Caring for Mothers
Caring for You

Information, suggestions and support for mothers and their carers

Let’s make our healthcare BETTER TOGETHER.
Welcome,

You are doing an important job, growing your baby in your womb. For some, this may be an exciting and happy time.

For others, there may be difficult issues around your pregnancy which make you feel stressed. This booklet provides information that may help you and your carers along the way.

You deserve to be cared for as you meet the challenges of bringing a new child into the world. We hope the suggestions in this booklet will help you to see your way through your pregnancy, delivery and beyond, whether it is a joyful experience or a difficult one.

Take care.

From the Western Cape Government: Department of Health
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1. Healthy Pregnancy

Visit an Antenatal Clinic or MOU (Midwife Obstetric Unit) before you are 3 months pregnant.

- ‘BOOKING’ means that it is your first visit to the antenatal clinic or MOU.
- You should book as early as possible in your pregnancy - the earlier the better, but definitely before 3 months (12 weeks).
- Problems such as diabetes and high blood pressure can be picked up and treated early on.
- Staff will assist you to prepare for a healthy pregnancy and safe delivery.

What happens when you book?

- You will be asked about your full health history.
- You will undergo a physical examination.
- Routine blood tests will be done.
- Your blood pressure and urine will be checked.
- You will be offered an HIV test. If you are positive, you will be offered ARV medication to protect your baby against HIV and keep yourself as healthy as possible.
- Sometimes a scan of the baby will be done.
- You may be given important medication, e.g. iron tablets (Keep away from children in the home).
- Your baby’s growth and heartbeat will be checked at each visit.
- If any problems are noted, you will be referred to receive specialised care.
How can you protect your health and the health of your baby?

• Keep all your appointments – each one is important.
• Make sure that you get enough rest and sleep.
• Do some regular, mild exercise to keep fit (e.g. a brisk walk), for thirty minutes, five times per week.
• If HIV positive, take your ARV medication everyday and continue after pregnancy and breastfeeding for your own health.

Try to eat healthy meals

• Eat a variety of fruit and vegetables (at least five half-a-cup portions each day).
• Include chicken/fish/meat/eggs/milk in your daily diet.
• Do not add too much salt when cooking or to your plate of food.
• Drink plenty of clean water (6 -8 glasses per day).
• Eat whole-grain foods such as brown bread, dried beans and lentils.

What should you avoid?

• Smoking and places where others are smoking
• Alcohol
• Artificial sweeteners
• Illegal drugs, e.g. dagga and tik
• Medicines that have not been given to you by the doctor or nurse
• Home or herbal remedies
• Excessive exercise or heavy physical work
Remember:

• Your baby gets everything that you eat, drink and smoke.
• If you are well, you can continue working as long as your pregnancy is healthy.
• **PRACTISE SAFER SEX** whether you are HIV positive or HIV negative! Use a condom every time you have sex to prevent any new or recurring sexually transmitted infections including HIV.
• Discuss breastfeeding with the health staff.
• Plan to use family planning from the birth of the baby. There are several different options. You can choose the one that suits you best.

For most women pregnancy is a healthy, uncomplicated time of growing a baby until he or she is ready to be born.

However there may sometimes be problems, so, **IF YOU EXPERIENCE ANY OF THESE SIGNS OR SYMPTOMS**, visit the antenatal clinic or MOU as soon as you can:

• Itching or bad-smelling vaginal discharge or any pimples
• Bladder pain or burning urine
• High fevers
• Severe heartburn
• Swollen face and hands
• Constipation
• Shortness of breath

**If you are HIV positive**

• Take your ARV medication every day during pregnancy and breastfeeding to protect your baby from HIV. Continue taking your ARV medication for life, for your own health.

**For your own and your baby’s health and safety immediately go to the MOU or hospital if:**

• You vomit a lot.
• You have a severe headache with flickering lights in front of your eyes.
• You have vaginal bleeding.
• You feel the baby moving less or not at all.
• Your water breaks early before your due date.
• You get any strong labour pains.
Always carry your Maternal Case Book with you

- Discuss your birth plan with the nursing staff.
- Feel free to ask questions.
- You may bring your partner or a companion to be with you for the birth to the birthing unit.
- Do not go to the antenatal clinic when in labour.
- Deliver your baby at a MOU or hospital.

Mild painless contractions can occur early in pregnancy as your womb prepares for labour. **This is normal.**
2. Safe Birth

For your own and your baby’s health and safety, **go to the MOU or hospital immediately** if you experience any of the following:

- Severe vomiting
- Severe headaches with flickering lights before your eyes
- Vaginal bleeding
- The baby moves less or not at all
- Your water breaks long before your due date
- High fevers
- Abdominal pain
- Severe labour pains long before your due date

**How will you know when labour starts? These are the most common signs of labour:**

- Dull, lower back pain
- Pains similar to period pains
- Soft or watery stools

**Early signs:**

- Thick, bloody vaginal discharge
- Continuous back pain that moves around to the front
- Abdominal contractions

**Late signs:**

- Water “breaks”
- Longer and more frequent contractions
- Heavy feeling in the pelvic area

**What to do when labour starts?**

- Eat only light foods. Drink fluids (e.g. water).
- Breathe deeply and try to relax.
- Walk slowly around your house.
- On your watch or clock, measure the time between the pains (contractions).
- When the pains are ten minutes apart, or if your water breaks, it is time to go to the MOU or hospital.
Important arrangements before the birth (at least a month before your due date):

- Arrange your own transport to the MOU or hospital. (An ambulance should ONLY be used for emergencies).
- Arrange for someone to look after your other children while you are in the MOU or hospital.
- You may bring your partner or a companion of your choice to the birthing unit to be with you during the labour and birth process. Bring their ID and/or any form that is needed for them to be at the unit.
- Pack a bag to take with you (see checklists below).

Always carry your Maternal Case Book with you.
Checklist of what to take with you to the MOU or hospital

For yourself:

• 2 packs of large sanitary towels
• 1 roll of toilet paper
• 1 face cloth
• toothbrush
• toothpaste
• 1 towel
• 1 bar of soap
• 3 to 4 pairs of panties
• 2 nightgowns
• something to eat and drink
• coins or card for the public telephone
• your Maternity Case Book
• ARV medication (if HIV positive)

For baby:

• 1 pack of disposable nappies
• 1 face cloth
• 1 bar of baby soap
• 2 baby blankets
• baby clothes
• cotton wool

If you are not planning to breast feed, also take:

• 2 baby feeding cups; without teats or lips
• cup cleaning solution
What happens at the MOU or hospital?

• You will be admitted to the unit. Forms will be filled in and your medical history will be taken.
• The nurse will examine you to see how far your cervix (mouth of the womb) has dilated.
• Try to only push on the nurse’s instruction.
• The nurse will guide you in what to do.
• You and your baby will remain together in the unit for a minimum of six hours.
• Bring something healthy to eat and drink during this time. The staff will assist you with breastfeeding or any other feeding choice.
• When the health staff have observed that you are both well, you will be discharged to go home.

After the birth of your baby

• On discharge from the hospital or MOU please return there by day 3. You should come sooner if you experience any problems with yourself or your baby before then. Both you and your baby will be checked.
• Before you leave the clinic, you will be given a “Road to Health” booklet for your baby. Important information will be recorded in this booklet about clinic visits, health observations, immunisations, etc. until your child reaches the age of seven.

Please look after the “Road to Health” booklet.

• Take it with you to every clinic visit.
• Within the first 2 weeks, go to the local clinic for:
  • a weight (mass) check for your baby.
  • advice and help on breastfeeding.
  • immunisation
  • discussion of family planning options.
• Tell your health worker if you are feeling very sad (depressed) following the delivery.
• Remember to register the birth of your baby at a Home Affairs office.
3. Birth Companions

SUPPORTING THE MOTHER DURING AND AFTER LABOUR
partners, husbands, mothers, friends.

If you have been asked to accompany a mother during her birth, this information is for you!

You can play an important and very special role. Mothers who have birth companions have easier and less stressful births. Generally, they also have fewer complications. You can help a mother have a healthy and happy birth experience. You have been chosen to share in a very special event in the mother’s life.

“This leaflet gives practical suggestions about preparing for the birth.

“I was so afraid to be with my daughter in labour. I didn’t want to see her in pain. But, I am proud now that I did it. It made a big difference that she wasn’t alone. I was there for my grandchild’s first breath.”
What is a birth companion?

A birth companion is someone who the mother trusts. The companion helps the mother to prepare for the baby’s birth and is with the mother during labour. The companion provides support, helps to keep the mother comfortable and calm, and is someone who can speak up for the mother’s rights if she cannot.

A birth companion can be:
• the mother’s partner
• the father of the baby
• a family member
• a friend

Some women may be able to have a doula as a companion: a doula is a non-medical person who has training to support women and their partners during labour. Ask a health worker at your facility if doulas are available.

Before the birth

Try to go with the mother to some of her appointments at the MOU/hospital before the birth.

• Ask the midwife or nurse for a letter stating that you will be the birth companion. When you arrive for the birth, show this letter with your ID book to the health worker, security guard or any other staff on duty.
• Find out where the mother will be during active labour and delivery. Find out where the bathrooms are. Ask whether the facility works differently if you come at night.
• This is an opportunity to ask any questions you have about the birth. It is important that you are calm and prepared on the day of the birth so that you can provide the best support for the mother.

It’s okay to ask questions

You could help the mother prepare for her trip to the MOU or hospital, for example:

• Arrange for transport (ambulances should only be called for an emergency).
• Help the mother think about who will help with child care or other tasks at home while she is away.
• Help the mother prepare her hospital bag (the ‘Safe Birth’ information describes what should be in the bag).
• Take water, Rooibos tea and small snacks for the mother, such as pieces of fruit, nuts or crackers.
• Make sure the mother can contact you when the time comes to go to the MOU or hospital.
Ask the mother what she wants you to do during the birth. For example:

- If she needs a Caesarean section operation, does she want you to be with her?
- If she needs to be transferred to another hospital, what would she like you to do?
- If the labour is long, who else can be a birth companion so that you can take a break if you need to?

Don’t forget to look after your own needs. Take some food, water or juice for yourself.

**During the birth**

- During the early stages of labour, you can keep her company and help her to pass the time.
- It is your role to be there for the mother, but the birth companion should not be in the way of the staff. Ask the mother and health worker where you should sit or stand, usually at the top end of the bed.
- Help the mother to drink fluids during labour.
- Encourage her to move around, walk slowly in between contractions or change position if she wants to – walking and shifting into different positions during labour can help relieve pain and speed up the labour process. It’s okay for her to rock, moan or squeeze a pillow if that helps her.
- Rubbing the mother’s back or massaging her shoulders during labour can help relieve her pain.
- Help the mother relax with deep, slow breathing. Keeping her breathing regular can help the mother stay calm, and help her control pain during contractions. However, it can be hard for her to keep her breathing regular. Encourage her to keep breathing. It is better for both her and her baby.

**BREATHING**

- Breathe with the mother and help her keep count of her breaths.
- Breathe in through your nose while you slowly count to three.
- Breathe out through your mouth while you count to four.
- The mother may find it helpful to make a sound on the out-breath, such as “ooooooooh” or “aaaaaah”.
• Between contractions, give the mother sips of water to prevent her mouth from becoming dry.
• Remember to drink water too.
• Encourage the mother with kind, positive words and try to keep your voice calm when speaking to her. Don’t be upset if she does not want to talk to you or if she seems rude or angry. Women in labour are in extreme pain, are sometimes afraid and may not react in their usual manner. Speak softly and say “you’re doing great” or “breathe”. Pay attention to see if this is helping her. You may notice that it is better to connect with the mother without talking.

Be aware of the mother’s rights

The mother may not be able to speak up about her needs during labour. Try to be aware of her rights, and take action if they are not being respected.

For example:
• Does she have enough privacy? Is there a screen or curtain between the beds?
• Does she need pain relief?
• Is a health worker treating her roughly or unkindly? If so, speak with the health worker in a calm, firm manner to stop any abusive behavior. Report any abusive behaviour to the facility champion or authorities.
• Sometimes procedures are done which are unnecessary (e.g. shaving the mother’s pubic area or performing an enema). If you, or the mother, are unsure of the procedures being done, ask the reason for it.
• Does the mother have any cultural or traditional routines she wants (performed) during the birth? If so, explain to the health worker what these are so that she can be aware and support you in respecting the mother’s wishes.

Are you or the mother unsure of anything? It is okay to ask questions. Sometimes asking questions like “What is that for?” or “Is the baby okay?” can reassure the mother.
After the birth

Does the mother want to keep her baby with her after birth?

- Unless there is a medical reason not to, it is good for mothers to have their babies on their chests, skin-to-skin, immediately after the birth.
- This helps a lot with bonding and breastfeeding.
- The milk for the first 2-3 days is greyish and watery. It is very useful for the baby’s ability to fight infection.
- Does the mother want you to stay with her after the birth? Does she need help to:
  - call family, friends or anyone else after the birth?
  - go to the bathroom or wash?

How you can help when things don’t go as planned

If the mother needs a Caesarean Section operation:

- Find out if she wants you to be with her.
- Most Caesareans happen under a spinal anaesthetic. This is safer for the mom and the baby and allows a companion to be with her during the birth. She may feel pulling and pushing, but will not feel pain.
- Sometimes, a mother may be disappointed if she was planning a natural birth. Encourage her and praise her as much as possible, and give her the chance to talk about her feelings. It can also help to bring her baby to her as soon as possible after the birth.

If the mother experiences a stillbirth or her baby dies:

- Sometimes, tragedies happen. You can help the mother deal with this very difficult situation. The way it is handled can be very important for the mother later on.
- You can suggest that the mother spends time with the baby in private, to dress or hold the baby, and to say goodbye. Sometimes, a photo, lock of hair or foot print helps for mourning and memories later.
- Does the mother have questions for the health workers? If so, you can help her find someone to talk to.
- Find out if there are any support services for the mother, such as a counsellor or social worker. If there is no one available, ask your health worker for a referral.
4. Future Fathers

Having a baby can be a wonderful experience. It can be a worthwhile and admirable challenge to provide your baby safety and protection. When you take part in his or her emotional, social and physical development, it gives you a chance to reaffirm your caring and providing for your new baby and your family. Many future fathers wonder about pregnancy, labour and fatherhood. This information could help you be better prepared for what is happening.

Why is my partner’s body hurting?

Your partner’s body is changing. Some physical symptoms may last a short time, and others for longer. Some of these may be quite painful:

- Breasts grow larger and may become sensitive
- Morning sickness
- Frequent urination
- Joint aches and cramps
- Excessive saliva
- Feet and hands swell up
- Constipation and stomach pains
- Backache (walking, getting up & sitting down is difficult)

No one knows why, but some fathers can experience the same signs during their partner’s pregnancy. Don’t worry if you show some signs: they will go away after your baby is born.
**Why is my partner always tired?**

When the baby grows, it takes some of your partner’s energy, so she gets tired very easily. Usually, she should have more energy during the second trimester. However, she may be especially exhausted at the end of her pregnancy.

**Why is my partner upset all the time?**

- The physical changes of pregnancy are linked to changing hormone levels: this affects mood.
- At times your partner may be very excited, and at others, very miserable and irritable. Try not to take these personally: these are mood swings, and are often present through the pregnancy.
- Sometimes she may have problems sleeping. When this happens, she’s even more tired than usual, so she may become more irritable or impatient.
- Your partner may also be upset because she craves certain foods and feels sick from other foods, even those she liked before getting pregnant.

**Why is my partner not interested in sex?**

It is common for pregnant women not to want sex sometimes, but it does not mean she doesn't love you. There are many other reasons for this:

- Pregnancy can affect your partner’s need for sex, and this can change through the pregnancy.
- Pregnancy can also affect the way your partner feels during sex.
- The growing baby can take up your partner’s energy.
- Your partner may be in a bad mood, feeling sick or worried.
- Your partner may be embarrassed about her new body shape.

**Can I have sex with my partner when she’s pregnant?**

- If your partner agrees, you can continue to have sex during pregnancy: this should not harm the baby. However, be careful not to put all your weight on her belly.
- If your partner has or develops medical complications, you may be advised not to have sex anymore until the baby arrives. You could find other ways of being intimate (e.g. massages).
If you or your partner notice any unusual signs during or after sex (e.g. abdominal cramps, abnormal discharge or vaginal bleeding), let the midwife know. Don’t be afraid to ask questions or share any concerns with her.

**What can I do to help during pregnancy?**

Mothers say that it is easier to cope with the pregnancy when they feel supported. There are different ways you can help:

- Stay calm if she is having mood swings or when she is irritable.
- Avoid arguments and respond to her needs.
- Give her a foot rub or massage occasionally.
- Go to antenatal check-ups with her to show that you are involved.
- Help with household duties and child care as much as possible.

**How can I help during labour and delivery?**

Labour can be a difficult time for your partner, and there are ways you can make it easier for her:

- Once contractions start, you can make sure that your partner rests and drinks fruit juice or rooibos tea with honey, so she is ready for what is to come. You can also rub her legs and massage her lower back.
- When contractions start happening closer together, your partner may be in pain: it helps if you stay positive and supportive during this period.
- Delivery can last between 15 min to an hour: if you wish, you can ask the nurse that you be present when your partner gives birth. This way, you can encourage and praise her on how well she is doing. You will also have the special opportunity of being with your child as he/she comes into the world.

**How long does it take for hormone levels to go back to normal?**

- It can take 9-12 months for your partner’s body to go back to how it was before. Wait until 6 weeks after birth before having sex. It may take a bit more time before your partner is ready to have a normal sex life again.
- It is possible that your partner feels a bit down after giving birth: she may feel frustration, fear and guilt. This is common and these feelings usually go away after a few days.
- In some cases, these feelings stay and get worse. More signs appear, such as change in sleep patterns, appetite and mood: this could be post-natal depression or anxiety. If you think your partner may be suffering from this, talk to a health worker about it.
What happens after my baby is born?

- On discharge from the hospital or MOU please return there by day 3 for a check-up. You should come sooner if the mother or baby experience any problems before then.
- Within the first 2 weeks, go to the local clinic for a full baby check-up and immunisations.
- It is important to ask about contraception and family planning at the clinic – there are several options to choose from.
- Fathers can play a very important role in supporting the mother during breastfeeding or with any other feeding choice.

How will I feel when the baby arrives?

When your baby is born, you may feel a mixture of emotions, such as happiness, excitement, worry or anxiety: this is normal. Many fathers feel that way:

“I was so happy and scared at the same time. I didn’t know what to say or what to do. After a while I started to realise what was happening and now I’m proud to have a baby girl.”

How will I know how to take care of my baby?

- Helping and supporting your partner during pregnancy is already an important first step: you are making sure that she and your baby are healthy.
- Caring for a baby can be quite difficult and tiring. You may find it difficult to adjust to your new life and responsibilities as a father.

“I was so scared of being a bad father, I didn’t even want to hold him at first. I only tried when my wife showed me how to do it. Now I won’t stop holding him.”

- Try and get support from family and friends to help you with the changes and responsibilities that come with having a baby.
- You and your partner are both facing the same challenges of becoming a parent. She may even have the same worries as you do. So talk about how you feel with her, and find solutions together.
- Raising a child is a privilege: as a father, you have a unique role in providing for and educating your child. It takes a lot of effort, but is a worthwhile challenge.
5. Maternal Mental Health

Why do women suffer from depression and anxiety around pregnancy and birth?

When a woman is pregnant or has just had a baby, she may feel very stressed and can be easily upset. There are many reasons why she may become ill with depression and anxiety.

About one out of every three pregnant women or new mothers feels like this.

How do you know if you need help?

If you say “YES” to most of the statements below, and have been feeling like this for more than 2 weeks, please speak to your health care worker as soon as possible.

- I have been worried, and don’t know why.
- I have felt scared and panicky.
- I have had difficulty coping with things.
- I have blamed myself when things go wrong, even when it is not my fault.
- I cry a lot for no good reason.
- I have not been able to enjoy things or find things funny.
- I feel tired all the time and sleep too much or too little.
- I am scared to be alone with my baby.
- I have thought of harming my baby or myself.
- It is very difficult for me to function at home or at work.

If you feel like this, it is NOT your fault.
Some reasons women may feel distressed during pregnancy

• Not enough care or support from others, especially a partner.
• An unplanned pregnancy.
• Experience of violence or abuse now or in the past.
• Alcohol or drug abuse in the home.
• Worry about money or housing.
• Difficult things have happened recently like losing someone close, a job, or a home.
• Mental health problems before pregnancy.
• Previous miscarriage, abortion, stillbirth or death of a child.
• Having a frightening or unhappy birth experience before.
• A bad relationship with her mother.
• Having health problems like HIV/AIDS.
• Being too young, (e.g. teenagers).

Why should we care about maternal mental health?

Mental illness can sometimes:

• affect the development of the foetus in the womb.
• affect the baby’s growth.
• affect the child’s development (physical, emotional, intellectual).
• lead to physical illness or make physical illness worse.
• lead to defaulting on medical treatments.
• impact on functioning at work, in relationships, as parents.

Women at risk for severe stress around pregnancy may need extra support.

What can you do?

Some of these ideas may help you to manage your difficulties:

• Try to get friends and family to help you. They may be able to look after children or help with housework.
• Try to be around positive people. They can help to make you feel more positive.
• Try to eat balanced meals and get regular rest and exercise.
• Think about a time when you managed a difficult problem well. What helped you then? How did you make a plan then?
• Take some time to think about possible options to help things get better.
Are any worth trying? Which can you try first? What would be positive or negative about each option?

- Listen to your breathing when you are feeling stressed. Now breathe slower and deeper.

Women suffering from mental distress can get better.

What help is available?

There are different types of mental health resources available, such as counselling by a psychologist, mental health nurse, social worker or counsellor at a community organisation.

- What is in your area?
- What would suit you?

What is counselling?

Trained counsellors provide emotional support. They:

- provide a safe space to listen to your problems and feelings
- should respect your privacy and not judge you
- may work with you to help you find solutions to your worries

Talking to someone can help.
Places to call for help

**Alcoholics Anonymous**
Emotional support for those affected by alcoholism.
0861 435 722 (National helpline)
021 418 0908 (Western Cape)

**Cape Town Drug Counselling Centre**
021 447 8026 (Observatory)
021 391 0216 (Mitchells Plain)

**Child Welfare Society**
Child abuse and maintenance.
021 638 3127 (Head office)

**Childline**
Counselling for children in crisis.
08000 55 555 (Guguletu Toll free)

**FAMSA**
Counselling for couples and families.
021 447 7951 (Observatory)
082 231 0373 or 082 231 4470

**Hope House**
Counselling Centre
021 715 0424 or
084 557 7525 (Bergvliet)

**Islamic Resource Foundation of South Africa**
Shelter and support for abused women and their children.
021 638 5578 (Athlone)

**Lifeline**
Support for crises, trauma, abuse or rape.
021 930 0859 (Parow)
021 361 9197 (Khayelitsha)

**Mosaic**
Centre for women.
Shelter and legal support.
021 761 7585 (Wynberg)
0866 518 662 (Toll free)

**Mater Domini**
Accommodation and support for women with unwanted or crisis pregnancies.
021 671 6008 (Pinelands)
079 891 6749

**Narcotics Anonymous**
Emotional support for those affected by addiction.
083 900 6962 (Cape Town)

**Parent Centre**
Counselling and info for parents.
021 762 0116 (Wynberg)
021 361 9382 (Khayelitsha)

**Rape Crisis**
Support for rape survivors.
021 447 1467 (Observatory)
Counselling line: 021 447 9762
021 684 1180 (Athlone)
Counselling line: 021 633 9229
Say yes to protecting your baby

Being pregnant is a special time when your body is creating a new life. That’s why living healthily is so important. When you are pregnant, your baby gets everything it needs to develop and grow from your blood. Smoking, drinking alcohol and using drugs lets in harmful chemicals, which can damage your baby. Whatever you put into your body, you are putting into your baby’s body too, and this can be very dangerous for you both.

So, what are the risks?

**Alcohol**
Alcohol can cause serious brain and physical abnormalities in your baby in the form of FAS or Fetal Alcohol Syndrome. FAS includes severe lifelong learning and behavioral difficulties. FAS includes heart defects and abnormalities in the arms, legs, kidneys, ears and eyes. FAS is easy to prevent, if you do not drink alcohol while you are pregnant, your baby will not get FAS.

**Smoking**
The many poisons in cigarette smoke can damage your baby’s lungs. Children born to smokers are more likely to get asthma. Babies of smokers are more likely to be born with a cleft lip or palate (when the lip or roof of the mouth does not join properly).

**Drugs**
- Tik, dagga, heroin and cocaine can harm the development of the baby’s brain and nervous system.
- Babies may be born with learning difficulties and have behavioural problems like being aggressive or hyperactive.
- Tik can cause abnormalities with the baby’s heart, kidneys, brain, digestive system and bones.
- Tik also increases the chance of miscarriage, reduced head size, premature delivery, birth deformities and stillbirth.
- Babies born to mothers using drugs may be born with severe withdrawal symptoms after birth. This can make them tremble, cry a lot and sleep badly. They can also have problems breathing, sucking and swallowing.
You might really want to quit but worry that you can’t. Here are a few suggestions to help:

- Think of times in the past when you have overcome something difficult. What helped you then? Would it help again?
- Ask your midwife if there is someone at the clinic you can talk to, like a counsellor or nurse, who can help give you the support you need or just be there to listen.
- Try making new friends or spending time with people who don’t smoke or drink.
- Ask a friend or family member to try to quit with you; the extra support may make things easier on you.
- If you know someone who has quit in the past, find out what worked for them.
- Try to avoid going to clubs and parties for a while because it may make it harder to resist.
- Distractions like a new hobby or interest may improve your mood and take your mind off quitting.
- Reminders like ashtrays, lighters, pipes or bottles of alcohol may trigger cravings.
- Having something to chew, like gum or crunchy carrots, can help stop a craving in its tracks.
- Exercise is a great, healthy distraction.
- Eating healthily, taking multivitamins and getting lots of sleep can add to your growing list of healthy habits.
- Take it one day at a time. Avoid the thought that you will never smoke or drink or use drugs again. Think of only getting through this one day and tackle tomorrow when it comes.
- Just say that you won’t use substances today.

Cape Town Drug Counselling Centres
www.drugcentre.org.za
Observatory tel: 021 447 8026 or Mitchells Plain tel: 021 391 0216

South African National Council on Alcoholism and Drug Abuse (SANCA)
sanca@sancawc.co.za
Tel: 021 945 4080/1 (regional office)
Branches in Atlantis, Tygerberg, Paarl, Athlone/Gugulethu, Mitchells Plain, Khayelitsha
7. You Can Be Safe (violence)
How to break the cycle of domestic abuse and violence

South Africa has the highest rate of abuse, rape and physical assault against women in the world.

Unfortunately, women have a higher chance of experiencing abuse during pregnancy.

Knowing the facts will help you recognise the signs and symptoms, as well as, know how and where you, or someone you know, can find help.
What is abuse?

Violence and abuse have many faces, which make it hard to recognise. Here are some of the different types.

**Intimate partner violence (IPV):** Threatened, attempted or completed physical or sexual violence or emotional abuse by a current or former intimate partner such as a spouse, ex-spouse, current or former boyfriend or girlfriend, or a dating partner.

**Emotional abuse:** The repeated use of language or behaviour which is meant to control or harm, such as:

- Harsh, unreasonable and repeated criticism
- Unreasonable or unrealistic demands or expectations
- Unpredictable behaviour
- Aggressive or threatening behaviour
- Humiliation and other verbal assault
- Isolating of the person
- Using ‘fear tactics’ or ‘guilt trips’
- Threats of abandonment, or threats of having an affair
- Threats of harm to the person, the person’s children, friends or family
- Exploitation
- Forced sexual acts
- Control of a person’s sexual and reproductive choices
- Financial control

**Physical abuse:** When a person is injured on purpose. Where the intention is to be cruel or hurtful. It may involve punching, beating, kicking, biting, burning, shaking or any other way of harming someone’s body physically.

**Sexual abuse:** Any contact or interaction (physical, visual, verbal or psychological) between people, for the purpose of sexual stimulation, where one is in a position of power (abuser).

**Rape:** Any sexual act which is forced onto another person - including, but 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 anyone, including their partner, family members, friends or strangers or a group of people. When the rapist is a blood or legal relative, then the crime is incest.
Financial or economic abuse: The use of financial means to control another person, including:

- 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.
- Denying a person their freedom of movement by limiting their access to transport or the right to drive.
- Preventing a person from working or choosing a career.
- Sabotaging a person’s job, such as causing a person to regularly miss or be late for work, or calling frequently at a person’s place of work.
- Stealing from a person or forcibly taking their money.

Recognise the cycle of violence

Abusive relationships generally follow a cycle of violence. Knowing what this looks like is the first step to learning how to break it.

1. “Honeymoon” period: A quiet, violence-free time.

2. Tension: Arguments start, the abuser’s reactions seem extreme, and tension builds up.

3. Violence: The abuse begins and can be of any type, such as physical abuse, emotional, etc.

4. Remorse: The abuser shows remorse (shame, sorrow, or regret) by repeatedly apologising and begging for forgiveness.

5. Forgiveness: The woman starts to feel guilty, thinking perhaps she was the cause of the abuse, and accepts the abuser’s apology.
Every woman is different, but when it comes to abuse there are some common signs. If you are worried that you, or someone you know, are the victim of abuse, ask yourself if any of the following signs are present:

**Physical signs**

- Shock
- Physical injury
- Nausea
- Tension headaches
- Disturbed sleeping and eating patterns
- HIV or other sexually transmitted infections

**Behavioural signs**

- Crying more than usual
- Difficulty concentrating
- Restlessness or listlessness
- Withdrawing from people and relationships
- Wanting to be alone
- Being easily frightened and jumpy
- Being easily upset
- Fear of sex
- Loss of sexual pleasure
- Changes in lifestyle
- Increased substance abuse
- Behaving as if the abuse does

**Psychological signs**

- Anxiety and fear
- Depression
- Guilt, helplessness
- Humiliation, embarrassment or 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 abuse
- Nightmares
- Suicidal thoughts

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**Important:** Even if a woman does not show any of these signs, she may still be experiencing abuse.
So, why stay?

With all the pain and suffering in abusive relationships, why do women stay in them? There are many reasons.

- She may feel emotionally and financially dependent on her abuser.
- She may feel it is better for her children to grow up with both their parents.
- She may feel she has nowhere to go.
- She may have been threatened by the abuser and fears for her safety if she leaves.
- She may feel worthless or that she does not have the strength or ability to leave.
- She may hope that one day the abuser will change and stop hurting her.

You have choices

You can live a life without fear. Here are some steps you can take to be safe.

- Ask someone for help. Speak to a health worker, social worker, friend or family member to talk about options to stay safe.
- Apply for a Protection Order. This will legally forbid the abuser from committing any acts of domestic violence against you.
- Remove yourself (and your children) from immediate harm and stay in a shelter, at a friend’s or a relative’s home.
- You may have to plan ahead. Think about a ‘safety plan’ which can help you get ready to leave the harmful situation. This can include packing a bag that contains extra clothing for yourself and your children, copies of documents such as your ID, children’s birth certificates, your Protection Order, extra medication if necessary, and copies of any keys you may need. Ask a trusted person to keep your bag until you are ready to leave. This way, the abuser cannot prevent you from leaving by keeping these important items.
The truth about abuse is - help is out there

Any and all forms of abuse are a violation of human rights – the right to dignity, freedom, equality and security. The truth is there is no need for you or anyone else to tolerate this behaviour and you do not need to face this alone. There is help.

Contact any of the organisations listed below. These organisations are dedicated to the safety and wellbeing of women and their staff are trained to help you.

**Emergency: Police Flying Squad**
10111

**Emergency: Dial from any cell phone**
112

**Ambulance**
10177

**AIDS Helpline**
0800 012 322

**Care Haven Shelter**
021 638 5511

**Crisis Counselling for Women**
0800 150 150

**FAMSA**
Observatory 021 447 7951
Cell 082 2310373/4470

**Hope Pregnancy Help Centre**
021 886 6898

**Ilitha Labantu** (shelter)
Langa 021 694 5770
Philippi 021 374 2722
Khayelitsha 021 361 9731
Gugulethu 021 633 2383/78
Emergency 079 235 6144

**Islamic Resource Centre & Lifeline**
0861 322 322,
Emergency 021 461 1111/3

**LoveLife Sexual Health Helpline**
0800 121 900

**Marie Stopes** (abortion; family planning) 0800 11 77 85

**Mater Domini Shelter** 021 671 6008,
Cell 079 891 6749

**Mosaic Centre for Women & Children**
(shelter) Head office 021 761 7585,
Toll free 0866 518 662

See the resources list of shelters and support organisations in the Cape Town area should you, or someone you know, need help.
New Life Centre & Shelter
021 945 1765

Place of Hope Shelter
021 697 2019/1004

Rape & Trauma Helpline
021 447 9762,
Cell 083 222 5158

Rape Crisis
021 447 1467

Saartjie Baartman Centre (shelter)
021 633 5287

Safeline
0800 035 553

Sisters Inc (shelter)
021 797 4190

St Anne’s Home (shelter)
021 448 6792, A/h 021 447 1779
My baby – mind and soul

Newborns are sensitive to what goes on around them - to the voices, sounds and smells of their parents and caregivers. This helps them decide what they think and how they feel.

If they could talk:

“I can hear what is going on around me, and I recognize my mother’s voice – I have known it for 9 months when I was inside her”

“I know my mother’s scent and what her milk tastes like.”

“I like to be held close by my mother or father. It makes me feel safe and secure.”

“I can see your face when I am held in your arms. I can read your feelings.”

How the outside comes in

Babies are able to notice their caregivers’ mood and feelings. When they are not tired or hungry, young babies most like looking at their caregivers’ faces and ‘talking’ to them. This helps their brains develop.

When a caregiver is not feeling well or happy, she may not talk to the baby in the way she would normally do and the baby loses out on this important face-to-face contact.

Babies are also deeply affected by the presence of violence in the home. Loud and sudden noises and frightened faces cause insecurity and fear.

Should the baby be left to cry?

Being left to cry alone stresses the baby and affects the development of the brain. In this situation the baby feels helpless, vulnerable and abandoned. They may learn that they cannot trust that someone will care for them. This can damage their development.
Caring is in your hands and you can reach out for help

Looking after your baby’s emotional health also means looking after yourself. Being a mother can be very difficult, and at times, it is normal to need support.

Here’s how to know when to reach out for help:

• When you are not enjoying being with your baby.
• When your baby is crying all the time and you are feeling desperate.
• When you feel you are not ‘connecting’ or getting along with your baby.
• When you feel like getting very angry with your baby.
• If you feel that you cannot calm your baby.
• If you feel that you cannot cope with the responsibility of having a baby.
• When you feel that you don’t want to be a mom anymore.

What you can do for yourself?

• Breathe slowly 5 -10 times. Pause between each breath. Notice the sensations of the breath as it enters and leaves your body. Repeat this when you have a moment; boiling the kettle, walking down the road.
• Tell yourself that you are a good mother. Know that being a mother is very hard and that you are not alone.
• Connect with moms who have babies of the same age. Others may be feeling lonely too. WhatsApp or BBM, even during the night, can make you feel linked together.
• Ask your partner, relative, neighbour or friend to look after the baby for a while and give you regular time out. Then do something just for you, like taking a long bath or an afternoon sleep.
• Speak to someone who will listen to you and that you can trust. This can be a friend or a professional person. It might take a while to find the right person for you – don’t give up.
• Here are people to call on when you need support:

**The Parent Centre**
www.theparentcentre.org.za
For support for all parents and caregivers
021 762 0116

**The UCT Parent-Infant Mental Health Service**
For psychological/psychiatric assessment of children 0-3 years
021 685 4103
What can you do for the baby?

Here are some simple suggestions on how to calm your baby:

- Get to know your baby – by watching him or her you will, in time, be able to understand different types of cries or behavior as meaning they are either hungry, tired, uncomfortable, bored or lonely.
- Young babies like being close to their mother or caregivers; being held rocked, stroked or carried may be soothing.
- Sing or talk to your baby – he or she knows your voice and prefers it to all other voices.
- Babies also like to be massaged – the firm stroking of the skin is calming.
- Some babies find a bath very calming.
- Do not fear that you are spoiling your baby – spoiling is only possible later, when the baby has grown into a toddler. During the first year of life, the baby’s needs are real and should be met. There is no such thing as “too much love” or “too much attention”.

![Image of babies and caregivers]

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9. Code for Patient-Centred Maternity Care (for service users)

Messages for service-users and their partners

The Western Cape Department of Health is committed to patient-centred care which values caring, competence, accountability, integrity, responsiveness and respect. The Department has developed a Code of Patient-Centred Maternity Care to which health workers and users of maternity care can refer.

Here, the parts of the Code that are relevant to mothers and their partners are explained so that they can know their rights and have realistic expectations.

The Western Cape Department of Health has committed to the Code for Patient-Centred Maternity Care

The code has the following parts:

1. Everyone has the right to effective maternity care.
2. Everyone has the right to be treated with respect and dignity.
3. Everyone has the right to health care information.
4. Maternity units should be responsive to the communities they serve.
5. Everyone has the right to have a companion during labour.

1. Everyone has the right to effective maternity care

This means:

- The care you receive is correct for you and based on scientific proof.
- The birthing unit is clean and well supplied.
- You will not be refused appropriate care for any reason.
- You may be required to provide information to health staff which they need in order to give you the best care possible.
2. Everyone has the right to be treated with respect and dignity

This means:

- You will receive a friendly reception from all facility staff and be treated with kindness and compassion.
- The Department of Health will respond with zero tolerance to any kind of abuse or violence by health personnel.
- The Department of Health will respond with zero tolerance to any acts of violence committed by patients or their companions in the facility, or towards facility staff.
- You will have privacy.
- You will be asked for your permission to be examined.
- It is also expected that service users treat staff with respect and dignity.
- You will be made as comfortable as possible.

3. Everyone has the right to health care information

This means:

- You will have access to information about pregnancy, labour and related health care.
- All procedures or examinations will be explained to you. You will have the chance to ask questions.

4. Maternity units should be responsive to the communities they serve

This means:

- You are able to lodge a complaint or compliment anonymously.
- You are able to participate in clinic committees, health facility boards or district health forums, through community representatives.

5. Everyone has the right to have a companion during labour

This means:

- You will be allowed to have a family member, partner, friend or doula accompany you during observations in early labour, active labour, and during delivery.
- Try to choose this person while you’re pregnant. Fill in the companion form and keep a copy with your pregnancy book.
- If you do not have a companion, the facility will try to arrange a trained person to be with you.
- Should you have any queries of concern please contact the facility champion for Patient Centered Maternity Care at 021_____ _____
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