

**Psychopathology of pregnancy and postpartum
during the Covid-19 pandemic: a small guide**

by

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Who we are:

As perinatal professionals we treat pregnant and postpartum women who suffer from perinatal mental disorders. We teach, promote research, training and awareness on this issue that is very close to our hearts. In the shadow of most mothers for whom this phase represents a period of joy and fulfillment, there are women who suffer with mental illness that necessitates medication. They often cannot bond well with their babies.

We work with these mothers every day. Through the Italian Marcé Society <https://www.marcesociety.it/> we collaborate with psychiatrists, psychologists, psychotherapists, midwives, nurses and pediatricians. Our commitment is to share knowledge about the difficulties mothers face during pregnancy and after childbirth.

At this time, we address women in need because they have a mood or anxiety disorder or they may develop it during the next months: Our aim is to focus on you, to understand your experiences and needs and provide resources to help you during this stressful time.

COVID-19

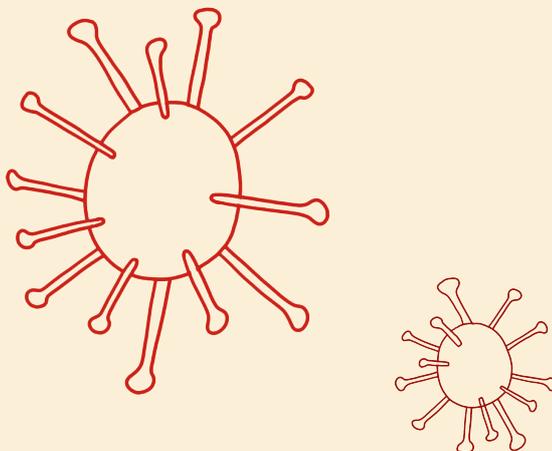
In early December 2019 in Whuan, China, the first cases of Covid-19 emerged. This label describes the disorder resulting from infection by a new coronavirus (called SARS-CoV-2). Coronaviruses are a family of viruses, very common in animal species. In some cases, they can mutate, become capable of infecting humans and then disseminate among the population. You can find updated information by consulting the website:

<http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioFaqNuovoCoronavirus.jsp?lingua=italiano&id=228#6>

The high number of cases in some regions, has resulted in significant restrictions in our daily lives. The rigorous respect for guidelines prevents the virus from having "human stores" through which it replicates, composes itself and subsequently spreads. By limiting social contact, we control the spread of the virus and prevent an excessive number of people from requiring intensive care in a short period of time.

Our goal is to encourage questions, provide education and encourage your ability to ask for help so that you can understand these circumstances and obtain adequate support.

In the midst of this pandemic the health care system is overburdened, but you should know that the maternity and mental health services are available to you.



Perinatal Mental Health

The perinatal period or the time from pregnancy to one year after childbirth, represents a time of psychological vulnerability for one in five women: As the woman is adopting a new identity as a mother, psychological symptoms may emerge and even worsen with the additional anxiety of Coronavirus.

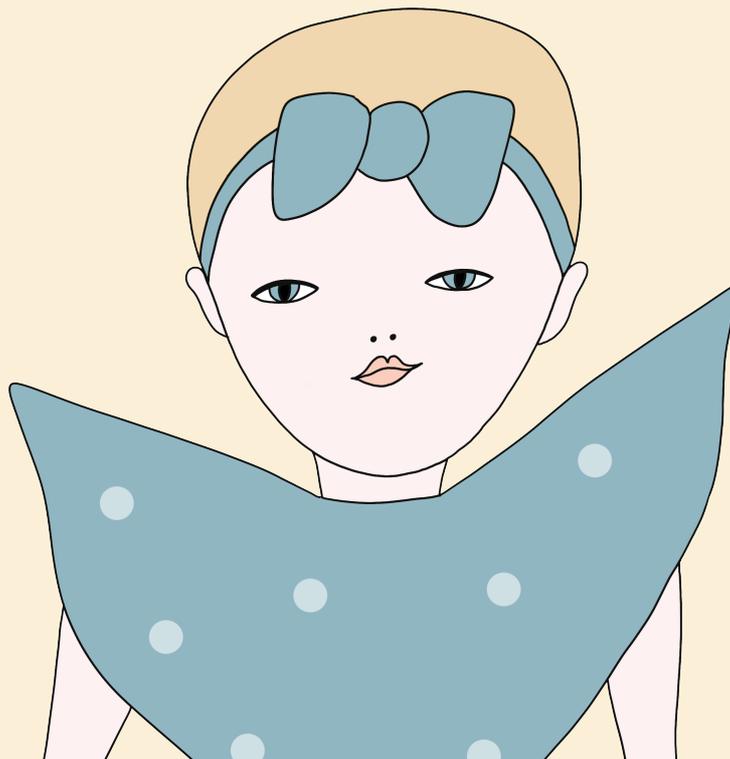
Here are some percentages of the psychopathologies that occur in the perinatal period: In pregnancy depression affects between 7 to 20% of women, anxiety between 10 to 15%. In the postpartum period depression afflicts between 13 to 20% of mothers; postpartum psychosis 0.01%. The variability of the percentages depends on the different clinical studies we have consulted, the diagnostic tools used, the populations studied and the countries in which they were conducted.

It is important to be informed, aware and able to seek help, if necessary.

In an epidemic it is common to feel stressed, worried and anxious about our own health, and that of the unborn or newborn infant. We may avoid access to facilities for the fear of contagion. We may experience the consequences of a forced quarantine; of managing children, addressing the relationship with our partner and tolerating separations or loss of loved ones. We may experience helplessness, loneliness, boredom and isolation.

These factors have encouraged us to write this guide to inform you and encourage you to ask for support, if you feel it is necessary. We present the difficulties and the nuances that may arise in this pandemic period.

This guide is the result of consultation of institutional sites, review of research and available scientific publications and consultation with esteemed national and international colleagues who have provided their support, advice and recommendations. Let's begin!

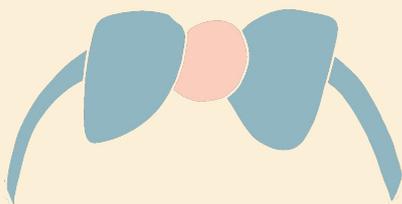


1. Pregnancy and breastfeeding

The scientific knowledge of the interaction Covid-19 with pregnancy and postpartum is limited and therefore insufficient to provide reliable data: There are no studies showing an increased risk of spontaneous abortion in the presence of Covid-19. At this time the literature does not document vertical transmission of the virus to the developing fetus or abnormalities in the newborn.

Routine prenatal visits, ultrasounds, maternal and fetal evaluations must continue regardless of the pandemic. Hospitals remain the safest places to give birth to your baby. You have access to highly qualified personnel and emergency facilities. You can ask for help if you feel that something is wrong.

Women who wish to breastfeed their babies should be encouraged as long as their pediatricians or health care providers agree. So far there is no evidence that the virus passes through breast milk. If you have or suspect you have a Covid-19 infection you should take directions from your health care team about being separated from your baby. If you are not separated, you should take the best precautions and respect general hygiene insurances as: wash your hands before and after touching your baby, use a mask when you are close to him and during breastfeeding and disinfect all surfaces. If, on the other hand, you choose not to breastfeed, you can pump the milk and feed or give it to dad with the bottle. If you do not breastfeed do not feel guilty. Communicate it clearly and resort to infant formula. Good nutrition for your baby is also provided by the joy and emotional stability of his mother.



2. Covid-19 infection in children

Current knowledge (Center for Disease Control and Prevention) shows that children are not more at risk of infection than adults, however premature, those with chronic diseases or with a compromised immune system are considered more at risk. Children are at increased risk of complications caused by the infection, a multi system inflammatory syndrome in children (MIS-C) that is related to COVID-19. It is characterized by a systemic hyperinflammation with fever and multi-system organ dysfunction.

It is essential that all family members observe the precautions indicated by the CDC and WHO, to avoid infecting children, particularly those considered at risk.

3. Sleep is essential: some tips to avoid insomnia in pregnancy: (European Insomnia Network and Italian Marcé Society)

Insomnia and sleep problems may affect approximately 80% of women during pregnancy, particularly during the third trimester. It is important to get sufficient sleep during this period because it may have positive effects on the health and the immune system of mothers and children even in the long term. Getting a sufficient amount of good-quality sleep supports the immune system, which reduces the risk of infection and improves outcomes for people fighting a virus. Conversely, sleep deprivation weakens the body's defense system and makes one more vulnerable to contracting a virus. Optimal sleep helps regulate mood and increases energy and overall productivity during the day. Sleep is crucial during pregnancy, but during the COVID-19 pandemic the loss of control and uncertainty is common. The stress may elevate the body's arousal system response, triggering insomnia. In addition, lifestyle is

completely changed during this period because of the social distancing restrictions. This situation may contribute to a change in your sleep habits triggering insomnia.

What can help you sleep better?

Try to structure your routine. If you were working and you are now at home for social distancing restrictions try to create a new routine. Make sure you have a regular schedule and stick to the same waking time each morning to help stabilize your circadian rhythm. Do not avoid taking a nap during the day if you need it. It is important to sleep if you are tired but keep the nap short to no longer than 40 minutes.

Try to exercise regularly. Gentle/aerobic morning or afternoon exercise is beneficial for sleep. Find a place in the house that is not the bedroom to do your exercise. This way, you can keep your bedroom as a sleep sanctuary.

Regulate your meals. Keep a meal structure that typically works for you. If you're hungry, have a light snack prior to bedtime. A small portion of crackers can help sleep.

Make sure your bedroom environment is conducive to sleep. Keep the room temperature cool (around F 61°), try an eye mask or blackout shades if there is no other way to keep the room dark enough. Try to use the bedroom only for sleeping so that the association between good-quality sleep and bed will be reinforced

Schedule in wind-down time. Allocate at least half an hour to an hour before bedtime as wind-down time. That means relaxing in a room with dim lighting and engaging in a non-stimulating activity, like watching re-runs of your favorite old shows, doing crossword puzzles, or reading a good, old-fashioned paper book.

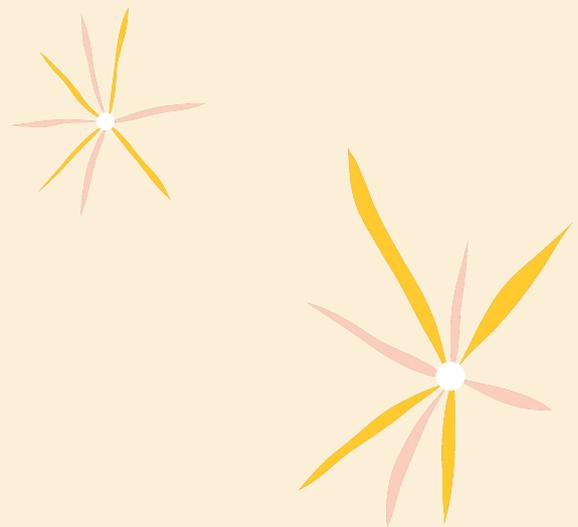
Try to practice progressive muscle relaxation or other relaxing programs such as mindful breathing and imagery techniques etc.

during your wind-down time. It is helpful to reduce mental activity before sleeping

Try to avoid electronic devices in the wind-down time. There's evidence that blue light from electronics can impact your circadian rhythms and can cause mental stimulation. If you don't have other activities, put your phone, e-reader or tablet at the lowest light settings (e.g, with a black background).

Try to do something calming in another room if you wake in the middle of the night and feel anxious. Sit in a comfortable chair until you are sleepy before returning to bed. Don't worry too much about sleep being broken up; see this as an opportunity to clear your mind and to relieve any pain or discomfort before getting back to sleep.

Try to restrict beverages to the daytime and don't drink large amounts of water or tea within an hour of your typical bedtime, to avoid excessive toilet visits during the night.



4. Anxiety and stress related to Covid-19 in pregnancy and postpartum (Chandra P., 2020)

Pregnant women may have several worries related to COVID 19 and may ask themselves many questions such as:

- How can I prevent myself from getting the infection?
- What will the impact of the virus be on my unborn baby?
- Will my partner (or any family member) be allowed to stay with me during delivery?
- Will transportation be available if I go into labor?
- Is it safe to go to the hospital for antenatal checkups or scans?
- Is excessive use of hand sanitizer safe during pregnancy?
- Should I get tested for COVID 19?

In the first and second trimester, the worries may be related to effects on the fetus, miscarriage and the ability to get blood tests and scans.

In the third trimester, worries may be about chances of infection, health care during labor, presence of relatives and effect of breastfeeding the baby.

Please remember that some amount of anxiety is natural and understandable. But sometimes anxiety may become excessive, an obstacle to wellness. These are the times when it is important to talk to a professional.

The postpartum period is a vulnerable time and nearly 10-15 % of women may have depression and mood changes. This may be heightened during this pandemic when there is so much uncertainty, lack of visitors, social isolation and lack of normal rituals after childbirth due to poor transport and social distancing. Women may worry excessively about their infants' health and not feel satisfied with hand washing or other sanitizing procedures.

If the woman or the infant develops a cough or fever, there may be excessive anxiety regarding the same. In this case we recommend that you ask for help from your internist, your gynecologist or your mental health services.

These are some symptoms that will help you to recognize whether you have excessive anxiety or psychological distress:

- excessive worry about getting the infection even when all precautions are being taken and reassurance has been provided;
- lack of sleep because of anxiety;
- focus excessively on social media news about COVID 19;
- extremely anxious about infection control procedures in family members;
- worry too much about missing work even though there are no actual risks;
- feel sad and angry because of isolation and the impossibility of visiting with family and friends;
- feel nervous, anxious or on edge;
- cannot control anxiety;
- cannot relax;
- feel so restless that it's hard to sit still;
- become easily annoyed or irritable;
- fear and anticipation that something awful might happen;

How can pregnant women or women with newborn babies prevent getting excessive anxiety?

Keep in regular touch with your gynecologist, obstetrician or primary doctor. Ask them how you can be in touch or who you can call if you feel too anxious or worried.

Divide your day into four parts: Rest, Hobbies, Work and Exercise. Create a timetable for yourself using these four headings equally.

Limit isolation and find ways of interacting with relatives and friends through phone and video calls.

Do not engage in disturbing social media and TV programs. Request that your friends and family not send you negative messages. If necessary, opt out of groups where there are too many distressing messages.

Preparation and Planning: one good way of managing anxiety is to be prepared for eventualities. While some things are difficult to anticipate, you can have a plan ready in case of an urgent need to visit the hospital.

Keep phone numbers of ambulance services, two or three of your friends, your immediate family members and inform them that you may need their help at some time.

Send your health insurance card and your healthcare papers scanned to a person you trust. Share phone numbers of the hospital and doctor with your immediate friends or family in case you need them to be with you in the hospital. If there is a curfew or lockdown, they may need it for proof if asked by the police.

Once the baby is born, have the telephone number of the pediatrician handy. Discuss how to obtain mandatory vaccines.

Name the core worry: This stops it from getting tangled up with too many different issues. Is it about the delivery, is it about the baby's health, is it about how your husband will reach home after he went out to get groceries during the lockdown? Sometimes naming the worry will itself point out that the worry is needless.

Try to avoid 'fueling the worry' or "adding 'petrol to the existing fire'" by staying away from social media posts, blogs or chatrooms that discuss stressful topics.

Ask yourself "have I done everything I could do in that situation?": Our decisions and actions are never perfect. All situations have constraints. Our actions may simply be what could reasonably be done in that situation, given the constraints.

If there is something more that can be done go ahead and do it now.

If not, remind yourself, 'there was nothing I could have done' or 'there is nothing more I can do now'.

Talk to someone, not necessarily about the worry. Just chat.

Find a task you enjoy and get immersed in: read, listen to music, play with a puzzle, walk, play with kids around you, try a new recipe, clean a cupboard, try some craft, make posters out of inspirational quotes or write a diary/blog.

Find ways to seek comfort – an inspirational talk, soothing music, chanting, a book of wise words.

Try a gratitude journal, list all the things that you are thankful for.

Find ways to relax: yoga, meditation, deep breathing, mindfulness. You don't need fancy equipment or a perfect, undisturbed time/space. Disturbances are common in modern life, and you need only a few minutes. Squeeze it in whenever you can.

Remember that providing yourself with some relaxation and wellness lets your body communicate to your brain that there is no danger and the brain will reward you with positive sensations.

5. Perinatal Obsessive-Compulsive Disorder (OCD) in the Covid-19 era

We are experiencing a disturbing moment and we are trying to adapt. A high level of anxiety and high stress is foreseeable. We all need to be aware of and accept our reactions day by day. Many of them may be considered normal reactions, i.e. normal in an abnormal situation.

Even more, this period can be difficult for pregnant and postpartum women with an obsessive-compulsive disorder whose symptoms may worsen OCD. However, it occurs, it is a disorder based on doubt, fear and uncertainty.

However, it is fundamental in this particular moment to distinguish what worries are excessive. For example, emerging evidence seems to indicate that pregnant women are not at greater risk than others. Pregnant women and those with young children must take the same precautions as anyone else.

Some suggestions for women with perinatal OCD:

Do not do anything more than what the Government recommends in terms of safety rules. Do not listen to that "bully" of the OCD which tends to create new rules in your brain.

Observe what you are doing and changes over time. For example, if the need to wash your hands increases, try to stick to the 20 second rule and delay rituals by resisting the temptation to give in.

Check updates on Covid-19 less frequently and remove news notifications: you will give your mind the opportunity to calm down a little.

Pay attention to the reason why you are washing or disinfecting your home: Is washing performed according to ministerial guidelines to reduce the risk of spreading the virus or is it fed by OCD to make you feel "right"?

Concentrate on concrete things to do: For example, bathing children, preparing meals, doing household chores.

Give yourself permission to feel frustrated: This time will be difficult but not impossible and will represent your new normal for some time, but not forever.

If you notice that ruminations are increasing, first identify the negative thoughts that characterize them then do not listen to it and postpone it to another moment of your day. In this way you interrupt it.

Try to look for something that you can do now and that you have always put off for lack of time. We don't want to be naive optimists but try to focus on the good times and think about what made you feel good before this all began.

Do things you enjoy like cooking, cultivating your hobby, things that keep your hands and head busy.

Find time for yourself: Try not to judge yourself. No matter what happens, you don't have to be perfect. Whenever OCD starts knocking, fill that time with *positive distraction*, which could be anything that makes you feel good.

Eat well, exercise every day and stay hydrated.

Keep a diary to identify what makes you feel better. Make notes about activities and ideas throughout your day.

If you are assailed by the thought that you could do something bad to your child, repeat to yourself that it is your anxiety and that thinking about something does not mean wanting it. Don't feel guilty or like you are a bad mom. Remember that these kinds of thoughts occur in 70-100% of new mothers (Collardeau et al., 2019). If necessary, delegate the care of your baby for a while, until you feel more peaceful.

Don't stop psychotherapy.

If you are taking psychiatric drugs for OCD, do not stop therapy without consulting your psychiatrist even if you feel well. Some obsessive symptoms, such as doubts about the integrity of the child or the ability to prove that you are a good mother, are frequent in pregnancy and in postpartum period. However, if you have thoughts that make you mull over things continuously, it is appropriate to ask if it is necessary to get some professional help.



6. Panic disorder in pregnancy and postpartum during Covid-19 pandemic

Panic disorder is a very common disease and is thought to affect between 4 and 6 % of general population. Studies report controversial data regarding panic disorder and pregnancy. Some of them, and many women confirm it, claim that pregnancy represents a "golden" period for the disappearance of the attacks and permits a feeling of well-being. Others seem to observe a significant worsening, often in association with more pronounced nausea and vomiting in the first trimester and feeling short of breath in the last trimester. Other studies show no improvement or worsening associated with pregnancy. In the postpartum period however, a possible relapse of the disorder is more frequent. However, it should be remembered that a pre-existing panic disorder or a first-time panic attack during pregnancy can represent a risk factor for postpartum depression.

Some advice can be helpful dealing with this non-serious, but very annoying disorder.

If you have never had panic attacks, they are unlikely to occur during pregnancy. If it happens, don't worry, it's not a serious or dangerous disease.

Contact your physician and follow his/ her advice. If the attacks continue, contact a specialist (psychologist or psychiatrist).

If you have had a panic disorder in the past and are afraid that it may happen again in pregnancy, consult professionals to determine your options.

If you are in psychotherapy or pharmacotherapy do not stop. Follow the advice of those who care for you.

Try to reduce stimulants such as coffee, coke and respect times of rest and sleep (sleep deprivation can act as a stimulant).

If you feel like you don't have" enough air," you can use the open balcony or window to practice breathing and relaxation exercises.

In this period the fear of "becoming infected with the virus" is common for everyone, but those who have had panic are particularly attentive to symptoms of any kind and tend to observe and monitor themselves continuously. Try not to become a slave to the thermometer or the small instrument that measures oxygen in your blood.

Avoid do-it-yourself therapies, such as benzodiazepines (anxiolytics). They are not indicated in pregnancy, except for occasional use and under strict medical supervision. This also applies to the postpartum period if you decide to breastfeed.



7. Depression in pregnancy and postpartum in the Covid-19 era

Universally recognized both within scientific community and general population, postpartum depression occupies the role of protagonist in perinatal psychopathology. This is not the place for a long scientific discussion. But, if you feel depressed, discouraged, guilty, lose interest in daily activities, have thoughts of death or compromised sleep or appetite for at least two weeks, it is important to ask for a psychiatric evaluation specific for the perinatal period.

Some recommendations

Strive to maintain a normal lifestyle and continue your usual activities.

Keep a daily routine: when you wake up wash, comb and dress as if you are going out, even if you don't feel like it.

Don't isolate stay in touch with your family, friends, co-workers through video calls or Skype.

Be careful about what you eat: try to take in a quantity of calories that is neither too low nor too high.

Try to exercise, even moderate but steadily.

Light is important: keep the curtains open. If you have a balcony stay on it for at least one hour a day.

Avoid situations that create anxiety or put you in a bad mood. Try to think about positive images and memories. Put aside shame and guilt.

Dedicate yourself to interesting activities to interrupt brooding (continuous thoughts about the future) or rumination (continuous thoughts about the past) because they do not lead to a solution. On the contrary they can aggravate the symptoms.

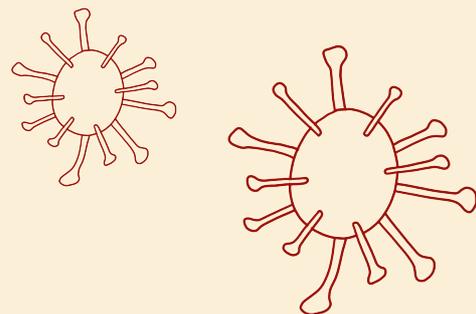
Do not neglect your sleep: The connection between sleep and mood is well known. If your child does not allow you to sleep, try to rest during the day or exchange doing night shifts with your partner. If you can't sleep even when your baby is resting, ask a specialist for help.

Do not stop psychotherapy: Many therapists hold sessions using phone call, video call or Skype.

Do not stop pharmacological therapy without talking to your psychiatrist even if you are well. Stopping a therapy increases the risk of relapse up to five times.

There are drugs that can be used with caution in pregnancy and in the postpartum period. Specialist centers give exhaustive information both by phone and by email.

If you have bad thoughts, if you realize that you are experiencing a particularly depressing moment, do not hesitate to ask for help immediately. You can turn to perinatal psychologists or psychiatrists to evaluate the situation.



8. Some information for women who are at risk of developing postpartum psychosis or women who are recovering from an episode of postpartum psychosis (APP - Action on Postpartum Psychosis).

We know that pregnant women and new mothers have many doubts about how their treatment will proceed and how to access services during the coronavirus epidemic.

A. Pregnant women

(i.e. those who have had previous postpartum psychosis (PP) or have a bipolar disorder diagnosis):

- *What will happen to my prenatal psychiatric appointments?*
Appointments will be kept but they will be done by phone or video conferencing.
- *How do I get medication during this crisis?*
Mental health department and obstetrics-maternity departments will work collaboratively to ensure the safest possible antenatal care remains uninterrupted. Women who are on Lithium throughout pregnancy will continue to need the same degree of medical vigilance. You can call the psychiatric service where you are treated: they can prescribe for you by email. Remember to follow the prescribed therapy carefully because this is a period of particular stress and there is no need to increase the risk of relapse.

B. Postpartum women who develop symptoms

Postpartum Psychosis (PP) is a rare but severe form of mental illness that occurs unexpectedly and quickly. Usually this occurs between 48 hours and up to 2 weeks after childbirth but can occur up to 12 weeks after childbirth as well.

There are women, such as those suffering from bipolar disorder, who are at higher

risk for postpartum psychosis. It is a disorder that has a rapid onset. It must be treated as a medical emergency with drugs and hospitalization. With the right treatment, a full recovery is achieved. Recovery takes time but women do return to regain the mothering role they expected. Those who have had an episode of PP during a previous pregnancy are more likely to have a recurrence. Rest, sleep and family support must be planned for and guaranteed.

Which are the main symptoms of postpartum psychosis?

Confusion
Excited, euphoria
Insomnia
Irritability
Agitation
Disorientation and confused thinking
Disorganized behaviour
Delusions and hallucinations often centred on the newborn
Rapid mood fluctuations (sadness-euphoria)

If I develop symptoms of PP, how will assessment happen?

If you believe you are developing symptoms of postpartum psychosis you should act immediately. It is best to call to the emergency department and request an urgent psychiatric visit. If you believe that you or someone in your household is in imminent danger, call 911. Initial contact may be made via video call (particularly if the person also has a cough or high temperature). Do not go to the hospital emergency for any reason.

Often women do not realize the symptom onset because they occur so rapidly, therefore family members and partner must be informed and keep careful watch in the first weeks after giving birth. They must be able to intervene rapidly, if necessary.

C. Women during recovery

How will I get medication? How will I be monitored and supported during recovery?

Most appointments will occur via phone or video call.

How can I manage anxiety, depression and isolation during recovery if outpatient visits do not happen and we are meant to be socially distancing?

With the therapist's help and suggestions, phone calls and video calls will be offered.

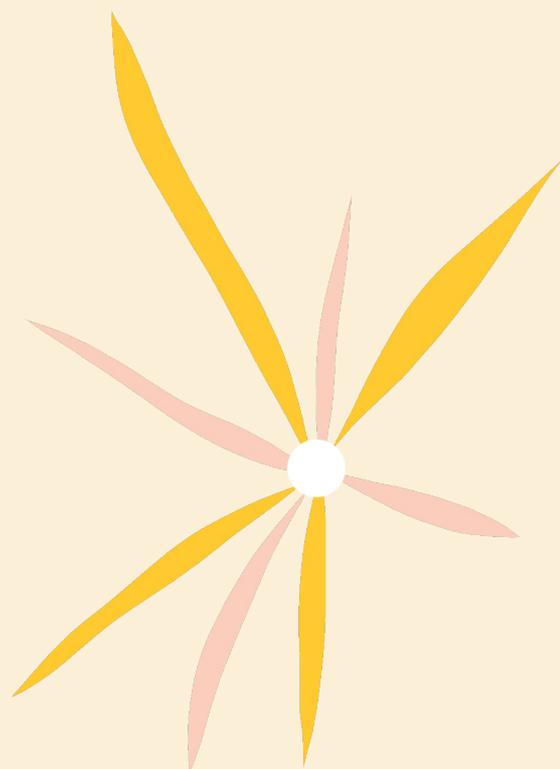
If you have bipolar disorder and have just been discharged after delivery, try to keep an eye on your mood with your partner and monitor the amount and quality of sleep.

For concerns related to mood swings or lack of sleep, contact your psychiatrist immediately.

D. Women with other types of psychosis

There are women who have more serious psychiatric conditions, often have unwanted pregnancies or pregnancies they are not aware of.

These situations are very often managed by the family members or partners: these women are often not aware of their disease. They neglect any caution or precaution, even in the current risk environment. It's very important to engage psychiatric services to utilize all the available supports, including hospitalization if required.



9. Mother-infant bonding disorders

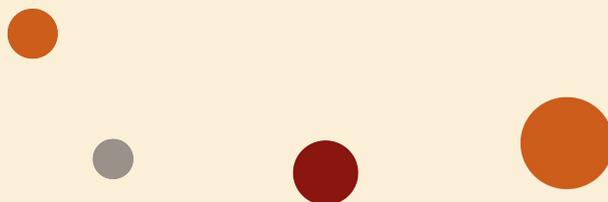
There are women who immediately feel like mothers, for whom maternal emotion arrives without delay. For others the relationship with their child develops slowly during the first weeks / months after giving birth. There are some mothers who feel alienated from their child and are afflicted by a lack of expected positive emotions. For others, their child is experienced as a burden, they feel imprisoned. They want some other trusted adult to take care of their infant.

Some thoughts that we would like to share with you

If you have these feelings, lack a bond with your baby and feel guilty, you don't have to think you're a bad mom. You don't become a mother only by giving birth to a baby. sometimes it takes time and patience before this relationship is established.

If in this moment of great difficulty, in which we are forced to live 24 hours a day within our home, with children at home because they are too young or because the nursery is closed, you may feel overwhelmed by the responsibilities of managing your child. Ask for help from your partner, your mother or those who live with you to relieve the stress that you are feeling if the baby cries and is inconsolable. Do not force yourself to be with the child if being with him makes you feel bad or angry. Never be alone with him. Try to do things for yourself that made you feel good before motherhood to alleviate your tension. Do it without feeling guilty and without judging yourself as a mother.

If you find it hard to sleep, if you feel overwhelmed by guilt, your mood is low or very irritable, consider talking to a psychotherapist experienced in perinatal psychopathology. Even if the clinics are closed, you will be offered advice by phone or video call. The expert will give you advice on how to deal with the situation and "fortify" the relationship with your child. Together you can also evaluate the possibility of requesting drug therapy, which is necessary especially if you are having trouble sleeping, feeling sad or irritable.



10. What can family members of pregnant and postpartum women do to prevent anxiety and depression?
(Chandra P., 2020)

Be aware of the signs of excessive anxiety or psychological distress.

Try not to minimize symptoms when she tells you about her worries. Tell her it's quite natural for her to feel this way.

Try to address some of the concerns and encourage her to talk to health care providers about it rather than worrying.

Ensure that she follows a routine.

Engage her in interesting conversations

Find some activity that you can do together like playing a game, doing a craft or telling stories.

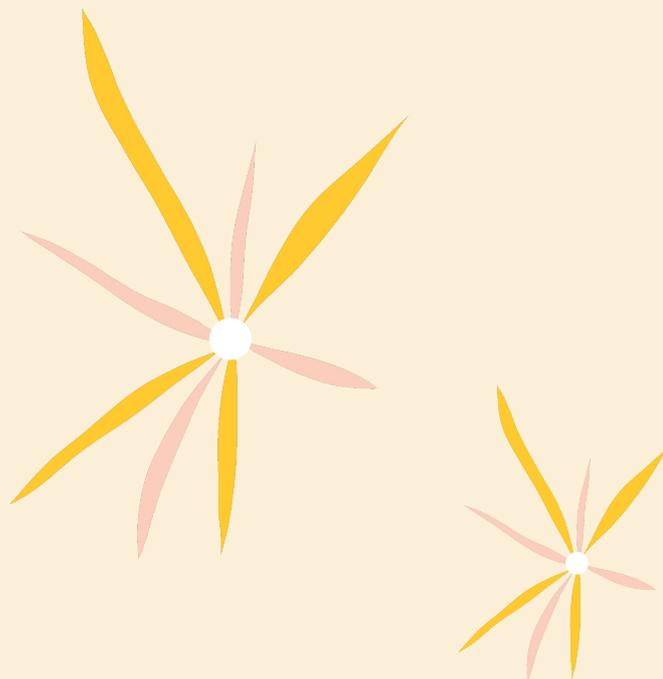
Ensure that you have a copy of her reports and hospital card and tell her that you have them readily available.

Teach her simple methods of relaxation and do them with her.

If you feel anxious try to talk to someone about it and not add to her anxieties.

For mothers with newborn babies, encourage her to sing to the baby, play with the baby and ensure that she gets adequate sleep and help with baby care.

Some of the routine childbirth related rituals may not be possible because of the Lockdown or Social Isolation. So, *try to find other simple ways of celebrating at home* – Create a memory book of the baby's first month and write down messages from friends, grandparents and relatives. Get them to record music or lullabies or messages and send them to the mother and baby. These small activities will help the mother to feel connected even if her parents or partner cannot be nearby.



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www.marcesociety.it

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