

## CHAPTER EIGHT

### Eleanor: “The Hardest Thing Was How Hormonal I Felt”

“It’s like losing a month of your life,” is how Eleanor (names have been changed) describes giving birth four weeks early. Although she didn’t love being pregnant, she would have much rather carried her baby to full-term. “I didn’t feel prepared because I thought I had another month to get ready,” she says.

Eleanor’s due date was June 28th, but she woke up at 3:00 a.m. on Memorial Day 2003 because her water had broken. She went to the hospital and found that her baby was fine on the fetal heart monitor. The staff told her that she could go for a few days after the water broke, so she was free to go home, or they could induce labor.

She chose to leave the hospital and spent the day shopping for baby items with her husband, Michael. “I was nervous about the traffic coming back from shopping since I was having mild contractions, but we got back home fine and had dinner and went for a long walk,” she says. She and Michael also took some pictures of themselves in the backyard. “It was sad to think it was our last day as just the two of us. We’d been married nine years and together twelve, so this was going to be a big change.”

#### **The Birth**

Around 3:30 a.m. the next morning, Eleanor woke with more contractions and went into the hospital at 9:00 a.m. When they checked her cervix, she was told that she was dilated between two and three centimeters. “That was hard. It was discouraging because I wasn’t further along.” As hours passed, Eleanor’s labor was not progressing, so the medical team decided to use Pitocin to induce labor. “The contractions became more intense and closer together even though they were upping it [the Pitocin] slowly.” Eventually the doctor increased the Pitocin at a faster rate. “I was nervous about having an epidural, but now I wish I had done it. I did ask for pain relief, and they gave me a narcotic drip, but it didn’t help much.”

Ten minutes after getting the drip, Eleanor felt the need to push. “I felt horrible, horrific pain, and the pushing took between forty-five minutes to an hour. Since I had had to fend off earlier impulses to push, it was difficult to access that energy later. At least once I reached the pushing stage, however, I knew there would be an end.”

It had been a long day in the hospital when Eleanor’s daughter, Katie, was born at 10:51 p.m. During delivery, Eleanor’s hands, face, and chest went numb, and she was administered an oxygen mask. “The oxygen mask helped. I think I was hyperventilating which caused the numbness.”

Even though Katie was a month early, her health was good, and she weighed five pounds, fifteen ounces. She cried right away and showed no signs of distress.

#### **Hormonal And Breastfeeding Issues**

Katie developed a slight case of jaundice, so Eleanor and the baby stayed at the hospital for five days. At two-days postpartum, Eleanor was thrilled when her mom arrived from out of town, but also found herself weepy and on edge. “Michael tried to videotape us—the three generations of women—but I kept crying. By far the hardest thing was how hormonal I felt. I was blindsided by it. I felt unable to cope, like I was a total wreck. I thought I’d be okay, but at moments couldn’t handle things. My hormonal changes were very confusing for Michael since I had never been like this before.”

Eleanor was also stressed about how much Katie was eating since the baby was premature. “Katie would latch on to my breast for a few seconds, then let go. Sometimes it would take an hour to get her latched on. Nursing felt like an eternity those first weeks, plus I was worried that, if she didn’t eat, the jaundice would get worse. My worries were irrational and unpredictable.

“Luckily, Katie was a good sleeper and would sleep for two to three hours stretches. One nurse told me to wake her up to nurse, but I would try, and she would just fall back asleep at the breast. I did find that standing up and nursing while bouncing the baby worked a little. One nurse said, ‘You don’t want to do that with a premie. She’ll just fall asleep.’ I knew she was wrong and that what I was doing worked. Eventually I just did what I felt was best...Since nursing took forever, I remember thinking—am I going to be doing this for a long time? I would get nervous when I knew it was time to nurse and worry about if Katie would latch on well or not. Plus I thought, ‘Oh my God, I will struggle with this again in three hours, and I’m so tired.’”

### **First Days And Nights At Home**

Eleanor has strong memories of her first night home from the hospital. “Starting around 11 p.m., I breastfed Katie or used a syringe to feed her until 12:30 a.m. She was nursing so fussily that I was afraid she wasn’t getting enough, and my milk would dry up. I was truly terrified that I was starving the baby. Katie would latch on for five sucks and then latch off and look around. I couldn’t get the breast pump to work. I was panicked. I thought I had nothing to feed her. I woke Michael up and asked him to go to the hospital for extra parts for the pump.

“He brought the parts back, and I was able to pump. I still couldn’t get Katie to latch on for long, so I thought I would have to give her something in a bottle. Later that morning, around 4:00 a.m., I got her to latch on for twelve solid minutes. I was so relieved. I felt like she finally got it.

“I remember one friend telling me during those early days—just think, all around the world right now, there are women breastfeeding. That gave me some perspective and helped me to not feel so alone.”

Eleanor contacted a lactation consultant, Christy, to address her breastfeeding problems. Christy came to the house the first week and returned again around one month postpartum. Eleanor also phoned Christy close to a dozen times to get answers to her breastfeeding questions. “It helped so much to know Christy was there,” she says.

### **Appetite And Sleep Problems**

Along with the breastfeeding challenges, Eleanor noticed that she could get obsessive with worry, particularly in the late afternoons. “It’s not that anything would be so wrong, but I just couldn’t talk about anything rationally.” The anxiety led to intestinal problems and caused Eleanor’s appetite to drop. Her doctor suggested that she try an anti-depressant. “Even though I never took it, I was relieved to have a back-up,” she says. She also started following the bland BRAT diet (Bananas, Rice, Applesauce, Toast) to help with her stomach discomfort. The diet helped along with drinking a half glass of wine in the evening to relax.

“I had a lot of sleep issues,” Eleanor adds. “I was anxious when it was time to sleep if I couldn’t. Sometimes, I would take a quarter dose of Tylenol PM to help me sleep which was okayed by my doctor.”

Eleanor read somewhere to ask herself the following questions when she was anxious about the baby: 1) Is the baby gaining weight?, 2) Is the pediatrician okay with the baby’s development?, and 3) Is the baby most of the time coping or doing okay?

If she could answer, Yes, to all three questions, Eleanor felt assured that she was doing all right.

“What amazes me is no one told me what it could be like. I had all of these positives—my husband was home to help, Katie is a good sleeper, I knew I didn’t have to go back to work for six months, and Katie did eventually become a good nurser. Still, it was very hard. I knew in a vague way it would be hard, but didn’t know how hard. I felt overwhelmed, stressed, and isolated. Also, no one ever said that baby blues could last longer than three to five days. Mine was better at three weeks, and much better at six weeks. I think we need a different name for it. Baby blues diminishes how tough it can be.

“Even if everything is fine with your baby, you can still expect to be really emotional and freaked out. I felt hyperemotional, as if I could cry at any time. I wish someone had said to me while I was pregnant that they had been an emotional basket case after they had their baby. My friends hadn’t told me, but then, when I brought it up later, they all said they had felt the same thing.”

### **“Shouldness” During The Childbearing Year**

“I think women are made to feel diminished and wrong throughout pregnancy and postpartum. People should bite their tongues. One woman said to me, ‘You must be so enjoying this time and be so in love with your baby.’ I burst into tears because I didn’t feel that way at all at the time...You’re so vulnerable that fairly normal or innocuous remarks can really set you off. It seems to me that there’s a huge amount of ‘shouldness’ surrounding pregnancy, childbirth, and child rearing. I recently formulated the notion that the word ‘should’ ought to be completely omitted from all conversations with new parents. It’s so unhelpful.

“Two books that I feel are quite good about not conveying a sense of ‘shouldness’ are, *Dr. Spock’s Baby and Child Care*, and a book by the American Pediatric Association called, *Caring for your Baby and Young Child (Birth to Age 5)*. I didn’t like the book, *What to Expect When You’re Expecting*. I call the authors Food Nazis. Whenever you take a bite of food when you’re pregnant, they advise you to ask yourself, ‘Is this the best bite for my baby?’ They make it sound like all you are is a baby carrier...In general I found that most books provided lots of practical advice (like how to change a diaper), but didn’t include information on how to cope with the huge psychological, organizational, and financial changes a baby causes in your life.”

### **Changing Relationships**

“Since Katie’s birth, I have a deeper connection with my friends with kids. The bond intensifies. But with one friend who doesn’t have kids, and isn’t planning on it, things became difficult. I felt like I was imposing on her when I talked about Katie so, although I understand, I limit how much I talk to her about the baby.

“Michael and I also had a couple of great, big fights those first months postpartum. He felt neglected. During one fight, he said, ‘I’ve lost you to the baby. I never get any part of you.’ It’s important to not get completely absorbed with the baby. I tried to be aware of that, but it’s not always easy. My being so emotional was hard for Michael. He was mad because he didn’t know how to handle it. I was the one who pushed to have a baby, and Michael always knew it would be hard. So when I wasn’t coping, Michael felt like—well, you got me into this. He wanted things to be the way they were. For example, during the first week home, Michael wanted to invite friends over for coffee. That was just too huge for me. He always tells me I’m doing a great job, but he doesn’t get why I was so surprised with how hard it is.”

Eleanor’s family came to help at two different times during the first months. When they left after the second visit, she and Michael fought about Eleanor’s emotional state. “Michael just didn’t get how hard it was for me when my family left. Most men don’t get this. At times, I was also upset with Michael’s lack of interest in the baby. He will let her cry longer than I would before he does something. It hits my nerve. During the fight, I even suggested that Katie and I

should go away for a while so Michael didn't have to cope with us. He was really mad about that and said, 'You're not taking my baby away.'"

### **Helpful Comments From Others**

"What would have been helpful would be for people to say, 'Take it one day at a time. Do what's best for you and your baby. Don't worry so much. You may get obsessive and worry about things, especially at certain times of the day.' My mom was great about this, very supportive. The message I got from her was that I was doing great. She said, 'I know it's hard. It was hard for me too.' She wasn't judgmental and didn't question how I did things. She was also good about anticipating my needs and being sensitive to both mine and Michael's needs. I remember I craved apple juice, and my mom stocked the fridge with it. A piece of advice she gave me also was, 'Don't expect to get anything done the first three months. Then, anything you do get done, you can feel good about yourself.'"

One of Eleanor's friends said that she hoped Eleanor felt a great sense of achievement to have Katie thriving so well. She also told Eleanor that people don't tell new parents enough about what a good job they're doing. Eleanor says, "It was so helpful and encouraging. I'm going to have to make a mental note to do the same, because even when you've been through to the other side, I think it can be hard to remember. You just have to let go of control for a while—both emotional and mental control."

### **How To Help Yourself**

Slowly Eleanor found things that made her feel better. "Just getting out helped. Sometimes it can feel like too much, but it's worth the effort. Going into work to show off the baby, getting a haircut, or a massage. Talking to other mothers was the most helpful. The joyful moments though were less than expected and that was confusing.

"I wish I had made a list in advance of people that could help me: a lactation consultant, postpartum doula, housecleaner, friends. If you're not surrounded by family and friends, you should get a doula. Make it a huge priority to be close to your own mother or your mother-in-law if possible. Either move closer to family or have the option of going there.

"Every day have somebody that you are going to call or have someone come over to check on you. I had a colleague, a mother of a six-month old, who wrote and told me how hard it was. She said for her it got better between day seventy and day one hundred. I had to laugh that she had been counting the days. It just reinforced that you're not automatically better at six weeks.

"The internet was more helpful to me than books. I would search under 'breastfeeding problems' and read about what other people had gone through and what worked."

### **More Ideas**

While in the hospital, Eleanor advises moms to "take advantage of the help. It's better to be assertive and ask questions while you're there. Once you're home, don't hesitate to call the advice nurse even if it's three in the morning.

"What helped me too was to get myself back into work early and gradually. My work isn't anxiety-provoking, which is a big plus. If not work, then a hobby or something just for you. Do something before you've completely lost your identity."

Eleanor also wishes she had prepared the house more. "Setting up a breastfeeding area in advance with a Boppy pillow and other supplies would have been good. Also, since I was so worried about Katie getting enough to eat, I wish I had had a couple of bottles of formula on

hand. I didn't need it, but I wouldn't have panicked so much. In every area, have supplies already there."

Although at times Eleanor has felt like parenthood can just "be too much," she feels it's all been worth the effort. She also wants to make it better for other new parents. She feels that there's often a ridiculous attitude in our culture of "if you do everything perfectly (as a new parent), you could prevent anything bad from happening." She adds, "I've been lucky to meet almost none of this attitude in person, but even when people are being very neutral and mild, I'm sensitive to the lightest criticism of my parenting...New parents, especially new mothers, are extremely vulnerable to this kind of thing."

## **AUTHOR'S REFLECTIONS**

If your baby arrives early, like Eleanor's, it's not too late to do something to avoid the isolation of being home with a newborn. Be aware that you are more at risk for depression if you don't have regular adult contact.

In her book, *At-Home Motherhood: Making It Work For You*, author Cindy Tolliver refers to the isolation as the "Home Alone Syndrome" and provides ideas for avoiding it. Seek out neighbors who stay home, play groups, and parent groups. Attend one of the parent/child classes offered by recreation departments, hospitals, and churches. You could even start your own parenting group and/or babysitting cooperative by putting up a flyer or placing an ad to find other parents who want to share experiences and provide each other with valuable tips. Visiting with co-workers, like Eleanor did, also can help.

Although you may feel you don't have a second to spare, don't neglect your own interests. Mothers can easily fall into the trap of looking after everyone else's needs and ignoring their own. Exercising (once you have your doctor's okay), playing a musical instrument, and even reading novels can help.

Change your expectations. Most new mothers are amazed at how little they get done during the day—and they don't even take a coffee break or a lunch hour! This may be tough if you are used to being a super-productive person on the job. Realize that parenting is life at a different pace and that being a relaxed, happy parent is more important than a fully checked-off "to do" list.

Remember too what Eleanor mentioned—there seems to be a lot of "shoulds" about parenting. Trust your instincts, but don't be afraid to seek advice from supportive people you respect. Every family is different, and there are no universal rules for raising children. You will find the mothering path that works best for you, but it takes time. Don't be hard on yourself when you feel uncertain about what to do. Every mother (if they're honest!) will tell you that they've felt the same way at times.