

coping with anxiety during pregnancy and following the birth

*A cognitive behaviour
therapy-based
self-management*

*guide for women and
health care providers*



The BC Reproductive
Mental Health Program
BC Mental Health & Addiction Services,
An Agency of the Provincial Health
Services Authority



BC Mental Health &
Addiction Services

An agency of the Provincial Health Services Authority

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An agency of the Provincial Health Services Authority



Provincial Health
Services Authority
Province-wide solutions.
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Coping with anxiety during pregnancy and following the birth:

A cognitive behaviour therapy-based resource and self management guide for women and health care providers.

WRITTEN AND EDITED BY The BC Reproductive Mental Health Program, BC Mental Health & Addiction Services, an agency of the Provincial Health Services Authority

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www.keltymentalhealth.ca

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introduction

WHY THIS GUIDE WAS CREATED

This guide was created to help meet the needs of women who are dealing with anxiety during pregnancy and following the birth of their baby.

Our goals are to:

1. Educate women and health care providers about the signs and symptoms of anxiety before and following the birth.
2. Educate women and health care providers on the different available and effective treatments.
3. Help women to become active participants in their own treatment and recovery, by learning and using specific effective coping skills and making positive lifestyle changes.

THE BC REPRODUCTIVE MENTAL HEALTH PROGRAM

is a multidisciplinary group consisting of psychiatrists, nurse clinicians, counsellors, dieticians, social workers and researchers who specialize in women's reproductive mental health and wellbeing. Together, we have many years of experience working with women and their families who are dealing with emotional difficulties related to the reproductive lifecycle. We bring a wide range of skills to the preparation of this guide, including both clinical and research experience. The BC Reproductive Mental Health Program is part of BC Mental Health & Addiction Services, an agency of the Provincial Health Services Authority, and is located at BC Children's Hospital & BC Women's Hospital and Health Centre site in Vancouver, Canada.



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WHO IS THIS GUIDE FOR?

FOR WOMEN: This guide was created to help women who are dealing with anxiety during pregnancy and following the birth of their baby. It includes educational information that may be worked through gradually. We hope that it will help you to better manage symptoms by making changes in your thinking, behavior and self-care to support a more positive experience during pregnancy and following the birth.

You may find it helpful to work through the guide with a healthcare provider. “Supported Self-Help” involves regular appointments with a healthcare professional who provides support and structure when using resources such as this one. There are handouts in Module 6 that might be particularly helpful to use in this way.

FOR HEALTHCARE PROVIDERS: This guide may be used by health care providers when working with women with anxiety during pregnancy and following the birth of their baby. This guide can provide a structure for:

1. educating women and their families about anxiety during pregnancy and following the birth
2. teaching effective skills for anxiety management

This guide has information and exercises that can help women with anxiety

module 1



Modules 2 through 6 in this guide are written in the voice of a healthcare provider talking to a woman with anxiety during pregnancy and following the birth.

This guide provides both information and exercises that can be used to help with the treatment of women with anxiety during pregnancy or following the birth. Depending on the severity of the anxiety, this guide can be used on its own by health care providers or in combination with other treatment options such as medication. The different section(s) of the guide may be chosen to personalize the treatment approach.

HOW TO USE THIS GUIDE

The guide is organized into different modules. Women may find it helpful to work through the material in the order it appears. Or, they may find that a particular section of a module, for example, ‘Self-Care: The NEST-S Program’, is a more appropriate place to start. That’s OK too. Later on, try to review all of the sections, as each section provides information and new skills. What’s important is that this guide is used in a way that fits the woman’s current life situation.

Also, remember that it is perfectly reasonable to go through this guide a few pages at a time. It is often a good idea for women to re-read sections that apply to them, so they have more than one chance to learn everything they need to know. A lot of women find that some ideas make sense right away while others only sink in after they have been reviewed many times. Most women with anxiety will find that each of the sections has something helpful to offer — the important thing is to pick something that they feel they can handle and start the learning process.

GETTING STARTED

One way to get started is to learn more about anxiety by reading **Module 2: Information for women: what is anxiety?**

After reading this information, consider completing the **Self-test for anxiety symptoms in pregnancy and following the birth** in **Module 6** — this can help a woman to better understand her own pattern of symptoms. This will not give her a diagnosis of anxiety, but will help direct her to the specific sections of the guide which are most relevant to the symptoms she is experiencing.



WE'RE LOOKING FOR FEEDBACK

We would like to hear about whether or not this guide has been helpful in your self-management or, if you are a health care provider, in your treatment of women with anxiety during and following the birth. We are open to suggestions about any changes that you think could make this guide more helpful for women.

Please contact the BC Reproductive Mental Health Program with any feedback.

DISCLAIMER

The information in this guide is not meant to provide or substitute for, professional medical help or other health services.

This guide focuses on self-care and cognitive behavioral strategies for the treatment of anxiety during and following the birth. This does not detract from our support for the use of certain medications for treating anxiety. This guide does not include everything that one should know about anxiety and treatment. Readers need to know that there is no single correct way to treat anxiety.

ACKNOWLEDGMENTS

This guide has been developed in part by adapting previous work that has been published on anxiety and mood disorders. We have done our best to acknowledge in the text where material has been borrowed from other work. In addition, the authors would like to acknowledge the following publications that were used as key resources in the development of this guide:

- **Anxiety Disorders Tool Kit.** BC Partners for Mental Health Addictions Information, Vancouver BC, 2003. Available on-line at <http://www.heretohelp.bc.ca/publications/toolkits>
- **BCP Here to Help: Problem Solving & Healthy Thinking Wellness Modules.** BC Partners for Mental Health Addictions Information, Vancouver BC, 2004-2005. Available on-line at <http://www.heretohelp.bc.ca/skills/managing-well-being>
- **The Antidepressant Skills Workbook.** Dan Bilsker and Randy Paterson, Centre for Applied Research in Mental Health & Addiction (CARMHA), Simon Fraser University, Vancouver, BC 2005. Available on line at <http://www.comh.ca/antidepressant-skills/adult/workbook/>



The authors would also like to acknowledge these sources that were consulted in the development of this guide:

- **Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.** Washington DC, American Psychiatric Association, 2000
- **Mind Over Mood: Change How You Feel by Changing the Way You Think.** Dennis Greenberger and Christine A. Padesky. Guilford Press, New York, NY, 1995.
- **Overcoming Obsessive-Compulsive Disorder: A Behavioral and Cognitive Protocol for the Treatment of OCD.** Gail Steketee. New Harbinger, Oakland, CA, 1999.
- **Postpartum Depression and Anxiety: A Self Help Guide for Mothers.** Pacific Post Partum Support Society, Vancouver BC, 1997. www.postpartum.org , 604-255-7999.
- **The Feeling Good Handbook, Revised Edition.** David D. Burns. Plume, New York: NY, 1999.
- **When Baby Brings the Blues: Solutions for Postpartum Depression.** Ariel Dalfen. John Willey & Sons Canada, Ltd, Mississauga, ON, 2009.
- **New mothers' thoughts of harm related to the newborn.** Nichole Fairbrother and Sheila Woody. Archive of Women's Mental Health (2008), vol 11, pp221-229.

We also thank the nurses, doctors, counsellors and women across BC who have provided helpful suggestions during the development of this document. Thanks to Dr. Sarah Newth, who wrote the original Anxiety Disorders Tool Kit on behalf of Anxiety BC. A special thanks to Gillian Albert our Research Assistant for the Provincial Perinatal Cognitive Behaviour Therapy Initiative.



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information for women

What is anxiety?

LEARNING ABOUT THE SYMPTOMS OF ANXIETY

Anxiety is a normal and natural human experience. It can affect a person's feelings, thoughts, behavior, and physical well-being. Common signs and symptoms of anxiety are listed on the following page.

Anxiety is a normal human experience that can affect feelings, thoughts, behavior and physical well-being



Signs and symptoms of anxiety
Feelings
<ul style="list-style-type: none">• feeling fearful, scared or upset• feeling irritable• feeling keyed up or on edge
Upsetting thoughts
<ul style="list-style-type: none">• re-occurring thoughts or images of harm to the baby• unrealistic or excessive worry about the baby• worry about being a good or competent parent• worry about other topics (finances, getting things done, relationships)
Behaviours
<ul style="list-style-type: none">• “overdoing” activities like washing or cleaning excessively.• excessively checking, seeking reassurance or doing online ‘research’ about health problems• avoiding people, places or activities
Physical symptoms
<ul style="list-style-type: none">• trembling, twitching or feeling shaky• restlessness• becoming easily tired• difficulty concentrating or mind going blank• trouble falling or staying asleep• gas, constipation or diarrhea• being easily startled• shortness of breath or smothering sensations• racing and/or pounding heart• sweating or cold clammy hands• dizziness or lightheadedness

Approximately 1 in 4 people will experience significant problems with anxiety at some point in their lives.



It is important to remember that all of us experience anxiety from time to time, most typically when we are feeling threatened. Some experiences will trigger anxiety in most of us. For example, most people will respond with anxiety or fear while walking alone through the city at night, or when speaking in front of a large crowd. In our daily lives, the things that make us feel anxious vary from person to person. At low levels, anxiety can be helpful for us — it can motivate us to get working on tasks, it can increase our ability to focus, make us more alert and can help us to avoid dangerous situations. However, when anxiety becomes intense, lasts for a long time or interferes with our lives, it is important to seek help.

NORMAL ANXIETY AND ANXIETY DISORDERS

While everyone experiences anxiety at some point in their life, individuals with an anxiety disorder experience excessive symptoms of anxiety on a regular basis for a prolonged period of time (months and years, not just for a few days or weeks). It is possible that a person may have an anxiety disorder if symptoms of anxiety have:

- been excessive and difficult to control for an extended period of time
- led to significant emotional distress and personal suffering
- led to significant interference in work, school, home or social activities.

Anxiety disorders are the most common type of mental health problem.

Approximately 1 in 10 people currently have an anxiety disorder.

Anxiety disorders are more common in women. About 30% of women will experience an anxiety disorder at some time in their life, compared with approximately 19% of men.

People from all walks of life are affected by anxiety disorders, including some of the most talented, intelligent, loveable and kind people you could hope to meet.

Only a health professional can diagnose an anxiety disorder. If you think that your anxiety symptoms may be part of an anxiety disorder, it is important that you talk to a health professional about your symptoms.

You may want to complete the Self-Test for Anxiety Symptoms During Pregnancy and Following the Birth in Module 6, page 2, and take this information with you when you go to see your health professional. You may also want to see the section entitled “Tips for talking to a healthcare professional about your symptoms” in Module 6, page 18.

Some of the challenges and changes during pregnancy and following the birth can make anxiety more likely



WHY SOME WOMEN DEVELOP ANXIETY DURING PREGNANCY AND FOLLOWING THE BIRTH

Many women are surprised and disappointed when they find themselves feeling anxious during pregnancy or following the birth. After all, most people expect that this will be a joyous time — and for some women it truly is. But there are also a lot of other challenges and changes going on during this period that can make anxiety more likely during this time than at other times in a woman's life.

For some women, this is the first time they have ever experienced anxiety. Other women who have had problems with mood or anxiety in the past may find that their symptoms return or worsen during pregnancy or after the birth.

The risk of anxiety during pregnancy and following the birth is greater if the woman has a prior history of anxiety or depression or is also experiencing other stressors, such as:

- recent stressful life events (e.g., death of a parent, moving, changing jobs)
- relationship problems
- unrealistic expectations of motherhood by the woman or others around her
- lack of social support
- infant health problems

Some women who have previously taken medications for depression or anxiety may choose to stop taking their medications prior to or during pregnancy. In some cases, this may lead to an increase in anxiety symptoms during pregnancy and the postpartum.

Expectant and new mothers experiencing anxiety are not weak, crazy or bad

module 2



HOW COMMON ARE ANXIETY DISORDERS DURING PREGNANCY AND FOLLOWING THE BIRTH?

At this point, not enough research has been done for us to be able to accurately estimate how many women are affected by diagnosable anxiety disorders during pregnancy and following the birth.

However, we do know that expectant and new mothers who experience anxiety are not weak, crazy or bad. Anxiety is not a reflection of mothering skills and women with anxiety cannot just “snap out of it”. However, with appropriate help, the vast majority of women with anxiety during pregnancy and following the birth are able to overcome their difficulties and enjoy their lives and their babies.

IF I HAVE ANXIETY, WHY DO I FEEL SO DEPRESSED?

Anxiety during pregnancy and following the birth is also often associated with other types of problems. For example, moderate to severe anxiety during this time period is often accompanied by depression. Part of the reason for this may be that it is depressing to be anxious all the time. The symptoms of depression overlap to some extent with the symptoms of anxiety. Common symptoms of depression are listed in the table on the following page.

If you think that you may also be experiencing symptoms of depression, it is important to talk to your health care professional. You may wish to fill out the Edinburgh Postnatal Depression Scale (EPDS) in Module 6, page 7 and show it to your health care professional.

The BC Reproductive Mental Health Program has also written a self-management guide for depression, called “Coping with Depression during Pregnancy and Following the Birth: A CBT-Based Self-Management Guide for Women” that you may find helpful if depression is your main problem. (<http://www.bcmhas.ca/ProgramsServices/ChildYouthMentalHealth/ProgramsServices/Reproductive+Mental+Health/Publications/default.htm>). Many of the skills taught in this guide will also be helpful.

A note regarding self-medication

Some women suffering from moderate to severe anxiety may try to self-medicate their anxiety symptoms by using alcohol or drugs. This can be harmful to both the mother and the baby. (see Module 4, page 33, ‘A note about drugs and alcohol’)



Signs and symptoms of depression	
Feelings	<ul style="list-style-type: none"> • feeling depressed or extremely sad or empty most of the day nearly everyday • feeling irritable or angry • feeling very guilty or worthless • feeling hopeless • feeling overwhelmed • not enjoying the baby • not interested in or able to enjoy activities that you used to enjoy
Thoughts	<ul style="list-style-type: none"> • Having thoughts that you are a 'bad' or 'terrible' mother • Thinking that things will never get better • Having frightening thoughts including harming yourself and/or the baby
Behaviours	<ul style="list-style-type: none"> • sleeping too much or too little • eating too much or too little • withdrawing from family & friends • "snapping" at people • Crying easily
Physical Symptoms	<ul style="list-style-type: none"> • feeling restless • having little energy • having difficulty concentrating or making decisions • having physical symptoms like headaches or upset stomach

With the right help, women with anxiety can overcome their difficulties and enjoy life and their babies

module 2



GETTING HELP: TREATMENT OPTIONS

Why some women don't seek help

Getting help is very important. Unfortunately, many women who are dealing with anxiety during pregnancy and following the birth do not seek treatment. Some women find it difficult to confide in their health care provider about their feelings. They may fear that they will be labeled or not taken seriously. Some women may feel ashamed about “not being happy like I’m supposed to be”. Some women have scary thoughts about harming the baby or find that their anxiety prevents them from attending appointments. Any of these can make it difficult for a woman to get the help she needs.

It takes courage to begin this process and we congratulate you for taking the first step and reading this guide.

Is there help? Yes!

There are several approaches that have been shown to help women with anxiety. With appropriate care, most women can decrease their symptoms and start to enjoy pregnancy and the months following the birth.

What are the treatment options for anxiety?

There are several approaches that can be effective. These approaches include:

- **SUPPORTED SELF-HELP** Supported self-help involves regular appointments with a health-care professional who provides support and structure when using print or online resources, such as this self-management guide.
- **COGNITIVE BEHAVIORAL THERAPY** CBT is a form of psychological treatment that has been shown by research studies to be extremely effective for the treatment of anxiety disorders. One of the strengths of Cognitive Behaviour Therapy is that it focuses on building skills to help people take an active role in reducing their anxiety symptoms. This can help to prevent future episodes of anxiety. This type of therapy involves regular appointments with a health care professional who provides psychological treatment for anxiety. Treatment may be provided individually or in a group setting.

The skills taught in this guide are based on the principles of CBT.

*Speak to your healthcare provider
about different treatment options to
find the right one for you*

module 2



● **MEDICATIONS** Medications treat the symptoms of anxiety at a chemical level in the brain. Medications can help to decrease your anxiety to a more manageable level, so you are able to focus on using CBT skills to make lasting changes to thinking patterns and behaviours that are causing and worsening your anxiety. For the treatment of anxiety during pregnancy and following the birth, medications are best used in combination with self-care and other CBT skills.

Several medications have been shown to significantly lower symptoms for some people suffering from anxiety. To learn more about medications, see Module 6 page 15.

How do I choose? Which type of treatment is best for me?

The decision about which type of treatment is best for a specific woman depends upon a number of things, including the seriousness of symptoms, how you feel about different treatment options and the availability of these different treatment options within your community. Some treatments, such as specialized therapies like Cognitive Behaviour Therapy may not be available in all communities. One of the goals of this guide is to make a CBT approach more accessible in rural and remote communities. Some women, with help from a health professional, will choose to use both psychological treatment and medication to manage their anxiety.

It is a good idea to speak to your health care provider to find out more about the different treatment options that are available to you. It can be helpful too to discuss what you learn with supportive loved ones who can help you to think through the advantages and disadvantages of each option and how these would fit your life. Untreated anxiety can have negative effects on both the mother and her baby. Remember that the goal of treatment is to reduce your symptoms and increase your overall wellbeing so that you can do the things that are important to you.

Different women will take different paths to feeling better and in the end any decision about treatment is a personal one.



ARE YOU EXPERIENCING THOUGHTS ABOUT HARMING YOURSELF OR SOMEONE ELSE? Sometimes when women are feeling very anxious and/or depressed and hopeless, they have thoughts about harming themselves or others. If this is happening to you, it is very important that you tell someone you trust about these thoughts and make an urgent appointment to see your family physician to discuss these thoughts. If you are worried that you may be unsafe, please call 911 or go to the nearest emergency room



what is CBT?

The Cognitive Behaviour Therapy
Model of Anxiety 2

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Understanding the connections between
different anxiety symptoms 7

Where to get CBT for anxiety during pregnancy
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what is CBT?

The Cognitive Behaviour Therapy Model of Anxiety

Cognitive Behavior Therapy (CBT) focuses on changing behaviors and thinking patterns. The idea is to:

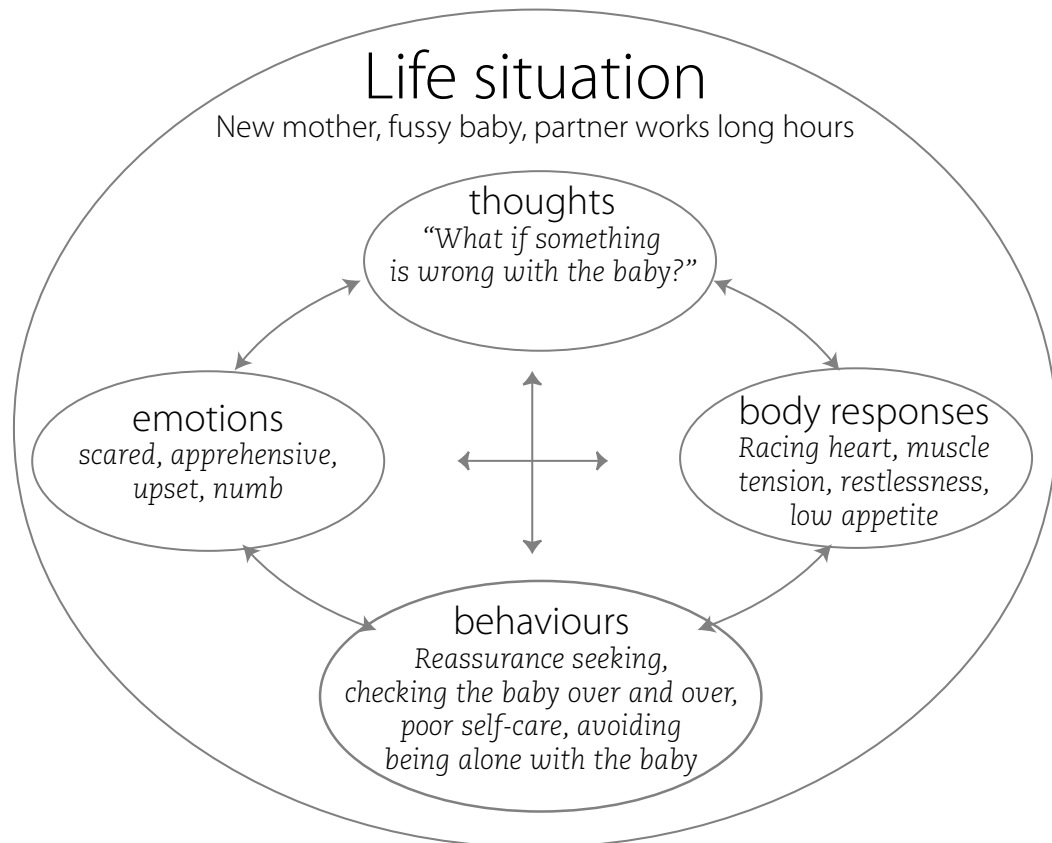
- a. decrease behaviours that make the symptoms worse
- b. increase behaviours that reduce the symptoms
- c. identify patterns of thinking or self-talk that are upsetting or lead to negative behaviors
- d. learn ways to challenge negative thoughts when they arise, and replace them with more accurate and helpful thoughts.

CBT focuses on four components of our experience: **Emotions** (how we feel), **Body Responses** (how our bodies react), **Thoughts** (what goes through our mind), and **Behaviours** (how we respond). The most common symptoms of anxiety during pregnancy and following the birth can be divided into these four major categories. The diagram below helps to illustrate that each of these categories influences the others.

There is a blank version of this CBT model diagram below in Mod 6, page 11 that you can use to fill in your own symptoms if you wish. This can also be a helpful tool for talking with your health care provider about your symptoms.



CBT MODEL OF ANXIETY



Let's take a closer look at the symptoms of anxiety and how they correspond to these four components.

EMOTIONS (HOW WE FEEL) The emotions associated with anxiety can also be described as feeling fearful, worried, tense, on guard, scared, apprehensive, frightened, "freaked out", etc. We usually know we are feeling the emotion of anxiety when we are also experiencing anxious body responses, thoughts or behaviors.



BODY RESPONSES (HOW OUR BODIES REACT) Anxiety impacts how we feel in our bodies. Women with anxiety will often have physical symptoms.

Physical symptoms of anxiety may include:

- Racing heart
- Shortness of breath or smothering sensations
- Dizziness or lightheadedness
- Sweating
- Stomach upset, nausea, gas, or diarrhea
- Trembling, twitching or feeling shaky
- Chest pain or discomfort
- Numbing or tingling sensations
- Cold chills or hot flushes
- Restlessness
- Trouble falling or staying asleep
- Dry mouth or feeling of choking
- Feeling keyed up or on edge
- Difficulty concentrating or mind going blank
- Easily startled
- Muscle tension, body aches, headaches, weakness or heaviness

A note about symptoms of anxiety

The symptoms of anxiety can overlap with symptoms of some medical conditions, including normal physical changes that happen in pregnancy. For example, it is not uncommon to experience dizziness or nausea in early pregnancy or shortness of breath as the growing baby pushes up towards your chest in late pregnancy. Always review any body symptoms with your physician so that medical conditions can be ruled out.



THOUGHTS (WHAT GOES THROUGH OUR MIND) When we feel anxious, our patterns of thinking are different. We are more likely to notice and think about things related to real or potential sources of danger or threat. Some researchers have suggested that we are most likely to feel anxious when we perceive that there is a threat to our well-being and that we do not have the skills or resources that we need to cope with this threat.

The following are some common thinking patterns that are often associated with anxiety:

- Frightening thoughts, images, urges, or memories, about events, for example:
 - i. Something bad happening to oneself (dying, not being able to cope, being responsible for something terrible, embarrassing ourselves etc)
 - ii. Something bad happening to someone else (a family member dying, a child being harmed, spouse having an accident, etc)
 - iii. Something else bad happening (the house burning down, personal possessions being stolen, car crash, terrorist attack, etc)
- Increased attention and scanning for things related to the source of perceived danger
- Difficulty concentrating on things
- Difficulty making decisions
- Frightening dreams or nightmares

During pregnancy or following the birth of the baby, these anxiety-related thoughts often concern the well-being of the baby or one's ability to properly care for the baby. These thoughts may take the form of excessive worries or of obsessive thoughts. For more information about worries and obsessive thoughts, see the section entitled *Managing Anxious Thoughts* in Module 4, page 73.



BEHAVIORS (HOW WE RESPOND) Anxiety triggers a number of coping behaviors. Most of us will feel a strong urge to do things we believe will reduce or eliminate danger or make us feel safer. These may include:

- Avoiding the feared situation, experience, place or people
- Escaping or leaving the feared situation, experience, place or people
- Needing to be with a person or pet who makes us feel safe
- Getting reassurance from others that everything is (or will be) alright
- Telling ourselves reassuring things (e.g., “It will be OK”)
- Finding a safe place to go
- Scanning the situation for signs of danger
- Trying to distract ourselves
- Self-medicating the symptoms with drugs, alcohol or food
- Sleeping or napping so we don’t have to think about it
- Carrying items that may prevent or help cope with a panic attack (medications, cell phone, vomit bag, etc)
- Compulsive behaviors that we repeat in an attempt to feel better (e.g., excessive cleaning or checking)
- Mental rituals that we repeat in our minds in an attempt to feel better (e.g., thinking the same word or phrase over and over)

Most of these behaviors are used with good intentions to prevent or reduce feelings of anxiety or panic. And they tend to feel effective in the short-term, which is why we use them. However, sometimes these coping behaviours can make anxiety worse — especially if they become frequent, compulsive and disruptive.

People with anxiety often experience significant improvements in their symptoms if they are able to gradually decrease their use of some of these behaviors. Research has shown that people who give up these ways of coping are more successful in getting better and staying better. In Module 4 of this guide, we will review some strategies to reduce any unhelpful coping behaviours. See Module 4, page 100, ‘Overcoming avoidance and unhelpful anxiety related behaviours’, for information and exercises on how to decrease these behaviors.

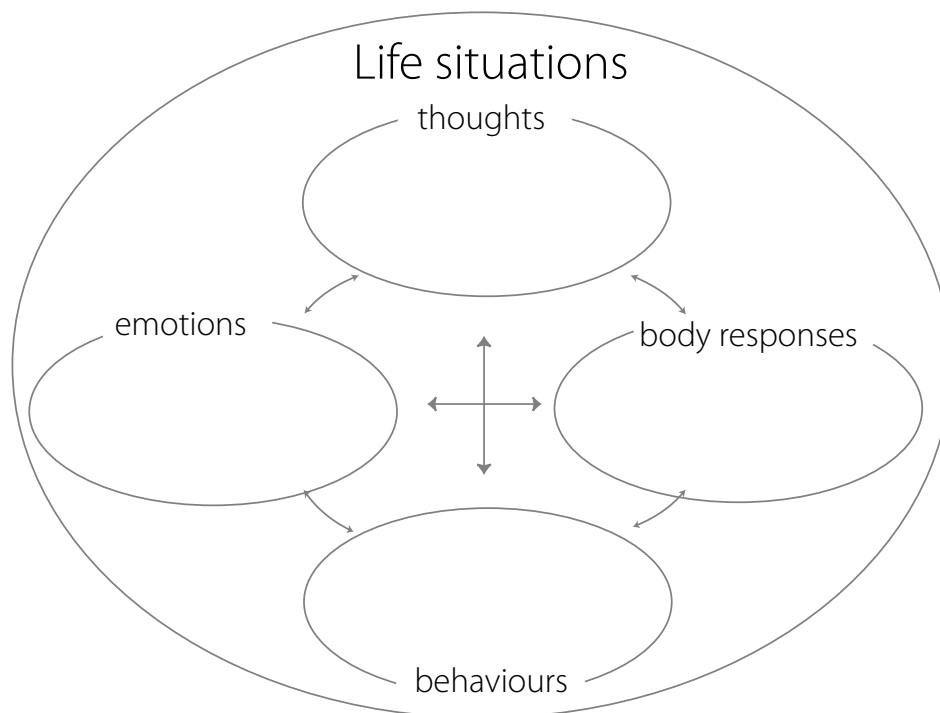
*Making even small changes
in one area will lead to positive
changes in other areas*



UNDERSTANDING THE CONNECTIONS BETWEEN DIFFERENT ANXIETY SYMPTOMS

Each of these symptoms of anxiety (thoughts, emotions, body responses, behaviors) is related to and influences the others. So the more upsetting thoughts you have, the more likely it is that you will feel fearful or worried and experience bodily symptoms of anxiety. The more physical symptoms you have, the more likely it is that you will want to avoid doing things or going places that you think will cause you to feel more anxious.

Although the interconnection between these aspects of our experience can sometimes seem like a bad thing, in fact it is very helpful when you are working to better manage your anxiety. This is because making even small changes in one area (for example, your thinking patterns or behaviour) will often lead to positive changes in the other areas as well. This guide will help you to identify and change thoughts and behaviours that are keeping your anxiety going so that you can start feeling like yourself again.



Even if CBT is not available in your area, this guide can help identify and change anxious thoughts and behaviors

module 3



WHERE TO GET CBT FOR ANXIETY DURING PREGNANCY AND FOLLOWING THE BIRTH

Unfortunately, CBT for anxiety is not widely available in BC. Traditionally, physicians, psychiatrists and most mental health professionals have limited training in CBT although this is changing. CBT is now widely recognized as a valuable treatment option for both anxiety and depression. Clinical psychologists are the most likely group of professionals to receive training in CBT for anxiety disorders but their services are not currently covered by public health funding, unless they are seen in a hospital setting.

Alternative options for accessing CBT include some online programs, self-help readings and select clinics, mental health centers or community programs. Some Employee Assistance Programs cover visits with a clinical psychologist. Finally, some people can pay out of their own funds for individual or group CBT sessions with a psychologist. Always ask to work with someone who has received specialized training in evidence-based approaches to anxiety and ask about their level of experience with treating women with anxiety during pregnancy and following the birth.

REMEMBER, even if CBT is not available in your area, you can use this guide to help you put into practice some of the components of this effective treatment.

This guide will teach you to use CBT skills to reduce your symptoms and take positive steps forward



EFFECTIVE COGNITIVE BEHAVIOUR THERAPY-BASED SELF MANAGEMENT SKILLS

This guide is intended to help you use the principles of CBT to successfully manage your symptoms (self-management) and take positive steps to find solutions that will work for you.

Each section helps you to understand and put into practice an important component of CBT that can help you to improve your symptoms.

Key component of CBT	Where in this guide?	Module / Page
Educating & empowering yourself	Learning about anxiety	2/2
	Self test for anxiety symptoms	6/2
	Information about common anxiety problems during pregnancy and following the birth	2/2
Self-care	Self care – NEST-S Program	4/30
Goal setting	Goal setting	4/47
Managing physical symptoms of anxiety	Managing physical symptoms of anxiety	4/59
Practicing healthy thinking	Managing anxious thoughts	4/73
Overcoming avoidance and other unhelpful anxiety-related behaviors	Overcoming avoidance and other unhelpful anxiety-related behaviors	4/100
Maintaining gains & relapse prevention	Maintaining gains and relapse prevention	5/3

Learning and using CBT techniques effectively requires some time, effort and motivation. In order to get benefits from this powerful treatment, people need to practice their new skills regularly. It can take some time before the benefits of CBT can be seen. Women with severe anxiety or with depression as well as anxiety may be tired, unmotivated or have problems concentrating, which can make it difficult to do CBT. In such situations it may be helpful to seek the assistance of a mental health professional with specialized CBT training or to speak with your health care professional about other treatment options



action

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action

Getting Started: Self-test and learning more about anxiety during pregnancy and following the birth

As discussed above, the first key component of CBT is learning more about anxiety and in particular, about the kinds of symptoms that you are experiencing. The next sections of this guide contain more specific information about three of the most common types of anxiety in pregnancy and following the birth. Before reading any further, you may find it helpful to complete the **Self-test for anxiety symptoms during pregnancy and following the birth worksheet** in Module 6, page 2. This will help to identify the section of specific information that is most relevant to you.

When you've finished with the Self-test, you can come back to this module and read the section(s) that best match your particular pattern of symptoms.

Note: The descriptions of women with anxiety provided throughout this guide are intended to provide examples of some aspects of anxiety during pregnancy and following the birth. Your situation may be similar or different, with more severe or less severe symptoms. Regardless of the differences between your experience and the experiences described in these examples, the self-care and CBT based techniques taught in this guide are likely to be helpful. Please consult your health care professional if you have any concerns about symptom management.

A panic attack is a short period of sudden intense fear accompanied by uncomfortable physical sensations



PANIC ATTACKS

When a pregnant woman or a new mother is experiencing a lot of anxiety, it is not uncommon for her to also experience panic attacks. Some women with panic attacks during pregnancy and following the birth have never experienced a panic attack before. Other women have had panic attacks before becoming pregnant, but find that their symptoms return or worsen during pregnancy or after the birth.

This section will provide you with some important information about panic attacks, how they affect the woman and her child, and provide you with descriptions of women who experienced recurrent panic attacks during pregnancy or after giving birth.

What is a panic attack?

Sometimes, physical symptoms of anxiety come on very suddenly and are quite intense. When this happens, we often say that the person has had a “panic attack”. Panic attacks are short periods of sudden, intense fear or discomfort, accompanied by a variety of uncomfortable physical symptoms.

Symptoms of a panic attack

Sudden or abrupt onset of several uncomfortable physical symptoms:

- Shortness of breath
- Choking or smothering sensation
- Racing heart
- Numbness or tingling
- Chest pain or discomfort
- Sweating
- Hot flashes or chills
- Faintness
- Trembling or shaking
- Dizziness, light headedness or unsteady feelings
- Nausea or abdominal distress
- Feeling disoriented or that the world has become unreal

A panic attack is a ‘false alarm’ of the body’s normal stress response

module 4



You may have heard of the “flight, fight or freeze” response that describes the body’s response to threats or danger. This response causes physical changes in the body that increase our ability to:

- defend ourselves against the source of danger (“fight”)
- get away from something dangerous (“flight”)
- remain still enough to avoid being detected by a source of danger (“freeze”)

This response is very helpful in enabling us to cope with real threats. For example, if you are walking down a darkened street by yourself one night and someone jumps out at you, anxiety causes the heart to pump faster to get more blood to the large muscles in our legs and arms so that we can run away, fight or remain still until the danger passes. We might also feel dizzy or light-headed due to the sudden increase in blood oxygen that happens as the heart pumps faster. Some people also feel nauseous because the body can shut down our digestive system in the face of danger to save energy. The pupils in our eyes will often open up widely (to allow us to see better) and this often leads to light sensitivity or seeing spots.

Although most of these symptoms were “designed” through evolution to be helpful to us when there is a real physical threat, when these symptoms occur at other times (e.g., just before giving a speech or presentation, driving over a bridge) or are very intense, they are often very frightening and can make it difficult for us to function as well as usual. For some people, these physical symptoms become so intense they trigger a “panic attack”.

In a panic attack, this “flight, fight or freeze” response goes off at the wrong time when there is no real physical danger. In other words, a panic attack is a misfiring, or “false alarm” of the body’s normal stress response. It is important to remember that many people who do not have an anxiety disorder will also experience a panic attack — after all, it is part of the body’s natural response to perceived danger.

People often worry that something terrible is happening during a panic attack



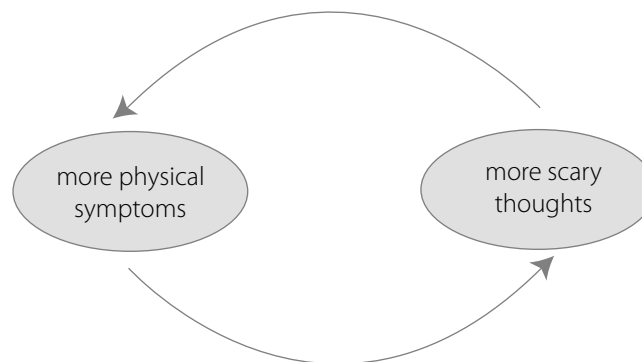
Many people with panic attacks will experience their first panic attack during a stressful or uncertain period in their lives. This may be one of the reasons why many women will experience recurrent panic attacks during pregnancy and following the birth, as this is a time of many changes and increased demands while a woman is often sleep deprived. However, panic attacks, especially the first few panic attacks, often seem to occur “out of the blue”, for no apparent reason. For example, during pregnancy and following the birth of the baby, women may experience panic attacks as they awaken from sleeping.

Because the physical symptoms of panic attacks are so intense, and often people do not understand what is happening to them, they often worry that it is something terrible. They may have thoughts such as:

- What if I am dying from a heart attack or stroke?
- What if this means I have some kind of disease?
- What if I am going crazy or losing my mind?
- What if I lose control and do something dangerous?
- What if I lose control and do something embarrassing?
- What if this means that there is something wrong with the pregnancy or baby?
- What if this means that I can't take care of my baby?

Of course, having these kinds of thoughts tends to increase the person's anxiety and physical symptoms in the following way :

Connections between physical symptoms and scary thoughts



Panic attacks are strong, physical anxiety responses that are uncomfortable but NOT dangerous

module 4



Because these physical symptoms are so frightening, some women seek medical attention during or immediately after a panic episode. In fact, it is not uncommon for women to go to the Emergency Room of a hospital and to receive multiple medical tests, only to be told that there is no sign of anything wrong and that the symptoms are related to anxiety.

So, one of the first important things to remember about panic attacks is that they are strong, physical anxiety responses that are uncomfortable but not dangerous. A panic attack is NOT a sign that you are going to die, go crazy or lose control of yourself in some other way. The symptoms do pass and will not harm your baby but the best way to ensure good health for you both is to seek treatment.

In the meantime, there are some things that you can do to help you to feel more comfortable and better cope with the symptoms. See “Managing panic attacks” in Module 4, page 70.

What is the effect of recurring panic episodes?

When people have had several panic attacks over a relatively short period of time, they will often start to experience changes in their usual ways of thinking and acting. Listed below are some of the common consequences of recurrent panic episodes.

WORRY: Women who have had repeated panic attacks often spend a lot of time thinking and worrying about when the next panic attack is going to happen and about the consequences or impact of repeated panic attacks on their life, their family’s lives’ and their future.

CLOSE MONITORING OF BODY CHANGES: Because people with recurrent panic attacks are often very frightened of what they might mean (e.g., losing control), they will often spend a lot of time “scanning” or monitoring their bodies for any small changes (e.g., a slight increase in heart rate) that may signal that another panic attack is coming or that they believe may signal a more serious problem. (And of course during pregnancy in particular, many physical changes are occurring that lead to unfamiliar bodily sensations and changes). This intense focus on bodily symptoms is one of the factors that tends to keep panic going.

A panic attack is NOT a sign that you are going to die, go crazy or lose control

module 4



BEHAVIOUR CHANGES: People with panic disorder often significantly change their behavior in an attempt to prevent or stop the panic attacks.

● **“SAFETY BEHAVIOURS”:** women with recurrent panic attacks will often become very attached to certain patterns of behavior that make them feel more safe, which they hope will stop or prevent more panic attacks. For example, women may:

- Be unwilling to leave home
- Be unwilling to be alone with the baby
- Use medications or other substances (sometimes inappropriately or excessively)
- Use distraction to “block” thoughts of panic
- Sleep a lot so they don’t have to think about it
- Always carry items that may prevent or help cope with a panic attack (e.g., medications, cell phone, vomit bag, etc.)
- Ensure that a loved one is available by telephone at all times

Unfortunately, as we will see later in this guide, while these safety behaviors are intended to be helpful, in the long term they serve to keep anxiety going. This idea is discussed in further detail in the section on “Overcoming avoidance and unhelpful anxiety-related behaviours”, Module 4.

● **AVOIDANCE OF TRIGGERS:** Many people with recurrent panic attacks avoid situations that trigger anxiety or panicky feelings in which it would seem especially embarrassing or difficult to escape or get help if a panic attack happened. For example, the person might fear going to the mall in case of a panic episode and embarrassing herself by screaming, or feeling dizzy, falling over and being unable to care for her child or get home. Another woman may fear driving over bridges because she is worried about having a panic attack, losing control of the car and harming herself and her child.



Commonly avoided situations include:

- Malls
- Restaurants
- Elevators
- Small crowded places
- Wide open spaces like parks
- Being away from home
- Driving
- Being alone at home
- Tunnels and bridges
- Public transit

Women with recurrent panic attacks will also often avoid activities that bring on symptoms similar to symptoms experienced during a panic episode, for example, avoiding exercise because it brings on increased heart rate and shortness of breath. Other avoided activities may include taking hot showers or saunas, sex, and watching exciting or scary movies. Again, this tendency to avoid triggers may reduce anxiety in the short-term, but ultimately fuels anxiety in the long-term.

FEELINGS OF DEPRESSION OR GUILT: When a woman is having repeated panic attacks, is worried about them and has made many changes in her behaviour as a result of these attacks, it is common for her to begin to experience symptoms of depression or guilt. Having untreated panic attacks is depressing and that is why it is so important to seek help. In fact, untreated panic attacks are a risk factor for depression following the birth of your baby.

Panic attacks during pregnancy and following the birth

Panic attacks can start during pregnancy or after the birth of the baby. The factors that trigger panic attacks will vary from woman to woman. During pregnancy, a woman's body goes through a wide variety of changes that can produce uncomfortable physical symptoms that are scary for some women and may cause her to worry about her own health or about the health of her unborn baby. Common triggers for panic in pregnancy include unusual physical sensations, worries about one's own health or the health of the baby, and worries about how one will be as a mother.



If a woman has experienced panic attacks before becoming pregnant, her symptoms may stay the same, get worse or improve during pregnancy. Some women will experience a worsening of symptoms in the third trimester or after the baby is born.

Panic attacks following the birth of the baby occur in the context of sleep deprivation and the increased stress and responsibility of parenting an infant. For this reason, it is not surprising that a significant number of women experience panic attacks during this time. Common triggers for panic attacks after the birth of the baby may include worries about one's own health, noticing an unusual symptom in the baby, or worries about one's mothering skills. Panic attacks can also be triggered by being left alone with the baby, or the baby crying uncontrollably or needing to feed. There may also be events or situations that increase a woman's risk factors, (e.g. conflict in her relationships) that also make women more vulnerable to these triggers.

At times, panic attacks may also be triggered by other types of anxiety problems. For example, a woman with obsessive thoughts of harming her baby may have a panic episode if she has one of these thoughts while holding her baby. A woman who has had a traumatic birth experience may experience a panic attack when she sees a graphic scene of childbirth on television. A woman who worries a lot about whether she is a good enough mother may have a panic attack if she realizes that she forgot to sterilize the baby's soother after it fell on the floor.

When a woman is experiencing panic attacks in the post-partum, it is not uncommon for her to become scared of being alone with her baby, because she is afraid of having a panic attack and then losing control, going crazy or being unable to look after the baby. Many women become especially fearful of going out of the home with the baby. When this happens, rather than admit the problem (which can be very difficult), the woman may use the baby as an excuse to avoid leaving home or a means to avoid feared situations. For example, the woman may avoid going to the doctor or to malls because it is "too crowded and the baby doesn't like crowds".



INDER'S STORY

Panic attacks during pregnancy

Inder was 28 years old and 6 months pregnant with her second child when she started having episodes of “strange feelings”. She would suddenly feel nauseous, dizzy, sweaty and felt like she was having hot flashes. She also felt faint, trembled and had trouble concentrating. These episodes left her feeling exhausted. She had had similar “strange” episodes in the past when she was under stress.

Things at home had been hard lately. She had felt sick throughout the pregnancy and her two year old daughter Esha had been misbehaving more than ever. She was living with her in-laws, and three months ago her father-in-law had died and her mother-in-law had not been able to care for Esha leaving Inder scrambling for childcare. Inder was feeling more and more tired. She was unable to keep up with her responsibilities and felt that things were “about to fall apart”.

Inder went to see her doctor looking for treatment for her nausea. During the appointment, it became clear to her doctor that she was suffering from panic attacks. With treatment, her panic symptoms resolved and she was able to enjoy the rest of the pregnancy.



ANGIE'S STORY

Panic attacks following pregnancy

Angie, a 35-year-old lawyer, gave birth 2½ months ago to her first child, a baby boy named Damian. Since leaving the hospital she had been at home with her partner and has found it increasingly hard to find the time to care for herself. She hadn't been getting much sleep as the baby had been colicky and waking her up 3-4 times a night. Over the past few weeks she had been feeling very uneasy and agitated at times. She felt breathless, her heart raced, she was sweaty, she had tingling in her hands and feet and she experienced sudden chest pain. During these episodes, she thought she was having a heart attack and was going to die. The first time this happened she went to the emergency department, but they sent her home saying that her heart was just fine.

Angie became very fearful of having these episodes. They began to happen more and seemed to come at her from “out of the blue”. They mostly occurred when she left the house, and particularly in the supermarket or crowded places. Angie started avoiding leaving the house unless she was with her partner or her mother. Angie did not understand how this could be happening to her — she had always been so independent. Angie's fear of these episodes was also distracting, and she had difficulty enjoying being with Damian. She began to be uncomfortable being alone with him and didn't want to take him outside the house. She felt guilty because she felt that this wasn't fair to her son and worried that he might be affected by her “attacks”. She was scared to tell anyone about these thoughts and fears in case they thought she was crazy.

Angie's mother noticed something was really wrong, but Angie didn't want to admit she had a problem because she thought it would make her appear to be a ‘bad mother’. Angie's mother persisted and eventually Angie told her mother what was happening. Her mother told her that her aunt had very severe anxiety but the family didn't talk about it. She also convinced Angie to discuss it with the healthcare provider at the baby's next vaccination visit. Her doctor diagnosed panic attacks and helped Angie to get the treatment she needed. Over the next couple of months, her symptoms decreased and she was able to enjoy being with her son more and more.

There are very effective treatments available for panic attacks and no one needs to suffer

module 4



The stories of Inder and Angie illustrate many of the common experiences of women with panic attacks in pregnancy and following the birth: fear and confusion about symptoms, embarrassment and reluctance to admit their problems to others, and worry and guilt about how their panic episodes may be impacting their child and family.

We don't know exactly how many women have panic attacks during pregnancy and following the birth of their baby. But be assured that you are not alone. The BC Reproductive Mental Health Program sees many women who are experiencing repeated panic attacks. There are very effective treatments available for panic attacks and no one needs to suffer. It is important to talk to your health care professional about your symptoms so that you can get help. For some women, recurrent panic episodes are part of a treatable anxiety disorder called **panic disorder**. Your health professional can help you to determine whether this applies to you.

In later sections of this guide, we will review a number of different coping skills based on cognitive behaviour therapy (CBT) that are effective in helping many women to successfully manage their panic episodes. See Module 4, page 70 for ideas on how to manage panic episodes.

Worry is a chain of upsetting thoughts about potential future negative life events



EXCESSIVE AND UNCONTROLLABLE WORRY

The many changes and uncertainties that women experience during pregnancy and following the birth provoke at least some worry in almost all mothers. However, for some women, this worry becomes excessive. Some women with excessive worry during pregnancy or following the birth have never before considered themselves to be “worriers”. Other women who have a history of worry find that their symptoms return or worsen during pregnancy or following the birth. This section will provide you with some important information about excessive worry, how it affects the woman and her child, and provides descriptions of women who experienced excessive worry during this time.

What is worry?

From time to time, we all worry about ourselves, someone we care about or an experience or event in our lives. Worry refers to a pattern of thinking in which we have a series or chain of upsetting thoughts about potential future negative life events. Often these thoughts take the form of “what if . . .?” questions, for example “what if my boss hates my presentation?” or “what if I can’t afford my rent payment this month?” Worries typically involve the fear that something bad may happen or that we may be unable to cope with future stressful experiences. Sometimes worry can be about real problems and how they are going to turn out (e.g. worry about finances if you are in debt). At other times we may worry about future or potential problems that may never actually happen (e.g. worry about a family member being killed in a car accident).

People who worry excessively tend to worry about a variety of different topics, including relationships, the wellbeing of family and friends, health issues, work or school, pets, finances, daily hassles (e.g. getting tasks completed, punctuality), and community or world affairs (pollution, poverty, war). Here are some examples of worry thoughts:

- What if my partner and I break up?
- What if my Dad has a heart attack?
- What if someone breaks into my house?
- What if I’m late for work and miss the staff meeting?
- What if there is an earthquake?

It is important to remember that some worry is normal during pregnancy and during the birth



When is worry a problem?

While everyone worries to some extent, for some people, worry becomes excessive and overwhelming. Getting information or reassurance from other people provides only temporary relief, then the worry starts again or worry about something else begins. The woman finds that they are spending many of their waking hours worried and that it is difficult to “shut off” the worry when they need to concentrate on something else, or when they are trying to relax or go to sleep. In many cases, this excessive worry will also be associated with uncomfortable physical symptoms such as

- restlessness, feeling “keyed up” or “on edge”
- fatigue
- difficulty concentrating
- irritability
- muscle tension/aches/soreness
- sleep problems

Other symptoms that may accompany excessive worry include feeling shaky or twitchy, sweating, nausea or diarrhea. If these symptoms of excessive worry and anxiety persist, they can cause a lot of distress and interfere with the ability to function and enjoy life. In some more severe cases, living with untreated excessive worry may contribute to the development of panic attacks or depression.

When worry is excessive, it can be puzzling to those who can’t understand why the woman is worrying so much. The worries may seem to others (and even to the person herself) to be “out of proportion”. For example, the worry may be out of proportion to the chance their fear will actually occur or to the actual severity of the consequences if it does. Excessive worry may take the form of worrying about the “worst case scenario” (e.g., “Is my husband late home from work because he has been in a terrible car accident?”)

It is important to remember that some worry is normal during pregnancy and following the birth of the baby. In part, this is because pregnancy and parenthood involve uncertainty and many significant changes. For some pregnant women and new mothers, talking to other parents or health care professionals and getting accurate information can be helpful in reducing worry.

Excessive worries often focus on an unrealistic ‘worst case scenario’



Listed below are some of the main differences between normal worry and excessive worry.

Normal worry	Excessive worry
Does not take up a significant amount of time or disrupt your daily routines	Takes up a significant amount of time and gets in the way of being able to perform your daily tasks
Causes only mild distress	Is very upsetting to you
Generally does not cause physical symptoms	Is associated with physical symptoms (see list above)
You are worried about the same things and to the same degree as others. For example, it is not unusual or excessive to worry somewhat about your grandmother’s health if she has recently had a stroke.	Is more “out of proportion” to <ul style="list-style-type: none"> • chances that the feared event will actually occur • the severity of the consequences if it does For example: <ul style="list-style-type: none"> • worrying about your grandmother having a stroke when she is very healthy • worrying about your child getting a rare disease — very unlikely • worrying that a cold would cause your child to be unable to breathe and die when your child is generally healthy — a cold is likely but it is very unlikely that the consequences would be catastrophic
Thoughts about negative events, but generally not the “worst case scenario” — because you are able to recognize that the worst case scenario is very unlikely to happen	Often concerns the “worst case scenario”
Is more often triggered by something specific	Can occur “out of the blue”, without triggers
You are generally able to “shut it off” or distract yourself from the worry with some effort	Is difficult to control — once you start worrying about something, it is difficult to “shut off” when you need to focus on something else (e.g., reading or work) or sleep
Is not generally associated with a lot of worry-related behaviours (e.g., reassurance seeking, checking, etc.)	Is associated with repeatedly asking others for reassurance, checking, or surfing the internet for information



Excessive worry during pregnancy or following the birth

During pregnancy it is common to worry about the issues at hand — such as the pregnancy itself, the health of the baby and the health and well-being of other family members. For example:

- What if the foods I ate before I realized I was pregnant hurt the baby?
- What if I miscarry?
- Will I be a good mother?
- What if the baby isn't developing normally?
- Will I be able to cope with parenthood?
- What if the delivery goes badly and the baby or I am harmed?
- What if I can't cope with the pain of childbirth?
- What if my other children have difficulty adjusting to a new sibling and begin acting out?
- What if this baby negatively changes my relationship with my partner?
- What if we can't afford this baby?

It is also quite common for women to worry about whether the worry and anxiety they are experiencing will affect the unborn baby. Unfortunately, this usually increases the woman's anxiety further.

In the postpartum, excessive and uncontrollable worry typically focuses on the baby and associated issues. For example:

- What if my baby gets sick/What if this symptom is a sign of serious illness?
- What if something happens if I leave the baby with someone else?
- What if the baby is abducted?
- What if my baby is abused?
- What if my baby stops breathing while he/she sleeps?
- Am I a good parent?
- What if my partner dies?
- What if I'm not ready to go back to work at the end of my maternity leave?
- What if we can't afford to pay for college?

Worries may change your behavior, leading to increased reassurance-seeking or checking behavior

module 4



Other common worry topics in the postpartum include worries about physical appearance, household chores, cleanliness, schooling/career progress, child care, how to find or use time for oneself, the baby's appearance, and relationships with others (friends, family and spouse). Again, these worries may be associated with uncomfortable physical sensations.

In the postpartum, these anxieties and fears will often affect the woman's behavior. For example, she may be afraid of leaving the baby with others or out of her sight ("what if something happens while I'm not there?"). She may wake at night to check if baby's still breathing, or be unable to sleep because she is worried something will happen to the infant while she is asleep. She may telephone her doctor repeatedly or search the internet for medical information because she worries excessively about her baby's health. Unfortunately, these behaviours, while used with good intentions, ultimately serve to keep the anxiety going.

For more information on why these behaviors fuel anxiety and how to reduce these behaviors, see the "Overcoming Unhelpful Anxiety-Related Behaviours and Avoidance" section in Module 4, page 100. See the "Healthy Thinking" section in Module 4, page 81, for more information about how to more effectively manage these kinds of worrisome thoughts.



ZHARA'S STORY

Excessive worry in pregnancy

Zhara had been a “worrier” for as long as she could remember. When she was in school she worried about her grades and being late. When she was older she worried about being single, her job, her car breaking down and many other things. When she was very anxious she couldn't sleep, got a backache and had trouble concentrating at work which made her worry about getting fired. She had had migraines since she was 14 years-old which tended to get worse when she was “really stressed out”.

Zhara became pregnant accidentally when she was 26 years old. She noticed her anxiety soon became much worse. Although the baby's father was very committed to Zhara and their baby, she worried that he would change his mind and leave. She worried about being a single mother if that happened. She was also anxious about all the “wrong” foods she might have eaten before she knew she was pregnant. She found that she couldn't stop her worry and that her worry “made her sick”. She was irritable, wasn't sleeping and her back pain and migraines got very bad. She worried that all these symptoms would affect the baby's wellbeing.

She went to the doctor who looked after her migraines. After several visits, the doctor realized that she needed help for her anxiety. He arranged for her to receive psychological treatment. Zhara was relieved to be getting treatment. She worked very hard on the strategies that she was given, even though it was difficult. Within a couple of months, Zhara was worrying less and was eating and sleeping better. She had fewer migraines and her back pain slowly decreased. Zhara then found that she was able to start enjoying her pregnancy. She still had some “bad days”, but they were happening less and less. Now, when she started worrying she didn't get so upset and felt better able to “keep things in perspective” using the skills she had learned in treatment.



YASMIN'S STORY

Excessive worry in the post-partum period

Yasmin, a 29 year old married woman, emigrated from the Middle East with her family when she was ten years old. Having had many responsibilities from a young age, Yasmin was always called the “mother hen” of her group of girlfriends.

Yasmin's first pregnancy was uneventful. When she gave birth to her second child, she needed an emergency cesarean section. Both mother and baby were in good health and soon went home. However, Yasmin found that she worried a lot about the baby's health, about whether he was harmed from the delivery, whether he was growing enough and whether he got enough milk and sleep. She also worried about whether the house was clean enough for her baby and how she would cope when he got older. When Yasmin mentioned these concerns to the nurse at her baby's first immunization visit, the nurse reassured her that everything was progressing well. Yasmin felt better for a few hours, but then found that her worry returned. She tried talking to her husband about these worries, but he could not understand why she was so concerned and told her to “just relax”.

Yasmin found that her worry was disrupting her sleep and that she had a lot of muscle tension through her shoulders and neck as well as ongoing stomach upset. Yasmin worried that her anxiety was distracting her from caring for and enjoying her baby and her older daughter, and thought it might be damaging her relationship with her husband. She began to feel depressed. Other family members and friends tried to be supportive by offering to care for her children for a few hours so she could have some time to herself, but Yasmin found that she could not leave her baby in the care of others for fear that “something terrible” would happen to him while she was away.

A couple of weeks later, Yasmin went to the Children's Hospital emergency department concerned about her baby's health. After having five medical visits in a month, and many tests that all came back normal, a young doctor realized that perhaps Yasmin was suffering from excessive anxiety. Following discussions with the doctor, Yasmin was referred for anxiety treatment. After a couple of months of treatment, her worry had decreased substantially, she was sleeping better and her muscle aches and stomach upset had subsided. Yasmin also started accepting support from family and friends, and over time, was able to leave the children with others and take some time to herself.

There are effective treatments available for excessive worry

module 4



The stories of Zhara and Yasmin illustrate some of the common experiences of women with excessive worry and anxiety in pregnancy and the post-partum — negative thoughts about the future that are difficult to control, physical symptoms associated with chronic worry and tension, embarrassment and reluctance to discuss difficulties with others, and worry and guilt about how anxiety might be impacting their child and family.

Because it is common for new mothers to worry, it can sometimes be difficult for other people (including family members and sometimes even health professionals) to recognize that the worry and anxiety is a significant problem for the woman. That is why it is so important to speak up if you know that the way you are feeling is not right for you.

We don't know exactly how many women experience excessive worry and anxiety during pregnancy or following the birth but be assured that you are not alone. The BC Reproductive Mental Health Program sees many women suffering from excessive worry.

There are effective treatments available for excessive worry during pregnancy or following the birth. Telling your health care professional about your symptoms is the first step towards getting the help you need to feel better. For some women, excessive and uncontrollable worry is part of a treatable anxiety disorder called generalized anxiety disorder. Your health professional can help you to determine whether this applies to you.

In later sections of this guide, we will review a number of different coping skills based on cognitive behavioural therapy (CBT) that are effective in helping many women to reduce their worry. For example, the “What is healthy thinking” section in Module 4, page 81, has more information about how to effectively manage worrisome thoughts.

Obsessions are persistent unwanted negative thoughts, images or urges

module 4



OBSESSIONS AND COMPULSIONS

Pregnancy and the postpartum are times of uncertainty and heightened feelings of responsibility for the well-being of another person, as well as a time of significant changes in hormone levels. Recent research has shown that women are especially likely to experience an onset or worsening of obsessions or compulsions during pregnancy and the time following the birth. Some women experience these symptoms for the first time during this period, while others who have experienced these symptoms before, find their symptoms return or worsen during pregnancy or following the birth.

This section will provide you with some important information about obsessions and compulsions and how they affect people, particularly expectant or new mothers. It provides descriptions of women who experienced recurrent intrusive thoughts and compulsions during pregnancy or after giving birth.

What are obsessions?

Obsessions are persistent, recurring, intrusive and unwanted thoughts, images or impulses that the person finds difficult to control and which don't seem to fit his or her personality. Common themes of obsessions are:

- Unwanted aggressive / horrific thoughts or urges (e.g., visions of a loved one with injuries)
- Unwanted sexual thoughts or urges
- Thoughts of harm coming to a loved one
- Thoughts of harming someone else
- Fear of illness or disease
- Fear of contamination (germs, bacteria, viruses, dirt, radiation, etc.)
- Excessive doubts about something
- Need to have things in a particular order or arrangement
- Unwanted religious / spiritual thoughts or urges
- Numbers, colors, superstitions, etc.
- Need to know things (e.g: certain facts)

Compulsions are repetitive, intentional behaviors that a person does in order to reduce anxiety or prevent harm

module 4



We know that obsessive thoughts (and negative thoughts in general) are most likely to occur when a person is experiencing upsetting emotions (like anxiety or depression) — this is one reason why obsessive thoughts tend to be more frequent during stressful periods. We will discuss the types of obsessive thoughts that are most common in pregnancy and the postpartum shortly.

Because obsessions are so upsetting to people, most will generally attempt to cope with them in some way, for example by trying to resist or “block” the obsession from coming into his or her head, or by trying to distract him or herself from the obsession. Another way of coping with the anxiety caused by obsessions is to perform compulsions.

What are compulsions?

Compulsions are repetitive, purposeful and intentional behaviors or rituals. They are intended to reduce the distress caused by an obsessive thought, or to prevent some bad event from occurring. However, the person usually sees them as excessive. Common compulsions are:

- Washing or cleaning (body parts, kitchen, food, etc.)
- Checking (locks, appliances, body parts, etc.)
- Repeating actions
- Requesting or demanding reassurance from others
- Counting
- Ordering or rearranging
- Hoarding or not being able to throw things away
- Touching or tapping objects
- Mental rituals (repeating words or phrases)

Compulsions are often performed according to a set of rules, even if the rules don't make much sense to the person (e.g. washing hands exactly 10 times). At times, people will try to resist the compulsion. However, these attempts will often lead to a surge in anxiety or tension that the person finds difficult to tolerate, and so he or she may give in to the urge and carry out the compulsion to get relief. We will discuss the types of compulsions that are most common in pregnancy and the postpartum shortly.

People will often try to avoid objects, activities or situations that might trigger their obsessions or compulsions

module 4



Because obsessions and compulsions are so distressing and time consuming, people will often try to avoid objects, activities or situations that are likely to trigger their obsessions or compulsions. While this may make the person feel better in the short term, in the long term avoidance serves to keep the symptoms going.

For more information on why these behaviors fuel anxiety and how to reduce these behaviors, see the “Overcoming avoidance and unhelpful anxiety-related behaviours” section in Module 4, page 100.

Obsessions and compulsions during pregnancy and following the birth

As noted above, we know that obsessions (and associated compulsions) are most likely to occur during periods of high stress in people’s lives. Given the many stresses and increased responsibilities associated with becoming a parent, it is perhaps not surprising that this period is more often associated with obsessions and compulsions than other times in a woman’s life. Interestingly, there are also some reports of new fathers developing similar thoughts and behaviours.

When new obsessions occur during pregnancy or following the birth it is common for them to relate to the possibility of harm coming to the developing fetus or the new baby. For example, a pregnant woman may worry about her baby becoming contaminated by toxins (see Quin’s story below). Because these thoughts are so upsetting she may do things that she believes will help to minimize this risk (e.g., avoiding toxins or washing/cleaning excessively). In severe cases, the family and friends of women with obsessions and compulsions can become involved in their compulsions. For example, they may be requested to wash their hands repeatedly when returning home from work because of their partner’s fear of germs.

After the birth of a new baby, it is common for parents to worry about their baby getting hurt or sick. Many new parents have fleeting, unwanted thoughts about harming their newborn. (See the ‘What is healthy thinking?’ section in Module 4, page 81 for more details). In most cases, although scary, the thoughts are temporary, harmless and disappear without causing great distress. However, for some new mothers, these intrusive unwanted thoughts become obsessions (repetitive and highly distressing).

During pregnancy or following the birth, obsessions and compulsions often focus on the possibility of harm to the baby

module 4



The most disturbing and most common intrusive thoughts experienced by new mothers include fears or images of harm occurring to her baby such as accidentally or purposely drowning the baby while bathing, dropping her baby over the balcony, stabbing her baby with a knife, sexually abusing the baby, etc. Because in many cases the woman fears that these thoughts will come to pass or that she will act on these thoughts, it is common for her to try and avoid situations which may trigger these thoughts for example, avoiding bathing the child or using knives. She may also avoid being alone with her child which can negatively affect mother-infant bonding. She may, as a result, constantly go out to public places or require people to stay with her and the baby at all times in order to reduce her fears of harm coming to her child.

Although compulsions are less common in the postpartum period, some women develop compulsions as a way to try and get rid of the obsessive thoughts, such as repetitively washing bottles or checking if the baby has been harmed. However, these compulsions only temporarily relieve the anxiety and actually make it worse in the long run (we'll talk more about that later).

The onset of obsessions and compulsions in the postpartum can occur quickly, often starting within 2-4 weeks after delivery (but sometimes later). In severe cases, the obsessions and compulsions become highly distressing, time consuming, and make it difficult for the woman to care for herself and her child. In these cases, **obsessive-compulsive disorder** (or OCD) may be diagnosed by a mental health professional. Getting an appropriate diagnosis is very important in helping such women to get the treatment that they need.

Women often feel a tremendous sense of shame and guilt for having these unwanted thoughts and behaviors. They are generally worried about telling others, such as health care professionals or close family or friends because of fears of being judged negatively, or that they will be thought unfit parents resulting in their babies being taken away. Not surprisingly these women are vulnerable to developing depression as well during this time.



Although these thoughts are very scary, **women with obsessive thoughts or OCD almost never act on these thoughts.** In OCD, the woman recognizes that these obsessions are the product of her own mind. She recognizes that they do not make sense and does not want or intend to act on them. As noted above, she will often avoid a lot of situations or take extreme protective measures to prevent harm to her child. Women with obsessions and/or compulsive behaviors are in touch with reality. They are not psychotic. However, they do need encouragement and support to seek out appropriate treatment. OCD is often associated with depression in pregnancy or following the birth.

A note on psychosis

Although it is rare, sometimes severe obsessional thoughts progress to psychotic thinking. In psychosis, the woman is out of touch with reality — for example she believes her baby is the devil. These situations are different than when the thoughts are intrusive, unwanted and disturbing to the mother. However, in rare cases it can be difficult to distinguish whether the woman is having severe obsessional thoughts or is psychotic. In these cases her doctor should be contacted immediately or she should be taken to the nearest emergency room.



QUIN'S STORY

Obsessions and compulsions in pregnancy

Quin, a 24 year-old nurse, had always had 'funny thoughts and habits', like needing to have her shoes lined up perfectly. When Quin became pregnant, her 'funny thoughts' soon became much worse and she also became very worried that something bad would happen to her unborn child.

At first, she was afraid that she would accidentally contaminate the child by eating the "wrong" foods. At work at the hospital, she began to have repeated, frightening thoughts that she might accidentally ingest a patient's medication. She then began to have upsetting thoughts about radiation from X-rays hurting her unborn baby, even though she didn't work in the X-ray department. Very soon she was avoiding work situations where she had to give patients their medication and she wouldn't touch patients who had had X-rays in case she "caught" radiation from them. This made it impossible for her to do her job. She quit work 5 months into the pregnancy, hoping that would make the problem go away.

Unfortunately, although she no longer had to worry about patient care or x-rays, she became preoccupied with several other ways that harm could come to her baby. For example, she would worry that she would ingest dishwasher detergent from improperly rinsed dishes, leading her to rinse and re-rinse the dishes over and over again before using them. Even though Quin knew that these thoughts were 'really silly', they upset her greatly and she couldn't get them out of her head. She spent hours each day focused on these thoughts.

Although she was worried about how he might react, Quin eventually was able to share her thoughts with her husband. He was very supportive and with his encouragement, Quin told her nurse about these thoughts at a prenatal visit. The nurse referred her to a doctor and eventually to a reproductive mental health specialist. She was treated by her specialist for the rest of the pregnancy and into the postpartum. The baby is now 18 months old and Quin is no longer preoccupied with thoughts of harm to her baby. She has bonded with the baby, is back at work and doing well



JOANNE'S STORY

Obsessions and compulsions in the postpartum period

Joanne had just arrived home from hospital after giving birth when she started having images of hurting her newborn baby. She had thoughts of suffocating the baby by accident and throwing the baby against the wall. Although she knew that these thoughts were “wrong” and she did not want any of these things to happen, she was still petrified that she might act on them. She had these thoughts up to 7-8 hours a day and they caused her intense distress. She was scared whenever she was alone with the baby in case “she did something crazy”, so she avoided being alone with him whenever possible.

Initially, Joanne was afraid to tell anyone what was happening to her in case they took away her baby. But she soon realized that she was struggling to care for her baby and herself. She decided to tell her doctor about her thoughts. She felt relieved when she told someone and her doctor started her on treatment right away. Four months later, her symptoms and her relationship with her baby were much improved.

The stories of Quin and Joanne illustrate some of the common experiences of women with obsessive thoughts and compulsive behaviours in pregnancy and the post-partum:

- strong anxiety
- confusion and guilt about their thoughts
- significant avoidance of objects or situations that they believe could be harmful to their children
- embarrassment and reluctance to discuss their difficulties with others

As you can see from their stories, the last thing these women would ever want to do is harm their child. The recurrent thoughts that something might happen, and particularly the fear that it might somehow be their fault for not being careful enough, is a source of tremendous psychological torment that makes it difficult for them to function.

There are effective treatments available for women experiencing obsessions and/or compulsions

module 4



We know that a significant number of women experience obsessions and compulsions during pregnancy or following the birth. Be assured that you are not alone. The BC Reproductive Mental Health Program sees many women suffering from these upsetting thoughts and associated behaviours. For some women, recurrent obsessions and/or compulsions are part of a treatable anxiety disorder called **obsessive compulsive disorder, or OCD**. Your health professional can help you to determine whether this applies to you. It is important to remember that there are effective treatments available for any woman with these symptoms. No one needs to suffer in silence. Telling your health care professional about your symptoms is the first step towards getting the help you need to feel better.

In later sections of this guide, we will review a number of different coping skills based on cognitive behavioural therapy (CBT) that are effective in helping many women to cope with these symptoms.

By understanding your anxiety and the effect on your body, thoughts, emotions and behaviors, you are ready to take action



NEXT STEPS: TRACKING SYMPTOMS

Now that you have been introduced to the CBT Model for anxiety and had a chance to read more about the types of anxiety that might be relevant to you, it's a good idea to start thinking about the symptoms you are experiencing and what you can do about them. You may want to complete the **"Tracking Symptoms Worksheet"** (Module 6, page 10) to keep track of episodes of excessive anxiety. .

Knowing your own personal triggers and how they make you think, feel or behave when coping with anxiety can help you to decide what you need to include in your self-management plan. This information can also be very valuable when working with a health professional as they will ask you to describe your typical triggers and symptoms.

Try to track your symptoms for a few days to obtain an accurate picture of what you are experiencing. Each time you have a spike in your anxiety, ask yourself the following questions and write your answers in the worksheet.

- 1) What was the situation or trigger?
- 2) What were my thoughts?
- 3) What were my body symptoms?
- 4) How did I respond? What did I do?
- 5) What was the outcome? (e.g., were my thoughts accurate? Did my coping behaviours work to reduce my anxiety in both the short and the long term?)

When you start to understand your anxiety, and how it affects your body, thoughts, emotions and behaviors, you are ready to take some action. This guide includes sections to help you to make positive changes in your thoughts, body symptoms and behaviours. (See Module 3, page 9)

One great place to start is by making positive changes in what we do — our behaviours. Making small, planned changes can have a tremendous positive impact on our feelings, thoughts and physical well-being. "Self Care" and "Goal Setting" (in the following pages) can help you plan for making successful behavior changes to improve your wellbeing.

Self-care is an important but often neglected part of mental and physical wellness for expectant and new mothers



Self-Care: The NEST-S Program

Self-care is an important part of mental and physical wellness for all new or soon-to-be mothers. This section will provide you with information on key areas of self-care and give you suggestions for changes you can make in your life that will help to improve your self-care and lessen your anxiety. The following section on Goal Setting can help you to map out how you will make those changes.

The **NEST-S** program includes five important areas of self care and provides an easy way to remember the basic ingredients.

N	E	S	T	S
nutrition	exercise	sleep and rest	time for yourself	support

In this section you will find:

- Each of these areas described in more detail
- Key questions to help you identify what you would like to work on
- Tips for getting started.

Some of the ideas from this section are adapted from the free 'Antidepressant Skills Workbook' by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health & Addiction, Simon Fraser University, 2005 www.carmha.ca/publications. (Once in this site, click 'Self Care' to bring up the list of workbooks.)



N NUTRITION

For women who are pregnant or have just had a baby, it is often difficult to eat well. You may not feel hungry or you may find that you eat mostly unhealthy foods. Eating nutritious foods regularly throughout the day will help you to feel better and carry on with your daily activities. In the section below you will find tips that can help you to make positive changes in your eating habits.

Questions pregnant and new mothers can ask themselves

These questions can help you to think about whether there is room for improvement in your self-care related to nutrition.

- Am I sitting down to eat three times a day?
- If I'm hungry between meals, do I take time to eat a snack?
- Am I keeping meal and snack preparation easy by accepting help and having ready to eat items on hand? (see 'Tips to make good nutrition easier' below)
- Am I trying to include something from three or more food groups at each meal and something from a food group at snacks? (see 'Tips to make good nutrition easier' below)
- Am I drinking fluids throughout the day?

Tips to make good nutrition easier

- **TRY MEAL PLANNING:** Sit down with someone who can help with meals. Plan simple meals for the next 3-4 days. Prepare a shopping list and arrange to get the food items you need.
- **KEEP A GLASS, MUG OR DRINK BOTTLE WITH YOU** as you move around the house and keep it filled. Satisfy your thirst with milk, beverages fortified with vitamins and minerals, water and juice. Caffeinated beverages may be enjoyed in moderation.
- **TRY A FEW MOUTHFULS** even if you are not hungry. Try snacking every 2 hours from the 4 food groups, eg. grains, protein, vegetables, etc.



- **TAKE A MULTIVITAMIN.** Ask your health care provider to recommend one for you.
- **PREPARE FOR BEING OUT OF THE HOUSE:** Take a water bottle and packable items such as fresh fruit, crackers, granola bars, cheese strings and nuts so that you will have healthy foods on hand while you are out.
- **CONSIDER QUICK MEAL AND SNACK SOLUTIONS:** There are many “short cuts” that can help you to more easily add nutritious foods to your diet. Some healthy and easy solutions include:
 - **VEGETABLES AND FRUIT:** prepared veggies such as baby carrots, cherry tomatoes, bagged salad, frozen vegetables and fresh, canned and dried fruit.
 - **GRAIN PRODUCTS:** converted rice, pasta, soft tortillas, pita bread, buns, and whole grain crackers.
 - **MILK AND ALTERNATIVES:** milk, fortified soy beverage, yogurt, cheese strings, shredded cheese.
 - **MEAT AND ALTERNATIVES:** canned and frozen fish, frozen meat patties and meat balls, canned lentil, bean and pea soups, frozen meals.
- **MAKE MEAL PREPARATION MANAGEABLE:** Try dividing the task of making a meal into small jobs rather than doing it all at once. For example:
 - In the morning make your meatballs and put them in the fridge to be cooked later.
 - In the early afternoon prepare potatoes and carrots in a baking pan, add a spoonful of margarine and a sprinkle of brown sugar and pepper. Cover with foil and put in the fridge.
 - When you have a chance put the trays of meatballs and potatoes and carrots in the oven.
 - When you are ready for dinner make a salad using bagged greens.

If you need more help or advice about nutrition for you or your baby:

- call **8-1-1** toll-free in B.C., any time of the day or night and speak with a health service representative or click on www.HealthLinkBC.ca for information on healthy eating or get healthy eating advice from a dietitian.

You can use the goal-setting steps in the section called “Goal Setting” to help you begin to improve your eating habits. Remember a small positive change in one area leads to positive changes in other areas as well.



A note about drugs and alcohol

If you feel alcohol or substance use has caused problems in your life, it is important that you find support.

A small number of women with anxiety during pregnancy or following the birth use alcohol or substances to attempt to manage their symptoms. Illicit drugs, alcohol, nicotine and inappropriately used prescription medication may seem to provide temporary relief from symptoms of anxiety, but in the long run, alcohol or substances can make your problems worse. For example:

- Problems are avoided rather than being dealt with.
- Performance at work, at home, and in social situations is impaired
- Psychological and/or physical dependence can develop.
- Physical health can be impaired
- Mental health can be impaired
- They can interfere with the effectiveness of appropriate medication

Alcohol

There is no known safe amount of alcohol for women to consume during pregnancy. Alcohol can reach your baby through the blood stream and may lead to serious problems with the baby or even pregnancy loss. After birth, alcohol can affect the baby through breast milk. It is best to discontinue alcohol use during pregnancy. If this seems overwhelming, it is best to seek support from a drug and alcohol counsellor to reduce your intake.

Recreational drugs (marijuana, cocaine, tobacco, etc.)

There is no known safe amount of recreational drugs for women to consume during pregnancy. It is recommended that women avoid these substances as use may lead to low birth weight, premature birth or pregnancy loss. Small amounts of these substances may be passed on to the infant through breast milk, so it is also best not to use them if breastfeeding. Recreational drugs can also interact or interfere with many prescription medications and this may lead to other negative side-effects.

Caffeine

While many people drink multiple cups of coffee or tea a day, consuming a lot of caffeine during pregnancy may be harmful to the baby. Women may consume moderate amounts of caffeine, less than 150 milligrams/per day (around one 8 oz cup of coffee/tea), with little to no side-effects. Excessive caffeine may also be passed on to infants through breast milk, leading to irritability and poor sleeping patterns.

If you are having difficulty reducing or stopping your use of drugs or alcohol, you are not alone. Just as with anxiety, there are effective treatments for substance use and different services and supports that can help you.

The booklet ‘Managing Problem Substance Use’ is available at www.heretohelp.bc.ca. You can call the Drug and Alcohol Information Line — 604 660 9382, Toll Free — 1 800 663 1441 or you can ask a trusted health professional for more information.

Even a small amount of exercise can boost mental and physical well-being

module 4



E EXERCISE

When you are pregnant or have just had a baby, exercise may be difficult to fit into your day or may be the last thing you want to do. However, even a small amount can help. While it is unlikely that exercise alone is enough for a person to feel better, regular exercise is an important part of self-care for several reasons:

Regular exercise can:

- Boost your mood and energy levels.
- Reduce stress and anxiety
- Promote a good night's sleep.
- Reduce muscle tension and create feelings of relaxation.
- 'Clear the mind' and help you gain a better perspective on depressing or anxious thoughts that can make them easier to challenge.
- Increase self confidence
- Give you a chance to meet others, have fun and take some time for yourself.

Questions pregnant and new mothers can ask themselves:

These questions can help you to think about what might be getting in the way of increasing your physical activity and what you might like to do.

- What physical activities do I already do?
- How often and for how long? (E.g., A 10 minute walk once a week.)
- What physical activities would I like to do or have I enjoyed in the past?
- What gets in the way of being more physically active?
- What would encourage me to be more physically active?

Tips for developing an exercise plan

- Talk to your doctor about any limitations on your activity, particularly if you are pregnant or if you have recently had a C-section.
- Choose an activity that works for you. You are more likely to be successful in sticking to an exercise plan if you choose activities that you enjoy and that are practical given your lifestyle.
- Be consistent. Shorter but regular exercise sessions are better than occasional long exercise sessions.



- Find childcare so you can have some time to yourself while you exercise. Community and recreation centers often offer this service for mothers who are using their facilities.
- Take your baby with you. Use a baby carrier, bike trailer, stroller, etc. that lets you do your activities with your baby.
- Go with a friend. Exercise with a friend or find out if there is a 'stroller' walking program in your community.
- Consider exercising at home. Go to the library and take out exercise DVDs to do at home.
- Use the 5 minute solution. It can be difficult to get going when you are anxious or depressed. Consider starting with 5 minutes of activity — perhaps walking to the end of the block and back. If after 5 minutes you feel like you can keep going, then you can do that if you like, but it's not required — remember that you only committed to those five minutes.

See Canada's Physical Activity Guide to Healthy Active Living available online at <http://www.phac-aspc.gc.ca/pau-uap/paguide/index.html> for more information and ideas about how to incorporate exercise into your day at home, at play and "on the way".

You can use the goal-setting steps in the section called "Goal Setting" to help you begin to exercise. Remember a small positive change in one area leads to positive changes in other areas as well.

Some of the ideas from this section are adapted from: the Postpartum Support International website www.postpartum.net and the free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005.

It is worth the effort to work on getting more rest and sleep

module 4



S **SLEEP AND REST**

Sleep and rest are very important for both your physical and mental health. However, during pregnancy and following the birth of your baby it can be difficult to get the sleep and rest that you need. Pregnancy can change your sleep patterns. You may want to sleep more often or you may find it more difficult to get an uninterrupted night's sleep. After the baby is born, most women experience problems getting enough hours of uninterrupted sleep in part because the demands of caring for the baby can make it difficult to get enough sleep and rest during the day or night. When you are 'sleep deprived' your anxiety may worsen and when you are anxious it is even more difficult to get a good night's sleep. Regardless of which came first, it is worth the effort to work on getting more sleep and rest

Questions pregnant and new mothers can ask themselves:

These questions can help you to think about whether there is room for improvement in your self-care related to sleep and rest.

- How many hours do I sleep each night?
- Do I sleep when the baby is sleeping?
- Do I take time to rest or nap during the day?
- Do I ask for help so that I can rest or sleep?
- Do I need more information or support to help my baby sleep

Tips for sleeping

- Ask for help with getting adequate rest and sleep. This may involve asking a friend or partner to mind the baby or take over some chores so that you can get to bed a bit earlier or catch a nap. Many women have reported the difference that five hours of uninterrupted sleep can make to their anxiety, mood and ability to cope.
- Create a bedtime ritual or routine. You may have to make some adjustments to your routine as the demands of your baby change. However, most of us settle down for sleep best when we have some routine that helps us to unwind and relax (E.g., taking a warm bath, light pleasure reading, listening to soft music, or doing breathing or relaxation exercises.) Have a wind down period before going to bed.



- Try to go to bed at a reasonable and consistent hour each night. This helps your brain and body to know when it should be feeling awake and when it should be feeling drowsy.
- Value your rest. Even if you don't fall asleep, having a chance to lie down and rest is valuable.
- Remember that if you are getting up a lot in the night, you will need to take rest during the day to make up for lost sleep.
- Give yourself permission to sleep or rest. Manage daily stresses by making a to-do list for the next day well in advance of bedtime. Give yourself permission to leave these tasks until later on or tomorrow and prepare yourself for rest.
- Adjust your expectations of yourself. If you do not change your standards to reflect the changes that being pregnant or having baby makes in your life, it will be difficult to find the time to get the rest or sleep you need.
- Make where you sleep comfortable and relaxing. Most people sleep best in a dark, quiet and somewhat cool bedroom.
- For pregnant women, consider a body pillow to improve your comfort and help you sleep.
- Reduce or cut out caffeine and be sure not to have any within two hours of bedtime. Some experts recommend avoiding any caffeine after 4pm.
- If you exercise, make sure that you stop at least two hours before bedtime. Although exercising regularly can help you to get deeper sleep, exercising too close to bedtime can make it more difficult to fall asleep because your body is still too "revved up".
- Avoid being hungry or eating too heavily before bed. Consider a light carbohydrate snack like cereal if you are hungry before bed.
- Consult with someone, e.g. your community health nurse for advice about sleep training, if your sleep is frequently interrupted by your baby

You can use the goal-setting steps in the section called "Goal Setting" (Module 4, page 47) to help you begin to improve your sleep and rest. Remember that a small positive change in one area leads to positive changes in other areas as well.

Taking some time for yourself is an important part of self-care

module 4



T TIME FOR YOURSELF

One of the areas most likely to be neglected after you become a mother is taking time for yourself. This may be especially true if you are experiencing anxiety either during pregnancy or following the birth of your baby. For some women, learning to take time for themselves can be a difficult habit to develop and can even cause feelings of guilt. It can be challenging to take time for yourself when you have so many things that need to be done. However, taking some time to care for yourself is an important part of self-care and a necessary step in helping you to better manage your symptoms of anxiety.

Taking time for yourself can mean different things for different people. What is important is that you find some way to care for yourself each day — even if it is just for a few minutes. Important ways to take time for yourself include:

- **MAKING SURE THAT YOU HAVE SOME PERIODS OF “DOWNTIME” OR RELAXATION IN YOUR DAY.** Ensure you are not rushing around without breaks or time to unwind from morning until bedtime. This may involve scaling back what you hope to accomplish in a day. Even slowing your pace and being more “in the moment” as you move through your daily activities can help.
- **MAKING SURE THAT YOU DO SOMETHING FOR YOURSELF THAT MAKES YOU FEEL GOOD, CARED FOR, UPLIFTED OR JOYFUL.** ‘Daily uplifts’ can help to protect people against the negative physical and mental effects of stress. This can be as simple as having a hot drink or going for a walk in a pleasant part of your community. Often when people feel stressed or pressed for time, they cut back on all of the pleasurable ingredients that make life enjoyable but this is not helpful. No one does well if the only ingredients in their day or week are duties and chores.



Questions pregnant and new mothers can ask themselves:

These questions can help you to think about how much time you are taking for yourself, how you can fit more time for yourself into your day and what you might like to do.

- What activities do I find relaxing or enjoyable?
- When did I last do these activities?
- How much time for myself do I have each day? Each week?
- Do I take short breaks for “downtime” throughout my day?
- How can I make more time for myself right now? (e.g., getting help from family members, adjusting my expectations for housecleaning, etc.)

Tips for creating more time for yourself

- Reconsider your standards and to-do list to find more time for yourself. Some women have been able to find more time for themselves by adjusting their expectations — for example, consider doing certain chores a bit less frequently or thoroughly. Or consider dropping some non-essential tasks from your to-do list — for example, using a pre-made dish or pre-packaged food for all or part of a meal to save some time. You could spend the time on doing something for yourself instead.
- Use small pockets of time to create “downtime” in your day. Practice making use of moments when your baby is content or asleep. You can use this time to go for a rest or sit still and enjoy a cup of tea for ten minutes instead of rushing around doing chores.
- Ask for or accept support from others. See the ‘Support’ section from page 42 onwards of this module.

Ideas for taking time for yourself

- **DOING HOBBIES:** Spending time on hobbies — reading, sewing, doing word puzzles, listening to music, watching a video, gardening, etc.
- **CONNECTING WITH OTHERS:** Spending time on relationships, whether writing a brief e-mail, posting on Facebook, calling a friend, meeting a friend for coffee, spending time with your partner, etc.



- **PLAYING:** Revive favorite card games and pull out your old board games. Throw a Frisbee, fly a kite, play ball with your dog, dance in your living room. Play can be spontaneous, give you a break from daily duties and can involve others or be done on your own. Having fun is energizing.
- **HAVING ALONE TIME:** sitting on your front step alone for 5 minutes at your favorite time of the day or reading on a park bench.
- **'PAMPERING' YOURSELF:** buying yourself a small treat, painting your nails, or having your hair done etc.
- **PRACTICING SPIRITUALITY:** for some people attending their place of worship (e.g., church, synagogue or temple) is spiritually uplifting or comforting. More generally, meditation, keeping a journal or other reflective practices can all be uplifting.
- **SPENDING TIME IN NATURE:** other people may find relaxation and comfort in places in nature such as a garden, a forest, the beach, or by a river or lake.

If you have been feeling anxious, it may be that nothing seems very enjoyable to you right now. This is a common problem for people with anxiety but a sense of joy returns as the anxiety lifts, and practicing these activities (even if they don't seem very appealing right now) is one positive step that you can take towards feeling better. If you are stuck for ideas look at the list of ideas below to help you start your list of uplifting possibilities.

You can use the goal-setting steps in the section called "Goal Setting" (Module 4, page 47) to help you begin to build in time for yourself. Remember a small change in one area leads to changes in other areas as well.



More ideas for taking time for yourself:	
Taking a bath	Drinking tea from a real teacup
Resting with your cozy blanket	Petting your cat or dog
Noticing the change of seasons	Eating popcorn
Planting flowers	Sitting in the sun
Applying scented lotion	Rocking in a rocking chair
Keeping a journal	Listening to a favorite cd
Reading	Looking at old photographs
Eating a warm mug of soup	Reading your old diaries
Contacting an old friend	Letting someone hold you
Browsing in a favorite store	Enjoying a moment of silence
Watching a movie	Daydreaming
Lighting a candle	Picking berries
Feeding ducks	Watching the sunset
Doing some exercises	Painting or drawing a picture
Sitting in a place of worship	Going for a walk
Browsing in the library	Practicing relaxed breathing. You may also want to read more about relaxed breathing and progressive muscle relaxation. See Module 4, pages 60 & 62.



S **SUPPORT**

For many women, social support plays a very important role in helping them to make it through the many life changes that go along with becoming a mother. Healthy relationships are a protective factor against anxiety. This may be especially true of pregnant women and new mothers who are coping with anxiety and who are trying to make changes in their lifestyles to help reduce their symptoms.

Questions pregnant and new mothers can ask themselves

These questions can help you to think about whether you are receiving enough support from others and to identify types of support that you might need.

- Do you have someone in your life who makes you feel good about yourself?
- Are you connected to other moms who speak openly about the challenges of pregnancy and motherhood?
- Are there people you can talk to honestly about your feelings and concerns?
- Are there people you can depend on to help you if you really need it?
- Is there a person you can trust for good advice if you are having problems?

If you said no to any of these questions, it is important to think about how you can find or reconnect with people who can support you. Prior to being a mother you may have had several circles of support, such as a co-worker circle of support, activity/hobby circles of support, family circle of support etc. These circles of support begin to change in pregnancy and again after the birth of the baby from prenatal class circle of support to mom and tots circle of support and so on.

As you enter motherhood increase and strengthen your healthy relationships by

- Finding new circles of support
- Connecting with some of the women in these circles of support
- Developing healthy relationships within these circles of support
- Nurturing these healthy relationships within these circles of support



Increasing and strengthening healthy supportive relationships are one of the best things you can do for your well-being. Here are some of the types of support that can be helpful:

Type	What it is	Example	Possible sources
Emotional Support	<p>Having someone like a close friend to talk to especially about your worries and concerns about your anxiety and the baby.</p> <p>Having people in your life who make you feel valuable as a person and who remind you of your strengths.</p>	<p>You can “vent” about how tired and frustrated you are that the baby is still not sleeping through the night.</p> <p>Someone who tells you how she likes having you as a friend and admires how hard you are working to feel better.</p>	<p>partner, family and extended family, friends, coworkers, neighbors, religious communities, postpartum depression/anxiety support groups — e.g. Pacific Postpartum Support Society, breastfeeding support group, young or single moms groups, hotlines, family physician, obstetrician, midwives, pediatrician, psychiatrist, mental health worker, social worker, infant development worker, family preservation worker, cultural groups, aboriginal friendship centres, community and recreational centres, public health nurses, doulas, nannies, housekeepers, etc.</p>
Practical support	<p>Help with errands, everyday household tasks, and child-care.</p>	<p>Getting someone to take care of the baby so you can have a nap, getting a family member to bring a meal for dinner</p>	
Social Network Support	<p>A group where you experience a sense of belonging.</p> <p>Companionship with others who are similar to yourself.</p>	<p>A postpartum/anxiety depression support group or prenatal classes.</p> <p>Membership at the community centre or a hobby circle.</p>	
Information support	<p>Access to reliable information and knowledge</p>	<p>Accurate information about anxiety during pregnancy or following the birth of your baby that lets you know that you are not alone and that help is available.</p>	

Another very useful source for information on support is: *Creating Circles of Support for Pregnant Women and New Parents*. Best Start Research Program part of Health Nexus (Ontario). Toronto, Ontario, 2010. Available on-line at http://www.beststart.org/resources/ppmd/pdf/circles_of_support_manual_fnl.pdf

Being a mother is hard work; most mothers can use some help

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A note about abusive relationships

For some women, pregnancy and the birth of the baby may have made existing relationship difficulties worse. If you feel yourself to be in an abusive relationship and want to seek help for this, talk to your healthcare provider. You will also find helpful resources on the BC Women's Hospital website at www.bcwomens.ca/Services/HealthServices/WomenAbuseResponse/FindHelp.htm.

Common things that can hold you back from getting the support you need (especially when you are anxious):

- Expecting others to “know” what is needed and offer to do it without being asked. In many cases this can lead to misunderstandings or hurt feelings.
- Being reluctant to let others know that you are having some difficulty and that you could use some help. As new mothers, many women feel obligated to keep up the illusion that all is well and parenting comes naturally. The reality is that being a mother is hard work. Most mothers could use some help; mothers who are anxious will likely need additional help.
- Difficulty thinking about who could be a source of support. Checking local newspapers, bulletin boards, baby magazines, community centre guides and at your public health centre can provide you with ideas for sources of support. Your community health nurse will also likely know of different kinds of support that may be available locally for mothers. You can also look at the table above for a list of different people, groups and services that may serve as a source of support for you.

Many women are surprised to find out that others are more willing to offer support than they expected. And many friends and family are relieved to know that there is something specific that they can do to help you to work on managing your symptoms.

Tips for getting support

- Be direct and specific in asking for what you need. For example ask:
 - To a friend: “Will you watch the baby between 1 and 3pm so that I can get to my appointment?”



- To your partner: "I'd like to have some time tonight to just cuddle and talk."
- To a relative: "Would you pick up some milk and fruit to drop off on your way home from work?"
- To your partner: "Could you arrange to be home from work a little earlier tonight so that I can get out for a short walk?"
- Persistence is important. If that person is not able to help, try asking someone else. You may be uncomfortable asking for help and support. It may help to remember that you are developing and strengthening your support network and that this can be a very powerful resource in helping you to feel better and stay well.
- Get support in asking for support. You don't have to keep asking all on your own. A trusted health professional may also be able to help you reach out to others.
- Let your support person(s) know how your request fits into your overall plan for getting better. You may want to ask some of your close support people to read "I'm a loved one of a woman who is coping with anxiety. How can I help her?" (Module 6, page 22)
- Make a list of things you need practical help with. An example list might include:

Child care tasks	Household tasks
Change the baby's diapers	Fold the laundry
Bathe the baby	Get groceries
Rock and soothe the baby	Cook or order a meal
Take baby for a walk	Prepare baby food
Dress the baby	Clean the kitchen
Arrange activities for your other kids	Drop off or pick up kids



Make a list of the people in your life who can provide support. There is a table below that provides space for you to list who can give you different types of support and also to write down specifically what they can do to support you.

Support type	What it is	Your example of what you want	Your possible sources of support
Emotional support	<p>Having someone like a close friend to talk to especially about your worries and concerns involving your mood and the baby.</p> <p>Having people in your life who make you feel valuable as a person and who remind you of your strengths.</p>		
Social network support	<p>A group where you experience a sense of belonging</p> <p>Companionship with others who are similar to yourself</p>		
Practical support	<p>Help with errands, everyday household tasks, and child-care</p>		
Information support	<p>Access to reliable information and knowledge</p>		

You can use the goal-setting steps in the section called “Goal Setting” (Module 4, page 47) to help you begin to build your social support. Remember a small positive change in one area leads to positive changes in other areas as well.

Making small changes to improve self-care is one of the first and most important steps you can take to start feeling better



Goal setting

One really important part of CBT involves making positive changes to your behaviours. As we learned earlier, making small changes can have a tremendous positive impact on our feelings, thoughts and physical well-being. One of the most effective ways to make these changes is by setting realistic and specific goals to gradually move in the right direction. This section will help you to learn and practice effective goal setting skills to make positive changes in your behaviours.

Most women find that making small changes to improve their self-care behaviours is one of the first and most important steps that they can take to begin feeling better. The Self-Care NEST-S program (Module 4, page 30) that you just read reviewed some of the important areas of self-care that tend to be neglected during pregnancy and after the birth of the baby, especially when a woman is also anxious. These included: Nutrition, Exercise, Sleep and Rest, Time for Yourself and Support. As you read through that section, you probably noticed that, for you, some of these areas could use some improvement

Don't worry if the idea of making positive changes feels a bit overwhelming. This is very common for people who are anxious or feeling low. The key to success in making positive changes is to START SMALL. The skills that are taught in this section work in part by helping you to break down big tasks and problems into smaller, manageable pieces. Tackling these small pieces step-by-step is the best way to make progress towards feeling better.

This section will help you to learn and practice goal setting skills to help you to make improvements in your self-care. Later on, you can use these same skills to help you to make changes in other areas of your life.

[Some of the ideas from this section are adapted from the free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005.]

Goal setting works best when you focus on one goal at a time



5 STEPS TO GOAL SETTING

STEP ONE Review the NEST-S program and choose an area that you would like to work on and an idea for what you could do to make positive changes in that area.

TIP

You may wish to look at your responses to the 5 questions that you answered in each of the NEST-S areas to help you decide where to begin. The NEST-S section also has lots of ideas for things that you can do to get started on making improvements to your self-care.

For every area of NEST-S, you might have a lot of different ideas for positive changes, however, for now, choose just one idea to work on from one of the areas of NEST-S. For example, if you are working on nutrition, you could try to eat more vegetables OR drink more water during the day. For exercise, you could go for more walks, OR take a bike ride, OR go to an exercise class, or use an exercise DVD from the library.

Remember, you are just going to pick one idea to work on for now.

Area	Idea for positive change
Exercise	Get out for more walks

Many women report that one idea can actually cover several areas of NEST-S. For example, getting out for more walks may also provide time away from the baby (if you can arrange childcare) and could increase social support (if you can make arrangements to walk with a friend).

You can write your area and idea below.

Area	Idea for positive change



STEP TWO Set a SMART goal and make a plan

Now take your idea for positive change and make it into a goal with a specific plan for how to accomplish it. One good way to make sure that the goal you are setting is a good one, is to use the “SMART” formula.

S	M	A	R	T
specific	measurable	attainable	relevant	timebound

SMART goals and plans are:

S SPECIFIC A good goal is a specific goal. You want to know exactly what you are going to do, when you are going to do it, and where you are going to do it. It is also helpful to ask yourself how you are going to do it, so that you can make sure that you have everything you need to be successful.

M MEASURABLE If you have set a specific goal using the tips above, then your goal is probably measurable. You want to be able to answer the question “How will I know when I have achieved my goal?” Your goal should be measurable so that:

- (1) you can tell whether your plan for positive change has been successful (and if not, you can revise it) and
- (2) you can take credit for accomplishing your goal if your plan worked. During periods of anxiety or low mood it is especially important to be able to recognize and give yourself credit for taking small steps towards feeling better. You may measure your goal in terms of time spent (e.g., 10 minutes once a week), how many (two friends or 3 blocks) or how much (half a glass of orange juice).



A **ATTAINABLE** One of the biggest mistakes that mothers with anxiety or low mood make when they are goal setting is to set their goals too high. Often this is because they set goals based on what they used to be able to do before they became anxious or before they became parents, or what they feel that they should be able to do. When this happens, there is a good chance that the mother will not reach her goal, feel that she has “failed” and become more discouraged and anxious.

A much better idea is to set a goal that is attainable given mood, energy levels and other responsibilities (e.g., caring for an infant). One way to do this is to ask yourself ‘How much have I done this activity in the last few weeks?’ Then set a small goal, based on your answer, that you can attain.

For example, if you would like to start swimming again for exercise, ask yourself how many times you have gone swimming in the past month or so. If the answer is one time, then it is probably not realistic to set a goal of swimming twice a week. Instead, consider setting a goal of one time in the next two weeks. You are much more likely to be able to reach this goal.

You may want to rate your level of confidence that you can achieve this goal from 0 = not at all confident, to 10 = 100% confident that I can achieve this goal. If you rate yourself as less than 8, (ie less than 80% confident,) consider scaling back your goal to something more attainable.

Remember that you are just getting started with this goal setting process. Starting small and having successes will help you to get moving again and build your motivation to set new goals. After you have completed your initial goal, you can set new ones that are slightly more challenging or are the next step towards attaining a larger goal.



R **RELEVANT** The goal that you set for yourself should be relevant to your well-being. In other words, your goal should be part of a series of steps that will help you to move towards feeling better. It can be useful to ask yourself why you are choosing to set this goal so that you can make sure that what you are picking is important to you and should help you to feel better. Choosing a goal based on the NEST-S program makes good sense because each of these areas is shown to be important to mental health.

T **TIMEBOUND** This means knowing when you are going to carry out your goal. This may be scheduling the time and day of the week you plan to do your activity (e.g., walk on Thursday evening) or setting a deadline to complete a goal (e.g., walk once this week).

TIP

Write it down! Most people find it very helpful to write out their plan for positive change (for example, their SMART goal). Consider writing out your plan using the worksheet below. You may also want to use a reminder system like writing into your schedule, putting up a reminder note for yourself or programming it into your electronic device.

Here is an example of a SMART Goal related to exercise.

Area	Idea for positive change	SMART Goal/Plan
Exercise	Get out for more walks	Walk around my neighborhood with baby in a stroller for 20 minutes two times a week on Monday and Wednesday mornings.

Sometimes, you may need to break down a goal into even smaller steps so that you have the information or supplies that you need to get started. For example, if you would like to start walking more, your first goal might be to find comfortable shoes and a suitable stroller or baby carrier.



Once you have taken these first steps, it will then be easier to set a SMART goal to carry out the activity. For example,

Area	Idea for positive change	SMART Goal/Plan
Exercise	Get out for more walks	Walk around my neighborhood with baby in a stroller for 20 minutes 2 times/week on Monday and Wednesday • To do this, I need to: - Get raincover for stroller now that it is winter - Call the store where I purchased the stroller - Call on Friday morning when baby is napping to see if they have any available - Ask my sister to pick it up and bring it over when she comes for dinner next Monday



Here are some other examples of SMART goals based on the NEST-S program.

Area	Idea for positive change	SMART Goal/Plan
Taking Time for Yourself	Having alone time	After I put the baby down for her afternoon nap each day, make myself a cup of tea and read for 10 minutes in my living room before starting on any chores.
Support	Spend more time with other mothers	Email the two mothers that I really liked from my prenatal class to ask if they would like to get together for coffee. I can send the emails off tonight after my partner comes home from work.
Sleep and Rest	Get to bed earlier	After I have watched my nightly TV program, turn off the TV right away, rather than flipping through channels. Get ready for bed and read quietly in the living room until I feel sleepy, then get up and go to bed.
Nutrition	Eat more fruits	Buy some bananas when I go to the market on Sunday. Put them beside the kettle so that I will remember to eat one each morning when I have a cup of tea.



Set your SMART goal/plan here:

Area	Idea for Positive Change	SMART Goal/Plan	Done?

Make sure you have a clear plan for how to accomplish your goal. Ask a support person for help if you need it

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Do a quick check:

Is my goal/plan:

- Specific?
- Measurable?
- Attainable?
- Relevant?
- Timebound?

If not, what can I do to make my goal/plan more SMART?

Make sure that you have a clear plan for how you are going to accomplish your goal. It can also be useful to think about whether there are any obstacles that you can foresee that might get in the way of your plan. If you can see any likely obstacles, consider how you might be able to work around these. Ask a support person if you need help.

STEP THREE Follow through with your plan.

Carry out your plan to reach your goal. As you complete each goal, check it off on your worksheet. Praise yourself for taking this important step. Each goal that you set and reach improves your wellbeing, even if it may not feel that way at first. Each small step leads you closer to feeling better.

STEP FOUR Review your progress.

An important part of making positive changes is to review how things are going with your goal after you have been using your plan for a little while — depending on your plan, one to two weeks later is often a good time for a review.

Were you able to accomplish your goal?

If you were, congratulations! This is a great first step towards using these effective CBT-based skills to help you to make positive changes and work towards feeling better.

Small steps are the beginning of your return to a sense of well-being

module 4



If you weren't able to accomplish your goal, don't worry. This is not unusual when people are practicing goal setting for the first time. This is the time to review what happened. Did you cover all the parts of SMART? Was the goal small enough? Maybe you need to break down this goal into even smaller pieces. Was your plan specific enough? Perhaps you need to include support from someone who can help you to reach your goal. Or maybe you need to make sure it is something you really want to do. Once you have figured out what would be SMART, you can rewrite your goal.

Making one play date, taking one nap, or eating a healthy breakfast are all SMART goals. Remember, you are dealing not just with anxiety but the challenges of developing healthy new routines now that you are a mother. These small steps are the beginning of your return to a sense of health and well-being. Allow yourself to experience success as you transition into your new life by setting small but important goals.

STEP FIVE Reset your goals.

Based on what you have learned from your first plan, what would you like to do next?

- Do you want to reset the same goal as before? In many cases, new moms may need to make some changes to their plan to achieve their goal. If you have already been successful with your plan for change, setting the same goal again can help you to make a positive change a new habit in your life.
- Are you ready to increase your goal a little bit? If you were successful with your first plan, maybe you want to increase your goal a little bit. For example, if you have been doing well with 10 minute walks, maybe you will plan to have a 15 minute walk this week. Be careful not to set your goal too high. Remember that you want to set realistic goals that you will be able to accomplish so that you can build up your motivation and make progress towards positive change.
- Are you ready to set a goal for another area of self-care? If you have been making good progress in Exercise, maybe now is the time to consider goal setting in another area, such as Nutrition, Sleep and Rest or Time for Yourself.



Write your new SMART goal below:

Area	Idea for Positive Change	SMART Goal/Plan

Now that you have learned these effective goal-setting steps, as you feel ready, you can use them to plan other positive changes in your life. These can include other rewarding activities besides self-care, for example, (re)connecting with family and friends, decreasing unhelpful behaviors, reducing avoidance of places, etc. These other goals will help you continue to build on the positive changes that you have begun with building your NEST-S.

Once you begin setting and achieving goals related to self-care, you will probably find that other areas of your life are also beginning to improve. You may be sleeping better, have more energy and be able to concentrate for longer periods of time. You might also be starting to feel more positive about continuing to make positive changes and be ready to learn how to solve some of the problems that you have in your life. The pages that follow will teach you important skills that you can apply to problem situations in your life.



Goal Setting Worksheet

A blank Goal Setting Worksheet for your use is also available in Module 6, page 12.

Area	Idea for positive change	SMART Goal/Plan	Done

Some of the ideas from this section are adapted from: (1) The free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005. (2) BCP Here to Help: Problem Solving & Healthy Thinking Wellness Modules. BC Partners for Mental Health Addictions Information, Vancouver BC, 2004-2005. Available on-line at <http://www.heretohelp.bc.ca/skills/managing-well-being>.



Managing physical symptoms of anxiety

This section is designed to help you to learn some effective skills for managing the physical symptoms of anxiety that affect many women coping with anxiety during pregnancy and following the birth.

It is often the excessive physical symptoms of anxiety such as racing heart, muscle tension, or in some cases panic episodes, that are most upsetting for people with anxiety. As discussed earlier, these physical symptoms of anxiety are uncomfortable but not dangerous. Think about it — when you are exercising or really excited about something you may experience many of the same symptoms (racing heart, shortness of breath, sweating, etc.) but are not as bothered by them. This tells us that the way we think or talk to ourselves about our symptoms is really important.

Many people feel better when they have tools to help them better manage physical symptoms of anxiety. Evidence-based strategies/skills include relaxed breathing and muscle relaxation.

WHY THESE SKILLS ARE HELPFUL

These strategies/skills can be helpful for the following reasons :

- they can be practiced on a regular basis to reduce your “resting level” of physical symptoms of anxiety — that is, how much physical anxiety you feel generally as you go about your daily life.
- they can be practiced just before or during stressful situations to help you “turn down the volume” or reduce the intensity of your physical symptoms of anxiety while you wait for them to pass.
- because of the connections between physical symptoms, our thinking patterns, emotions and behaviours, any reduction in your physical symptoms of anxiety will likely have some small positive effect in these other areas too.

For specific tips on managing panic attacks, see Module 4, page 70.



General tips on learning skills to manage physical symptoms of anxiety

Do not wait until you are feeling really anxious to learn and practice Relaxed Breathing or other forms of relaxation. Instead put aside time to practice these strategies in a quiet, calm environment when your anxiety level is lower. As your skills increase so will your ability to use these same strategies when your anxiety level is higher.

It is normal to feel a bit anxious when you first use these strategies. It can be a new, unfamiliar or even scary experience trying to let our guard down when we have been coping with excessive anxiety. Eventually the anxiety will pass and we begin to feel the benefits of relaxed breathing and muscle relaxation. It is also normal to feel a bit dizzy or lightheaded when you first start using these strategies as they can result in an initial burst of oxygen to the brain. This is not dangerous but if it bothers you, pause your practice for a little while, then start again as soon as you feel able.

RELAXED BREATHING

Relaxed breathing involves slowly breathing in through our nose and then slowly breathing out through our mouth. This is the way that most of us naturally breathe when we are deeply relaxed — for example, as we are drifting off to sleep at night.

When we get anxious, many of us will breathe more rapidly and shallowly — or some of us may even hold our breath for a few seconds. While this is not dangerous, it does tend to make us feel more stressed and may add to our physical symptoms of anxiety.

By learning to breathe in a relaxed way deliberately, we can help to reduce some of these symptoms. One of the major advantages of relaxed breathing is that it can be done anywhere, on the bus, in a crowd, at work etc.

**Instructions:**

1. Breathe in deeply through your nose as you count slowly from 1 to 5.
2. Allow the cool air to travel all the way down into your belly. Your lower stomach will gently inflate and will extend out (do not force this — it will happen naturally).
3. Pause for a moment and then breathe out through your mouth as you count slowly from 1 to 5.
4. As you breathe out your lower stomach will gently deflate.
5. Imagine all your tension being carried away with your warm breath.
6. Pause and wait a few moments until your body prompts you to take another breath

Note: Try not to raise your chest and shoulders up and down as you breathe. You can test this by placing the palm of one hand on your chest and the other on your lower stomach.

The hand on your chest should remain quite still while the hand on your stomach should gently move out and in as you breathe. Many people find it easiest to learn this technique while lying down, and then over time can practice it successfully while sitting up straight or even walking around.

Some people find it helpful to repeat a calming or soothing phrase silently to themselves as they exhale, such as “Tension is flowing out of me” or “Relaxed and calm ” or “Let go” as they exhale.

Like any skill, it will take some practice and time before you become comfortable with relaxed breathing. Whenever you can, try to fit in some practice sessions during your day — perhaps first thing in the morning, or right after the baby goes down for a nap, or just before going to bed. These don’t need to be long — even 5 minutes of practice once or twice a day can really help you on your way.



PROGRESSIVE MUSCLE RELAXATION

Another strategy to manage physical symptoms of anxiety is to combine relaxed breathing with muscle relaxation skills. One technique that a lot of people find helpful is progressive muscle relaxation. This is a technique that guides people through systematically tensing and relaxing different muscle groups as a way to let go of unnecessary muscle tension (and eventually feel more calm).

Why would you tense up muscles when what you really want to do is relax? There are two reasons for this: First, tensing a muscle group helps you to relax more fully afterwards. Second, tensing the muscle groups helps us to learn the difference between feelings of tension and feelings of relaxation in our muscles. This is important as often we carry around a lot of muscle tension without even realizing it because we are so used to the way tension feels. Once you can tell the difference, you can more quickly recognize when muscles are tense and take action to release the tension.

There are many different scripts for progressive muscle relaxation available for free on the internet, and many books on relaxation. If you prefer, you can use one of these instead. Most scripts will be very similar. The important thing is that you find one that you are willing to practice with.

Many people find it helpful to record the instructions for progressive muscle relaxation onto an audiotape or into an audio file so that they can just play it back and follow along with the instructions. Over time, most people “learn” the instructions and are able to go through the routine without prompting.

Note: If you have any neck or back or other muscle injuries or strains, you should consult with a doctor before beginning or practice this exercise without the tension part — just work through relaxing the muscle groups listed below.

Tips for practicing muscle relaxation:

- Set aside a time to practice when you are not likely to be disturbed. For example, you may want to ask a partner or friend to take care of answering phone calls or minding the baby, etc so that you can focus on your relaxation practice
- Create mental space. As much as you can, set aside your worries for the duration of the exercise. Remind yourself that this is your time to practice taking care of yourself, which is important to your overall wellbeing.



- When other thoughts pop into your head during this exercise, remind yourself that this is normal and imagine them floating away from you as you refocus your attention on your practice.
- Remember that this is about letting relaxation happen, not forcing muscles to relax. Trying hard to relax is usually not helpful.
- Practice regularly. You will experience more significant benefits if you are able to work at this consistently. One way to do this is to pick a time when practice could fit into your schedule on a regular basis — perhaps just after you wake up in the morning, or last thing before bed, or right after the baby goes down for a nap.

Steps for muscle relaxation:

- Get into a comfortable position, usually sitting in an easy chair or lying down is best. Loosen any tight clothing or belts. Close your eyes.
- Begin relaxed breathing (see instructions above). Imagine that tension is leaving your body each time you exhale. Continue this for a couple of minutes.
- Create tension in your hands and lower arms by making a fist with your hands and curling your fists inward. Hold that tension for about 5 seconds and notice what that tension feels like, then relax and let your hand fall open for about 5 seconds. Notice the difference between the feelings of tension and the feelings of warmth now that you have let those muscles relax. Then, leaving those muscles relaxed, move on to the next muscle group.
- Create tension in your upper arms by bending your arms at the elbow like you are flexing your biceps. Hold the tension (as before), then relax.
- Create tension in your shoulders by pulling up your shoulders towards your ears. Hold the tension . . . then relax.
- Create tension in your face by squeezing your eyes tightly shut and drawing back the corners of your mouth like you are grimacing. Hold the tension . . . then relax.
- Create tension in your chest by taking a deep chest breath and holding it for a couple of seconds so you can feel your ribcage fully expanded, then let the breath go and feel those chest muscles relax.
- Create tension in your back muscles by arching your back. Hold . . . and then relax.



- Create tension in your thighs by pushing your knees together. Hold . . . then relax.
- Create tension in your calves by bending your ankles so your toes point towards your head. Hold . . . then relax.
- Create tension in your feet by curling your toes downward. Hold . . . then relax.
- Quickly scan your body for any muscle groups that still feel tense. If you find one, tense and relax that muscle group a couple more times.
- Imagine a wave of relaxation slowly flowing down over your body, starting at the top of your head and going down through all your muscle groups until the last of the tension flows through your toes into the floor.
- Remain still for a couple of minutes, continuing your relaxed breathing. (You may wish to imagine a peaceful scene to allow you to stay in a relaxed state for a few more minutes — see guided imagery below).
- When you are ready to end your session, take a deep breath and wiggle your fingers and toes. Then take another deep breath and stretch your arms and legs. Finally, open your eyes and move on to the rest of your day with a greater sense of calm.

If you wish to prolong the practice, you can tense and relax each of the muscle groups twice.

If you wish to shorten the practice, you can skip muscle groups that don't tend to get tense for you (for example, if you don't carry tension in your face, you can leave this muscle group out).

Don't be surprised if you don't feel a big difference after the first practice. As you practice this skill regularly, you will find that you become better and better at relaxing these muscle groups. Eventually your body will develop an automatic "relaxation response" so that many of your muscle groups will relax quite easily after the first couple of muscle groups have been worked on.

Eventually, many people can shorten their relaxation routine down to a quick "scan" of muscle groups that are likely to be tense, and a quick tense and relax of any muscle groups that need attention.



OTHER BRIEF TECHNIQUES FOR MANAGING PHYSICAL SYMPTOMS OF ANXIETY

“All over tense and relax” exercise.

Once you have had some experience with doing progressive muscle relaxation, and are familiar with how to tense and relax different muscle groups, you may wish to do a mini muscle tension “tune-up” using this technique. Basically, this technique involves tensing up as many of your muscles as you can at once, holding them for a count of five, then relaxing them all at once. You can use this strategy throughout the day to help you “reset” your muscle tension levels and prevent them from building up over the course of the day.

INSTRUCTIONS FOR “ALL OVER TENSE AND RELAX” EXERCISE:

- Sit comfortably in a chair.
- Take a couple of relaxed breaths.
- Take a deep breath and hold it. While you are doing this, create tension in as many of your muscle groups at one time as you can.
 - Make your hands into fists and bend your arms at the elbow, tensing your arm muscles.
 - Pull your shoulders up towards your ears.
 - Squeezing your eyes tightly shut and drawing back the corners of your mouth in a grimace
 - Bend forward at the waist, curling your upper body in on itself.
 - Push your thighs together.
 - Keeping your heels on the ground, point your toes towards the ceiling.
- Exhale and let your body relax, letting your arms and legs go limp and leaning back in your chair. Stay this way for at least a count of ten.
- Take a couple of relaxed breaths.



“Reaching for the stars”

This is a simple, relaxing activity that you can use to reconnect with your body. It is a good goal to start with because it only requires a minute of your time and a commitment to stop at least once in your day.

- Stand in a comfortable position.
- Reach your arms up over your head
- Be aware of your balance.
- If you get at all uncomfortable, sit safely in a chair to do this exercise.
- Stretch your arms out toward the sky, as if you were reaching for the stars or the sun.
- Hold that reach for as long as you can — 5-10 seconds is good.
- Try this with your palms up, palms down, your fingers laced, or your hands loose and free.
- You can easily do this stretch from a chair or even standing on your tip toes, if you have good balance. Never push to the point of discomfort.
- You can release the stretch by exhaling your breath and dropping your arms limply to the floor. On the next inhalation, come to a regular standing position or reach up again.

Use this exercise several times throughout the day to help you decrease the effects of stress and also to help you refresh yourself. It can be very energizing.



Guided imagery or visualization

Some people find it helpful to engage in guided imagery or visualization to help them to achieve a sense of overall relaxation. It can also sometimes provide a much needed break from anxious thoughts and give you a chance to “reset”. In guided imagery you vividly imagine being in a peaceful place which can be anywhere — at the beach, walking through the forest, sitting in a log cabin by a fire (even if you don’t have a log cabin!). If you can imagine it, you can go there — money or time is no object. As you visualize this place, it is important to notice as much about it as you can.

- What can you see? (e.g., blue green water, dark green trees, purple sunset, tiny blue flowers)
- What can you hear? (e.g., sounds of birds singing, crackling of a fire, waves crashing on the beach)
- What can you smell? (e.g., salty air, smell of tree sap, mug of tea in your hand)
- What can you touch or feel? (e.g., sand between your toes, softness of a blanket you’re wrapped up in, roughness of tree bark, warmth of the sun, cool breeze)
- How do you feel while you’re there?

Describing these details will help you to clearly picture this place in your mind and what it’s like to be there. Some people find it helpful to write out their scene and record a description on an audiotape or into an audiofile so that they can listen to it as they are learning to picture the scene. This is especially helpful when you are just beginning or when you are tired and your concentration is not as good. This is also an exercise that you can do with the help of a friend or partner. Tell them a little bit about your preferred scene (or give them a copy of your description) and then have them take you on a “tour” of that place.

Once you’ve created this peaceful scene, you can return to it whenever you want. See the next page for an example of a brief guided imagery scene.



Guided imagery scene: 1001 Steps

You are heading to your favorite beach. Not many people know about this beach. This is a special place for you. A place where you go when you want time to relax and reflect and renew yourself. To reach this beach, you must descend a flight of old wooden steps that lead you to a winding dirt path that meanders down the cliff side, through a forest, to the sea.

As you begin to descend the stairs, you notice the faintest whisper of salt in the air, and this reminds you that this is a place where your worries cannot follow, so as you continue to descend the steps, you take a deep breath of the salty air and slowly exhale, and choose to leave these worries behind. You run your hand along the wooden railing on your way down the steps. The wood has been warmed by the sun all day, and you can feel some of the warmth seep into your hand.

A few more steps and you meet up with the path that winds through the forest to the sea. As you enter the forest, the air is cool and moist, and the pleasant smell of green plants growing fills your lungs. You look around you at the many shades of green in this forest, from the pale yellow-green of the shoots pushing their way up through the rich earth to the velvety green moss that covers a nearby fallen log, and the dark jewel green of the heart-shaped leaves that grow in small clumps along the edges of the path.

As you walk, you reach up to touch a leaf as you pass by a young sapling, and the leaf feels soft, and pliable, and cool in your hand. As you descend further and further, feel that you are leaving the tension and stresses of your day far behind you as you make your way to your special place. A few moments later, you step out of the cool of the forest onto the sand at the edge of the beach.

The air is warmer here. Before you is the great expanse of the sea. You look around you to find somewhere to sit and find a large, smooth, sun-warmed rock just a few feet away. You climb up onto the rock and settle down, finding that the rock cradles and holds your body just right, so that you can let any remaining tension melt away.

As you raise your eyes to look to the horizon, you can see where the blue-green of the ocean meets the blue of the sky. You see the white foam that forms as the gentle waves lap along the shore. You can hear, as though from a distance, the muted rumbling of the tide as it washes in, then recedes, washes in, then recedes, over and over again in a soothing and ancient melody.

You feel at peace here. Your mind is quiet and clear ... You take a few moments to imprint this image, and the peace that you feel, on your mind, so that you may take this with you wherever you go. You know that when you need to come here, you will be able to, and you will recapture the calm and clarity that you feel at this moment.

- Michelle Haring, PhD

Remember, in order to develop strong coping skills, it is important to practice

module 4



A word of caution

The strategies noted above are not intended to “fight off” anxiety symptoms or distract from anxiety or an anxiety-provoking situation (see the Overcoming avoidance and unhelpful anxiety-related Behaviours sections in Module 4, page 100). Strategies such as relaxed breathing and brief relaxation techniques will be most helpful if you use them to help you relax and stay in an anxiety-provoking situation while the symptoms pass in their own time.

Remember, in order to develop strong coping skills it is important to regularly practice tolerating some anxiety symptoms to build up your strength and learn that anxiety symptoms are uncomfortable but not dangerous.

Other sources for step by step relaxation skills:

- Local bookstores may carry relaxation audio tapes, CDs or DVDs.
- Local community programs often include relaxation.
- Bourne, E.J. (2000). *The anxiety and phobia workbook*, 3rd edition. Oakland, CA: New Harbinger Publications.
- Davis, M., Eshelman, E.R., & McKay, M. (1995). *The relaxation and stress reduction workbook*, fourth edition. Oakland, CA: New Harbinger Publications
- The Internet



MANAGING PANIC ATTACKS

While there is nothing specific that you can do to *guarantee* that you will not have a panic episode, there are some things that you can do in terms of self-care to reduce your overall anxiety level (and in turn, the chances of a panic attack). See the Self-Care section for more detailed information about several of these important steps.

- Eat regularly
- Sleep as much as you can
- Take time to relax (consider trying relaxed breathing or progressive muscle relaxation techniques)
- Exercise
- Simplify & prioritize
- Get support from others

Read over 'The facts about panic attacks' below (You may also want to read the section "What is the effect of recurring panic episodes?" Module 4, page 6 if you have not already done so).

A brief reminder of the facts about panic attacks

- Panic attacks are part of the body's natural "fight or flight" response. They are exaggerated versions of the body's normal stress response.
- They are uncomfortable, but not dangerous or harmful.
- They always pass, no matter what you do.

Coping with a panic attack

During a panic attack, there are a few things that you can do to make yourself feel more comfortable while you wait for the symptoms to pass.

- **PRACTICE RELAXED BREATHING.** During a panic attack, many women either hold their breath or hyperventilate (take fast breaths). This generally makes people feel worse. Instead, try practicing relaxed breathing (see Module 4, page 60 for instructions).



- **USE CALMING SELF-TALK.** During a panic attack, many women have terrifying thoughts like “I’m going crazy”, “I’m having a heart attack” or “I won’t be able to take care of my baby”. Try not to add to your anxiety by talking to yourself in ways that frighten you more (and make your symptoms more intense). Instead, remind yourself that you are safe. Although these symptoms are uncomfortable, they are not dangerous or harmful. This is just a panic attack, like you’ve had many times before. You are going to get through this one, just like you got through the others. You can handle the symptoms you are having. It is not a sign that you are going to die, go crazy or lose control. Your baby will be fine if he or she lies or sits on his or her own for a few minutes while the strongest symptoms pass. See Module 4, page 81 for more tips on healthy thinking and how to replace these scary thoughts with more accurate and useful thoughts. Some examples of helpful things that you could say to yourself are:
 - I can handle this, nothing terrible is happening here.
 - These feelings are uncomfortable, but not dangerous.
 - This anxiety will come down on its own, I just need to wait it out. It always passes.
 - I know what is happening here. I have been through these episodes before and I know I can handle it
- **“RIDE THE WAVE”.** When having a panic attack, many people are so frightened that they try to resist or fight the symptoms in different ways (for example, by rushing, tensing up or looking for the nearest exit). In most cases, these efforts make your symptoms stronger and longer lasting. A much more effective way to cope with panic symptoms is to accept the anxiety and the symptoms that come with it, “let go” and “flow” with them. Like a wave, the anxiety will only go so high and then it will come down on its own. Watch it rise and fall as a friendly casual bystander. It will probably rise and fall a few times before it ends — that’s OK. Your job is to use some of the strategies described here to pass the time until the symptoms fade away.



- **PASS THE TIME.** While you wait for your symptoms to pass, you can refocus your attention on what is going on around you. Listen to conversations, have a conversation, look at what is around you — what objects, colours, shapes do you see? Try visualizing a peaceful scene. Busy yourself with a quiet, simple task (e.g., folding laundry). (Note this strategy does not stop a panic attack, but it helps to pass the time in a pleasant way while your symptoms gradually diminish).
- **PRACTICE CARRYING ON/STAYING.** If you can, carry on with what you are doing and/or stay in the situation that is making you feel anxious. Slow down if you need to, but try to keep going. Delay leaving the situation. This gives you the opportunity to practice using your coping skills and builds your confidence that you can handle these feelings without escaping. It also teaches you that you can function adequately even when you're not feeling great.

Repeat these steps as needed until the anxiety gradually diminishes.

After a panic attack has ended:

- **PRAISE YOURSELF.** When the symptoms have passed, congratulate yourself on getting through it. You have just shown yourself that although you don't like them (no one does), you can get through a panic episode.
- **TAKE CARE OF YOURSELF.** Panic attacks can be very tiring. After the worst has passed, try to make arrangements to get a bit of extra rest — consider calling a friend or family member to help if you need to — but make sure that you are good to yourself.
- **USE THE LEARNING OPPORTUNITY.** Every panic attack can be an opportunity to try out different coping strategies and put together a combination that works best for you.
- **CONSIDER MAKING YOURSELF A "COPING CARD".** Many people find it helpful to make a "coping card" that you can carry around with you on which you write a few key statements to remind yourself about helpful coping strategies and self-talk that you can use during a panic attack.

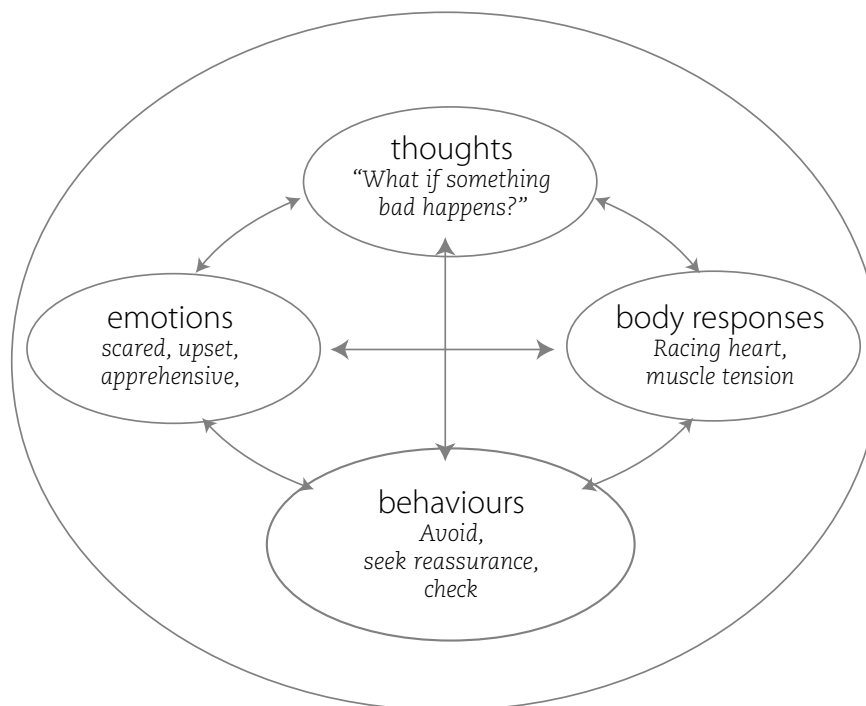


Managing anxious thoughts

This section is designed to help you to learn some skills to identify and challenge common types of anxious thoughts during pregnancy and following the birth and to replace them with more accurate and helpful thinking patterns. This will help you to better manage your anxiety. As depressive thoughts and anxious thoughts often occur together, the skills covered in this section may also be helpful for managing depressive thoughts.

WHY IS IT IMPORTANT TO CONSIDER THINKING PATTERNS?

Our thinking patterns and our beliefs about the world have a very strong impact on our feelings, our behaviours, and our bodily reactions. The CBT model of anxiety in Module 3, presented again below, shows how thoughts are connected to these other aspects of our experience.



Some of the ideas from this section are adapted from: (1) The free Antidepressant Skills Workbook by Dan Bilsker & Randy J. Paterson, Centre for Applied Research in Mental Health and Addiction (CARMHA), Simon Fraser University, 2005. (2) BCP Here to Help: Problem Solving & Healthy Thinking Wellness Modules. BC Partners for Mental Health Addictions Information, Vancouver BC, 2004-2005. Available on-line at <http://www.heretohelp.bc.ca/skills/managing-well-being>. (3) Anxiety Disorders Tool Kit. BC Partners for Mental Health Addictions Information, Vancouver BC, 2003. Available on-line at <http://www.heretohelp.bc.ca/publications/toolkits>

Our thinking patterns and beliefs about the world have a very strong impact on our feelings, behaviors and bodily reactions



Consider the examples of Kim and Harpreet and how their thoughts about what was happening to them had a powerful influence on their anxious reactions.

KIM'S STORY

Kim is the mother of a five month old baby boy. Today she is planning to meet a girlfriend and her girlfriend's child at the park so that they can go for a walk together and chat. Kim has had a bad morning — her baby was up several times in the night and she is exhausted and running late to meet her friend.

As she is pushing the stroller to the park a few blocks from her home, she notices that she feels a bit dizzy, her muscles feel heavy and her heart is beating rapidly (physical symptoms). She immediately thinks "I really don't feel well. My heart is beating a mile a minute and I feel really dizzy. I hope that there is nothing seriously wrong with me. What if I pass out right here on the street? I don't see anyone around to help me if I do. Who will take care of my son?".

These thoughts scare her and she begins to feel more and more anxious (emotion). She notices that as she is having these thoughts, her physical symptoms get even stronger. She thinks to herself "This is getting worse. I must be having a heart attack or something.(more intense physical symptoms) I better get home as soon as I can and call my doctor and my mom to come take care of the baby". She turns around and begins to rush home (behaviour).

Physical symptoms	dizzy, heavy muscles, rapid heartbeat
Thoughts	not feeling well, what if something's seriously wrong, who will help me and my baby?
Emotions	increased anxiety
Physical symptoms	become more intense
Behaviours	turns around & heads home to call mother/doctor



HARPREET’S STORY

Harpreet is 29 weeks into her first pregnancy. Things have been progressing quite smoothly throughout her pregnancy. Her husband is out of town on a business trip and her mother in law is staying with her but has gone out for the day. As Harpreet is tidying up the kitchen, she hears on the TV in the next room that there has been a fatal multi-car accident on the freeway in Toronto, where her husband is working.

She immediately thinks “what if my husband was involved in that crash? What if he’s hurt or dead?” As she has these thoughts, she begins to feel extremely scared (emotion). She notices that the room suddenly feels really hot and her breathing is fast (physical symptoms). She grabs the phone and dials her husband’s cell phone number (behaviour), but it goes into voicemail. She feels even more anxious (emotion) and thinks “The reason he’s not answering is because he is hurt. What am I going to do? What if I have to raise this baby alone? I can’t do that!” (thoughts)

She notices that she is now feeling dizzy and her knees feel weak (physical symptoms) and so she sits down on the couch. She tries to call her brother to see if he can get more information about the accident off the Internet (behaviour).

Thoughts	what if my husband has been injured in a car crash?
Emotions	scared
Physical symptoms	hot, breathing fast
Behaviours	calls husband on cell phone – no answer
Emotions	scared
Thoughts	he’s not answering because he’s hurt, what if I have to raise baby alone? Can’t do that!
Physical symptoms	dizzy, weak knees
Behaviours	sits down on couch, calls brother



As you can see, the way that Kim and Harpreet thought about their situations (their “self talk”) had a huge impact on how they felt emotionally and physically and on how they coped with their situations. Their thoughts made their anxiety worse. Because thoughts play such a central role in anxiety, it is important to become aware of our anxious thoughts and to learn how to challenge them and replace them with more accurate and helpful thoughts.

All of us experience anxiety-provoking thoughts from time to time, whether we have problems with anxiety or not. As discussed earlier in this guide, anxious thoughts (including worries and obsessions) are experienced by almost all women in pregnancy and following the birth. So it is really a matter of degree — more anxious women have more of these thoughts, are more upset by them and have more problems “letting them go”.

When we are feeling well, most of us are able to dismiss or quickly challenge and move past anxious thoughts without any ongoing problems. However, during more stressful times (such as during a pregnancy or following the birth of a child), when not taking care of ourselves properly or when we are anxious, stressed, or depressed for other reasons, these anxious, negative thoughts can become more frequent and more difficult to let go of or challenge.

As this happens, our thinking can become distorted or unfair and unrealistic. Distorted thoughts are not entirely based on the facts even though it feels like they are true. If we believe them we are more likely to experience symptoms of anxiety, including negative emotions, bodily symptoms and problematic behaviours. We are also more likely to cope in ways that are not helpful and may make us feel worse. For example, over time, many people begin to avoid places or situations that trigger anxious thoughts or feelings, which typically serves to keep the anxiety going. That is why it is so important to recognize anxious thoughts and to practice more healthy thinking.

Are you experiencing thoughts about harming yourself or someone else?

Sometimes when women are feeling very anxious and/or depressed and hopeless, they have thoughts about harming themselves or others. If this is happening to you, it is very important that you tell someone you trust about these thoughts and make an urgent appointment to see your family physician to discuss these thoughts. If you are worried that you may be unsafe, please call 911 or go to the nearest emergency room.

Anxious thoughts are often distorted, meaning that they are not accurate or helpful



WHAT IS ANXIOUS THINKING?

Anxious thinking is a pattern of thoughts that triggers your anxiety or keeps it going. Anxious thoughts are often distorted, meaning that they are not accurate or helpful.

Some types of anxious thinking are so common that they have been recognized and given specific names. These are sometimes called “cognitive distortions” or “cognitive errors”. In this guide, we call them “thinking traps”. These thinking styles are “traps” because they are not accurate or useful and they keep a person “trapped” in anxiety.

For example, many people who are anxious will tend to “jump to conclusions” or make predictions about what is happening or going to happen with little or no evidence. Remember how Harpreet told herself that her husband must have been hurt in an accident because he didn’t answer his cell phone? And remember how Kim told herself that her physical symptoms meant that she was “having a heart attack or something?”. These are both examples of “jumping to conclusions”. This way of thinking made both women more anxious. Most people will find that there are a few thinking traps that they tend to fall into over and over again, and that being aware of what they are helps to avoid them more easily.

One step that you can take to start practicing healthier thinking is to identify which of these thinking traps you tend to fall into. Once you know which trap you’re in, you can plan a way out.

Take a look at the table below to help you to figure out which kinds of thinking traps you tend to fall into. Mark all of those that apply to you. You may want to look back at your Tracking Symptoms Worksheet to see what type of thoughts you tend to have when you are anxious. There is a **Thought Challenging Worksheet** in Module 4, page 89 and Module 6, page 13 that you can use for your own personal examples of anxious thinking if you like.



Thinking traps: definitions & examples

Thinking trap	Definition	For example...
<p>Jumping to Conclusions</p>	<p>Making predictions about what is going to happen with little or no evidence.</p> <p>Thinking about possible bad events and telling yourself that these events are very likely to happen — even when the evidence is that it is not very likely at all.</p>	<p>(During a panic attack) -my heart is racing and I’m going to have a heart attack.</p> <ul style="list-style-type: none"> • I was using dry erase markers before I knew I was pregnant and now my baby is permanently damaged from the toxins. • I didn’t wash my hands before changing my baby’s diaper at the mall and now she is going to get ill.
<p>Mindreading</p>	<p>A special kind of jumping to conclusions in which you think you know what others are thinking, without any evidence.</p> <p>Thinking that you know what others are thinking of you, without any evidence to support this idea.</p>	<p>My baby cried the entire time I was in the store, other shoppers must think I’m a horrible mother.</p> <p>When the nurse came for my first well baby visit, she had to move some laundry out of the way before she could sit on the couch. She thinks I’m a lousy housekeeper and she feels sorry for my family.</p>
<p>Catastrophizing/ Magnifying</p> <p>Also known as “blowing things out of proportion” or “making a mountain out of a molehill”</p>	<p>Telling yourself that a minor negative event is/would be a complete disaster. Often people who are catastrophizing also fear that they would be unable to cope with the situation that they are imagining.</p>	<ul style="list-style-type: none"> • If my son cries when I leave him with a babysitter, it is a sign that he is insecure and will develop anxiety just like me. • If I panicked at the mall I would never be able to show my face there again. • If I don’t establish a sleep routine with my 5 month old baby in the next two weeks, she will be too old to ever do so.
<p>Emotional Reasoning</p>	<p>Thinking that bad feelings say something about how a situation actually is. You believe that your thoughts must be true or accurate because you “feel” strongly that they are, even if there is little or no evidence to support them.</p>	<ul style="list-style-type: none"> • I feel scared to leave my baby with my sister — this must mean it’s dangerous to do so. • I feel like I’m a bad mother, so I must be. • I feel sad, so my relationship must be in trouble.



Thinking traps: definitions & examples		
Thinking trap	Definition	For example...
<p>All or Nothing Thinking (also known as “black and white thinking”)</p>	<p>Seeing things as either right or wrong, good or bad, perfect or terrible. Everything is black or white, there are no shades of grey. People who think in all or nothing terms see a small mistake as a total failure.</p>	<ul style="list-style-type: none"> • If my mother won’t babysit this afternoon, then she is not supportive. • I missed one group therapy session so there is no point going back next week.
<p>“Should” statements</p>	<p>Telling yourself how you “should” or must act or feel.</p>	<ul style="list-style-type: none"> • I should always know what my baby needs and how to soothe her when she cries. • I should always be happy, cheerful and patient, even when I am tired and my partner hasn’t been very supportive.
<p>Labeling</p>	<p>Saying something very negative (and often unfair) about yourself or other people.</p>	<ul style="list-style-type: none"> • I am a terrible mother because my baby cried during library story time. • I am lazy and pathetic because I haven’t exercised since the baby was born. • My partner is an inconsiderate jerk because he went out for a drink with his boss instead of coming straight home from work.
<p>Negative Mental Filter</p>	<p>Only paying attention to negative parts of a situation, and ignoring the positive parts. You may only pay attention to the things that go wrong, or that you didn’t get done, rather than give yourself credit for your accomplishments.</p>	<p>While the baby is asleep, you get all of the baby’s laundry done and wash the dishes but don’t have time to tidy up the living room. You discount the work that you did accomplish by telling yourself that it “doesn’t count” and that any reasonably competent person could have gotten at least that much done. Instead, you focus on all the things that you wanted to get done but didn’t.</p>



Thinking traps: definitions & examples		
Thinking trap	Definition	For example...
Perfectionism	Thinking that things (or people) are only right or worthwhile if they are perfect.	<ul style="list-style-type: none"> You won't invite a new friend to your home because you haven't done the dishes, finished the nursery and won't be able to provide homemade goodies. After 10 months you have lost most of your pregnancy weight, but you feel disgusted with yourself because you still have a few pounds to go. You are concerned that your baby has a skin rash and won't be perceived as lovable or cared for by others.
Superstitious or Magical Thinking	Believing in a cause and effect relationship between events and actions that are not actually related.	<p>If I don't worry about my pregnancy, then I will miscarry.</p> <p>If I don't check my baby every 30 minutes while she is sleeping, she will stop breathing.</p> <p>If I step on that crack, something bad will happen to my baby.</p>
Over-generalization	Making up a "rule" about how things are or will be based upon one experience or event. (Hint: using words like always, never, all, every, none, nobody, and everybody. is a clue that you may be over generalizing).	<p>My friend has spent less time with me since the baby was born, "Now none of my friends want to hang out with me".</p> <p>After running out of clean sleepers for the baby twice in one week: I am always going to be behind in all my chores.</p>

Don't worry if you find that you are falling into more than one thinking trap. This is very common. Notice how your thinking traps make you feel. Chances are that being in a thinking trap keeps you feeling anxious and makes it harder for you to make positive changes.

There are skills that can help you to recognize and change patterns that are making you feel anxious

module 4



When a woman is anxious during pregnancy or following the birth, it is often very difficult for her to recognize that her thoughts may not be true or helpful or that she has fallen into a thinking trap. When this happens, these anxious thoughts can keep her “stuck” in an anxious mood. Fortunately, there are things you can do to help you to recognize and change these thinking patterns so that you can begin to feel better. The goal is to help you to practice more healthy thinking. (see Module 4, pages 77 & 81)

Are all negative thoughts unrealistic and unhealthy?

No. There are times when negative thoughts are realistic given a really bad situation. Many people coping with difficult situations find their upsetting thoughts improve if they work on other coping skills such as identifying the main sources of stress in their lives, problem solving things under their control, and getting some social support. See the BC Partners for Mental Health and Addictions Information Website at www.heretohelp.bc.ca for Wellness Modules on these topics and others.

WHAT IS HEALTHY THINKING?

Healthy thinking means looking at the positive, the negative, and the neutral parts of a situation, and *then* making a conclusion about the situation. In other words, healthy thinking means looking at life and the world in a balanced way.

Learning to recognize your anxious thinking and to replace these thoughts with more accurate and helpful thoughts can make a huge difference in how you feel and make it easier for you to use helpful coping strategies.

How can I change my anxious thinking and think in healthier ways?

Even if you are having a lot of anxious thoughts, the good news is that with some practice, you can learn to identify your anxious thinking habits and to replace these thoughts with healthier thoughts that are more accurate and helpful. In the next few pages, you will find a 4 step plan that will help you to develop more healthy thinking patterns.



What doesn't work: One thing that many people try when they recognize that they are having anxious thoughts is to tell themselves “stop thinking that way” or “don't think such stupid things”. This rarely works. We also know from research studies that when we try and push away or block upsetting thoughts, they are more likely to keep popping back into our minds. This way of coping with anxious thoughts may make you feel worse in the long run. Anxious thoughts are usually easier to let go of when we have considered the situation logically (looked at the evidence for and against the thought) and then come up with a more realistic or helpful thought to replace the anxious one. The steps described below will help you to start to do this

4 steps to healthier thinking

STEP ONE “Catch” your anxious thoughts and get them down on paper.

The first step towards practicing healthier thinking involves catching and recording your anxious thoughts on paper. When you notice that you are feeling more anxious, take a moment to pay attention to the thoughts that have been going through your head. Write them down as well as the situation that you were reacting to on the “Thought Challenging Worksheet” on page 89 of this Module and in Module 6 page 13. This chart will help you to record (and challenge) your anxious thoughts.

Here are some tips for using the Thought Challenging Worksheet

- Under “Situation”, write down what happened. Only include the “facts” of the situation that everyone would agree on. Try to separate out your thoughts from the actual situation.
- Under “Thoughts”, write down what you have been telling yourself — your “self-talk”.

STEP TWO Identify any “Thinking Traps” in your recorded thoughts.

Take a look at the definitions and examples of “thinking traps” and see whether your thinking matches any of these. It is common to fall into more than one thinking trap. Don't spend too much time on this, just make your “best guess” and then move on to the next step. Even if you can't identify any thinking traps, you can still challenge your anxious thought.

The goal of treatment is to reduce your symptoms and increase your overall well being



STEP THREE Challenge anxious thinking and replace it with more healthy thinking.

When you are feeling anxious, it can be difficult to come up with a more realistic and helpful healthy thought to replace your anxious thoughts.

There are several helpful questions that you can ask yourself to help you to come up with healthy thoughts. These are adapted from the following excellent sources.

- Greenberger, D. & Padesky, C.A. (1995). *Mind Over Mood: Change How You Feel by Changing the Way You Think*. New York: Guilford.
- Burns, D. D. (1999). *Feeling Good: The New Mood Therapy*. New York: Plume.
- Burns, D. D. (1999). *The Feeling Good Handbook*. New York: Plume.
- Bilsker, D. & Paterson, R. (2005). *Antidepressant Skills Workbook*. Centre for Applied Research in Mental Health & Addiction, Simon Fraser University. www.carmha.ca/publications

Not every question will apply to every anxious thought — but usually one or two of these questions will give you some ideas for coming up with more healthy thinking. Try a quick skim of the list to see which ones might apply to your situation.

- Ask yourself: **Am I jumping to any conclusions that are not completely justified by the facts and evidence?** One really effective way to increase your healthy thinking is to consider the evidence that supports your thoughts, as well as the evidence that you may not have considered that **does not support your thoughts**.

Like a detective, gather all of the facts that you have and then collect any evidence that you need that may be missing. Perhaps you need to ask someone you trust (e.g., a friend or a doctor) some questions to find out if your thoughts or fears are realistic.

Next, consider the evidence you have. Would other people you trust agree with the conclusion you are drawing based upon the evidence you have? If not, what could you think instead? If we learn that our worst fears are not supported by the evidence this can help us lower our symptoms of anxiety and unhelpful coping behaviours such as the urge to avoid or escape.



- Ask yourself: **If someone I really care about was in this situation and had this thought, what would I tell them?**
- Ask yourself: **If someone I really care about knew I was thinking this thought, what would they say to me?** What would this person say to you to point out your thoughts are not entirely accurate or fair?
- Ask yourself: **What's a less extreme way (more fair way) of looking at the situation? Are there shades of gray in this situation that I am ignoring?**
- Ask yourself: **Is this thought helpful right now? Is there another way of thinking about the situation that would have better results?** In Harpreet's case, telling herself that her husband has been in an accident is probably just going to make her more upset. The alternative way of thinking is more likely to be accurate and to cause less anxiety.
- Ask yourself: **When I have felt this way in the past, what did I think about or do that helped me feel better?**
- Ask yourself: **Five years from now, if I look back at this situation, will I look at it any differently?**
- Ask yourself: **Are there any strengths or positives in me or the situation that I am ignoring?**
- Ask yourself: **Am I blaming myself for something over which I do not have complete control?**
- Ask yourself: **Have I confused a thought or feeling with a fact?** It is important to distinguish between thoughts, feelings and facts. For example, just because we feel anxious or have anxious thoughts in a particular situation does not mean that the situation is a bad or risky one. It is important to remind ourselves of the "facts" of the situation — what we have evidence for.



TIP

If you recognized some of the thinking traps in step one, you can also use the “Tips for Challenging Thinking Traps” sheet to find questions that will target each type of thinking trap and can give you extra tools to challenge your anxious thoughts. (Module 4, pages 91-92)

Think about your answers to these thought challenging questions, then write them down and use them to help you to come up with a more accurate and helpful thought.

We will now review 3 examples of anxious thoughts and of alternative, healthy thoughts on the following pages.



Examples of anxious and healthy thinking

Situation	Anxious thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts
<p>Taking the baby to a doctor's appointment</p>	<p>What if I have a panic attack at the doctor's office and people notice that I am panicking and think I'm weird. I would be so embarrassed. I would never be able to show my face there again.</p>	<p>Jumping to conclusions</p> <p>How many times have I had this thought about panicking before? How many times has it actually happened? What does this tell me about the chances that it will happen this time?</p> <p>Catastrophizing</p> <p>I need to imagine that the worst happened and I did panic, is it actually true that I couldn't cope?</p> <p>Is this thought helpful right now? Is there another way of thinking about the situation that would have better results?</p> <p>If this happened, do I know for certain that people would judge me negatively, or am I mindreading?</p>	<p>I have been to the doctor's office many times and have only had a panic attack there once.</p> <p>If I did have a panic attack, most people probably wouldn't even notice.</p> <p>Even if they did, they wouldn't necessarily judge me. I know that if I saw somebody panicking I would probably feel concerned for them.</p> <p>Although I might feel embarrassed if I panicked, I have embarrassed myself before and lived through it, and I can do so again if I need to.</p> <p>I will go to the appointment and tolerate any anxiety symptoms that may come up. It is a good challenge for me and an opportunity for me to practice my anxiety management skills. I will take my coping cards with me and read them over if I start feeling anxious.</p>



Examples of anxious and healthy thinking

Situation	Anxious thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts
<p>At a family birthday party with my baby daughter and notice that one of the other children has a bad cough</p>	<p>What if my baby gets infected with that child's germs? What if she gets really sick? What if she gets so congested that she can't breathe properly? What if there is an emergency and I can't get her to the hospital in time?</p>	<p>Jumping to conclusions</p> <p>What evidence do I have to suggest that this outcome is likely?</p> <p>Catastrophizing</p> <p>Do I have any evidence that suggests that this might not happen, or that another outcome is more likely?</p> <p>Viewing the situation objectively, what are the realistic chances that this is going to happen?</p> <p>Am I blowing this event/ situation up to be worse than it actually is and imagining things that have not happened yet?</p> <p>Is this thought helpful right now? Is there another way of thinking about the situation that would have better results?</p> <p>Have I confused a thought or feeling with a fact?</p>	<p>People, including babies, are exposed to germs all of the time and yet rarely get seriously ill.</p> <p>It is not possible to protect my child from all germs and it is also not healthy. Exposure to germs helps to build up her body's immune system.</p> <p>Even if my child did get this cold, it is extremely unlikely that she would get so congested that she would not be able to breathe. It is more likely that she would be cranky and congested for a few days and then she will recover.</p> <p>I am going to let her enjoy this party and remind myself that I can handle a cold if she gets one.</p>



Examples of anxious and healthy thinking

Situation	Anxious thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts
<p>Watching TV at home and see an advertisement for vodka.</p>	<p>I had a couple of drinks to celebrate my parents' wedding anniversary before I knew I was pregnant. What if the alcohol harmed the baby? What if his brain doesn't develop normally? What if he is never able to do well at school and ends up unsuccessful and unhappy because I made a bad decision?</p>	<p>Jumping to conclusions</p> <p>What evidence do I have to suggest that this outcome is likely?</p> <p>Catastrophizing</p> <p>Do I have any evidence that suggests that this might not happen, or that another outcome is more likely?</p> <p>Am I blowing this situation up to be worse than it actually is and imagining things that have not happened yet?</p> <p>Is this thought helpful right now? Is there another way of thinking about the situation that would have better results?</p>	<p>Although it is not wise to drink alcohol while pregnant, the small amount of alcohol that I had is not likely to have a strong impact on my baby.</p> <p>I am jumping to conclusions when I think that a couple of drinks mean a lifetime of unhappiness for my baby.</p> <p>I am following my doctor's instructions for a healthy pregnancy and it is likely that my baby will be fine.</p>



Now try this out for yourself. Here is a blank Thought Challenging Worksheet for you to use. There are also other blank sheets that you can copy in Module 6, page 13. It takes a while to learn how to challenge your thoughts. Be patient with yourself & consider asking one of your support people for help if you get stuck.

Situation	Anxious thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts

It will take some time to practice before you are comfortable and confident in your healthy thinking patterns

module 4



STEP FOUR Make healthy thinking a habit.

Learning to recognize and challenge anxious thoughts and replace them with healthier thoughts is an important skill. Like learning any new skill, it takes some time and practice before you will be comfortable and confident in your healthy thinking patterns.

The best thing to do to build your healthy thinking skills is to PRACTICE. Whenever you catch yourself with an anxious thought and make the effort to replace that thought with a more healthy thought, you are making progress towards feeling better and reducing your anxiety. Don't expect to catch and challenge ALL of your anxious thoughts –even just focusing on challenging one of your most common anxious thoughts can make a real difference in how you feel.

A note about coping cards

One technique that many people find to be helpful is to make themselves “coping cards” to remind them to challenge their anxious thoughts, especially the ones that tend to come up over and over again. You may want to use a recipe card or other small piece of paper to make your own coping card. On one side of the coping card you write the anxious thought. On the other side, you write the healthy thought that you want to use to replace that anxious thought. You can carry your coping cards around with you in your pocket or bag and pull them out when you find yourself having that anxious thought to remind yourself of healthy thinking.

With practice, you will find that it becomes easier and easier to recognize and “let go” of anxious thinking when it happens. Eventually, you may even find yourself thinking “That’s just my anxiety talking, I don’t need to pay attention to that” or you might find that your mind quickly replaces that negative thought with a more accurate and helpful thought. When this happens, you know that you are well on your way to making healthy thinking a habit.



Tips for challenging thinking traps

Thinking trap	Tips for challenging this thinking trap
<p>Jumping to Conclusions</p>	<p>What evidence do I have to suggest that this outcome is likely?</p> <p>Do I have any evidence that suggests that this might not happen, or that another outcome is more likely?</p> <p>Viewing the situation objectively, what are the realistic chances that the bad event is going to happen?</p> <p>How many times have I had this thought before? How many times has this bad event actually happened? What does this tell me about the chances that it will happen this time?</p>
<p>Mindreading</p>	<p>What evidence do I have that this is what this person is thinking?</p> <p>Has he/she said this to me, or am I imagining what he/she might be thinking?</p>
<p>Catastrophizing/ Magnifying</p>	<p>Am I blowing this event/situation up to be worse than it actually is and imagining things that have not happened yet?</p> <p>What is truly happening & how can I make a plan to cope with that?</p> <p>Imagine that the worst happened. Is it actually true that you couldn't cope?</p> <p>Have I coped with difficult life circumstances before?</p> <p>What does this tell me about my ability to manage stressful times?</p>
<p>Emotional Reasoning</p>	<p>Is this a fact or a feeling?</p> <p>Is there any evidence that my judgment may not be entirely accurate?</p> <p>Do I need to calm myself down before thinking of this?</p>
<p>All or Nothing Thinking (also known as "black and white thinking")</p>	<p>Is there a less extreme way of looking at this situation?</p> <p>Are there shades of grey in this situation that I am ignoring?</p>



Thinking trap	Tips for challenging this thinking trap
“Should” statements & Labeling	<p>Would I say the same thing about others who did this or who found themselves in this situation?</p> <p>Is this way of talking to myself/thinking about the situation helpful to me? Is there another way that might be more helpful to me?</p>
Perfectionism	<p>Would others judge me as harshly as I am judging myself for not doing this perfectly?</p> <p>What is the worst that could happen if something wasn't perfect?</p> <p>Have I given myself credit for my accomplishments even if it is not perfect?</p>
Mental Filter and Discounting the Positive	<p>What positive aspects can I see in this situation?</p> <p>What strengths do I have to deal with this situation?</p>
Superstitious or Magical Thinking	<p>What evidence do I have that shows a connection between these 2 events?</p> <p>Is this a fact or is it a feeling?</p>
Overgeneralization	<p>Does this one situation really tell me that much about myself or what is going to happen in the future?</p> <p>Can I think of other times when this “rule” has not been true?</p> <p>What evidence do I have that this situation is going to happen over again?</p> <p>What other outcomes are possible?</p> <p>Would other people agree that this situation is likely to happen over again?</p>



THOUGHT CHALLENGING WORKSHEET

Think about your answers to the thought challenging questions in Step 3, then write them down and use them to help you come up with a more accurate and helpful thought. Here is an example of a completed Thought Challenging Worksheet. There is a blank worksheet for you to use on page 13 of Module 6 and in this Module on page 89.

Situation	Anxious thought	Thinking trap or questions to challenge this thought	Healthier thoughts
Getting ready to give my baby her bath.	Mental picture of pushing her underwater and holding her there "What if this means I am a bad mother or that I would actually do this?"	"I have already told my doctor about these thoughts and she has reassured me that I do not need to be concerned. We have a plan that I will contact her if these thoughts become more intense and I am following our plan". If someone I really care about was in this situation and had this thought, what would I tell them based on what I've learned? If someone I really care about knew I was thinking this thought, what would they say to me? Does this one situation really tell me that much about myself? When I have felt this way in the past, what did I think about or do that helped me to feel better? Are there any strengths in me that I am ignoring?	As upsetting as this thought is, I know that these kinds of thoughts are not unusual for new parents. This is not a sign that I am an unfit mother or that I am going to act on it — there is a big difference between thinking and doing. I do a lot of things to care for my daughter that show how I feel about her. Because I know that this thought is just "noise" and not important, I am going to let it float away and refocus my attention on the rest of my day. I will continue to give my daughter her baths and focus on playing with her and over time these thoughts will gradually fade away.



IS THERE ANYTHING ELSE I CAN DO TO COPE WITH THOUGHTS ABOUT HARM COMING TO MY CHILD?

Remind yourself that unwanted, intrusive thoughts about harm coming to the child are a normal part of being a new parent.

As mentioned earlier, we know that these thoughts are most likely to occur during periods of high stress in people's lives. The many stresses and increased responsibilities associated with becoming a parent make obsessive thoughts particularly likely during pregnancy and following the birth of the baby. However, different people respond differently to these thoughts.

A minority of people will have these thoughts frequently, will be very upset by them and will make significant changes to their behaviors in response to these thoughts. When this happens, these thoughts (and the behaviours that come with them) can be a real problem and it can be helpful to share them with a health care professional who can provide you with information about how to manage these thoughts. It is important to remember that for the great majority of mothers, these thoughts will not interfere with their ability to be good mothers.

Recently, BC researchers interviewed 91 first time mothers during the last trimester of pregnancy and again four weeks after delivery to find out whether these women experienced thoughts about harm coming to their babies, how common these thoughts were and what women did to cope with these thoughts (Fairbrother & Woody, 2008). These researchers found that thoughts about harm coming to the child were experienced by all new mothers at some point within the first month of their baby's birth. For about 2/3rds of women, these thoughts began suddenly either during pregnancy or within the first 24 hours after the baby's birth.

These researchers found that there are two types of harm thoughts:

1. thoughts about unintentional (accidental) harm coming to the child
2. thoughts about intentional harm.



THOUGHTS ABOUT ACCIDENTAL HARM In the Fairbrother and Woody study, **all** of the women reported having intrusive thoughts of accidental harm coming to their child. Examples of common types of thoughts included:

- Baby stops breathing/suffocates
- Baby gets sick
- Baby is abducted or harmed by another person
- Baby falls or is dropped from a high surface
- Baby injured in an accident
- Baby is harmed accidentally by mother's actions (e.g., mother steps on the baby)

On average, these thoughts happened on a daily basis and were mildly to moderately upsetting.

Importantly, these researchers did not find any evidence that these thoughts interfered with the woman's ability to parent.

THOUGHTS ABOUT INTENTIONAL HARM In this study, almost half (49%) of the mothers reported intrusive thoughts of intentionally harming their child. Examples of these thoughts included:

- Shaking the baby
- Screaming at the baby
- Hitting the baby too hard when burping
- Giving the baby away
- Inappropriate touching of baby's genitals
- Dropping/throwing baby out the window or off the balcony
- Puncturing the soft spot on baby's head
- Throwing or dropping the baby on purpose

On average, these thoughts about intentional harm occurred about once a week and were moderately upsetting to the women. Interestingly, these researchers found that women who were more highly stressed about parenting and who had lower levels of social support were at higher risk of having these types of intentional harm thoughts.



These researchers found that the vast majority of mothers reported doing something to try to cope with their thoughts of accidental or intentional harm. Examples included:

- Checking (or asking others to check) to make sure that the baby is safe
- Seeking reassurance (for example, confessing the thoughts to others and asking if these thoughts are normal or asking for reassurance that she is a good mother)
- Avoidance of situations or activities that might trigger the thoughts
- Mentally “undoing” the harm (for example, if she pictured the baby falling, then re-picturing the baby safely in her arms)

Most importantly, the researchers found that these thoughts of harm (whether accidental or intentional) DID NOT affect the woman’s ability to parent.

Overall, this research study, which is the first of its kind, tells us that thoughts about harm are actually very common in the post-partum period. Thoughts of accidental harm are more frequent and more time-consuming, but generally less distressing than thoughts of intentional harm. Most women find any type of harm thought to be upsetting and many women respond to these thoughts by doing something (for example, seeking reassurance or checking) to make themselves feel better or reduce “risk”. In most cases, these thoughts and behaviours are not too frequent or too upsetting and can be managed effectively using the “4 Step” process described above. (If repetitive behaviours are a problem, you may also want to look at the “Overcoming Avoidance and Other Unhelpful Anxiety-Related Behaviours” section in Module 4, page 100.) However, if you are having very frequent and/or upsetting thoughts, are spending a lot of time on behaviours related to these thoughts, or find yourself avoiding important tasks, you should consult a health care professional.

A Note of Caution: Women with UNWANTED thoughts of harming their children (i.e., women who are horrified by these thoughts) almost never act on these thoughts. However, in a very small percentage of cases, severe obsessional thoughts may progress to psychotic thinking. That is, a woman may become out of touch with reality and actually wish to harm her child. Also, in a few cases of severe postpartum depression, a woman may begin to see harming her child as the only way out of a difficult situation. In these cases her doctor should be contacted immediately or she should be taken to the nearest emergency room



Coping with thoughts of intentionally harming your child

In addition to using the “4 Steps to Healthier Thinking” process described above, women who are having unwanted thoughts of intentionally harming their children may find the following to be helpful.

REMINDE YOURSELF THAT THESE THOUGHTS DO NOT REVEAL ANYTHING

MEANINGFUL ABOUT YOU. Many people with obsessive thoughts hold the belief that “just having a thought means that it is important and that I should pay attention to it”. The reality is that thousands of thoughts go through our heads on a daily basis, and the overwhelming majority of them are not particularly useful or noteworthy.

People who think that their obsessive thoughts are highly meaningful — that they reveal something significant about their character (these thoughts mean that I am bad or dangerous or crazy) are the ones who are most upset by these thoughts. They will fight them the hardest, and so will have more of them than others who brush aside the thoughts as odd but not unexpected and certainly not meaningful.

The fact that you are having these thoughts and are upset by them is powerful evidence that you would never want any harm to come to your child. This is important to remember: if you were truly a bad or dangerous person, these thoughts would not be upsetting. The fact that you are bothered by these thoughts and don’t want to have them only tells you this — that you are concerned about your child.

Because people are so often frightened of what their thoughts “mean”, in many cases they are reluctant to discuss them — even with the people that they are closest to, for fear of what the reaction might be. The downside of this is that it prevents people from hearing that others have had the same thoughts from time to time and it prevents them from being able to access the support that they need to start feeling better.



CONSIDER THE “FACTS” OF THE SITUATION Here’s another point to consider: How many times have you had this thought? How much time have you spent with this thought in your head? Probably a lot of time. Now ask yourself: Has anything bad happened? Probably not. What does this tell you about your thought? If your thoughts had the power to cause bad things to happen — then it probably would have happened by now. The fact that it hasn’t tells you something about your thought — it is just a thought, with no real influence on what happens in the real world.

Remember also that thinking is not the same as doing: If you have been having upsetting, unwanted thoughts about doing something to intentionally harm your child, it can also be helpful to remember that there is a huge difference between thinking about doing something bad and actually doing it. Most of us at one point or another have had a thought about doing something inappropriate. For example, we may have been cut off in traffic and had thoughts about ramming the car in front to “teach them a lesson” — but we have not. Many people have had occasional fleeting thoughts about cheating on a partner, but remain faithful. Thinking is not the same as doing.

YOU DO NOT NEED TO CONTROL THESE THOUGHTS. LET THE THOUGHTS “COME AND GO” Once people understand that these thoughts are not significant or important, they generally find it easier to stop monitoring them so closely and to stop trying to push them out of their heads. This is important when we try to push negative thoughts out of our heads, they are more likely to keep popping back into our minds. A better long-term strategy is to let the thoughts be there without fighting them — let them “come and go”. That is, when the thought pops into your head, you may notice it, but then refocus your attention on whatever you are doing at the time. Treat the thoughts as though they are a radio playing in the background. The music may turn on and off at various times during the day, but you don’t have to respond to it in any way — you’ve already decided that it’s not worth your attention.

As you feel ready, begin to let go of avoidance or other corrective/protective behaviors associated with your thoughts.



As discussed earlier in this guide, when people have upsetting thoughts, they will often begin to change their behavior in an effort to avoid triggering the thoughts or to prevent what they fear from happening. For example, a woman who has upsetting, unwanted thoughts of purposely dropping her baby on the tile floor in the kitchen may avoid carrying her baby into the kitchen. As she becomes more skilled at challenging or disregarding her obsessive thoughts, she can gradually practice carrying the baby over harder surfaces, like the kitchen floor. This in turn gives her more evidence that these thoughts are not important — they do not reflect reality and over time actions like this will help to make these thoughts less threatening and less frequent.

Keep in mind that some “overprotective” behavior is normal. New parents are very aware of the added responsibility that comes with a new baby and this combined with sleep deprivation naturally leads to some “extra” precautions (e.g., additional washing, cleaning, checking, etc.). In most cases, these added behaviors are not a cause for concern. However, if these behaviors interfere with your ability to get things done, your relationships or other important life areas, then it is important to seek help.

For more information on reducing safety behaviours and overcoming avoidance, see Module 4, page 100.



Overcoming avoidance and other unhelpful anxiety-related behaviours

This section helps you to develop a step-by-step plan for reducing some of the anxiety-related behaviours (including avoidance) that “fuel” ongoing anxiety.

As mentioned earlier in this guide, because anxiety is uncomfortable, it triggers strong urges to do different things that we hope will eliminate any perceived danger or just make us feel safer. We call these anxiety-related behaviours or “safety behaviours”. For example, if you are worried that your child might get sick if his bottle is not clean enough, you may sterilize it, and if you still feel worried, you may sterilize it again and again in the hope that it will be safe and you will feel better.

WHY IS IT IMPORTANT TO REDUCE SAFETY BEHAVIOURS AND AVOIDANCE?

Most unhelpful anxiety-related behaviors are used with good intentions to prevent or reduce feelings of anxiety and we use them because they tend to feel effective in the short-term. However, sometimes these behaviours become problematic because they become less “powerful” over time, needing to be repeated more and more frequently to get the same degree of relief. Sometimes, they begin to interfere with day-to-day life (for example, it takes 45 minutes to get ready to feed the baby because you need to clean the bottle over and over again).



Consider Karen's story as an illustration of the development of avoidance:

KAREN'S STORY

Karen was having a stressful week and then had a panic attack at the mall while in the Food Court. Later that week, Karen heads towards the Food Court. She has bad memories of her panic attack in the Food Court a few days earlier, and as she walks she notices that her heart is beating faster and she feels short of breath, so she walks away from the Food Court and within a few minutes she feels much better. She decides that she will avoid going to the Food Court for a while.

Over the next few weeks, she begins to notice that she feels anxious going into the part of mall where the Food Court is, so she stops going to the clothing stores in that area. Then she begins to notice that she feels anxious going anywhere in that mall, so she stops going entirely. Eventually Karen found that she couldn't go to any enclosed mall alone without feeling very anxious and so she started asking her partner to take over any shopping errands that involved going into a mall.

As you can see, while the avoidance made Karen feel better in the short term (and that's why she kept on avoiding), in the longer term, the avoidance made her anxiety more intense and decreased her ability to function on her own.

It is important to recognize avoidance and other unhelpful coping behaviors. Work on gradually reducing these over time



When avoidance and other unhelpful anxiety-related behaviours become excessive, they can make the person feel trapped and unable to do the things they want to do. Even basic activities of daily living can become difficult (e.g., driving, shopping, being out of the house, leaving the baby with someone else while you go out for a walk). In more severe cases, some people are unable to leave their homes or interact effectively with their babies because of their unhelpful anxiety-related behaviours and avoidance. For this reason, it's important to recognize avoidance behaviours or other unhelpful anxiety-related behaviours and work on gradually reducing these behaviours over time. The next section will show you how to do this.

4 STEPS FOR OVERCOMING AVOIDANCE AND OTHER UNHELPFUL ANXIETY-RELATED BEHAVIORS

Listed below are four steps that you can use to help you to decrease unhelpful anxiety-related behaviours and build up your strengths.

STEP ONE List triggers of anxiety and unhelpful behaviours

Make a list of all the things you avoid doing because of anxiety, the things you do to feel safe from anxiety, and anything that triggers excessive anxiety. Consult your tracking symptoms worksheet for ideas (see Module 6, page 10). Be sure to include the daily things you avoid that most other people do. For example:

TO FEEL SAFE/AVOID ANXIETY ...

- I don't leave the house alone
- I visit my doctor at least once a week to feel reassured that the baby is healthy
- I avoid being in places that I can't easily escape from, like public transportation
- I watch the baby when she's sleeping, to make sure she's breathing
- I always wash the baby's bottle at least 10 times before using it
- I avoid using public toilets
- I won't leave the baby with my mother or sister-in-law
- I avoid pets and other animals because I think they are "germy"
- I only go to the mall if my husband is with me and the baby



- I avoid driving the car because I worry about crashing if I have a panic attack
- I don't visit my friends' houses because it makes me anxious to be away from home and I worry about the germs that the baby might be exposed to
- I usually avoid bathing the baby because I worry that she will slip under the water and drown and it will be my fault

THINGS THAT TRIGGER MY ANXIETY ARE ...

- The baby crying
- Touching things that feel dirty
- Breastfeeding
- Bathing the baby
- Answering the phone
- Changing the baby's diaper
- Prenatal classes
- Having things out of order or imperfect (e.g. unfinished housework)
- Going to the doctor or obstetrician
- Taking the baby to have her immunizations
- Leaving the baby in the care of others
- Going shopping
- Being away from home
- Being alone
- Being with other people
- Saying no to an unreasonable request
- Being without a cell phone, vomit bag, or other items that feel like they prevent anxiety
- Delegating tasks to someone else.

Start small and gradually work up to more anxiety provoking situations

module 4



STEP TWO Pick an item that you would like to work on

Choose one or two items from your list that you'd like to work on. To set yourself up for success choose the LEAST anxiety provoking items first. Do not start with something that feels overwhelming — better to start small and gradually work up to the more anxiety provoking situations. Imagine how satisfied and proud you will feel when you are able to remove something from this list. Save your initial list so that you can track your progress over time by crossing off those things you have successfully mastered.

Overcoming avoidance and other unhelpful anxiety-related behaviours doesn't happen overnight. It happens gradually over time, with lots of practice, and works best if you break things down into manageable steps.



STEP THREE Make a plan for practice

Break down each feared item into a series of manageable chunks using the **Building Strengths Worksheet** on page 112 of this module and in Module 6 on page 14. See the following example to help you understand how to approach this step.

EXAMPLE Earlier, we talked about Angie (Module 4, page 11), who was suffering from panic attacks in the postpartum. For her the panic attacks usually occurred when she left the house, and particularly in the supermarket or crowded places. Angie started avoiding leaving the house unless she was with her husband or mother. She was also unable to leave the baby with others. She has identified three areas that she wants to work on (e.g., leaving the baby with someone else, going to the supermarket, bathing the baby) and broken each item into more than one different type or level of task or challenge. She then imagined how she would feel doing each task and rated them using the scale below. She then listed them in order from easiest to most difficult.

0	1	2	3	4	5	6	7	8	9	10
no anxiety at all					extreme anxiety					

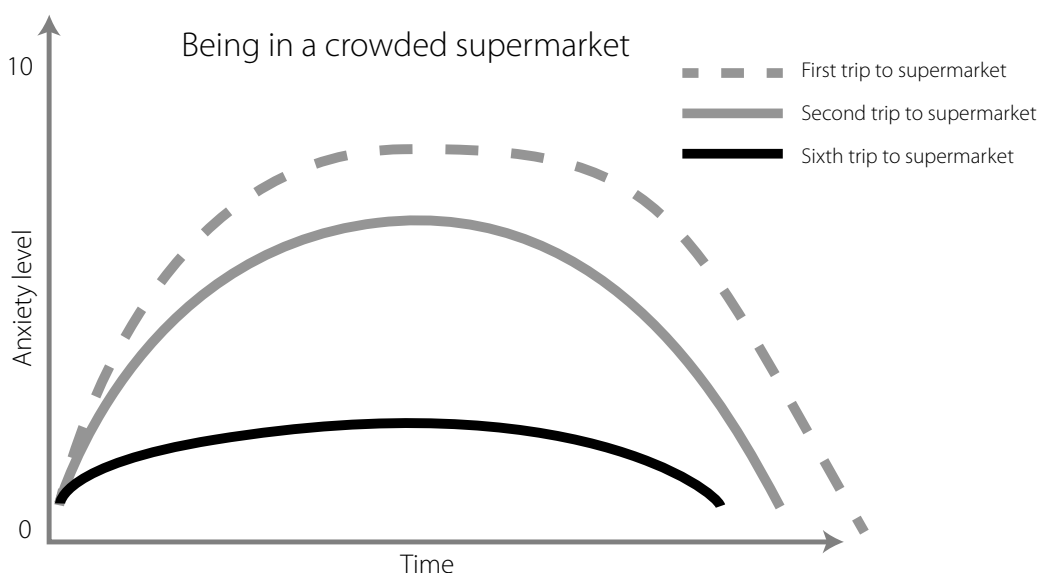
Angie's next steps	Anxiety rating (0 – 10)
Leaving the baby with her mother for 10 minutes while she runs an errand	3.0
Leaving the baby with her mother for an hour	4.0
Leaving the baby with her mother all day	5.0
Going to supermarket during a quiet time with her husband	6.0
Going to supermarket during a quiet time alone	7.0
Being in a crowded supermarket with her husband	7.5
Leaving the baby with a friend or family member other than husband or mother	8.0
Being in a crowded supermarket alone	8.5
Leaving the baby at childcare	9.5



STEP FOUR Practice, practice practice

Angie will begin practicing the item with the lowest rating over and over again (Leaving the baby with her mother briefly while she runs an errand) until her maximum level of anxiety in this situation drops as close to 0/10 as possible, and she feels comfortable in that situation. Angie will become comfortable with some of these steps within days or weeks while others will take longer. When she feels comfortable with a particular item she can then proceed to the next item on the list. While she is practicing each item, she will use her other anxiety management skills, like breathing and relaxation techniques and thought challenging to help her to stay in the situation until her anxiety comes down to a manageable level (see “Managing Physical Symptoms of Anxiety” page 59 and “Managing Anxious Thoughts” page 73). For example, when she is practicing going into the supermarket, she will be sure to practice relaxed breathing and will remind herself that she is perfectly safe even if she experiences some symptoms of anxiety.

In the diagram below, you can see how Angie’s level of anxiety changed over the course of her first few practices with going to the supermarket alone during a quiet time.



*With step by step repeated practicing,
you can become comfortable with
almost any feared situation*

module 4



As you can see, Angie was quite anxious when she went to the supermarket for the first time (dotted line), but as she stayed there and saw that nothing terrible was going to happen, her anxiety gradually decreased. Angie continued to practice going to the supermarket over the next few days. As you can see looking at the grey line, the second time she went to the supermarket, she wasn't as anxious as she was the first time. Just like before, her anxiety gradually came down on its own as she stayed there. By her sixth trip to the supermarket, she felt very little anxiety and was able to complete her shopping quite comfortably. This is why practicing approaching your feared and avoided situations is so powerful — with step by step repeated practice, you can become comfortable with almost any feared situation..

More examples of plans for practice

Here are some examples of ways to break down anxiety-related behaviours into manageable chunks. Further guidance can be found in this module on page 110.

- decreasing checking behaviours
 - for example, for a mother who checks on her sleeping baby very frequently
 1. checking on her sleeping baby every 15 minutes
 2. checking on her sleeping baby every 30 minutes
 3. checking on her sleeping baby every hour
 4. checking on her sleeping baby every few hours
- decreasing excessive cleaning
 - for example, for a mother who cleans her baby's bottles excessively
 1. washing the baby's bottle 10 times before using it
 2. washing the baby's bottle 6 times before using it
 3. washing the baby's bottle 3 times before using it
 4. washing the baby's bottle 1 time before using it

**More examples of plans for practice, *continued***

- increasing contact with the baby
 - for example, for a mother worried about her baby drowning in the bathtub and so she won't bathe her
 1. watching the husband bathe the baby
 2. soaping the baby while partner holds the baby
 3. holding the baby while partner soaps the baby
 4. washing the baby while partner is in the room
 5. washing the baby while partner is in the next room
 6. washing the baby while home alone
 - for example, for a mother worried about being alone with her baby
 1. care for baby while partner is in another room
 2. care for baby while partner is in the yard
 3. care for baby while partner runs a 10 minute errand
 4. care for baby while partner goes for a 30 minute errand
 5. care for baby while partner goes out for a meal for two hours
 6. care for baby while partner goes out for the morning
 7. care for baby while partner is at work
- Decreasing excessive reassurance seeking
 - for example, for a mother searching the internet for information about her own or her baby's symptoms, calling the doctor at least twice a week
 1. internet time at 30 minutes per day
 2. internet time at 15 minutes per day
 3. internet time every other day
 4. internet time once a week
 5. no internet time
 6. calling doctor twice a week
 7. calling doctor once per week (saving up questions)
 8. calling the doctor every other week (saving up questions)
 9. checking in with the doctor once a month



More examples of plans for practice, *continued*

- for example, for a mother who has been avoiding activities that increase heart rate (including exercise) because increased heart rate reminds her of panic attacks. Her doctor says she is medically 'fine'
 1. jogging on the spot for 20 seconds
 2. jogging on the spot for 40 seconds
 3. jogging on the spot for 1 minute
 4. walking up one flight of stairs
 5. walking up two flights of stairs
 6. riding an exercise bike for 15 minutes



BUILDING STRENGTHS WORKSHEET

Now it is your turn...

Using the Building Strengths Worksheet (Module 6, page 14 and below)

- Brainstorm ways to break each item down into more than one manageable component (get a trusted person to help if you get stuck). For example, if you are targeting riding the bus you might end up with several items including: riding the bus one stop with a friend, riding the bus several stops with a friend, riding one stop alone, and riding several stops alone. Make sure you include lots of items that feel manageable (low to moderate ratings of anxiety). Imagine what it would be like to experience each item and rate using the following scale:

0	1	2	3	4	5	6	7	8	9	10	
no anxiety at all											extreme anxiety

- Arrange all the items from the least difficult (lower anxiety ratings) to the most difficult (higher anxiety ratings).
- Begin practicing the least difficult item on a daily basis.
- When your anxiety level has dropped to 0 or close to 0/10 then proceed to the next item.
- Don't be tempted to jump ahead. The best results are achieved when gradually working through all the steps in order.
- If you find an item is more difficult than you expected, then redo the anxiety rating and move it to where it belongs in the list. This is not unusual and won't interfere with your progress as long as you continue to practice regularly.
- When you have successfully worked through an item celebrate your success — reward yourself by doing something special. Plan your rewards in advance to increase your motivation and to give yourself something to aim for.
- After you have mastered all the items, go back to your original list of behaviours and choose some new areas to work on. Work through developing the next steps and repeat this process to continue building strengths, decreasing unhelpful behaviours and overcoming avoidance.



Expect to feel some anxiety and discomfort when completing each task. This powerful technique works by gradually decreasing your anxiety each time you practice until the anxiety no longer returns. It really does work and is thought by many experts to be one of the most important components of effective treatment. The key is to tolerate the anxiety, as it will drop over time.

Remember that building strengths and overcoming avoidance doesn't happen overnight. It happens gradually over time, with lots of practice, and works best if we break things down into manageable steps. With consistent efforts, you will be able to benefit from this powerful technique.



Building Strengths Worksheet	
My next steps for:	Anxiety rating



maintaining gains and relapse prevention

Tips for preventing a future increase in symptoms 3

If you do experience an increase in symptoms 8

What to do if you become pregnant again 9



maintaining gains and relapse prevention

The goal of learning self-management skills for anxiety is not only to help you to feel better in the short term — but also to help you maintain your progress and gains and continue to stay well in the years to come. For this reason, another important part of self-management of anxiety is making a plan for how you will maintain your progress and reduce the chance that your symptoms will return or worsen.

This section is most useful once you have been successfully applying the skills taught in this guide for at least a few weeks.

Even when you have been feeling better for a time, it is still important to continue to practice your CBT skills



Tips for preventing a future increase in symptoms

Many women who have experienced anxiety during pregnancy or following the birth are worried about having a return of symptoms. Women with a past history of anxiety during pregnancy or following the birth have a higher risk of having another episode if they become pregnant again but many women do not go on to have anxiety in later pregnancies. In addition, there are a number of things that you can do to reduce the chances of a return of symptoms or relapse. This section offers some ideas on how you can do this.

The most important things that you can do to prevent a future increase in symptoms are:

Keep on using the anxiety management skills you have learned.

Even when you have been feeling better for a period of time, it is still important to keep practicing these skills and doing the activities that helped you feel better. It is the best way to prevent an increase or relapse in symptoms of anxiety. Just like exercise, if you stop self-management strategies then you usually start to lose the benefits.

- **Check in with yourself on a regular basis.** Make sure that you put aside some time to do this. For example, you may want to fill out the Self-Test for Anxiety (see Module 6, page 20) or the Anxiety Symptoms Checklist once a month to see how you are doing. You could also review the list of symptoms that you recorded on your CBT diagram from the introduction section to make sure that you are aware of any symptoms of anxiety. It is much better to notice and work on any increases in symptoms early on before the symptoms are more severe and more difficult to manage.
- **Keep this guide handy** and use it to “refresh” the skills you are already using and to remind you of other skills you may not have tried out yet.

Continuing self-care is an important part of maintaining improvements and preventing relapses

module 5



- **Manage your physical symptoms.** People who regularly use controlled breathing, muscle relaxation, yoga, or exercise find these skills become easier to use over time. Keeping physical symptoms of anxiety well-managed can help us to reduce and better manage anxiety and can save valuable physical, mental and emotional resources. These skills can also be helpful in improving sleep quality when used around bedtime.
- **Keep building your NEST-S**

As you will remember from earlier in this guide, good self-care is a very important part of maintaining good mental health. Many women are tempted to cut back on their self-care activities once they start to feel better. However, ongoing self-care is an important part of maintaining your progress and reducing your risk of relapse. It is a good idea to check in with yourself from time to time about how you are doing in each of the areas of self-care: Nutrition, Exercise, Sleep and Rest, Time for Yourself and Support. One good way to do this is to reread the self-care section of this guide (and answer the 5 Questions for each area of NEST-S) on a regular basis to make sure that you are keeping to your self-care program. If you find that you have cut back on your self-care in one of these areas, you can use the “Goal Setting” section of this guide to help you to gradually get back on track.
- **Keep active**

In the “Goal Setting” section of this guide, you learned how to set SMART goals. Most people start by making changes to some of the important areas of self-care. If you are doing well with your self-care, you may want to use the goal-setting steps that you learned to help you with tackling other behaviours you would like to change
- **Build strengths: decreasing safety behaviours and overcoming avoidance**

Another key component of relapse prevention involves continuing to build strengths by decreasing safety behaviours and overcoming avoidance (see Module 4, page 100). Just like athletes, those people who have been training and practicing for some time will be stronger and more effective than people who have just started their program.

 - Continue to face feared situations and triggers. The more familiar you are with something the less frightening it becomes.



- Try not to avoid things as it actually increases anxiety over time.
- Always look for ways to gently push yourself. Don't kid yourself that being careful with yourself is good.
- Try new things, do something you have always dreamed about or plan an adventure. This way you will learn to enjoy feeling excited about life again without feeling anxious.

- **Identify and challenge anxious thinking patterns**

In the “Managing Anxious Thoughts” section of this guide, you learned how to identify and challenge anxious thoughts and to replace these with more healthy thinking patterns. Sometimes you need to remind yourself of the facts in order to maintain a healthy perspective — otherwise old unhealthy patterns of thinking can sneak back into your life and start to create problems again. Also sometimes new negative thinking patterns are triggered and need to be challenged just like older negative thinking patterns you have already worked on (see Module 4, page 73). Keeping track of changes in your anxiety and thinking patterns can help you to keep your skills sharp in this area. You may have developed some healthy thinking statements to challenge some of your more common negative thoughts. Continue using them to encourage yourself, especially if you are facing new challenges that can trigger old thought habits.

In addition to continuing to check in with yourself about your symptoms and practicing your self-management skills, there are a few other things that you can do to help you to reduce your chances of relapse.

- **Know your “red flags” and early warning signs**

“Red flags” are events or experiences that can be stressful for anyone (see below for a list) but people who have experienced anxiety in the past are more at risk of an increase in symptoms when they are coping with stressful situations such as those listed here. When people are aware of the types of situations that are “red flags” for them, they can be better prepared to take steps to prevent significant increases in symptoms and to respond quickly when symptoms begin to rise.



If you can see that a “red flag” situation is coming, it is especially important to make sure that you are practicing good self-care and that you are using your self-management skills. Think about how you tend to respond during times of stress (e.g., don’t eat enough, pull back from friends and family) and have some specific ideas about what you can do to be prepared for this challenging period (e.g., ensure you have some microwave dinners in the freezer, make plans to get together or talk to friends at a specific time).

Red Flags	
<ul style="list-style-type: none"> • Pregnancy and post-partum • Parenting stressors • Relationship abuse or conflict • Moving or house renovations • Other problems with housing • Financial troubles or changes in income • Ministry involvement in own or family’s life • Health problems (self or others) • Continued sleep deprivation, disruption or other sleep issues • Drinking or using drugs beyond recommended intake 	<ul style="list-style-type: none"> • Feeling anxious • Having too many responsibilities • Getting separated or divorced • Starting a new relationship • Getting engaged or married • Death of a loved one • Death of a pet • Starting or returning to work or school • Other work or school stress • Any other life events involving change. • Any other stressful experiences • Stopping medications for depression or anxiety

Most women are also aware of their “early warning signs”, that is, the thoughts, behaviours, physical symptoms or emotions that tend to appear when their anxiety is building. Being aware of your early warning signs makes it more likely that you will “catch” your anxiety and that you will be able to apply your self management skills to bring your anxiety back down.

● **Have a personal wellness plan**

It can be very helpful to have a list of your “Red Flags” and your “Early Warning Signs”. In addition, once you have figured out which anxiety management skills are most useful for you, consider making a list of these and keep it handy. That way, if you experience some red flags, notice some early warning signs, or that your anxiety begins to increase again you can put your wellness plan into action more easily.



For example, an ‘early warning’ sign may be that you are starting to do everything yourself again. So, it would be helpful to have ideas about how to keep your social support strong, e.g. seeking professional help, sharing responsibilities and reaching out to friends.

Example

My Red Flags	Early warning signs and symptoms (what to watch for)	What I can do
Renovating my house	Feeling overwhelmed Letting daily tasks slip	Ask my mom to watch the kids Set some small goals with my partner Go for a walk with friend
	Reassurance seeking too much	Limit myself to asking questions at Doctors appointments
	Not getting enough sleep	Make a plan with my partner to get to bed ½ hour earlier

Based on what you learned from your recent experience with anxiety, fill out the table below.

My Red Flags	Early warning signs and symptoms (what to watch for)	What I can do



If you do experience an increase in symptoms

Remember that symptom “lapses” (e.g., temporary increases in anxiety) are very common, especially during “red flags”. They do not necessarily mean that you are going to go back to when you were feeling your worst. Lapses are very common and typically pass with time and some effort to apply skills that you have learned. Think of a lapse as a “reminder call” to get back to using your self-management skills, especially any that you may have stopped using. Remind yourself that you typically feel better in a few days or weeks. In the meantime focus on continuing to do the usual things in your life even when you are feeling anxious or low. Keep in mind that many lapses are predictable (see Red Flags section above) and sometimes even avoidable.

Pull out your personal wellness plan and make sure that you are following it.

If the symptoms do not go away after a short while or are very upsetting or disruptive for you then make an appointment to review your concerns with a health professional so that you can get additional help or treatment if necessary.



What to do if you become pregnant again

There are a number of things you can do that are helpful:

- Continue to monitor yourself throughout your pregnancy and following the birth. That way, if you notice that you are having increased symptoms of anxiety, you will be able to ask for support.
- Keep in touch with your health care provider over the course of your next pregnancy and following the birth. Let your health care provider know about any symptoms of anxiety or depression that you may be having. This will make it easier for you to get the help that you might need sooner and can reduce the chances of a relapse.
- Plan for practical support during pregnancy and following the birth.
- Plan for emotional support during pregnancy and following the birth.
- Continue to use this guide to help you to practice effective anxiety self-management skills.

SHERRIE'S STORY

Sherrie is a 37 year old married secretary who recently gave birth to her first child. At her scheduled 6 week follow-up visit, Sherrie told her family physician that she had been feeling extremely anxious and worried about her son becoming ill. Because of this, she was washing and rewashing the baby's pacifier any time she put it down somewhere for fear that the baby would get "germs" from the soother being placed on an unclean surface.

She worried that these germs would make him seriously ill. She was experiencing panic attacks a few times a week and was beginning to feel depressed. She was reluctant to be left alone with her son for fear that something would go wrong and she wouldn't know what to do. This was causing significant problems for her because her husband works full-time outside the home and most of her family lives in another city.

Sherrie's family physician prescribed medication and referred her to a mental health professional with experience in CBT who provided her with sections of this guide to help her understand her anxiety and learn skills to better manage her symptoms.



Here's an overview of how the different components of CBT from this manual helped Sherrie with her anxiety:

FROM INFORMATION FOR WOMEN (MODULE 2): When she read this section, Sherrie was surprised to learn that anxiety affects thoughts, feelings, behaviours and physical symptoms. She was relieved to read the information about panic attacks (**MODULE 4**) and to learn that although these episodes are uncomfortable, they are not dangerous or an indication that she is going crazy. She was reassured to learn that her symptoms are treatable and that she could learn skills to help her change the thoughts and behaviours that are keeping her anxiety going and also better manage her panic attacks.

FROM SELF-CARE (MODULE 4): As she read through the nutrition section and answered the questions, Sherrie realized that she was only eating one meal a day when her husband was home from work. She set a goal of eating a protein bar every morning while her son has his first morning feed. Sherrie also realized that since her son was born, she had had little social contact with her friends and that this was probably contributing to her feelings of anxiety and depression. She and her husband did some problem solving together and agreed that he would care for the baby for an hour after work once a week so that she could meet a friend for a walk, which would also help her to increase her exercise.

FROM MANAGING SYMPTOMS OF ANXIETY (MODULE 4): From this section, Sherrie learned techniques that she could use during a panic attack and began to practice these techniques every time she felt that a panic attack was coming.

FROM MANAGING ANXIOUS THOUGHTS (MODULE 4): From this section, Sherrie learned to identify when she is having anxious, unrealistic thoughts about the likelihood of her baby getting sick. She then worked with her mental health professional to generate more fair and accurate statements that she uses to “talk back” to her anxious thoughts when they arise. She wrote these on “coping cards” that she reads over when these thoughts are bothering her.

FROM OVERCOMING AVOIDANCE AND OTHER ANXIETY-RELATED BEHAVIOURS COMPONENT (MODULE 4): Together with her mental health professional, Sherrie created two separate hierarchies to work on. The first involved gradually increasing the amount of time she that she is alone with the baby. This was her hierarchy:



Item	Anxiety Rating
Care for baby while partner is in another room	3
Care for baby while partner is in the yard	4
Care for baby while partner runs a 10 minute errand	6
Care for baby while partner goes for a 30 minute errand	8

She also made a hierarchy to work on gradually decreasing the amount of excess pacifier washing she was doing related to her son.

Item	Anxiety Rating
Washing the baby's pacifier 5 times before using it	2
Washing the baby's pacifier 4 times before using it	4
Washing the baby's pacifier 3 times before using it	6
Washing the baby's pacifier 1 time before using it	9

Sherrie worked on each step over and over again until that step caused her only a little bit of anxiety and then she moved on to the next, more difficult step on the hierarchy. Within a few weeks, she was able to care for her son by herself without becoming anxious, and was no longer washing and rewashing her son's pacifier.

FROM MAINTAINING GAINS AND RELAPSE PREVENTION (MODULE 5): Once Sherrie had made significant progress she and her mental health professional made a list of the all of skills and ideas that she found helpful in managing her anxiety. She also made a specific plan for ensuring that she continues to regularly practice her self-management skills. She and her mental health worker also discussed "early warning signs" that the anxiety is again becoming unmanageable and talked about what to do if this happened (e.g., contact her mental health professional, review list of skills learned in treatment, etc).

With medication, these skills and ongoing support from her friends and family, Sherrie gradually began to feel less anxious and more confident in caring for her baby. Her mood improved and she began to enjoy spending time alone with her son. Although she still experiences anxiety from time to time, as we all do, she now feels empowered to manage her symptoms.



We hope this guide has helped you to learn more about yourself and provided you with some ideas about how to improve your sense of well-being so that you can truly enjoy the 'great moments' of being a mother. Good luck on your journey.



handouts for women

Self-tests and extra worksheets

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My Anxiety Symptoms Checklist 20

I'm a loved one of a woman who is coping with anxiety.
How can I help her? 22



Self-test for anxiety symptoms during pregnancy and following the birth

Note: These questions are not meant to diagnose an anxiety disorder. Rather, they are intended to help you better understand what symptoms you are experiencing and what sections of this guide may be most beneficial to you.

SECTION 1 Questions about panic attacks		
1. Do you experience sudden “rushes” of intense fear or anxiety accompanied by uncomfortable physical sensations such as: <ul style="list-style-type: none"> • heart palpitations/increased heart rate • trembling/shaking • feelings of choking • nausea • dizziness/lightheadedness • feeling that things around you are “unreal” • fear of losing control/going crazy • sweating • shortness of breath • chest pain • chills or hot flushes • numbness/tingling • fear of dying 	Yes	No
2. Do you have at least four of these sensations at once?	Yes	No
3. Do these symptoms reach their peak within 10 minutes?	Yes	No

If you answered no to this question, please move on to section 2

If you answered yes to questions 1, 2 and 3, you have likely experienced a panic attack. Many people will experience panic episodes at some point in their lifetime. People have panic attacks for all kinds of reasons. Some people may have only a couple of the physical sensations at once (what is called a “limited symptom attack”). If you experience any of these symptoms, you may find it helpful to read the sections entitled “Panic attacks” in Module 2 and “Managing panic attacks” in Module 4, page 70.



4. Do you experience repeated, unexpected or unprovoked panic attacks?	Yes	No
5. As a result of these attacks have you: <ul style="list-style-type: none"> • worried about having more attacks • worried about the effects or meaning of these attacks? (e.g., “these attacks mean that there is something wrong with me”, “I am going to die”, “I am going to embarrass myself”, or “I am going to pass out”) • changed your behaviour or daily routine (e.g., avoided situations, stopped exercising, changed your diet, tried to avoid stress) 	Yes	No
6. Do you avoid places or situations because of the fear of having a panic attack and being unable to get help or being unable to leave (e.g., avoiding crowds, waiting in lines, public transit, being away from home alone)?	Yes	No
7. Do the panic attacks and related problems upset you a lot or interfere significantly with your life?	Yes	No

If you answered yes to questions 1 through 4 and to at least two of questions 5 through 7 and these symptoms are significantly interfering with your life, you might have a more significant, but treatable problem with recurrent panic episodes. It is recommended that you contact your family physician to discuss your symptoms and treatment options. You may find that reading the sections entitled “Panic attacks” and “Managing panic attacks” in Module 4 is especially helpful.



SECTION 2 Questions about worries	
1. Do you spend a significant amount of time worrying or being anxious about a variety of different topics or daily activities (e.g., baby’s health, getting chores done, finances, relationships, getting to appointments on time)?	Yes No If you answered no to this question, please move on to section 4
2. Do these worries bother you most days (i.e., more days than not?)	Yes No
3. Do you find the worry difficult to control?	Yes No
4. When you are worrying do you experience any of the following symptoms most of the time?: <ul style="list-style-type: none"> • restlessness/being on edge • difficulty concentrating or your mind going blank • muscle tension • fatigue • irritability • sleep problems 	Yes No
5. Does the worry/anxiety upset you a lot or interfere significantly with your life?	Yes No

If you answered yes to questions 1 through 5 you might have a more significant, but treatable problem with excessive, uncontrollable worry. It is recommended that you contact your healthcare provider to discuss your symptoms and treatment options. You may also find that reading the section entitled “Excessive and uncontrollable worry” in Module 4, page 13 is especially helpful.



SECTION 3 Questions about intrusive thoughts and compulsive behaviours

<p>1. Do you have frequent unwanted thoughts, images, or impulses that are difficult to get out of your head and are very upsetting or anxiety-provoking? (e.g., thoughts/images of harm coming to your child, thoughts of illness or contamination, aggressive thoughts, need to have symmetry or order, etc.)?</p>	<p>Yes No</p> <p>If you answered no to this question, please move on to question 3 in this section</p>
<p>2. Do you try to ignore, fight, or control the thoughts, images, or impulses?</p>	<p>Yes No</p>

If you answered yes to the above 2 questions you might be experiencing intrusive thoughts.

<p>3. Do you repeat behaviors (e.g., counting, washing/cleaning, checking, arranging things) or mental acts (e.g., counting, praying) in response to the intrusive thoughts?</p>	<p>Yes No</p>
<p>4. Do you do these behaviors excessively to reduce your anxiety or prevent harm?</p>	<p>Yes No</p>

If you answered yes to questions 3 and 4, you might be experiencing compulsive behaviours.

<p>5. Does it seem to you (or to others around you) that your intrusive thoughts or compulsive behaviours are excessive or interfere with your life?</p>	<p>Yes No</p>
<p>6. Do the intrusive thoughts and compulsions cause you a lot of distress, are they time consuming (at least one hour per day), or do they significantly interfere with your life?</p>	<p>Yes No</p>

If you answered yes to questions 1 through 3 and at least two of questions 4-6 and it is significantly impairing your life, you might have a more significant, but treatable problem with intrusive thoughts and compulsions. It is recommended that you contact your family physician to discuss your symptoms and treatment options. You may find that reading the section entitled “Obsessions and compulsions” Module 4, page 21 is especially helpful.



If you are experiencing other problems with anxiety (e.g., intense fear of being scrutinized or evaluated negatively by others, or recurrent thoughts or memories of a past traumatic experience), many of the strategies covered in this manual will likely still be helpful to you. However, it is important to contact your doctor and to let him or her know about your symptoms and to find out about effective treatment options that may be more specific to your particular type of anxiety problem. Using the “Tracking Symptoms Worksheet” in Module 6, page 10 and reading the “Tips for talking to a health care professional about your symptoms” in this Module, page 18 may be helpful to you as well

Edinburgh Postnatal Depression Scale (EPDS)

JL Cox, JM Holden, R Sagovsky, Department of Psychiatry,
University of Edinburgh (1987)

module 6



Name: _____ Date: _____

Number of Months Postpartum: _____

As you have recently had a baby, we would like to know how you are feeling.
Please mark the answer which comes closest to how you have felt in the past 7 days
not just how you feel today.

Example: I have felt happy

- Yes, all the time
- Yes, most of the time
- No, not very often
- No, not at all

In this example, the "x" means "I have felt happy most of the time during the past week."
Please complete the following questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things.

- As much as I always could 0
- Not quite so much now 1
- Definitely not so much now 2
- Not at all 3

2. I have looked forward with enjoyment to things.

- As much as I ever did 0
- Rather less than I used to 1
- Definitely less than I used to 2
- Hardly at all 3

3. I have blamed myself unnecessarily when things went wrong.

- Yes, most of the time 3
- Yes, some of the time 2
- Not very often 1
- No, never 0

4. I have been anxious or worried for no good reason.

- No, not at all 0
- Hardly ever 1
- Yes, sometimes 2
- Yes, very often 3



- 5.** I have felt scared or panicky for no good reason.
- | | |
|---|---|
| <input type="checkbox"/> Yes, quite a lot | 3 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> No, not much | 1 |
| <input type="checkbox"/> No, not at all | 0 |
- 6.** Things have been getting on top of me.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time I haven't been able to cope | 3 |
| <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual | 2 |
| <input type="checkbox"/> No, most of the time I have coped quite well | 1 |
| <input type="checkbox"/> No, I have been coping as well as ever | 0 |
- 7.** I have been so unhappy that I have had difficulty sleeping.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, sometimes | 2 |
| <input type="checkbox"/> Not very often | 1 |
| <input type="checkbox"/> No, not at all | 0 |
- 8.** I have felt sad or miserable.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, quite often | 2 |
| <input type="checkbox"/> Only occasionally | 1 |
| <input type="checkbox"/> No, never | 0 |
- 9.** I have been so unhappy that I have been crying.
- | | |
|--|---|
| <input type="checkbox"/> Yes, most of the time | 3 |
| <input type="checkbox"/> Yes, quite often | 2 |
| <input type="checkbox"/> Only occasionally | 1 |
| <input type="checkbox"/> No, never | 0 |
- 10.** The thought of harming myself has occurred to me.
- | | |
|---|---|
| <input type="checkbox"/> Yes, quite often | 3 |
| <input type="checkbox"/> Sometimes | 2 |
| <input type="checkbox"/> Hardly ever | 1 |
| <input type="checkbox"/> Never | 0 |

To score this measure:

Add up the numbers appearing beside your answer for each question.

If you score 1, 2, or 3 on question #10, you should consult with your family physician as soon as possible.

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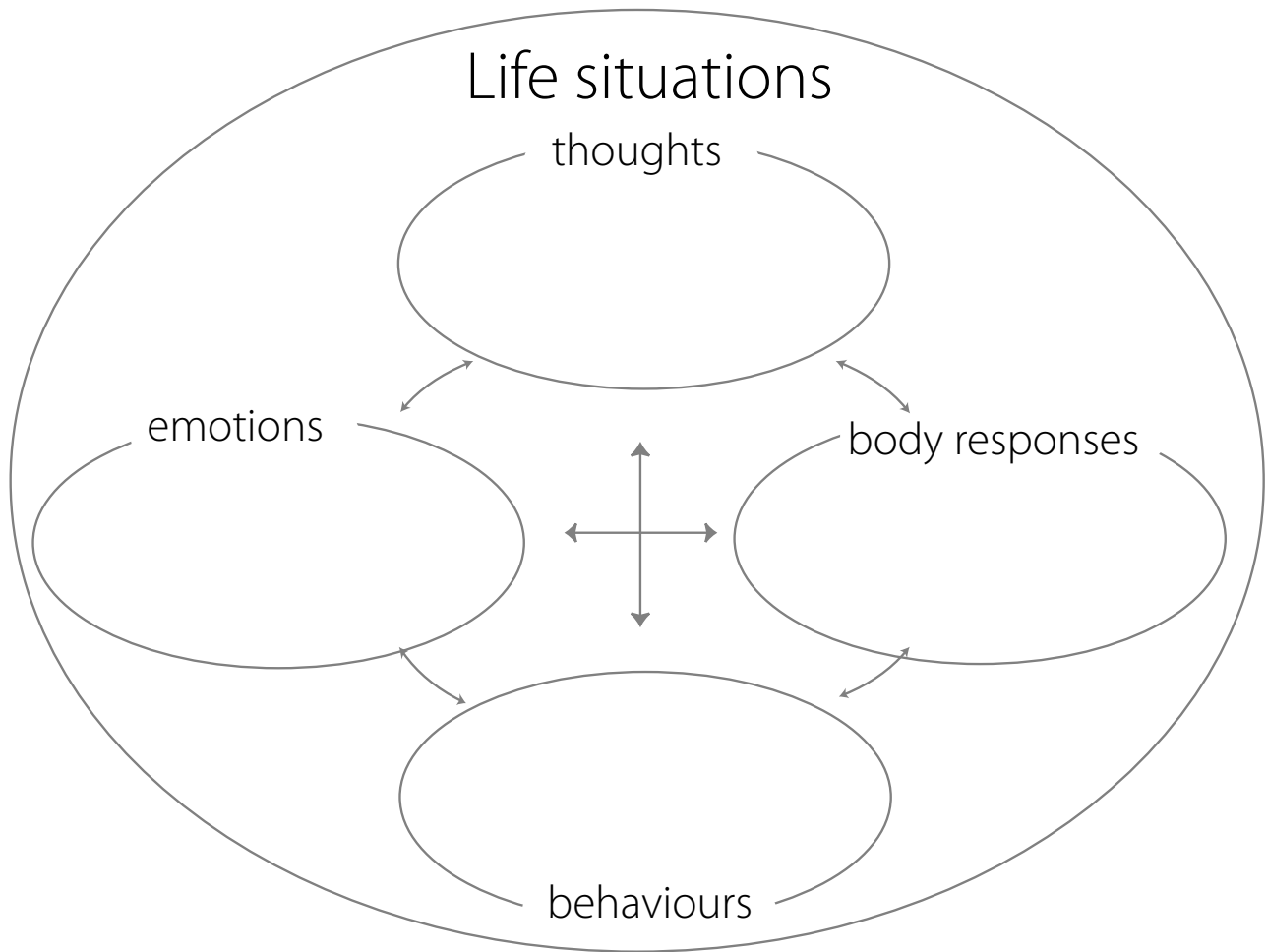
Cox, J.L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.

Situation or Trigger	Thoughts	Body Symptoms	Behaviours or Coping Responses	Outcome
Watching a news program about bird flu	What if I catch bird flu and because I'm pregnant it harms my baby?	Pounding heart, shortness of breath, dizzy	Called my husband at work and booked an appointment with my family doctor	My husband said that my risk of bird flu is not high because I don't work with birds or visit farms. I cancelled my appointment with my family doctor.
Sitting in mother and baby group feeling sick.	What if I am about to pass out and cannot get home safely?	Dizzy, nauseous	Felt the urge to escape the situation, told my friend in case I needed help	Left the room to get some fresh air. Didn't feel like I could go back in. Decided to wait around for my friend to be finished and then walk home.

Outcome					
Behaviours or Coping Responses					
Body Symptoms					
Thoughts					
Situation or Trigger					



The Cognitive Behaviour Therapy Model of Anxiety





Goal Setting Worksheet

Area	Idea for positive change	SMART Goal/Plan	Done



Thought Challenging Worksheet

Situation	Anxious thoughts	Thinking trap or questions to challenge this thought	Healthier thoughts

Building Strengths Worksheet

module 6



My next steps for:	Anxiety rating



Additional resources

INFORMATION ON MEDICATIONS

Medications treat the symptoms of anxiety at a chemical level in the brain. Medications can help to decrease your anxiety to a more manageable level so you are able to focus on using CBT skills to make lasting changes to thinking patterns and behaviours that may be causing or worsening your anxiety. For the treatment of anxiety during pregnancy and following the birth, medications are best used in combination with self-care and CBT skills.

Several medications have been shown to significantly lower symptoms for many people suffering from anxiety. There are two main types of medications that are used to treat anxiety in pregnant and breastfeeding women: (1) antidepressants and (2) benzodiazepines.

Antidepressant medications:

Although these medications were first used to treat depression, they are also effective in treating anxiety. These medications act on neurotransmitters, which are chemical messengers between the brain cells. The most commonly used antidepressants are SSRIs (Selective Serotonin Reuptake Inhibitors) and SNRIs (Serotonin and Norepinephrine Reuptake Inhibitors). They can be used in pregnant and breastfeeding women when CBT does not treat all the woman's anxiety symptoms. The use of these medications would be advised when the benefits of using them outweigh the risk of any possible side effects.

Antidepressants can be prescribed by your family physician or psychiatrist. They usually take three to four weeks to begin to work, so it can take a while to know if that medication will work for you. Sometimes, one antidepressant may not be effective or may have unwanted side effects and your physician will advise a change.

It is important to take the antidepressants at the same time every day and to remain on them until your physician advises you to stop. Do not abruptly stop your antidepressants as this may result in a significant increase in your level of anxiety. Always talk to your physician about your medication and make decisions about any changes together.

**Benzodiazepines:**

Benzodiazepines are another type of anti-anxiety medication. These medications work very quickly to reduce anxiety levels. Sometimes these medications are prescribed to provide short-term relief while waiting for an antidepressant to take effect. These medications are *not recommended for use on a long term basis*.

Other Medications:

Sometimes your physician may prescribe other types of medications alone or in combination with the medications listed above. Very occasionally, antipsychotics may be prescribed in addition to the antidepressants to treat severe anxiety that is unresponsive to other types of treatment.

COMMONLY ASKED QUESTIONS ABOUT USING MEDICATIONS TO TREAT ANXIETY DURING PREGNANCY AND FOLLOWING THE BIRTH Listed below are some commonly asked questions about taking medication during pregnancy and following the birth.

If I start taking medication to treat my anxiety, will I have to stay on medication for the rest of my life?

Probably not. Although every case is different, many women who choose to take antidepressant medication for treatment of anxiety during pregnancy and following the birth of their baby will later make a decision with their physician to gradually stop taking their medication after approximately 1 year. However, this depends on the severity and duration of the anxiety. This important decision is usually discussed with the prescribing physician who can help the woman to make a decision that will work well for her. Medication should never be stopped suddenly or without medical advice. Some medications have to be decreased slowly to prevent symptoms such as headaches or stomach upset.

If I breastfeed while taking medication, will the medication harm the baby?

Probably not. Research suggests that you can breastfeed when taking certain antidepressant medications. A small amount of medication does get into the breast milk but usually does not have a negative effect on the baby. Your physician should be able to help you to choose a medication that is safest for the baby.



Will the medication have unpleasant side effects?

It depends. Like other prescription medications, antidepressants carry the risk of side effects. There is a range of side effects, and since everyone is unique, side effects will differ. Most side effects decrease after a few weeks. You should tell your health care professional about any side effects that persist and are bothersome to you.

If I take medication, will I still need to make other life changes?

Yes. Antidepressant medications often lessen the anxiety symptoms and give you more energy. This may make it easier for you to identify and change patterns of thinking and behaviour that may be contributing to your anxiety.

Will taking antidepressant medication interfere with my psychological therapy?

No. Many women choose to use both antidepressant medication and a form of psychological therapy such as CBT. In more severe cases, medication may help the woman to have enough energy and motivation to work on and apply the skills that she is learning in her psychological treatment.



TIPS FOR TALKING TO A HEALTH CARE PROFESSIONAL ABOUT YOUR SYMPTOMS

Talking to a trusted health care professional about your symptoms is important.

Here are some tips to make sure that you get the most out of your appointment.

Making your appointment

- Book a longer than usual appointment. It is okay to ask for a double appointment time. Let the professional's office staff know that you need extra time.
- Consider bringing a friend or family member with you for support. That person can also help describe your symptoms if you're unable or take notes for you.
- Get help if language is a barrier between you and your health care professional. There are interpreters that can help over the phone or by being with you in person. Ask the professional's office staff if this service is available. If an interpreter service is not available bring someone you trust to interpret for you.

Getting ready for your appointment

- Write a list of all of your symptoms and take it with you (see Anxiety Symptom Checklist below). List your body symptoms such as feeling on edge or difficulty sleeping as well as what you are thinking, feeling and doing. Your health care professional can help you best if she or he knows all your symptoms.
- Do the Edinburgh Postnatal Depression Scale, Anxiety Symptom Checklist, or bring your filled out Tracking Symptoms Worksheet and bring it to the appointment. These are helpful because they list your symptoms.
- List any recent stressful events or major changes in your life so you remember to tell your health care professional. Tell him or her if you are experiencing violence or abuse in your relationship. Also tell her or him about any family history of mental health or substance use problems.
- Write your questions down and take them with you to the appointment.
- Take a pen and some paper to the appointment so that you can write down anything that you want to remember. Your support person could take these notes for you during the appointment.
- Have a support person take care of your child so that you can focus on your visit

**At the appointment:**

- **Tell your health care professional what you are thinking, feeling and doing.** She or he needs to know so you get the right treatment and best care.
- **Give your health care professional a list of your symptoms or a copy of any questionnaires or worksheets that you filled out.** Talk about different ways of managing and treating your symptoms. Remember that anxiety can be treated. Treatment may include psychological treatment, medications or both. Make sure you understand the advantages and disadvantages of each option. Even if psychological treatment is not easily available in your community they should be mentioned as an option for treatment.
- **Ask questions.** Write your questions down as you think of them so you can ask them before you leave.
- **Be sure you and your health care professional agree on a treatment plan you can live with.** This may not be the final plan but you should have some options to think about until your next appointment.
- **Write the answers to your questions or important points that you may want to think about later.** These points may be what to do, or how often to do it. Your support person could help you by taking these notes.
- **Repeat the treatment steps back to your health care professional.** This helps make sure that the plan is clear to both of you.
- **Ask about other resources available in your community.** These may be community programs, childcare subsidies, or postpartum support groups.
- **If all of your questions were not been answered in this appointment,** book another appointment right away. This helps you get all the information you need as soon as possible.

After the appointment:

- Follow through on the steps you have agreed upon as your treatment plan.
- If you feel the plan is not working talk with a trusted friend.
- Make another appointment so that you can talk to your health care professional about how you have been doing and if the treatment has been helpful.

If you want to find a new family doctor, the College of Physicians and Surgeons of BC can provide you with a list of doctors accepting patients in your area.

Source: Adapted from Bayer Institute P.R.E.P.A.R.E Patient Education Program and the Anxiety Disorders Toolkit.



MY ANXIETY SYMPTOMS CHECKLIST

Check off any symptoms that you have been experiencing for several weeks or more. Only include symptoms that are excessive or cause significant disruption or interference on a regular basis. Remember to take this checklist with you to your appointment with your doctor.

Y/N	Symptom	Y/N	Symptom
	Feeling anxious, fearful, scared, tense, worried, etc.		Increased attention and scanning for things related to the source of danger
	Rapid heart, heart palpitations, pounding heart		Difficulty concentrating on things not related to the source of danger
	Sweating		Frightening dreams or nightmares
	Trembling or shaking		Getting reassurance from others
	Shortness of breath or smothering sensations		Difficulty making decisions about other things
	Dry mouth or feeling of choking		Chest pain or discomfort
	Trying to distract myself		Excessive checking or cleaning
	Nausea, stomach distress or gastrointestinal upset		Visual changes (e.g., light seems too bright, spots, etc.)
	Urge to urinate or defecate		Cold chills or hot flushes
	Dizziness, unsteady feelings, lightheadedness, or faintness		Needing to escape or leave the feared situation, experience, place or people
	Feelings of unreality or feeling detached from oneself		Telling myself reassuring things (e.g., "It will be ok")
	Numbing or tingling sensations		Needing to find a safe place to go to
	Avoidance of the feared situation, experience, place or people		Needing to be with a person or pet who makes me feel safe
	Blushing or red blotchy skin (especially around face)		Self-medicating the symptoms with drugs, alcohol or food
	Muscle tension, aches, twitching, weakness or heaviness		Sleeping or napping so I don't have to think about it



Y/N	Symptom	Y/N	Symptom
	Thoughts or images of something bad happening to self (dying, not being able to cope, being responsible for something terrible happening, embarrassing ourselves, etc)		Thoughts or images of something else bad happening (house burning down, personal possession being stolen, terrorism attack, etc)
	Thoughts or images of something bad happening to someone else (family member dying, a child being harmed, spouse having an accident, etc)		Other frightening thoughts, images, urges or memories (tell your health professional as many details as you can about the content)
	Other compulsive behaviours or mental rituals		Scanning the situation for signs of danger



I'M A LOVED ONE OF A WOMAN WHO IS COPING WITH ANXIETY. HOW CAN I HELP HER?

Sharing responsibilities, offering support, and encouraging her to work on her treatment plan are important ways you can help her. The support you give her can make a big difference in helping a new mother to improve her symptoms and get back to feeling like herself again.

Here is a list of ideas. Talk with her about which ones will work best.

Share responsibilities:

- **Take over some of the housework and childcare.** Suggest what tasks you can take on. Ask the mother what you can do to help daily.
- **Give her a break that she can count on. New mothers can really benefit from some time away from the demands of caring for a baby. For example,** take the baby out for a walk or encourage her to get out for a walk so that she is really “off duty”
- **Reduce her stress wherever possible.** You may not be able to change the fact that the baby is not sleeping but it may be possible to arrange to get up with the baby a few nights or let the new mother sleep in on the weekends.
- **Hire a housecleaner.** Having the house cleaned once a week can make a huge difference.
- **Hire someone to help with childcare.** This gives the new mother practical support and a much needed break. Childcare can also give the new parents time to do something they enjoy together as a couple.
- **Accept help from friends or family members.** If the woman is pregnant, discuss how they can be involved before the baby arrives. Getting organized early can help to reduce worries. Once the baby comes, accept help that is offered.
- **Ask your doctor, public health nurse or other health care professional to help you find the support the new mother needs.** If finances are an issue and you don't have social support, there are other ways to get a break. Talk to your public health nurse about what resources are available.

**Give support:**

- **Offer emotional support.** Listen, listen, listen. Being with her or listening without offering advice may be what she needs. Do not judge, criticize or blame her.
- **Give encouragement.** A woman with anxiety in pregnancy or after the birth is going to be hard on herself. Reassure her that she is doing a good job as a mother, partner or in other roles that are important to her. Find something everyday that you can tell her you admire and appreciate about her.
- **Try to understand her needs.** Ask her what kind of support she needs from you and be reliable in giving her that support.
- **Reassure her** that she will get better and that it may take some time. It's *not helpful to tell her:*
 - She should get over this.
 - That you are tired of this.
 - She should be happy.
 - To lose weight or work on her appearance in other ways.
 - She "asked for this" by wanting a baby.
- **Remind her** that having anxiety does not change how you feel about her. Tell her you will stand by her and show her this by using the ideas in this section.

Support her treatment plan & take it slowly:

- **Learn about anxiety.** This may help you separate the person from the illness and realize that her behaviour and comments may not be directed at you. Let her be in charge of her treatment decisions. Support her choices. Do not become the expert about her illness.
- **Be involved in her treatment plan as much as she asks.** She may ask you to go with her to doctors' appointments. She may ask your help to do healthy behaviours such as going for walks. Know when to back off so that she does not feel pushed or forced.
- **Have realistic expectations.** New mothers are usually surprised at how hard it is to 'get anything done' with a new baby in the home. Caring for a baby is a full time job and other responsibilities (e.g., household tasks) may not get as much time or attention as they used to.



- **Point out and focus on her successes.** Positive feedback usually motivates women to do even more to manage their anxiety. It helps create a positive cycle. Remind her that ups and downs are normal. They are to be expected and are not a sign of failure.
- **Reward effort, not outcome.** It is important to reward your loved one for the effort she is putting into managing her anxiety - even if her attempts are unsuccessful at times. Compliment her. Plan something special to help her stay with the treatment plan until she sees changes in her symptoms because of her efforts.
- **Be aware that your loved one may still be moody, upset or angry.** This should happen less often with treatment and support.
- **Understand that her sexual feelings may be affected but will return as she feels better again.** Show affection and be intimate without pressuring her for sex. Find other pleasurable activities to share together.

Care for partners:

It is common for partners, family and friends to feel stressed when a woman has anxiety during pregnancy or after the birth of the baby. You may even feel resentment, anger, guilt or fear. Living with someone with anxiety is not easy. It is important to take care of yourself and be flexible on how you do this.

- **Take care of your own mental health.** It can be difficult to support someone going through anxiety. It is important that you are doing things to maintain your own well-being. Make sure that you take time for yourself. Remember to be flexible. If the new mother has had a demanding day at home, it may be better to plan your time out for a different day.
- **Find someone you can talk to honestly** about how you are feeling and how her anxiety affects you. This may be a friend, a family member or a support group.
- **Seek help** for yourself if you are not coping or at risk of depression. www.heretohelp.bc.ca the BC Partners for Mental Health and Addictions Information Website gives more information about depression and anxiety.

Remember, you can't make your loved one well but you can offer support, understanding and hope that will help her. Each woman will experience anxiety a bit differently and will need different forms of support. The best way to find out what she needs is by asking questions.