



Weaning and Your Mental Health

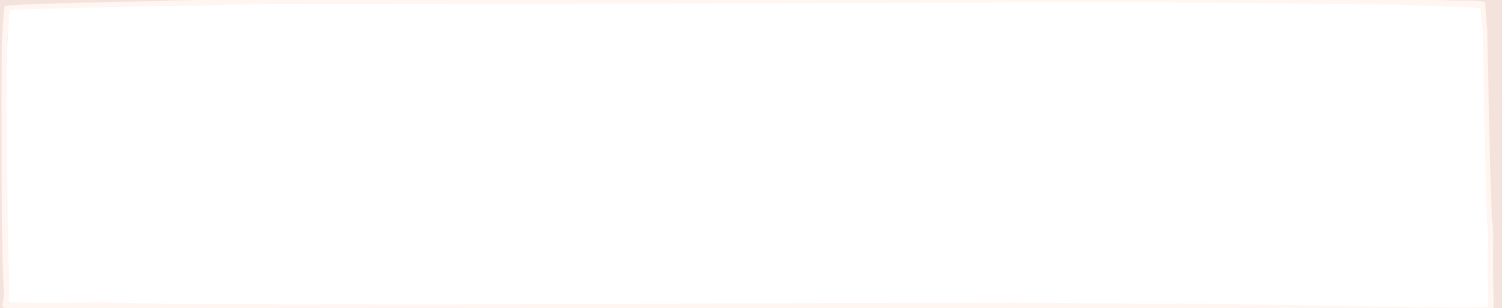
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Weaning Journal Prompts

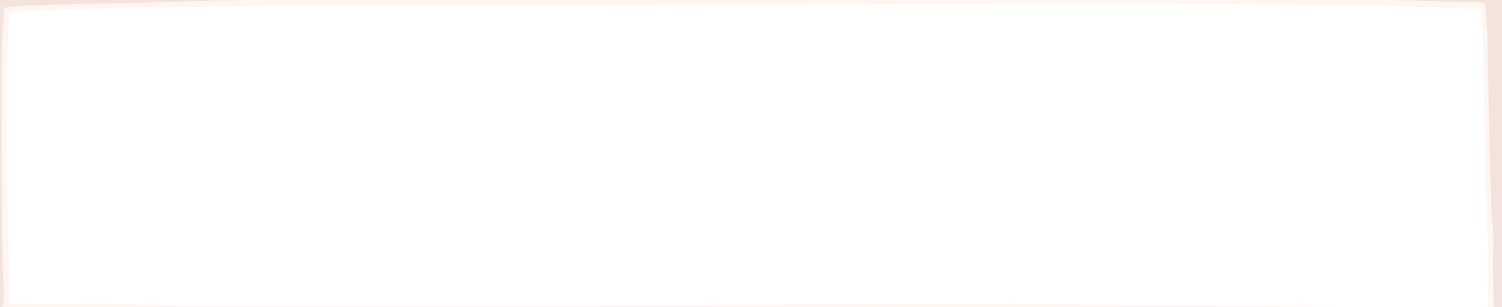
What worries you the most about weaning?



How will weaning benefit you and your child(ren) or family?



What do you hope to gain after weaning?



Write down some of the feelings that you're experiencing as you embark on this journey with your little(s):





Weaning Journal Prompts

Are you placing judgment on yourself for having these feelings? (e.g., “It shouldn’t be this hard”) Take the space provided to write down the thoughts that are coming up for you:

What can you tell yourself instead? Or what is one thing you can tell yourself when you’re struggling:

If applicable, how can your partner or spouse help you with this transition?

Weaning and Mental Health

Weaning from the Breast

- Gradual process
- Cut nursing sessions down
- Sing a song - once the song is over, you stop nursing
- Cut day time nursing sessions first, then evening, then morning
- Increase cuddle time and find other ways to comfort, especially when they're crying

Weaning from the Pump

- First cut back on TIME that you pump
- Then space out the interval between pump sessions
- Cut back one pump session at a time over the course of 1+ weeks

Instead of...

- Saying "no, no more milkies"
- Refusing to nurse your baby/toddler
- Weaning cold turkey
- Having a full nursing session

Try...

- Say: "Let's do this first" (redirect and distract them)
- Don't offer but don't refuse
- Slowly wean (gradual process)
- Cut their feeding short

Preventing Clogged Ducts

- Alleviate engorgement
- Hand express, pump/nurse ONLY to relieve engorgement
- Slowwww gradual process
- Breast gymnastics (lift your breasts up and move them around) - this elongates the milk ducts and gets milk moving which prevents clogs
- Stay hydrated, rest, nourish yourself
- Massage your breasts gently

Drying up your Supply

- Try peppermint and sage tea
 - Eat Almonds every couple hours
 - Sudafed or other decongestants
 - Gently hand express to relieve engorgement
 - Cabbage leaves in your bra to reduce inflammation
- DO NOT:**
- Wear a tight bra (risks clogged ducts)
 - Push through engorgement (risks clogged ducts)



Supporting your Circadian Rhythm for your Mental Health

Morning

- Light exposure within first 10mins of waking
- Balanced breakfast
Protein + fiber + fat
- Movement, if able
- No naked caffeine (pair with a meal or carb)
- Electrolytes - potassium, sodium, magnesium

Daytime

- Full spectrum light exposure
- Balanced meals/snacks:
Protein + fiber + fat
- Movement
- Stop caffeine at a decent hour

Evening

- Minimize blue/green lights
- Aim for consistent bedtime
- Calming supplements (magnesium, chamomile tea)
- Minimize heavy meals ~2hrs before bed
- May need light evening snack with protein/fat

Mental Health Serotonin Boosters!

Sing in the shower

Dance to your favorite jam or create a playlist that boosts your mood

Call a friend

Squeeze a stress ball

Pet or snuggle your dog

Declutter or organize a room in your living space

Try something new

Paint

Make a scrap book of memories

Try a spin class or utilize spin bike at home if you have one

Perform a random act of kindness

Stretch your body

Go for a bike ride around your neighborhood

Hug, embrace someone, cuddle

Watch a comedy

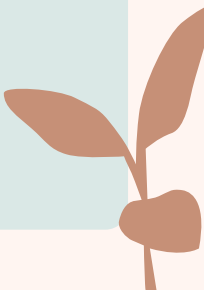
Utilize deep breathing (focus on exhale, always!)

Eat your favorite food

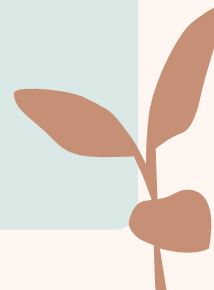
Spend time outdoors (e.g., hiking, swimming)

Volunteer (food pantry, pet clinic, child's school, church, etc.)

Cry



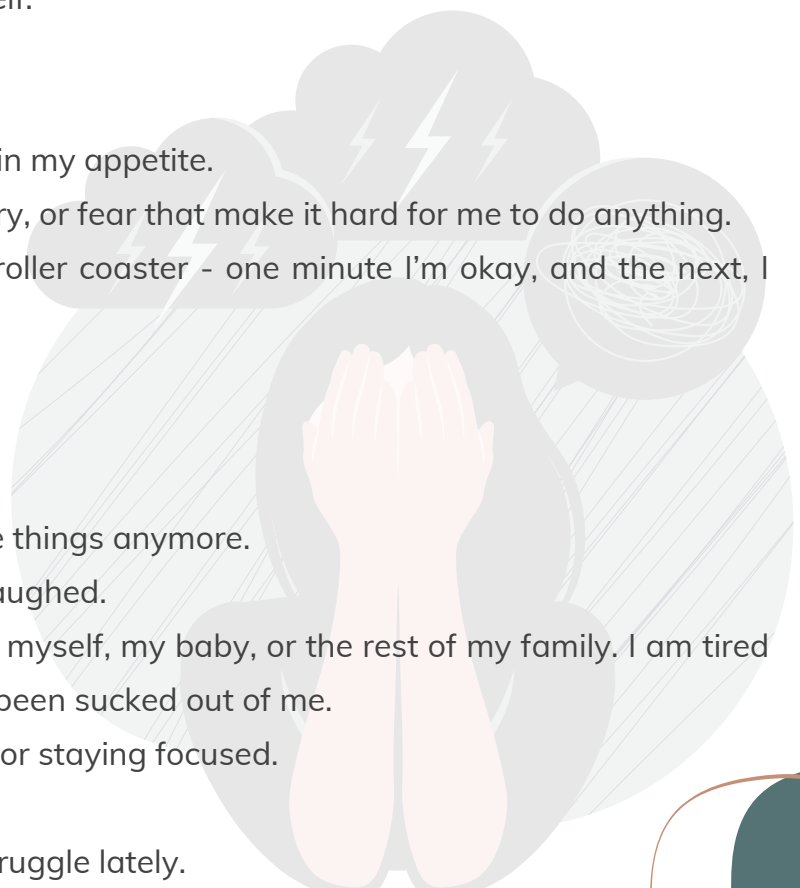
Mental Health Serotonin Boosters: Come Up With Your Own



Depression Symptom Checklist

Take the time to complete the following checklist. Place a check mark next to the statement if it accurately describes how you've been feeling for at least 2 weeks. If you checked off five or more, you may be struggling with clinical depression (mild, moderate, severe). It is important to obtain a clinical diagnosis and evaluation by a licensed mental health professional or your provider if you have any questions or concerns about your mental health. It is important to note that this checklist does not constitute diagnosis nor should it be used to self-diagnose.

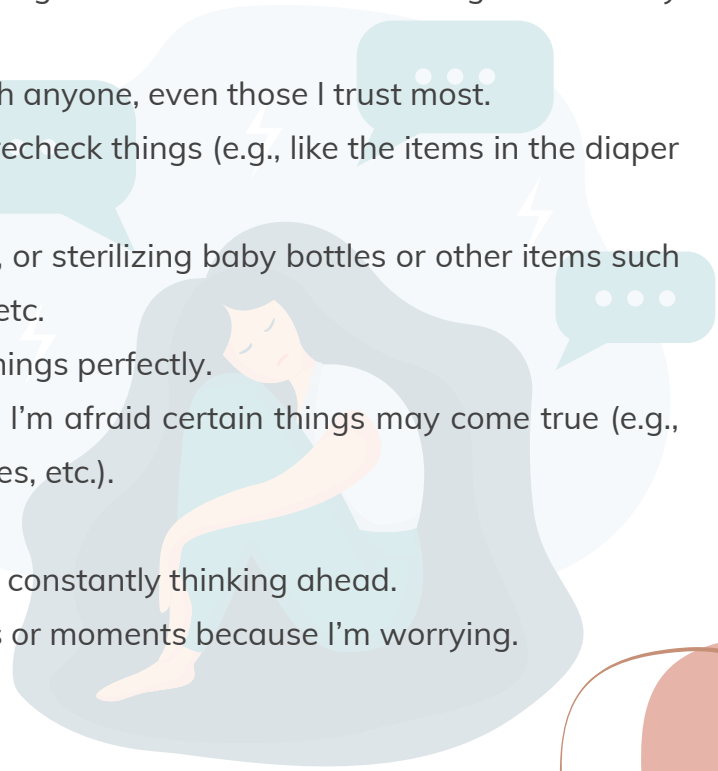
1. _____ I have a hard time bonding with my baby or I have struggled to develop an emotional attachment with my baby.
2. _____ I no longer enjoy the things that I've previously enjoyed.
3. _____ I have a hard time sleeping even when I'm given the opportunity, or I sleep too much and struggle to get out of bed.
4. _____ I get angry really easily and often take it out on my partner or spouse.
5. _____ I don't feel like myself no matter how hard I try.
6. _____ I feel worthless and hopeless.
7. _____ I experience scary or intrusive thoughts or images about harm coming to my baby.
8. _____ I have a lot of body aches and pains in places like my shoulders, back, neck, or chest.
9. _____ I constantly doubt my abilities to care for my baby. I feel like a failure. I feel as though my family would be better off without me.
10. _____ I've had thoughts of hurting myself.
11. _____ I cry more often than not.
12. _____ I feel "empty" most of the time.
13. _____ I've had an increase or decrease in my appetite.
14. _____ I experience intense anxiety, worry, or fear that make it hard for me to do anything.
15. _____ I feel like I am on an emotional roller coaster - one minute I'm okay, and the next, I completely lose it.
16. _____ I feel sad quite often.
17. _____ I feel like there is no end in sight.
18. _____ I have thoughts of dying.
19. _____ I can't seem to find joy in the little things anymore.
20. _____ I don't remember the last time I laughed.
21. _____ I have a hard time taking care of myself, my baby, or the rest of my family. I am tired all of the time. I feel like my energy has been sucked out of me.
22. _____ I have a hard time concentrating or staying focused.
23. _____ My sex drive is non-existent.
24. _____ Everything seems to be such a struggle lately.



Anxiety Symptom Checklist

Take the time to complete the following checklist. Place a check mark next to the statement if it accurately describes how you've been feeling over the last 6 months. If you checked off three or more, you may be struggling with clinical anxiety in some form (generalized, OCD, panic). It is important to obtain a clinical diagnosis and evaluation by a licensed mental health professional or your provider if you have any questions or concerns about your mental health. It is important to note that this checklist does not constitute diagnosis nor should it be used to self-diagnose.

1. _____ I worry about a lot of different things and what the future holds.
2. _____ I find my worry really difficult to manage.
3. _____ I experience physical symptoms such as headaches, nausea, vomiting, diarrhea, or stomach aches.
4. _____ I get short of breath, dizzy, or light-headed.
5. _____ I have a hard time leaving the house because I'm scared something bad will happen to my little or me.
6. _____ Sometimes, I feel like I'm having a hard attack.
7. _____ My hands get clammy or I experience hot flashes or chills.
8. _____ I have a lot of body aches and pains in places like my shoulders, back, neck, or chest.
9. _____ I have a hard time concentrating.
10. _____ I struggle to be present in the moment.
11. _____ I have a hard time sleeping because I'm up worrying or checking on my baby often.
12. _____ I have scary or intrusive thoughts or images that I can't seem to shrug off and they cause me a great deal of discomfort.
13. _____ I have a hard time leaving my baby with anyone, even those I trust most.
14. _____ I notice that I often have to check and recheck things (e.g., like the items in the diaper bag, the baby monitor, car seat straps).
15. _____ I spend a lot of time cleaning, washing, or sterilizing baby bottles or other items such as pacifiers, teething toys, clothing, blankets, etc.
16. _____ I put a lot of pressure on myself to do things perfectly.
17. _____ I avoid certain tasks or things because I'm afraid certain things may come true (e.g., baby drowning so avoiding baths, hiding knives, etc.).
18. _____ I find it really difficult to ask for help.
19. _____ I can't seem to get my mind to stop, I'm constantly thinking ahead.
20. _____ I struggle to enjoy different experiences or moments because I'm worrying.
21. _____ I'm restless and feel on edge often.



Where to Find Us



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