



beyond *the* bump

MENTOR TRAINING MANUAL

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WELCOME TO THE TEAM!

We want to thank you for devoting your time to Beyond the Bump! We know that you have busy lives and there's so many other things you could choose to do with your time, but instead you chose us. For that we are truly grateful. We believe in you and we trust that you will cultivate calm and confidence in your role as a mentor. Prepare yourself for an enriching life experience to come.

"The smallest act of kindness is worth more than the grandest intention." ~ Oscar Wilde

WHAT WE BELIEVE

We believe that all human beings have inherent, God-given value and dignity. We believe that society is measured by the care and protection it gives to its most vulnerable members. Our compassionate advocacy is for everyone, and we treat each client with dignity and respect regardless of ethnicity, economic status, religion, sexual orientation, or political beliefs.

WHO WE ARE & WHY WE EXIST

Like most programs, Beyond the Bump was born from gaps we saw within our community and current social support systems. We view the 4th trimester as a sacred time between a mother and her newborn. We want to ensure that every mom is well supported, nurtured, and cared for during this time so that she can thrive in her new role as a mother.

Studies show that moms that have a solid, social support network are more likely to :

- recover faster from childbirth.
- have lower rates of postpartum depression.
- have higher success rates of breastfeeding.
- develop a deeper bond and attachment with their baby.
- gain confidence in their ability to care for their baby.

We exist to love our neighbours as ourselves. Our program aims to meet the needs of new moms through cooking, cleaning, and community.

Our program serves the following areas - Abbotsford, Aldergrove, Chilliwack, Langley, Mission, and Prince George.

WHO WE SERVE

Our aim is to support any new moms that feel alone during the 4th trimester. There are many reasons for loneliness - social isolation due to lack of support by partners/family/friends; geographical isolation - refugees + immigrants; emotional isolation due to shame or guilt the mom may feel about her pregnancy; and financial isolation.

WHAT YOU NEED TO KNOW

Matching Moms + Mentors

We will make our best effort to pair a suitable mentor for each mom. Our matching process depends on the following factors:

- Your availability.
- Your location - We will make every attempt to match you with a mom in your geographical area. However, if you are matched with a mom outside of your proximity and this is not convenient for you then please let us know and we will make a note of that on your file.
- Your personality, life experience and skill set. We will do our best to match you with a mom so that your personal experiences and/or skill set will complement her.

Our Approach

We aim to empower women through the following...

Active Listening: A pattern of listening that keeps you engaged with your mom in a positive way.

Connection: The experience of feeling close and connected to others. It involves feeling loved, cared for, and valued, and forms the basis of interpersonal relationships.

Empathy: The ability to share and understand the feelings of others.

Modelling: A theory of learning process and social behaviour which proposes that new behaviours can be acquired by observing and imitating others.

Non Judgemental: Avoiding moral judgements.

Rapport Building: A close and harmonious relationship in which the people concerned understand each other's feelings or ideas and communicate well.

Strengths Based Focus: Focusing on the positive attributes of your mom rather than the negative ones.

Unconditional Positive Regard: Involves showing complete support and acceptance of your mom no matter what that person says or does.

Time Commitment

All said and done you'll be looking at approximately a 10 week window of commitment. Some babies arrive early while others arrive late. Lets face it, we are at the mercy of a woman's cervix.

Below we've outlined the hourly breakdown of what you can expect.

Prenatal Visits (before birth):

- 1 - 2 visits prior to birth - Each visit 1 to 2 hours in length

Postpartum Visits (after birth):

- Week #1 - 1 visit - 2 to 3 hours in length
- Week #2 - 1 visit - 2 to 3 hours in length
- Week #3 - 1 visit - 2 to 3 hours in length
- Week #4 - 1 visit - 2 to 3 hours in length

The beauty of this program is that you have the flexibility to schedule your shifts when it's convenient for both you and the client.

Boundaries

As you enter in to this new relationship, it's important to respect your mom's boundaries as well as your own boundaries. Each mom is unique and will have varying levels of comfort. These comfort levels can come through in things like holding her baby, folding her underwear, tidying her home, hugging her, etc. It is of utmost importance that you are mindfully aware when a mom expresses discomfort toward you through verbal and nonverbal cues. If you are uncertain, you should check in with her.

It is just as important that you set out your personal boundaries with her. For example, if you find that your mom is texting/calling you too often or at inappropriate times it is okay to set limits with her. If you are uncomfortable addressing this directly with your mom then please speak to your location specific supervisor and they will address this with your mom on your behalf.

Communication

Mentors must be open for communication with their location specific supervisor. You will be required to submit a completed Communication Log (found on the Mentor Portal on our website) once you've finished your assignment with your mom.

We are here for you - to listen, to answer questions, and to support you as you step in to support your mom.

Conduct

We ask that mentors show integrity and professionalism in their care for mom and her newborn. Ensure that your clothing is respectful yet relatable - consider more casual clothing to put your mom at ease. Clothes that are too revealing or inappropriate are not permitted. Avoid clothing with logos, slogans, or images that are offensive or inappropriate. Due to allergies and sensitivities, please avoid wearing perfumes and scented lotions or laundry detergents.

Confidentiality

Clients' information is held in strict and absolute confidence. Client information is only disclosed as required by law and when necessary to protect the client, her infant, or others against imminent harm.

Drugs

We require that our mentors be smoke and drug free while caring for Beyond the Bump clients. This means that you can not be under the influence of alcohol, marijuana, or illicit drugs. For mentors that smoke, we ask that you change your clothing before attending your shift with your mom.

Photos + Social Media

We ask that you do not take photos of your mom or baby on your own phone without her permission. Photos of your mom or baby are not permitted to be shared on any social media outlets - even if your mom gives you verbal permission.

Absence, Sickness + Tardiness

In the event that you need to cancel a scheduled appointment due to sickness or any other unexpected absence, notify the client immediately. It is your responsibility to make up that time on another day. The following list, although not exhaustive, includes reasons that we don't consider to be an excused absence:

- Waking up late
- Stopping on the way to appointment for personal reasons.
- Traffic or public transportation delays, excluding situations that result in closing of roads.

We understand that life happens but we do expect that you make every attempt to fulfill your obligation to your mom.

Touch

Touch can be fine for some but for others it can be unwanted and uncomfortable. We ask that you always ask your mom before touching her or her baby.

Transportation

In order to drive your mom, you must be 18 or over and possess a full, valid drivers license. You are responsible for providing your own comprehensive and collision auto insurance. When transporting a newborn baby, the baby must be harnesses in a non-expired Canadian standard infant car seat carrier.

WHAT A VISIT CAN LOOK LIKE

Prenatal Visits

Once you have received your mom's contact information (provided by your location specific manager) please reach out to her as soon as possible to set up an initial meeting. It's best to connect with her 2 to 3 weeks prior to her due date. If you are feeling nervous about your first meeting, or if you sense that she is, then suggest that you meet somewhere public or at your local Hope for Women Pregnancy Centre. After a connection has been established, it's best to meet in her home for subsequent visits so that you can get to know the "lay of the land". The purpose of the prenatal meetings are to create a connection, establish trust, and begin building your relationship with her.

We ask that you read through her client intake prior to your meetings so that you have an understanding of her situation and her specific needs and support requests. This will be provided to you by a Hope for Women Site Manager prior to your meet up.

At this time you will also begin to work on completing the **Beyond the Bump Mama Care Checklist** that we have created for you (found in both the Appendix and the Mentor Portal on our website).

Share your contact with your mom and ensure that she has programmed your number in her phone. It is your responsibility to tell her to contact you once her baby has been born. When she is ready you can schedule your first visit and meal delivery to her at a time that works for both of you.

Sample Phone Introduction:

Hi Marie! This is Tammy calling from Beyond the Bump. I have been assigned as your mentor and would love to set up a time to meet with you before your little one arrives. Typically our visit is done at your home but only if you're comfortable with that. Is that something you would be comfortable with?

Your prenatal visit(s) can include:

- Rapport building
- Gathering information
- Discussing her unique needs
- Going through the catering menu and choosing her favourite dishes
- Assembling baby furniture and organizing baby's room

Postpartum Visits

Every client and every visit can look different. Below we've included some ideas of things you can do as a mentor:

- Light household duties - sweeping, emptying the garbage or dishwasher, dishes, folding laundry, watering plants, etc.
- Pet Care - Feeding or walking pets
- Appointments - Driving her and baby to appointments or to Moms' Group on Tuesdays.
- Food - Prepare her a tea and snack to ensure she's well nourished.
- Listen - Sit with her and listen to her concerns around her birth and caring for her newborn.
- Self Care - Watch her baby while she has a nap or takes a shower.
- Sibling Support - Caring for older siblings so mom can have one on one time with baby.

****We ask that your mom does not leave you in sole care of her children during your postpartum visits.***

Making Her Comfortable

Be mindful that you are a stranger entering her home. Many moms are anxious with a new baby so it's your role to cultivate calm and confidence in her and to attempt to lessen the pressure she may be putting on herself in those early days. Communicate with her that you have no expectations of her to get dressed or clean up before you arrive. This is especially important to clients in a culture where they feel the need to host and prepare food for visitors. Remind them that you are there to serve and care for her. Each mom will have varying levels of comfort when it comes to how they care for their baby in front of you. For example, some women may be uncomfortable breastfeeding in front of you. You can say to her, "I am completely comfortable with you nursing out here but if you would prefer to do that privately in your room, that's okay too."

Check In With Her

You may arrive at her home and see many things that need to be done. Always take the time to sit with her and check in first. You can ask her, "How have the first few days been?" or "How are you feeling with all the changes that are going on?" or "How can I be most helpful to you today?"

Validate Her Feelings

A new baby is truly a blessing but it's also a lot of hard work, especially for those that are facing isolation. Sleepless nights, new learning curves, and hormonal highs and lows can quickly take a toll on mom. If she needs to cry, simply sit with her and listen. You can say, "It sounds like you're feeling overwhelmed right now. You have every right to feel this way." Let her know that what she is feeling is normal and that she is not alone.

Avoid Saying

Your goal as a mentor is to provide unconditional support to your mom. Words are impactful so be mindful of what you say.

“Back in my day....”

It's normal to want to share your advice and impart wisdom with a new mom. There is nothing wrong with providing advice, we just ask that you wait for your mom to ask you for it. Do your best to resist the urge to share as it may be overwhelming for her.

“Isn't motherhood just wonderful?”

Motherhood is wonderful for some but not so for others. In fact, motherhood is a struggle for many women and they often hold guilt and shame at not feeling excited about their new baby. The combination of lack of sleep, a crying baby, fluctuating hormones, body changes, birth trauma, and postpartum blues can have a mom feeling very overwhelmed and sometimes feeling resentful towards her baby. Talk openly with her about how she's feeling and reassure her that this is a normal transition.

“You're breastfeeding, right?”

Although we know that breast is best, not every woman is able to or chooses to breastfeed her newborn. There can be a lot of shame and guilt around this and we don't want to add to that. Breastfeeding can be very difficult and painful for some women. If your mom is looking for support with breastfeeding then please encourage her and provide her with both online and local resources. If she chooses to formula feed and is requesting information then provide her with the support she needs in that area.

Cultural Sensitivity

Cultural sensitivity is important because it allows us to respect and value other cultures and can reduce cultural barriers between mentors and mentees.

There are many components that make up a culture, some of which include; language, religion, family dynamics and relationships, beliefs, food, celebrations, rules of behaviour, roles of men and women, dress codes, and discipline and punishment.

Let's take a look at a few examples that will give us some insight into the differences we may encounter when working with mentees from a culture different than our own.

Customs + Traditions:

Some cultures put jewelry and/or black eyeliner on a newborn baby as it is thought to ward off evil spirits. Western culture does not recommend this as we are concerned about choking hazards as well as the safety of chemicals in makeup on a newborn's skin.

Body Language:

In Western culture, we show confidence and engagement through shoulders back, holding our head high, and making eye contact. This however can be disrespectful in some cultures. Keeping ones head down can be a sign of respect to a superior, elder or someone of the opposite sex. In our culture we may perceive head down and lack of eye contact as timidity, low self confidence, or disengagement.

Notions of Modesty:

In some cultures, modest dress can be an indication of humility, an important symbol of religious affiliation, or perhaps the reinforcing of male patriarchal control. Western culture is generally very free when it comes to choice of clothing and modesty.

Prayer + Sharing Faith

“Preach the gospel at all times and when necessary use words.” ~ Author Unknown

We recognize that many of our volunteers hold strong convictions regarding their faith. While Beyond the Bump does not want to lay out strict policies for an individual to speak about their faith, we offer the following guidelines for training purposes on how volunteers may share faith with their moms:

1. Relationships are paramount - The most important service that Beyond the Bump has to offer another human being is genuine relationship. It is important to take the necessary time to foster and develop a genuine rapport with your mom prior to considering sharing your faith. In general, it is difficult to do this during your first visit with her.
2. Be careful about assumptions - Mentors should not make assumptions about the beliefs or spirituality of any client based on limited information or ethnicity. It is important to understand that what you don't know about your mom far outstrips anything you might learn about them in your first visit with them:

Consider what assumptions come to mind with the following examples:

Mom A - *What you know:* She says, “I’m an atheist”

Mom B - *What you know:* She says, “I’m a Christian”

Mom C - *What you know:* When asked if they are a Christian, client says “no”.

Now consider how the following additional information about each person might challenge your assumptions and change how you might share your faith:

Mom A - *What you don't know:* Client's father is a pastor and she grew up in a Christian home. She has read the bible multiple times but turned away from her faith due to severe trauma suffered at the hands of prominent Christians in her community.

Mom B - *What you don't know:* Client practices a mixture of Christianity, Islam, and Buddhism.

Mom C - *What you don't know:* Client is a devout Roman Catholic who comes from a country where the word “Christian” means “protestant”.

3. Be mindful of power dynamics:

The mentor/mentee relationship is a unique relationship that is unlike other relationships. Sharing your faith with your mom is not the same as sharing your faith with a neighbour. It's crucial for mentors to be aware of this dynamic especially when it comes to sharing one's faith.

4. Be mindful of trauma:

There are many people who have been traumatized by religious institutions, religious people, or those claiming to be Christians. You cannot assume someone believes faith, religion, and religious practices (e.g. prayer) are forces for good in this world. This is a further reason why it is so important to get to know your client well before deciding if it's appropriate to share your story, faith, and world view with them.

5. Seek permission whenever possible:

Questions like, "Would it be okay if I offered a different perspective?" can be powerful ways to respect a person's freedom while opening the door to challenging their outlook on life.

Delivering Meals

You are responsible for picking up and delivering one meal per week. Dietary restrictions and preferences will be noted on your clients file so please pay close attention to this. Refer to your "Location Specific Details" page provided in the manual for the details on the pick up location.

Arranging a Cleaner

You are responsible for scheduling one professional cleaning for your mom. Discuss her schedule with her and contact the cleaners to book a date that works for both her and the cleaner. Refer to your "Location Specific Details" page provided in the manual for the details on the cleaning agency.

Booking a Lactation Consultant

Every mom is entitled to one in-home visit with a Lactation Consultant. If your mom has chosen to breastfeed and you (a) see her struggling with breastfeeding in the early days, or (b) believe she is lacking confidence in her body's abilities to feed her baby and could use an emotional boost, then speak with her about it and see if she's comfortable with arranging a time to meet with the LC. Studies show that one of the keys to successful breastfeeding is early intervention. Refer to your "Location Specific Details" page provided in the manual for the details on the Lactation Consultant.

Closing Out a Client

As you conclude your support as a mentor, your mom may appreciate if you reflect back on progress and changes since your first meeting. Draw attention to your mom's progress and provide her with encouragement to motivate more growth and confidence as a new mom. You are welcome to continue mentoring your mom after you have completed your obligation with Beyond the Bump.

We ask that you do not make promises that you are unlikely to keep, for example, saying that you'll stay in regular touch with her if you don't have the intention or time to do so. Breaking a promise can have very negative effect on a woman who has experienced abandonment or who has trust issues.

Please note that you are no longer covered under Beyond the Bumps (an initiative of Hope for Women) insurance coverage if you continue on with your mom after your obligation has been fulfilled.

SPECIAL CIRCUMSTANCES:

Adoption

There may be a chance that you are supporting a woman that has chosen to place her baby for adoption. This experience can be far more challenging than what most moms are facing after giving birth. Birth moms are deserving of respect, support, and encouragement as they experience their lives post-placement. It is not appropriate to generalize about the impact of adoption on all birth moms. Each will face a unique experience and cope in her own way. Although there are some positive feelings that reside around the adoption experience, such as relief, gratitude, acceptance, primary among all of the emotions experienced by those who do not have their child because of adoption is grief. How can it not be grief? There is loss: the opportunity to parent their child is lost. There is pain: studies have shown that feelings of grief activate the same areas of the brain that are associated with pain. Many factors can have an impact on the birth mom's emotions at the time, including mixed feelings about the adoption placement, support or lack of support from other family members and the other birth parent, and even whether the planned adoption is open.

The birth and the actual surrendering of the baby may prompt feelings of numbness, shock, and denial, as well as grief in the birth mom. All of these feelings are normal reactions to loss. This particular type of loss is different from a loss through death, however, because there is rarely a public acknowledgment, and friends and family of the birth mom may attempt to ignore the loss by pretending that nothing has happened. In some cases, the secrecy surrounding the pregnancy and adoption may make it difficult for the birth mom to seek out and find support as she grieves her loss. In addition, the lack of formal rituals or ceremonies to mark this type of loss may make it more difficult to acknowledge the loss and therefore to acknowledge the grief as a normal process. When someone has a miscarriage or stillbirth we think that we know the right things to say, but when someone comes home from the hospital without their baby because they have chosen adoption, we find that those right words may not exist.

When birth moms first deal with their loss, they could experience various stages of grief including denial. The denial serves as a buffer to shield them from the pain of the loss. This may be followed by sorrow or depression as the sense of loss resonates. Anger and guilt may follow, with anger sometimes being directed at the other parent or those who helped with the adoption placement. The final phases, those of acceptance and resolution, refer not to eliminating the grief permanently but to absorb the loss into ongoing life. Acceptance of the loss and working through the grief does not mean that birth moms forget their birth child or never again feel sorrow or regret for the loss. Rather, they are able to integrate the loss into their current self as they move forward with their lives.

Placing a child for adoption may also cause other losses, which may add to the grief that she feels. No mom fantasizes about having a baby and then “giving it up”, so expectant moms who are planning to place their child for adoption may grieve for the loss of their parenting roles. She may grieve for the person her child might have become as her son or daughter. These feelings of loss may re-emerge in later years, for instance, on her child’s birthday, or when her child is old enough to start school or to reach other developmental milestones.

The best ways to support a mom throughout this process are.....

Emotional Support: Offer her a safe space to communicate her feelings. Being able to openly share her feelings can be helpful in moving through the stages of grief and achieving some resolution. Get comfortable with her fears and tears.

Tangible Support: Her grief may be so consuming that she doesn’t have the energy to take care of herself. Providing meals, making her bed, folding her laundry, and tidying up around the home may be very helpful.

Language: It’s important to have an understanding of the terms around adoption. Follow her lead in the language she uses. For example, does she refer to the adoptive mom by her first name or does she call her “the adoptive mom”. Please refer to our “Positive Adoption Language” in the Expand Your Knowledge section of the manual.

**Please see Experiencing Adoption and Positive Adoption Language in our Expand Your Knowledge section of the manual (pg 26)*

Preemies/NICU

Our hope is that all babies are born healthy but sadly this isn’t always the case. Some babies are born early and unwell and this may require a stay in the NICU (Neonatal Intensive Care Unit). Moms that give birth to tiny or sick babies need extra support and care. Your role may look different in these circumstances. You may delay meal deliveries until mom and baby are discharged from the hospital and back home. She may rely on you more for transportation back and forth to the hospital and specialist appointments. If your mom decides she doesn’t want mentorship until she is home, we would still encourage that you text or call her regularly to check in with her and make sure that she is okay.

Stillbirth

No one wants to think about the death of a baby but this is the tragic reality for some. Know that we are here to support you and your mom through this loss. Please reach out to us at **marlo@hopeforwomen.ca** or **604.853.0303** to receive support and to discuss resources that may help both you and mom as you grieve this loss. In the event that your mom doesn't want to follow through on mentorship with you, please know that she is still eligible to receive meals and cleaning through our program.

SAFETY + REPORTING:

Our hope is that none of our mentors are put in a situation that makes them feel unsafe or uneasy. However, if you find yourself in a situation where you are concerned for the safety of yourself, your mom, or the newborn or other children, please take the appropriate measures to ensure that all involved are safe and protected.

We understand that the following topics may instill fear/anxiety for some or may trigger you based on your own personal experience. We encourage you to share any concerns that come up for you.

Abuse + Neglect

If during your time with the client you have concerns about the wellbeing of her baby or other children in the house or you suspect abuse, please contact our Beyond the Bump Director immediately after leaving your visit - **Emily or Marlo at 604.853.0303**. We are here to provide you with support and guidance on your responsibility for reporting incidents.

Domestic Abuse

Research conducted internationally has shown that 30% of women who are subject to domestic abuse are physically assaulted for the first time in the childbearing year. If you suspect that your mom is a victim of physical, emotional, sexual, or financial abuse, address this with her when her partner is outside of the home. Addressing this in front of him, or within earshot, can put your mom at serious risk after you leave.

Gather information from her and let her know that she is not alone and that it's not her fault.

Upon leaving your appointment, **contact Emily or Marlo at 604.853.0303** to discuss and decide on next steps and a plan of action.

COVID-19

We ask that you follow current government guidelines and mandates regarding COVID. This may include wearing a mask, hand sanitization, and regular hand washing. If you have been exposed to someone that has tested positive, if you have tested positive yourself, or if you are showing symptoms of COVID-19, we ask that you do not attend your appointment with your client. Instead, please **contact Emily or Marlo at 604.853.0303** to discuss and decide on next steps and a plan of action. We also ask that you check in with your mom before each visit to ask her if she or anyone else in the household is showing symptoms of COVID or if they have tested positive for COVID. If they answer yes to either of these questions, we recommend that you reschedule your appointment with them once they've been tested or when quarantine has been completed. Feel free to check in with her by phone/text during this time.

** Volunteers through our program have been deemed Essential Services by the BC Government.*

Personal Safety

If ever you feel that your personal safety is at risk, we ask that you remove yourself from the home. If you feel uncomfortable stepping away, you can excuse yourself by saying, "I need to step out to take a personal call." There are a variety of reasons why you may feel unsafe - perhaps it's because of large animal in the home, or maybe a family member that puts you off, or perhaps the physical state of the home. It is of utmost importance to us that our mentors feel safe and at ease in their position and we encourage you to address your safety concerns with us. Please **contact Emily or Marlo at 604.853.0303**

Self Harm

Some women use self-harm as a way to cope with anxiety, depression, past traumas, or postpartum stress. This is the act of deliberately harming one's own body. It's typically not meant as a suicide attempt. Rather, this type of self-injury is a harmful way to cope with emotional pain, intense anger, and frustration.

Self harm can include:

- Fresh cuts, scratches, bruises, bite marks, or other wounds
- Burn marks on the skin
- Hair pulling
- Picking at the skin

There is no sure way to prevent your mom's self-injuring behaviour. There are however ways to reduce the risk of self-injury. Following are a few ways that you can help.

- Ask her about the marks on her body? Ask how they happened?
- Ask her how she's been coping?
- Offer her help through an expansion of her social networks.
- Encourage her to seek help. Be ready to provide her with support numbers. These can be found on the "Location Specific Details" page.

Suicide

We all have a responsibility of being aware of the risks of suicide to ensure that appropriate intervention is undertaken. If your mom is demonstrating suicidal behaviour it is up to you to respond in a timely and professional manner.

Stay calm and ask her directly if she is considering suicide. If her answer is yes and you deem that she is in imminent danger/risk of suicide call the Suicide Crisis Line at **1.800.784.2433**. Do not leave her alone. Following this phone call, **contact Emily or Marlo at 604.853.0303** for further support and to report the incident and steps taken.

LOCATION SPECIFIC CONTACTS - ABBOTSFORD + MISSION

Managers:

- Marlo Muscutt- 604.853.0303 **or** marlo@hopeforwomen.ca
- Emily Stuart - 604.853.0303 **or** emily@hopeforwomen.ca

Website:

- <https://beyondthebumpcare.weebly.com>
- Mentor Portal: Password - MentorsRule!

Health + Safety:

- Nurses Non-Emergency Hotline: 811
- Emergency (Fire, Police, Ambulance): 911
- Suicide Crisis Line: 1.800.784.2433 or 1.800.SUICIDE
- SARA for Women (Transition House for Domestic Abuse) - 604.852.6008 (24hr)

Cleaner:

- Contact Nichole's Residential Cleaning @ 778.918.4212.

** Client is entitled to 1 - 3 hour house cleaning.*

Lactation Consultant:

- Contact Jodi Mosogau at Liquid Gold Lactation - 604.897.1700

**Client is entitled to 1 in-home breastfeeding consultation.*

Meals:

Abbotsford + Mission:

You can pick up your meal at Mama Michelle's Kitchen. Feel free to pick up all 4 entrees as once and keep them in your own freezer - this will save you a few trips back and forth.

- Located at 110 - 33442 South Fraser Way in Abbotsford.
- Hours of operation are Monday to Thursday - 10am to 7pm, Friday - 10am to 6pm and Saturday - 10am to 5pm

**Client is entitled to 1 medium entree of their choice. Each entree costs approximately \$30.00. Let the staff at Mama Michelle's know that it is on account with Hope for Women.*

LOCATION SPECIFIC CONTACTS - CHILLIWACK

Managers:

- Marlo Muscutt- 604.853.0303 **or** marlo@hopeforwomen.ca
- Emily Stuart - 604.853.0303 **or** emily@hopeforwomen.ca

Website:

- <https://beyondthebumpcare.weebly.com>
- Mentor Portal: Password - MentorsRule!

Health + Safety:

- Nurses Non-Emergency Hotline: 811
- Emergency (Fire, Police, Ambulance): 911
- Suicide Crisis Line: 1.800.784.2433 or 1.800.SUICIDE
- Ann Davis Transition Society (Transition House for Domestic Abuse) - Call 604.792.3116 **or** Text 604.819.3557

Cleaner:

- Contact Nichole's Residential Cleaning @ 778.918.4212.

** Client is entitled to 1 - 3 hour house cleaning.*

Lactation Consultant:

- Contact Jodi Mosogau at Liquid Gold Lactation - 604.897.1700

** Client is entitled to 1 in-home breastfeeding consultation.*

Meals:

You can pick up your meal at Mae's Elite Foods.

- Located at Unit B - 44915 Yale Road West in Chilliwack BC
- Hours of operation are Monday to Friday - 8am to 4pm

** Client is entitled to approximately a \$30 meal each week for 4 weeks. Let the staff at Mae's Elite Foods know that it is on account with Hope for Women.*

LOCATION SPECIFIC CONTACTS - ALDERGROVE + LANGLEY

Manager:

- Lisa Block - 604.427.3939 or lisa.b@hopeforwomen.ca

Website:

- <https://beyondthebumpcare.weebly.com>
- Mentor Portal: Password - MentorsRule!

Health + Safety:

- Nurses Non-Emergency Hotline: 811
- Emergency (Fire, Police, Ambulance): 911
- Suicide Crisis Line: 1.800.784.2433 or 1.800.SUICIDE
- Ishtar Housing Society: 604.530.9442 (24hr)

Cleaner:

- Contact Nichole's Residential Cleaning @ 778.918.4212.

** Client is entitled to 1 - 3 hour house cleaning.*

Lactation Consultant:

- Contact Jodi Mosogau at Liquid Gold Lactation - 604.897.1700

** Client is entitled to 1 in-home breastfeeding consultation.*

Meals:

You can pick up your meal at Batch Foods

- Located at #3 - 6280 202 Street in Langley BC.
- Hours of operation are Monday to Thursday from 10am to 7pm, Friday from 10am to 6pm and Saturday from 10am to 5pm

** Client is entitled to approximately a \$30 meal each week for 4 weeks. Let the staff at Batch Foods know that it is on account with Hope for Women.*

LOCATION SPECIFIC CONTACTS - PRINCE GEORGE

Site Manager:

- Chelsea - 250.562.4464 **or** chelsea@hopeforwomen.ca

Website:

- <https://beyondthebumpcare.weebly.com>
- Mentor Portal: Password - MentorsRule!

Health + Safety:

- Nurses Non-Emergency Hotline: 811
- Emergency (Fire, Police, Ambulance): 911
- Suicide Crisis Line: 1.800.784.2433 or 1.800.SUICIDE
- Amber House: (Transition House for Domestic Abuse) 250.562.5868 **or** 1.866.563.1113 (24hr) **or** shelter@pgefry.bc.ca

Cleaner:

- Contact Amber at Sparkle Klean @ 250.617.1903

Lactation Consultant:

- Contact Jocelyn Logan at 250.301.0052

** Client is entitled to 1 in-home breastfeeding consultation.*

Meals:

Meals can be picked up at Hope for Women Pregnancy Centre at #112 - 1600 15th Avenue in Prince George. Office hours are Monday through Friday, 10am to 4pm.

Please contact Chelsea the day before to give her notice that you're coming. If there are dietary restrictions, please contact Chelsea 3 days in advance so that she can ensure to have the appropriate meals ready for you.

** Client is entitled to 1 entree/week for 4 weeks.*

EXPAND YOUR KNOWLEDGE

THE BIRTH OF A MOTHER....

AFTERPAINS

The uterus returning to its previous size is accelerated at first after birth, and causes uterine contractions known as afterpains. Some moms report that these pains are at first more painful than labour contractions. Afterpains, or afterbirth pains, are typically worse after each subsequent birth as the uterus becomes more stretched after each pregnancy. Afterpains are brought on by baby nursing, but they serve a very helpful purpose. Afterpains involute the uterus and also help keep blood vessels closed that have been exposed by the placenta separating from the uterus.

BLEEDING

It is normal for mom to experience bleeding anywhere from 2-6 weeks postpartum. Significant activity can cause bleeding to return in the first 30 days postpartum. Activity includes pushing, lifting and strenuous activity (grocery shopping, holding other children, chores such as vacuuming).

CARING FOR BABY

This is a new person for her. Encourage her to spend as much time as she can with baby skin to skin, which helps with bonding. Remind her that baby's crying is his way of communicating with her, whether it be for feeding, comforting, or diaper changes. Many mother-infant bonds are not immediate, though we sometimes read or expect that they are. Encourage her to give herself time and space to fall in love with this new being.

DECOMPRESSING FROM BIRTH

Talk with her about her experience in birth. Suggest that she write her birth story as a way of processing. This can be particularly helpful for a woman that experienced a traumatic birth.

DIFFICULTY BREASTFEEDING

Encourage her to see a lactation consultant ASAP. This service is available through your local Hope for Women Pregnancy Centre. Difficulties may include sore breasts and nipples and baby having difficulty latching. Yes, breastfeeding is natural, but can also have a steep learning curve.

EMOTIONAL ROLLER COASTER

Her hormones are coming down from nine months of pregnancy. Give her permission to embrace the tears, call for help, acknowledge when she's feeling down and know that it is not abnormal and she will not always feel like this. The range of emotions can be classified on a continuum ranging from momentary feelings of sadness, to baby blues, to postpartum depression. A rare and extreme form of postpartum depression is postpartum psychosis. Momentary sad feelings to postpartum depression are all aggravated by fatigue and low blood sugar. Feelings of disappointment about birth and lack of support in the postpartum also can contribute to baby blues. Encourage her to express her feelings, ask for more support, get plenty of rest, eat well, and drink plenty of fluids.

HEALING FROM CESAREAN

Her incision site will be sore. Remind her to be patient and gentle with herself as she finds the best positions for nursing/feeding and resting. Additionally, pain in her abdomen, back, or shoulders can be caused by gas pockets that got trapped inside during surgery. Encourage her to keep the incision site clean and dry and allow good air circulation.

HEMORRHOIDS

May be present if they were not already present during pregnancy, and may be worsened if there was a particularly long pushing stage. Encourage her to eat a diet high in fibre, with fresh vegetables and plenty of water daily. If her hemorrhoids persist, recommend that she consult her doctor or midwife.

SORE BODY

An extended time spent pushing can exacerbate these muscle aches and pains. Use baths and muscle rubs, or recommend that she see a chiropractor or massage therapist.

SORE PERINEUM

Even if there was no tear or episiotomy, the perineum had to stretch wide to allow the baby to pass. Tender care with an herbal sitz bath, herbal compresses, rinses from a peri bottle while she urinates, and ice packs can be soothing.

BREASTFEEDING

The first weeks of breastfeeding are important as mom and baby learn a new skill. After the first few weeks, breastfeeding becomes easier. Nursing frequently in the first weeks encourages a bountiful milk supply in weeks to come. Positioning baby chest to chest is very important for easier, more comfortable attachment. Be sure her baby opens widely and takes in a lot of the areola behind the nipple. Breastfeeding should not hurt. Encourage mom to trust her instincts.

Milk making is driven by hormones. Women don't make milk other than colostrum before their baby is born because their placenta secretes a hormone which keeps this from happening. Once her placenta is delivered, her body realizes that her baby has been born and he will need to eat. Even mothers who do not plan to breastfeed begin to make milk. Nursing early and nursing often speeds up the milk making process. When her baby suckles, another hormone is released every time. This causes her milk to be released and to flow down to her baby. It also sends her a dose of relaxing hormone to keep her calm and centred on her baby. You've heard of the milk letdown? That is the oxytocin hormone at work. Some moms feel it working as a kind of pressure or tingle in their breasts. With first baby, moms may not feel contractions in her uterus during early nursings, but if she's had a baby before, she will feel her body pulling her uterus back in to shape as she nurses her little one. The contractions may feel strong, but they will only last a day or two and they do a great job getting her back into shape and getting that stretched uterus back to the size of her fist over time.

BREAST MILK IS AMAZING

The first few days, because her baby needs the gut preparation and immunities, she produces colostrum, a thick yellow milk. Then for two weeks, she will produce transitional milk, a mixture of mature milk and colostrum. After that, she will make mature milk, which looks white and sometimes has a bluish cast or may even be the colour of your foods if you eat carrots or greens. Don't worry about the colour!

ASSUME THE POSITION

Lots of moms like the cradle or cross cradle position when beginning to nurse. Other moms like the football hold, especially if they have large breasts or have had a cesarean birth. Side lying is a great position to learn because you can rest and relax together in that position. No matter which position you choose, both mom and baby should be comfortable. Watch that she lines up baby's nose to her nipple, help him to tip his head slightly back and then slide the nipple down, getting as much of the areola in his mouth as you can. Think of aiming her nipple at the back of the roof of his mouth. Once he latches, look for his lips to be flanged, and his chin to be tucked into her breast, giving him room to breathe. His cheeks should be rounded and there should be a slight wiggle around his ears when he suckles. There are so many variations in breast size, shape, and babies that it is impossible to tell her a one size fits all solution to the perfect latch. Just remember that nursing should not hurt, her nipple should be the same shape and colour after feeding as before feeding, and her baby should be happy and full when feeding is done.

HOW OFTEN?

Nursing babies eat between 8 and 14 times a day in the beginning. They have a lot of growing to do, they have some catching up to do, and they can't hold a lot of milk with a tiny tummy. So they eat a lot. This is normal. Have her start on the fullest side if she can tell the difference. If she feeds until her breast feels soft and her baby is still hungry, have her gently break the suction with her finger and offer the other side. Encourage her to feed her baby on request. Don't put off or try to stretch out the times between feedings. Try to avoid using a pacifier or think that "he can't be hungry already." He can. Her milk digests very quickly! Some babies take a long time to eat. Other babies eat fast and are content after only a few minutes of feeding. Every mom and baby is unique.

HOW DO YOU KNOW IT'S GOING OKAY?

Her baby feeds often and is content and happy between feedings. After the first day or so, he awakes on his own to eat. He feeds 10 - 30 minutes each time, taking one or two sides as needed. He meets the daily goals from the Breastfeeding and Diaper Log handout, which means 6 or more wet diapers and 3 or more yellow bowel movements each day after your milk is established. Her breasts feel softer and comfortable after the feeding. Her nipples are not sore or damaged. Her baby regains his birth weight by ten days of age and begins gaining 4 - 8+ ounces each week.

Encourage her to seek assistance if this is not what is happening for mom and baby. For questions, reach out to your local Hope for Women Pregnancy Centre. For hands on help, ask her midwife, doula, or a local lactation consultant. If she receives the support she needs after leaving the hospital, she can power through any rough spots. Encourage her to trust her own parenting instincts. She can succeed!

A MOM'S GUIDE TO BREASTFEEDING

The first weeks of breastfeeding are important as mom and baby learn a new skill. After the first few weeks, breastfeeding is easier. Nursing frequently in the first weeks encourages a bountiful milk supply in weeks to come. Positioning your baby chest to chest is very important for easier, more comfortable attachment. Be sure your baby opens widely and takes in a lot of the areola behind the nipple. Breastfeeding should not hurt. Trust your instincts. If you feel you need help with positioning your baby, request it!

DAY 1

A sleepy day for most babies, keep him with you and feed whenever cues are shown (like rooting around or chewing at his hand) are shown, or at least every 3-4 hours. If he is sleepy you will need to wake him for feeds. Wake by removing his clothing and rubbing his back in a darkened room.

DAY 2

Your baby should nurse 8 - 12 times for 10 - 40 minutes each time. Most babies feed very frequently on the second day. That's great! your baby knows what he is doing, so relax! You are not being used as a pacifier. (And remember that pacifiers may cause problems, so don't use them the first month if you can help it). Look for two or more wet diapers and two or more stools. Supplementing with formula is not a good idea unless medically indicated.

DAY 3

Your baby should nurse often. Your milk may be increasing today and you may notice your baby swallowing more. Your baby may have lost weight but should begin "catching up" on lost weight today. Watch for three or more wet diapers, three or more stools (getting lighter in colour). You may need to hand express a little milk from your breast before feeding to make latching on easier. Nap whenever baby naps. Don't forget to eat to keep your energy up. Drink lots of liquids too.

DAY 4

Nursing every 2-3 hours, your baby should seem more content after feeding. He may sometimes feed several times in a row. Wet diapers and stools increasing. Allow 20 minutes on first side, then as long as he needs on the second. His tummy is small. Breastmilk digests rapidly.

DAY 5

Today is an important day. Check the list below to see how things are going. If you answer yes, breastfeeding is going well. If you answer no, please contact your health care provider or a lactation consultant, or your doula for further assistance. It is easier to fix a little problem than a big one!

- Do you feel breastfeeding is going well?
- Has your milk increased? (Breasts feel fuller, warmer, baby swallowing more)
- Can your baby latch comfortably and stay attached without difficulty?
- Does your baby feed well at least 10 minutes each feeding on one side?
- Does your baby seem alert and asking to eat every 2-3 hours? (8 - 12 feeds/24 hours)
- Do your breasts feel firmer before feeding and softer after?
- Has any nipple soreness decreased or gone away?
- Is your baby wetting 6+ diapers and having at least 3 large, soft, yellowish bowel movements every 24 hours? (Looks like cottage cheese mixed with mustard and water)
- Do you hear swallowing when your baby drinks?
- Does your baby seem more satisfied and content after feedings?
- If your baby's skin was yellow (jaundiced) is it getting less yellow now?
- Have you made arrangements for a follow-up weight check by the time your baby is a week old?

After day four, until 4 weeks of age, bowel movements are the most important indicator of how your baby is doing. At least three large bowel movements (size of baby's fist or larger) plus 6 - 8 clear, wet diapers are good signs. By about 10 days, he should regain his birth weight. Remember, he will need lots of touching and holding in the early weeks for comfort and healthy development. Breastfeeding is a gift you give yourself - and your baby!

NEWBORN NORMALS

Your baby's head may look misshapen and elongated, a result of the "molding" that goes on as the baby makes its way through the birth canal. You may have to wait for a day or two for the baby's head to become a more round shape. And sometimes there may be some swelling of the head - especially if a vacuum extractor was used to get your baby out. Your baby's face may be swollen and puffy with a flattened nose and ears pressed down to the head. Don't be alarmed though, this will usually subside in just a few days. If your labour is unusually fast, the baby may have facial bruising, which will also subside.

The soft spot (known as the fontanel) is the diamond shaped area just above the hairline, where the baby's skull bones have not yet fused together. If you see a beating pulse there, don't be alarmed. Although it seems vulnerable, the soft spot is protected by a tough membrane that can be rubbed or gently washed.

Nearly all fair-skinned babies are born with blue or grey eyes, which may gradually change colour over the first 12 months. Darker-skinned babies most often are born with brown or darker eyes, which usually stay that colour. Dark-haired babies usually stay that way, but blonds at birth may have their tresses darken. Infants breathe primarily through their noses; this leaves their mouths free for nursing. They take an average of 30 to 50 breaths per minute.

The pulse of a newborn is fast, ranging from 100 to 170 beats per minute when awake, 70 to 80 when asleep.

Breasts and genitalia may be slightly enlarged in both boys and girls, due to the influence of pregnancy hormones that have crossed the placenta. This swelling resolves within a week after birth. Hands and feet often look mottled or slightly blue, and you may see white or red blotches on the body due to the baby's immature circulatory system and unstable temperature. If you're concerned about your baby's circulation, check the inside of the bottom lip - if that's blue, talk to your paediatrician.

Dry, flaky and peeling skin is normal for a newborn. Slathering on moisturizer won't help because some of the outer layers of a baby's skin dries up and flakes off naturally in the first couple of weeks.

Baby acne and/or white dots (milia) on baby's nose are normal and do not require any treatment. They will disappear within a few weeks or a month.

On average, birth weights range from five pounds five ounces to eight pounds. Most of an infant's body weight is water, so vomiting and diarrhea can quickly lead to dehydration and weight loss.

Legs may look bowed due to cramped conditions in the uterus. As muscles strengthen and lengthen, legs will straighten themselves out.

BABY BIRTHMARKS

There are several different types of birthmarks. **Stork bites** are flat, pink patches that are collections of blood vessels under the skin. They usually crop up on or around the forehead, nape of the neck, nose or eyelids. They are normal but take about a year to fade. **Strawberry marks** first appear as tiny red dots and may increase in size up until the end of the first year. They usually disappear by five years of age. **Mongolian spots** are blue-toned and are found on the lower backs of babies with dark skin tones (such as African Americans, Asians and some Mediterraneans). These eventually fade. Some birthmarks, however, are permanent.

POSTPARTUM DEPRESSION

Women of every culture, age, income level and race can develop perinatal mood and anxiety disorders. Symptoms can appear any time during pregnancy and the first 12 months after childbirth. There are effective and well-researched treatments to help women recover and postpartum depression is now considered 100% curable.

PERINATAL MOOD & ANXIETY DISORDER SYMPTOMS

- Agitation
- Anxiety or panic attacks
- Chronic exhaustion
- Clumsiness
- Confusion
- Decreased appetite or extreme cravings
- Depression
- Despair
- Difficulty relaxing or concentrating
- Emotional numbness
- Fear
- Feelings of inadequacy
- Frequent crying or inability to cry
- Guilt
- Hopelessness
- Inability to cope
- Inability to function
- Insomnia
- Irrational concern over baby's wellbeing
- Irritability
- Joylessness
- Loss of normal interests
- Memory loss
- Mood swings
- Nightmares
- Thoughts of hurting oneself or baby
- Withdrawal from social contacts.

Any of these symptoms, and many more, could indicate that mom may have a form of perinatal mood or anxiety disorder, such as postpartum depression. While many women experience some mild mood changes during or after the birth of a child, 15 to 20% of women experience more significant symptoms of depression or anxiety. Please know that with informed care you can prevent a worsening of these symptoms and can fully recover. There is no reason to continue to suffer. Speak with a "safe person" to find help. Your doula, midwife, doctor or your prenatal class instructor are always a safe person to talk to.

A new mother might not recognize depression or anxiety because she is tired, overwhelmed, or simply adjusting to life with a baby.

Pregnancy and postpartum mood and anxiety disorders affect the whole family. Here are some tips to help you along the way. Remind her that she will get through this with help and support. There is no magic cure, and sometimes recovery seems slow, but things will keep improving if she sticks to a plan of healthcare, support, and communication.

HOW TO HELP MOM

- Reassure her: this is not her fault; she is not alone; she will get better.
- Encourage her to talk about her feelings and listen without judgement.
- Help with housework before she asks you.
- Encourage her to take time for herself. Breaks are a necessity; fatigue is a major contributing factor to worsening symptoms.
- Help her reach out to others for support and treatment.

EXPERIENCING ADOPTION

Describe the day and process of the child going from your home to the family's home.

Woman A: "My son was never in my home and instead left the hospital with his parents. I had been discharged before he was, but me and his birth father decided to stick around so we could all leave the hospital together. We had also chosen to not see our son while we were in the hospital. We wanted the first thing our son saw to be his parents and not us. That was very important to us, but it was still a bittersweet moment. The birth father and I hugged outside the hospital and watched his parents leave with the child. It was worth it."

Woman B: "That day was somber. We had a small placement ceremony at the agency where the family and I exchanged letters, gifts, and hugs and talked about what to expect after the placement. Then I placed her in her family's arms, turned around, and walked out. My dad took me to Olive Garden where we sat down and ordered food, but I couldn't eat it. I left the restaurant and sat in his truck until our food was ready and we did takeout instead. Later, he drove me to my mom's house where I stayed with my best friend, and they both tried to make me laugh while we went through Target with me sitting on the motorized cart. Later that night after everyone went to bed, I just sat in front of the computer scrolling through her pictures over and over and over again. I wasn't crying, I wasn't angry, I wasn't anything. I was numb."

Woman C: "After my daughter's birth, I spent three days in the hospital with her, and my family and the adoptive family were both present during my stay. On the third day, I had to say good-bye to my daughter so she could go home with her new parents. The nurses brought her to me, and she was swaddled tight and sleeping soundly. I took her in my arms and made the walk down the long corridor where the expectant family sat in the waiting room. The walk seemed to last forever and tears streamed down my face the whole way. I placed her in the arms of her new mother (and she cried too), and then I gathered my things and went home. I haven't had any contact with her since."

Woman D: “The day she was born was the same day that I went home without her. I checked myself out of the hospital a few hours after giving birth. Listening to the babies cry in the neighboring rooms brought tears to my eyes and I did not see a reason for me to stay. The adoptive couple had been at the hospital from the moment I was admitted and they were in the delivery room when she was born. The hospital was accommodating to our situation, and put the adoptive parents and my birth daughter in a family room near the NICU. I called a friend that was taking care of my son and she came to pick me up.”

What aspects (physical or emotional) of placing your child for adoption surprised you?

Woman A: “I was surprised that I felt so guilty. I never regretted my decision or anything like that, but I was shocked by the amount of guilt I felt then and continue to feel. I feel bad that I couldn't take care of my son, that I shirked my responsibilities as his mother, and that I couldn't provide for him. But then I remember how much he's able to do because of his parents and those are things I would have never been able to help him do. He's such a smart, sweet, and well-rounded boy, and I attribute a lot of that to his parents. I was angry for a long time as well, due to a combination of jealousy of my son's parents and being angry at myself for getting into a situation where I had to make an adoption plan to begin with. But after time, the anger has faded, and I'm pretty at peace with the whole thing.”

Woman B: “I was really surprised by how little support I got from the agency afterward. Thankfully, I was able to go to a support group once a week and the women in the support group saved me. But most of the support came from family and my two best friends. I also was surprised by my milk coming in and wasn't sure how to stop that. That was really painful. The last thing was just how hard it truly was. There was one particular moment in the hospital where I literally felt my heart split in two. My daughter was so incredibly perfect and amazing. I had no idea the love I could have for a child at only 19 years old.”

Woman C: “Physically, I was surprised when my milk supply dried up because I obviously wasn't breastfeeding. No one discussed that with me and at 16, I found the whole process weird. Emotionally, the process was difficult. I didn't realize how long that pain would last and I didn't know how to help myself in the healing process because I didn't really talk to anyone about all the grief I felt. I didn't really speak in depth about it until a few years later.”

Woman D: “The amount of mourning that I did really surprised me. It took me a long time to realize that I needed to celebrate her life and the wonderful person I know she is becoming. I am loving her from afar.”

POSITIVE ADOPTION LANGUAGE

Avoid: Real mom	Use: Birth mom
Avoid: Natural mom	Use: Biological mom
Avoid: Adoptive mom	Use: Mom
Avoid: Adopted child	Use: Child
Avoid: Giving baby up	Use: Place baby for adoption

APPENDIX



APPENDIX A

Mentor Agreement

Our goal through our Beyond the Bump postpartum program is to come alongside new moms - to support them, guide them, and love on them and their new little one .

I, _____, agree to adhere to the following guidelines in regards to the mentor/mom relationship.

I promise to;

- hold to the core values of Beyond the Bump, an initiative of Hope for Women;
- respect my moms confidentiality;
- fulfill my commitment when I make plans and schedule appointments;
- be punctual and reliable;
- listen agendalessly and support unconditionally;
- report all safety concerns to Hope for Women management;
- adhere to all of the training and safety guidelines that were outlined in the Beyond the Bump Mentor Training Manual;
- complete and submit my Mama Care Checklist and Communication Log within one week of completing my commitment with my mom.

Failure to adhere to the above guidelines will result in dismissal from the Beyond the Bump program.

Signature

Date



APPENDIX B

Mentor Training Checklist

I, _____, have completed all of the following and am now prepared for my first assignment with Beyond the Bump.

- Interview with site manager
- Completed criminal record check
- Attended 5 Hour training session
- Essential Reading - Beyond the Bump Training Manual
- Tour Hope for Women Pregnancy Centre (optional)
- Signed and submitted the Mentor Agreement

Signature

Date



beyond the bump

APPENDIX C

Communication Log

Mom's Name: _____

Mentor's Name: _____

Please record your communication with your mom in the spaces below. This should include; date and time, details about your visit, topics discussed, resources given, and any concerns you may have for mom and/or baby. Your insights and reflections are helpful to us as it gives us an understanding of where moms are most needing help in the early days with their little ones. If you have immediate concerns, please contact our centre at 604.853.0303 - Monday through Friday from 10am to 4pm or email marlo@hopeforwomen.ca.

Example: March 15, 2021. I delivered an entree from Mama Michelle's today. Baby is now 3 days old and mom appears to be bonding well with her. There is some trouble with breastfeeding so I directed her to some great breastfeeding resources from our resource guide. She was quite weepy so I assured her that's normal given all the changes, lack of sleep, and change in hormones. I tidied up around the house while she had a nap with the baby. I held baby while she showered. We talked about her birth and what to expect in the coming days.

PRENATAL VISIT #1:

PRENATAL VISIT #2 (OPTIONAL):

POSTPARTUM VISIT - WEEK #1

POSTPARTUM VISIT - WEEK #2:

POSTPARTUM VISIT - WEEK #3:

POSTPARTUM VISIT - WEEK #4:

Upon completion of your communication log, please scan and email to the appropriate contact below:

- Abbotsford - marlo@hopeforwomen.ca
- Langley - lisa.b@hopeforwomen.ca
- Prince George - chelsea@hopeforwomen.ca

You also have the option to drop off your paperwork at the Hope for Women Pregnancy nearest to you.



APPENDIX D

Mama Care Checklist

Please use this form as a guide to ensure that all requirements are being met for each mom that you are serving.

Mentor's Name: _____

Name of Mom: _____

Mom's Address: _____

Mom's Phone Number _____

- Prenatal Visit #1 - 1 to 2 hours - Done at 34 to 37 weeks gestation
- Prenatal Visit #2 (OPTIONAL)
- Visit mom in hospital (if permitted during COVID restrictions) - *THIS VISIT IS NOT MANDATORY*
- Week #1 - 2 to 3 hour home visit & meal delivery
- Week #2 - 2 to 3 hour home visit & meal delivery
- Week #3 - 2 to 3 hour home visit & meal delivery
- Week #4 - 2 to 3 hour home visit & meal delivery
- Booked an appointment with professional cleaning service
- Booked an appointment with breastfeeding consultant/counsellor
- Completion of communication log

Once all of the above have been completed, please scan this sheet along with your communication log to the appropriate contact below:

- Abbotsford - marlo@hopeforwomen.ca
- Langley - lisa.b@hopeforwomen.ca
- Prince George - chelsea@hopeforwomen.ca

Volunteer Signature

Date



beyond *the* bump

APPENDIX E

Mentor Feedback Form

Name: _____

Mom Served: _____

Did our mentor program run as you planned?

Did you feel well connected with your mom?

Were there any instances where the environment or relationships (mom, partner, children) felt unsafe? If so, please explain.

Did you have any difficulty with the vendor when picking up meals for your client?

Was the booking of cleaners and lactation consultants a simple process?

What do you feel are the strengths of our program?

What do you feel are the areas of our program that need improvement?

Did you feel overwhelmed or burdened by coordinating with your mom or the administration team at Beyond the Bump?

Is there anything else that you would like to add?
