _____

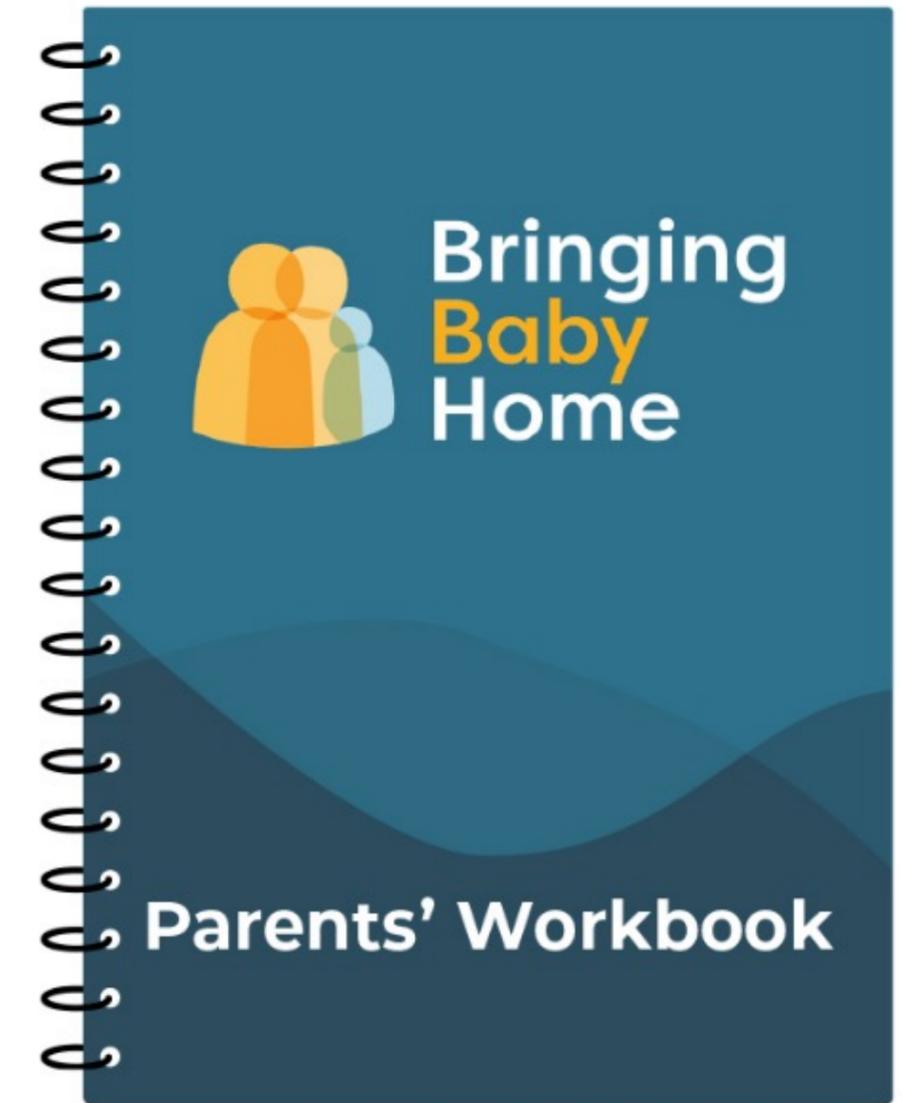
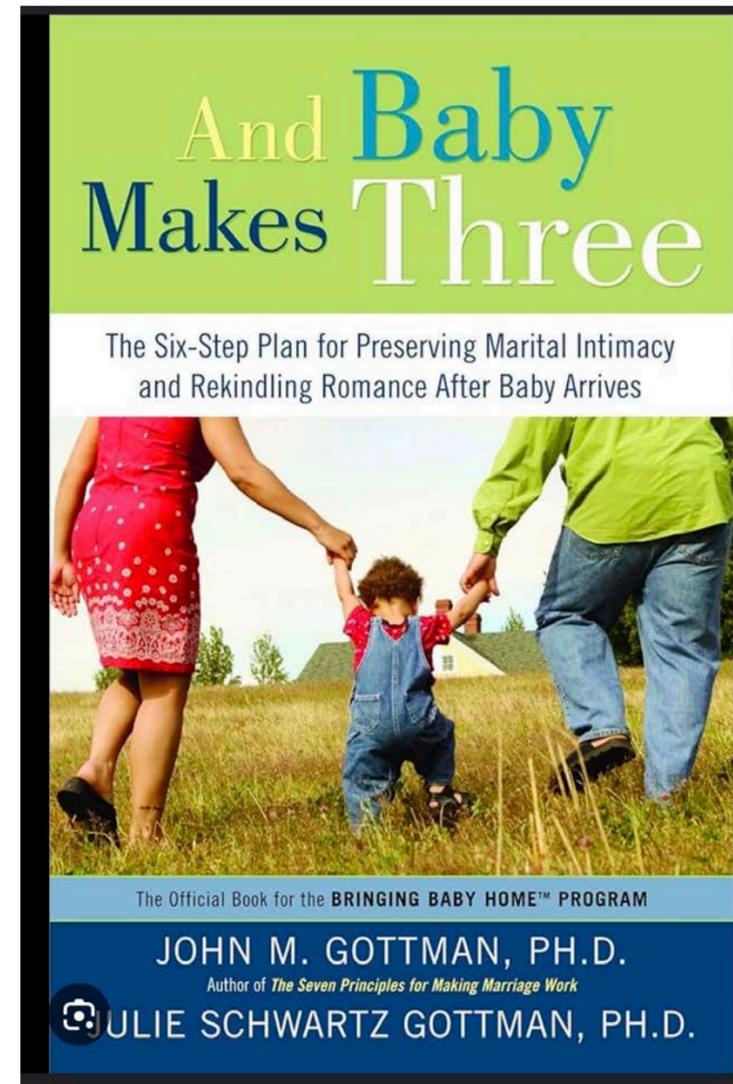
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Necessary Reads for Couples During Pregnancy

Dr. John Gottman

And Baby Makes Three

Bringing Baby Home Parent's Workbook



Common Challenges and Solutions for Perinatal Couples

What challenges do you often see come up for couples in your work?

6 Common Challenges Couples Face

- 1. Extreme Fatigue and Exhaustion**
- 2. Unequal Division of Labor**
- 3. Loss of Intimacy and Emotional Connection**
- 4. Communication Breakdown**
- 5. Differences in Parenting Style**
- 6. Mental Health Struggles**

Challenge #1

Extreme Fatigue and Exhaustion

Common Challenges Couples Face

Challenge #1

Extreme Fatigue and Exhaustion – The Problem

- Sleep deprivation isn't just about feeling tired – it fundamentally **changes how we process emotions and interact with others.**
- When a parent is running on three hours of interrupted sleep, **their patience, empathy, and communication skills all suffer.** They may feel irritable with a diminished ability to **manage stress.**
- Research shows that **sleep deprivation undermines emotional well-being and relationship health.** Tired individuals are more likely to misinterpret neutral comments as negative, react with irritability, struggle with emotional regulation, and feel less gratitude toward their partner.
- The effect compounds when both partners are sleep-deprived, creating a **cycle of miscommunication and irritability.**



Common Challenges Couples Face

Challenge #1

Extreme Fatigue and Exhaustion – The Solution

Don't:

- Suggest to “sleep when the baby sleeps”
- Support the idea that because one person is working that they need more sleep than the other parent

Do:

- **Non-Birthing Partner Support:** Even if working, the non-birthing partner should contribute to night duties to allow the birthing partner, who is recovering, to get rest.
- **The Shift System (Best for Rest):** Divide the night into two shifts. For example, Parent A sleeps 8 PM–2 AM while Parent B handles all feedings/soothing, then they switch for 2 AM–7 AM.
- **Split Feeding Duties:** If breastfeeding, the non-birthing parent can handle diaper changes, burping, and soothing, or provide a bottle of pumped milk during their shift.
- **Separate Rooms:** To avoid both parents waking up, the parent off-duty sleeps in a separate, quiet room with earplugs or a white noise machine.
- **The "Hybrid" Shift:** The non-birthing parent handles the first, longer stretch of sleep (e.g., 9 PM–1 AM), then the breastfeeding parent handles the rest.
- **Communicate Daily:** Discuss who needs more sleep and adjust schedules accordingly based on how the previous night went.



Challenge #1

Extreme Fatigue and Exhaustion

Resources

https://projectteachny.org/app/uploads/2025/07/PTC1043_Enduring-Materials_Sleep-Hygiene-Maternal-7.28.25.pdf



Sleep Tips for Expecting and New Parents

Getting enough sleep is important for your physical and mental health through pregnancy and the postpartum ... but it's often a challenge! Hormones, body changes and the needs of a newborn often leave parents exhausted and sleep deprived. Below are some general tips and best practices for getting a good night's sleep, as well as some of the issues and solutions specific to pregnancy and the postpartum period.

GENERAL SLEEP TIPS

Create routines so that your body and mind are ready for sleep.

- Limit caffeine you drink to the morning hours.
- Try not to work or look at screens (TV, phone, computer) in the evening hours.
- Engage in activities that help you unwind and increase calmness (listed below under relaxation techniques).

Reduce the amount of time you spend in bed not sleeping.

- If you are unable to fall asleep within about 30 minutes, or wake up and can't fall back to sleep, get out of bed and read or do some gentle stretches for 20-30 minutes and try again.
- Try to have a consistent wake-up time, even if you have not slept so well.
- Going to bed at the same time and waking up at the same time helps brain develop a routine and makes easier to maintain desired sleep schedule

Practice relaxation techniques to increase calmness in your body and mind. There are many relaxation techniques, here are a few that work for many people:

- [Deep breathing](#)
- [Progressive muscle relaxation](#)
- [Meditation and mindfulness](#)

Try not to let your worry about not sleeping increase your stress.

- Remember that the impact of pregnancy on sleep is time limited.
- Have realistic expectations about sleep - it may not be what you want it to be, but you can still get enough rest.
- Challenge some of the worries about not sleeping that can make it harder to sleep (ie "I'm never going to be able to sleep again!")

CONTINUED ►

Challenge #2
Unequal Division of Labor

Common Challenges Couples Face

Challenge #2

Unequal Division of Labor – The Problem

- It's easy for responsibilities to pile up after a baby is born, and finding balance can be hard, especially after both partners have life demands to deal with like returning to work, running errands, caring for baby, preparing meals and other domestic responsibilities. **Resentment often builds if one partner feels they are handling more childcare or household tasks than the other.**
- **The mental load** – that invisible burden of remembering, planning, and organizing family life – often falls disproportionately on one parent. Mothers still carry a disproportionate share of childcare and household responsibilities. This work is often not recognized or acknowledged in the same way as work outside of the home. This creates a significant negative impact on the relationship. **This imbalance creates stress and resentment that can erode relationship satisfaction.**
- Even in relationships where both partners work full-time, mothers typically handle more of the mental load of family management. The **“second shift”** – the work that happens after the workday ends – often falls primarily to women.

Common Challenges Couples Face

Challenge #2

Unequal Division of Labor – The Solution

Disagreements around division of labor can quickly escalate and become major sticking points.

A weekly logistical planning discussion can help coordinate schedules, share co-parenting duties, and keep the house clean for the baby.

During this discussion, couples might decide that **if one person cooks dinner, the other will do the dishes**, or if one person completes a job they really don't like (emptying the diaper bin), the other will do it next time.

Encourage Couples to:

- **Create a Master List:** List all chores—including mental load items like scheduling or budgeting—to identify invisible work.
- **Identify the Best-Case Scenario:** Use the list to talk about how things are currently handled and how each partner would like them to be handled.
- **Divide Fairly, Not Necessarily 50/50:** Focus on what feels equitable to both, taking into account work schedules, energy levels, and personal preferences.
- **Grant Full Ownership:** Once a task is assigned, the partner owns it completely (e.g., planning the entire birthday party, not just buying the gift), eliminating the need for reminders.
- **Stop Gatekeeping:** Avoid criticizing how a partner completes a task, as this discourages teamwork.

Challenge #2

Unequal Division of Labor

Resources

<https://content.randomhouse.com/assets/9781101902912/view.php?id=mmw018>

Who Does What List

CAR CARE

Car maintenance Now: Ideal:
(oil change, registration, etc.)

Refilling gas tank Now: Ideal:

Car insurance Now: Ideal:

CARE OF THE HOME

Remodeling Now: Ideal:

Home maintenance Now: Ideal:

Buying furniture Now: Ideal:

Buying appliances Now: Ideal:

Watering houseplants Now: Ideal:

CHILD CARE

Preparing meals and lunches Now: Ideal:

Supervising homework Now: Ideal:

Bathing Now: Ideal:

Bedtime Now: Ideal:

Discipline Now: Ideal:

(determining and implementing)

Caring for sick child Now: Ideal:

Dealing with child's emotions Now: Ideal:

Interacting with schools Now: Ideal:

Planning birthdays Now: Ideal:

Shopping Now: Ideal:

CHILDREN'S SCHEDULING AND TRANSPORTATION

Making doctor appointments Now: Ideal:

Transportation to and from doctor Now: Ideal:

Transportation to and from school/day care Now: Ideal:

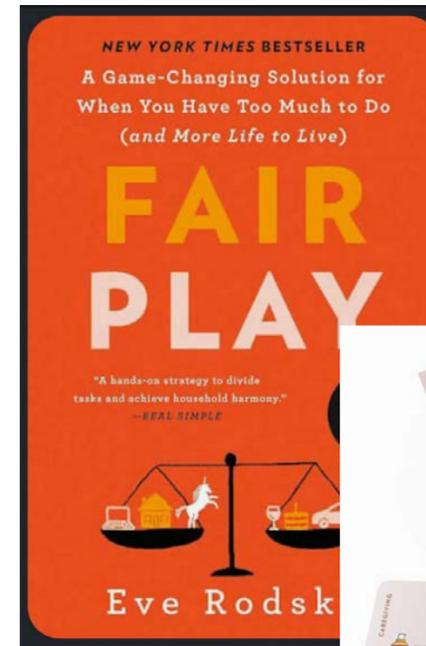
Transportation to and from playdates/after-school activities Now: Ideal:

Attending teacher conferences Now: Ideal:

Challenge #2

Unequal Division of Labor

Resources



Fair Play: by Eve Rodsky



Challenge #3
Loss of Physical Intimacy and
Emotional Connection

Common Challenges Couples Face

Challenge #3

Loss of Physical Intimacy and Emotional Connection: **The Problem**

Physical and emotional intimacy typically declines, with partners often feeling like "ships passing in the night" due to lack of time and energy, **and "touched out" by baby.**

Physical Intimacy

- New moms struggle with hormonal shifts, body changes, recovering from childbirth, and issues like postpartum depression that can significantly **reduce their desire for sex after birth.** As a result, the **frequency of sex declines dramatically** and can stay low throughout the first year of the baby's life and longer.
- For new dads, this may feel like **a rejection** and evoke **jealousy and envy** towards the mother/infant relationship.
- While intimacy is an important part of sustaining healthy relationships, it's important to create a situation that **both partners feel comfortable with.**



Common Challenges Couples Face

Challenge #3

Loss of Physical Intimacy and Emotional Connection: The Problem

Emotional Intimacy

- Couples often end up focusing more on **coordinating tasks and responsibilities** than being **emotionally connected**. The deep conversations and spontaneous moments of connection seem to disappear as they just try to **get through each day**.
- Moms/birthing people in particular tend to get very **involved with the baby** and are too fatigued to offer their partners much in the way of **emotional connection**. When you're pouring all your emotional energy into caring for a child, there's often little left for their partner. This is a **natural response** to the intense demands of parenting.
- **Time** – that precious commodity – **becomes scarce when children arrive**. Couples who once spent evenings talking, watching movies, or simply being together now find themselves feeling **disconnected and alone**. This can have direct impact on relationship satisfaction.

Changes in Emotional Intimacy after Kids

Before Children

Long conversations over dinner

Spontaneous affection

Shared dreams and plans

Emotional availability

After Children

Quick check-ins between feedings

Scheduled intimacy **(if at all)**

Focus on immediate needs

Emotional exhaustion

Common Challenges Couples Face

Challenge #3

Loss of Physical Intimacy: The Solution

- **Acknowledge postpartum changes** in desire, energy, and body image
 - Start by encouraging couples to **discuss their expectations** for physical touch, affection, and sex openly and honestly with the understanding that each of them might both be coming from very different places.
 - Encourage broader definitions of intimacy:
 - **Touch**
 - **Affection**
 - **Emotional closeness**
 - **Playfulness**
 - Suggest planning intimacy rather than waiting for spontaneity
 - Encourage open communication about sexual needs and fears
 - Frame physical intimacy as part of emotional bonding, not just sexual pleasure
- Identify ways to communicate how to deny a request without defensiveness or causing the other person to **feel rejected**:
 - **Example:** *"I am feeling really overwhelmed with work stress today and just don't have the energy for sex" or "I'm exhausted and need a cuddle instead".*
 - **Example:** *"I love you and really want to be close to you, but I'm just not in the mood for sex tonight".*
 - **Example:** *"I'd love to just cuddle and watch a movie" or "I'm not up for it now, but could we do something tomorrow morning?".*

Challenge #3

Loss of Physical Intimacy

Resources

Understanding the 5 Love Languages

Love Language	How it's expressed	How to show love	How to know if it's your or your partner's love language
Words of Affirmation	Verbal expressions of love, appreciation, and encouragement	Give sincere compliments, write heartfelt notes, or simply say "I love you" more often	They light up when you compliment them, cherish heartfelt texts or letters, and are deeply affected by kind or unkind words
Acts of Service	Actions speak louder than words – love is shown through thoughtful gestures	Do things that make life easier for your partner, like making them a coffee, running an errand or planning a special date	They appreciate small, thoughtful gestures and feel most loved when you take something off their plate without being asked
Receiving Gifts	Thoughtful presents that show love, effort and attention to detail	Surprise them with meaningful gifts, whether big or small – it's the thought behind it that counts	They treasure sentimental gifts, love surprises and see presents as a reflection of love and thoughtfulness
Quality Time	Undivided attention and meaningful moments together	Plan date nights, put your phone away during conversations and be fully present	They crave one-on-one time, feel disconnected when you're distracted and appreciate deep conversations or shared activities
Physical Touch	Love is felt through physical closeness and affectionate gestures	Hold hands, give hugs, cuddle or offer reassuring touches throughout the day	They naturally reach for your hand, enjoy sitting close and feel most connected through physical affection

Common Challenges Couples Face

Challenge #3

Loss of Emotional Connection: The Solution

Couples who are **intentional** about protecting small pockets of time together maintain stronger connections. **Even 15 minutes of uninterrupted conversation each day can make a significant difference.** In Gottman's research he discovered that this daily conversation was a habit of successful happy couples that stayed together.



Set Aside Couple Time Regularly

This doesn't always mean elaborate date nights (though those help when possible). It might be:

- Coffee together before the kids wake up
- A walk around the block after dinner
- Staying up an extra 30 minutes to talk
- Texting throughout the day to stay connected

Common Challenges Couples Face

Challenge #3

Loss of Emotional Connection: **The Solution**

State of the Union – Weekly Connection Rituals

- **20-minute check-ins without phones**
- Express 5 things your partner did last week that **you appreciated**
- Identify what **went well** in the relationship
- Identify any **concerns you may** have from the last week. One person is the speaker, and the other is the listener.
- Ask **“How can I support you next week”** or **“What can I do to make you feel more loved?”**

How to Frame Concerns:

- ***I feel...*** (share what emotions you have such as worried, scared, sad, lonely, hurt, etc.)
- ***...about what...*** (share the situation you are concerned about, not what’s wrong with your partner)
- ***I need...*** (express what you need in positive terms, i.e., what you need to happen versus what you don’t like that is currently happening)
- This can look like: ***“I am feeling tired and overwhelmed from cooking the past seven nights. I need us to come up with a plan for this coming week where we share the cooking or eat out more.”***
- When you are the Listener, it is your job to listen non-defensively and help your partner feel heard and understood.

Challenge #3

Loss of Emotional Intimacy

Resources



The Gottman Institute

RELATIONSHIP

Check-In

- ✓ Offer 5 appreciations
- ✓ Talk about what's going well
- ✓ Discuss any conflict that needs to be revisiting or if there is something that's bothering you
- ✓ Ask each other what you can do this week to help the other feel loved

Challenge #4
Communication Breakdowns

Common Challenges Couples Face

Challenge #4

Communication Breakdowns – The Problem

- One of the most common challenges couples face during the postpartum period is **communication breakdowns**.
- The stress and exhaustion of caring for a newborn can lead to **misunderstandings, frustration, and resentment** between partners.
- **Sleep deprivation** further exacerbates this issue, making it difficult for couples to communicate effectively and resolve conflicts.



Common Challenges Couples Face

Challenge #4

Communication Breakdowns - The Problem

The Division of Labor Breakdown

Partner A: *"You never help with the baby. I did all the feedings last night."*

Partner B: *"I worked all day, and I changed her diaper when I got home. You're overreacting".*

- **Translation:** Both feel overwhelmed, but neither feels appreciated.

The "Mental Load" Breakdown

Partner A: *"Could you please just help? I'm exhausted."*

Partner B: *"Just tell me what to do, I'm trying!"*

Partner A: *"I shouldn't have to tell you! You should just know what needs to be done!"*

- **Translation:** One partner is managing the mental load, while the other feels unappreciated for their effort.

The "Touched-Out" Breakdown (Intimacy)

Partner A: (Attempts to hug or kiss) *"I missed you today."*

Partner B: (Pushes away) *"Don't touch me right now. I've been holding the baby for 12 hours".*

- **Translation:** The primary caregiver is exhausted, causing the other partner to feel rejected.

The "Dismissive" Response

Partner A: *"I feel like I'm losing my mind and I'm so stressed."*

Partner B: *"You're fine. It's just a phase. Everyone goes through this."*

- **Translation:** Dismissing feelings makes the partner feel isolated and invalidated.

Common Challenges Couples Face

Challenge #4

Communication Breakdowns – The Problem

The four predictors of relationship demise are what Dr. Gottman calls the “Four Horsemen of the Apocalypse”. They include criticism, contempt, defensiveness, and stonewalling.

1. **Criticism** is different than a complaint. It attacks a partner’s character, indicating that their personality is somehow “flawed.” It also removes one’s responsibility for the problem and puts it all on the partner. In heterosexual relationships, women tend to criticize more than men.

Examples of criticism include:

- *“You always leave the dishes in the sink.”*
- *“You never come home on time.”*
- *“What is wrong with you?”*

2. **Contempt** is a general feeling of disrespect or apathy about one’s significant other. The target of contempt is made to feel despised and worthless. According to Gottman’s research, **contempt is the single greatest predictor of divorce.**

Examples of contempt include:

- *“You would forget your head if it weren’t attached to you”*
- *“I always have to pick up the slack because you don’t do it as good as me.”*
- *“You’re lazy and worthless.”*

Common Challenges Couples Face

Challenge #4

Communication Breakdowns – The Problem

3. Defensiveness is used to protect oneself from feeling attacked or blamed. The problem with defensiveness is that it can escalate the argument and makes it difficult to come to a resolution.

Some examples of defensiveness include:

- Denying responsibility
- Counter-attacks
- Making excuses

4. Stonewalling happens when one partner feels overwhelmed. They may simply shut down, withdraw from the interaction, or walk away. **85% of stonewallers in Dr. Gottman's research were men.**

Examples of stonewalling include:

- Avoiding eye contact
- Refusing to engage in the discussion
- Ignoring your partner

Common Challenges Couples Face

Challenge #4

Communication Breakdowns – The Solution

1. Soften the Start Up.

Raising Issues in a gentle way can create more positive results.

- **Addressing an Irritating Habit:** Instead of *"You never put your dirty clothes away,"* try, *"It would really help me if you put your dirty clothes in the hamper"*.
- **Discussing Responsibilities:** Instead of *"You never help with the laundry,"* try, *"I'm feeling really overwhelmed with all the house chores. Can you help with the laundry today?"*
- **Expressing Emotional Needs:** Instead of *"You don't care about me,"* try, *"I feel a little lonely and would love to set aside some time for us this weekend"*.
- **Requesting Support:** Instead of *"You never listen,"* try, *"I'm feeling unheard right now, and it would really help me to talk about my day"*.

Core Principles for a Soft Startup:

- **Use "I" Statements:** Describe your feelings, not the partner's faults.
- **Be Specific:** Focus on one, clear issue.
- **State a Positive Need:** Say what you want, not what you don't want.
- **Be Polite:** Use "please" and express appreciation.

Common Challenges Couples Face

Challenge #4

Communication Breakdowns – The Solution

2. Accept influence

Try to understand the other partner's perspective and find some common ground. Can a partner see value in a part of what their spouse is conveying, even if they don't agree?

○ Examples of accepting influence:

- *"Let me try and understand your point of view. Can you repeat how you feel about this?"*
- *"I never saw it that way before, but it makes a lot of sense."*
- *"I don't agree but can understand how you feel."*

3. Repair often

When things turn negative, encourage repair by using humor, empathy, and affection. These repairs de-escalate the tension and soften harsh emotions that may arise.

○ Examples of repair attempts:

- A reach to hold hands or a warm embrace, lightening the mood by teasing or joking (**"Can we have a do-over?"**)
- Expressing empathy (**"I never understood how hard it was for you until now."**).

Common Challenges Couples Face

Challenge #4

Communication Breakdowns – The Solution

4. Compromise

Tackling conflict together and coming up with an agreed upon plan helps couples find common ground. Showing respect for one another's point of view allows both to feel like they are on the same page.

- **Examples of compromise:**

- *"It's not your problem, it's our problem. How can we meet in the middle?"*
- *"Can we develop a plan for compromise?"*
- *"Where is the overlap in our positions?"*

5. Practice Gratitude and Show Appreciation

In the exhaustion of parenting, it's easy to focus on what's not working. Successful couples make a point of noticing and appreciating what their partner does well.

- **Examples of gratitude:**

- *"Thank you for handling bedtime so I could rest"*
- *"I noticed how patient you were when she was crying"*
- *"I really appreciate you making dinner tonight."*

Common Challenges Couples Face

Challenge #4

Communication Breakdowns – The Solution

Additional Communication Skills for Couples:

- **Take breaks** during heated conflicts.
 - Suggests agreed-upon signals for calling a pause (***“I’m getting overwhelmed – I need 20 minutes.”***).
 - When a partner feels flooded by emotions – practice calming strategies like **taking a walk, listening to music, taking a shower, breathing exercises**
 - Develop a **code word or gesture** that has specific meaning.
- **Practice reflective listening** (restating a partner’s perspective before responding).
 - *“If I am hearing you correctly.....”*
 - *“What it sounds like you are saying is.....”*
- **Postpone persuasion** by asking open ended questions to better understand the other perspective then restate it.
 - *“So, what you are saying is.....and you are making a good point. I can see how you would feel that way”.*
 - The "persuasion" phase only begins when the other person says, *“Yes, you’ve got it. I feel understood”*

Challenge #4

Communication Breakdown

Resources

<https://www.therapistaid.com/therapy-worksheet/four-horsemen>

The Four Horsemen & Their Antidotes

The **four horsemen** are behaviors that escalate conflict and damage a relationship. Over time, these harmful behaviors may become a normal part of communication between partners.

Antidotes are skills that replace each of the four horsemen. These skills help resolve conflict and encourage positive feelings between partners.

Four Horsemen

Antidotes

Criticism

Dealing with problems through harsh, blaming, or hurtful expressions of judgment or disapproval.

- Focus is on perceived personal flaws rather than changeable behaviors.
- Often met with defensiveness.

"This kitchen is a mess. You're such a slob."

Gentle Startup

Dealing with problems in a calm and gentle way. The focus is on the problem—not the person.

- Save the discussion for an appropriate time.
- Use warm body language and tone of voice.
- Use "I" statements.

"I feel frustrated when dirty dishes are left in the sink. Could you please do the dishes tonight?"

Defensiveness

Deflecting responsibility for your own mistakes and behaviors, or refusing to accept feedback.

- Making excuses for behavior.
- Shifting blame to your partner.

"It isn't my fault I yelled. You were late, not me!"

Take Responsibility

Own up to your behavior without blaming others.

- Avoid taking feedback personally.
- Use feedback as an opportunity to improve.
- Show remorse and apologize.

"I shouldn't have raised my voice. I'm sorry."

Contempt

Showing anger, disgust, or hostility toward your partner.

- Using putdowns or insults.
- Acting superior to your partner.
- Using a mocking or sarcastic tone.

Share Fondness & Admiration

Foster a healthy relationship by regularly showing each other respect and appreciation.

- Show affection.
- Recognize your partner's strengths.
- Give compliments.

Stonewalling

Emotionally withdrawing, shutting down, or going silent during important discussions.

- Often a response to feeling overwhelmed.
- Used to avoid difficult discussions or problems.
- Underlying problems go unresolved.

Use Self-Soothing

Use relaxation techniques to calm down and stay present with your partner.

- Agree to pause the conversation briefly.
- Use deep breathing.
- Use progressive muscle relaxation (PMR).

Challenge #4

Communication Breakdown

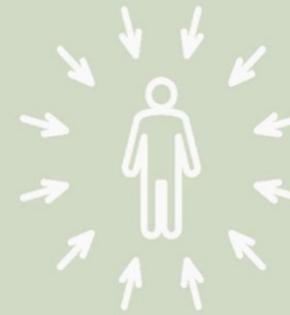
Resources

<https://www.growthwellnesstherapy.com/our-blog/how-i-statements-can-make-a-difference-with-your-partner-your-children-or-your-classroom>

Let's Practice:

- I hate it when you leave your dirty socks on the bathroom floor!
- It must be so nice to go to work everyday and have a normal life while I am here, by myself all day with this baby!

"I statement"



I feel:

“ _____ ”

-Feeling words only. Do not include your thoughts/opinions about the other person



When:

“ _____ ”

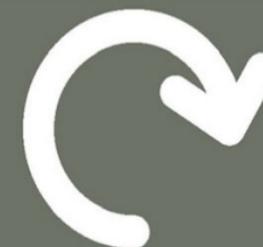
-Do not use words like never and always
-Keep it current



Because:

“ _____ ”

-How did they actions affect you



Next time please:

“ _____ ”

-Remember this may require more conversation in order to be manageable for both parties

Challenge #5
Differences in Parenting Style

Common Challenges Couples Face

Challenge #5

Differences in Parenting Styles: The Problem

Differences in parenting styles can be a significant source of conflict for couples, and issues can arise even before they bring their new baby home if there is no established sense of unity and connectedness in place.

- So much of how couples show up in parenting has to do with **how they were parented**. (Ghosts in the Nursery!)
- While one parent may be in favor of **sticking to a strict parenting routine**, the other may prefer to be **more relaxed**.
- Couples **may disagree** on how to hold or change the baby, when to put the baby to bed, or how to discipline. Even couples who rarely argued before having children often find themselves in **heated debates** about parenting approaches.
- In many cultures, **Grandparents often play a central role in childcare and household management** immediately after birth, which can **sometimes lead to tension** if the couple's parenting styles differ from traditional methods.
- **Cultural backgrounds** can also influence whether parents lean toward "**authoritarian**" (emphasizing obedience) or "**nurturing/progressive**" (encouraging independence) styles.

Help Parents Understand the Different The Types of Parenting Styles

The Types of Parenting Styles



Authoritarian:
domineering, dictatorial, enforce
punishments, unresponsive



Permissive:
lenient, few
demands, "friend"



Authoritative:
enforce rules, provide
warmth and support



Uninvolved:
may be neglectful, provide
little guidance and support

Common Challenges Couples Face

Challenge #5

Differences in Parenting Styles: **The Problem**

Common Parenting Conflicts

Discipline approaches

Sleep training methods

Screen time limits

Feeding choices

Underlying Issue

Different values and upbringings

Anxiety about child's wellbeing

Concerns about development

Pressure to be "perfect" parent

Common Challenges Couples Face

Challenge #5

Differences in Parenting Styles: **The Solution**

Learning how to better understand each other's motivations and reach compromise is essential. By asking "why", a parent may realize that their partner wants to develop a rigid routine so that everyone sleeps better. Once couples understand each other's views and needs, they can compromise by creating a schedule that works for everyone.

- **Identify Core Parenting Values Exercise** : Focus on the big picture by identifying **shared, essential values** (e.g., discipline, role of extended family, emotional expression) rather than focusing on minor differences in daily routines.
- **Establish a United Front**: Never **undermine or contradict** one's partner in front of the children. If there is disagreements with a decision, discuss it privately to avoid creating an "us vs. them" dynamic.
- **Compromise and Blend Styles**: Find a **middle ground** where both partners feel their approach is valued, such as combining strictness on safety with leniency in other areas.
- **Be Flexible**: Recognize that what works at one age may not work later, and that parenting approaches may evolve over time.

**Help Parents
Identify Their
Values**

Challenge #4

Communication Breakdown

Resources

<https://andyoueducation.com/parenting-values/>

COMMUNICATION

PARENTING VALUES

EACH PARTNER COMPLETES THE PERSONAL REFLECTION ON THEIR OWN. THEN, AFTER DISCUSSING EACH ANSWER, COMPLETE THE BOTTOM TABLE TOGETHER.

Personal Reflection

What parenting practices or values from your childhood do you want to carry forward?	
What practices or values would you leave behind?	
I want my child(ren) to be ----	

Values	You	Partner	Together
Discipline			
Emotional Expression			
Role of Extended Family			
Screen Time/Technology			
Leisure & Vacation			
Education & Learning			
Faith/Spirituality			

Help Parents Identify Their Own Parenting Style

Challenge #4

Communication Breakdown

Resources

What is your parenting style?

The following assessment was written by **Dr. John Gottman** and is designed to give parents scores for 4 parenting styles that were described in his book: **Raising an emotionally intelligent child**. Try to answer each true or false question as accurately as possible, and then score your answers based on the directions provided on the last page.

1. Children really have very little to be sad about. T F
2. I think that anger is okay as long as it's under control. T F
3. Children acting sad are usually just trying to get adults to feel sorry for them. T F
4. A child's anger deserves a time-out. T F
5. When my child is acting sad, they turn into a real brat. T F
6. When my child is sad, I am expected to fix the world and make it perfect. T F
7. I really have no time for sadness in my own life. T F
8. Anger is a dangerous state. T F
9. If you ignore a child's sadness it tends to go away and take care of itself. T F
10. Anger usually means aggression. T F
11. Children often act sad to get their way. T F
12. I think sadness is okay as long as it's under control. T F
13. Sadness is something one has to get over, to ride out, not to dwell on. T F
14. I don't mind dealing with a child's sadness, as long as it doesn't last long. T F
15. I prefer a happy child to a child who is overly emotional. T F
16. When my child is sad, it's a time to problem-solve. T F
17. I help my children get over sadness quickly so they can move on to better things. T F
18. I don't see a child's being sad as any kind of opportunity to teach the child much. T F
19. I think when kids are sad they have overemphasized the negative in life. T F
20. When my child is acting angry, they turn into a real brat. T F
21. I set limits on my child's anger. T F
22. When my child acts sad, it's to get attention. T F
23. Anger is an emotion worth exploring. T F
24. A lot of a child's anger comes from the child's lack of understanding and immaturity. T F
25. I try to change my child's angry moods into cheerful ones. T F
26. You should express the anger you feel. T F
27. When my child is sad, it's a chance to get close. T F
28. Children really have very little to be angry about. T F
29. When my child is sad, I try to help the child explore what is making them sad. T F
30. When my child is sad, I show them that I understand. T F
31. I want my child to experience sadness. T F
32. The important thing is to find out why a child is feeling sad. T F
33. Childhood is a happy-go-lucky time, not a time for feeling sad or angry. T F
34. When my child is sad, we sit down to talk over the sadness. T F
35. When my child is sad, I try to help them figure out why the feeling is there. T F
36. When my child is angry, it's an opportunity for getting close. T F
37. When my child is angry, I take some time to try to experience the feeling with my child. T F
38. I want my child to experience anger. T F
39. I think it's good for kids to feel angry sometimes. T F
40. The important thing is to find out why the child is feeling angry. T F
41. When my child gets sad, I warn them about not developing a bad character. T F
42. When my child is sad I'm worried they will develop a negative personality. T F
43. I'm not really trying to teach my child anything in particular about sadness. T F

<https://familytherapyllc.com/wp-content/uploads/2021/12/Parenting-Styles-Quiz-1.pdf>

Common Challenges Couples Face

Challenge #6:

Mental Health Struggles – The Problem

It's very common for new and expecting parents to struggle with mental health conditions.

- **PMADs**, or perinatal mood and anxiety disorders, are a group of illnesses that **affect both mothers/birthing people and fathers/non-birthing people** during pregnancy and the postpartum period.
- **PMADs cause emotional and physical problems** that can make it hard for parents to function adequately (i.e., care for themselves, babies, and family).
- When one partner is **struggling with depression, anxiety or another mental health condition** that is impacting their ability to care for themselves, baby and/or family, the other partner **may not understand** why their partner is feeling/acting this way.
- As a result, the partner not struggling may feel **powerless, inadequate, overwhelmed, irritable, or resentful**.



Common Challenges Couples Face

Challenge #6:

Mental Health Struggles – The Problem

PMADs include:

- Perinatal Depression
- Perinatal Anxiety
- Perinatal Obsessive Compulsive Disorder
- Perinatal Post Traumatic Stress Disorder
- Postpartum Psychosis

**For fathers, we have very limited data on conditions other than depression and anxiety*

Risk Factors include:

- **History of mental illness** (personal or familial)
- **Stressful life events and circumstances** (finances, relationships, house move, job loss, physical and or sexual abuse, substance use, recent or unresolved loss, etc.)
- **Social Determinants of Health**
- **Complications** in pregnancy, birth, or breastfeeding
- **Previous PMAD** (50 – 75% chance of repeat)
- **Unplanned or unwanted** pregnancy
- Parents of **multiples**
- Couples who have gone through **infertility treatments**
- **NICU** experience

Common Challenges Couples Face

We know that for mothers/birthing people:

- **1 in 5** experience a PMAD
- **75%** of all cases go undiagnosed and untreated
- **50%** of all cases develop during pregnancy
- **#1** complication associated with childbirth
- PMADs are a **leading cause** of maternal death in the U.S

We know that for fathers/non-birthing parents:

- On average, **10% of fathers** will experience depression and **18%** will experience anxiety during pregnancy or the first year following pregnancy
- **Depression and anxiety are twice as common** in expecting and new fathers as compared with global estimates in men.
- The peak onset of depression in fathers is **3 – 6 months** following the birth of a baby

We also know that:

- A new or expecting mother/birthing person experiencing a PMAD is the **greatest risk factor** for a father/non-birthing parent to experience a PMAD
- We know that **50 percent of men** whose partner has/had postpartum depression, have an increased risk of postpartum depression themselves

Common Challenges Couples Face

Challenge #6:

Mental Health Struggles – The Solution

Normalize mental health challenges for both parents in the perinatal period and provide psychoeducation:

- **1 in 5** new/expecting mothers/birthing people
- **1 in 10** fathers/non-birthing parents
- Introduce the “**both/and**” concept
- **Validate** how difficult the transition to parenthood can be for most parents
- **Assure them** that having a mental health condition does not make them a bad parent
- **Normalize** getting support and treatment if needed
- **Encourage empathy and patience** if one parent is struggling while validating that it can be **difficult for the other parent** to navigate.
- Stress the importance of getting support quickly to **feel better faster**

Provide
Psychoeducation
on PMADs

Challenge #6:

Mental Health Struggles

Resources




We Can Help with Perinatal Mental Health

Having a baby is supposed to be an amazing experience—the best moment of your life. Everyone says, “You must be so happy!”

But what if you’re not? What if you’re depressed, anxious, or overwhelmed? What if your partner or friends are worried about you, but you just don’t know how to talk about it?

You’re not alone. Postpartum Support International can help you get better.

Many people face mental health challenges during the perinatal period—pregnancy, post-loss, and the 12 months postpartum. In fact, perinatal mental health (PMH) disorders are the most common complication of childbearing in the U.S.

Although most people are familiar with postpartum depression, there are several other forms of PMH disorders, including anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, bipolar disorder, and psychosis. They can affect parents of every culture, age, income, and race. Please see the back of this sheet for a complete list of PMH disorders.

Left untreated, PMH disorders can lead to premature or underweight births, impaired parent-child bonding, and learning and behavior problems later in childhood. They can even raise the risk of maternal mortality. The good news is that support and resources are available and can help prevent these complications.

PSI Can Help

Postpartum Support International (PSI) can connect you with the support and help you need. Whether it’s simply talking with others who have been where you are or finding a professional who can provide treatment, PSI is there for you. For over 35 years, we’ve provided resources and programs to help give new families the strongest and healthiest start possible.

(Turn this sheet over to learn more about our programs.)

1 in 5
women and 1 in 10
men experience
depression or anxiety
during the perinatal
period.

Ask Yourself

- Are you feeling sad or depressed?
- Do you feel more irritable or angry with those around you?
- Are you having difficulty bonding with your baby?
- Do you feel anxious or panicky?
- Are you having problems with eating or sleeping?
- Are you having upsetting thoughts that you can’t get out of your mind?
- Do you feel as if you are “out of control” or “going crazy?”
- Do you feel like you never should have become a parent?
- Are you worried that you might hurt your baby or yourself?

Any of these symptoms, and many more could mean that you have a perinatal mental health disorder.

The good news is that you can get treatments that will help you feel like yourself again. **There is no reason to continue to suffer. Go to [Postpartum.net](https://postpartum.net) for more information.**

Postpartum




Perinatal Mental Health Disorders

Perinatal: Anytime during pregnancy and postpartum

Depression (PPD)	Anxiety (PPA)	Panic Disorder	Obsessive Compulsive Disorder (OCD)	Postpartum PTSD	Bipolar Disorders	Perinatal Psychosis
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Symptoms

- Feelings of guilt, shame or hopelessness
- Feelings of anger, rage, or irritability, or scary and unwanted thoughts
- Lack of interest in the baby or difficulty bonding with the baby
- Loss of interest, joy or pleasure in things you used to enjoy
- Disturbances of sleep and appetite
- Crying and sadness, constant worry or racing thoughts
- Physical symptoms like dizziness, hot flashes, and nausea
- Possible thoughts of harming the baby or yourself

Risk Factors

- History of depression, anxiety, or OCD
- Thyroid imbalance, diabetes, endocrine disorders
- Lack of support from family and friends
- Pregnancy or delivery complications, infertility, miscarriage or infant loss
- Premenstrual Syndrome (PMS)
- Financial stress or poverty
- Abrupt discontinuation of lactation
- History of abuse
- Unwanted or unplanned pregnancy

Treatment Options

- Counseling
- Medication
- Support from others
- Exercise
- Adequate sleep
- Healthy diet
- Bright light therapy
- Yoga
- Relaxation techniques

Postpartum Support International | [Postpartum.net](https://postpartum.net)

Call the PSI HelpLine at 1-800-944-4773 (English and Español) or Text/Texto “Help” to 800-944-4773 (English) or 971-203-7773 (Español).

Download [Connect by PSI](#) in your app store for Mental Health support and resources.

June 2024

<https://postpartum.net/educational-materials/>

**Provide
Psychoeducation
on PMADs**

Challenge #6:

**Mental Health
Struggles**

Resources

The
**POSTPARTUM
PARTNER**

PRACTICAL
SOLUTIONS
for living with
POSTPARTUM
DEPRESSION

KAREN KLEIMAN, MSW

Provide PMAD
Support Resources

Challenge #6:

Mental Health Struggles

Resources

- **Perinatal and Early Childhood Mental Health Clinics:** A network of specialized mental health services for young children and their families, and for pregnant and parenting individuals. <https://ttacny.org/clinical-services/>
- **Postpartum Resource Center of NY:** A New York State non-profit organization that provides support and education for perinatal mood and anxiety disorders. Includes a toll-free help line, a resource directory, and support groups. <https://postpartumny.org/>
- **Postpartum Support International:** A national non-profit organization with toll-free help lines in English and Spanish and referrals to local services. <https://postpartum.net/>
- **National Maternal Mental Health Hotline:** A Health Resources and Services Administration hotline staffed by counselors who listen to concerns and can connect parents with resources. **1-833-TLC-MAMA**
- **988:** Responds 24/7 to calls, chats or texts from anyone who needs support for suicidal, mental health, and/or substance use crisis, and connects those in need with a counselor.

Putting it All Together!

- Work with couples **early on in pregnancy** to develop a postpartum plan together
- Encourage couples to work out a **balanced sleep routine**
- Work with couple to identify an **equitable division of labor**
- Help couples to identify ways to **maintain intimacy and emotional connection**
- Work with couples to learn **effective communication skills**
- Encourage couples to schedule a weekly **“State of the Union”**
- Help couples **understand their differences in parenting styles** and ways to compromise
- Educate couples on the **signs and symptoms** of PMADs

Resources

Local Resources:

Montefiore Supporting Healthy Relationships (SHR) Program

Montefiore-Einstein's Supporting Healthy Relationships (SHR) is a FREE program designed to empower couples to achieve family success, by improving their communication skills, learning how to reduce destructive conflict, and gaining financial stability. Funded by the Office of Family Assistance (OFA) and led by a team of psychologists and mental health counselors, SHR provides families with a supportive, safe community where they can obtain the skills and resources to develop strong and committed relationships and overcome barriers to achieving financial health.



Supporting Healthy Relationships at Montefiore

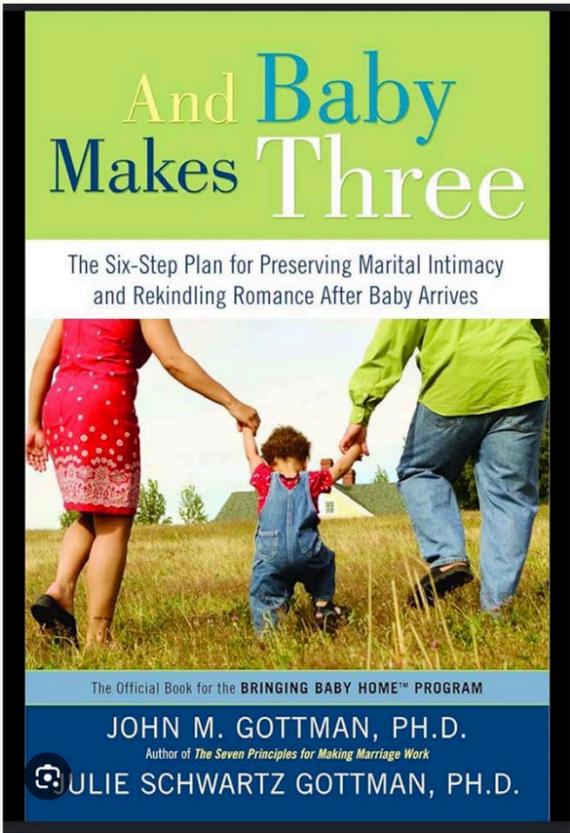
334 E. 148th St., 2nd Floor

Bronx, NY 10451

[718-401-5050](tel:7184015050)

SHR-UBA@montefiore.org

Additional Resources

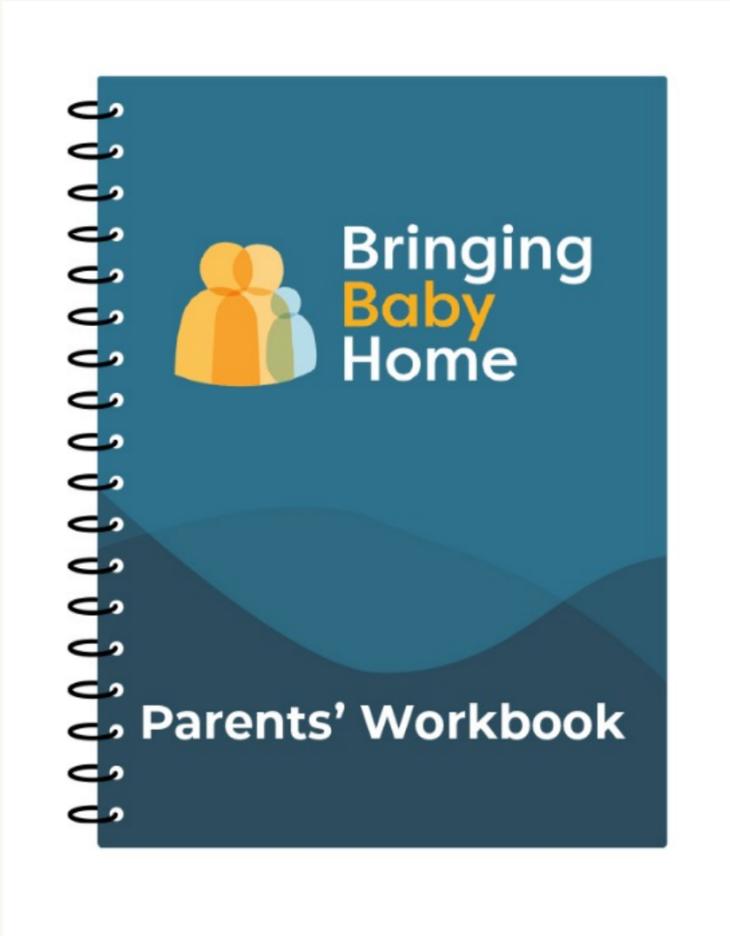
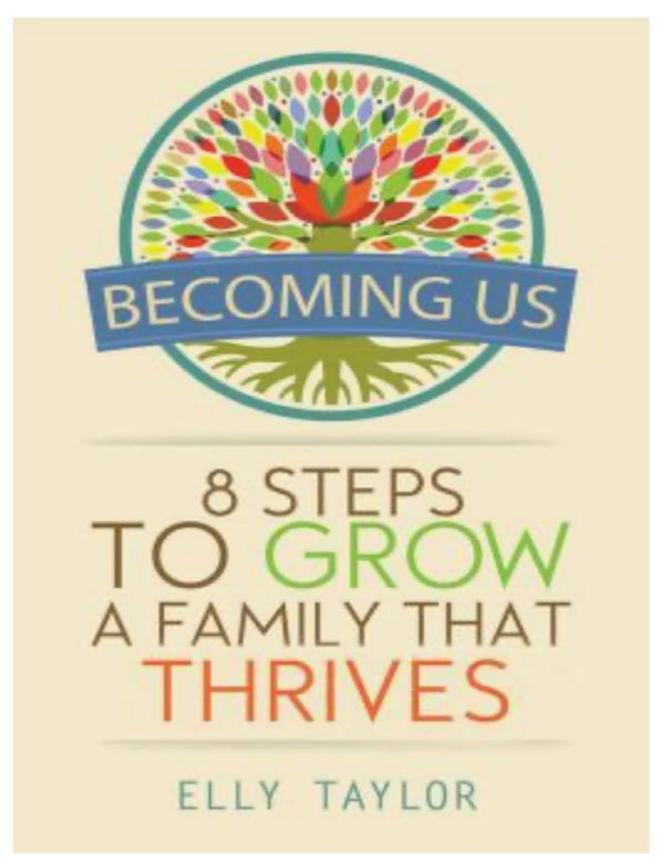


Gottman Bringing Baby Home for Parents:

<https://www.gottman.com/bringing-baby-home-for-parents/>

Gottman Bringing Baby Home Educator Training:

<https://www.gottman.com/professionals/training/bringing-baby-home/>



Q & A

Thank You!

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