

Top 10 Things I Wish I Knew About Postpartum - *Non-Birthing Parent Edition*

1 The "Baby Blues" vs. Postpartum Depression (PPD) are very different.

About 80% of birthing parents experience the "baby blues" (crying spells, mood swings) for the first two weeks due to massive hormone drops. But if it lasts longer, or if she seems totally detached or severely anxious, it could be PPD or Postpartum Anxiety.

How you can help: You are the frontline defense. Keep an eye on your partner's mental health, because they might be too exhausted to notice the shift themselves.

2 Intimacy is likely off the table (and that's normal).

Doctors usually say no sex for six weeks, but for many, it takes much longer. Hormonal changes (especially if breastfeeding) can tank libido and cause physical discomfort.

How you can help: Redefine intimacy. Foot rubs, holding hands, or just holding the baby so she can shower without listening for cries are the new "romantic" (for now!)

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3

Non-birthing parents can get postpartum depression, too.

Yep, postpartum depression in non-birthing partners is a real thing. The pressure to provide, lack of sleep, and feeling disconnected can take a massive toll.

How you can help: If you are feeling constantly angry, resentful, or numb, don't tough it out. Talk to someone. Taking care of your own mental health is a way of taking care of your family.

4

Breastfeeding is a two-person job.

There is a myth that if a partner isn't lactating, they can't help with feeding. False. Breastfeeding is incredibly hard and physically demanding.

How you can help: Bring them water (nursing makes you incredibly thirsty), adjust their pillows, manage the pump parts, and handle the burping and diaper change after the feed.

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5

Your job is to protect the peace.

Well-meaning friends and family will want to flood the house to see the baby. This can be incredibly overwhelming for a healing parent who is trying to figure out nursing or just wants to nap without an audience.

How you can help: Be the enforcer. Set boundaries with in-laws and friends. Say, "We are so excited for you to meet the baby, but we are taking the first two weeks just for the three of us to settle in."

6

The "Second Shift" is where resentment breeds.

You might be returning to work sooner, but that doesn't mean your partner's day at home was a vacation. Taking care of a newborn is a grueling, repetitive job.

How you can help: When you walk through the door after work, don't ask "What's for dinner?" Instead, say, "I'm on duty. Go take a break."

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7

You will feel useless sometimes.

There will be moments when the baby just wants the birthing parent, and nothing you do works. It can feel incredibly isolating and frustrating.

How you can help: Lean into skin-to-skin contact and babywearing early on. It builds your confidence and helps the baby get used to your scent and heartbeat.

8

The "Night Shift" needs a strategy.

Sleep deprivation is used as a form of interrogation for a reason—it breaks people. You cannot both operate on two hours of sleep.

How you can help: If possible, split the night into shifts rather than both waking up every time. For example, Partner A owns 9 PM to 2 AM, and Partner B owns 2 AM to 7 AM.

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9

Healing takes months, not weeks.

Just because someone is cleared at their 6-week medical check-up doesn't mean their body is back to "normal." Growing and delivering a human is a major medical event.

How you can help: Throw the timeline out the window. Be patient with their body, their energy levels, and their emotions.

10

Communication will break down if you let it.

You are both exhausted, stressed, and learning a new language (baby cries). You will snap at each other.

How you can help: Agree beforehand that anything said between 2:00 AM and 6:00 AM doesn't count. Apologize quickly, and remember you are on the same team fighting the problem, not each other.