A LEAD MAGNET FROM BARAKA

Postpartum Mental Health Guide

What's real, what's common, and when to seek help — for new mothers and the people who love them.

BARAKA Ontology & Clinical Counselling

West Vancouver, BC · Bilingual: English & Farsi

Mental Health · Naturopathic Medicine · Coaching · Community

barakaocc.com

If you are in crisis right now

Resource	What it's for	Number
Canada Suicide Crisis Helpline	24/7 crisis support, call or text	9-8-8
HealthLink BC	24/7 nurse line including perinatal specialists	8-1-1
BC Reproductive Mental Health	Specialized perinatal mental health care	604-875-2025
Pacific Postpartum Support Society	Peer support, BC-wide	604-255-7999
VictimLink BC	24/7 if you are unsafe at home	1-800-563-0808

If you are having thoughts of harming yourself or your baby, please reach out now. These thoughts are far more common in the postpartum period than people realize, and they are treatable. You will not be judged. Your baby will not be taken from you for asking for help.

A note before you read further

The cultural narrative around having a baby is, for the most part, a lie.

It tells us pregnancy will glow, birth will transform, and the early weeks will be filled with love and gratitude. For some women, parts of this are true. For most, the actual experience is much more complicated — and the gap between the script and the lived reality is itself a source of significant suffering.

This guide is for any new or recent mother — and her partner, where helpful — navigating the postpartum period and noticing that something is harder than expected. It will help you tell what's normal-but-uncomfortable from what's clinically concerning, give you a structured self-screening, prepare you to talk to your physician, and offer practical sleep-protection and nervous-system strategies for the first year.

Part 1 — What's normal, even when it doesn't feel normal

Baby blues

Tearfulness, mood swings, emotional fragility in the first 2–3 weeks. Affects most women. Resolves on its own, usually by week three.

Sleep deprivation effects

Cognitive impairment, emotional volatility, inability to make small decisions. These are sleep symptoms, not mental illness — they will improve as sleep does.

Ambivalence

Loving your baby intensely and missing your old life, sometimes in the same hour. This is not a failure of mothering. It is the actual texture of major life transition.

Identity dissonance

Not recognizing yourself in the mirror. Not knowing what you want anymore. This is universal in the first year and resolves slowly as a new identity is integrated.

Body grief

Grieving the body you had before. This is not vanity. It's real and it deserves attention.

Rage

Sudden flashes of anger — at your partner, the baby's crying, yourself. Rage is one of the more under-discussed postpartum experiences and is often a more accurate signal of underlying depression than the sadness people expect. Worth taking seriously.

Part 2 — Self-screening (Edinburgh-style)

The Edinburgh Postnatal Depression Scale (EPDS) is the most widely used screening tool for postpartum mood and anxiety conditions. The version below is adapted; for a formal scoring of the validated EPDS, please ask your physician.

For each question, choose how often the statement has been true **in the past 7 days**. Score 0–3 as indicated.

I have been able to laugh and see the funny side of things
0=As much as I always could · 1=Not quite so much · 2=Definitely not so much · 3=Not at all

I have looked forward with enjoyment to things
0=As much as I ever did · 1=Rather less than I used to · 2=Definitely less than I used to · 3=Hardly at all

I have blamed myself unnecessarily when things went wrong
0=No, never · 1=Not very often · 2=Yes, some of the time · 3=Yes, most of the time

I have been anxious or worried for no good reason
0=No, not at all · 1=Hardly ever · 2=Yes, sometimes · 3=Yes, very often

I have felt scared or panicky for no very good reason
0=No, not at all · 1=No, not much · 2=Yes, sometimes · 3=Yes, quite a lot

Things have been getting on top of me
0=No, I have been coping as well as ever · 1=Most of the time I have coped quite well · 2=Sometimes I haven't been coping · 3=Most of the time I have not been able to cope at all

I have been so unhappy that I have had difficulty sleeping
0=No, not at all · 1=Not very often · 2=Yes, sometimes · 3=Yes, most of the time

I have felt sad or miserable
0=No, not at all · 1=Not very often · 2=Yes, quite often · 3=Yes, most of the time

I have been so unhappy that I have been crying
0=No, never · 1=Only occasionally · 2=Yes, quite often · 3=Yes, most of the time

The thought of harming myself has occurred to me
0=Never · 1=Hardly ever · 2=Sometimes · 3=Yes, quite often

> **Scoring**
>
> **0–9:** Likely within normal range — keep monitoring.
> **10–12:** Possible depression — talk to your physician within the next week.
> **13+ or any score above 0 on question 10:** Probable depression and/or thoughts of self-harm — please reach out to your physician, midwife, or a mental health clinician this week. If you scored 2 or 3 on question 10, please reach out today.

Part 3 — What to say to your physician

Many new mothers feel they shouldn't "bother" their physician with mental health concerns. This is one of the most common reasons postpartum mood disorders go untreated. Below is language you can take to your appointment.

Opening the conversation

A script you can adapt

"I want to talk about my mental health since the baby was born. I'm not feeling like myself. [Briefly describe — sad most days; anxious all the time; angry in ways that scare me; intrusive thoughts I can't shake]. I've been feeling this way for [X weeks]. I took a self-screening and scored [X]. I'd like to know whether this is something we should treat and what my options are."

What to ask about

- **Bloodwork:** thyroid function (TSH, free T4), iron and ferritin, B12, vitamin D. All can mimic or worsen postpartum mood and are easy to check.
- **Therapy referral:** ask for a referral to a perinatal-specialized therapist or BC Reproductive Mental Health Program (604-875-2025).
- **Medication:** if symptoms are significant, ask whether SSRI medication is appropriate. Several options are compatible with breastfeeding.
- **Sleep support:** ask whether short-term sleep support is appropriate.
- **Follow-up:** book a follow-up appointment in 2–4 weeks before you leave today.

Part 4 — Sleep-protection strategies

Sleep is the single biggest predictor of postpartum mental health outcomes. Even 4-hour blocks of consolidated sleep significantly reduce symptoms.

Block scheduling with a partner or support person

If at all possible, divide the night into two shifts. The mother sleeps the first half (say, 8 p.m. to 1 a.m.); the partner takes that shift. The mother takes 1 a.m. to 6 a.m. Even if you're breastfeeding, this can work — pumped milk or formula can cover the early feed. Five hours of consolidated sleep changes everything.

If you're solo-parenting

- Sleep when the baby sleeps, even briefly. The dishes can wait.
- Ask one trusted person to come for two 4-hour blocks per week so you can sleep deeply.
- Postpartum doula support is sometimes covered by extended health benefits — ask.
- Pacific Postpartum Support Society offers peer support specifically for solo-parenting moms.

Nervous-system regulation throughout the day

- Get sunlight on your face for 10 minutes within an hour of waking — anchors circadian rhythm.
- 5-minute slow breathing practice (4-second in, 6-second out) twice daily.
- Movement — even a 15-minute walk with the baby in a carrier — supports mood.
- Limit news and social media; both spike anxiety in sleep-deprived nervous systems.
- Have one or two human contacts daily, even brief — a text exchange, a 10-minute coffee with another parent. Isolation is a major risk factor.

Part 5 — A partner's guide

If you're the partner of someone in the postpartum period, this section is for you. Your role is more important than the culture acknowledges.

What you may not have been told

- Postpartum mental health conditions affect roughly **1 in 7 mothers** — not rare.
- Symptoms often peak between weeks 4 and 16, after the initial visiting and meals have ended.
- Mothers often hide symptoms from their partners due to shame.
- Your direct observation is often more accurate than what she'll tell you.
- Partners themselves experience postpartum depression at significant rates (around 10%).

What helps

- Take the first night shift. Five hours of consolidated sleep is the most concrete help you can give.
- Ask specific questions: not "how are you?" but "when did you last cry?" or "are the intrusive thoughts back?"
- Don't try to fix. Listen. Acknowledge.
- Notice and name what you observe: "You haven't been laughing. You haven't called your sister. I'm worried about you."
- Make the appointment with the family physician yourself, then drive her there.
- Stay close. Don't withdraw because she has. The withdrawal is the symptom.

Part 6 — Cultural notes for Iranian-Canadian and immigrant mothers

If you are Iranian-Canadian, or from any immigrant community where the traditional postpartum support structures of your culture cannot be fully reproduced in Canada, this section is for you.

What you may have lost in translation

- The forty-day mothering tradition — the family women who arrive and run the household.
- The cultural prescription of rest as sacred during this period.
- Being fed by other women rather than feeding yourself.
- Not having to make decisions for the first weeks because someone older is making them.
- The community of women who have done this and remember.

What you can construct in its place

- Bring family from Iran if visa and financial situations allow — even for 2 weeks helps.
- Find an Iranian-Canadian moms' group in your area.
- Connect with the Persian-speaking postpartum community online.
- Hire an Iranian-Canadian postpartum doula if available — ask in community groups.
- Be willing to receive help from non-Iranian women too. Friendship across cultures, in this season, is its own gift.

On therapy in Persian

If you are doing therapy for postpartum mental health and your first language is Farsi, consider working with a Persian-speaking therapist. The early postpartum material — childhood, your own mother, the family back home, the bicultural identity questions about raising your child — often surfaces more accessibly in your first language. Baraka offers full clinical-depth therapy in Farsi for this work.

> **You're not alone, and you're not broken.**
>
> Postpartum mental health conditions are common, treatable, and not your fault. Reaching out is a sign of strength. The version of you that exists on the other side of treatment is still very much you — and worth meeting again.

When you're ready to talk to someone.

Baraka offers depth-oriented therapy, naturopathic medicine, integrative coaching, and community in West Vancouver — in English and Farsi, in person at our Ambleside office or online across British Columbia. Our practice is built around the belief that healing happens at the intersection of clinical rigour, cultural fluency, and the deeper questions of meaning, identity, and being.

What a first step looks like

- **Free 15-minute consultation** — a no-pressure conversation by phone or video to ask questions and explore fit.
- **First session** — 50 to 90 minutes depending on the service. Mostly listening; we go where the work goes.
- **Ongoing therapy or care** — only if it's the right fit, at a cadence that works for your life.

Book a free 15-minute consult → barakaocc.com | (236) 455-6306

This guide is educational and is not a substitute for clinical care. If you are in crisis, please call 9-8-8 (Canada Suicide Crisis Helpline, 24/7) or go to your nearest emergency department.

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