Maternal care: 
a relationship between you and the mother

This chapter explains why the perinatal period is an important time in a mother’s life. It also highlights the importance of the relationship between you and the mothers in your care.

Learning Objectives
By the end of this chapter you will know:

- What the ‘perinatal period’ is
- Why mental health care is important during the perinatal period
- The importance of your relationship with mothers in your care
- How to understand the untold or ‘secret’ history of the mother and yourself
- How the ‘secret history’ can impact on the mother and yourself
2.1 The mother and the perinatal period: a time of change

What is the ‘perinatal period’?

The perinatal period is defined as the time from the beginning of pregnancy through childbirth, to the end of the first year of being a parent.

Why focus on the perinatal period?

During the perinatal period, women experience changes in body, self-image, expectations and relationships. They are also faced with new challenges and responsibilities. It is a major life transition, which can be stressful and make mothers very vulnerable to mental illness. This is why pregnancy and childbirth can be very difficult times for women.

In many low- and middle-income countries, women and girls can experience severe traumatic events during their lives. Domestic violence, rape, crime, HIV, poverty, a lack of supportive relationships and previous traumatic births or pregnancies are just some of the challenges pregnant women may face. These situations can make the difficult perinatal period even more stressful.

2.2 Why is your relationship with the mother so important?

A mother who is experiencing emotional difficulties is more likely to have health problems, such as birth complications, traumatic birth experiences and postnatal depression. These problems can be avoided or improved if the mother receives gentle and compassionate care. This is why the role of the health worker is so important.

By caring for the mother’s overall well-being, you can also have a positive impact on the mother’s ability to care for her infant and the development of her child. A mother who feels safe, understood and well cared for will be better able to bond with, breastfeed, and care for her baby.

This concept is encouraged by The Better Births Initiative (BBI).
The Better Births Initiative (BBI)

The BBI is an international project which aims to improve the quality of care during labour and childbirth. By adopting the BBI principles and practices - which are based on scientific evidence - you can prevent harm and improve the health of women and their babies. The BBI principles are useful in the South African setting, and have been adopted in many maternity units in low- and middle-income countries.

**Principles**

- Humanity: women are to be treated with respect
- Benefit: provide care that is based on the best available evidence
- Commitment: health workers are committed to improving care
- Action: develop effective strategies to change harmful practices

**Practices**

Avoid practices which have no proven benefit, for example:

- shaving
- enemas
- supine position at delivery (lying on the back)
- withholding fluid and food in labour
Avoid procedures for which there is no proven benefit, for example:

- perform an episiotomy only when clinically required
- reduce early amniotomy (rupturing of membranes) unless progress in labour is abnormal
- only use suction for babies when meconium is present

Promote practices which have proven to be of benefit:

- allow mothers to move during labour
- allow mothers to be in different positions for delivery
- provide fluids and food during labour for energy and hydration
- encourage and ensure that mothers have a companion during labour
- ensure that HIV-positive mothers can prevent mother-to-child transmission
- provide magnesium sulphate for treating eclampsia
- provide oxytocin in the third stage of labour to prevent postnatal complications

If you would like to know more about the BBI:

- Speak to the BBI representative or manager at your facility
- Read more online at the World Health Organisation Reproductive Health Library website: www.who.int/rhl/en/
- Contact the Effective Care Research Unit at the Frere Cecilia Makiwane Hospital. Tel: 043 708 2120/34 Fax: 043 709 2483

2.3 The emotional state of women in your care

We usually expect women to be happy about being pregnant and having a baby, but for many women this is a time of extreme stress.

What influences women in the perinatal period?

The following image shows the different factors which can influence a woman’s emotional state during the perinatal period. In order to provide better care, health workers need to consider her whole life experience.
What influences women in the perinatal period?

**Self**
- Biological and genetic factors
- Personality
- Personal beliefs
- Past history

**Family**
- Relationships with others (e.g. father of child)
- Others’ expectations of mother and baby

**Community**
- Safety
- Availability of services
- Stigma

**Household**
- Income
- Resources for child rearing
- Availability of child-care
Understanding different backgrounds and circumstances

Each mother is different. It is challenging to care for each woman as an individual. It is important to acknowledge that you may be dealing with:

- HIV-positive women
- teenagers
- women who did not plan their pregnancy
- women who have been physically, mentally or sexually abused
- women who have moved from rural to urban areas during their pregnancy to look for better health care
- women living in poverty
- women who speak other languages, or come from other countries
- women who have been rejected by their communities and families because of their choices or circumstances
- women who feel isolated and alone
- women who are far from their own mothers and in need of ‘mothering’ care and support
- women who want to, or are expected to, follow traditional rituals associated with childbirth and becoming a mother

Activity

The ‘secret history’

The clinical setting does not allow you to get to know each mother very well. The mother may also not have had the opportunity to tell you her story. However, it is helpful for you (and the mothers) to try and understand the point of view of the mothers in your care.

You may be able to do this by trying to imagine her ‘history’. The following activity can help you with this.

Try to imagine the ‘secret history’ of any of the following:

- an HIV-positive mother
- a teenage mother
- a rural mother
- a mother from a traditional or religious culture
- a single mother
- a physically abused mother
- a refugee mother
Answer the following questions as if you, yourself, were one of the mothers described:

- How did you feel when you found out you were pregnant?
- Who did you tell?
- How did they respond?
- What kind of support did you have?
- What happened at work/school?
- What were your thoughts in the early days of your pregnancy?
- What decisions did you make? Why did you make these particular decisions?
- What have the outcomes been?
- What are you most worried about?

Your notes

After thinking about these questions, write down some points which would be important to remember when dealing with mothers from any of the above circumstances.
The mother’s feelings about her pregnancy

Emotional changes are common during pregnancy and in the first weeks following the birth of a baby.

There are many stressful events that can arise at different stages of pregnancy and have a negative effect on a mother’s emotional health.

However, there are also many positive aspects that can benefit the mother.

The table on the next page highlights examples of situations that could lead to positive or negative emotional responses during each stage of pregnancy.

Note

There may be reasons why women do not feel comfortable speaking about their lives. Different status, levels of education, poverty, or gender could be barriers to women revealing their story.

Also, women who are poor or uneducated could be disempowered and find it difficult to tell their story.

This is known as ‘the silence of powerlessness’.
Factors leading to positive and negative emotions

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Positive Emotions</th>
<th>Negative Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>- Planned pregnancy&lt;br&gt;- Timing of pregnancy suitable&lt;br&gt;- Positive reactions of important people&lt;br&gt;- Feeling physically well</td>
<td>- Unplanned pregnancy&lt;br&gt;- Poor timing of pregnancy&lt;br&gt;- Negative reactions of important people&lt;br&gt;- Feeling physically drained or sick&lt;br&gt;- Struggling with work and family commitments</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>- Development of emotional attachment to the foetus&lt;br&gt;- Supportive network in place&lt;br&gt;- Starting to think and prepare for the baby&lt;br&gt;- Feeling physically and emotionally healthy</td>
<td>- Lack of emotional attachment to the foetus&lt;br&gt;- Isolation and lack of support&lt;br&gt;- Problems with the baby’s development&lt;br&gt;- Feeling physically and/or emotionally unwell</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>- Positive relationship with partner&lt;br&gt;- Improved sex life</td>
<td>- Relationship problems with partner&lt;br&gt;- Problems with sex life&lt;br&gt;- Physical discomfort&lt;br&gt;- Major life changes, such as stopping employment&lt;br&gt;- Economic stress associated with new child&lt;br&gt;- A lack of family support or maternal figure to assist new mother</td>
</tr>
</tbody>
</table>

The mother's feelings about her maternity care

Once the mother becomes part of the clinic or a hospital system, she may feel:

- de-personalised because she is referred to as a ‘patient’ or a number, instead of a ‘person’ or a ‘mother’
- that she is not in control of the situation
- overwhelmed or afraid
- uncomfortable, because she may have to wait for hours, discuss highly personal information with strangers, and undergo medical procedures and tests
- that she is not treated with respect
- that she has many questions and concerns that cannot be addressed in a short consultation, and that she is rushed to make way for the next mother
The mother’s feelings about labour and childbirth

Labour and childbirth can be an extremely stressful time for the mother and the father. The mother may be:

- scared of the pain
- scared of doing something wrong
- scared that something might go wrong causing death or damage to her baby
- scared of losing control of herself
- scared of being in an unfamiliar place
- scared of being alone
- missing her own mother
- having memories of previous trauma such as sexual abuse, rape, miscarriage, stillbirth, abortion or another previous negative birth experience
- scared of the doctors, midwives or medical equipment
- feeling helpless, degraded or embarrassed

The mother’s feelings after the birth

Mothers usually experience a mixture of feelings after the birth. These can be both positive and negative, as can be seen in the table below:

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy</td>
<td>Disappointment</td>
</tr>
<tr>
<td>Relief</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Closeness to her partner</td>
<td>Exhaustion</td>
</tr>
<tr>
<td>Delight in her baby</td>
<td>Loneliness</td>
</tr>
<tr>
<td>Feeling of achievement</td>
<td>Detachment</td>
</tr>
<tr>
<td>Exhilaration</td>
<td>Disinterest in the baby</td>
</tr>
<tr>
<td>Sense of pride in motherhood</td>
<td>Sense of failure</td>
</tr>
<tr>
<td>Sense of caring and commitment</td>
<td>Helplessness</td>
</tr>
<tr>
<td>Hope for the future</td>
<td>Overwhelming feeling</td>
</tr>
</tbody>
</table>

In the first few days after birth, many new mothers can be irritable, sad and anxious, or cry a lot. This emotional state is usually called ‘the baby blues’ (see Chapter 3, Section 3.2).
The ‘baby blues’ is very common and can be related to hormonal changes linked to breastfeeding, or related to exhaustion, unexpected birth experiences and the adjustment to a new role. Emotions can be felt very strongly because of the physical changes and discomfort new mothers experience. These include:

- sore breasts
- pain from an episiotomy or torn perineum
- constipation
- haemorrhoids
- hot and cold flushes
- incontinence
- ‘after pains’
- weight gain

Sometimes, the mother’s feelings are expressed in a negative way. She may express her fear as:

- ‘flight’: missing appointments, not taking responsibility, ignoring advice
- ‘fight’: being rude, showing aggressive behaviour

It can be difficult for a health worker to realise the underlying cause of these behaviours. Rough treatment or uncaring health workers can easily upset new mothers, especially if they are having difficulty adjusting to their new situation and responsibilities.

For example, if a new mother is finding it difficult to breastfeed, she may feel like she is a ‘bad mother’ and any harsh treatment may make her feel very emotional or depressed. Perhaps some want to be ‘mothered’ and looked after, while they learn to mother their own baby.

In cases where the ‘baby blues’ is not temporary, mothers could be suffering from depression. This is more serious than the ‘baby blues’ and can cause mood swings, anxiety and on-going sadness, with negative long-term consequences for both mother and child.

**Definition: depression**

*Depression* is a type of mental illness. It is characterised by a low mood and other symptoms lasting for at least two to four weeks. It is common in women during and after pregnancy. *Depression* during the perinatal period can be called antenatal, postpartum, postnatal or maternal depression.
2.4 The emotional state of the health worker

As a health worker involved with pregnancy and childbirth, you have a very important role to play in the lives of mothers and babies. There are many physical and psychological demands made on you, the mother and the baby. Your work is rewarding and exciting, but can also be stressful and draining.

Yet, you may also face many stresses, both in your professional and personal life. So, you too need support, compassion and appreciation. For you to provide the best possible care to your mothers and babies, you have to ensure the best possible care for yourself.

First, you need to understand the factors that affect you personally while you are doing your job. These factors range from external pressures (such as the work environment and personal relationships) to internal pressures (such as your emotional state).

Health workers, like everyone, are influenced by their own experiences, families, communities and cultures. This means that you have your own expectations and attitudes to the mothers you are working with, no matter how professional and experienced you are.

Understanding how all these factors affect you and your interactions with mothers in your care, helps you to step back and separate your personal issues from your work.

Note

Women who experience these emotions need a supportive approach. Harsh or disapproving treatment can make things worse for both mother and health worker.

"When I shout at a mother who is not co-operating, I end up feeling exhausted at the end of my shift. It also doesn’t make her listen to me."

Midwife, Cape Town

See Chapter 3, Section 3.2 for more information about the baby blues, depression and other mental illnesses. Screening for mental illnesses, such as depression, is discussed in Chapter 4.
Stressful factors affecting health workers

Health workers often identify the following stressful factors related to work:

- Difficult relationships between staff members
- Equipment shortages or inadequate equipment
- Abuse of patients and/or staff
- Lack of support from management
- Broader problems within the hospital such as problems with management
- Issues around pay levels and increases
- Issues around promotion and taking on new responsibilities
- Low morale of staff
- High rates of absenteeism
- Burden of high numbers of HIV/AIDS patients
- Very little time to spend with each mother

There are also personal issues which can affect health workers’ performance, such as:

- Financial stress
- Anxiety about the future
- Parenting your own children
- Environmental changes
- Crime
- Poor personal health
- Stressful living conditions (e.g. housing conditions; public transport)
- Marriage difficulties
- Death, bereavement and loss
- Unemployment of your partner
- Lack of time for your family
- Lack of time for yourself

Your notes

What are some of the stressful factors you experience at work?
If you understand how these factors affect your thoughts and actions, you may be able to manage your own emotions better, improve your own well-being, as well as the quality of your work. This allows you to provide better care to mothers, while still taking the best care of yourself.

Providing care under stressful circumstances

As a health worker, it is easy to become angry and irritated with mothers who are in a poor emotional state before, during or after birth. Allowing your frustration to show, however, could make the situation much worse. If health workers or staff shout at mothers, or are aggressive in other ways, mothers can begin to feel more frightened and threatened, and become more angry and uncooperative.

Sometimes you can have a strong positive or negative reaction to a mother. It is important to reflect on why you feel this way. The following activity is a quick way to understand your feelings about a mother and how they might affect your behaviour towards her.
Activity
Understanding your own reactions

Think about a mother to whom you have had a strong negative reaction.

- Why do you think you felt strongly about this mother?
- Were you reminded of a painful event or bad relationship from your own life?
- Did you judge her because of your own attitudes, culture, tradition, or religious beliefs?
- How could you have handled this situation in a positive way?
- What would it take for you to provide this mother with the best possible care?

Note

Be aware of situations which may cause strong reactions. For example:

- A teen mother may remind you of your own teenage daughter and your concerns about her becoming pregnant.
- A mother screaming and uncontrollable in labour may remind you of your own labour when you were alone and terrified.
- A verbally abusive mother may remind you of an abusive family member at home.
- A refugee woman from the Congo may remind you of your negative feelings toward foreigners living in South Africa.
- A very poor woman with many children may make you feel angry with her for having so many children that she is unable to care for.
Tips

The relationship with a mother may improve if you keep these thoughts in mind:

- Your personal problems are real and important, and it is important to get support to help you cope with these.

- Problems at work may feel overwhelming, but you can improve them by working together with colleagues and using the correct channels to raise your concerns.

- Being supportive of your colleagues can create a better working environment, and may mean that they are more supportive towards you. For example, offer to cover shifts, give positive feedback for work well done, offer to sit and listen to a colleague’s problems or smile at your colleagues and greet them warmly.

- It can be easy for health workers' own negative feelings to spill over into interactions with mothers. Try to remain professional and separate personal problems from relationships with mothers.

- Remember that the most difficult, demanding, uncooperative mother may be the most afraid and vulnerable.

- As a health worker, try to develop your intuition and compassion to look beyond the woman’s uncooperative behaviour, so you can understand the real problem. This is what makes the health profession so challenging, but also rewarding: it gives you the chance to be creative and to use your emotional intelligence to provide quality care for mothers.
2.5 A journey through ‘secret histories’

In order to provide the mother with quality care and support, it is necessary to understand her untold story as best you can.

At the same time, you need to be aware of the stresses and strains in your own life and how they can affect your work. This can be difficult to do, but the next activity may help.

This activity is designed for health workers, and intended as a group activity. Half of the group ‘become’ Sr Sarah Jack, the other half ‘become’ Johanna Booi. Half-way through the journey, the groups exchange roles, becoming the other person.
Activity
Two sides to every story: The ‘secret history’ of Sr Sarah Jack and Johanna Booi

Step 1: Read through the following journeys of two women, a health worker and a pregnant mother. Imagine yourself as each of these women. You will find out a bit more about each woman as the journey progresses. Reflect on what you think your feelings and needs would be at each point along the way.

First antenatal visit
You are Johanna Booi from Township X. You are 23 years old with one child and are unbooked at 25 weeks pregnant. You arrive for your first visit at 10am at the clinic where you delivered previously.

You are Sr. Sarah Jack, a divorced mother of two children, aged 4 and 2. You are working two extra shifts this week to make enough money for rent. Johanna is 3 hours late for her first visit.

How do you feel? What do you need?

Second antenatal visit
You are one week late for your second appointment as your previous employer threatened to fire you for days of missed work. Now your contract is over and you are unemployed, but your neighbour wanted help with a casual laundry service this morning. This was the first opportunity for you to earn money in 2 weeks as your child had been sick at home with TB. The sister starts to ask why you did not come at the proper time.

The full quota of 18 new bookings was filled at 7:30am as usual. You are the only sister in the clinic and are half-way through seeing your patients. You have not taken tea yet. Johanna has a blank face when you ask why she did not attend her second appointment.

How do you feel? What do you need?
Third antenatal visit

You default the clinic date that was given to you as you were beaten up by your boyfriend the day before and had to move out and stay with a friend in another township. You did not have money for taxi fare on that day. It is now 2 weeks later. You are still staying with your friend. You finally manage to attend for another clinic visit. The same nurse calls you into her cubicle.

You have had a bad night with a sick child. You had to get up at 4am to take him to your ex-mother-in-law to look after him for the day. Johanna tells you she no longer lives in the catchment area of your clinic.

How do you feel? What do you need?

Labour

You are back living with your boyfriend in Township X. You are 36 weeks pregnant now and had a huge fight with him last night. Your membranes ruptured at 5am. It is now 2pm. You have had to arrange childcare for child and have had to borrow money for taxi fare to take her to your mother. You arrive in the labour ward where you see the same sister.

You are on labour ward duty even though you have been working full shifts in the clinic as your colleague has gone off with her 4th migraine this month. You have just delivered a 15 year-old primigravida who swore at you throughout the labour. You see Johanna arrive and see from the notes that her membranes ruptured many hours ago.

How do you feel? What do you need?

Postnatal visit

After delivery, the baby was transferred to another hospital for respiratory distress and discharged 2 days later. You went home to your boyfriend’s house only to hear that he said he is not the father. You have not been able to sleep at night even though you are exhausted. You attend the clinic on Day 4 for postnatal care. The same sister is on duty.
You have been called by the junior nurse in the postnatal clinic to give advice about the weight loss and dehydration of Johanna’s baby. Johanna has said that she cannot breastfeed and requests help with getting formula.

How do you feel? What do you need?

**Step 2**: After thinking about Sr Jack’s and Johanna’s secret histories’, write down your thoughts about how each of them are feeling. Then write down what they need.

<table>
<thead>
<tr>
<th>Sr Jack</th>
<th>Johanna</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you feel?</td>
<td></td>
</tr>
<tr>
<td>What do you need?</td>
<td></td>
</tr>
</tbody>
</table>
Conclusions
You may have come to the following conclusions from this exercise:

- Both Sr. Jack and Johanna are going through difficulties in their lives at the moment. They need to interact at an intimate level over important maternity care issues, yet neither of them is aware of the other person’s distress.

- The strain of their personal lives may break down the vital relationships between them. This may discourage the nurse further and may also be dangerous for the mother and the baby. When women feel the disapproval and resentment of staff, they are far less likely to attend the clinic appropriately or report important medical information. This again can make the working conditions of the staff more difficult.

- Sr. Jack’s secret history is a vital part of who she is. She deserves to have assistance for her problems. However, as a professional, Sr. Jack should try to separate her own issues from her interaction with Johanna. If not, the interaction may be destructive for both of them.
2.6 Summary

- The perinatal period is a major life change which can be very stressful.

- There are certain circumstances that can make mothers particularly vulnerable, such as teenage pregnancy, being in an abusive relationship or being HIV positive.

- Health workers are in a special position to have a positive impact on mothers’ well-being and their ability to care for their infants and their development.

- Health workers also experience stress in both their professional and personal lives, and are in need of support, compassion and appreciation.

- It is important for health workers to be aware of the factors that are affecting them, such as the work environment, personal relationships or their emotional state.

- Health workers are likely to have their own expectations and attitudes about mothers in their care.

- By understanding a mother’s untold or ‘secret history’, and by being supportive and non-judgemental about the mother’s circumstances, health workers can be in a better position to give the mother improved quality care.
References
The information in this chapter draws from the following article:
