How To Stop The “Baby Blues” From Turning Dark And Scary:
What Every Mother-To-Be Needs To Do To Prevent Postpartum Depression
Dear Student,

I’m Michael Senoff, founder and CEO of HardToFindSeminars.com.

For the last five years, I’ve interviewed the world’s best business and marketing minds.

And along the way, I’ve created a successful home-based publishing business all from my two-car garage.

When my first child was born, he was very sick, and it was then that I knew I had to have a business that I could operate from home.

Now, my challenge is to build the world’s largest free resource for online, downloadable audio business interviews.

I knew that I needed a site that contained strategies, solutions, and inside information to help you operate more efficiently.

I’ve learned a lot in the last five years, and today I’m going to show you the skills that you need to survive.

It is my mission, to assist those that are very busy with their careers.

And to really make my site different from every other audio content site on the web, I have decided to give you access to this information in a downloadable format.

Now, let’s get going.

Michael Senoff

Founder & CEO: www.hardtofindseminars.com
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How To Stop The “Baby Blues” From Turning Dark And Scary:

What Every Mother-To-Be Needs To Do To Prevent Postpartum Depression

Postpartum depression can hit any new mom. It’s not hereditary, and there are no real determining factors to let doctors know who will get it and who won’t. This scary disorder can turn even the happiest of women into shells of their old selves – lost, scared, and guilt-ridden with frightening thoughts they have no control over.

Dr. Shoshana Bennett says that not only do these women deserve to be happy, (with the right action plan in place), they will be happy. And in this short audio, you’ll hear all about this horrible disorder that strikes 1 out of every 6 new moms, and the wellness strategy that can stop it.

You’ll Also Hear...

- Common symptoms to watch out for that will let you know when normal “baby blues” has crossed the line
- The number-one life-changing thing partners can do if they suspect a new mom has postpartum depression
- The startling discovery that certain kinds of therapies actually make this disorder worse – and which ones should have any depressed new mom running in the opposite direction if they come across it
- Dangerous risk factors you’ll want to avoid when pregnant that could send you over the edge
- A “real life” look at the worst case scenario if this disorder goes untreated

Dr. Bennett knows how frightening postpartum depression can be because she went through it herself back at a time when there was very little known about the disorder. That experience drove her to research it herself, and now she says women can recover to more than 100%. After the right treatment, they can actually expect to have a “better self” back. And in this audio, you’ll hear all about the wellness plan that will get them there.
Hi, this is Chris Costello and I have teamed up with Michael Senoff to bring you the world’s best wellness related interviews. So, if you know anyone struggling with their weight, with cancer, diabetes, ADHD, autism, heart disease or other health challenges please send them to Mieheal Senoff’s HardToFindSeminars.com.

Chris: Doctor Bennett, thank you so much for joining us today.

Shoshana: It is my pleasure, Chris. Thanks so much for inviting me.

Chris: So you are the go to expert on postpartum depression.

Shoshana: I have often been referred to that way. As you know, I have been in this field now for over 20 years. This came directly from personal experience. I never thought I would be one to go through this myself. I didn’t even know what it was named back in the eighties. It is so satisfying to be able to help new mommies and expectant moms to avoid what I went through, which was two devastating life threatening postpartum depression. I love what I do. I have the best job in the world.

Chris: How do you prepare for the possibility of dealing with postpartum depression?

Shoshana: Wonderful question. I am all about prevention, as I know you are. There is so much that we can do to help avoid, sometimes totally prevent a post partum prevention, or at least minimize the conditions. The first thing to do if you are doing well in pregnancy, some women are not, this hits just percentage of pregnant women as it does postpartum; but if you are doing well in pregnancy certainly you still need a wellness plan.

Every expectant mom needs a wellness plan. That includes exercise, something to oxygenate her brain. It does not have to mean going to the gym but some kind of movement if possible. It includes excellent nutrition. We know that in the research there are specific nutrients that boost our mental health. Omega-3 fish oil is one very important one and we could do a whole show on some of the other nutrients that we now know help to keep moods even. Eating protein throughout the day, keeping the blood sugar even can also help to keep moods stable. Who is going to be feeding the mom? Who is going to be bringing her food? Who is going to be in charge of the nutrition? Also, nighttime sleep. Often couples aren’t even talking about who is going to be on duty when, when the baby...
comes. So, having some kind of plan of action to make sure that mom is getting some uninterrupted hours of nighttime sleep, which certainly can help to protect serotonin in her brain. Serotonin is one of the most important mood regulators, the neurotransmitters in charge of mood stability. These are some of the key elements.

Certainly emotional support, who is going to be there to lean on, to talk to? Physical support, who is going to be there to give her regular breaks away from her child or children and the home so that she can nurture herself and she won’t get lost in the shuffle. Even without a history of depression or previous postpartum depression, every mother to be needs to have a plan of action in place so she can help to ward off any possible mood disorder.

As a new mother certainly if she has had a history of depression, or most definitely if she has had a previous postpartum depression she is at about an 80 percent risk of having another one without a wellness plan. It is very important that is in place if she knows she is high risk. I should say your listeners should know that no one is immune. Even if there is no family history or personal history of depression or of mood or anxiety disorders, anyone can get hit. It’s like a roulette wheel. We never quite know what is going to happen after delivery, but most definitely if she has symptoms that are getting in the way of her daily functioning. In other words, it is very normal to have baby blues. It is uncomfortable but mild symptoms of vulnerability, of feeling dependent, weepiness, and those kinds of feelings for a couple weeks.

If it keeps going, even if the symptoms are mild, if week after week she is still feeling the blues we now call it postpartum depression, and she should absolutely get some help. The other way we can tell the difference is if the severity of the symptoms is getting in the way of her daily life. If she is unable to sleep at night when her baby is sleeping that is a big red flag. So, any kind of insomnia; if she is having trouble going to sleep or staying asleep even when her baby is sleeping she should get help immediately, if she is feeling angry, short-tempered, very anxious or obsessive. If she has scary thoughts going through her head, disturbing thoughts to her. If she has very low self esteem. If she saying things and thinking things like “I don’t deserve to be a mother, the baby would do better without me, my husband is the better father, my baby is rejecting my milk.” Those types of feelings are not normal for new moms so loved ones should be on the lookout for hearing things like this. If she has appetite problems, especially a loss of appetite, that is another warning sign. There are a number of very common symptoms that we should be watching for and can alert us as to
whether this is normal or if it is over the line and she really needs some intervention.

The partner can make such a difference; loved ones, even if there is not a partner but just close loved ones can make such a difference in her recovery. Sometimes she knows there is something wrong but she might be ashamed or embarrassed or she doesn’t want to come forward because she is thinking if “I need help. That means I’m some sort of a failure and I am inadequate as a mom.” So, she doesn’t come forward she just tries to put on a happy face and pretend. The best things that loved ones can do, especially partners can do, is say that “You deserve to be happy, this happens to the best of moms, would you like to talk to someone who has been there? This is not your fault, you are an excellent mom. I am behind you 100 percent. Let’s get you proper help and do whatever we need to do to make you feel happy. You deserve to feel happy.” Those types of statements can be a huge relief to her.

If she gets defensive, a lot of people are afraid of saying something to a mom when they know she is suffering because they are afraid she is going to be upset. If we think about it, when do we get defensive? We get defensive when we think we are being accused of something negative. So, if she thinks that having postpartum depression means she is not a good mother, she is not capable, and she can’t handle it then she might get defensive. But if you approach it just very matter-of-factly and say “You look like you are stressed, this happens to one in six women, 15 to 20 percent. This happens to the best of moms. Let’s get you some help so that you can really feel good. You deserve to be happy.” Just very matter-of-factly. That defensiveness will just melt away.

It is very important to not just be suffering in silence. The faster mom gets help the better it is for the entire family, and definitely the prognosis is better for the entire family. Postpartum depression is not a woman’s issue. This is a public health issue. An untreated maternal depression hurts kids, hurts marriages. Her prognosis is worse. Untreated maternal depression can also lead to chronic depression. It doesn’t necessarily go away on its own. No one should be suffering like this.

There is excellent help out there. There certainly wasn't when I went through it in the eighties, but I am very happy to say that many therapists have been trained throughout the world and the country. I often refer women to various therapists. I work through phone and webcam so it makes it easy, but if somebody wants to work with
someone close to them geographically, often I can give them a referral to do so. This should be handled as matter-of-factly as gestational diabetes or any other very common prenatal disorder. No shame or embarrassment should be associated with this at all. The faster you jump on this, the faster you get proper help, the better the prognosis.

There isn’t a cookie-cutter approach to recovery. Each woman who calls me receives an individual plan of action to recovery. Certainly, there are the basic keys to recovery that we discussed earlier in the program, but certainly also, she may need a particular piece that the next woman may not. For instance if she moves to another state before she has the baby and all of her support system is back in the other geographical area that might make her feel isolated which makes her very high risk for postpartum depression, so she might need some help in that particular area getting some real emotional and physical help. Another woman, it might not be postpartum depression at all, she might be a thyroid disorder. So I would be suggesting to her that she get the blood test to find out what is going on there. So, again, each woman really deserves an individual wellness strategy.

I’m Chris Costello reporting for Michael Senoff’s HardToFindSeminars.com.

Chris: So Doctor Bennett, you are also known as Doctor Shosh.

Shoshana: That is right. A few years ago my clients started calling me Doctor Shosh because it was easier than saying Shoshana and that name stuck. My website will reflect that nickname which is http://drshosh.com/.

Chris: Great Doctor. So, what are some of the things that you have found that you have told practitioners to do that have been really beneficial to their clients?

Shoshana: We could spend an hour on that but if a woman truly needs an antidepressant, then we can thank our lucky stars that the medication is there and that it can be worked into her wellness plan. Usually this does not need to be the first line of treatment. I am known as the natural whenever possible therapist. I am certainly not against medication, and again if someone needs it then good she can take it and hopefully it will help her. But most of the doctors who refer to me will tell their patients and their clients “I am ready to prescribe if you really need it, but talk to Doctor Shosh.
first. Get a wellness plan. If you still need that medication I am ready to give it to you."

There are so many natural and alternative treatments out there that might help her, and she might be able to avoid the medication, which many women want to do. They will often call me and say, “I will do whatever I need to do to get my head back. My family needs me. This feels horrible. I need to get myself back, but if you can help me to stay off the medication I would love that.” What I tell her, of course I never promise that I can do that, but I will certainly help her with various techniques and modalities of treatment and very frequently, we can help her avoid or at least minimize the dosage she is on which makes her very happy.

At this time when a woman is suffering with postpartum depression, she is scared, she is guilt ridden, often she is very frightened that she is not going to be able to function the way she hoped she would as a mom. She feels lost, she feels like a shell of her old self, and she might have very scary thoughts going through her mind. This is a very scary disorder. If clinicians are thinking this is the time for psychoanalysis they would be incorrect. Psychoanalysis is not appropriate right now. These women need a very solid and practical strategy of putting one foot in front of the other. They need to be told what they need to do in order to start getting their heads back immediately. It is not the time to go back into their childhood and start talking about that stuff.

Chris: So, talk therapy is not necessarily the right course of action?

Shoshana: Oh, talk therapy is extremely important, but it needs to be the right kind. For instance cognitive behavioral therapy, biological behavioral therapy is very important, interpersonal therapy can be very effective. But the old fashioned psychoanalytic four times a week talking about childhood stuff talking about examining things and analyzing things is really seen as inappropriate at this time. Many therapists go through school being trained in psychoanalysis. I’m not saying that it is always inappropriate for people to go into psychoanalysis.

I am just saying that women need a very practical strategy when they are going through postpartum depression. It is more the short-term crisis stuff that women need, not the long-term therapy, at least not to start with. My colleagues and I agree that postpartum depression and the other related mood and anxiety disorders are mainly caused by biochemistry. It is physiological in ideology mainly.

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Certainly there are psychosocial factors as well that can make it worse. For instance if the mom is isolated, if she is taking care of the baby day in and day out by herself for more than eight hours at a time. This puts her at very high risk. If she has had trauma recently, or even in the past, that is coming up to haunt her that can make a depression or anxiety worse. If there are big stressors she is facing it can certainly make things worse.

For instance women often call me and say “I just moved” or “We just make some huge change in our lives.” For some reason that often happens. Couples are thinking “Let’s quickly move before the baby comes.” They haven’t a clue really. They mean well but they don’t know how much stress it is going to cause. It often puts her at higher risk.

Women are most vulnerable during pregnancy and postpartum. That is contrary to the old belief that the pregnancy hormones will protect us from mental health problems or even physical problems. Now we know it is quite the contrary. We are at our most vulnerable. If something is going to surface it is during pregnancy or postpartum. Hired help such as doulas can make a big difference, the birthing doulas, and the postpartum doulas. Sometimes we need to hire that community if that is financially feasible for that community. It is very interesting, even the trans-cultural studies we have are excellent. Varying societies different from our own have been researched and the statistics are actually quite similar throughout the world regarding what percentage of new mothers are hit with postpartum depression. It is quite interesting. So biochemically we are hit at about the same rate, but certainly, there are vary expectations of motherhood from culture to culture that can make a big difference.

I want your audience to know that there is great help out there and with proper help, they will recover to 100 percent. As a matter of fact I ask my clients when they first start working with me if they would like even a better self back and they go “if that is possible I would love that.” That is what I hear all the time because sometimes we hit a crisis but as we put ourselves back together, we can shed some old stuff that has been hanging around as well and we can feel better than ever. I am all about finding and keeping joy. Again, don’t suffer in silence. Get the help you deserve to be happy. The whole family is rotating around mom so mom needs to be well so everyone can be well. That is what I want your audience to know.
Postpartum for depression for dummies very clearly outlines recovery. I don’t want to say that books can replace therapy. It is best of course if one can be working one-on-one with a therapist that really specializes in this area, because it is a specialty. But, what I am hearing, and what I have heard over the years from women that have picked up the book Postpartum for Dummies is that they have been lead step by step to recovery. It gives them so much reassurance and hope because they know they are going in the right direction. It has been so satisfying to get those emails and to get those voicemails. Once they know this is temporary. They will get themselves back if not a better self. They are able to giggle again. They are able to have a perspective that they will feel wonderful again.

Again, when I went through my two bouts I didn’t have help. I went undiagnosed and untreated. Honestly, I was very close at a couple of times to just offing myself. I really thought I was burden to my family. My baby deserved a better mother. My husband would be better off without me. If it can hit me this way it can hit anyone, because I am generally a very happy joyous person and I was at the bottom of the proverbial well. That’s why it is my mission to make sure mommies and families do not ever go through what I went through. Now there is help so there is no reason to be suffering in silence. Get that help. It is there. I would be happy to help you myself or certainly to help refer women that get in contact me.

Chris: Thank you so much, Doctor Bennett, for spending the time with us. If people want to find out more about what you are up to where can they go?

Shoshana: They can go to http://drshosh.com. They can call me directly at 707 875 9961.

That’s the end of our interview, and I hope you’ve enjoyed it. For more great health related interviews, go to Michael Senoff’s HardToFindSeminars.com.