



BURLINGAME MOTHERS' CLUB

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My Journey Through IVF

< BY ANONYMOUS >

I've always thought of myself as lucky. I won the lotto when I was 16. I caught the right breaks in my career. I have a loving family, supportive friends, and a fulfilling life. I have always felt lucky. Even in my battle with infertility.

I was lucky enough to have known at 24 that having children would be an uphill battle for me. Four months of chemotherapy and a round of radiation to treat breast cancer had taken its toll on my body. That said, I didn't fully understand the impact until I met the first and only person I wanted to build a life with at 28 and divulged that he might look elsewhere if he wanted a family. I was again lucky to find a man that did not back down. He told me that even a family of three (us and a dog) was worthwhile and meaningful. From that day, I thought of infertility as a battle and one worth fighting.

My gynecologist recommended that it wouldn't hurt to try conceiving naturally until we were emotionally ready to seek alternatives. He couldn't really tell me how "old" my eggs were. (The thought of old eggs made me give up eating eggs!) We followed doctor's orders diligently. I read every fertility book on Amazon. My husband humored me when I asked to try different methods to increase our chances: timing my ovulation, monitoring my basal body temperatures and mucus consistency, acupuncture, taking Chinese medications, etc. I quickly grew impatient with the "natural" way.

So I went back and had a long discussion

with my gynecologist. We discussed every fertility treatment possible. We discussed the synthetic drug, Clomid, which has been around since the early 60's, but ruled it out. My eggs were too fried. We discussed IUI, or intrauterine insemination, which is a relatively simple infertility treatment, where a small tube is used to place sperm directly into the uterus. Normally used for unexplained infertility, the process increases the probability from 8% to 17%. The doctor said nope, just a waste of money.

My doctor finally said plainly that the only option for me was In Vitro Fertilization or IVF. At 32, I wasn't getting any younger. The health of my reproductive system was "unknown" and with each year, my ability to conceive would exponentially decrease. By the time I hit 35, the probability of getting pregnant would decrease to 20%, and by 40, decrease to single digits.

Admittedly, I did not do much upfront research on IVF. I just wanted to have a baby and assumed if I were in the hands of a reputable institution, I would be fine. There were two types of institutions: 1) small clinics focused on high touch support 2) large teaching institutions with cutting edge technology, but not a lot of emotional support. In hindsight, for my first cycle, I did not research what was best for my particular situation, but what was easiest and quickest which happened to be a small clinic.

IVF is the process of fertilization by manually combining an egg and sperm in a laboratory dish and then transferring

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Mentoring Mothers: Promoting Psychological Health

< BY HELEN MARLO, PH.D >

"I just didn't think this would be so hard!"

"Everything has changed. I just don't feel like myself anymore."

"The other moms are managing so much better than I am."

"I wanted to be a mother and have a baby—why don't I enjoy it more?"

"I did not think I would feel so exhausted, stressed, worried, and lonely."

"I am afraid I will repeat what I experienced as a child."

"I don't feel bonded to my baby—some days I don't even want to be around my baby."

In our society, especially communities where expectations, achievement, and control are high, these comments are not typically associated with "good mothers." Mothers with such feelings can be judged as weak, deficient, incompetent, or psychologically unstable. Because of this, many women feel too vulnerable to share how they are really feeling which, consequently, prolongs suffering, and perpetuates myths about motherhood.

Because motherhood is a common human experience that triggers strong personal opinions, pop psychology abounds, and adds to the confusion. Self-proclaimed "experts," and well-credentialed professionals, can distort psychological theories, research, and clinical wisdom, to support their personal theories. Lacking specialized training, their pronouncements about developmental outcomes do not consider the whole person, are often based upon their experiences as a parent, and may come from circumscribed interactions with parents and infants. The media fuels misconceptions through images of a beaming new mother, who is proclaiming her bliss since having her dream child. She is not sleep deprived (her baby sleeps through the night at two weeks since employing sleep training), she and her partner are hopelessly in love and parenting seamlessly, she has bonded instantly to her baby, and she intuitively knows how to soothe him.

In contrast to this idyllic image of motherhood, the emotional reality of motherhood is far more stressful. Author Susan Maushart (2000) reported up to 75% of mothers of preschoolers report anxiety and feelings of entrapment while 27% experience some kind of anxiety disorder. Between 30-80% of mothers complain of depression while 10-15% develops a mood disorder.

While the depth of each woman's struggle varies, the physiological, developmental, psychological, social, and spiritual changes can lead to a period of reorganization, personal development, and transformation. This may manifest through anxiety, conflict, and emotional issues. It can be a kind of initiation into motherhood, a necessary yet, painful "rite of passage," a way that nature seems to encourage self-evaluation so women can meet new challenges. Psychiatrist Daniel Stern (1998) noted it may prompt a kind of maternal rebirth in women as they become mothers. These psychological challenges include: shifts in roles; encountering a different form of love; experiencing one's partner in new ways; a heightened awareness of, and change in, gender roles; developing a new identity; reevaluating lifestyle, goals, and priorities; reconciling work-family demands; and an awakening or reawakening of early childhood issues, especially one's relationship to her mother. The late poet, Adrienne Rich (1995), commented, "Motherhood is earned first through an intense physical and psychic rite of passage—pregnancy and childbirth—then through learning to nurture, which does not come by instinct."

Many women feel motherhood plummets them into an unknown, uncontrollable world with new levels of ambiguity, paradox, and contradiction including experiencing gains and losses; feeling influential and insignificant; powerful and powerless; and worthwhile and worthless. This can be especially rough when a woman has been successful in a more structured, less emotionally intense, black and white world. Faced with discomfort of the unknown, many women turn to prescribed strategies to provide more control, which often backfire.

Psychologist and psychoanalyst Joan Raphael-Leff (2005) has found that women can be susceptible to the cultural myth that motherhood is easy, instinctive, and natural and this may contradict her experience. Some women report feeling unprepared for the emotional and physical intensity and intimacy of motherhood, and the amount of change, loss, and personal sacrifice. Many women are shocked by how challenging and exhausting sustained attention for another human being can be. Women may



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struggle with other cultural myths including that motherhood and individuality are incompatible; that “natural” mothers are without any other identity; that mothers are more essential than fathers; and that maternal love is naturally selfless, endlessly patient, and unconditional. Women can feel shocked, ashamed, and confused by their selfish impulses, feelings of regret, and judgments towards their children. Professors Rizzo and Schifflin (2011) found women who endorsed these myths, often reflected in an intensive parenting style, are more depressed, anxious, or dissatisfied with life.

Through motherhood, women often discover that her infant can bring out unwanted parts of herself—including dimensions of her personality that she may not like or even know about. It may force a woman to wrestle with these parts and prompt her to examine her personality. Personality characteristics such as being perfectionistic; critical; judgmental; obsessive compulsive; rigid, helpless or self-reliant, self-negligent or self-absorbed, inflexible, and controlling can predispose a woman to perinatal struggles.

There are many ways that prepartum and postpartum struggles manifest. Prepartum problems are common and strongly relate to postpartum struggles. They are triggered by a confluence of psychological, physical, and socio-cultural stressors but also from a healthy impulse—a woman’s desire for development and personal growth. A depleted and overstressed immune system can tip the scales from a woman experiencing a more transient struggle into a more serious perinatal condition since the combination of stressors can affect one’s physiology and worsen symptoms. Many factors converge and contribute to perinatal emotional issues including:

Physical factors:

- Previous psychiatric history and care
- Physical problems: thyroid, hormones, nutrients, neurotransmitters, anemia
- Fatigue and disrupted sleep

Socio-cultural factors:

- Inadequate social/cultural/familial recognition
- Absence of traditions/rituals
- Insufficient social support and social isolation
- Socioeconomic problems

Birth and Infant Factors:

- History of obstetric problems and treatment for infertility, stillbirth, or miscarriage
- Difficult or traumatic pregnancy, labor or birth
- Twins and multiple births
- Discrepancy between expectations and subsequent experience
- Disappointment with birth and birth professionals
- Problems with infant
- Infant characteristics especially when poor match with mother
- Complications, dissatisfaction, or disliking breastfeeding

Psychological Factors:

- Poor relationship with partner/marriage
- Negative perceptions of parental care during one’s childhood
- Poor relationship with parents
- Absent/poor mother-daughter relationship
- Less paternal involvement and support of infant’s care
- Ignorance of infant development
- Distorted self-esteem and self-efficacy (high or low)
- Unrealistic expectations
- Lack of satisfaction with educational or professional achievement
- Little previous contact with babies
- Prolonged conception period
- History of sexual or physical trauma and abuse
- Fear of childbirth
- Unresolved traumas or losses
- Stressful events
- Maternal age (younger and older)
- Lack of control over returning to work
- Parenting style

Facing issues that naturally emerge for a woman about her development including her experiences of being parented is a common perinatal challenge. Conflicts around nurturance, relationships, dependency, acceptance, trust, and love can surface. This frequently kindles negative and positive childhood memories, which trigger emotional responses. Whether a woman feels she has had no role model, “the perfect” role model, or something in between, she may feel distressed and confused by how she will respond as a mother. Challenging or traumatic memories are more likely to emerge now, in part, from the unpredictable, painful, vulnerable, and intrusive dimensions that naturally occur with pregnancy, birth, and infancy. They may be part of what psychoanalyst, Selma Fraiberg (1975), termed “the ghosts in the nursery” experience, which refers to the phenomena whereby a parent’s often, unconscious memories of her childhood experiences impact her parenting style. It addresses how past experiences impact a mother’s ability to form an attuned relationship with her child, herself and/or her partner, now, and provides a basis for understanding unhealthy forms of relating in the parent-child triad. For example, some mothers have strained relationships with their children to preserve their partner relationship or their life while other mothers devote themselves to their children at the destruction of their life or their partner relationship.

Professor Eelco Olde’s (2005) review of 31 studies on post-traumatic stress after childbirth confirmed it is common and under-recognized. Between 25%-34% of women report traumatic births (but do not often share this with their physician) while 1.5-3% of women with normal births develop post-traumatic stress disorder. Professor Cheryl Beck’s (2011) study of 1,373 postpartum women found 9% met criteria for PTSD while 18% had elevated posttraumatic

Mentoring Mothers (Cont.)

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stress symptoms. Other studies have found 1.5-9% of all postpartum women meet criteria for postpartum post-traumatic stress disorder. Although postpartum posttraumatic stress symptoms may develop following a negative childbirth experience, it frequently manifests when the childbirth experience is emotionally overwhelming, does not meet expectations, and kindles or re-stimulates sexual, physical, and emotional traumas. Factors associated with postpartum posttraumatic stress symptoms and disorder include (Beck, 2011):

- Traumatic life events especially childhood sexual trauma
- Dissociative tendencies or dissociation
- Prenatal anxiety or depression
- Unplanned pregnancy
- Unexpected medical problems
- Lack of choice over labor
- Cesarean birth especially planned cesarean
- Unmet expectations especially without explanation
- High level of obstetric intervention
- Pressure to have labor induced or pressured into epidural
- Perception of inadequate labor support
- Poor experience with pain control
- Infant in the neonatal intensive care unit
- Poor partner support
- Negative reactions to breastfeeding or minimal/no breastfeeding

Mentoring Mothers is a weekly group that provides mentoring, education, consultation, support, and resources, at no charge, to prepartum and postpartum women on the San Francisco Peninsula. It is an open, drop-in group for first time and experienced mothers professionally facilitated by an experienced psychologist. No reservations needed. Babies and friends welcome.

Mentoring Mothers believes that babies, children and mothers flourish when women are attuned to themselves and others, develop their emotional intelligence and attend to their psychological health. We nurture women into a more conscious experience of motherhood and support women in becoming the mothers and women they wish to be. The group addresses issues that undermine women's emotional health, including the dark side of motherhood, as well as everyday maternal issues. In the face of conflicting advice from professionals, books, the internet, and family, Mentoring Mothers supports a woman in developing her own sense of what is best for her and her baby.

Developed by psychologist, Helen Marlo, Ph.D., in collaboration with midwife and nurse practitioner, Melissa French, C.N.M., N.P., all of Mentoring Mothers' services are donated, and sponsored by Emergence: Reproductive Mental Health Services. We wish to acknowledge the initial funding and support from Notre Dame de Namur University and The Family Birth Center at Mills-Peninsula Hospital, which provides space for this service.

Mentoring Mothers

Mondays: 12:30-1:30 p.m., excluding Monday holidays

**Mills-Peninsula Medical Center, 2nd Floor
Family Birth Center Conference Room**

(down the hall from the Family Birth Center)

1501 Trousdale Dr., Burlingame, CA, 94010

For more information:

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Psychiatrist Daniel Siegel (2003) has found that past issues that have not been reflected upon and verbalized in a coherent way within a trusted relationship can impact the present. Studies corroborate that a mother who articulates her life story and creates what is called a "coherent narrative" has greater mental health, healthier parenting, improved relationships, and more secure children.

Clinical psychologist and psychoanalyst Peter Fonagy and colleagues (1991a) discovered that pregnant mothers who were self-reflective about their early histories and able to share a coherent story of their lives had less anxious children who demonstrated secure attachment and healthy interpersonal behaviors. Mothers with significant adversity and deprivation, but high self-reflectiveness, demonstrated secure attachment with their children, while only one of seventeen deprived mothers, with low reflectiveness had secure children. It is not the woman's past history, as it is her capacity to know her story and understand its influence upon her emotions and relationships.

There are therapeutic options for women with perinatal issues. Incorporating an understanding of a woman's biological, psychological, sociocultural, and spiritual development, as well as an understanding of the psychology of birth, pregnancy, and motherhood, provides more comprehensive treatment. Individual psychotherapy and professionally facilitated support groups are especially helpful with perinatal problems. Women who struggle with a couple of issues are often responsive to self-help strategies or concrete interventions. These may include support groups; developing a relationship with a trusted health professional; addressing nutritional depletion; improving sleep; herbs, supplements, and psychiatric medications; yoga; massage; learning about infant development (in contrast to a parenting method); addressing marital/couples issues; incorporating touch and massage; meditation; practicing mindfulness; developing emotional attunement and empathy; enhancing emotional development and intelligence; connecting with spiritual practices, and cultivating one's creative imagination. Women who struggle more intensively may experience more healing from more integrative, in-depth, professional treatment that includes individual psychotherapy. This may involve addressing the so-called, "ghosts in the nursery,"

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BMC Flea (cont.)

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Family Connections: is a tuition-free parent participation program for low-income families, educating over 400 individuals each year at three sites in San Mateo County. Parents participate in preschool classes with their children, from newborn to five years old, in a unique program that provides education for not only their children but also themselves. Family Connections' parents stay involved in their children's education and as a result, their children are more prepared for kindergarten and beyond.

Book Exchange at the BMC Flea

Back by popular demand, the Book Exchange is a great opportunity to swap books with one another and raise additional funds for our recipient organizations. Get "new to you" books by trading in those books your family has outgrown and finding new stories to take home to fuel your imaginations! Books should be gently used and range from baby board books to beginner reader books as well as parenting and pregnancy books. All books remaining in the Book Exchange after the Flea will be donated to the Burlingame Library.

How to Participate:

1. (Preferred) Help us build up our Book Exchange inventory by dropping off your books between April 1st and May 1st at 735 Winchester Drive, Burlingame, between the hours of 8:00 am and 10:00 pm.
2. Bring your books to the Flea and drop them off at the Book Exchange by 9:00 a.m. For each book you donate, you will receive one ticket to be used at the Flea in exchange for a "new to you" book (1 ticket = 1 book). Books may be purchased with cash. Cash prices will be noted on the books.

If you have any questions regarding the Book Exchange, please email us at helpinghands@burlingamemothers.org.

Mentoring Mothers (cont.)

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and creating a "coherent narrative." An emotionally intense task, the act of constructing this kind of narrative differs from the life story one may readily know or tell. Rather, it is a story born out of an emotionally engaging process with another human being that includes having a more conscious experience of how memories, feelings, patterns, experiences, and relationships emerge, in the here and now, both constructively and destructively. Having this experience can be healing since healthier human connections are created and because a destructive past is faced that is less likely to be repeated in the present.

Helen Marlo, Ph.D., is a clinical psychologist, psychoanalyst through the C.G. Jung Institute of San Francisco, and professor at Notre Dame de Namur University where she directs the Master of Science in Clinical Psychology Program. She is in private practice in Burlingame where she works with adults, children, and infants, and has over twenty years of experience working with issues related to reproductive mental health, such as prepartum and postpartum anxiety, depression, and trauma; infertility; pregnancy loss, and developmental issues. She is the founder of Emergence: Reproductive Mental Health Services, which sponsors Mentoring Mothers. She is inspired by her professional work and personal life as a married mother of three, lovely children.

Classifieds

"RENT-A-HUSBAND"

Do you need help with projects around the house? Painting, repairs, electrical, baby proofing, replacing light fixtures, installing shelves, assembling furniture, hanging artwork, landscaping, garage organizing, pressure washing, gutter cleaning, deck staining, fence repair, brick work, clean up and dump runs, etc.

Call Greg Cala at 650 678-5678 or email gccala@aol.com with your list! (Many happy BMC clients and friends)

Spanish Montessori Preschool

The San Mateo Village Schoolhouse is a bilingual Spanish/English modified-Montessori program located in the San Mateo Village neighborhood for children 2 through 5 years old. We offer a traditional Montessori prepared environment with jobs in practical life, sensorial, language, mathematics and science, and incorporate early childhood education materials. Special monthly programs in music, storytime, art and movement. Hours are Monday through Friday, 8:30am-1:00pm with five, three and two-day enrollment options. Now accepting applications for immediate enrollment, summer Spanish immersion program and for fall 2013. Please visit us at www.smvillageschoolhouse.com and call (650) 212-1841 to learn more and schedule a tour.