

TIPSHEET

HELPFUL TIPS FOR OBGYN AND MIDWIVES WHEN SUPPORTING WOMEN WHO ARE PREGNANT OR WOMEN WHO HAVE RECENTLY GIVEN BIRTH (AROUND THE TIME OF BEIRUT EXPLOSION)

Being exposed to the traumatic event of Beirut explosion can lead to concerns related to the pregnancy or the baby. These can include:

Feel **anxious** and fearful about the baby's health and safety.

Have **concerns** or problems related to breastfeeding.

Feel **irritated** when exposed to things that remind them of the event.

Have **distressing** and ruminating thoughts about potential miscarriage .

Might **interrupt** supplement intake and neglect proper diet.

Experience **diverse** physical symptoms such as headaches, loss of appetite, tremors, insomnia, nausea, irritability, cramps, and perception of fetal loss of movement, even vaginal spotting, etc.

Being **worried** about securing childcare necessities and accessing needed health services.

Have **memory blank** about the time around the event and/or delivery.

Be **unable** to feel and express emotions related to the explosion (sadness, anger, etc.).

**These reactions are
NORMAL
AND EXPECTED
and usually fade away
WITHIN FEW WEEKS**

HOW CAN YOU HELP?

Do ask the woman how you can help her using open-ended questions.

Do allow her to express her emotions. Do not resort too quickly to comfort her. It may be perceived as if she doesn't have the right to experience these feelings.

Do express empathy, acknowledge and normalize emotions and reactions.

*"You have the right to be sad, angry";
"It is normal to be feeling sad, confused or angry because of the situation...";
"I fully understand that you are feeling this way..."*

Do use a soft tone of voice. Be patient and calm.

Do communicate clearly using simple language and short sentences.

Do correct any misconception regarding pregnancy, delivery, breastfeeding, etc.

Reassure them that experiencing a traumatic event does not impact milk production or quality. Encourage them to continue breastfeeding and refer them to breastfeeding counselling services.

Hotline for IOCC 81 685 048

Do reassure them that pregnancy and baby are ok only if clinical assessment is normal.

Do encourage seeking medical and professional psychological help if distress symptoms persist and affect their day-to-day functioning.

Be honest of what you don't know.

Do link to relevant and accurate information and available and affordable maternal and reproductive health services.

Hotline for Order of Midwives 70 037 739

Do provide psychoeducation on baby blues to pregnant women in the 3rd trimester.

check Annex for more information

Do link them to the **national hotline for emotional support 1564** (Embrace lifeline) for support and orientation to services.

Don't judge or react harshly to women expressing anger, frustration, discontent, etc.

Don't interrupt or rush their story.

Don't pressure the woman to speak if she does not want to speak.

Don't judge what they have or haven't done, or how they are feeling.

*Don't say..." You shouldn't feel that way."
or "You should feel lucky you survived."*

Don't give false promises or assurances.

Don't talk about yourself or personal troubles.

Don't share someone else's experiences.

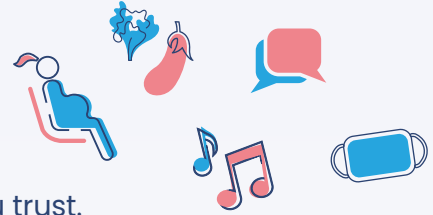
Don't use technical terminology.

HOW CAN YOU HELP?

EVERYONE HAS NATURAL WAYS OF COPING

Encourage the woman to use her own positive coping strategies by helping her remember how she coped in the past and what helps her to feel better. This will help her feel stronger and regain a sense of control. Some tips that can be helpful to use:

- Get enough rest.
- Eat as regularly as possible and drink water.
- Talk and spend time with family and friends/someone you trust.
- Do activities that usually help you relax (ex: taking small walks, practicing breathing techniques, spending time with family and friends, listening to music, praying, etc.).
- Find safe ways to help others in the crisis and get involved in community activities.



IF THE WOMAN IS SHOWING MORE SEVERE OR LONG-LASTING DISTRESS REACTIONS SUCH AS:

- Being immobile or withdrawn.
- Not responding to others, not speaking at all.
- Having difficulty to care for oneself or others.
- Feeling confused, emotionally numb, feeling unreal or in a daze.
- Disoriented (not knowing her name, where she is from or what happened).

SHE MAY REQUIRE MORE SUPPORT



- Refer her to a **licensed** mental health professional or **link her** with the National Emotional Support and Suicide Prevention Lifeline **1564** "Embrace Lifeline".
- Try to make sure **she is not left alone** until the reaction passes or until you can find help.

REMEMBER!

Take some rest for yourself and don't forget to eat and stay hydrated. You would be able to help better when you recuperate.

ANNEX

INFORMATION ABOUT BABY BLUES AND POST-PARTUM DEPRESSION

BABY BLUES

Baby Blues usually occur in the first few days after delivery and the symptoms slowly disappear in a week time. Baby blues naturally resolves with psychological, social and practical support to the new mother, including normalization of what the woman is experiencing. There is no need to refer to a mental health professional unless symptoms last more than 2 weeks:

MAIN SIGNS AND SYMPTOMS OF BABY BLUES:

- Crying
- Trouble sleeping
- Mood swings
- Difficulty concentrating
- Anxiety
- Irritability
- Sadness
- Worrying about being able to take care of the baby

POST-PARTUM DEPRESSION

Post-partum Depression is a medical condition that requires attention and treatment. Post-partum Depression may seem like Baby Blues at first, but symptoms are more intense, last longer, impact the mother's ability to care for her baby, and affect the development of the baby. The onset is usually after a few weeks of delivery.

SIGNS AND SYMPTOMS OF POST-PARTUM DEPRESSION

- Insomnia
- Overwhelming fatigue
- Intense anger and irritability
- Difficulty concentrating
- Severe mood swings
- Lack of joy in life
- Loss of appetite
- Difficulty bonding with baby
- Feelings of shame, guilt, or inadequacy
- Decreased interest in sex
- Withdrawal from loved ones
- Thoughts of harming self or baby

IT IS VERY IMPORTANT TO SEEK TREATMENT FOR POST-PARTUM DEPRESSION:

- Post-partum Depression can interfere with mother and child bonding.
- Not seeking treatment for Post-partum Depression may make children of mothers with Post-partum Depression more likely to experience behavioral problems (like sleeping and eating difficulties, temper tantrums, hyperactivity), and language development problems.
- Untreated Post-partum Depression can last for a year or longer.