

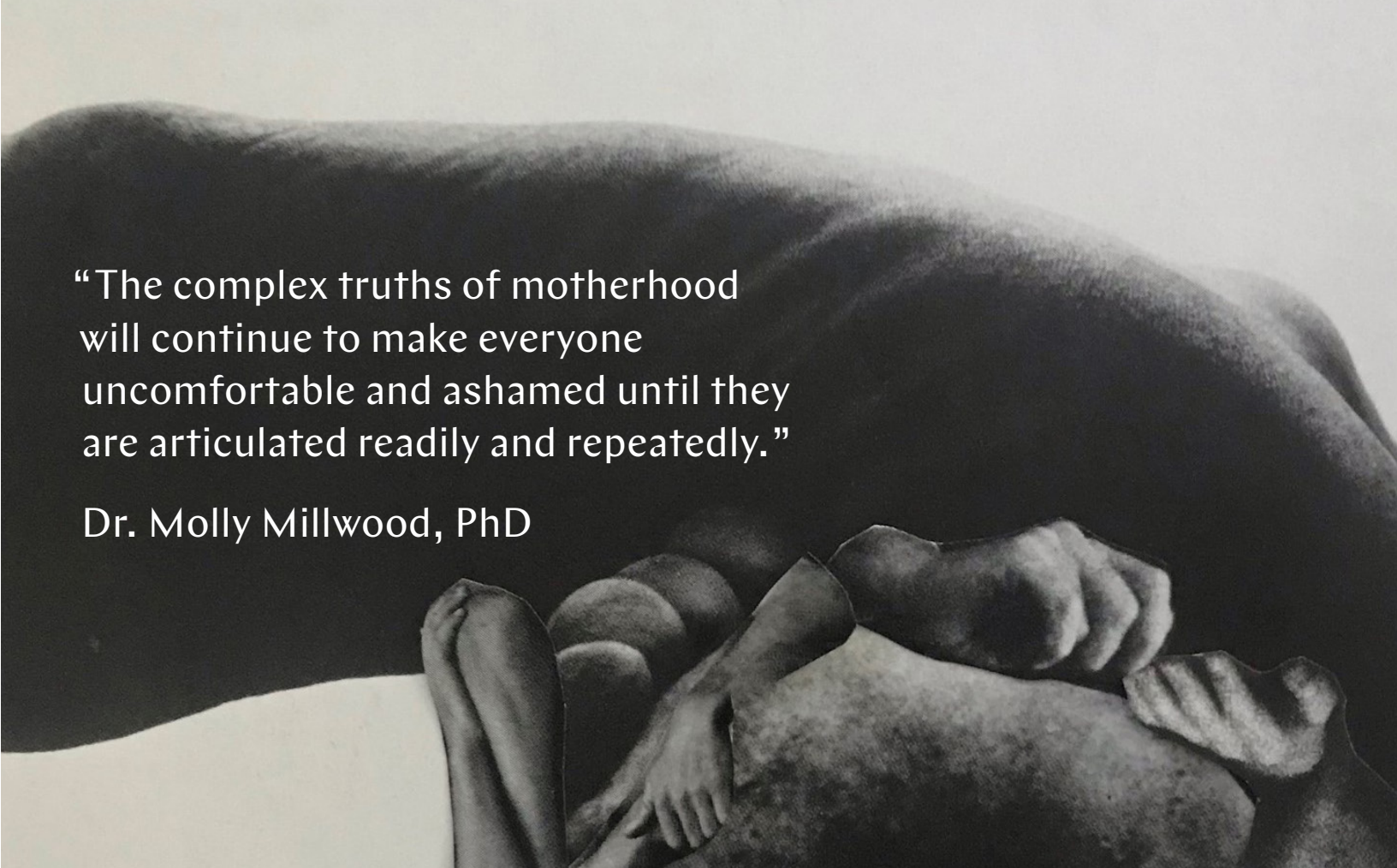


nyssa

THE NYSSA GUIDE TO...

Postpartum Unmentionables

created in partnership with
Dr. Laura Laursen, Rush University
Medical Center



“The complex truths of motherhood will continue to make everyone uncomfortable and ashamed until they are articulated readily and repeatedly.”

Dr. Molly Millwood, PhD

If you're pregnant, you've probably heard of the book “What to Expect When You're Expecting”. But what about what to expect after giving birth?

We, the founders of Nyssa, found ourselves studying all about pregnancy and birth...only to wind up with babes in arms and zero idea what was happening to our Fourth Trimester bodies and emotions.

One of the reasons we started Nyssa was to help prevent the next wave of mothers and birthing people from having to navigate the confusion and disappointment we experienced. We do that by talking about what we call the ‘unmentionables’ of postpartum — the things you might expect to encounter in the days, weeks, months and even years after childbirth (the Fourth Trimester is now being recognized by many midwives, doulas and OB-GYNs as lasting a full year following birth).

Of course, just as everyone's pregnancy and birth experience differs, your postpartum recovery is completely unique to you. And while we have

brought together information and guidance provided to us by vetted professionals in our network, we are not healthcare professionals ourselves. If you have any cause for concern during your postpartum recovery, please reach out to your doctor, midwife, pelvic floor therapist, lactation consultant, therapist etc., as needed.

Think of this guide as a window into what Nyssa's founders wish we had known about postpartum recovery before we embarked on our own journeys. It is not comprehensive; it will continue to grow and evolve as we add more information. Please reach out with any topics or unmentionables that you'd like to see covered, or if you have a story you would like to share with us and the Nyssa community.

We wish you strength and solidarity as you #gofourth into this wild, challenging, and fantastic time of transformation.

Mia, Aubrey, Eden & Ellen x



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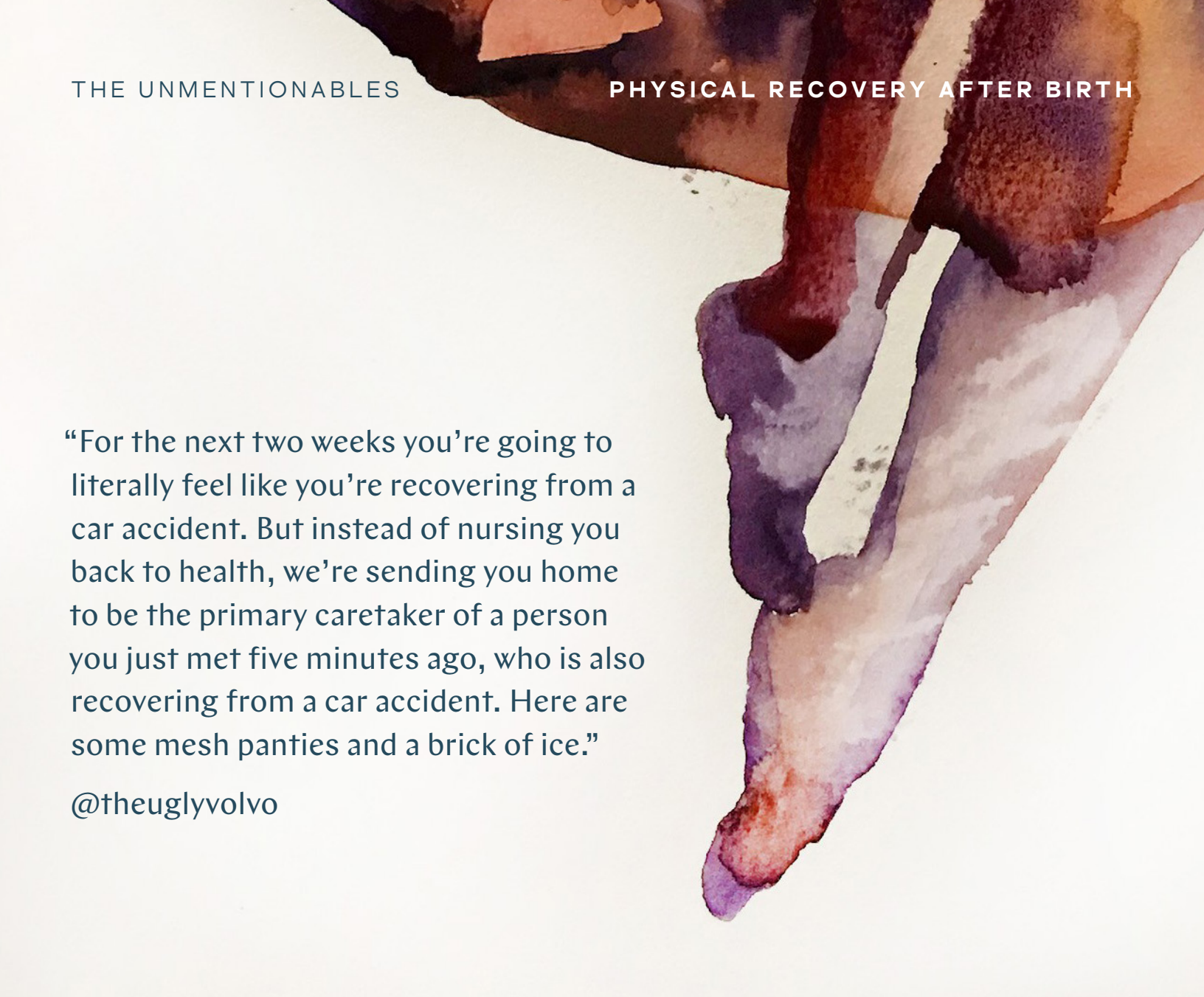
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Disclaimer:

We draw on first-hand expert advice and academic research to support our work. We are not healthcare professionals. If you have concerns about any of the topics that we cover, please seek support from a medical or mental health professional as needed.



“For the next two weeks you’re going to literally feel like you’re recovering from a car accident. But instead of nursing you back to health, we’re sending you home to be the primary caretaker of a person you just met five minutes ago, who is also recovering from a car accident. Here are some mesh panties and a brick of ice.”

@theuglyvolvo

The Focus Shift:

For months, the attention of medical professionals has been closely tied to your health and wellbeing. As soon as your baby arrives, unless you are in critical condition, that focus abruptly shifts to your baby.

Obviously, newborns need round-the-clock care. **But what about the mother?** Don’t be surprised if your wellbeing is immediately deprioritized as doctors focus on your baby. As journalist and author Angela Garbes noted: “People are trained to prioritize the health and safety of newborn babies, **not newborn mothers.**”

WHAT CAN I DO?

Advocate for yourself with your medical team.

You know your body best. If something doesn’t feel right, raise it. Ask for the support and care you deserve. If it’s easier to enlist a family member or friend’s help in raising concerns, that’s a great option too.

The Lowdown on Vaginal Tearing:

Over 90% of people who give birth vaginally for the first time will experience tearing¹. We know that can be hard to hear if you are currently pregnant or planning to get pregnant. The majority of tearing is 1st or 2nd degree; 3rd and 4th degree tears are more severe. Nyssa supporter and NYC-based photographer Frances F. Denny wrote an extremely honest and well-researched account of perineal tearing for [Harper's Bazaar](#) and you can read more about vaginal tearing on the website for the [Royal College of Obstetrics and Gynaecology](#).



WHAT CAN I DO?

Speak to your midwife or obstetrician about ways to possibly minimize your risk of tearing. Talk to them about forgoing routine episiotomy. There are some obstetric interventions that may increase your risks of tearing, such as vacuum or forcep delivery, but these might also be indicated to help your baby or to prevent caesarean section.

Be sure to have a pair of [FourthWear Postpartum Recovery Underwear](#) on hand, along with a stash of [Between Legs](#) and [Uterine Reusable Ice/Heat Packs](#). Ice therapy is proven to help ease the pain, discomfort and recovery time of postpartum vaginal swelling. Read more about our ice/pack design [here](#). We'd also recommend having our [VieVision Between Legs Mirror](#) on hand to stay on top of your swelling and stitch sitch, so you can be ready to inform your medical provider about any concerns. Many patients benefit from pelvic floor physical therapy after delivery and if your tear is severe, you may be referred to a urogynecologist. The vast majority heal very well without intervention.

That First Poop (Yours, Not Baby's):

Look, we're gonna give it to you straight. You're not just giving birth once. Or twice (remember that placenta?). Yep, your first poop after having a baby is going to feel like giving birth alllll over again (okay, not quite, but it is a big deal). Whether you've had a vaginal delivery or are recovering from caesarean surgery, you're pretty much guaranteed to have oscillating hormones, a pelvic floor that's worked overtime, and a perineum that's been stretched to its absolute limit. So pushing yet another object out of your body is, simply, the one thing you absolutely will not want to do. But do not fear! We've got some tips to take the scaries out of that number two.

WHAT CAN I DO?

Take a stool softener, stay hydrated and stay armed with a peri bottle and witch hazel wipes. We love this [deep-dive postpartum poop guide](#) by [Undefined Motherhood](#).

¹ Royal College of Obstetrics and Gynaecology, 2014

Lochia, Coming at Ya:

File under: things we'd wish we'd known before giving birth.

Everyone bleeds pretty heavily, even if you've had a c-section.

Lochia is a discharge of blood, mucus and uterine tissue.

This shedding is not totally unlike having your period, because it's made up of the same kind of blood and tissue. However, lochia happens on a much larger scale because of how large the uterus grows during pregnancy. Usually, lochia lasts for about six to eight weeks, so as long as you're within that window and your lochia is gradually decreasing in volume, it's probably normal. If it's getting stronger, you should call your doctor immediately.

Here is a **good guide** on what to expect with lochia.

WHAT CAN I DO?

Load-up on postpartum pads. We created our **Organic Cotton Extra-Long Postpartum Pads** especially to support postpartum bleeding. The perfect partner to our FourthWear Postpartum Recovery Underwear, they are designed to help with bleeding and leakage post-birth and feature an organic cotton top sheet to help keep you dry and comfortable as you heal.

'Bouncing Back' is BS:

Repeat after us: the idea of 'bouncing back' to your pre-birth figure is a **load of nonsense**. But self-love and body acceptance are complicated. The pregnancy and postpartum experience transforms our bodies in incredible, yet sometimes uncomfortable, ways. Despite the immense pressure women feel to "bounce back" after pregnancy, there is little support and even less research exploring the scientific impact of pregnancy on body image.

WHAT CAN I DO?

By buying into the myth that the whole purpose of postpartum is to 'get your body back', we miss the boat in our opportunity to truly honor and nurture ourselves in this amazing journey. We recommend following people who are keeping it real (we love @thebirdspapaya), muting anyone on social media that isn't sending a positive message about postpartum recovery and reminding people that your postpartum body is not open to comments.

If anyone does remark on your figure, you might want to say:

"Perhaps you could ask how I've been feeling instead?"

Remember: there's **no bouncing back**, only **bounding forward**.



“If I choose not to breastfeed, I don’t want to acknowledge that there are even small possible benefits to breastfeeding. So I encamp myself in the position that breastfeeding is a waste of time. On the other side, if I spend two years taking my boobs out every three hours, I need to believe that this is what it takes to deliver a life of continued successes to my child. This is a deeply human temptation, but it is also really counterproductive. Your choices can be right for you but also not necessarily the best choices for other people. Why? You are not other people. Your circumstances differ. Your preferences differ. In the language of economics, your constraints differ.”

Emily Oster, *Cribsheet: A Data-Driven Guide to Better, More Relaxed Parenting, from Birth to Preschool*

Breastfeeding Can be HARD:

We hear a lot about how wonderful breastfeeding is; the bonding; the feeling of confidence as you see your baby grow; the incredible simplicity of a baby falling asleep and resting against your breast. What we hear less about? Just how challenging breastfeeding or chestfeeding can be.

WHAT CAN I DO?

Use data to inform your decisions. We highly recommended reading Brown economist **Emily Oster’s book, “Cribsheet”**, prior to giving birth, as it tackles the polarizing topic of breastfeeding with candor, pragmatism and empathy (and check out our **interview with her on Nyssa: The Unmentionables**). If you feel strongly about trying to breastfeed and are having trouble, see a lactation consultant if you can.

Little known fact: many insurance companies will actually pay for one to come to your house! Most importantly, remember: the best decision you can make is the one that is right for your family, and that decision is totally unique to you.

Plugged Ducts Suck:

The Nyssa team didn't know much about engorgement and mastitis before giving birth — but boy did we gain a lot of first-hand knowledge afterwards!

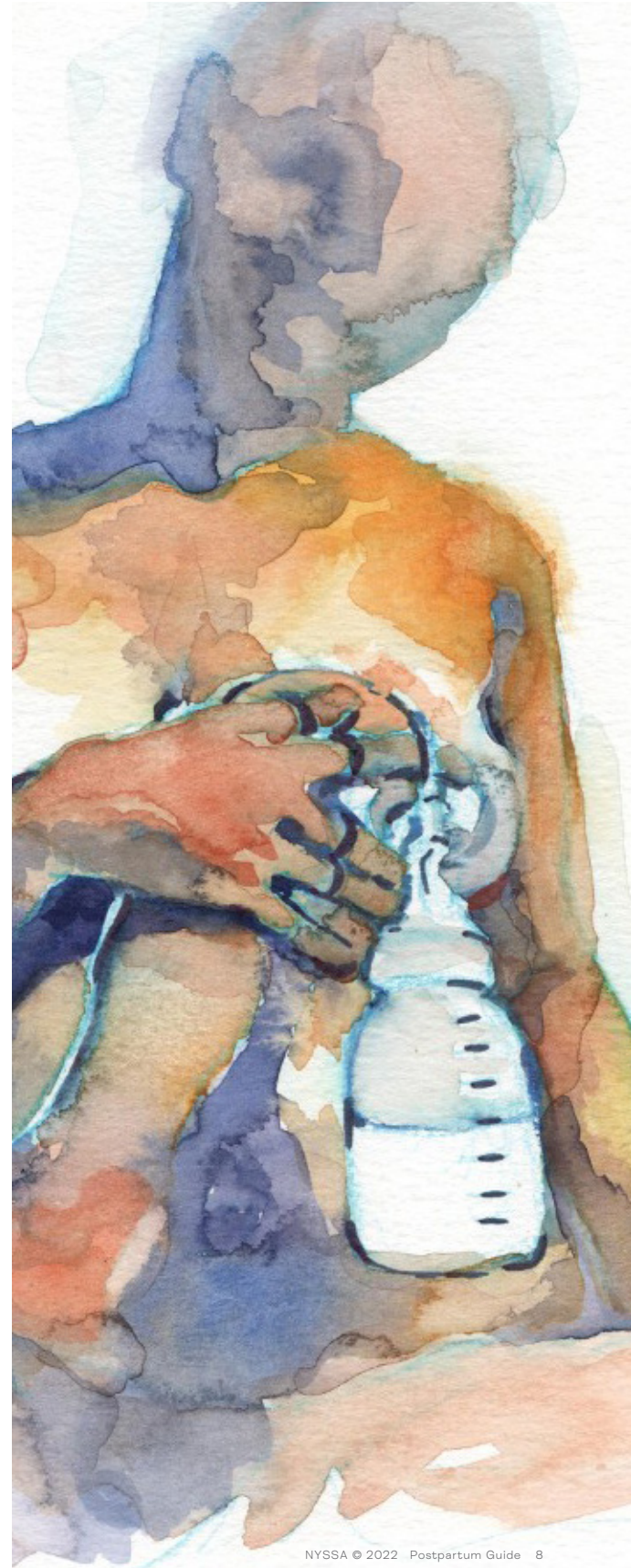
Left to their own devices, plugged ducts can be the downfall for a nursing mom. If you and baby are working in sync, breastfeeding shouldn't be painful. Pain is a sign that something's not right. While many people think engorgement, or swelling of the breasts/chest, is bound to happen when they first start bodyfeeding/ breastfeeding, it is not a given and can be avoided with frequent, effective nursing. Engorgement is defined as swelling of the breasts or chest when the milk comes in, usually on day 2-5 for most people. The breasts/chest can feel heavy, warm to hot, very full and quite painful for some people. Mastitis is usually caused by backed up milk in a section of the breast. This can progress to an infection if not treated.

WHAT CAN I DO?

First of all, have a lactation consultant on speed dial. If you're in hospital, don't be shy about asking the nurses to help you out. Be sure to breastfeed on demand and don't worry that the baby is feeding too much. Especially in the beginning, the only way your body learns to make milk and empty milk is from the baby sucking.

Cluster feeding (when your baby wants to feed very often at certain times followed by long gaps without feeding) seems insane, but it is completely normal. Check out our interview with boober Founder and maternal health expert, **Jada Shapiro**, who offers her top tips for nipping the chances of engorgement in the bud.

We'd also recommend having our **FourthWear Postpartum Recovery Bralette** on hand, which like our underwear, has interior pockets for you to slip our **Breast & Chest Ice/Heat Packs** into. Heat can be used for relieving discomfort, while cool can be used before feeding to help reduce swelling.



Pumping is Draining:

Hi, Mia from Nyssa here!

Breastfeeding didn't work out for me and I exclusively pumped (supplementing with formula) for the first four months of my daughter's life. I'm not going to pussyfoot around the truth: it was awful. As soon as you pump, feed, wash-up...you're right back at it all over again. I could hear the whir of the machine in my dreams! And I was lucky enough to be at home.

Another member of the Nyssa team, Rachel, was in the Neonatal ICU and **exclusively pumped for her son** for four months. If this is you, mama, we get it. For many people, pumping is simply an arduous yet necessary consequence of going into work or being physically away from our babe for another reason. But there are ways to make it (kinda) fun, we promise! (See: snacks, an excuse to watch a rerun of your favorite show in the middle of the night, the sweet, sweet knowledge that this too shall pass...)

Feeding your Baby is Your Business, Yours Alone:

Feeding is the ultimate parenting culture war.

One thing you can be sure of when you have a new baby is that everyone — literally everyone! — will have an opinion on how, when and where you feed your baby. Whether you breast or bottle feed, or a combination of the two, you can feel judged for your decisions from the minute you give birth.

In the words of Zoe Williams, a UK-based journalist and mother: “The spirit of compromise, of good enough, of whatever works, is itself deeply personal, an existential challenge to the creed of parental perfection.”

Someone will always have something to say, but just remember: **how you feed your baby is your business and no one else's.**

WHAT CAN I DO?

Find your community.

There are TONS of fellow pumping mamas out there and thanks to social media, lots of groups to connect with that will offer solace and solidarity. Truly, no one knows what it's like to pump until they go through it. You need your crew. And because your breasts may be tender, we suggest having our super soft **FourthWear Postpartum Recovery Bralette** and **Breast & Chest Ice/Heat Packs** on standby.

WHAT CAN I DO?

Again, use data to inform your decisions. Brown economist Emily Oster's book “Cribsheet” is a game-changer when it comes to making calm, informed decisions about what is right for your unique family.

We believe fed is best and we would all be a lot better off if we put aside judgement of our fellow parents. We are all trying to care for our families as best we can, and that is wonderful. And instead of beating yourself up, just think how incredibly cool it is that science has developed formula that can give a baby all the nutrients they need! It is enough.

“We’re shaped by persistent myths about motherhood that set us up to criticize ourselves and to believe the illusion that everyone else is doing okay. We’d be so much better off if we knew to expect a full array of messy emotions in motherhood.”

Dr. Molly Millwood, PhD

So, What is ‘Matrescence?’

Motherhood is often represented by the birth of a child.

But when a child is born, **so too is a mother**. If you’ve never heard of the term “matrescence” — coined by the anthropologist Dana Raphael — it is defined as the process of becoming a mother. It’s a word used to describe the **physical, psychological, and emotional changes people go through during the monumental transformation that is motherhood**. Yet, despite the enormity of this change — and beyond some attention in anthropology as well as the fields of psychiatry and psychology — the process of becoming a mother has been largely unexplored in the medical community as the focus remains mostly on the baby.

It can be helpful to think of matrescence in relation to adolescence. Adolescence is recognized as this bumpy, tumultuous time where your body changes and your attitude and hormones are raging. And, thank god, we get through it.

Matrescence is the same thing but in becoming a mother. We respect adolescence as a crazy time in life. Matrescence happens and we think it should be this beautiful, blissful, natural ‘thing’ that should happen to every woman: that it’s maternal destiny. NOPE. It’s like a nuclear bomb; it’s a big deal.

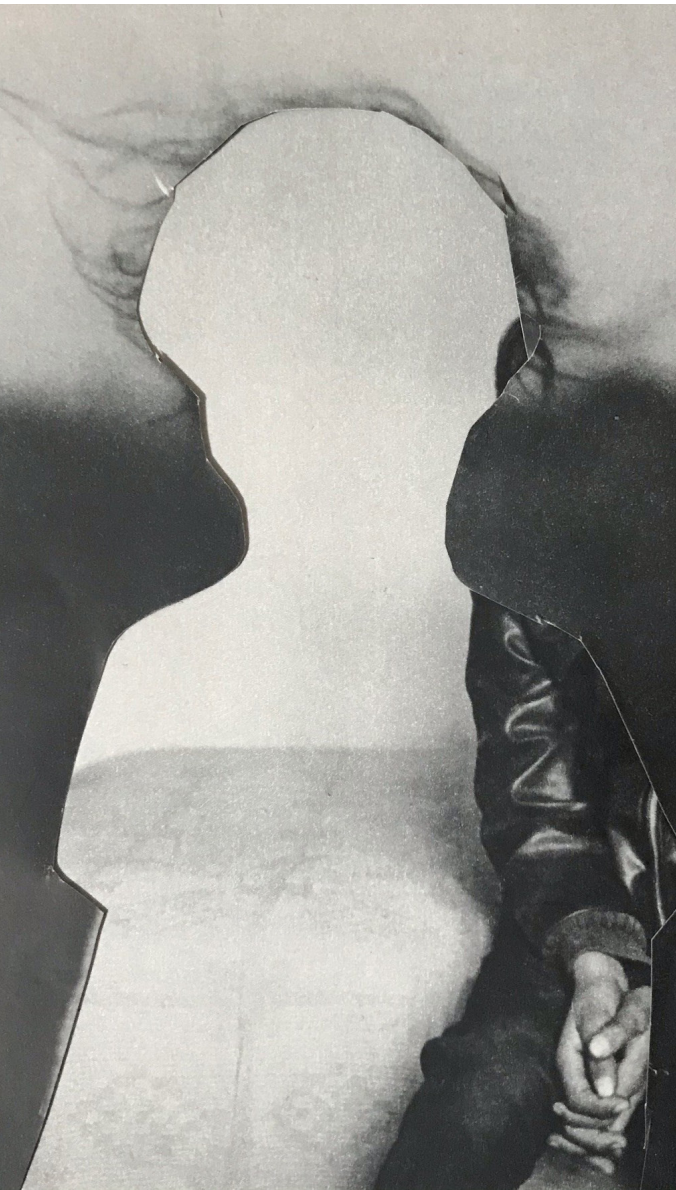
The truth of the matter is that when a person becomes a mother, **everything changes**. And new mothers need support — arguably more so now than ever.

WHAT CAN I DO?

In a well-known 2017 **New York Times essay**, reproductive psychiatrist Alexandra Sacks, M.D. — who regularly writes about and talks about matrescence — discusses some of the changes that often take place in the transition to motherhood. They include identity changes; changes in family dynamics (think: with a partner); feeling emotions like ambivalence, guilt, and shame; and even struggling with what you imagined motherhood to look like versus what your reality of your motherhood is (her **TED Talk on the topic of matrescence** has almost two million views). Simply being aware of these changes, the emotions you might feel, and the clashes you might experience between expectations and reality can help you better adjust to motherhood. After all, while you will experience incredibly beautiful moments with your baby, **motherhood is the unfiltered stuff** — and it’s not always accurately on display.

Me, Myself & I:

All four of Nyssa’s founders tussled with the reckoning of identity unleashed by new motherhood. Before we became mothers we identified as adventurers, musicians, travelers, business women, athletes. We wondered how our new identities as mothers would fit into the tone and tempo of our lives, which in many ways were defined by a strong sense of independence. Truthfully, it wasn’t easy. Along with the arrival of a bundle of joy came thorny issues such as self-worth, control, autonomy, and dependency. It’s something that we’ll always be figuring out and re-negotiating as our children change and grow. But now that we’re a few years in, we believe that grappling with questions of autonomy in motherhood, and the self-interrogation it requires is actually a very good thing for you — and your child.



WHAT CAN I DO?

Hold tight to the things that make you, you.

Ask for help so that you can still find time to integrate those things into your life, even if it’s as simple as a 10-minute solo walk around the neighborhood so that you can have a little space to think. And, remember these wise words of Dr. Sacks. Tape them to your bathroom mirror!

“The modern woman has so many more opportunities to see herself as more than a parent. But it can also create a confusing push-pull dynamic. When a baby plops itself into the center of your world, you’re going to feel pulled between the baby and the other parts of your identity, and that push-pull is a big source of confusion and anxiety for a lot of women. They think, ‘if I want to spend time doing other things, away from the baby, does that mean I’m a bad mom?’ No, it means you’re human. And it’s a good thing to keep paying attention to those other parts of your life, too. When you preserve your own identity, you also leave room for your child to develop their own.”

Returning to Work:

The US is the only OECD country without a national statutory paid maternity, paternity or parental leave. The Family and Medical Leave Act (FMLA) enables some employees to take up to 12 weeks unpaid maternity leave but only 60% of workers are eligible. Data from the Department of Labor shows that one in four new moms return to work just two weeks after having a baby — usually because they have no choice. Only a staggering **13% of private sector workers in the U.S. have access to paid family leave.**

This is not okay. Birthing parents need adequate paid time to recover and bond with their baby, and there needs to be leave for the ‘support’ parent, if there is one.

Being the only major economic powerhouse without solid parental leave rights gives the U.S. dozens of model nations to look to for ways to improve. In the meantime, we suggest taking a look at **Chamber of Mothers**, a collective movement to focus America’s priorities on mothers’ rights, with an initial goal to secure federal paid family and medical leave.



nyssa SEASON 1 | EPISODE 04
THE UNMENTIONABLES
 Returning to Work after Baby with
 Fifth Trimester Author/Founder
 Lauren Smith Brody

WHAT CAN I DO?

The first step should always be learning your rights. If covered by the **Family Medical Leave Act (FMLA)**, a parent of any gender is entitled to take up to 12 unpaid, job-protected weeks to bond with a new child after birth, foster care, or adoption. The key is if you are covered. Find out how your state measures up [here](#).

One of our favorite experts on all things related to returning to work after introducing a new child into your family is former Glamour magazine Editor, **Lauren Smith Brody**. Her book and movement, *The Fifth Trimester*, is a practical and galvanizing guide designed to help parents and businesses revolutionize workplace culture together.

We interviewed Lauren **for our podcast**, on which she shares her top strategies for preparing to get back into the workforce and, most importantly, the importance of advocating for oneself with bosses and colleagues.



Look, We Said It: Parenting Can be Boring!

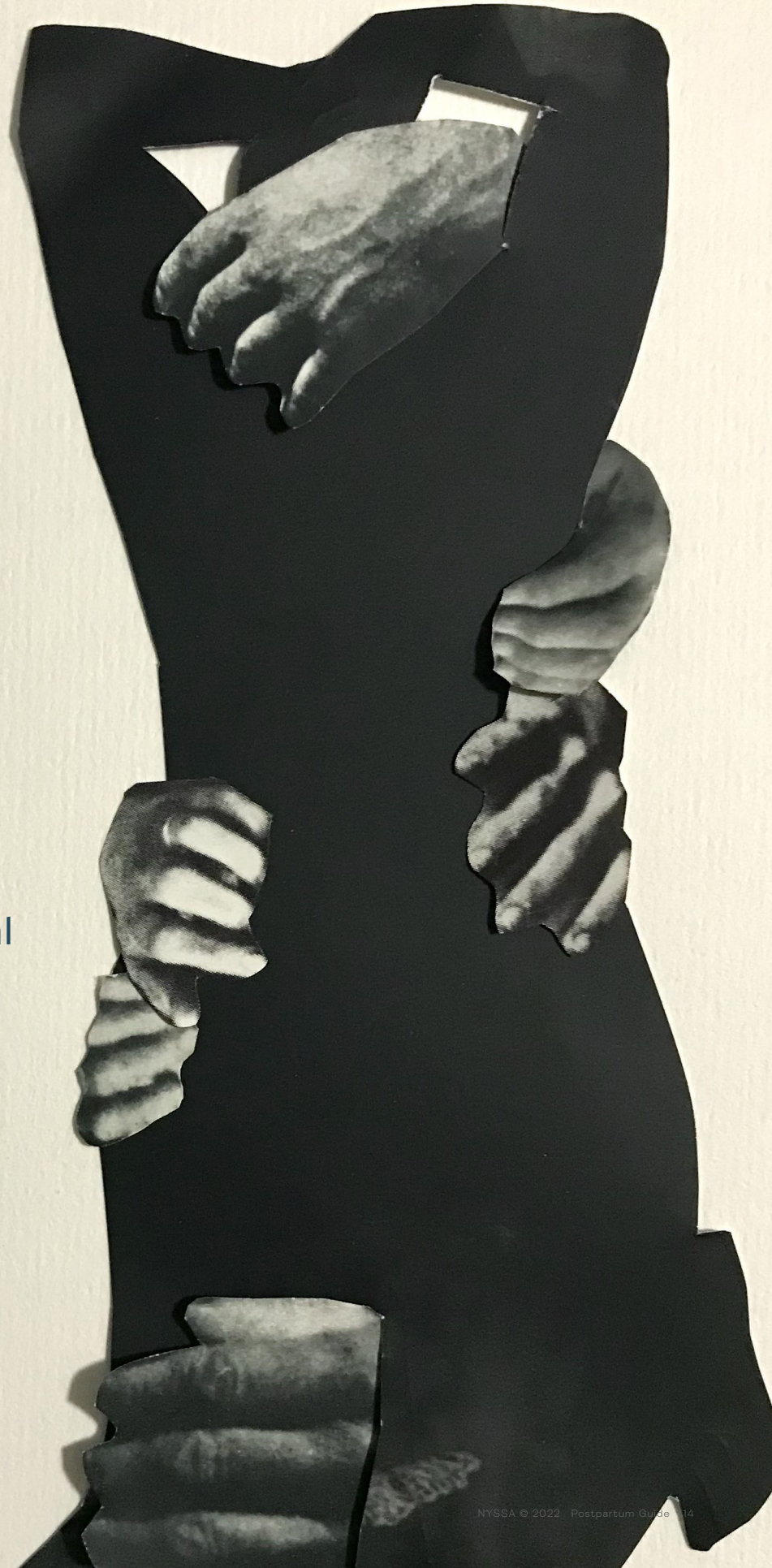
Taking care of a baby can be extraordinary. Full of tiny moments of bliss and wonder. Amazement. Astonishment. But for every moment that moves you to tears, there's gonna be one that, well, bores you to tears. You know why? Because looking after a baby can be excruciating! And that is okay! We all find it excruciating sometimes and all you can do is push through those strange, slow, time-warp moments because, in the words of Dr. Perri Klass, M.D., "...sometimes every moment will be a heartfelt expression of profound parental love, and sometimes you will be very bored, and the two are not as far apart as you might think."

WHAT CAN I DO?

Stick the wise words of Perri Klass to your refrigerator door and push on through, mama. The connections you form with young children are the most important thing in their world. So, read 'Goodnight Moon' for the 67th time but, hey, if you sneak in a few paragraphs of an article you want to read, or an Instagram scroll, we're pretty sure the world won't come crashing down.

“The most difficult part of birth is the first year afterwards. It is the year of travail — when the soul of a woman must birth the mother inside her. The emotional labor pains of becoming a mother are far greater than the physical pangs of birth.”

Joy Kusek, OB nurse



‘Baby Blues’ and Postpartum Depression:

Up to 80% of people will experience what is colloquially known as the ‘baby blues’ — a few days of sadness that occur shortly after birth. Baby blues typically do not last more than two weeks and the feeling is so common that it’s considered normal.

The majority of new moms will quickly recover without any extra help. Postpartum depression and anxiety are much more difficult conditions to overcome.

If your symptoms last longer or start later, you could have postnatal depression. Postnatal depression can start any time in the first year after giving birth.

According to the NHS, signs that you or someone you know might be depressed include:

- a persistent feeling of sadness and low mood
- lack of enjoyment and loss of interest in the wider world
- lack of energy and feeling tired all the time
- trouble sleeping at night and feeling sleepy during the day
- difficulty bonding with your baby
- withdrawing from contact with other people
- problems concentrating and making decisions
- frightening thoughts – for example, about hurting your baby

Many women do not realize they have postnatal depression, because it can develop gradually.

WHAT CAN I DO?

If you are experiencing the baby blues, know that you are not alone. You are part of a long narrative arc. Millions of parents have held the same worries and have struggled through the same sea of emotions. There are resources and there is history and there is knowledge... and there is emotional support when all the knowledge in the world won’t fix it.

Try contacting **Postpartum Support International**, which offers **over 14 specialized support groups available 5 days a week**, wherever you are. If you believe you are suffering from postpartum depression, please contact your ob, midwife, or mental health provider immediately.

We believe that one of the best things a pregnant person can do is seek consultation with a psychotherapist if there are any concerns about how the transition to motherhood may impact daily life. This way, you will already have a relationship with a therapist before the baby comes so you won’t have to find a therapist while feeling bad and taking care of a baby as so many new mothers often end up having to do!

If you are already prone to depression, or know that there is a predilection towards depression in your family, **this may be even more essential.**

Take care of your future self by working with a professional to develop a solid plan for emotional support once your baby arrives, if needed. Please do not stop any antidepressants during your pregnancy without talking to your provider. Most are safe during pregnancy and it is most important for your baby to have a healthy mom.

Getting Real About Postpartum Anxiety, Psychosis & OCD:

Most people are aware of postpartum depression as a common and no-longer-shameful problem faced by mothers, and occasionally fathers, in the early post-baby months. In recent years, it's become much less taboo to discuss the mental challenges that one battles during these early days of sleeplessness, worry, and massive life change. But what many people don't know is that in addition to postpartum depression, almost as many women suffer from other psychiatric problems, like postpartum OCD, plain old anxiety, and, more rarely, postpartum psychosis.

How do these other problems differ from postpartum depression, and what should you look out for?

Postpartum Obsessive-Compulsive Disorder (OCD)

has recently been shown to be more prevalent than previously thought, and because its symptoms can be disturbing to the sufferer, it's worth being aware of. About 1% of the general population suffers from OCD proper, but the number is much higher for women postpartum.

Postpartum Anxiety often means that women may have many of the same symptoms as generalized anxiety, including feeling stressed, nervous, on edge, or apprehensive, particularly about baby-related activities; sleeplessness; excessive worry; shaky or panicky feelings; the inability to relax; and purely physical symptoms like shortness of breath, dry mouth, heart palpitations.

One **study** found that almost 13% of the women sampled experienced general postpartum anxiety, as opposed to postpartum depression, of which 17% suffered. About 8% experienced both postpartum issues at once.

Postpartum Psychosis is a more severe postpartum psychiatric disorder, which affects about 1-2 women out of 1000. The disorder can set in within the first 2-3 days after giving birth, and up to a few months after (the average is a couple of weeks). Symptoms include severe mood swings — alternating mania and serious depression — confusion, disorientation, insomnia, delusions, and in some cases, auditory hallucinations.



WHAT CAN I DO?

Like many other brain and mood disorders, researchers haven't pinned down the details of what causes this change in certain women, but it's likely a combination of hormones, stress, brain chemicals, and genetic factors. If you or someone you know is suffering from Postpartum OCD or Anxiety, please contact a mental health professional immediately. Postpartum Psychosis is always a medical emergency and must be treated as such.

A note on PMADs, from Nyssa advisor and emotionally-focused couples therapist **Nikki Lively**:

“My field has come up with the term Perinatal Mood and Anxiety Disorders (PMADs pronounced Peemads!) in an attempt to be more inclusive — it reminds me of the acronym LGBTQIA — as a culture moving to represent previously invisible identities surrounding sexuality and gender we’ve developed a way with these letters to begin to acknowledge more fully the lived experiences of people outside the heteronormative mold. Though there are still some categories of experience not represented in the acronym PMAD, it serves a similar function for women that is definitely more encompassing of the most commonly occurring mental health struggles that can occur during pregnancy and postpartum. I’d like to see ‘PMADs’ be the default term used and that we add more letters to this acronym as needed to raise awareness of the diversity of experiences for which women need help and support.”

Entering — and Exiting — ‘The Fog’:

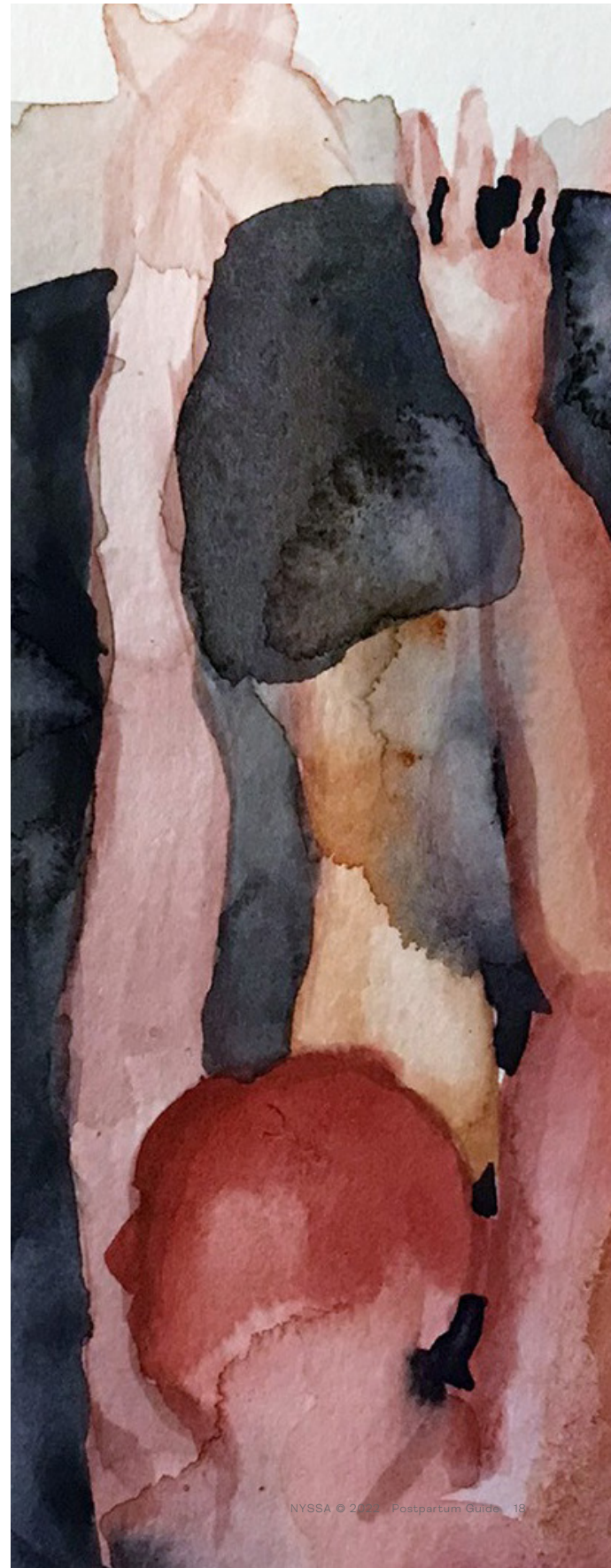
Baby brain. Momnesia. Whatever you call that strange fog that tends to start during pregnancy and blurs the peripheries of postpartum, recent research published in “Nature Neuroscience” indicates that pregnancy reshapes our brains in ways more far-reaching than we’d ever thought before (and are only just beginning to understand).

It’s real, folks! Shifts in grey matter were shown to happen in areas of the brain closely tied to social processing information (i.e., to help decode facial expressions and promote bonding). This presents the compelling idea that ‘baby brain’ is actually an **important adaptive phenomenon** that might help women prepare for raising their children by allowing their brains to flex to their new role as mothers. The same study showed that this loss of grey matter was **restored two years after birth**.

WHAT CAN I DO?

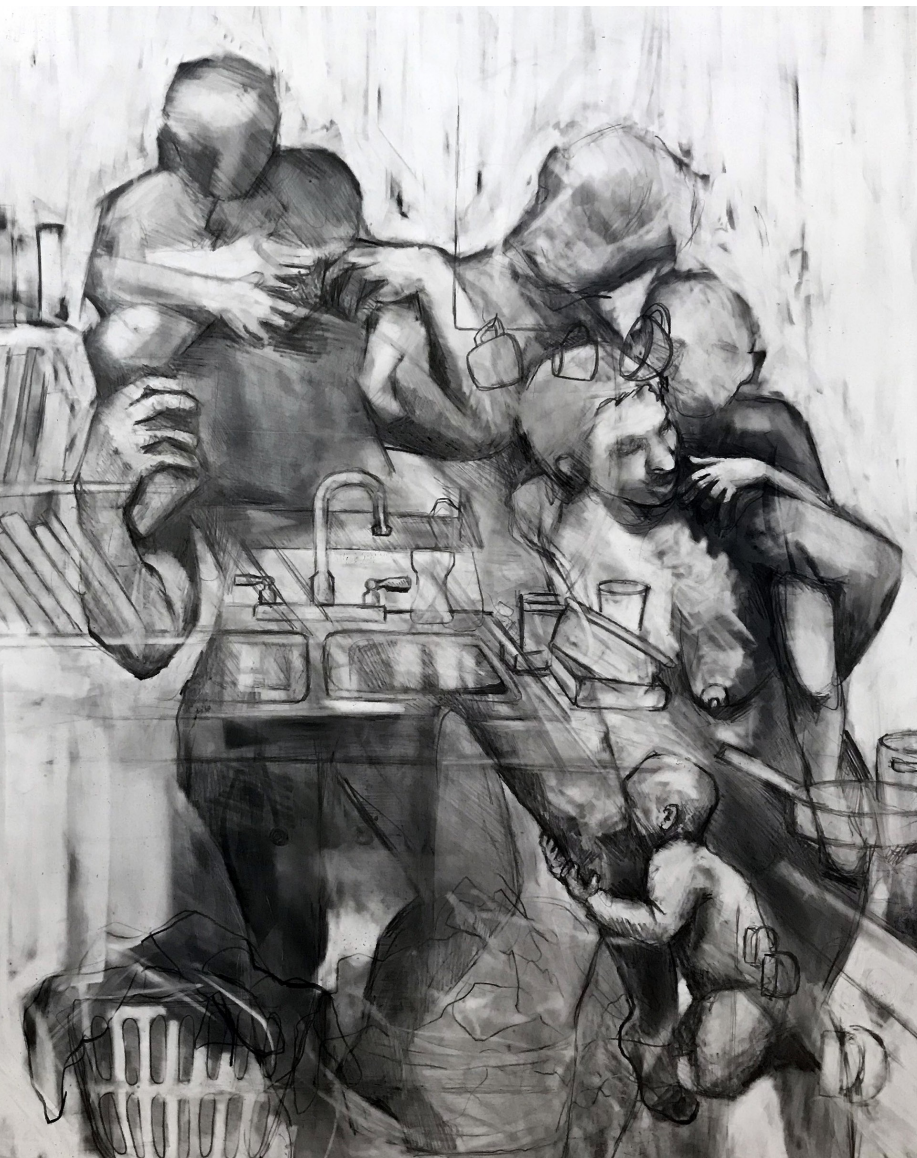
Take comfort in the fact that brain shrinkage is part of the many normal body changes that take place in pregnant people. Try to find comfort in the small triumphs. You may not be able to remember your partner’s name, but take pride in the fact that you know your pediatrician’s phone number by memory or that you can operate your breast pump with your eyes closed.

Take advantage of a few memory joggers. Leave yourself voicemails; write notes on your palm; keep a pen and paper in several places so you can jot down important reminders. And if you’re concerned about being able to find those reminders, place sticky notes in prominent places. One mom we know even put them on her baby!



Building Your ‘Village’:

You’ve probably heard the phrase, ‘It takes a village.’ Usually, it refers to child-rearing and birth, and while it may not take a literal village to successfully give birth and raise children, it certainly takes a metaphorical one. In a different era, new moms learned how to hone their mothering instincts from other, more experienced women. Growing up, working, and living alongside women who imparted their wisdom and offered opportunities for ‘practice’ when little ones needed watching allowed young women to learn the art of mothering. It gave them opportunities to learn how to tap into their instincts. Today, in our fast-paced, always-on culture we don’t have this same opportunity all the time. Mothers are often left to fend for themselves. But you deserve a village!



WHAT CAN I DO?

Sometimes our village is our family: mother, sister, cousin, or relative. Sometimes our village is made up of close friends or coworkers, and sometimes our village is one we construct ourselves by seeking it out. If you don’t have a village, try building one. Perhaps you will have two villages: one for labor and delivery and immediately postpartum that consists of a labor doula, postpartum doula, and lactation consultant; and one for life as a new mother that you find by joining due date clubs, mom groups, community clubs, or play groups. However you go about finding your village, we encourage you to continually, actively build it so that you have the support you need to navigate the complex terrain of new motherhood.

You’ll find some great resources online, too. We particularly love a fellow Chicago company, **Motherfigure**. Its **Motherlode portal** offers a directory of maternal wellness providers where you can find critical info about hospitals and birth centers; search for a lactation consultant, women’s health physical therapist, or birth doula, write a review to help other moms and moms-to-be and suggest people to help strengthen the community.

Relationship Changes & Challenges (Partner):

We'll be frank. Becoming a parent often puts a strain on relationships, regardless of what they were like before.

Part of the problem is that you're dog-tired and have so much less time to spend with your partner than you did before the baby arrived. That's a ticket straight to grouchtown. It's a lot harder to go out together and enjoy the things you used to do. Your partner may feel left out, and you may resent what you see as a lack of support. Perhaps you don't trust your partner's skills in caring for your baby the way you do (hot tip: loosening the reins can be good for your relationship and empowering for your partner; after all, who cares if the diaper is on backwards?)

We know it's hard — we've been there. But the stage when babies and children take up all your physical and emotional energy doesn't last forever, even though it can often feel like it.

WHAT CAN I DO?

We love this advice from Nyssa advisor and emotionally-focused couples therapist, Nikki Lively:

“The biggest piece of advice I might give to help mothers and their new partners is to begin to reflect while pregnant on how you tend to respond to, and cope with stress, and to talk to each other about that. The Fourth Trimester is an incredibly overwhelming time so our natural stress tendencies tend to come out in an unconscious and automatic way! For example, I tend to go into planning and control mode when I am stressed out, while my partner gets analysis paralysis, and copes by waiting to make a move until he has gathered all the available data. These two styles can really be frustrating to each other if we don't recognize the vulnerability underneath that is driving these coping behaviors! If new parents can recognize the signs of stress in themselves and each other, they can be much more compassionate with one another because they can name that and talk about it vs. getting into blaming or power struggles.”



Relationship Changes & Challenges (Friends):

We all like to think that having a baby won't change our friendships in any way, shape, or form. Yet it does, in a myriad of ways.

Some friendships grow stronger (sometimes with pals who don't have kids!!) and others become weaker. Experiencing some sense of isolation is totally normal.

As **this article** in The Atlantic states: “new parents commonly experience estrangement from their friends. The charity Action for Children, as part of broader research into loneliness, surveyed 2,000 parents. It **found** that the majority (68%) felt ‘cut off’ from friends, colleagues, and family after the birth of a child. Common reasons for this feeling of isolation included lack of money and the inability to leave the house when caring for small children.”

Yet while young children and a thriving social life don't exactly go hand-in-hand, take comfort in knowing that, like most things related to postpartum, it will not last forever. In fact, **research shows** that most women tend to regain contact with their friends after the child turns 5.



WHAT CAN I DO?

Friends enrich every stage of our life, but friendships during motherhood are a life jacket that keeps your head above water. Unfortunately, though, nurturing the friendships you have and making new friends can seem like more of a challenge now than ever- no matter how frequently you check your Instagram feed. Social media lets us communicate with friends even when we're miles apart, but there's no substitute for spending time together in person. We suggest seeing whether friends without kids can come over to your place (and **do not** fret about doing the dishes first!).

For pals avec babes, try finding a halfway meeting point that makes the journey easier for both of you. And if you're in the market for new mom buds, just keep putting yourself out there in groups, classes, and simply saying 'hi' in the park. You won't necessarily click with every mother you meet, but that's fine. They may take some time to find, but your tribe is out there. We promise.

Let's Hear it for the Postpartum Shower:

Many of us spend so much time, money, and energy preparing our baby's nursery, folding dozens and dozens of onesies and daydreaming about the first cute outfit they'll wear.

We get it, it's fun. We did it, too. But what if we reassigned some of our pre-baby energy into putting together an effective postpartum recovery plan rather than spending all our efforts decorating a nursery our newborn won't even notice and buying things they don't really need? What if friends and family combined baby showers with postpartum showers, distributing items for both baby and the new parent(s)? After all, there are only so many sweet swaddles your little one needs.

What if we knew what really happens to our bodies after birth and packed our hospital bags with postpartum healing in mind?

WHAT CAN I DO?

If you're planning to have a baby shower, let friends and family know that it would be an excellent idea to combine it with a postpartum party, too!

Or have a stand-alone postpartum shindig, where loved ones can focus on showering you with love, advice, and things to help you feel comfortable and cared for as you focus on caring for your babe. May we suggest popping our **Postpartum Recovery Kit** on your registry? We also love our friends over at **Coddle**, who make healing products inspired by postpartum traditions from Africa, Asia and the Caribbean.

Listen to our podcast episode with **Coddle co-founder and CEO Ruth Martin-Gordon** for some **great tips for preparing for the Fourth Trimester**.

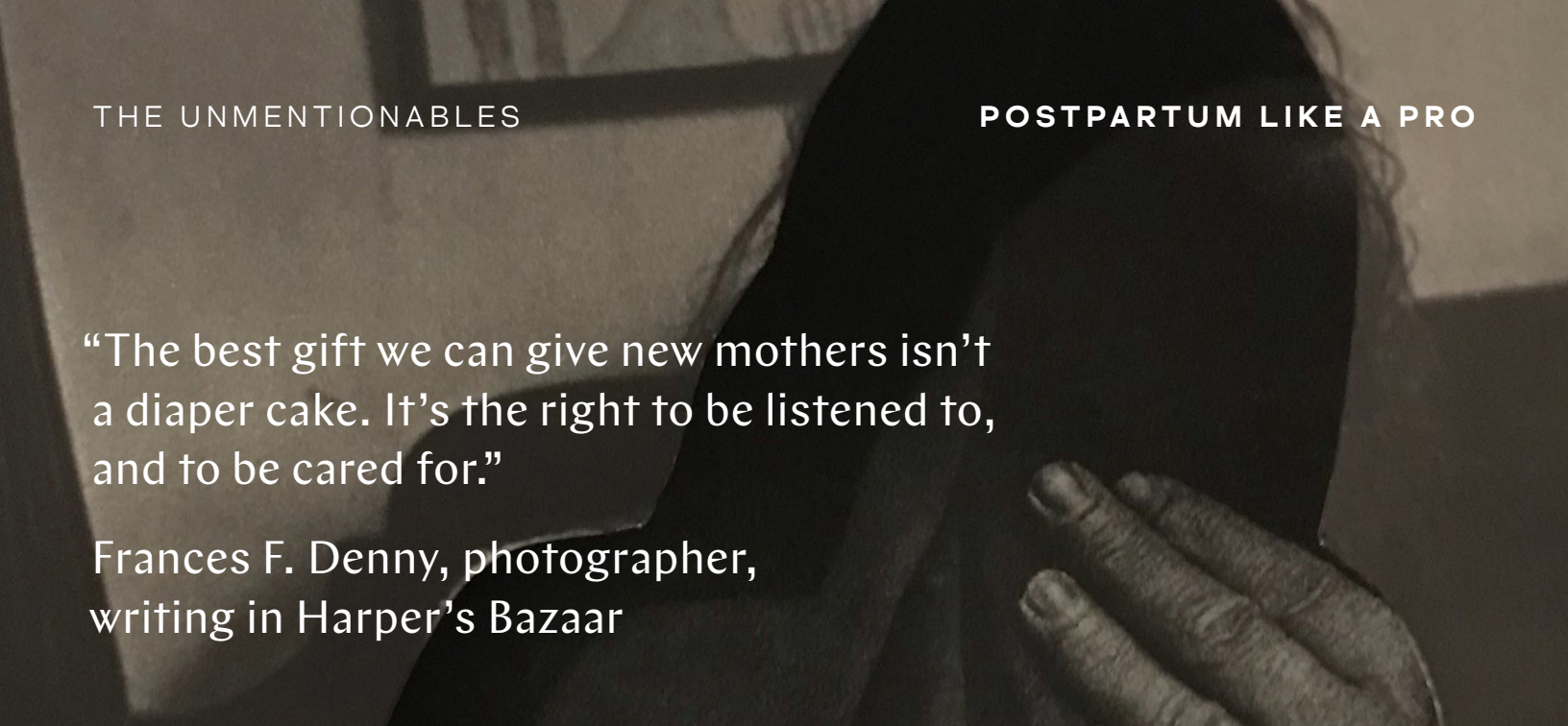


nyssa

SEASON 2 | EPISODE 04

THE UNMENTIONABLES

Preparing for Postpartum with
Coddle Founder and CEO
Ruth Martin-Gordon



“The best gift we can give new mothers isn’t a diaper cake. It’s the right to be listened to, and to be cared for.”

Frances F. Denny, photographer,
writing in Harper’s Bazaar

Here are a few tips that the Nyssa team wish we’d known before giving birth. What would you add? We’d love to know!

1. Book an appointment with a Pelvic Floor Therapist before you give birth.

The pelvic floor supports the bladder, uterus, and bowel. These muscles weaken after birth which may lead to urinary or bowel retention, incontinence, painful sex, or prolapse. If you have the means to find a Pelvic Floor Therapist you like and can pre-book an appointment before giving birth, you’ll be taking a major step in setting yourself up for a successful recovery, no matter your birth journey. If this isn’t possible, resources such as **Revolution Motherhood** can offer fantastic advice. Check out our partnership with founder Rachel Welch, where she shares advice and exercises to **help support your pelvic floor and fitness post-baby**.

2. Create a hospital bag with items for your postpartum recovery.

Teeny-tiny baby hats are cute and all, but remember to include items for your postpartum recovery in your hospital bag. We recommend a not-sexy-but-important stool softener, perineal spray, and Nyssa’s Postpartum Recovery Kit (which includes a pair of **FourthWear Postpartum Recovery Underwear**, one **Between Legs Ice/Heat Pack**, one **FourthWear Postpartum Recovery Bralette**, and a set of our **Breast & Chest Ice/Heat Packs**). A blanket and pillow from home is also really nice. Learn how **application of ice and heat** can help you during your recovery.

3. Prep meals in advance and/or designate a friend to set up a Meal Train

People want to help. Really. The problem is that many times they just don't know how to be helpful, so they are grateful for a little bit of guidance. Eating well is so important postpartum, but the last thing you'll want to do after giving birth is cook. Setting up a meal train is the perfect way to delegate an important task to friends, family, and even acquaintances that want to support you. **The Meal Train website** makes the whole process simple. Just specify your meal preferences or dietary restrictions and when is a good time for people to drop off the meal. Volunteers are able to see who is bringing what dish on which day, so you won't wind-up eating lasagna all week.



4. Book appointments with a mental health therapist before and after you give birth

We talk a lot about support for postpartum depression after birth, but we don't always think about the stress and anxiety that builds up prior to the baby's arrival. The expectations, the hormones, and any unexpected changes in a birthing plan can create total upheaval for an expectant parent. Before your third trimester (or during!), locate a mental health professional — ideally, someone in the postpartum space — and book two appointments: one for a few weeks from now and one for a month after giving birth. Trust us, if you end up wanting an appointment, you'll be so thankful it's been booked in advance and if you don't need one, just cancel it.

5. Identify a postpartum doula/breastfeeding expert in case you quickly need support

Those first postpartum nights are hard. When you're in the thick of it, you may want help but lack the energy or brain-power to begin to consider how to get it. A postpartum doula is someone who can come over to support you with emotional and physical postpartum self-care and newborn care including help with feeding (breast/chest-feeding, pumping or formula), soothing, baths, dressing, etc. If you're using a birth doula, ask them if they offer postpartum help. If they don't, they likely have another person or organization in their network to recommend.



6. Establish a backup feeding plan (research formulas in advance)

The debate over breastfeeding vs. formula needs to be put to rest. Whatever you choose is best. Hard stop. That said, we highly recommend having a backup plan because you just truly never know. You may plan to breastfeed, exclusively pump, use formula, or a combination, but life has a way of throwing us off guard and the last thing anyone wants is to be stuck without a way to feed the baby in the middle of the night when stores are closed. It can be reassuring to have a look at the different formula options and pick just one option to have on hand if you plan to breastfeed or pump and need a break or a back-up.

7. Purchase items to make night sweats less miserable

Night sweats are no joke. They'll come out of nowhere and you'll suddenly be soaking wet, half-awake wondering if this is normal. Yes, it is, unfortunately. Night sweats are one of the most unpleasant aspects of postpartum and you'll want to be ready for them once they begin. Try using lightweight bamboo sheets that are cooling and will feel lighter on your hot, wet skin and if you wear PJs at night, try pima cotton; it's a great light fabric that won't weigh you down. If you don't have one, go ahead grab a big water bottle for your bedside table to keep rehydrating.

8. Create a 'support me in this way' list with your partner or close friend

Healthy communication is difficult in the best of times let alone when there's a recovering mama and new baby at home. As our little ones often remind us, sometimes it's easier to just point than to speak. Before the baby arrives or soon after, quickly jot down a few things that make you feel supported: maybe this is a foot massage while pumping, or a long nap, or *not* cleaning bottle parts, or another nap. Whatever they are, write them down and keep the list on the front of your refrigerator. When someone visits or asks for ways to help, direct them to it.



9. Set visiting expectations with family and friends in advance

COVID-19 has changed the rules when it comes to visiting families with newborns. Everyone has their own comfort level and navigating those expectations can be challenging, especially during year two of the pandemic when not everyone agrees with one another's approach.

Decide early on when, or if, you'll accept visitors and under what circumstances. If you can, try to find one or two supportive family members or friends to be your allies in communicating and enforcing these wishes. You'll be exhausted; let others go to battle for you.



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