



Linking Infants & Families to Supports

LIFTS

Annual
Magazine
2021

Look **CLOSER**

*See the mother
I want to be.*

Pregnancy, Parenting
and Addiction

Finding the Light

When motherhood
is not what you
expected.

Rancher. Mother. Woman.

Moms finding
community in
wide open
spaces.

Sacred Motherhood

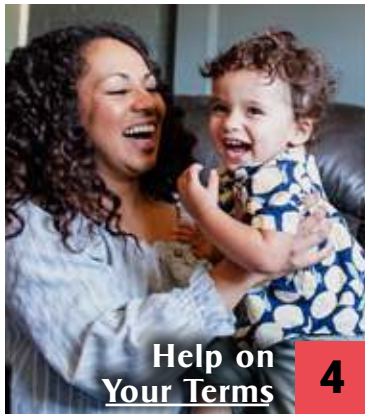
Our Stories, Our Healing



To view this on your phone,
scan the QR code.

A publication by HMHB





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From the HMHB Den

Hello Readers,

Welcome to the first edition of LIFTS, a magazine and online resource guide, created for Montana families who are expecting or raising young ones. LIFTS stands for Linking Infants & Families To Supports, and is a project of Healthy Mothers, Healthy Babies, The Montana Coalition (HMHB). It is a collection of stories and shared experiences aimed to support and celebrate the dedication of Montana's caregivers. We see you! We hope that LIFTS will not only be a source of deep validation, but also a reliable tool to help you find the support you need, when you need it, because none of us were ever meant to do this alone. Welcoming a baby into the world brings incredible joy and wonderment, but it truly is the hardest job of all. Finding support can make a huge difference. LIFTS is here to help.

We hope you love our mama fox logo as much as we do. She is confident and aware, witty and playful. She is clever and swiftly adapts to overcome any type of challenge. This powerful vixen will stop at nothing to provide for her kits. Dear reader, you are the vixen, and we are grateful for you.

The love and energy required to nurture children come from a deep source inside us all, but caregivers need nourishment too, and at the end of the day, we are often left with only crumbs or scraps. The bottom line is this: caring for yourself is caring for your baby. The LIFTS project connects you to thousands of people and programs dedicated to supporting your well-being and helping your family thrive. LIFTS folks understand that sometimes all we need is to hear we're doing a good job. Other times we need more; LIFTS can help you find your way back to brighter days. Allow these relations to become your den, beautiful vixen. A place where you are held and nurtured, a place that lifts you up when you need a boost.

I've been there too, and I think the saying, "The days are long, but the years are short" is true. The journey of parenthood will bring great joys

and blessings and will reveal how strong you really are when you encounter challenges along the way. The harder days can feel lonely and scary, and the sheer exhaustion of caring for an infant can feel like driving through a whiteout in wintertime. This is what I want you to know, though—you don't have to do it alone. How many times did you lift up your child today? Can you even count all of the snuggles, the feedings, the playful exchanges? How many times did you pick up your little one in order to keep them safe and secure? Let us lift you up; let LIFTS help with all the holding. Tell someone what you need; we are listening. May you find comfort in these stories and quality care when you need it most.

Best regards,



Brie MacLaurin



Brie MacLaurin is a registered nurse and the executive director of Healthy Mothers, Healthy Babies. She is a Montana mom of three who openly shares her own story of overcoming maternal mental health challenges after the birth of her first child. She has

spent the past 15 years working to improve the systems of support for pregnant women and families with young children and hopes that one day, all families will feel empowered to reach out for help when they need it and that a helping hand will be right there.



Lifting Up New Moms

By Emily Clewis

A new life joining the world is a very exciting time. Friends and family members may be eager to gather around to take part in celebrating the new bundle of joy! There are so many ways to show up for families welcoming a new baby. Before you invite yourself over to hold that new baby, there are some really important things to keep in mind.

While holding a new baby is exciting, it's the birthing person that truly needs to be held, loved, and supported in this golden, but vulnerable time. If the mother is well supported, she can better care for her new baby. Supporting parents in what they need is just as important as welcoming their baby.

The first couple of weeks are crucial for bonding, and new parents may not want any visitors during this vulnerable period. Always ask parents what precautions they may be taking and if they are up for visitors before coming to visit. New babies have no sense of night or day, so parents may be sleeping with their little ones at noon after being up all night. Be flexible with your plans for visiting and understand they may change.

If you do visit, wash your hands well and keep your face away from the baby's, as babies are vulnerable to common illnesses. Always ask the parents if it's okay to hold the baby. If they

say yes, encourage them to take a shower or quick nap while you're there. This is a great opportunity for them to take care of themselves!

Offer to bring healthy snacks or a ready-to-heat nutritious meal. Ask mom if she has eaten, and maybe make her a meal (and then do the dishes!). New moms, especially those breastfeeding, are always thirsty and require more calories. If she feeds the baby while you're there, help her put her feet up and offer to get her water or a snack.

Look around for things that need to be done: laundry, dishes, taking out the trash, etc. If there are older children in the house, offer to watch a movie with them or take them on a walk. Ask new parents what they need; they will likely tell you!

Finally, don't overstay. Parents during this time are heavily exhausted, and even well-meaning company can make parents feel the need to entertain. An hour or so is plenty in those first few weeks.

The early weeks of having a newborn is a beautiful time to support moms and babies. With healthy support, parents are less likely to suffer from perinatal depression and their babies have better health outcomes. Feel empowered to show up for new parents in a way that is helpful, supportive, loving, and graceful.



Visitor Dos and Don'ts for Postpartum Support

Do:

- Call first
- Bring food or coffee
- Wash your hands
- Wash & put away the dishes
- Wash & fold the laundry
- Ask if any errands can be run
- Take older children on a walk or to do something fun
- Ask parents what they need
- Drop off easy-to-heat meals, no strings attached

Don't:

- Just show up
- Expect to be able to visit
- Expect to be hosted
- Get in the baby's face
- Stay too long



Boundaries to Support You

By Emily Clewis

During postpartum, it is easy to be led by excitement and pride. You want desperately to share this new human with the world and to shout, "Look what I did!" from the rooftops. As women, we know that in the first few weeks, we are supposed to rest and allow our bodies to heal and recover. But our friends and family start calling, and we tell ourselves that we will rest later. Suddenly, visitors and responsibilities snowball, and somewhere under it all, there we are, crushed and tired as hell.

Here are some simple phrases to help draw boundaries around yourself in postpartum.

"We are not ready for visitors at this time."

"I'm feeling really tired today. Let's plan for another time when I'm feeling up to company."

"My body doesn't feel up to that. I'll let you know once I feel recovered."

"I don't feel comfortable with that quite yet. I can reach out to you when I feel ready!"

"I know we had plans, but I'm not quite up for it after all. Let's try again in a few days. In the meantime, here are some sweet pictures!"

"What I really need help with at this time is..."

"No."

Mama, feel empowered to listen to and advocate for your own needs during this time. Speak them fiercely and unapologetically, even if your voice shakes. Your own mental and physical health is so important, and you have permission to draw a circle of protection around yourself.





Help on Your Terms

By Courtney Gerard

When Lexi Hernandez learned she was pregnant with her first child, she was unsure where to turn to for support. She was 24 and had recently moved to Helena—away from the familiarity and security of her eastern Montana family.

“It was just me and my boyfriend and obviously I didn’t know his family as well, and it was a very big adjustment for me to do that. Finding out I was having a kid...I just felt like I was alone,” she said.

The pregnancy was unplanned and suddenly Lexi found herself on the doorstep of motherhood, thrilled about becoming a mom, but feeling unprepared and in need of help. “Honestly, I wasn’t prepared to have a kid...I was kind of just all over the place and seeking anything I could to help prepare me for being a mom,” Lexi said.

She started going to the WIC office in Helena where she was told about the Healthy Families Program, which pairs nurses, social workers, and early childhood paraeducators who are specially trained in pregnancy health and early childhood development with families who are expecting or parenting young children. The program offers

visits in the client’s home or at the office and provides personalized guidance and resources on almost every aspect of pregnancy and new parenthood.

Lexi had heard of the program before, but she thought that it was only for assistance with breastfeeding and was surprised to learn about everything else it offers. “There was a list of anything and everything you need to know about having a kid, and I could pick off that list and the next meeting we would go over everything,” Lexi said. She explained that the program covered everything from breastfeeding and nutrition, how to install a car seat, or how to tell the difference between types of cries a baby might be making.

The goal of the home visiting program is to promote the health of and relationships between parents and their babies and to foster a healthy environment for developing children. Lexi started meeting with Marisa Johnson, a registered nurse and her home visitor, when she was two months pregnant. Lexi looks forward to her appointments and still sees Marisa more than a year after she had her baby.



“Honestly, I see Marisa as family. She’s not like a doctor in my eyes at all. I mean when you go to a regular doctor’s appointment, I mean for me anyways, I don’t really look forward to it. But with her, I look forward to my appointments and she’s very personable...she talks to me like I’m a friend or family which I really, really love,” says Lexi.

In addition to getting help with the basics and day-to-day routines that come with being a mom, one of the most important things she still gets from the home visiting program is the reminder not to lose track of who she is as a person. “One thing I thought when I had my kid was that I’m just a mom now.”

Lexi remembers feeling like becoming a mom meant she would lose her identity as a person. She says that her visits with Marisa kept her grounded and able to take care of herself. She says that “it’s important to remember you’re not just a mom, you still are who you are before you had a kid and not to lose sight of that. [Finding out about this program] has truly been one of the biggest blessings I ever could have asked for.”

Montana is home to four models of home visiting programs—Parents as Teachers, Nurse-Family Partnership, Safe Care, and Family Spirit—and is offered in many communities. The programs are free and most families can qualify. If you are interested in learning more about home visiting and who can qualify, follow the link to the Healthy Montana Families program dphhs.mt.gov/ecfsd/homevisiting/index or scan the QR code.



QR Code goes to:
dphhs.mt.gov/ecfsd/homevisiting/index



Program Eligibility:

- Low income (under 200% of the Federal Poverty Level)
- Pregnant women under 21 years
- History of child abuse or neglect or interactions with child welfare (caregiver or enrolled child)
- History of substance abuse or need substance abuse treatment (self-reported or identified through referral)
- Users of tobacco products in the home (nicotine delivery systems)
- Low student achievement (caregiver or child)
- Child with developmental delays or disabilities (enrolled child or another child in the household)
- Families that include current or former members of the armed forces



To find more supportive resources, visit the LIFTS guide on the HMHB website at hmhb-mt.org/lifts or by scanning the QR code.



Mama Asana

By: Anna Bradley

What can I say about the first year of our son's life? It was amazing and hard for all the reasons everyone always says the first year is amazing and hard. The chaos of 2020 added layers to the experience—the risk of COVID-19 to the baby before and after birth, the possibility my husband could be excluded from the delivery, not having visitors to meet him after he was born, and examining our privilege in light of COVID's impacts.

There are a lot of what feels like “basic” parenting skills that we still haven't needed to learn how to do. For example, I have no idea how to take my son through a grocery store successfully because I've never tried. There were some benefits in our lives. We were able to keep him home longer than we had expected before sending him to daycare, we got time to get to know each other as a new family, and I reconnected with my yoga practice.

The pause I placed on teaching yoga before getting pregnant to create space in my life had turned into a pause on all things yoga. Having a baby in 2020 helped me find yoga again in small ways. I dusted off favorite books and found mantras that helped me stay calm, like “I am attempting something difficult and I appreciate myself for trying.” Thanks, Judith Lasater!

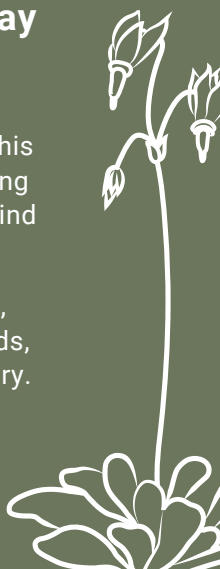
I stretched and twisted on the floor while hanging out with the baby and threw my legs up the wall while waiting for him to fall asleep at night. I even found time after daycare drop-off for an easy meditation to ground the anxiety of leaving him. For a long time, I wasn't allowed in the building due to safety protocols. On his first day, I handed him over to someone in a mask that I had never met and they took him behind a locked door, and that was that.

Yoga is more than moving, breathing, and meditating. I created space for ritual in less obviously “yogic” ways that helped me be mindful of my wellbeing. A bath every weekend, making the bed every morning, and lighting a candle when watching TV at the end of the day are all rituals of mindfulness. Rituals help us create a sense of control over our environment, and in 2020 I needed every bit of control I could scrape together.

I'm truly not sure when I'm going to get over the feelings of fear, anger, and hypervigilance I developed during the pandemic. Maybe I would have had those feelings as a new mom anyway. I do know that finding small ways to practice mindfulness and honor the little things in my life have helped. I just needed to be willing to let my practice look different than it did before I was someone's mom.

Foxy Breathing Exercises to Stay Calm Anywhere

- Inhale for 4 seconds and exhale for 6. Repeat as many times as necessary. This calms the nervous system by stimulating the vagus nerve and is a great way to find peace anywhere.
- Square breathing: Inhale for 4 seconds, hold for 4 seconds, exhale for 4 seconds, hold for 4 seconds. Repeat as necessary. This is a great tool to calm the mind—particularly before bed.





Look Closer

By Brie MacLaurin

We at Healthy Mothers, Healthy Babies believe that all mothers want the best for their children. We also understand that all moms have struggles, some of those more impactful than others, and it is important to recognize and honor each other's parenting journeys. We can all offer a hand or a word of encouragement in tough times to be helpful.

More and more, tough times for Montana families are showing up in the form of addiction. Addiction in motherhood is referred to as perinatal substance use disorder. Substance use disorder (SUD) is a disease that affects a person's brain chemistry, leading to an inability to control their use of a substance such as alcohol, legal or illegal drugs, or medications. There is no question that using alcohol and drugs when pregnant is harmful to a developing child. The questions at hand are why is this happening and what can we do to help?

Rates are on the rise for drug overdose, alcoholic liver disease and suicide. Referred to as diseases of despair, these conditions are often the result of feelings of hopelessness, believing that you don't matter, anxiety, and pain from trauma. These diseases affect moms, too. Depression is the number one complication of childbirth, and drug overdose and suicide combined are the leading cause of death in the year following childbirth for new moms.

"This is a problem we can solve, this is pain we can acknowledge and lessen, these are preventable deaths," says Brie MacLaurin, the Executive Director of HMHB. "There are proven strategies that we know will lead to healthier, safer childhoods and greater family well-being. To build resilience in adults and children, a sense of social belonging and connection is essential."

HMHB is working to destigmatize emotional complications related to pregnancy and build authentic community connections for people in the perinatal period. New motherhood is often isolating, but feelings of loneliness and shame are even more common for pregnant women battling addiction. Therein lies a problem that HMHB and many others in Montana are linking arms to face, because the opposite of addiction is connection. "The negative stigma society holds toward pregnant women with substance use disorders is overwhelming. Our society has not done a very good job of learning how to care for people struggling with unhealthy substance use," says Stephanie Morton, MSW, who specializes in perinatal mental health and works as program manager for HMHB.

Stephanie interviewed women in recovery from a perinatal SUD and heard time and time again that their use was to cope with pain and stress from childhood trauma and loss. Many



of the women who are suffering with a SUD in pregnancy have been living with undiagnosed, untreated mental health disorders such as anxiety, post-traumatic stress disorder, or depression. And, as unbroken cycles often go, many of the women who are battling addiction as adults are survivors of childhood trauma themselves. These problems are often several generations old, and breaking the cycle is extremely brave.

“A lot of good change is happening in our state to improve the way we care for women who are pregnant and parenting with a SUD,” says Stephanie. HMHB has been working with statewide partners at Montana’s Department of Public Health and Human Services on Look Closer, a public messaging campaign that is focused on decreasing the negative biases surrounding perinatal SUDs and increasing kindness and compassion to promote recovery.

“We know that seeking help can make a life-long impact for the entire family, but reaching out is intimidating. A lot more people are beginning to understand that substance use disorders are a chronic recurring brain disease and not a moral failing,” Stephanie says. The science is clear. The health of our future generations will be optimized if pregnant women are safe, nurtured,

and have access to healthy food, clean air and water, and proper health care, without condition. “It is time to really focus upstream to get ahead of these diseases of despair, and that starts with supporting women to have healthy pregnancies so they can be healthy mothers and raise and nurture their babies,” Brie states.

Look Closer shares the message that addiction is a disease that requires treatment, not judgment. Look Closer asks us to look past the addiction and see women with substance use disorders as the mothers they want to be for their babies. We know that getting help when you are pregnant is a sign of strength and hope. It takes more than grit and willpower to overcome these challenges. Moms will do better with support, and we all have a role to play in that.

The message that HMHB has for those struggling with substance use is this: The love you have for your child isn’t always enough to battle this brain disease. For some, quitting takes the right medical treatment and therapeutic support. If you are struggling with substances, reach out. There is help for you, and you don’t have to do it alone.

To learn more about system **changes for good**, check out the following links or scan the QR Codes.



Meadowlark Initiative:
mthcf.org/priority/behavioral-health/the-meadowlark-initiative/

Montana Obstetric and Maternal Support Initiatives:
www.mtmoms.org



Look **CLOSER**



LOOK PAST MY ADDICTION.

*See the mother
I want to be.*

Addiction is a disease requiring treatment, not judgment. Recovery requires more than grit & willpower. When moms seek care, meet them with compassion. Never underestimate the power of one kind interaction. It could change a life... maybe two.

Asking for help is brave. You don't have to do this alone. When you're ready, help is here for you.

*Taking care of yourself
is taking care of your baby.*



**To find help, visit:
www.hmhb-mt.org/lifts
or call the warmline at
(406) 430-9100
for anonymous assistance.**



This project is funded in whole or in part under a contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.

Hope Springs Internal

As told to Courtney Gerard

When I was 14, my dad passed away, and that was really when my drug use started. When he first came back into our lives, I was 12 and was really angry and hateful and didn't want anything to do with him. I started self-harming, by cutting myself. And by the time he died when I was 14, we had become closer. Then he passed away from hepatitis.

That is when my own drug use started, and that was my life until five years ago. The first drug I was introduced to was meth by my aunt. I was hooked right away. Instantly from when I did that first line, I knew that I loved that feeling and never wanted it to go away. It made me feel on top of the world. It gave me confidence.

Growing up, I was in and out of treatment centers. My mom would send me away and I didn't really blame her. Now that I'm a mother, I think if my kids were doing that kind of stuff, I would be scared enough for their lives that I would probably do the same thing. I would seek help and get detox and that would last for about 7 days. But the very last time I sought help, it was about 8 weeks before I found out I was pregnant and that was when I really made the choice to quit.

I knew I couldn't do it alone, and I wanted to give me and my baby a chance because my dad never gave me a chance. Most people who find out they are pregnant are happy, but for me it was kind of earth-shattering. I realized that now there was something I had to be responsible for and had to take care of. So I had to get my act together because if I didn't, I could hurt my baby like I was hurt.

That first appointment when they told me about the program, I was really sketched out. Why should these people care if another kid goes into the system? Why do they want to help me? At first, I thought they just want me to sober up because they know I'll mess up and they just want to take my baby away. I was skeptical. These people didn't know me, but they wanted to help me? They wanted me to stay sober, but why? Why do they care?

I stuck with the program. I felt like they were pure and genuine and that was really clear when everyone was so supportive and not judgmental of me after my first relapse, two months in.

I didn't want to tell them, but I knew if I wasn't honest, I wasn't going to get anywhere. I had



another big relapse with pills during the last month of my pregnancy. My back was hurting so I got some pain pills. I knew I shouldn't have because I got addicted to anything. When my daughter was born, she tested positive for opiates. CPS (Child Protective Services) did get called, but everyone in the program really spoke up for me and helped me keep my baby.

She never did get taken away. I had to keep doing UAs (urinalysis tests) and keep going to treatment and show I was in active recovery, but I got to keep her. The program really worked for me. And my fear that they would take my baby away didn't happen.

My daughters are named Braelyn and Emmalyn and they are 4 and 2. I am getting married and will have two teenage stepsons, too. I now have everything I used to ask God for in my prayers. There is hope; we can and do recover. It's not easy, but it's worth it.



This story was told by Courtney Zimmer, who knew that she did not want her child to grow up with parents who were using drugs. Courtney was battling a substance use disorder when she became pregnant with her first child at the age of 29. Recalling the addiction she witnessed in her own childhood, she knew she needed to take action. Courtney now bravely shares her story about overcoming a substance use disorder in pregnancy in order to help other mothers. Her advice to others: "You have to try something different when what you're doing isn't working. Get help. At least if you try, you're giving yourself hope.

Courtney enrolled in Wrapped in Hope, a program dedicated to keeping families affected by substance use disorder together and healthy. Wrapped in Hope started in Lake County, Montana, in 2016, at St. Luke Hospital in Ronan and Providence St. Joseph Medical Center in Polson. The hospitals began the program

after noting increased rates of drug-affected pregnancies and neonatal abstinence syndrome (NAS). NAS refers to the withdrawal symptoms a newborn might experience, like continuous, high-pitched crying, after no longer being exposed to substances used by mom during pregnancy.

In addition to Wrapped in Hope, several other health care centers and programs across Montana are working to increase public awareness of the dangers of using illicit substances while pregnant, educate mothers about NAS, and improve the way that care is provided to pregnant and postpartum women struggling with mental health challenges such as SUD. These efforts are improving lives, including a 40% reduction of infant removals. Moms are getting the support they need to be well and care for their families.



Sacred Motherhood

By Courtney Gerard

April Charlo grew up on the Flathead Reservation in western Montana, a postcard-perfect landscape of glacial mountains and expansive valleys. When she got pregnant at 38, she thought she'd have a birth rite with traditional elements—the land, a teepee, and songs. Like so many things in life, though, births don't always turn out as planned, and April's early years of motherhood did not go as she expected either.

"The second I got pregnant with Chief I was super anxious because I have a friend that lost a baby at five months, and I didn't know what I would do mental health-wise if I was to miscarry and have to tell everyone. These stigmas were really ingrained in me early on, that the world doesn't need to know how I feel around a miscarriage and mental health. I didn't want to tell anyone [I was pregnant] 'til I got past the five-month mark because I didn't want people to have to feel sorry for me if something went wrong," says April.

When her son Chief was born, she didn't have the experience she thought she would have. Since she was a teenager, April dreamed of having a baby of her own and was convinced she would be the best parent she could be. It turned out it wasn't that simple.

"All my friends disappeared. I couldn't go anywhere. I would put him in his car seat and he would scream. It was just such, such an anxious time. I would go into fight or flight, definitely a dysregulated, hyperarousal state where I would just shut down if I had to go to a store or anything. It was really intense," says April.

She didn't realize she was experiencing postpartum depression—a condition affecting up to 20 percent of women in the first weeks after giving birth that is classified as a serious mental health issue.

"Postpartum depression was completely hidden in my community. At thirteen I went from playing with dolls to not being able to wait to have my own baby. In the [25] years between then and

when I had Chief, I thought there was no way that was going to happen to me. I wanted this baby more than anything. More than anyone else who ever wanted their baby,” says April, choked with tears.

Postpartum depression manifests uniquely in every woman, but common symptoms include depressed mood or mood swings, excessive crying, difficulty bonding with your baby, withdrawing from family and friends, change in appetite, changes in sleep, overwhelming fatigue, reduced interest and pleasure in activities you used to enjoy, intense irritability or anger, hopelessness, feelings of shame or guilt, diminished ability to think clearly, and thoughts of harming yourself or your baby.

For most women in America, and Native American communities in particular, postpartum depression comes along with a whole lot of stigma.

“It’s very hidden because it’s very embarrassing. In any culture, how this affects anyone of any color or status—it’s the same. It’s the same fear of being judged or ostracized. It’s the same fear of sharing the intrusive thoughts with anyone beyond yourself. What will that mean? Are they going to take my kids if I share these intrusive thoughts? Postpartum depression doesn’t discriminate,” says April.

Unlike the “baby blues,” which typically clears up after a few weeks, postpartum depression can last for anywhere from a few months to several years.

“I didn’t even know that it was postpartum depression,” says April through tears. “I thought I had some unique condition. It never occurred to me that it was postpartum depression. My brain chemistry had me so locked in tunnel vision of just getting through the day. Maybe tomorrow I’ll kill myself. If I can’t make it through tomorrow, I’ll kill myself and my son. It still shakes me to my core.”

April attributes much of her community’s silent struggle with postpartum depression to the lack of traditional knowledge being handed down—a

paradigm that has been pervasive since the colonization of the Americas when boarding schools forced Native children out of their homelands and disrupted their chain of cultural heritage.

Despite past struggles, the dialogue around Native American prenatal and postpartum care is gaining traction. With more gatherings and conversations happening in public forums than ever before, Native women are finally finding their voices on the issue.

“Once I told my story, it was like story after story after story of ‘I had that.’ It tells me that our community, my peers (older and younger) do not feel safe sharing it. The dialogue has slowly started on social media which is great to see,” says April.

Our Stories are Our Healing

Postpartum depression is common, and while speaking up and asking for help can be really hard, it is also empowering to share the truths of motherhood.

To watch more about April’s story, visit hmhb-mt.org/blog or scan the QR code. If you would like to join April in sharing your story, send an email to stories@hmhb-mt.org.

#WeAreListening



QR Code goes to:
hmhb-mt.org/blog



A Love Letter

*I see you,
in your mesh diaper,
Bed head and fragile nipples,
Tired eyes and proud smile*

*I see you in the mess
Of dirty diapers
Dirty clothes,
Dirty sheets,
And the baby blues*

*I've cried with you
During the quiet nights,
Feeding your baby alone in the dark
While the house sleeps*

*I hear you while you ask yourself
how you could love someone so much
& why do you feel so lonely
& how long can you keep going*

*When your eyes and arms get heavy,
And you're afraid to put your babe down
Lest you miss a moment
Of this beautiful, and messy time*

*You will get through
You are not alone
You will sleep again
You're doing a good job
You should be so proud of yourself*

I am Human

*If I could do it all over again,
I'd put a pause
on visitors
on errands
on appointments*

*I knew this
I knew better
Between excitement and pride
I lost true north
In the adventure
I got lost*

*Six days after delivery,
I needed a new bra,
None of mine fit
Baby needed a chiropractic appointment
Our friends needed to come visit
Baby had a doctor appointment
And I felt fine & up to it all
Until 4pm, when I didn't*

*The world just got really small,
The sounds of the doctor's office got all muffled
My eyes a little dead,
And I realized,
Shit.
I did too much.
I knew better and I did it anyway.*

*I just created a human,
I roared him out of my body,
I'm superwoman,
I can do it ALL*

*Except I am not superwoman
I am human
& I can't do it all
& That is okay because*

*I needed rest, my baby, water and food,
A quiet room to regain my strength
A still house,
No obligations
From the outside world
Or myself*

*And if I could do it all again,
I swear,
I might know better*



Support for Surprises

By Courtney Gerard

In the fall of 2020, Brittany gave birth to her son—a gift, but a surprise nonetheless. Already a mother of two girls, ages 10 and 13, she hadn't planned on having any more kids.

"This pregnancy was totally unexpected. I had just moved up here to be closer to my parents and nobody told me about antibiotics and birth control. My son's father is younger than me and not very mature and in and out of the picture. Financially, I was not ready for this baby," says Brittany.

Brittany found herself in a tough situation. "It's hard for anyone to reach out and get help. At least for me, I was married with my other kids. I didn't have to worry so much. But even back then, WIC helped me find out that I was anemic when I was pregnant with my first daughter," says Brittany.

WIC stands for Women, Infants and Children and this special supplemental nutrition program's services extend beyond providing food and formula. WIC also works with families to identify their health goals and then link them with programs that can assist with things like parenting support, special dietary needs, and even finding a car seat. Women, grandparents,

dads, foster care providers, stepparents, and legal guardians are all eligible to receive WIC benefits if they meet the financial or situational criteria. In Montana, benefits are delivered via EBT cards and individual counseling.

For many families, WIC is what bridges the gap between not having enough food and keeping kids fed, making the transition into parenthood smoother. In Montana, more than one in six children and one in ten adults don't have enough to eat or are living in households that need help to make ends meet. In the US, over 6.4 million people receive food assistance from WIC each month. Despite the number of families who struggle with hunger, many individuals still have a hard time reaching out for assistance.

"I am only able to work 16 hours a week most of the time and I have child support for both of my other kids, so they are taking 50 percent of my paycheck," says Brittany. She adds, "I breastfed both of my daughters for an entire year, but I had gotten implants after my second, and my milk supply only lasted four months [with my son] and there is no way I would have been able to afford formula. I don't know what I would have done."



While many governmental programs have long wait times and complicated application processes, WIC prioritizes easy enrollment through county hospitals, schools, and Indian Health Service facilities. You can also apply online or via phone through Montana's Department of Public Health and Human Services website.

"Applying is a super easy process. They texted to remind me about my phone interviews. My first in-person interview was last month since everything was online during COVID, and they found the easiest location for me to meet. All of the benefits are on a card and they have an app that tells you what qualifies. Sometimes it's hard to tell so I just scan everything in the app and it tells me. Certain brands qualify and others don't, so it is important to check before you get to the register," says Brittany.

In addition to grocery stores, many farmers' markets across the state also accept WIC, making it an affordable way to eat fresh.

"The nutrition information has been great," says Brittany. "I started making my own baby food. I love all of WIC's resources. I've been using the

baby food cookbook and I've made pretty much everything. I don't use all my WIC benefits for some months. You don't have to use all of it, but it's there if you need it. Any new moms can use all the help they can get," says Brittany.

“

Applying is a super easy process. They texted to remind me about my phone interviews. My first in-person interview was last month since everything was online during COVID and they found the easiest location for me to meet.

”



If you or someone you know needs help with food, please visit dphhs.mt.gov/ecfsd/wic or scan the QR code below with your smartphone to apply for benefits through Montana's WIC program.



For recipes and more information on making your baby's food, visit books.leannebrown.com/good-and-cheap.pdf or scan the QR code.





Finding the Light

By Amelia Hagen-Dillon

Suzanne Bendick knew how to take care of children, and she had always known she wanted to be a mom. She studied childhood development and worked as a nanny and a preschool teacher. She thought she was well prepared to be a parent.

Then in March 2010, her daughter was born. Nothing about being a parent came easily. Breastfeeding was hard. Sleeping was hard. She couldn't stop worrying. She was filled with rage. Nothing was how she imagined it. She spent much of her first year of motherhood questioning if she was cut out for the job she had always wanted.

She and her husband were some of the first in their group of friends to have kids, and their families were far away. They found themselves fumbling their way through the transition into parenthood, feeling isolated with nowhere to go for help.

What Suzanne didn't realize was that she could have been suffering from a perinatal mood and anxiety disorder (PMAD). PMADs encompass a broad range of emotional symptoms including difficulty sleeping, mood swings, changes in appetite, inability to make decisions, poor self-care, and more. About one in five women and one in ten men experience PMADs in the time between pregnancy through the year after childbirth, making them the most common

complications of pregnancy and childbirth. Diagnoses can include depression, anxiety, bipolar disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and psychosis.

New parents see their obstetrician or pediatrician an average of 20-25 times during a routine pregnancy and the first year of their baby's life. Even so, 75% of parents experiencing PMADs go untreated. She didn't want others to have the same experience she did, so Suzanne started researching ways she could support other new parents through the postpartum period. That research led her to train as a postpartum doula, and eventually, as a lactation counselor. As she became more involved with the birth community in Bozeman, Suzanne discovered there were a lot of resources available for new parents, but parents didn't always know how to access them.



That realization led to the formation of Roots Family Collaborative (Roots), a nonprofit serving Gallatin and Park Counties, dedicated to connecting parents to the support and resources they need to get through the perinatal period. Roots offers support groups, classes, programs, and a curated network of providers—all dedicated to supporting parents through the transition to parenthood.



Ariela Frieder, MD, a reproductive psychiatrist specializing in treating new moms, sees the multiple challenges families face when finding perinatal mental health care in Montana. “First, Montana has a relatively small population size that is dispersed throughout a very large geographic area. Second, there is a low number of mental health providers in general. And third, the first two challenges are exacerbated by the fact there is almost no specialized care in perinatal mental health.”

Part of addressing the mental health disparity in rural areas involves giving rural health care providers the tools to support their patients. In the spring of 2021, a free perinatal



psychiatric consultation line for doctors and mental health professionals called Psychiatric Referrals Intervention and Support in Montana (PRISM) for Moms was established. “Prior to this hotline, there was no access to perinatal-specific mental

health consultation services in the entire state of Montana,” says Ariela, who also serves as the Medical Director for the project. Practicing medicine with pregnant and breastfeeding patients requires special knowledge and skills. When treating their patients, the health care providers who call Ariela have found PRISM to be a really good tool to support their practices. PRISM for Moms even offers a one-time free consultation with Ariela that gets care to a woman much sooner than in most cases.

“

Partners, family, and community supports are key to a parent's mental health. Further, a nonjudgemental, validating, and caring environment is key.

”

For many new parents, navigating the logistical hurdles to see a provider or enduring long wait times for an initial appointment proves too high of a barrier. Yet left untreated, perinatal mood disorders can have long-term consequences, such as trouble bonding with the baby or learning to cope by self-medicating with alcohol or drugs. Solutions like PRISM have increased access to telehealth, and the wider acceptance of virtual group support meetings has helped more parents in rural parts of Montana access the care they need. “Partner, family, and community support are key to a parent’s mental health. Further, a non-judgmental, validating and caring environment are key,” says Ariela.

Groups are evidence-based and trauma-informed and are offered across the state in seven locations, including at Roots. These groups are for pregnancy support, new parents, grief and loss, new dads, foster parents, and more. The model is called Group Peer Support for Parents, or GPS. Both Roots and the newly formed Big Sky Group Peer Support network offer online and in-person meetings so that parents can begin attending even within days of their child’s birth from the comfort of their homes. GPS helps people navigate the challenges of parenting in a structured, inclusive, strength-based and empowering group experience.

These no-cost peer groups are effective in reducing feelings of being alone as a new parent (both a cause and symptom of perinatal mood disorders) and are effective at building self-care practices and learning parenting tips from others who are in a similar place in life.



To find a GPS group near you, visit: hmbb-mt.org/moms-and-families/parenting/bigskygps/ or scan the QR code.



Rancher. Mother. Woman.

By Courtney Gerard

Ellen Malloy once said that “Montana is defined by the distance between places.” For the over 700,000 Montana residents that currently reside in rural areas, this sentiment rings even truer.

Defined as “anything outside of an urban area” by the US Census Bureau, the “everyone else” attitude can resonate with many of the mothers that fall into this category. Although over 65% of the state’s residents are considered to be living in rural areas, they often are under-represented when it comes to maternal and infant resources.

In 2018, Amber Smith, a rancher outside of Cohagen, realized that she and many of the rural women she knew felt isolated from other women living in these rural landscapes. With over 53,000 acres of land to manage, her time is precious and the health of herself and her family is the top priority. She decided to do something about it, and in doing so, grew the Women in Ranching Program.

Women in Ranching started in California, and over the years has evolved into a program that encompasses all of the western United States as a subset of the Western Landowners Alliance.

“Women live in isolation, with little recognition, and with little support. Yet, these women have managed to rear children in [some of the] the harshest environments,” says Amber. “We set out to lead groups through deep personal reflection, safe connection within a group of peers, educational sessions on the land, and leadership opportunities with horses as our guides.”

Women in Ranching exists to connect, support, educate, and inspire a growing network of social capital in agriculture. The only asks of those who join the program are that they believe in the transformative power of community, that they can show up in support of women’s critical work on the land, and that they care deeply about the West.

For rural women, taking care of families is often only a small part of their daily tasks. Land and livestock dictate the rhythm of a unique heartbeat that needs constant attention. This often means a lot of driving, and sleep that comes when it’s convenient—even far beyond their children’s infant years, when a single



appointment to a pediatrician can demand hours of driving for the most basic medical services.

“Rural living can often mean isolation. Beyond her partner and children, women are often living and working with very little interaction,” says Amber. “It’s critical that women know they are not alone and understand the value they bring to their family, neighborhood, and larger community. Women are a crucial part of the life and energy of our rural places.”

Despite the seemingly endless hurdles of this agrarian lifestyle, there is a silver lining to the solidarity that is more pervasive than it is in a majority of contemporary American communities. This way of life serves as a friendly reminder of what it’s like to rely upon your neighbors for your support—a circumstance that is almost unheard of in most modern landscapes.

“These children are the next generation of community organizers and land stewards. The value of growing up on wild, working landscapes cannot be understated. Women in Ranching is here to support the women who have always been in the West and have always been behind the scenes. We are giving women an opportunity to grow their voices and their leadership and to find support in their community,” says Amber.

While many families living in rural landscapes face financial challenges, Women in Ranching ensures their gatherings are both affordable and engaging for everyone—whether or not you are currently a rancher.



“We keep our costs low and offer scholarships, ensuring that all women can attend,” says Amber. “These gatherings create meaningful progress in ranching through building an intricate, resilient network of dynamic social capital that is centered in empowering and supporting women working on the land. Our facilitators hold space for these women to find strength in their unique voice. That shouldn’t be off-limits for anyone.”



If you find yourself living in a rural area and seeking to grow your social network, more information on the Western Landowners Alliance Women in Ranching program can be found at westernlandowners.org/women-in-ranching or scan the QR Code.



Wilderness Caregiving

By Sarah Krumm

There's a desert in Montana.

Most climbers will know the area well, where granite bouldering is set among the sage and prickly pear cactus. While they find this Montana desert renewing, I found it on Google.

After hitting my limit of hearing the phrase "child care desert," I went searching for what it actually looks like in Montana. I imagined a desert with a barren landscape that no traveler would seek to cross willingly. Who in their right mind would venture to this sandy, lifeless place? For us in Montana, this "desert" exists somewhere in the middle of Whitehall and Butte, on the edge of the Continental Divide. And this location provides a much better description of what it's like as a parent of a young child.

As caregivers, we've decided to live in this rich, nurturing place called Montana and raise our kids, but didn't know the dry winters would leave this land parched and the beating sun of summer would finish the job. But here we are, with a new baby, and this is our reality now. There are some signs of life around us -- plants growing and trees in the distance. It looks like we should be able to do this. And that's the mirage.

Montana is considered a child care desert, which means:

- Only one licensed child care space is available for every three children under the age of six who need it.
- Families in need of child care for infants under two years old find even fewer options.
- Montana is just one of five states that do not have state-funded preschool.
- Montana families, on average, pay \$8,000-\$13,000 annually for child care.
- For comparison:
 - ▶ That's at least 14% of the state's median family income,
 - ▶ And roughly twice the cost of in-state college tuition.

Thousands of children wander this Montana desert and no one is coming to save them.

Caregivers: pause and take a breath with me. When we are in the middle of it, we are so focused on surviving this desert with a plastered



smile on our face to cover the shame of not enjoying these moments, all while dishing out the emotional labor required to be the strength that our kids need. We don't know how bad it is until someone rescues us or we've made it to the other side. The desert is as hard as it feels; don't minimize it.

As I write this, I have a list of cake ingredients for my son's fourth birthday next to me. This is the first time in his whole little life that I have had full-day, five-day-a-week child care available to me. While it is far from the quality I want, it is a sigh of relief. Even with full-time care, I still maintain shorter work hours to cover certain instances like when my kid gets sick for a whole week, school is closed for staff training, or we had to quarantine for 10 days. On top of all of this, I also have to start planning for random closures when my center temporarily shuts down due to COVID and labor shortages.

While I was pregnant, I started to look for child care options, naively thinking that a six-month lead-time was enough to find a place. Between lack of availability, lack of quality options, distance from my house, and unaffordability, I sat on endless waitlists (sometimes paying fees to be on those waitlists) and still came up empty-handed. When nothing was available, I wrote and lobbied for an Infant at Work Policy.

Since my son's birth, my work schedule has been secondary to my son's care and wellbeing. During these last four years, I have juggled every care option to get by staying at home, having


my son's dad stay at home, working remotely, showing up to an office on the weekend with my kid, working full-time, working part-time, working at 4:30 in the morning and 10 at night. In all these options, one thing is constant while raising a young child—it's one part overwhelming and another part underwhelming all at once. I am either multitasking seven things at once to meet all the deadlines and urgent needs of my child and workplace, or I am so isolated from any adult human conversation and a lack of quality downtime that I feel empty.

My career and my potential to create in this world are affected by the general lack of child care in Montana. I daydream not on the big-time success I could have had, but on what life would have been like if I could maintain steady employment through this time. Every day I must ignore a little more research on early childhood because we know the long-term consequences facing our kids who encounter a lack of access to consistent caregivers and basic education. Even though I love being a parent, it leaves me wondering if I could ever walk this path again with another child.

I have two more years wandering this desert and I will continue to talk to anyone who will listen: "I am in the desert and there are others here with me. Send rescue." There is something about the courage of sharing our vulnerable child care struggle that will transform our community. Your story is not just an echo in this desert canyon; speak up.



What can parents do right now?

1. See the effect of lack of child care on Montana's economy: www.enhancemt.org
 2. Find child care, if you can: www.raisemt.org/find-child-care-1
 3. Explore creative options to help you survive this time: www.babiesatwork.org
 4. Let yourself be supported: www.dphhs.mt.gov/ecfsd/homevisiting
 5. While no one is coming to save us, maybe we can help save each other: www.lemonadamedia.com/podcast/introducing-no-one-is-coming-to-save-us
- 

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mthcf.org/priority/behavioral-health/the-meadowlark-initiative



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www.prismconsult.org

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PRISM for Moms is a psychiatric consultation line
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BIG SKY GROUP PEER SUPPORT

Caring for yourself is caring for your baby

Parenthood changes your life in big and small ways, but without the proper community of support the journey may feel demanding. **You don't have to do it alone.** Groups around the state are available to mothers, led by women with lived experience who are trained in the Group Peer Support model.

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- MOTHERHOOD
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- MORE



VIRTUAL & IN-PERSON

Mother Love

A PODCAST ABOUT MOTHERHOOD

A movement developed to
give voice to the stories and
experiences of mothers.

THE GOOD STUFF
THE HARD STUFF
THE REAL STUFF



Facing Addiction & Fighting Stigma BECAUSE WE'RE STRONG.



ASKING FOR HELP ISN'T A WEAKNESS. IT'S BRAVE.

As Montanans, together we can:

- Face Addiction
- Fight Stigma
- Support Treatment & Recovery
- Help Save Lives



BECAUSE WE'RE STRONG.

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Mother Love

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A movement developed to
give voice to the stories and
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THE HARD STUFF
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- Arching or jerking body
- Blank stares

If baby is showing signs of being sleepy, it might be time for bed.

Safe Sleep: Learn • Plan • Provide
Learn how to make it safe at hmhb-mt.org



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Tell someone what you need:
we are listening.
Let us LIFT you up.

Can you even count all of the snuggles, the feedings, the playful exchanges today? How about the spit ups, blow outs and tears of joy and exhaustion? How many times did you pick up your little one in order to keep them safe and secure?

Taking care of your family is a lot of work, but LIFTS is here to help. The LIFTS guide lets you find supports and services in your neighborhood for families and caregivers, all from the comfort of—well—wherever you find a moment. Whatever you're facing, you don't have to do it alone.



To find local resources and family-friendly community supports, call the LIFTS warmline at **406-430-9100** for anonymous assistance using the LIFTS resource guide.



LIFTS
Linking Infants & Families to Supports