

Special issues

This chapter provides an overview of special issues that health workers should think about when caring for mothers.

Learning Objectives

By the end of this chapter you will know:

The range of background factors or 'special issues' that can make women more vulnerable to mental distress around their pregnancy

Whether women are being referred to a professional counsellor, nurse, social worker or any kind of health worker, there are a number of special issues which should be considered when caring for mothers.

7.1 Poverty

Women living in poverty are at a greater risk of developing a mental illness, and those with mental illness are more likely to slide into poverty. Current studies show that as much as 1 in 3 women living in poverty in South Africa experience depression during their pregnancy.

There are many issues associated with poverty which can affect a woman's mental health, such as:

- Losing her job or being unemployed
- A change in social class or status, e.g. being divorced, being foreign, losing her home
- Housing problems, overcrowding
- Losing access to social grants or other forms of income
- Malnutrition
- Domestic violence
- Abuse
- Past or recent trauma
- Sick children or relatives requiring her care

When supporting a woman to identify the resources that are available, it must be kept in mind that women living in poverty face these significant challenges. However, it is important to be aware that the 'vicious cycle' relationship between poverty and mental ill-health can be broken, if the correct interventions are put into place.

7.2 Lack of support

Without support, a woman can feel lonely and overwhelmed, and may be less likely to get the help she needs during her pregnancy. This is why she is more likely to experience psychological problems.

It is PMHP's experience that even women living in busy or overcrowded settings can feel completely alone and in despair.

This may be because:

- The women don't feel worthy of support
- The women don't feel strong enough to seek out support
- The community disapproves of the women
- The community is not used to being supportive to women
- The community is trying to survive in a difficult environment

Signs that a woman may not be supported are:

- Difficult relationships with her partner or mother
- Little support from a partner or mother, such as financial and emotional support
- Difficult relationships with the wider family or community
- Isolation, because of being rejected due to her HIV status, an unintended pregnancy or her choice of partner

Note

Women value the support that comes from the people close to them. Women may feel supported if practical help or financial assistance is given. Emotional support is considered extremely important to mothers.

7.3 HIV status

Mental illness is much higher among HIV-positive people. This is because an HIV infection can make someone more vulnerable to mental illness. At the same time, having a mental illness can make someone much more vulnerable to HIV infection. So, in general, HIV-positive pregnant women have much poorer mental health than those who are HIV-negative.

When it comes to HIV-positive pregnant women, there are several issues that a counsellor should be aware of during and after the pregnancy.

During pregnancy:

- Some women learn of their HIV status for the very first time. They are then faced with the diagnosis, as well as a pregnancy that may be unwanted.
- If they disclose that they are HIV-positive, they might be accused of being unfaithful, be isolated, beaten or thrown out of the home by their partners or family.

They also face having to adjust to the Prevention of Mother to Child Transmission (PMTCT) Programme or having to take the Highly Active Antiretroviral Treatment (HAART).

After pregnancy:

- HIV-positive women face difficult decisions around feeding their infant
- If they choose to bottle feed, they run the risk of family and friends becoming suspicious of their HIV status
- Women experience guilt and anxiety that their babies may also be HIV-positive

Mental illness can also have a very negative impact on the progression of HIV/AIDS. Mental illness that is not treated can lead to:

- Poorer adherence to AIDS treatment, e.g. PMTCT or HAART
- Higher risk of AIDS-related maternal death

7.4 Adolescent pregnancy



Pregnant adolescents are at greater risk of developing mental illness. Also, young women who are depressed are more likely to become pregnant during their teenage years.

Counsellors should keep in mind that adolescence is a time when a number of physical and emotional changes take place.

Adolescent girls are vulnerable, and may have difficulties dealing with crises or recovering from trauma. They also may experience pressure to engage in sex or alcohol and drug use.

Pregnant adolescents need special mental health care that is non-judging and supportive.



'Typical' adolescent behaviour, such as aggression or withdrawal, may be the natural 'fight or flight' responses to the terrifying situation in which the adolescent finds herself. A health worker validating her fear and showing empathy can make a positive difference to the outcome for the girl and the pregnancy.

7.5 Being a refugee

Women who have had to leave their home countries, because of war or economic difficulties experience high rates of trauma. They may have experienced violence during war or during their travels to South Africa. Refugee women are also particularly vulnerable to being raped. In addition, they are often living in poverty and may find it difficult to access health care.

Because refugees have been separated from their families, they often have very few sources of support, or no support at all. They may find it difficult to communicate in the local language. Some communities are violent toward refugees, so refugee women may also face social isolation, discrimination and even violent forms of xenophobia.

These experiences, on top of previous trauma of violence, economic hardship, the death of loved ones, torture or rape, can lead to very poor mental health among refugee women.

Counselling a refugee woman can be difficult, as she may:

- Be very scared
- Not trust strangers or people in positions of power, such as health workers
- Find it difficult to express herself in your language
- Not understand the procedures of the clinic or what is happening during her pregnancy or labour.

" Loneliness, loss of identity, poverty and trauma are the main stressors that we see. Many refugee women have no one to talk to, and pregnancy makes them more vulnerable. "

Charlotte Mande-Ilunga
French-speaking PMHP counsellor

7.6 Drug or alcohol misuse

Drug and alcohol misuse are serious health problems and may require the mother to be referred to addiction specialists. But, being aware that the mother has a substance misuse problem is important for your own treatment of the mother, and for her overall antenatal care. The most commonly misused substances in South Africa are alcohol, cannabis, 'tik' (or methamphetamine), crack/cocaine and heroin. Alcohol misuse is the biggest substance misuse problem in South Africa.



Note

Drug or alcohol abuse is also a mental illness, and can be treated. By being supportive, you can make a positive impact in her recovery.

Drug or alcohol misuse can lead to mental illness, and in some cases, mental illness can make a person more likely to misuse drugs or alcohol. The signs of drug or alcohol misuse can be similar to depression or anxiety:

- Agitation, irritability or mood swings
- Isolation from other people or not wanting to be around people
- Inability to keep up with responsibilities due to time spent trying to find drugs or alcohol
- Inability to keep up with responsibilities because of regularly being high or not being sober
- Inability to take care of oneself or children because of being high or not being sober

If you are concerned, you can ask informal questions to determine if the mother uses drugs or alcohol. Non-threatening questions could help you start this conversation. For example:

- Have you ever used alcohol or drugs in the past?
- Have you ever used anything to help you relax?

If the mother is using substances, refer her for appropriate assessment and treatment. Brief motivational interviewing has been shown to be useful for addiction problems. If your facility does not have such services, try to find a suitable referral organisation in your community.



Direct questions such as 'are you drunk?' are threatening and may sound judgemental. This may make the mother defensive.

7.7 Domestic violence and abuse

There are very high rates of rape and violent assault in South Africa: it has the highest rate of violence against women in the world.

Specifically, experiencing domestic violence is common in South Africa, and domestic violence is likely to increase during pregnancy. It is important for the counsellor to pay special attention to these situations as they can affect a woman's mental health.



Definition: domestic abuse

Domestic abuse is defined as abusive acts that threaten a person's physical safety, freedom, health and emotional well-being. Abusive acts can be physical, sexual, emotional and financial. These are committed by someone the person lives with, or used to live with (a domestic relationship).

E.g. a partner or ex-partner, boyfriend/girlfriend, parents, children, family member or a person sharing the same home.

Domestic violence is abuse which often has a specific purpose in mind. It is used by someone to gain and maintain control over the person. This use of control is designed to make the person feel fearful of the abuser, so that control over the person's life can be maintained.



Definition: intimate partner violence (IPV)

Intimate partner violence (IPV) is defined as threatened, attempted, or completed physical or sexual violence or emotional abuse by a current or former intimate partner.

IPV can be committed by a spouse, an ex-spouse, a current or former boyfriend or girlfriend, or a dating partner.



Definition: emotional abuse

Emotional abuse is the repeated use of controlling and harmful behaviours by a partner to control a person. As a result of emotional abuse, a person may live in fear and have altered thoughts, feelings and behaviours, as well as deny personal needs, to avoid further abuse. Emotionally abusive behaviour by someone's partner may include:

- Harsh, unreasonable and repeated criticism
- Unreasonable or unrealistic demands or expectations
- Unpredictable behaviour
- Aggressive behaviour such as blaming, threatening and demanding
- Humiliation and other verbal assaults
- Isolation
- Using 'fear tactics' or 'guilt trips'
- Threats of abandonment, or threats of having an affair
- Threats of harm to the person, or the person's children, friends or family
- Exploitation
- Forced sexual acts
- Control of person's sexual and reproductive choices
- Financial control (see financial abuse below)

Remember, the abuser uses emotional abuse to damage someone's feelings of self-worth and independence. People who have experienced emotional abuse may feel that there is no way out of their relationship, or that 'they are nothing' without their abusive partner. They will often blame themselves for the abuse.



Definition: physical abuse

Physical abuse is physical injury inflicted on a person, on purpose, with the intention of being cruel and/or hurtful.

Physical abuse can refer to punching, beating, kicking, biting, burning, shaking, or any other way of harming someone's body physically.

Physical abuse can happen just once, or can be on-going.



Definition: sexual abuse

Sexual abuse is any contact or interaction (physical, visual, verbal or psychological) between one person (victim) and another who is in a position of power (abuser). The difference between rape and sexual abuse is that sexual abuse can be any act which uses someone for sexual stimulation. It can happen just once, or be on-going.

When sexual abuse is committed by a person who is a blood or legal relative, this is incest.



Definition: rape

Rape is any sexual act which has been forced onto another person. It can include, but is not limited to, acts of sexual penetration into the vagina, anus or mouth of another individual without their consent. A person can be raped by their partner, a family member, a friend, someone they know, a stranger, or by several people. When rape is committed by a person who is a blood or legal relative, this is incest.

Rape is a violent, traumatic and life changing experience that can happen to anyone. It can create stressful situations within a person's relationship, family and community.



Definition: financial or economic abuse

Financial abuse is a way of exercising control over another person. Financial abuse may include:

- Strict control over a person's finances, such as restricting the person to an 'allowance' or 'pocket money'
- Withholding money
- Withholding basic necessities, such as food, clothes, medicine or even shelter
- Preventing a person from working or from choosing a career
- Sabotaging a person's job, such as causing reasons for the person to miss work, calling or going to the person's workplace frequently
- Stealing from a person or forcibly taking the person's money

Why do women stay in abusive relationships?

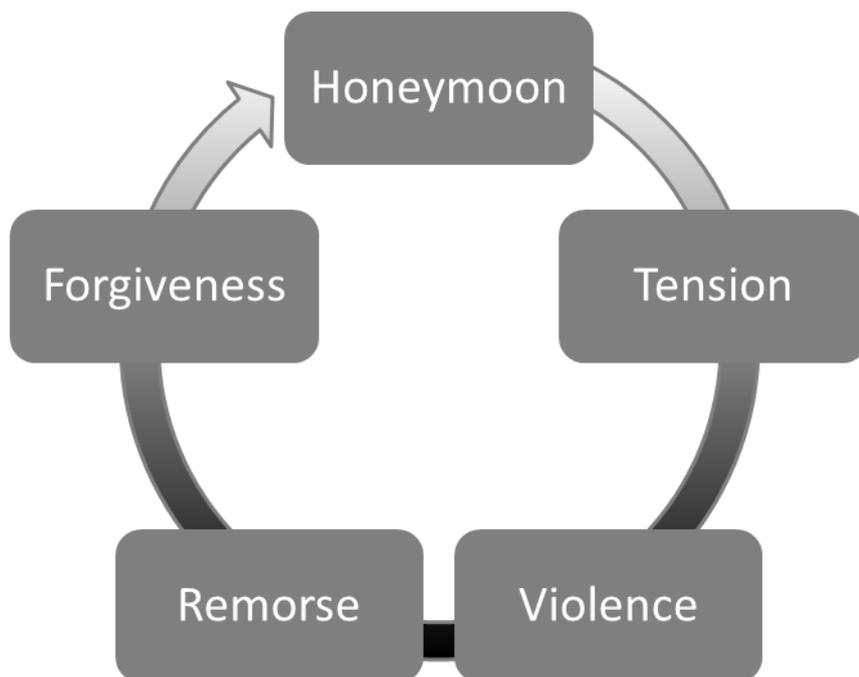
There are many reasons why women stay in abusive relationships. A woman might:

- Feel she is dependent on the abuser to support her and her children financially
- Think it is best that the children grow up with their parents living together
- Feel she has nowhere else to go
- Have been threatened by the abuser if she were to leave
- Feel worthless
- Hope that the abuser will change and stop being abusive

The cycle of violence

Domestic violence often occurs in a cycle.

- **Honeymoon:** a violence-free period
- **Tension:** as the relationship progresses, arguments start; the abuser's reaction seems extreme and tension builds up
- **Violence:** the abuse begins, and can be of any form (e.g. physical, emotional etc.)



- **Remorse:** the abuser shows remorse and repeatedly apologises and begs forgiveness
- **Forgiveness:** the woman starts feeling guilty, thinking perhaps she was the cause of the outburst, and accepts the abuser's apology
- **Honeymoon:** the quiet, violence-free period starts again and the cycle continues

The cycle goes on and on, most of the time because the woman hopes that the abuser will change and go back to the person she once knew.

How can you tell if a woman has been or is being abused?

Women are not all the same, yet there are some common signs that women show when they are experiencing abuse.

Rape and other forms of abuse can have a range of effects on women, such as:

- **Physical effects:** shock, physical injury, nausea, tension headaches, disturbed sleeping and eating patterns, HIV or other sexually transmitted infections, pregnancy
- **Behavioural effects:** crying more than usual, difficulty concentrating, restlessness, listlessness, withdrawing from people and relationships, not wanting to be alone, being easily frightened and jumpy, being easily upset, irritability, fear of sex, loss of sexual pleasure, changes in lifestyle, increased substance misuse and behaving as if the rape did not occur
- **Psychological effects:** anxiety and fear, guilt, helplessness, humiliation and embarrassment, shame, lower self-esteem, anger, feeling alone and misunderstood, losing hope for the future, numbness, confusion, aggression, personality changes, loss of memory, having flashbacks of the rape, nightmares, anxiety, depression and suicidal thoughts



If a woman does not show any of these reactions or symptoms, it does not necessarily mean that she has not been abused.

Women who are experiencing abuse by their partner may:

- Seem afraid or anxious to please their partner
- Go along with everything their partner says and does
- Check in often with their partner to report where they are and what they are doing
- Receive frequent, harassing phone calls from their partner
- Talk about their partner's temper, jealousy or possessiveness

Warning signs of physical abuse can include:

- Frequent injuries, with the excuse of 'accidents'
- Frequently missing work, school or social occasions, without explanation
- Dressing in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors)

Warning signs of isolation and emotional abuse can include:

- Being restricted from seeing family and friends
- Rarely going out in public without the partner
- Have little or no access to money
- Not being able to make appointments with doctors, counsellors or anyone else because the partner does not approve

What should I do if the mother is being abused?

Women who are suffering from domestic violence can feel very vulnerable and alone. So, it is especially important to support them emotionally and provide practical support. This can be done by helping them understand their situation and what their options are, and refer them to community organisations for legal and social support.

Note

Many health workers avoid asking about abuse, perhaps because they are worried it will take a lot of their time and energy to deal with, they do not feel properly trained to help, or because they do not know about options for care.

Emotional support

- Ask the mother how she is feeling
- Express your concern
- Listen to her and acknowledge what she tells you
- Avoid pressuring her to leave her abuser, unless her safety can be guaranteed
- Women are often most vulnerable to violence and murder after they attempt to leave.
- Use the basic but powerful listening and counselling skills covered in Chapter 6 of this handbook.

Provide options

- Explain to the mother that she has a right to human dignity, freedom of movement, equality and life. Explain that the way she is being treated goes against her rights.
- Explain that she can apply for a Protection Order (in South Africa), which will legally forbid the abuser from committing any acts of domestic violence against her.
- There is more information about the process of applying for a Protection Order in the Resource section at the end of the handbook.
- Try and get to know the NGOs, support organisations or shelters that work with domestic and gender-based violence in the community: you can refer the woman to one of these so she can get legal, social and emotional support.
- Contact details of several relevant organisations in South Africa are provided in the Resource section.

Remove the woman from immediate harm

- In extreme situations, the woman may have to remove herself from immediate harm, and stay in a shelter or at a friend's or relative's home.
- This is a difficult and important step for a woman victim of domestic abuse: it is essential that you show empathy and emotional support.



If she does decide to take action:

1. The abuser might suspect that she is leaving, so she may not want to disclose her plans. Try to be patient, understanding, and not pressure her to talk.
2. She is especially vulnerable, as she will no longer have the financial or practical support she had in her home. Try to make sure that there is someone (e.g. sibling, cousin, friend, or someone from a support organisation) who can support her and help her stay away from harm.
3. Try to support her choice, no matter what she decides to do.

Attend to the woman's physical health

Besides mental health, women's physical health is also affected by domestic violence. Because domestic violence tends to get worse when women are pregnant, try to be especially aware of the physical conditions of the women in your care who report domestic violence. They may require medical assistance or medical referral, in addition to regular antenatal or postnatal care.

Note

A woman may deny she is being abused when she is asked about it. However, by simply asking, you are showing the mother that you care. She will appreciate that, and may feel safe to disclose at a later stage.

7.8 Child abuse

While working, you may come across mothers who are engaging in or witnessing abuse of their own children.

What is child abuse?

Child abuse is when a child is being hurt, on purpose, in any way, physically or emotionally. This includes emotional, physical and sexual abuse, and emotional and physical neglect.

Abuse

- Emotional abuse is constantly criticising, humiliating and mocking a child.
- Physical abuse is any act of physical assault (e.g. hitting) or physical exploitation (e.g. forced child labour) by parents, caregivers or strangers. This includes cuts, fractures, bruises, shaking, burns and internal injuries.
- Sexual abuse is any act of sexual assault and sexual exploitation of minors by parents, caregivers or strangers. It can happen just once or be on-going. It includes fondling a child's genitals, intercourse, rape, sodomy, exhibitionism and pornography.

Neglect

- Emotional neglect is the on-going failure to provide a child with appropriate emotional support, attention and affection.
- Physical neglect is the failure to provide children with adequate food, clothing, shelter and medical care. Physical neglect also includes abandonment, expulsion from home and failure to enrol children in school. It is important to distinguish between neglect on purpose, and a parent's failure to provide food, clothing and shelter because of poverty.

What are some of the causes of child abuse?

It is common for abusive parents to report being physically, sexually or emotionally abused as children. However, there are parents who have not been abused as children who become abusive, as well as parents who have been abused as children who do not abuse their own children.

Some of the reasons parents or caregivers can become abusive are:

- Low self-esteem
- Hostility and anger
- Feelings of isolation, loneliness or being overwhelmed
- Anxiety
- Depression
- Apathy
- Fear of rejection
- Emotional immaturity
- Difficulty with being able to trust others
- Drug or alcohol misuse
- Adjusting to being a first-time parent, especially if the infant cries a lot, is 'difficult' or does not sleep well
- Parents' lack of knowledge about childhood development
- Lack of parenting skills and inappropriate attitudes e.g. acceptance of violence as a way to solve problems
- Unwanted pregnancy
- Physical illness
- Being unable to empathise or relate to the child



None of these factors make abuse a certainty. It is important to explore carefully all the details before making a claim of child abuse.

What types of children are at risk?

The child's age and physical, mental, emotional and social development can increase or decrease the chance of abuse. Younger children, due to their physical size and developmental status, are more vulnerable to certain forms of abuse, such as the 'battered child syndrome', the 'shaken infant syndrome' and the 'failure to thrive syndrome'.

The child's behaviour, (e.g. crying, being unresponsive or irritable) can increase the likelihood of abuse, particularly if a parent is not able to relate to the child, or has difficulty controlling his or her own emotions.

In general, children who are thought to be 'different', such as disabled children, are at greater risk of abuse. Children who are socially isolated can also be at high risk. For example, a child who does not have close relationships with his family and has few or no friends can be more vulnerable.

What types of families are at risk?

The situation of some families can increase the likelihood of abuse, such as:

- Conflict in the marriage
- Domestic violence
- Unemployment and financial stress
- Social isolation

Abusive families are often isolated from their neighbours and the community. As a result, abusive families tend to participate less in community activities and make less use of available economic, health and social resources. You may also notice over-reactions to the child's negative behaviour, and very little reaction to positive behaviour. In addition, abusive parents often use inconsistent and inappropriate forms of punishment and discipline.

It is important to remember that cultural or religious differences can make it difficult to identify or act on child abuse. What one culture defines as child abuse can be a socially acceptable act in another culture.

For example, values concerning the role of the child in the family, and attitudes about the use of physical punishment, differ between cultures. It is important to be sensitive and careful in these cases.

What can you do about child abuse?

It is your duty and obligation by law as a health worker to take action if child abuse is taking place. You may notice that a mother is not coping. She might say something that causes you to be concerned, such as:

- When I am stressed I hit or shake my baby
- I'm afraid that I'm really going to hurt my baby
- I want to shake my baby until she stops crying
- I often feel out of control

It is important to take these comments seriously. Some examples are given here of what you can say to a mother if you are concerned that she may hurt her baby.

Note

Child abuse may be a mild, single event, or more serious or on-going. Your responses should adapt to the level of abuse.

If the mother only hurt her child once, you can help the mother think about some short-term solutions. You can say:

- This sometimes happens if someone is feeling very stressed. However you must make sure that this does not happen again, to avoid harming the child physically and emotionally.
- If you can, take a quick walk outside, have a bath or wash your face.
- Breathe deeply and slowly.
- Count to ten.
- Only go back to your baby when you feel you can control your emotions.
- Hitting a pillow, or shouting into the pillow can help release some of your stress.
- Talk to someone you trust.
- If you feel like this again, walk out of the room after making sure that your baby is safe. Then, phone your partner, mother, friend or counsellor.
- Help the mother understand the baby's needs and behaviour. For example, explain that the baby is not trying to frustrate her on purpose. If you think that she should be referred to a counsellor, you can introduce the idea by saying: 'It sounds as though you are extremely stressed and that you need help immediately. I need to refer you to someone who will be able to give you the help and support you need. They might want to speak to you, your partner or your family about the situation.'

If you are concerned that the mother has hurt her child more than once, you may have to call Social Services or Child Welfare. The mother may have said things like:

- Yesterday I really hit my child hard, I felt like I was losing control
- I was so frustrated that I shook my baby
- I threw my child on the bed

The mother may feel unsure or even scared about Child Welfare getting involved in her life. Many mothers fear that their child/children will be taken away from them.

- Explain that you are going to phone Social Services/Child Welfare, which supports families in times of crisis. Explain that they help families to avoid tragedy and to overcome crisis situations.
- You must be firm about contacting Social Services or Child Welfare because the child's life is at risk.
- Be empathetic. Listen to the mother's feelings and allow her to share her fears and concerns.
- Do not sound shocked.
- Do not judge the mother.
- Assure her that Social Services/Child Welfare will do what is best for the baby and the mother.

If you think that the mother has abused her child more often, or you believe the mother is likely to hurt her child again, you can offer her some longer-term suggestions, like:

- You need to take this incident very seriously. It shows that something in your situation must change.
- You should get help in finding ways to reduce your stress levels.
- Therapy can help you to feel calmer and help you find solutions to your problems.
- Sometimes stress, depression or anxiety can result in you hurting your child. Counselling or medication can help with this. A therapist can help you decide if medication is an option for you.
- You may need more support from your partner, family, friends or neighbours.
- You may need practical help, like help with your housework. It is important for you to understand that more help may be necessary to have relief from the baby. This does not make you a bad mother. Making sure you get relief and support so that you can take better care of your baby is a good thing.

7.9 Suicide

Suicide is one of the greatest causes of maternal mortality in developed countries such as the United Kingdom and the United States of America.

Researchers believe that the suicide rate is also very high in South Africa. However, suicide is usually not reported correctly, possibly because family members often try to hide the fact that a suicide has taken place, due to the stigma of mental illness.

Some potential reasons for a high suicide rate among pregnant women are:

- The impact of HIV/AIDS on women's mental health
- A high rate of adolescent pregnancies – adolescents are at higher risk of mental illness and are more likely to commit suicide than adults
- Poverty and social problems

You may have heard many stories about suicide and the type of people who commit suicide, and those who do not. Some of these are incorrect, as can be seen in the table on the next page.

Danger signs

Sometimes a woman can show very clear signs that she wants to hurt herself. However, it is important to remember that there are no rules. A woman who is suicidal may not exhibit any of these signs, but may still be in danger of harming herself.

These are possible signs:

- The mother has made direct comments about wanting to commit suicide
- The mother has said that she wants to die
- The mother has talked about how she plans to commit suicide
- The mother feels that 'the baby would be better off without me'
- The mother is getting her affairs in order, like making plans for her children, or giving away her most valuable and important possessions

- If you have met the mother before, you may notice changes in her mood and/or behaviour, for example,
 - She may be eating less, or more
 - Her sleeping patterns have changed
 - She has withdrawn from other people
 - The mother is severely depressed

Other signs that the woman may be at higher risk of hurting herself are:

- She has made previous suicide attempts
- She has a history of severe mental disorder
- She is dependent on drugs or alcohol
- She is a victim of violence, e.g. rape, domestic violence, abuse
- She is a person who 'acts out' her feelings instead of 'talking them out'



If the risk seems high, and you think the mother is in danger of acting on her plan, do not leave her alone.

GET HELP URGENTLY!

Common myths about suicide

Incorrect	Correct
People who talk about suicide do not commit suicide.	Eight out of ten people who commit suicide give warnings.
Suicide happens without warning.	Studies show that the suicidal person gives many clues and warnings before attempting suicide.
Suicidal people want to die.	Most suicidal people are undecided, but take chances and unusual risks. These actions can be a cry for help, and may be asking someone to save them.
Improvement following a suicidal crisis means that the crisis is over.	Most suicides occur within the 3 months after the person has recovered from a previous suicidal episode. This 'improvement' sometimes means that the person now has the energy to put his/her suicidal thoughts and feelings into action. Sometimes the 'improvement' is because he/she feels relieved at having made his/her final decision.
Suicide is the act of a psychotic or 'mad' person.	Although the suicidal person is extremely unhappy, the person is not necessarily suffering from a severe mental illness. The person does not have to be psychotic to be suicidal.
Once suicidal, always suicidal.	Often a suicide attempt occurs during a particularly stressful period. If that period can be managed and good coping strategies can be developed, the person can continue with a normal, happy life.

What you can do

It is important to take any threat or hint of suicide seriously. If the mother shows one or more of the above signs, you should take action.

- Let the mother know you care about her.
- Do not make out like she is being 'silly'.
- Do not ignore her feelings, put her down for feeling this way, or scold her.
- Do not judge her.
- Empathise, but do not encourage the mother to feel sorry for herself.
- Be supportive, but do not make unrealistic promises. It is not your job to 'rescue' the mother: instead, care for her and make sure you refer her so she can get the help she needs.
- Talk openly about suicide.
- Ask the woman how she plans on committing suicide. The more detailed her plan is, and the more time she has spent thinking about how to commit suicide, the higher the risk.

**Note**

The way that you speak to the mother is very important.

Possible ways to get help

- Inform the doctor or sister-in-charge immediately
- Call her partner or a family member (but not someone she is afraid of or who she does not trust)
- If available, contact the psychiatric nurse at the nearest facility
- Call a helpline, so she can speak to a counsellor on the phone (see the Resources section)
- Call the woman's Minister, Pastor or religious leader if she has one, or contact your own if you think they can help
- Give her the telephone numbers of helplines and emergency services

What you can say

This is a very difficult situation and it is important to stay calm while speaking with the mother. Below are some suggestions for what you can say to her:

- It sounds as if life has become very difficult for you.
- Have you felt like this before?
- Have you thought about how you might do it?
- When we feel extremely stressed, we sometimes think of extreme solutions. We feel there is no way out. But this is a serious step to take. I don't want to argue about how you feel. It is clear that you are feeling very, very bad. But together we can find ways of dealing with your extreme stress.
- Other people have felt suicidal, and feel as badly as you do now, and they have found help.
- When we feel suicidal, it means that we have more pain than we can cope with. Can you give yourself time to think about ways to cope? Can you wait 24 hours before doing anything? We can use this time to think about other solutions to cope.
- You are not a bad person, or crazy, or weak, because you feel suicidal. It may not mean that you really want to die – it may mean that you have more pain than you can cope with right now. You deserve to get help. You deserve to feel better.
- You can be proud for speaking to someone about how you feel. It means that you want to survive this; that some part of you wants to live. It shows that you are a survivor.
- I feel that I need to contact your partner/doctor/family to let them know how desperate you are feeling. You need support right now, and they can help in different ways to support you.



Get support for yourself!

If you can, talk to someone you can trust afterwards. While respecting the confidentiality of the mother, you may need to debrief after helping someone who is in a lot of pain. This experience can be traumatic for both of you.

7.10 Grieving and loss: miscarriage and stillbirth

When a woman loses her baby through termination, miscarriage, stillbirth or neonatal death, she, and her partner if present, are in need of emotional support. They could have a range of needs related to this experience.

- They may be in shock.
- They may need time to sort out their feelings.
- They should be given plenty of time to make decisions, e.g. whether they want to hold the baby.
- They may need on-going counselling, especially if this has happened before.

How to help women who experience miscarriage

During or after a miscarriage you can:

- Acknowledge the loss of 'a baby', no matter how early the miscarriage. Avoid using words like "miscarriage", "embryo" or "foetus" as these may seem impersonal to some women.
- Explain that the miscarriage is not the mother's fault and that it can happen in as many as a third of pregnancies.
- Recognise that parents can experience intense grief, however early the miscarriage. You can help them to acknowledge these feelings.

How to help women who experience late miscarriage, stillbirth or neonatal death

Late miscarriage

When a baby dies before birth and the mother has not experienced the baby as separate from herself, the death can be experienced as a loss of part of herself. This can be experienced as a sense of emptiness.

Often a miscarriage is not recognised as a 'loss of a baby'. This can make recovery very difficult. Many mothers find it helpful to mourn their loss and to create a memory of their baby. This makes the experience and the baby 'real'.

Here are ways you can help her:

- Help the mother talk about the baby even if their time together has been brief
- Help her remember the baby's behaviour during pregnancy
- Support her in holding and saying goodbye to her baby, if appropriate
- Be supportive while she decides to have a funeral or not

It is important to remember the baby, and the death, as a real event. Grieving properly can deeply affect a mother's mental well being in the future, especially if she plans on having more children.



Stillbirth or neonatal death

Help the woman and her partner express and manage their feelings when they know before the birth that the baby is dead. Before and during the birth you can help the mother, and her partner if he is present, to discuss their wishes for the baby:

- Do they want to see the baby?
- Do they want to have the baby delivered into her arms?
- Do they wish to cuddle the baby while he/she is still warm from the mother's body warmth?
- Have they chosen a name so the baby can be greeted by name at birth?
- Do they want a photograph of the baby?

Treat the baby gently at birth, e.g. wrap the baby in warm blankets.

Practical suggestions for after the birth

- Parents may not know how to be with their dead baby. Watching the health worker's tender interaction with the baby may help to show them.
- Offer to show the stillborn baby to the parents and other members of the family, if they wish, and help them cuddle the baby if that is what they want. Point out positive features, e.g. beautiful little hands.
- Support parents in deciding whether to stay with a dying or dead baby, and help them care for the baby if they want to do this. Do not judge their decision, whatever it is.
- Give parents privacy with their baby for as long they want after the birth. Put a bereavement (grieving) notice on the door.
- Help parents to obtain photographs and other mementos, such as a foot or hand print or lock of hair, if this is what they want.
- Tell parents where their baby has been taken in case they want to see their baby again.
- Explain to them the procedures that will take place after the birth, e.g. Will there be a post-mortem? What will the funeral and administrative arrangements be?

See the text box on the next page for more suggestions on how to help women and their partners who have experienced loss.

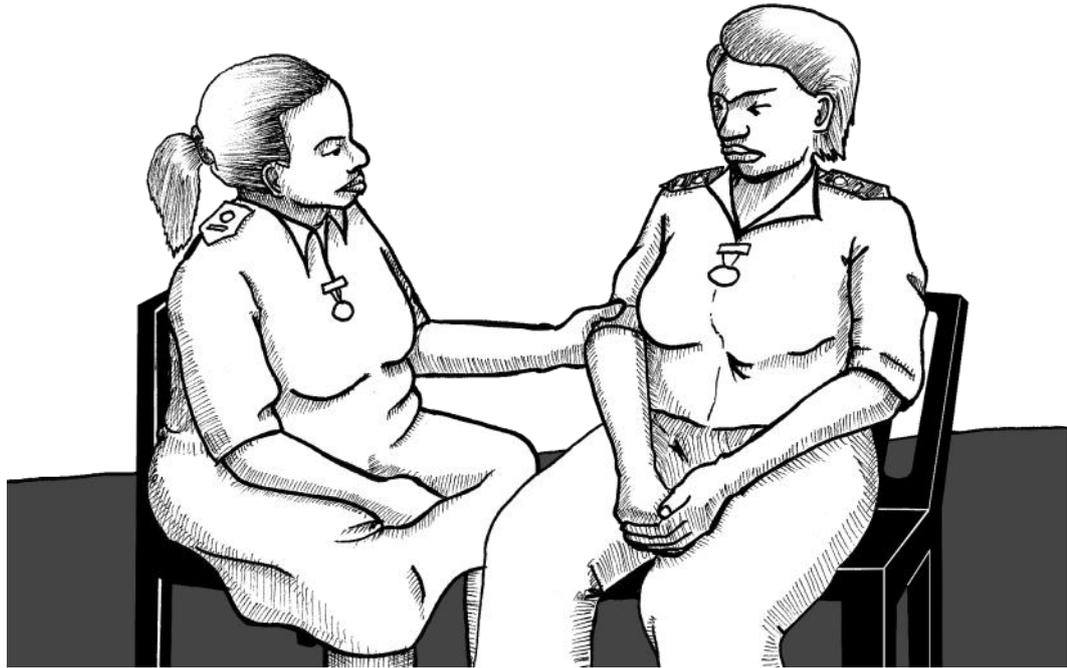


Tips

How to help women and their partners who have experienced a loss

- Stay close, and provide emotional support.
- Create an atmosphere of trust.
- Talk with both parents, if possible, so that the mother is not burdened with all the grief and so that the father's grief is acknowledged.
- Be aware that either parent may express anger. They may want to blame someone.
- Explain what has been done to save the baby and answer their questions about whether anything else could have been done.
- Be prepared to talk through likely outcomes of future pregnancies.
- Help parents express their feelings, particularly their fears.
- Empathise with the parents. It is acceptable to show some of your feelings, but be careful not to get too involved, to avoid the parents feeling concerned about your feelings and grief.
- Ask parents what they want to know and give relevant information. Do not assume they know more than they do. They may be upset and confused. Give explanations, where appropriate, to help them understand what has happened.
- Put parents in touch with support services, such as support groups or counsellors (see the **Chapter 8: Resources**)

Look after yourself



The loss of a baby, a late miscarriage or stillbirth can be very upsetting for everyone involved. It may help the parents to see you share their sadness and grief, and this can validate their feelings and show them that grief is a normal reaction.

Do not be afraid to show your emotions. However, make sure you are not putting too much of a burden on the parents by being upset. Instead, you may need to talk to someone else about the experience.



Do not be afraid to ask for support or a debriefing if you need it.

7.11 Summary

- There are several special issues that need to be taken into account when providing care and treatment for mothers.
- These include their level of poverty, how much support they have, their HIV status, if they are adolescents, refugees or substance users, their experience of abuse and whether they might be involved in abusing their own children.
- If a mother is suicidal she requires special attention and there are number of steps you can take to support her and get help.
- Miscarriage, stillbirth or loss of a baby is a traumatic experience for parents. There are a number of steps you can take to help them deal with this experience.
- These issues can also affect you as health workers. Try to get support or arrange a debriefing if you feel a particular mother's experience has affected you in some way.

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