Project Nurture

Post Pregnancy Informational Packet

Focus Learning Academies
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Post Pregnancy Information

When you found out you were pregnant , you knew your life was going to change forever! So much to look forward to: bringing your baby home, seeing his first smile, hearing his first coo.

And you knew your body was in for some changes, too -- gaining weight during pregnancy, bigger breasts, maybe swollen ankles if you stayed on your feet too long.

But there are some changes that might surprise you. Here are four of them.

1. Belly Bulge

You give birth, you lose your belly, right? Well, not that fast.

"After you give birth, lots of women expect that their belly will return to its normal size almost immediately," Ribaudo says. "It takes about 6-8 weeks before the uterus is back to its prepregnancy size."

Amanda Ezman of Oneida, N.Y. was among the new moms surprised by the size of her belly after she gave birth.

"I used the bathroom the day after my daughter was born, and looked in the mirror," Ezman says. "I thought I would look a little different, but I still looked almost nine months pregnant."

During pregnancy and after delivery, exercise and a healthy diet are key to getting your body back in shape (under the direction of your ob-gyn, of course).

"It takes time," Ricciotti says. "Core exercises that focus on your belly do help in toning your baby bulge."

2. Shoe Surprise

Think the changes you experience from pregnancy happen mostly in your mid-section? You forgot about your feet.

"Yes, a woman's feet swell during pregnancy," Ricciotti says. "But after her baby is born, she may have a permanently different shoe size."

The American College of Obstetrics and Gynecologists (ACOG) recommends that average-sized women gain between 25-35 pounds during pregnancy. That extra weight puts your feet under pressure.

"The additional weight you carry may flatten the arch of your foot," Ricciotti says. "With the arch flattened you might find that you need an extra half-inch larger shoe size to be comfortable."

Hormones play a role here, too -- in particular, one called relaxin.

"It does just what it sounds like," Ribaudo says. "It relaxes the muscle ligaments in your body to help prepare you for childbirth, but it's not exclusive to your pelvic area. It also affects the rest of your body, including your feet."

With loosened ligaments in your feet and an increase in body weight pushing down on your arch, your feet are primed to flatten and lengthen.

3. Cup Size

A lot of women expect their breasts to get bigger before and after birth, especially if they continue breastfeeding. But just remember: what goes up...

"After you give birth and stop breastfeeding... that can leave your breasts looking not only saggy, as most women expect, but smaller as well," Ricciotti says.

It's not uncommon for women to drop a cup size after pregnancy and breastfeeding, and it's not over yet.

"The more children you have, the more your breasts tend to sag," Ricciotti says.

Don't blame breastfeeding, though. A 2008 study of 93 women found that history of breastfeeding was not linked to their odds of having sagging breasts. Instead, the risk factors for sagging breasts were higher BMI, greater number of pregnancies, larger bra size before pregnancy, history of smoking, and older age.

4. Hair Loss

Most women have fuller, shinier locks during pregnancy. After delivery, your hair goes back to normal -- and that may mean it looks like you're losing more hair than normal. But don't worry -- it all evens out.

During pregnancy, Ribaudo says, higher estrogen levels keep your hair from falling out at its normal rate.

So after pregnancy, when estrogen levels drop and return to normal, your hair has to catch up -- by falling out.

Your heavy shedding period happens one to five months following pregnancy, according to ACOG. Most pregnant women have this hair loss , but the good news is that it's temporary. Hair loss peaks around 3-4 months after birth, but usually returns to normal within 6-12 months.

Weight loss after pregnancy: Reclaiming your body

Weight loss after pregnancy takes time, but it's possible. Concentrate on eating a healthy diet and including physical activity in your daily routine.

If you're like most new moms, you're eager to put away your maternity clothes and slip into your old jeans. Understand the smart way to approach weight loss after pregnancy and promote a lifetime of good health.

Consider your eating habits

When you were pregnant, you might have adjusted your eating habits to support your baby's growth and development. After pregnancy, proper nutrition is still important — especially if you're breast-feeding. Making wise choices can promote healthy weight loss after pregnancy.

- **Focus on fruits, vegetables, monounsaturated fats, and whole grains.** Foods high in fiber — such as fruits, vegetables, nuts and whole grains — provide you with many important nutrients while helping you feel full longer.
- **Eat smaller portions.** Eating smaller portions is linked with weight loss and weight maintenance over time. Don't skip meals or limit the amount of fruits and vegetables in your diet, though — you'll miss vital nutrients.
- **Avoid temptation.** Surround yourself with healthy foods. If junk food poses too much temptation, keep it out of the house.
- **Don't try quick fixes.** There's no magic bullet for losing weight.

Include physical activity in your daily routine

In the past, women were often told to wait at least six weeks after giving birth to begin exercising. Today, however, the waiting game is over.

If you exercised during pregnancy and had an uncomplicated vaginal delivery, it's generally safe to begin light exercise within days of delivery — or as soon as you feel ready. If you had a C-section or a complicated birth, talk to your health care provider about when to start an exercise program. Generally, you might be able to start light exercises about 4 to 6 weeks after your delivery.

When your health care provider gives you the OK:

- **Get comfortable.** If you're breast-feeding, feed your baby right before you exercise to avoid discomfort caused by engorged breasts. Wear a supportive bra and comfortable clothing.
- **Start slowly.** Begin with simple exercises that strengthen major muscle groups, including your abdominal and back muscles. Gradually add exercises of moderate intensity, such as brisk walking or bike riding on a level surface.
- **Include your baby.** If you have trouble finding time to exercise, include your baby in your routine. Take your baby for a daily walk in a stroller or baby carrier. Lay your baby next to you while you stretch on the floor, or include your baby in strength training activities — such as lifting the baby above you while you lie on your back.
- **Don't go it alone.** Invite other moms to join you for a daily walk, or try a postpartum exercise class. Working out with others might help motivate you.

Remember to drink plenty of water before, during and after each workout. Stop exercising if you experience pain. This might be a sign that you're overdoing it.

The bonus of breast-feeding

Breast-feeding can also help you lose weight gained during pregnancy. This is because when you breast-feed, you use fat cells stored in your body during pregnancy — along with calories from your diet — to fuel your milk production and feed your baby.

Set realistic weight-loss goals

Most women lose more than 10 pounds (4.5 kilograms) during childbirth, including the weight of the baby, placenta and amniotic fluid. During the first week after delivery, you'll lose additional weight as you shed retained fluids — but the fat stored during pregnancy won't disappear on its own.

Through diet and exercise, it's reasonable to lose up to 1 pound (0.5 kilogram) a week. It might take six months or even longer to return to your pre-pregnancy weight, whether you're breast-feeding or not. Even then, your weight might be distributed differently from how it was before pregnancy.

Be gentle with yourself as you accept the changes in your body. Above all, take pride in your healthy lifestyle.

9 Surprising Postpartum Aches and Pains

You expect to be a little sore after delivery, but the truth is, you may experience days or weeks of postpartum problems. From bloated breasts to weird cramps, here's how to deal with them.

1. You ache all over

After having my daughter, I felt as if I'd lost a boxing match. My ribs ached, my abdomen throbbed, and my back was sore from the epidural needle. All pretty standard, experts say. "With all the pushing and contortions of labor, it's natural to feel washed out, tired, and achy," says Julian Robinson, M.D., an assistant professor of obstetrics and gynecology at New York-Presbyterian Hospital, in New York City. However, the discomfort should last only a few days and can be treated with a prescription or over-the-counter painkiller.

2. You get crampy

Now that it has pushed the baby out, your uterus has to finish its job -- namely, contracting back to its original size. Many women feel the process as abdominal aches and flutters (somewhat akin to menstrual cramps) that grow more pronounced during breast-feeding. If the sensations get too painful, talk to your doctor, who may recommend over-the-counter painkillers. In any event, hang in there -- this cramping shouldn't last longer than a week.

3. Your breasts get huge

In my first hours of motherhood, I wondered how I'd know when my milk came in. Three days later, I found out -- I woke to huge, intensely sore breasts. "One of the best ways to deal with engorgement is to have your baby latch on well and make sure the breast is completely drained," says Freda Rosenfeld, a certified lactation consultant and childbirth instructor in New York City. If your child has trouble latching on, use a pump to stimulate flow. Applying ice packs or bags of frozen peas can ease the pain.

4. You bleed for awhile

Most first-time moms expect some blood at delivery. But many are shocked by how much appears afterward. "No one prepared me for how much I bled," says Ellen Davies, of Zionsville, Indiana. The flow can continue up to four weeks after birth, though it should taper off after two or three days. Use pads for a week or so, and panty liners afterward (but no tampons, which could introduce infection). You'll likely see an increase in flow while nursing, says Shari Brasner, M.D., author of *Advice from a Pregnant Obstetrician* (Hyperion), because breast-feeding causes uterine contractions. But after the first few days, report any big gushes to your doctor.

5. You sweat during sleep

Right after the birth of her son, Jennifer McCulloch was swamped by night sweats. "I would wake up soaking wet," the Brooklyn mom recalls. Night sweats in the first days after labor are part of your body's natural hormonal-adjustment process. You're still retaining lots of fluid from pregnancy, and sweating is

one way your body expels it. The sweats should dry up in a few days, but in the meantime, take one of those crib pads you bought for the baby and place it on your side of the bed to keep the mattress dry.

More Postpartum Aches and Pains

6. Your c-section scar itches

If you delivered by cesarean, the good news is that you most likely escaped some of the unpleasant side effects -- like episiotomy stitches and hemorrhoids -- of vaginal delivery. Now the bad: A C-section is major surgery and comes with its own issues. In the days immediately after delivery, fatigue and nausea are common. During your four- to six-week convalescence, expect feelings of numbness, tingling, and itching at the site of your incision. Fever, along with redness and oozing from your scar, can indicate an infection.

7. You're constipated

In the days after delivery, many women have difficulty with bowel movements. Sometimes it's psychological, caused by anxiety over episiotomy stitches. Or it may be that your body is reorganizing itself as your organs settle down. In either case, try to relax. Your stitches will stay put, and things should be back to normal within a week. If you're still uncomfortable, your doctor can recommend a stool softener. Eating plenty of fiber, drinking water, and getting exercise -- even if it's just strolling the hallways of your home -- can also help.

8. Your vagina hurts

Even if you didn't have an episiotomy, giving birth takes a toll down below: Swelling and stinging are a given. However, recovery is fairly rapid. Sutures are gone within ten days, and swelling should subside over the same period. In the meantime, apply an ice pack several times a day. And if you find sitting painful, your breast-feeding pillow makes a great postpartum seat.

9. Your hair falls out

As many as 10 percent of women experience hair loss after pregnancy, the result of a drop in hormone levels. But relax -- you aren't as bald as you feel. In fact, hair often thickens during pregnancy; in the months after giving birth, women are simply shedding that extra hair, explains obstetrician Shari Brasner, M.D. Things should return to normal after three months or so, but if your brush continues to resemble a small furry animal, consult your doctor. She may want to give you a thyroid test.

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Postpartum depression

Definition

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect — depression.

Many new moms experience the "postpartum baby blues" after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues typically begin within the first two to three days after delivery, and may last for up to two weeks.

But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Rarely, an extreme mood disorder called postpartum psychosis also may develop after childbirth.

Postpartum depression isn't a character flaw or a weakness. Sometimes it's simply a complication of giving birth. If you have postpartum depression, prompt treatment can help you manage your symptoms — and enjoy your baby.

Symptoms

Signs and symptoms of depression after childbirth vary, and they can range from mild to severe.

Postpartum baby blues symptoms

Signs and symptoms of baby blues — which last only a few days to a week or two after your baby is born — may include:

- Mood swings
- Anxiety
- Sadness
- Irritability
- Feeling overwhelmed
- Crying
- Reduced concentration
- Appetite problems
- Trouble sleeping

Postpartum depression symptoms

Postpartum depression may be mistaken for baby blues at first — but the signs and symptoms are more intense and last longer, eventually interfering with your ability to care for your baby and handle other daily tasks. Symptoms usually develop within the first few weeks after giving birth, but may begin later — up to six months after birth.

Postpartum depression symptoms may include:

- Depressed mood or severe mood swings
- Excessive crying
- Difficulty bonding with your baby
- Withdrawing from family and friends
- Loss of appetite or eating much more than usual
- Inability to sleep (insomnia) or sleeping too much
- Overwhelming fatigue or loss of energy
- Reduced interest and pleasure in activities you used to enjoy
- Intense irritability and anger
- Fear that you're not a good mother
- Feelings of worthlessness, shame, guilt or inadequacy
- Diminished ability to think clearly, concentrate or make decisions

- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby
- Recurrent thoughts of death or suicide

Untreated, postpartum depression may last for many months or longer.

Postpartum psychosis

With postpartum psychosis — a rare condition that typically develops within the first week after delivery — the signs and symptoms are even more severe. Signs and symptoms may include:

- Confusion and disorientation
- Obsessive thoughts about your baby
- Hallucinations and delusions
- Sleep disturbances
- Paranoia
- Attempts to harm yourself or your baby

Postpartum psychosis may lead to life-threatening thoughts or behaviors and requires immediate treatment.

When to see a doctor

If you're feeling depressed after your baby's birth, you may be reluctant or embarrassed to admit it. But if you experience any symptoms of postpartum baby blues or postpartum depression, call your doctor and schedule an appointment. If you have symptoms that suggest you may have postpartum psychosis, get help immediately.

It's important to call your doctor as soon as possible if the signs and symptoms of depression have any of these features:

- Don't fade after two weeks
- Are getting worse
- Make it hard for you to care for your baby
- Make it hard to complete everyday tasks
- Include thoughts of harming yourself or your baby

If you have suicidal thoughts

If at any point you have thoughts of harming yourself or your baby, immediately seek help from your partner or loved ones in taking care of your baby and call 911 or your local emergency assistance number to get help.

Also consider these options if you're having suicidal thoughts:

- Call your mental health specialist.
- Call a suicide hotline number — in the U.S., call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).
- Seek help from your primary doctor or other health care provider.
- Reach out to a close friend or loved one.
- Contact a minister, spiritual leader or someone else in your faith community.

Helping a friend or loved one

People with depression may not recognize or acknowledge that they're depressed. They may not be aware of signs and symptoms of depression. If you suspect that a friend or loved one has postpartum depression or is developing postpartum psychosis, help them seek medical attention immediately. Don't wait and hope for improvement.

Causes

There's no single cause of postpartum depression, but physical and emotional issues may play a role.

- **Physical changes.** After childbirth, a dramatic drop in hormones (estrogen and progesterone) in your body may contribute to postpartum depression. Other hormones produced by your thyroid gland also may drop sharply — which can leave you feeling tired, sluggish and depressed.
- **Emotional issues.** When you're sleep deprived and overwhelmed, you may have trouble handling even minor problems. You may be anxious about your ability to care for a newborn. You may feel less attractive, struggle with your sense of identity or feel that you've lost control over your life. Any of these issues can contribute to postpartum depression.

Risk factors

Postpartum depression can develop after the birth of any child, not just the first. The risk increases if:

- You have a history of depression, either during pregnancy or at other times
- You have bipolar disorder
- You had postpartum depression after a previous pregnancy
- You have family members who've had depression or other mood stability problems
- You've experienced stressful events during the past year, such as pregnancy complications, illness or job loss
- Your baby has health problems or other special needs
- You have difficulty breast-feeding
- You're having problems in your relationship with your spouse or significant other
- You have a weak support system
- You have financial problems
- The pregnancy was unplanned or unwanted

Complications

Left untreated, postpartum depression can interfere with mother-child bonding and cause family problems.

- **For mothers.** Untreated postpartum depression can last for months or longer, sometimes becoming a chronic depressive disorder. Even when treated, postpartum depression increases a woman's risk of future episodes of major depression.
- **For fathers.** Postpartum depression can have a ripple effect, causing emotional strain for everyone close to a new baby. When a new mother is depressed, the risk of depression in the baby's father may also increase. And new dads are already at increased risk of depression, whether or not their partner is affected.
- **For children.** Children of mothers who have untreated postpartum depression are more likely to have emotional and behavioral problems, such as sleeping and eating difficulties, excessive crying, and attention-deficit/hyperactivity disorder (ADHD). Delays in language development are more common as well.

Preparing for your appointment

After your first appointment, your doctor may refer you to a mental health provider who can create the right treatment plan for you. You may want to find a trusted family member or friend to join you for your appointment to help you remember all of the information discussed.

What you can do

Before your appointment, make a list of:

- **Any symptoms you've been experiencing** and for how long
- **All of your medical issues,** including physical conditions or mental health disorders, such as depression
- **All the medications you take,** including prescription and over-the-counter medications as well as vitamins and other supplements, as well as their doses
- **Questions** to ask your doctor

Questions to ask your doctor include:

- What is my diagnosis?
- What treatments are likely to help me?
- What are the possible side effects of the treatments you're proposing?
- How much and how soon do you expect my symptoms to improve with treatment?
- Is the medication you're prescribing safe to take while breast-feeding?
- How long will I need to be treated?
- What lifestyle changes can help me manage my symptoms?
- How often should I be seen for follow-up visits?
- Am I at increased risk of other mental health problems?
- Am I at risk of this condition recurring if I have another baby?
- Is there any way to prevent a recurrence if I have another baby?
- Are there any printed materials that I can have? What websites do you recommend?

Don't hesitate to ask other questions.

What to expect from your doctor

A doctor or mental health provider who sees you for possible postpartum depression may ask:

- What are your symptoms, and when did they start?
- Have your symptoms been getting better or worse over time?
- Are your symptoms affecting your ability to care for your baby?
- Do you feel as bonded to your baby as you expected?
- Are you able to sleep when you have the chance and get out of bed when it's time to wake up?
- How would you describe your energy level?
- Has your appetite changed?
- How often would you say you feel anxious, irritable or angry?
- Have you had any thoughts of harming yourself or your baby?
- How much support do you have in caring for your baby?
- Are there other significant stressors in your life, such as financial or relationship problems?
- Have you been diagnosed with any other medical conditions?
- Have you ever been diagnosed with any mental health conditions, such as depression or bipolar disorder? If so, what type of treatment helped the most?

Tests and diagnosis

Your doctor will usually talk with you about your feelings, thoughts and mental health to distinguish between a short-term case of postpartum baby blues and a more severe form of depression. Don't be embarrassed. Share your symptoms with your doctor so that a useful treatment plan can be created for you.

As part of your evaluation, your doctor may:

- Ask you to complete a depression-screening questionnaire
- Order blood tests to determine whether an underactive thyroid is contributing to your signs and symptoms
- Order other tests, if warranted, to rule out other causes for your symptoms

The Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, is often used by mental health providers to diagnose mental conditions and by insurance companies to reimburse for treatment.

Treatments and drugs

Treatment and recovery time vary, depending on the severity of your depression and your individual needs. If you have an underactive thyroid or an underlying illness, your doctor may treat those conditions or refer you to the appropriate specialist. Your doctor also may refer you to a mental health provider.

Baby blues

The baby blues usually fade on their own within a few days to one to two weeks. In the meantime:

- Get as much rest as you can
- Accept help from family and friends
- Connect with other new moms
- Create time to take care of yourself
- Avoid alcohol and recreational drugs, which can make mood swings worse

Postpartum depression

Postpartum depression is often treated with psychotherapy (also called talk therapy or mental health counseling), medication or both.

- **Psychotherapy.** It may help to talk through your concerns with a psychiatrist, psychologist or other mental health provider. Through therapy, you can find better ways to cope with your feelings, solve problems, set realistic goals and respond to situations in a positive way. Sometimes family or relationship therapy also helps.
- **Antidepressants.** Your doctor may recommend an antidepressant. If you're breast-feeding, any medication you take will enter your breast milk. However, some antidepressants can be used during breast-feeding with little risk of side effects for your baby. Work with your doctor to weigh the potential risks and benefits of specific antidepressants.

With appropriate treatment, postpartum depression usually goes away within six months. In some cases, postpartum depression lasts much longer, becoming chronic depression. It's important to continue treatment after you begin to feel better. Stopping treatment too early may lead to a relapse.

Postpartum psychosis

Postpartum psychosis requires immediate treatment, often in the hospital. Treatment may include:

- **Medication.** When your safety is assured, a combination of medications — such as antidepressants, antipsychotic medications and mood stabilizers — may be used to control your signs and symptoms.
- **Electroconvulsive therapy (ECT).** If your postpartum depression is severe and does not respond to medication, ECT may be recommended. During ECT, a small amount of electrical current is applied to your brain to produce brain waves similar to those that occur during a seizure. The chemical changes triggered by the electrical currents can reduce the symptoms of psychosis and depression, especially when other treatments have failed.

Treatment for postpartum psychosis can challenge a mother's ability to breast-feed. Separation from the baby makes breast-feeding difficult, and some medications used to treat postpartum psychosis aren't recommended for women who are breast-feeding. If you're experiencing postpartum psychosis, your doctor can help you work through these challenges.

Lifestyle and home remedies

Postpartum depression isn't generally a condition that you can treat on your own — but you can do some things for yourself that build on your treatment plan and help speed recovery.

- **Make healthy lifestyle choices.** Include physical activity, such as a walk with your baby, in your daily routine. Try to get adequate rest. Eat healthy foods and avoid alcohol.
- **Set realistic expectations.** Don't pressure yourself to do everything. Scale back your expectations for the perfect household. Do what you can and leave the rest.
- **Make time for yourself.** If you feel like the world is coming down around you, take some time for yourself. Get dressed, leave the house, and visit a friend or run an errand. Or schedule some time alone with your partner.
- **Avoid isolation.** Talk with your partner, family and friends about how you're feeling. Ask other mothers about their experiences. Breaking the isolation may help you feel human again.
- **Ask for help.** Try to open up to the people close to you and let them know you need help. If someone offers to baby-sit so you can take a break, take them up on it. If you can sleep, take a nap, or maybe you can catch a movie or meet for coffee with friends.

Remember, the best way to take care of your baby is to take care of yourself.

Prevention

If you have a history of depression — especially postpartum depression — tell your doctor if you're planning on becoming pregnant or as soon as you find out you're pregnant.

- **During pregnancy,** your doctor can monitor you closely for signs and symptoms of depression. He or she may have you complete a depression-screening questionnaire during your pregnancy and after delivery. Sometimes mild depression can be managed with support groups, counseling or other therapies. In other cases, antidepressants may be recommended — even during pregnancy.
- **After your baby is born,** your doctor may recommend an early postpartum checkup to screen for signs and symptoms of postpartum depression. The earlier it's detected, the earlier treatment can begin. If you have a history of postpartum depression, your doctor may recommend antidepressant treatment or psychotherapy immediately after delivery.

Resources for Postpartum Depression:

Postpartum Support International

http://www.postpartum.net/locations/ohio/

Ohio Department of Health- more information on postpartum depression

http://www.helpmegrow.ohio.gov/en/Resources/Depression-During-and-after-Pregnancy

American Psychological Association
Phone: 800-374-2721
http://www.apa.org/

Depression Bipolar Support Alliance (DBSA) - Ohio
DBSA chapters offer more than 1,000 peer-run support groups. The selection of services differs by chapter, depending upon the needs of each chapter's participants. Most support groups are run by volunteers and provide self-help through facilitated meetings.
Phone: (866) 854-9154
http://www.dbsalliance.org

Medline Postpartum Depression Information in Multiple Languages
Find out about postpartum depression in many languages. Go online to view handouts in Spanish, Somali, French and many other languages.
www.nlm.nih.gov/medlineplus

Mental Health America
A national nonprofit organization dedicated to helping people live mentally healthier lives.
1-800-969-NMHA
http://www.mentalhealthamerica.net/may

National Institute of Mental Health, NIH, HHS
Phone: 301-496-9576
http://www.nimh.nih.gov/index.shtml

National Suicide Prevention Lifeline
Provides free, confidential advice 24 hours a day. Call toll-free for help. Call 9-1-1 if you are in immediate danger of hurting yourself or someone else.
English: (800) 273-8255 or Spanish: (888) 628-9454
www.suicidepreventionlifeline.org

OhioGuidestone
Offers counseling services for early childhood mental health, maternal depression, psychiatric health, mentoring and foster care. They have a range of flexible and customized programs designed to address every aspect of self, family and community needs. Contact directly for information.
195 North Grant Street, Columbus, Ohio 43215
(888) 522-9174 or (614) 573-8690
www.ohioguidestone.org

Ohio Department of Mental Health and Addiction Services
Phone: 1-877-275-6364 for information and referrals
http://mha.ohio.gov

Ohio Suicide Prevention Foundation
The Foundation promotes suicide prevention as a public health issue by supporting local organizations that raise awareness and eliminate stigma, thereby increasing help-seeking behavior for all Ohioans.
2323 West Fifth Ave., Suite 160, Columbus, Ohio 43214
(614) 429-1528
If you are in crisis, call 1-800-273-8255

Perinatal Outreach & Encouragement for Moms (POEM)
Offers free mom-to-mom support over the phone, by email or in groups. Go online to find out more about postpartum depression, survivor stories and helpful links. Their central Ohio blogspot gives up-to-date information about local group meetings, support and information. POEM is the Ohio section of Postpartum Support International (PSI).
2323 West Fifth Avenue, Columbus, Ohio 43204
(614) 315-8989
www.poemonline.org

Postpartum Education for Parents
Phone: 805-564-3888
http://www.sbpep.org/

Postpartum Support International
Phone: 800-944-4773
http://www.postpartum.net/