



Abbie Goldberg
Project Director, US
agoldberg@clarku.edu

Lori Ross,
Project Director, Canada
lori.ross@utoronto.ca

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Postpartum Well-Being Study: The Final Issue

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Overview of the Postpartum Well-Being Study

A Message from the Investigators

It seems unbelievable that two and a half years have passed since we wrote our message for the very first edition of our study newsletter! Although the time has flown by, a great deal has happened. There were 98 babies born in connection with the study (97 to participants plus Lori's baby girl!), over 300 surveys were filled out (with a few more still to come) and over 10,000 minutes of interviews were recorded. We are thrilled to have been able to collect such a rich data set to address our research questions, and it wouldn't have been possible without each and every one of you.

Although we will be working with these data for years to come, and some of you are still participating in our final (18-24 month postpartum) survey, the original 3-year term of our project wraps up on March 31, 2016, so it's time for many of the project activities, including this newsletter, to come to a close. But not to worry...you can still keep in touch with us to learn about all of the many products that will come out of this study by visiting our new project website, www.queeringparenthood.com (website in construction). This website will be the home for all of the information we produce out of this study, and will also serve as a connection to other resources on LGBT parenting and mental health, so please visit often and share widely!

In the meantime, in this final issue of our newsletter, our focus is on sharing information about what

we have learned so far from our data, as well as what some of our next steps will be. We hope you will agree that there have already been some important learnings, and will look forward with us to all of the other information that will emerge as we continue our data analysis work. Please let us know if you have thoughts about any of the preliminary findings that you read about in this issue of the newsletter.

Finally, we want to offer one more big thank you to everyone who contributed to this research: our participants, our partners in midwifery and obstetric practices in Toronto and the Boston area, and the many research staff and students who have helped support the project in various ways over the years. We appreciate your ongoing support, and we look forward to our next collaboration.

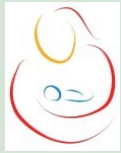
With gratitude,

Lori & Abbie

Project Director, US, Abbie Goldberg,
agoldberg@clarku.edu

Project Director, Canada, Lori Ross,
lori.ross@utoronto.ca

Research Coordinator, Canada, Corey Flanders,
corey.flanders@camh.ca



Postpartum Well-Being Research

Overview of the Study: A Refresher

Background

Postpartum depression is a significant health issue for women and their families, yet research has focused almost exclusively on heterosexual women (HW). **This is the first study of its kind that has evaluated the impact of “minority stress” on the mental health of lesbian, bisexual and queer (LBQ) women during their first postpartum year.**

In addition, this study also examines how relationship configurations impact the identities and health outcomes of LBQ women. **In our previous research, we found that sexual minority women had different risks for postpartum depression depending on both their sexual history and the gender identity of their current partner.** For this reason, in the current study we have classified the sexual minority participants into two groups. Visible sexual minority women (VSM group) are participants who identify as LBQ and are currently partnered with a woman. **Invisible sexual minority women (ISM group) report having recently had female sexual partners and/or identifying as bisexual, queer, or another sexual minority label, but are currently partnered with men.** Because of this, they are often read as “straight” or being perceived as being in a “straight relationship”—hence their sexual minority identity is “invisible”. Our preliminary data indicated that ISM women are at elevated risk for postpartum depression in comparison to VSM women, and so this project aims to build upon this work in understanding these differences.

Conceptual Frameworks

In this study, we used two conceptual frameworks that are commonly used in psychology to understand mental health outcomes. These frameworks helped us develop our research questions, decide what questions to ask our participants, and determine the best approach for analyzing our findings.

Postpartum Well-Being Research, cont’d

The **Ecological Framework** postulates that development occurs within multiple interacting contexts, with influences ranging macrosystems (e.g. the national legal climate) to microsystems (e.g. the family).

One variable that has effects at both the macro and micro levels that is relevant to LBQ women is minority stress. The **minority stress framework** defines minority stress as the extra stress individuals from stigmatized social categories (e.g., gay, lesbian, bisexual) are exposed as a result of their minority position. **Experiences of heterosexual discrimination may contribute to postpartum depression among sexual minority women, even in the case of ISM women who may not disclose their identities.**

The main research questions for this study were:

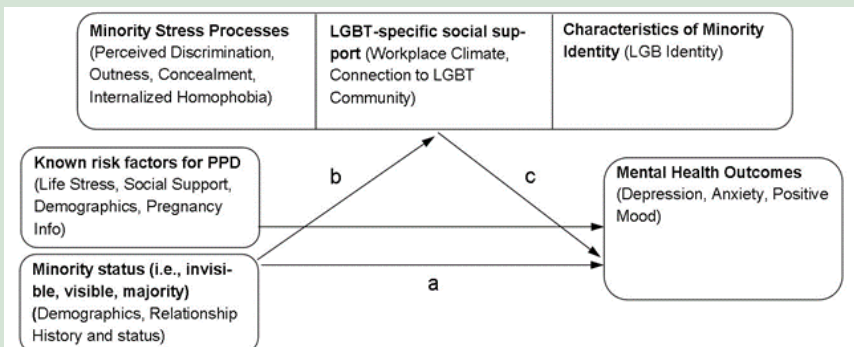
1. Do ISM women have higher risk for depression at 6-8 weeks postpartum compared to either VSM women or heterosexual women?
2. Among sexual minority women, do minority stress processes (i.e., experiences of discrimination) characteristics of minority identity, or LGBT-specific forms of social support explain the relationship between minority status and mental health outcomes at 6-8 weeks postpartum?

Study Design

This was a multi-site study including both surveys and interviews with ISM, VSM and heterosexual women recruited through 16 midwifery and obstetrical clinics in the Boston and Toronto areas. **Approximately 100 women completed online surveys that included: questions about pregnancy information, social support, stressful experiences, disclosure of sexual orientation, experiences of discrimination, connectedness to the LGBT community, depression and anxiety.**

To better understand the experiences of ISM women in particular, participants in this group also completed 4 semi-structured qualitative interviews 1-2 hours long. **In these interviews, participants were asked to discuss their feelings about the pregnancy, support/non-support from their partner, family, friends, LGBT community, and healthcare workers as well as whether they see their sexual history as relevant to their mental health as they transition into parenthood.**

(Continued on next page)





Postpartum Well-Being Research, cont'd

Overview of the Study: A Refresher (continued)

Results

With the wealth of data collected, we have many projects in the works which include:

What are the mental health experiences of visible and invisible sexual minority women through the transition to parenthood? This work addresses our first research question about risk for postpartum depression among our three participant groups.

Who are the invisible sexual minority women? This work explores the diversity within the category of ISM women, and examines whether different subgroups show different patterns of depression or anxiety.

Reproductive and pregnancy experiences of diverse sexual minority women explores the experiences ISM and VSM women throughout family building, reproductive, and pregnancy processes.

Sexual minority mothers' processes of gender expression among their children explores what ISM women think about in relation to gender norms and their children, as well as their decisions related to engaging in or resisting gender norms.

(What) do "invisible sexual minority women" want their providers to know about their sexual history? This paper explores the decisions ISM women make about whether or not to tell their health care providers about their sexual histories, as well as how their sexual histories/identities influence their choices about health care providers.

LGBT community connections among invisible sexual minority women explores how and why participants are (or are not) involved with LGBTQ communities.

Consensual nonmonogamy: perceptions and experiences explores ISM women's experiences of consensual nonmonogamy in relation to parenthood.

Please read on for more information about each of these products, and refer back to our website, www.queeringparenthood.com (website in construction), for future updates!

Postpartum Well-Being Research

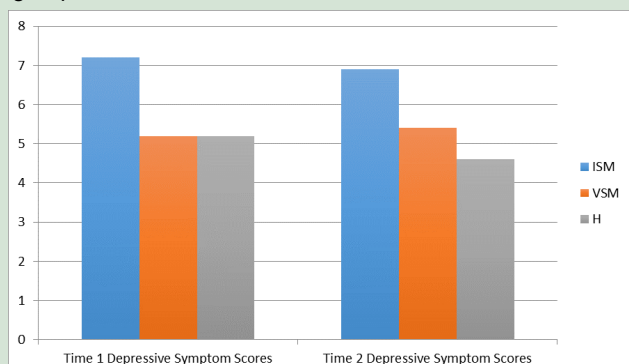
What Are the Mental Health Experiences of Visible and Invisible Sexual Minority Women through the Transition to Parenthood?

A substantial amount of research has shown that sexual minority women report having worse mental health than do heterosexual women. However, very few researchers have looked at the mental health of sexual minority women during the perinatal period. **In our previous study, we found that mental health was not equal across all types of sexual minority women, and that ISM women were at particularly high risk for symptoms of postpartum depression.**

In our current research, we are looking more closely at this finding. We want to know we will find the same thing in a different sample of women. We also want to know more about the life experiences of all of our participants, such as what kinds of social support they have, to better understand what factors explain any differences between groups in postpartum wellbeing.

Our current analysis has found that at 6-8 weeks postpartum, ISM women report the highest rates of depressive symptoms (average score of 6.9 on the Edinburgh Postnatal Depression Scale), compared to VSM women (average of 5.4), and heterosexual women (average of 4.6). The ISM women's average score is significantly different from heterosexual women's reports using statistical tests, whereas visible sexual minority women's average is not. **We also found that invisible sexual minority women reported the highest rates of depressive symptoms in pregnancy, indicating that they may be more vulnerable to depressive symptoms overall – not just during the postpartum period.**

Our next steps in the project will be to look at other factors such as discrimination or social support might explain this finding. Through this research, we hope to be able to provide a better understanding of postpartum wellbeing for women of different sexual identities, and in doing so, inform the development of perinatal health care that can address different needs and experiences across diverse groups of women.





Postpartum Well-Being Research

Who Are Invisible Sexual Minority Women?

Women who are attracted to or have sexual relationships with individuals of more than one sex or gender (“non-monosexual women”) have poorer health outcomes than women of other sexual identities. However, we don’t yet know why this is. Because the category of “non-monosexual women” is very diverse (including women with various sexual identities and histories), we also don’t know whether some non-monosexual women more than others might be at elevated risk.

“Invisible sexual minority women” are one group of non-monosexual women, and in this part of our project, **we are trying to identify any characteristics of these women that might differentiate them from one another, and that might help to explain their high rates of health problems.**

For the first step in this project, we have done a careful analysis of our interviews with 29 invisible sexual minority women, in order to look for important differences and similarities in their experiences. We identified nine characteristics that we think may be important to understanding their health experiences:

- ◆ **How they self-identify their sexual orientation** (e.g., as bisexual, heterosexual, or something else)
- ◆ **Their sexual and relationship histories:** some women have mostly been involved with women in the past, some mostly with men, and some with men and women about equally
- ◆ **How important their same-sex experiences are to their sense of self**
- ◆ **Their current partner’s support for their sexual identity/history**
- ◆ **The length of their current primary relationship**
- ◆ **The age at which they had a first same-sex attraction or experience**
- ◆ **How open they are about their sexual identity or history with other people in their lives**
- ◆ **Whether they imagine themselves having same-sex relationships again in the future**
- ◆ **Whether they consider themselves part of, or want to be part of, an LGBT community.**

Postpartum Well-Being Research, cont’d

Our next step will be to look at both the interview and survey data to see whether some of these characteristics seem to be related in ways that help us identify sub-groups of invisible sexual minority women. Then we will investigate whether these subgroups show different patterns of depression or anxiety. **Our hope is that this research will help us understand what specific characteristics of non-monosexual women put them at risk for poor mental health outcomes, so that we can target interventions to address these factors and ultimately improve mental health for this group.**

Postpartum Well-Being Research

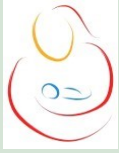
Reproductive and Pregnancy Experiences of Sexual Minority Women

Sexual minority women have unique health and reproductive concerns that are often not adequately addressed by health care providers. This is demonstrated by differences in their sexual histories, rates of sexually transmitted infections, and experiences in conceiving pregnancies. However, most of this research is focused on women who have female partners or identify as lesbians.

Our research aims to fill the gap by looking at how visible sexual minority women (VSMs), invisible sexual minority women (ISMs), and heterosexual women compare in terms of their reproductive history and prenatal mental health.



To do this, we looked at our participants’ responses to survey questions about reproductive experiences such as: miscarriage, abortion, fertility treatment, and pregnancy complications. We found that ISM women tended to have poorer outcomes than either VSM or heterosexual women. Specifically, **ISMs reported more complex and difficult reproductive histories, exhibited through fertility problems, terminated pregnancies, miscarriages, or pregnancy complications.** This calls for more research into the particular health risks that ISMs may have. Our findings suggest that healthcare providers should consider the unique health outcomes of this group, in order to provide appropriate support. Furthermore, ISMs should be further studied as a distinct group in order to understand the relationships between their sexual identity, pregnancy experiences, and mental health.



Postpartum Well-Being Research

Sexual Minority Mothers' Processes of Gender Expression among Their Children

This study uses qualitative data to describe participants' approaches to gendering their children, their thoughts on how others gender their children, as well as their thoughts on how they will react to their children's hypothetical future gendered or sexual expressions. In this study, we refer to "gendering" as when someone imposes a particular role or signifier that communicates a gender binary; for example, a parent might gender their child who was assigned male at birth by dressing him in blue and using masculine pronouns. This is an interesting topic to explore specifically because there is very little research that explores the relationships between LGBTQ people's identities and their perspectives on gendering their children, and none that speaks to Invisible Sexual Minority Women (ISM) specifically.

Our Research Questions are:

- ◆ **How do ISM women think about gendering/gender representation among their children?**
 - ◆ Do ISM women perceive themselves as actively gendering/preventing the gendering of their children?
 - ◆ What are ISM women's thoughts about others gendering their children?
 - ◆ How do ISM women navigate gender norms in their parenting?
- ◆ **How, if at all, do ISM women perceive their sexual identity/history as relating to their thoughts on gendering their children/navigating gender norms in their parenting?**
- ◆ **What other social identities or values, if any, do ISM women relate to how they think about gendering their children/navigating gender norms in their parenting?**



Postpartum Well-Being Research, cont'd

Our analysis of the interview data so far suggests 9 themes that relate to our research questions:

Aesthetics or signifiers: Including things like dress or toys.

Assigned sex of children: When participants explicitly state whether they value one sex over others (either specific to their child, or generally speaking).

Gender intentional parenting: Specific actions that participants have taken to shape a child's environment. This includes things like shopping for gender-specific clothes, or engaging in particular conversations with partners about child rearing practices.

Parent motivations for gender related parenting practices: This includes things like political ideologies, concerns over safety and risk of their children, etc.

Parent reaction to gendering of child(ren): Refers to the complex emotions associated with gendering, which includes feelings of complication, guilt or pride. This is often triggered by social influence(s) or social norm(s).

Participant perspectives on how sexual identity influences parenting: How participants believe their sexual identity influences/doesn't influence their parenting.

Social Influence (personal): Specific examples of people or situations that influence gendering. Examples include receiving gendered gifts from family, or (mis)gendered comments from strangers.

Social Norms (in general): Examples of overarching ideas that related to gender and how this may or may not align with the participant's framing. They are more general thoughts or feelings and are not tied to particular person or situation.

Time: To mark when participants change their thoughts, beliefs, or actions related to gendered parenting practices over the course of the interviews.

Our hope is that this study will help us better understand ISM women's views on gender, and see how this may be similar or different to the parenting styles that have previously been described for gay and lesbian parents.



Postpartum Well-Being Research

(What) Do “Invisible Sexual Minority Women” Want Their Providers to Know about Their Sexual History?

Research shows that bisexual women are less likely to disclose their sexual orientations and sexual histories with health care providers than lesbian women. Some research suggests that not disclosing one’s sexual orientation might interfere with women’s relationships with their providers and the quality of the health care they can access. **We were interested in whether our “invisible sexual minority” (ISM) group felt it was important for their midwives and other providers to know about their sexual identities and experiences.**

Most of the 29 ISM women we interviewed identified as bisexual, with a few identifying as queer, or heterosexual, or preferring not to use a sexual identity label. **Regardless of how they identified their sexual orientation, or the extent to which their recent sexual history had involved women, most of the women we interviewed felt that their sexual history did not significantly impact their choice of health care provider during pregnancy (i.e., midwife or OB/GYN).** However, a few women did feel it was important that they had a queer-friendly provider, and several others noted that they would have changed providers if it appeared that their providers were not queer-affirming. A few women noted that their sexual identity or history impacted their choice of a therapist, but not a medical provider.

Similarly, most women did not feel that their sexual history was relevant to disclose to their provider. They commented that it “had not come up,” that it was not explicitly asked about in paperwork, and that it was not relevant to their pregnancy, birth, or obstetrical care. However, several women noted that they felt it would be relevant under certain conditions: (a) if they had or suspected they had a sexually transmitted infection, or (b) if they were seeing a therapist (but not a medical provider). **Most noted that they would be OK with sharing this information if asked (but noted that they weren’t asked), but simultaneously said that they hadn’t felt that it was important enough to spontaneously share.** A few women did mention that they felt that they were perceived as heterosexual because they entered the perinatal setting while in a relationship with a man.

Our next step will be to look at whether anything shifts once these women become parents – namely, **whether sharing their sexual history or identity is more or**

Postpartum Well-Being Research

less important to them in later stages of the transition to parenthood.

LGBT Community Connections among Invisible Sexual Minority Women

Connection to a community of other lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals has been associated with lower distress and higher psychological and social well-being for sexual minority women, although lesbian women have been studied more than bisexual, queer, or other non-monosexual women. **Bisexual women often feel less connected to the LGBTQ community than lesbian women or gay men, and may also be at higher risk for poor mental health outcomes.**



The goal of this study is to identify to what extent and in what ways “invisible sexual minority” women who are partnered with men connect with LGBTQ communities. Using survey and interview data, we are analyzing how our participants experienced and valued LGBTQ community during pregnancy and the postpartum period.

Survey responses indicated that visible sexual minority women were on average more involved in their local LGBTQ communities than invisible sexual minority women. **One factor that accounted for this difference was sexual orientation centrality, or how central sexual orientation identity is to one’s overall identity.** For some invisible sexual minority women, their sexual orientation identity was very significant to their sense of self, whereas other women considered it less central. Similarly, women varied in their sense of connection to or desire to be a part of LGBTQ communities.

Interview participants noted many types of involvement, such as pride parades, LGBTQ-themed conferences, working or volunteering with LGBTQ youth, and donating to LGBTQ-affirmative causes. Notably, several women mentioned they were not part of an organized community, either because the overall community climate was so inclusive, or because the local queer community was lacking. **Many women also mentioned LGBTQ-identified friends, but not a larger social network.** These LGBTQ friends were sometimes described as an important source of support and affirmation.

Further analysis will explore how LGBTQ community experiences changed over the course of the study. **This**



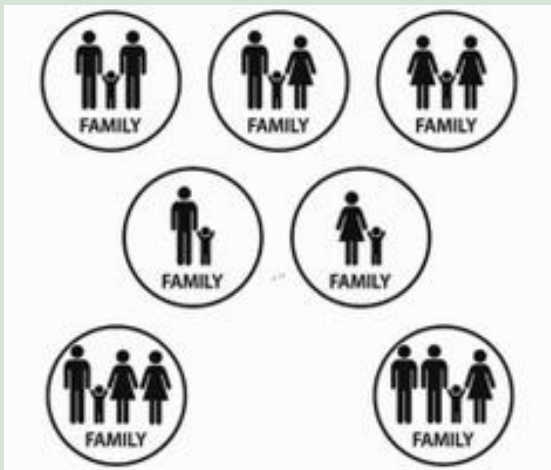
Postpartum Well-Being Research

Consensual Nonmonogamy: Perceptions and Experiences

Consensual nonmonogamy (CNM) refers to relationships in which all partners consent to one or more people within the relationship having sexual and/or romantic relationships with other individuals. These relationships can take many forms, such as open relationships, swinging, threesomes, and polyamory. **Not much is known about CNM in the context of pregnancy and parenthood, such as how parents make decisions about whether or not to engage in CNM, and what types of experiences they have.**

Our interview data show that about two thirds of the women we interviewed mentioned some consideration of CNM, and **about one third had actively engaged in CNM at some point during their current relationship.** A few other women had engaged in some form of CNM in past relationships, or had discussed the possibility with their partners but had not chosen to engage.

We are analyzing these interviews to describe commonalities and patterns in women's thoughts and experiences around CNM. So far, we have developed a preliminary list of themes.



Postpartum Well-Being Research, cont'd

The themes we have identified include:

- ◆ **Relationship structures in CNM:** What types of CNM have they engaged in (swinging, open relationships, threesomes), with whom, and when?
- ◆ **Processes of CNM:** How do they find what works when engaging in CNM?
- ◆ **Benefits of CNM:** What are the benefits or motivations to engage in CNM (e.g., disliking monogamy, to strengthen the relationship, to establish an identity outside of motherhood)?
- ◆ **Barriers to CNM:** What are the barriers for engaging in CNM (e.g., other peoples' negative attitudes, sexual health risks, concerns about explaining CNM to child)?
- ◆ **Outness and disclosure:** Who do they tell (and not tell) about CNM engagement and why?
- ◆ **Feelings about CNM:** Is CNM viewed as a source of discomfort, jealousy, guilt, excitement or curiosity, or just not a big deal?
- ◆ **Environment:** How does environment and social context matter for CNM engagement (e.g., living in a progressive city or having polyamorous friends)?
- ◆ **Gendered beliefs about CNM:** How are men and women believed to differ in the context of CNM?
- ◆ **Time:** How do thoughts, beliefs, and action about CNM change over the course of the study, from pregnancy to one year after giving birth?

Moving forward, we will continue to identify what matters to women when they talk about CNM so that we can describe these experiences using a cohesive framework.

This project will lead to a better understanding of how women think about and experience consensually nonmonogamous relationships during pregnancy and parenthood.



Postpartum Well-Being in the News

(from nycitylens.com, February 2016)

Postpartum Depression: More Screening Is Good, But Then What?

Recently, an influential government-appointed health panel, the United States Preventive Services Task Force, issued recommendations that women should be screened both during and after pregnancy—to detect signs of depression, which studies suggest affects at least one in eight women during or after pregnancy.

But detecting such depression may be the easy part. The hard part is treating it, some experts say, and paying for that treatment.

Dr. Samantha Meltzer-Brody, director of the UNC perinatal psychiatry program, said, “We need to look at the big picture—**if every place is going to screen, they’re going to have to offer good services too.**”

“You also need to have an adequate number of psychiatrists who take a wide range of insurance, like Medicaid,” she said. However, New York, **despite having so many psychiatrists, has a shortage of those who take insurance.** “There are many mental health providers in New York, but most are privatized,” she said, “which means you can get care, but it’s very expensive.”

Olivia Bergeron, a social worker, said, **“The screening costs are minimal and covered by insurance. But the problem is about the treatment—how can women afford the services they need after diagnosis?”**

Premier Pediatrics, a program about to launch, is hoping to bridge this gap. Pediatrician Jon Sarnoff hopes the program will engage the pediatric community to regulate depression screenings for mothers. The program will have **three major components—lactation rooms and pumps (there’s been a link between nursing and feelings of empowerment), educational resources available to both mothers and fathers, and screenings.** “We will also work with a network of ob-gyns so that the mothers are in more regular contact with them after the screenings,” he said, “for example, have the ob-gyn call and check in, in case the mother doesn’t.”

But again, it all comes down to money. Sarnoff said the biggest challenge facing his group is the cost structure. “How do we help out the mom who really needs therapy but doesn’t have the insurance coverage? That still remains unresolved.”

Click [HERE](#) to read the full article.

Postpartum Well-Being in the News

(from nymag.com, March, 2016)

The Largest-Ever Study of Postpartum Depression Is Under Way, And It Uses an iPhone App

Postpartum Progress is just one of the partners in a new study that aims to be the largest examination of postpartum depression ever. Run by Dr. Samantha Meltzer-Brody, the director of the University of North Carolina at Chapel Hill’s perinatal psychiatry program, **the study uses an iPhone app to check in with women about their mental and emotional health.**

The app, which Apple helped develop (and which you can find in the App Store), uses the Edinburgh Postnatal Depression Scale — the standard method of screening — to ask participants a series of questions about their experience with PPD, both past and present. **Because the study uses an app, researchers can connect with women privately, anywhere and anytime — useful because of the stigma around PPD.**

The goal is to find the “biological underpinnings of postpartum depression,” she says, explaining that “the effect of pregnancy on the hormones is well-documented” and scientists believe “some complex genetic vulnerability” makes certain women more susceptible to PPD than others. Depression generally is an inheritable condition, and postpartum depression even more so, she says.

In the second, and possibly more promising, step of the study, qualifying participants will be able to test their genes using a spit kit similar to those offered by commercial DNA-testing companies such as 23andMe and ancestry.com, which use the tests for genealogy purposes. Researchers will then use their data to study, and hopefully isolate, the genetic markers for postpartum depression.

She hopes that the app-based model will let her study reach 100,000 participants worldwide, making it the largest ever on PPD. So far, the app and spit kits are available in the United States, the U.K., and Australia, with more countries joining up later this year.

Click [HERE](#) to read the full article.





Spring Crafts

(from happyhooligans.ca)

10 Spring Crafts for Toddlers and Preschoolers

10 spring crafts for toddlers and preschoolers to make! They're sweet, they're simple, and they're absolutely charming!

These crafts are all great for helping to develop fine motor abilities, and they're lovely for home, daycare, preschool or homeschool.

1. [Cork-Stamped Button Flowers](#) – A favorite spring craft for kids! These adorable **stamped spring flowers** are super-easy to make with old corks and colorful buttons!



2. [Coffee Filter Spring or Easter Wreath](#) – Kids will love the process used to make these **coffee filter wreaths**. So easy and colorful – they're perfect to hang on the door for Easter or to welcome Spring!
3. [Rainsticks](#) – Round up your recyclables and make some **colorful rainsticks**! Preschoolers will love using recycled materials to recreate the sound of falling rain!
4. [Woodland Fairy Tiara](#) – Fairy-loving children will love this easy spring craft. Pair up a grocery sack with some artificial flowers and make a **paper bag tiara**.



Spring Crafts, cont'd

5. [Tissue Paper Rainbows](#) – Check out the colorful **tissue paper rainbows**! You'll love the fun and easy technique used to draw our rainbows!



6. [Tissue Paper Spring Wreath](#) – Another easy way to make a **Spring wreath**! Toddlers will love crumpling the tissue paper for this pretty spring project!
7. [Paper Plate Birds](#) – Make these adorable "**rocking birds**" with a few simple craft supplies.



8. [Rainbow Wind Chimes](#) – Take the kids for a nature walk, and collect some sticks to make a vibrant **rainbow wind chimes**!
9. [Styrofoam Spring Art](#) – Here's a spring craft idea that's easy enough for even the youngest toddlers! Kids can create colorful **styrofoam spring art** with meat trays and foam shapes!
10. [Paper Towel Butterflies](#) – 3 different ways to make paper towel butterflies. Kids of all ages will love the process of coloring paper towels with colored water!

Click [HERE](#) for the full article.

Thanks once again for your support of this project!

-Abbie & Lori and the rest of the

Postpartum Well-Being Team