

Coping with Change *Integrating Feminist Praxis with Maternal Health Promotion and Education*

Coping with Change is an innovative psycho-educational maternal health promotion program offered by the Women's Health Clinic in Winnipeg to assist pregnant and postpartum women with their transition to mothering. In a climate of the mother/child dyad and family support programming, where most programs for mothers focus on the child or on the physiological changes mothers may be experiencing, Coping with Change offers a different perspective based on the feminist philosophy that mothers are at the centre of care, and that shifts in social expectations and relational pressures are as equally important to physical changes in understanding women's transition to motherhood. Drawing on a detailed evaluation of the Program, this article illustrates how Coping with Change successfully integrates the practices of feminist consciousness raising and feminist praxis during the "teachable moments" when postpartum women are wondering about the normalcy of their feelings as mothers. More specifically, the piece discusses how the feminist practice of speaking collectively helps to normalise women's experiences, encourages them to recognise and acknowledge their strengths as mothers, and to identify when their experiences may require further attention. It also concretely illustrates the success of feminist praxis in the cognitive shift participants have in their understanding of postpartum emotional adjustments as a continuum rather than as a singular medicalised view of postpartum depression and the use of this shift by practitioners in their work with postpartum mothers.

Becoming a mother is one of the most significant life altering experiences many women are likely to have. Yet, as Australian author and mother of three Susan Maushart notes in her 2000 book *The Mask of Motherhood*, society denies this fact by keeping the realities of motherhood cloaked in silence, misinformation, and untruths. Ignoring and silencing honest discussion about the transforma-

tion women engage in as new mothers means that few women have sufficient information about the motherwork and realities of child-rearing. While experienced mothers know that the early years of parenting are physically hard and can be emotionally overwhelming, new mothers increasingly enter emotional turmoil and, to some degree, an identity crises due to the silence surrounding this significant change in women's lives.

The Women's Health Clinic, a feminist, community-based health centre in Winnipeg, Manitoba, Canada is well aware of the physical and social difficulties of this important and often stressful transition time.¹ Understanding health to mean "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1946), the Women's Health Clinic promotes and advocates "the health and well-being of all women by facilitating empowerment, choice and action" (WHC, 2009). Since 2001 the Women's Health Clinic has offered the *Coping with Change Program* to promote maternal health and well being through building knowledge and support for mothers, community members, and service providers regarding the emotional changes that occur after introducing a baby, whether by birth or adoption, into the lives of women and their families.

With the view of enhancing women's health, *Coping with Change* engages new mothers in discussions and workshops that reveal the realities, myths, silences, and emotional adjustments in the transformation process of becoming a mother. This approach differs from other self-help programs for new mothers that generally focus on the child and on the physical changes new biological mothers may experience. Instead, *Coping with Changes* engages the feminist philosophy that places women at the centre of care, acknowledges and deconstructs the larger social norms and expectations placed on mothers, and provides coping strategies for mothers dealing with these various maternal physical, mental and social changes.

This article draws on a detailed evaluation of the program conducted in 2007 to illustrate how *Coping with Change* successfully integrates feminist praxis—the act of unifying knowing and doing in personal and communal reflective and critical thinking around women's experiences with the purpose of making social change (O'Brien, 1981; Fulton, 2001)—during the "teachable moments" when postpartum women are wondering about the normalcy of their feelings as mothers.² It discusses how the feminist practice of consciousness-raising—the act of women speaking collectively to share their awareness and experience and to find authority in that knowledge—helps women to normalise their experiences, encourages them to recognise and acknowledge their strengths as mothers, and supports them as they identify when their experiences may require more attention. It also demonstrates the success of using feminist praxis in the program through concrete examples of the shift mothers and service providers make when they come to comprehend how using the new language and concept of postpartum emotional adjustments helps them articulate and understand their experiences of maternal health as part of a continuum rather

than an exclusively singular medicalised view of postpartum depression.

I begin with a brief history and purpose of the *Coping with Change* program, including a short overview of the five sessions of the program. Next, I draw upon the knowledge and experience/s of mothers who have participated in the *Coping with Change* workshops and of service providers who have been through train-the-trainer *Coping with Change* courses to illustrate how the feminist practices of consciousness-raising and feminist praxis are central to the work of *Coping with Change*. I conclude by arguing that feminist praxis and mother-centred programs are essential for both service providers and mothers when assessing maternal health and assisting postpartum women adjust to their realities as new mothers.

Coping with Change

Coping with Change is an innovative psycho-educational maternal health promotion program developed and offered by Jody Thomson, the Mothers Program Coordinator at the Women's Health Clinic in Winnipeg, Manitoba Canada. Thomson developed the *Coping with Change* program after working one-on-one with women who self-identified with being "postpartum depressed." As she listened to and spoke with these women, Thomson helped them normalise their experiences, identify their strengths, and recognise when their issues could become a concern requiring more attention. From this work, Thomson recognised new mothers need support in learning how to identify personal stresses and understand how a baby can create more complex problems that require a new set of coping skills (Thomson, 2006). To that end, she created *Coping with Change* to address these overlooked areas of maternal health.

In a climate of the mother/child dyad and family support programming that generally focuses on the needs of children, *Coping with Change* offers a unique program of promoting more holistic maternal health and education based on the feminist philosophy that women are at the centre of care. The program focuses on the needs of women by addressing the social expectations placed on new mothers and the changing nature of personal and familial relationships, rather than solely focusing on the needs of the children and on the physical or biological changes many new mothers experience.

Since its inception in 2001, *Coping with Change* has worked with two specific groups: 1) pregnant and postnatal mothers, and 2) government and community service providers who work with mothers in Manitoba.³ Between 2001 and 2007, approximately 580 pregnant and/or postpartum women participated in the Program through 83 one-on-one support sessions, individual presentations or workshop series.⁴ Approximately 140 female service providers were also educated about the Program through a dozen train-the-trainer sessions, of which five were full-day sessions.⁵

According to Thomson, the purpose of the Program is to draw on the "teachable moment" when a pregnant woman or new mother is beginning to wonder about her feelings toward the changes a newborn baby brings. The

goal of the five session program—which can be presented individually as part of a workshop series, or through one-on-one support—is to offer a framework that helps mothers to identify the emotional and lifestyle changes that often arise after the arrival of a baby, to normalize those changes, and to recognise when they may need more support (Thomson, 2006). This approach assists mothers in understanding their new role and eases some of the stresses associated with this transition.

This is a tall order, as we live in society where myths abound around motherhood and are internalized by m/others who compare and judge themselves and others to these fictive ideals. Undoubtedly mothers are common in society, yet the transitional process of becoming a mother is often neglected or considered to be natural for women (Greenslade, 2007: 133-143). Mothering is thought to be instinctual and an essential quality of women, rather than a role or skill set that is developed and learned over time (Hall, 1998: 59; Swigart 1991: 6). The mask of motherhood, that assemblage of fronts used by mothers to disguise the chaos and complexity of mothering that lie between self-control and self-delusion described by Susan Maushart (2000: 2-3), helps to perpetuate the silences around the realities of mothering, and contribute to the pressure women feel to not “appear to be losing it when everyone else seems to be managing so well” (Greenslade, 2007: 155). Mothers also frequently feel ashamed or guilty for not being “good mothers” or “super moms” (Rock, 2007: 21) because women are often ill prepared for the demands of mothering, due to, among other factors, the lack of mentoring and support for mothers and the isolation many mothers feel (Douglas & Michaels, 2004). As a result, many parents are unable to speak about the realities of their mothering experiences or be open to listening to or accepting the experiences of other mothers.

From her initial meetings with self-screened postpartum mothers, Thomson created the five-session *Coping with Change* program to address the main concerns shared with her by that initial group of postpartum women. The overall purpose of the Program is to demystify the transition to mothering and caring for a child/ren by providing mothers with honest and meaningful information about the work and realities of parenting. Attention is paid to accepting how various aspects of a mother's life change, and more specifically, to understanding the continuum of postpartum emotional adjustment in the first three years after a child's birth. The five sessions are:

- *Getting to know you: Your birth experience*, which encourages participants to understand the relationship between their birth experience and its effects on their emotions.
- *Emotional Adjustments: What are they?*, which educates and normalises the spectrum of emotional adjustments felt by women during the postpartum period.
- *Relationships: Adding someone new to the mix*, which explores the

changes that occur in relationships after a baby arrives, looks at new ways of understanding women's needs as mothers, and how to communicate those needs effectively to others.

- Networking: How to break the isolation*, which develops the mother's support systems by practicing how to ask for help and identifying who can be asked for help.

- Self-care: I am important too!* which helps women recognise stress by understanding their critical voice and to learn new coping strategies.

All of the sessions generally follow a similar structure that provides consistency of expectation and helps to create a space where women can risk expressing their feelings, experiences and fears associated with mothering. Each two-hour gathering begins with the facilitator introducing herself and the topic for the day. This is followed with a facilitated check in to see how the week has been for participants, and an icebreaker activity to ease them into the session and prepare them for further discussion around the topic.

Once the moms have settled in, the informative section of the meeting takes place. Here the facilitator provides information through a verbal and/or visual presentation and provides handouts on the topic. The participants are encouraged to engage with the information and to share their own knowledge by participating in specific exercises to help them appreciate and reinforce what they know. Each session concludes with moms having an opportunity to comment on anything they may have learned from the day's session or to ask any final questions. This is often done informally while they choose a small item for themselves, such as hand cream or bath salts, from the self-care basket that is passed around at this time. The purpose of the self-help basket is to celebrate each mother as an individual woman, and to reinforce the importance of taking care of herself at a time when most of her energy and attention is given to her child.

To encourage mothers to participate in and foster a meaningful experience with *Coping with Change*, the facilitator and moms address the importance of recognising the difficulties of mothering and speaking about their experiences of parenting. This means acknowledging that while at times it is hard to accept diverse parenting practices and attitudes, people do parent differently. Being non-judgemental is central to the leadership of *Coping with Change* and to creating a space where participants are given equal opportunity to express themselves and to participate fully. To this end, during the first meeting the group discusses the importance of confidentiality, openness, and non-judgemental attitudes and behaviour, the merit of allowing people to express themselves without interruption, and the value of respecting the need for folks to opt out of discussion when necessary (Thomson, 2006). This discussion and an informal agreement around how the group will conduct itself helps to build a positive group dynamic and to shape a safer place for participants to talk about parenting.

Consciousness raising

The practice of providing a judgment free space where sharing information, personal experiences and knowledge, and verifying women's own accounts as reliable explanations of reality is not only central to all meetings, it is also one of the foundational elements of feminist consciousness raising. This approach is used in the Program because it has been proven to not only make possible the practice of mothers sharing their experiences, but also to facilitate the discovery by participants that they have shared experiences with other mothers and knowledge that is valid and helpful to themselves and to other mothers.

Through the guided process of consciousness raising, women speak collectively about how their personal experiences are connected to larger social and political structures, and begin to shape their analysis and develop language to make sense of themselves in relation to the world around them (Fulton, 2001). The language women develop together verifies their own accounts and offers trustworthy knowledge and a reliable basis for action. Moms come to draw upon the authority of their own meaning making and also provide it for each other. As feminist mother and Professor Keith Louise Fulton (2001) notes, "Women need each other to be able to think about women ... for making meaning in language is shared, collective work." The language necessary to feminist change work therefore arises from exchanges of individuals in groups, not from people thinking alone. The following examples drawn from a couple of sessions of *Coping with Change* demonstrate the strengths and success of this approach in assisting women in their transition to mothering and in understanding the complexities of maternal health.

The objective of the first session, "Getting to Know You: Your Birth Experience," is for mothers to understand the relationship between their birth experience and its effects on their emotions. Women's birthing experiences are frequently not what they anticipated or expected, and most often do not meet the idealized and sanitized image of birth held by many folks. In this session, moms are encouraged to capture and express their experiences of birth through drawing. To help them remember their experience while they are drawing, mothers are asked questions such as: Were you overdue, premature, right on time? Did you have a vaginal birth or c-section? Was it a long labour?

When the drawings are complete the mothers regroup to share their birth experiences, often relating them to their pictures. The facilitator may prompt reflections by asking about the use and experience of medications and/or other procedures, expectations of and the reality of birth, or their feelings for their newborn. Since women's birth experiences are often quite different from the one's imagined or expected, the facilitator helps to normalize the real birth experiences of the women in the group. Sharing feelings of being "out of control," overwhelmed, vulnerable to the situation, or affected by the grief associated with not having the ideal imagined or planned birth experience helps mothers acknowledge the birth event for themselves, and that they are entitled to their emotions around it without feelings of guilt or shame.

This exercise of sharing birth stories is only one example of the effectiveness of the feminist practice of speaking and sharing truths about women's experiences, originally practiced in women's liberation and feminist consciousness-raising groups in the 1970s in North America (The Chicago Women's Liberation Union, 1971). Through sharing their own birthing experiences and listening to those of other moms in the group, the mothers come to understand how their birthing experiences, while personal, private and individual, also take place in a social and political context rather than being limited to their own making.

Mothers who filled out evaluations after participating in this session speak about liking the "openness of the discussion" and "sharing my story and hearing the stories of others." They value knowing that "everyone has different experiences" and that "everybody has a story to tell and, whether good or bad, it's worth sharing." They also come to realize that few, if any women, have the ideal birthing experience, and that there is no shame in feeling guilty or disappointed with their unique experience of birth. One mom remarks "The grieving related to pregnancy, miscarriage, birth, etc. goes on even longer than I first realized," while another acknowledges that "changes in life, even though good, cause grief for the previous life." The recognition of not being alone in their experiences of birthing, even when other women's experiences differ somewhat from their own, provides participants with a sense of normalcy and belonging. One woman recalls, "We all relive our birth experiences, it's just not me," and another recognises "Even though everyone's stories are so different, it is so nice to share and hear everyone's stories."

By the end of this session, mothers begin to recognise that their experiences of birth, while unique, are also part of a larger collective experience of women that is not often candidly spoken about, nor understood. They also begin to see how they often put their own needs behind those of others and that taking care of one's self is not selfish, but rather, a loving act.

The consciousness raising activity of telling/drawing birth stories is also an important element of the facilitator-training workshop Thomson does with professionals who work with pregnant and postpartum mothers. As part of their training, service providers engage in the drawing exercise to re-connect with their own birth experiences or, if this is not their experience, to observe the power of others remembering and reflecting upon their own experiences of birth. Through speaking with and reading written evaluations of service providers after their train-the-trainer workshop, the importance of sharing birthing stories is evident. One woman notes, "We can all experience the feelings that women postpartum experience. We need to tell our birth stories; we have a lot invested in these stories and empathy is required." Another notes, "Depressive symptoms after child birth are common and expected and most people want to talk about their birth experience." In interviews with three service providers, all women comment on the great importance of the birth art activity in helping practitioners—whether mothers or not—work through

their own personal feelings and stories of their own birth experiences, the feelings and stories of birth of other practitioners, and the potential feelings their clients might have around their birthing experiences.

The practitioners found this exercise helps them recall the realities of birthing, which for some has been some time ago and for others is not a personal experience. It also encourages their compassion for mothers and the realities of their experiences of birth. As one service provider notes in her written evaluation, “I personally LOVED this part of my life—having a new baby—and automatically assume everyone else will be the same. I now have a greater understanding of our differences postpartum.” Another is compelled to “ask more questions and offer more support when I can for a mother and/or her child in the postpartum stage.”

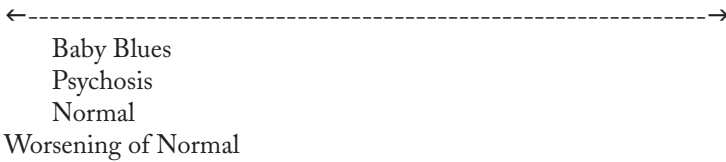
The subsequent *Coping with Change* gatherings build on the experiences of sharing and empowerment practiced in the first meeting. For example, the second session focuses on educating women about and normalising the spectrum of emotional adjustments felt by mothers during the postpartum period. Moms are lead through an activity, such as a “True or False” game around emotional adjustments, to educate and explore what the women are already aware of, and which areas or issues need attention.⁶ This is also a good time to discuss coping skills and stress reduction. The “I’m okay if...” exercise is another option. This activity also helps open discussion around how mothers are feeling, and normalises the emotions they may be feeling after having a baby. Moms are asked to read the statements, such as: “I’m okay if I cry,” “I’m okay if sometimes I feel anxious,” or “I’m okay if I make a mistake.” Each statement is discussed in relation to what it means to the mothers in the group. The facilitator asks follow-up questions around how to cope with specific feelings, and how to determine when there is a concern around those feelings. Both activities foster open discussion around signs of needing help, and when and how to ask for help and support. These signs of self-respect and self-care are essential to promoting the health of mothers.

The most important component of this session is to acknowledge and normalise women’s feelings and to educate them and their families how to recognise when those feelings could become a problem (Thomson, 2006). Rather than reinforcing the common belief and rhetoric of postpartum depression so prevalent in the media and popular culture regarding the emotional responses of mothers to the initial period after giving birth, this session presents a radical new outlook that it is normal for new mothers to experience a variety of emotional responses in the postpartum period. Listening to women’s bodies and taking time to care for one’s self is also stressed.

This continuum of postpartum emotional adjustments is introduced and supported by information that may include the fact that postpartum emotional reactions are among the most common complication of pregnancy and often the most unrecognised, affecting “between 15 to 28 percent of all childbearing women regardless of age or socio-economic background” (Thomson, 2006).

Mothers learn, for instance, that up to 80 percent of women experience some form of ‘baby blues’ within the first month of giving birth (Skerritt, 2007), which is a normal adjustment to hormone fluctuation and the physical, emotional and social adjustment to motherhood (Thomson, 2006). They are taught that the intensity and duration of postpartum responses simply vary among women, and that postpartum psychosis is the least common form of postpartum reaction, with only 1/1000 or 2/1000 birthing mothers experiencing a complete breakdown with extreme suicidal or homicidal feelings, hallucinations and reality shifts (Thomson, 2006).

This is powerful information because while postpartum psychosis is the least experienced type of postpartum response, it is the image that often screams from newspaper headlines and is commonly showcased in dramatic TV shows and movies. The linear graph below used in *Coping with Change* sessions helps explain and normalise the continuum of feelings women may experience (Thomson, 2006):



Participants note they are more aware of postpartum issues after this session. One mother remarks, “I like knowing more about baby blues and postpartum depression,” while another reflects, “It can happen to anyone, I would have never thought that.” Participants comment on how they now understand “the different stages of postpartum emotion” and how “it really helped to know that it is normal to feel this way.”

The wealth of sharing information and feelings with other mothers is illustrated in comments such as, “I don’t feel quite so alone or ashamed in my thoughts and personal experiences regarding postpartum depression” and “I feel better now just knowing what resources and help are available if the need ever arises.” Another mom observes, “There’s such a way of thinking in our society that tells us what is ‘good’ and ‘bad’; this dispelled some myths.” Other post-evaluation comments from mothers indicate a shift in perspective: “The session helped me realize I feel like a normal woman”; “I feel a little better, I can think clearly”; “I don’t feel as overwhelmed”; “I am not the only one who is tired”; “I’m starting to think positive and not negative”; and “I know now that the way I feel is perfectly okay, and normal.” These statements not only reflect a shift in the mothers’ understanding and ways of seeing themselves and other mothers in the world, they also reveal a positive move with regard to their maternal health and well being.

Service providers also speak of the importance of these two exercises in the work they do with pregnant and postpartum women and in the personal

shifts they have in understanding postpartum. For instance, an educator who teaches a parenting program in a not-for-profit facility where mostly First Nations young and economically poor pregnant women and postpartum mothers live for a period time before and after the birth of their babies, explains in an interview how the training session with Thomson offered her the words and phrases to help her clients. She tells me, “I needed the ‘Yes I can’ statements and positive affirmative statements of ‘It’s OK if...’ for my clients. The ‘True and False Facts’ are sucked up by the women I work with.” These exercises are central to the work she does in the six-week parenting course she conducts to help women open up to talk about their experiences and to educate them about the transition they experience as new mothers.

In each *Coping with Change* session mothers continue to identify and talk about their feelings, along with the various available treatment options. As they discuss the stressors in their lives associated within and outside of mothering, they are encouraged and empowered to talk about their experiences and knowledge and to develop skills in identifying what is normal. As one mother says, “I like being able to discuss fears and facts, and knowing that I could express all my feelings and not be looked down upon.” Another participant reflects, “It was nice to get out alone and meet other parents and learn about the resources available.” Other women note that by talking about how they feel they learned: “I was normal for the situation”; “I am normal, I am not crazy”; “I’m not nuts” and; “I’m not alone—I was surprised to see so many others with the same issues.” Not only did moms learn about the different stages of postpartum emotion, they learned coping strategies to control stress or to seek help when needed. One woman shares “I’m normal, there are coping mechanisms.” Another mom knows “It’s okay to cry to relieve stress,” while another says “I learned about panic attacks and how to control them.”

Mothers are also continually encouraged to make time for themselves outside of their parenting duties. Attention to self-care is particularly addressed in the second session addressing emotional adjustments, as taking time for one’s self assists in decreasing negative feelings often experienced postpartum. Just as moms come to realize that they talk and play with their babies every day, they appreciate the need to include something for themselves each day. As one respondent notes in her evaluation “The most helpful info was the topic on taking care of myself,” while another appreciates “the checklist to identify and remind me when I need to take time.” One participant recalls, “We don’t have to feel guilty about everything. We can take care of ourselves and it makes us better people as moms.” Many women speak of liking the “pamper” or self-care basket, realizing “it’s something I don’t take time for,” and “it is not wrong for me to want to take time for myself.”

These comments, like the preceding ones, once more reflect the positive change in the participants’ perceptions of mothering and greater self-acceptance of themselves, and continue to substantiate the ways in which *Coping with*

Change promotes a more holistic approach to and appreciation for maternal health and well being.

Feminist praxis

Along with learning about the importance of talking about and sharing their experiences and knowledge around mothering, gaining appreciation for the normal continuum of postpartum emotional adjustments, and how to recognise their feelings and responses to this transitional time of their lives, participants are also learning how to engage in feminist praxis. Feminist praxis occurs when women participate in the recurrent cycle of integrating theory (ways of understanding the world) with action (ways of speaking and acting in the world) and of also incorporating action and theory with the result of creating partial change in society (Fulton, 2001). Within the collective and interactive discussion groups provided by *Coping with Change*, participants learn to shape language and develop analysis that is drawn on their own knowledge and in ways that make sense of themselves and others. This collective work of applying their own theorizing to their own actions also begins to deepen and expand their understanding of society and their place within it.

In each *Coping with Change* session, moms concurrently interact with the facilitator and other mothers, exchange information and knowledge, and engage in the practice of meaning making for themselves and others. They share information, theorizing, and language addressing postpartum responses. These sessions assist mothers in making sense of their own knowledge and realities, and also in questioning and resisting those of society. Throughout this process, the women's experiences of postpartum emotional adjustments are validated and normalised, and mothers are introduced to the more meaningful language of postpartum emotional adjustment developed by Thomson in her work with postpartum women. This language is based on the feminist praxis of moving theory and understanding into action. That is, the realities and knowledge of postpartum mothers become the basis for creating and using a new theory that more accurately describes the complexity and continuum of the emotional transition women undergo in the first three years of mothering. This new language also assists in creating an understanding and promotion of maternal health that moves beyond merely physical and biological ailments to one that includes social and emotional adjustments that are beyond the narrow confines of maternal bodies.

Evaluations from service providers also reflect this similar understanding of maternal experiences and health that mothers have addressed above. One social worker remarks how the facilitator training made her "understand that our system is quite medical and we need to consider women's experiences," while another claims, "I will be less quick to prescribe what the 'system' might dictate to do, and spend more time exploring the mother's statements." Other practitioners note: "The training helped me to look past 'postpartum depression' and focus on postpartum adjustment"; "I will certainly change my focus to

normalising feelings around ‘postpartum adjustment’ instead of automatically using the term ‘postpartum depression’ and; “The training helped prepare me to work with postpartum families more effectively.”

The previous noted educator who teaches a parenting program in a not-for-profit facility recalls a shift in her awareness due to the focus on normalising postpartum adjustments, recognising “everybody gets it to a certain degree.” She notes how she shifted from using “one big encompassing label of ‘postpartum depression’ that was heavily linked with depression and the sensationalism of neurosis,” to viewing “postpartum as a continuum that can be present from the moment baby is born to three years of age and that an adoptive mother can go through postpartum emotional adjustments.” She now “separates the different elements on the continuum to seeing what is normal and to see when to get help” and believes she is able to “validate feelings and offer support to mothers who are feeling stressed or having thoughts of harming the baby.” She proudly remarks, “I always get positive feedback from clients with this class; they can talk about it and see that they aren’t so isolated, even though they feel isolated.”

Other professionals declare the sessions helped them change their thinking in various ways, including: not making snap decisions on scenarios; exploring their own values and judgements so they can be more non-judgemental; having a broader knowledge base on postpartum experiences, and; recognising the need to talk more openly about the “normal” symptoms women feel after childbirth. Some spoke of being more direct and directive in their interaction with mothers and needing to recognise that women are having these thoughts and need to be asked about them. One notes, “I will assess people using a different approach—again—using the ‘normalising’ approach,” while another recognises “I can’t assume that a mom is struggling or not; I must talk about it at home visits regardless of whether they appear to be or not.”

Conclusion

Mothers and service providers attending the *Coping with Change* programs develop an understanding for the complexities of the transition to motherhood and the complexities of maternal health through the empowering practice of talking about, understanding and theorizing postpartum experiences. Placing mothers, their knowledge and realities at the centre of care and programming—where they engage in consciousness raising practices that speak to the truths of their experiences as new mothers in judgement free spaces that acknowledge diversity—help both mothers and service providers to understand the range of and normalise mothers’ postpartum experiences and to identify the knowledge, strengths and skills of new mothers. This is seen in numerous excerpts from the questionnaires and interviews cited above.

The act of integrating knowing and doing so fundamental to feminist praxis is also evident in these practices. More specifically, feminist praxis is at the heart of the continual use and exchange of the feminist term postpartum

emotional adjustment by mothers and practitioners as they work together to simultaneously disrupt and offer an alternative theory to the erroneous, dangerous and medicalized label of postpartum depression. In utilizing the concept postpartum emotional adjustments, mothers and service providers draw upon and validate the authority and knowledge of postpartum women. As a result, this new feminist concept coined by Jody Thomson and used by facilitators and participants of *Coping with Change* has begun to displace the previously used mainstream concept of postpartum depression that pathologizes women with language that articulates the authority of women's postpartum experiences and knowledge.

Not only do both the mothers and practitioners use this language when speaking of the postpartum period amongst themselves and others, members of various government and community agencies that Thomson works with in her capacity as the Mother's Program Coordinator are beginning to use this language once they understand its usefulness in addressing the realities and issues associated with postpartum women and maternal health promotion and education. For instance, Thomson is part of a postpartum mental health working group through the Winnipeg Regional Health Authority that includes mental health practitioners, Public Health nurse specialists, psychiatrists, and consumer based groups like *Mood Disorders of Manitoba*. At meetings such as these, people are hearing and using the term postpartum adjustments. The shift from "postpartum depression" to "postpartum emotional adjustments" reflects the power and success of postpartum maternal health promotion and education conducted through the *Coping with Change* programs.

Clearly, the practices of mother-centred programs, feminist consciousness raising and feminist praxis are essential in assisting women adapt and adjust to their responsibilities as new mothers and in teaching a more holistic approach to understanding and promoting maternal health. They empower both participants and practitioners to actively demystify the myths around postpartum expectations, experiences and responses as they learn about the continuum of feelings normally associated with the birth of a child.

¹See the Women's Health Clinic website at <http://www.womenshealthclinic.org/index.html> for further information on its mission statement and programs.

²The evaluation consisted of separate interviews with Jody Thomson, creator of *Coping with Change*, three service providers, and a mothers' focus group of three. All participants in the interviews were self-selected from contacts provided by the Program. The evaluation also included an extensive review and analysis of written evaluations from all of the mothers who had taken *Coping with Change* program and all of the service providers who had taken train-the-trainer workshops between 2001 and 2007.

³Detailed demographic information about the participants was not collected and, thus, is not available. Questionnaires given to mothers asked them to

evaluate what they liked, didn't like, learned and wanted more of from the sessions, while practitioners were asked to evaluate if and how the sessions helped them change their thinking, feelings and actions, as well as what was most helpful in the session and what could be improved upon.

⁴Most participants were lower- and middle- class mothers in their first year after birth, although pregnant women and women past their first year of parenting also participated in *Coping with Change*. They may have been members of various Winnipeg 'Y' Neighbour groups, participants in Healthy Baby Programs sponsored by the Provincial Government of Manitoba, residents at a local prenatal and postnatal residence offering a wide variety of programs for mostly First Nations single, pregnant women or new mothers, or members of teen groups, family centres, and other community mothers' groups. If the session was conducted in partnership with an existing program, child minding for the children of participants was determined by the policy of that program. When the session was offered by *Coping with Change*, only babies were welcome, due to lack of funding to provide care for older children.

⁵Train-the-trainer participants included local and rural public health nurses, midwives, *Family First* home visitors, *Healthy Baby* group facilitators, *Healthy Start for Mom and Me* facilitators, mental health practitioners, social workers and psychologists.

⁶The True or False Quiz may include true statements such as, "Postpartum emotional adjustments can occur after any birth" and "You are not alone; you're not to blame, you will get over this," or statistics on the percentage of women who experience some form of the blues (60-75 percent), or who suffer from a worsening of the normal postpartum emotional adjustments (13 percent) (Thomson, 2006).

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