No matter how much you prepare for parenthood, you’ll for sure find yourself on your phone at 3 a.m. googling things you never thought you’d google as you try to figure out your new baby, your new body and your new life. I reached out to a bunch of fellow parents to find out the most common “weird” (but, as it turns out, not-so-weird) new-parent questions people secretly search, and then sourced the no-BS answers from experts.
IF YOU’VE GOOGLED ABOUT your lack of attachment to your newborn, you’ve probably also come across research that says early bonding is linked to everything from better mental health to smarter kids. Uh, no pressure or anything. But, despite what those sentimental diaper ads lead you to believe, not all parents fall in love with their child at first sight. In fact, in a 2018 meta-analysis, Norwegian researchers found that a sense of detachment from a new baby is common for moms—as is the ensuing guilt and shame.

I asked Deborah MacNamara, a clinical counsellor and director of Kid’s Best Bet Counselling in Vancouver, about those feelings, and she confirms they’re not unusual at all. “The idea that our child comes out and we’re not instantly madly in love with them? Well, we don’t know that child yet! We’re just getting to know them and they’re getting to know us.”

What’s important is that you’re able to take care of your child, she says. “Sing to them, touch them, feed them. Once you take responsibility in that way, your caring will come.” MacNamara stresses that attachment isn’t a task to achieve; it’s something that develops over time.

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**Why don’t I feel attached to my new baby?**

How do you hold an infant?

Before I had my own kids, holding other people’s babies had me breaking out into a nervous sweat. Because, confession: I didn’t actually know how to hold a newborn, beyond supporting the head. When I had my daughter, I still felt pretty clumsy and unsure with her squirmly, floppy little body, which led me to google the seemingly obvious question: “How do you hold an infant?” No surprise, the result was thousands of articles and YouTube videos, with many different answers.

But is there a “best” way to hold an infant? I put the question to Stephanie Bonn, a family chiropractor in Vancouver. She outlined the importance of supporting the head and neck, and added that, until little ones can sit up on their own, parents should also support their baby’s lower back and bottom when lifting or holding them. The idea is to minimize stress to their developing spine. An example of a supportive hold is the cradle hold, where you put your baby’s head in the crook of one arm and both arms envelop the back and bum. An unsupportive hold is picking up or holding your baby just under the shoulders, which is fine for older babies, but not great for newborns.

With all that said, research shows that how you respond to your baby in those early days comes from an intuitive understanding of what they need—so trust your gut and snuggle away. You’re doing it right!
Does my baby hate me?
When your newborn is screaming in your face and nothing you’re doing is helping, it can lead you to this question—to which the answer, according to MacNamara, is always no. She assures parents that while a baby may be frustrated—maybe they’re hungry, maybe they’re overwhelmed—they simply “don’t have the cognitive capacity for hate.”

So why are online parenting forums filled with distraught parents wondering why it can really feel that way? Infants give very little back in terms of reciprocity, so parenting can feel especially thankless in those early days. (Apparently this feeling returns in the teen years. Can’t wait.)

“When we assume responsibility for a child, there’s this existential thing that happens where we assume that if our baby isn’t happy, there’s something wrong with us,” explains MacNamara. You can’t take it personally, she says. An infant’s frustration is actually a signalling system that’s meant to bother parents so they pay attention and take care of an unmet need.

But what about when it seems like your baby prefers everyone over you, from Grandma to the grocery store cashier? Rest assured that babies are biologically programmed to attach to their primary caregiver. While you wait for this to feel true, focus on the small ways your little one does show love—like following the sound of your voice, gazing into your eyes and snuggling into your chest. Before you know it, you’ll be getting those gummy smiles, slobbery kisses and heart-exploding “I wuv you” announcements.

Will my postpartum vagina ever go back to normal?

WHEN YOU’RE PREGNANT AND imagining the days and weeks after the birth, you tend to focus on your baby, not so much your own body and recovery. Maybe that’s why so many new moms who deliver vaginally head to Google to find out what they can expect from their vagina—specifically, if and when it will ever be the same. We also search for info about healing from tearing, unusual discharge and the dreaded first postpartum poop; there are also longer-term challenges like prolapse, incontinence and prolonged pain.

There are so many vag-qualms that no one ever taught us and that we are too embarrassed to talk about, which is why we take to Google. It’s actually kind of sad.

Kate von Schellwitz, a pelvic floor physiotherapist in New Westminster, BC, agrees, and wishes moms would talk more openly about their vulvas, both among themselves and with their healthcare providers. “If somebody brushes you off or says, ‘Oh, that’s just normal after you have a baby,’ find a different practitioner,” says von Schellwitz. “Leaking pee is not normal. It’s common after childbirth, but it’s not something you should be expected to live with.”

That said, there may be some changes to your lady bits that are permanent. You might, for example, look or feel a bit different to your partner when you’re being intimate. And that’s OK—motherhood changes you and it can be empowering to find acceptance for your new kick-ass bod.

Will I ever want to have sex again?
Most of the moms I spoke to said that sex was quite literally the last thing on their sleep-deprived minds in the early days. But when they did start thinking (and googling) about it, they wanted to know if it would hurt (some research suggests it does, the first time, for as many as 85 percent of women), if they’d look and feel different to their partners (very possibly) and, of course, if they’d ever even want it again.

I brought the libido question to Kendra Hamilton, a certified somatic sex educator and co-owner of ESC Holistic Sexual Wellness in Vancouver. She says that, between postpartum hormones and the “physical battle scars” of labour, loss of mojo is just “mother nature’s way of saying ‘You just had a baby and this is probably not a great time to procreate.’” Unless there’s something deeper going on, your libido will return eventually, she says—but it’s also helpful to “nudge yourself in that direction.” The longer partners go without physical intimacy, the harder it can become.

Still, even if you’re physically cleared to jump back in the saddle, you might not feel emotionally and mentally ready. New dads and co-parents, too, often suffer a loss of sex drive. (Fatigue, anxiety and stress aren’t exactly a recipe for sexy time.) For many couples, there will have to be a relearning process for sex, says Hamilton, so patience and self-compassion are key. She recommends easing back into things through cuddles, kisses and massage, focusing on emotional connection and intimacy. Take your time.
Why is breastfeeding so bloody hard?!
Between latching and tongue-ties, too much milk or not enough, engorgement and leakage, and will-breastfeeding-make-my-boobs-sag worries, there was no shortage of breastfeeding questions among the moms I talked to. Some sobbed through cracked nipples, clogged ducts and mastitis, and tried everything from cream to compresses to cabbage leaves in order to ease the pain. It may be “natural” (whatever that even means), but breastfeeding is often the Mount Everest of early motherhood (without the satisfying selfie at the end).

New-mom challenges like breastfeeding are amplified by the sheer pressure of it all, says Elana Sures, a Vancouver-based clinical counsellor in private practice. “If it’s not going well, a lot of moms leap to, ‘I’m failing, there’s something wrong with me, my poor baby.’”

Many moms say nursing gets better with time (and supportive lactation consultants) and becomes a cherished, beautiful thing. But others received less support or were shamed when they wanted to stop nursing (despite all the online efforts around #normalizesleep and #fedisbest). Moms need emotional support, sound advice and zero judgment, whether they use breast, formula, pump or some creative mix of them all.

As for the question “Why is breastfeeding so hard?” It’s a brand new skill that you’re trying to learn while you’re tired, overwhelmed and responsible for a tiny human’s every single need. Give yourself a break.

Does my baby have colic?
Colic is typically defined as full-force crying for at least three hours per day, on at least three days per week, for at least three weeks. But lots of babies cry just a little less than that, or maybe you aren’t really sure how much they’re crying because it feels like it’s off and on all day long, or what the heck does “full-force” mean anyway? (My husband once used a decibel reader. It was 110 decibels, or the equivalent of a chainsaw, only a whole lot shriller.) So, it’s not exactly straightforward—and parents are desperate to know why their babies won’t stop wailing.

According to Karen Leis, a paediatrician in Saskatoon, we don’t really know why some infants develop colic. “It’s a developmental stage for some babies,” she says.

When I ask what can help, Leis says that, in discussion with their docs, breastfeeding moms can try a limited trial of probiotics (although the verdict’s still out on their usefulness) or eliminating certain foods, such as dairy, and bottle-feeding parents can opt for a different formula. Some parents also query about a tongue-tie, which can interfere with feeding (and a hungry baby equals a fussy baby).

Here’s the problem: It’s common for none of these things to help, and you just have to wait it out. “It’s so hard to do nothing,” says Leis. “But often, the right answer is just time.” Many parents report waking up one day and the screaming has magically stopped, usually when their baby is around three months old.

Leis knows how overwhelming it can be to listen to your baby crying for hours, especially if you’re alone. “It’s completely OK to put the baby down safely in their crib and go take a break,” she says. “Babies can cry on their own for a few minutes while you take five.”

When do babies sleep through the night?

I DON’T KNOW A SINGLE parent who’s never googled about baby sleep, and anyone who says they haven’t is probably lying. We all want to know how much our babies should be getting, if the drowsy-but-awake advice actually works for anyone and, mostly, when the heck we’ll ever get our eight hours again.

Of course, newborns are meant to have chaotic sleep schedules, says Maria Escola, a certified gentle sleep coach and founder of Sleepy Miracles Consulting in Langley, BC. It’s totally normal and expected for babies to wake up several times throughout the night and to need help falling back asleep.

When does that stop? It depends. Escola says it’s typically not until about six months that a healthy baby could be getting an eight-hour stretch, although some parents will say theirs achieved this milestone earlier, and others say their 18-month-old has still never gone a full night without a wake-up.

If you’re desperate for anything that might help in those first few months, rest assured that sleep experts say you can pretty much do whatever works. “Don’t worry about creating so-called bad habits because you can’t spoil a newborn,” says Escola. “Young babies don’t have the capability to sleep independently, so feeding, rocking or bouncing them to sleep is natural and normal.” There’s plenty of time for them to learn to self-soothe. As for your own exhaustion, all you can do is get through it—share nighttime duties if possible, or you may want to consider bed-sharing (just learn the risks first, since most paediatricians recommend against it). Then there’s the old sleep-when-your-baby-sleeps adage. Not easy, but worth a try!
Is it normal that I want to kill my spouse?

I asked Sures about this Google search. When she stopped laughing, she said that, yes, this is very, very normal (phew). “Having a child is one the first times people find themselves in the middle of a radically different embodied experience from their partner,” she says, adding that having kids can also highlight major differences in values (like one partner wants to sleep train while the other thinks it’s tantamount to child abuse).

Perhaps it’s not surprising (although it is a little depressing) that relationship researchers John and Julie Gottman found that about two-thirds of couples struggle during the first three years of parenthood, experiencing a noticeable decline in “relationship satisfaction.” In the first few months with a new baby, both partners tend to feel unappreciated, intimacy drops off and conflict increases. Although these studies looked only at opposite-sex couples, other research shows that same-sex couples experience similar strains.

So, yes, it’s pretty normal to want to kill your spouse (figuratively speaking, obviously!). But I still wondered: How should new parents—who, despite having zero bandwidth left to focus on their relationship, love each other and want to be happy—reduce conflict? Sures recommends framing your frustration around your own needs rather than on what you feel your partner did wrong. So instead of saying, “I can’t believe you didn’t start dinner!” you say, “I’m so exhausted, I just need to know you’ve got my back. When you start dinner, I feel really taken care of.”

This seems easier said than done—especially when you’ve been up since 4 a.m., you’re covered in spit-up and your partner spent 20 minutes hiding in the bathroom checking fantasy football instead of chopping vegetables. But tuning in to your partner’s emotional needs in those fraught early days is actually pretty important; numerous studies have found that both practical support (like chopping those vegetables) and emotional support (like listening empathically) are important for both partners’ mental health in the postpartum period. When things are really rough, remember—it gets easier with time. TP

THIS IS A TOUGH ONE. It can be hard to know what’s “normal” in those early days of motherhood. Many moms—about 70 to 80 percent, according to the American Pregnancy Association—experience the “baby blues,” which involves anxiety, sadness, irritability and fatigue in the first few weeks after giving birth. The more persistent and intrusive symptoms of postpartum depression and anxiety are less common (but more serious). These disorders often go undetected and untreated, leaving many mamas struggling in silence.

Even when women don’t meet the criteria for these disorders, new motherhood can kick up an emotional dust storm. Many women don’t enjoy those early days—even though they’re told repeatedly to savour every second. “The feeling of inadequacy is really big for new moms,” says Sures. “It’s partially just panic—like, ‘I don’t know what to do!’ But it can also hit those deeper guilt and shame emotions, which can take people to a dark place—as in, ‘I’m bad at this, and everyone else is doing better than I am.’”

Although postpartum mental health is getting more attention these days, it’s still steeped in stigma. Moms may joke about their new lives without showers and with copious amounts of coffee, but many struggle to talk about the complicated, messy feelings that accompany new motherhood. “I think it’s really important for new moms to have these emotions normalized, and to be told that what you’re seeing on Instagram is not the way things are,” Sures says.

Reaching out to a therapist, BFF or online support group is a great first step. The emotions you’re feeling need an outlet, says Sures. “ Suppressing negative emotions is actually what makes people more vulnerable to depression and anxiety. It’s really important to explore the entire range of feelings—about the baby, motherhood, marriage and everything else.”

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