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PSYCHOSOCIAL SUPPORT AND INFORMATION FOR MOTHERS DURING THE COVID-19 PANDEMIC

I am pregnant, will Covid-19 affect my baby?
I am giving birth soon, will my partner be allowed to visit me?
During COVID-19, how do I know if I am worrying too much?

These are some of the questions concerned mothers asked at the start of the COVID-19 pandemic. New evidence and guidance emerged daily. However, this information was not easily accessible to mothers from low-resource settings and the generic nature of most of the information meant that mothers' specific informational needs and concerns were not being met.

While mothers and children appear relatively protected from disease related to COVID infection, this segment of the population is particularly vulnerable to the adverse social, economic and psychological consequences of the pandemic. This is borne out by escalating levels of domestic violence and hunger, disproportionately affecting women and children. Pregnant and postpartum women, already at higher risk of mood and anxiety disorders, now face increased risk, not only related to social adversity, but also related to public health measures that have been instituted in response to the pandemic. These have included changes in maternal and child health service provision and strategies that result in increasing social isolation.

The Perinatal Mental Health Project (PMHP), at the University of Cape Town, has responded in several ways. Their demonstration site at Hanover Park Midwife Obstetric Unit (MOU) underwent a redesign of the mental health service model and a multi-media messaging campaign was launched in collaboration with other organisations.

ADAPTING THE MENTAL HEALTH SERVICE AT HANOVER PARK

The PMHP's mental health service integrated at Hanover Park MOU has been operating since 2011 with routine mental health screening, referral, counselling, follow-up and case management being provided in part by MOU staff, and in part by a professional counsellor employed by PMHP.

With COVID, MOU staff only had the capacity to refer high risk groups such as adolescents, women living with HIV and domestic violence to the counsellor for mental health screening. The counsellor supported these women through limited face-to-face psychotherapeutic sessions at the MOU, and where clients had access to a mobile phone and privacy at home, sessions were conducted

telephonically and followed up with WhatsApp messages. Many clients spoke with her about the desperate hunger they were experiencing and how this was interfering with their ability to engage with the counselling. The counsellor began liaising and collaborating with a local organisation, The Alcardo Andrews Foundation, which provides food to hundreds of people in the community on a daily basis. A streamlined referral system was developed to ensure that clients and their households received food regularly, and that a meal could readily be obtained en route to the counselling session.

CASE STUDY

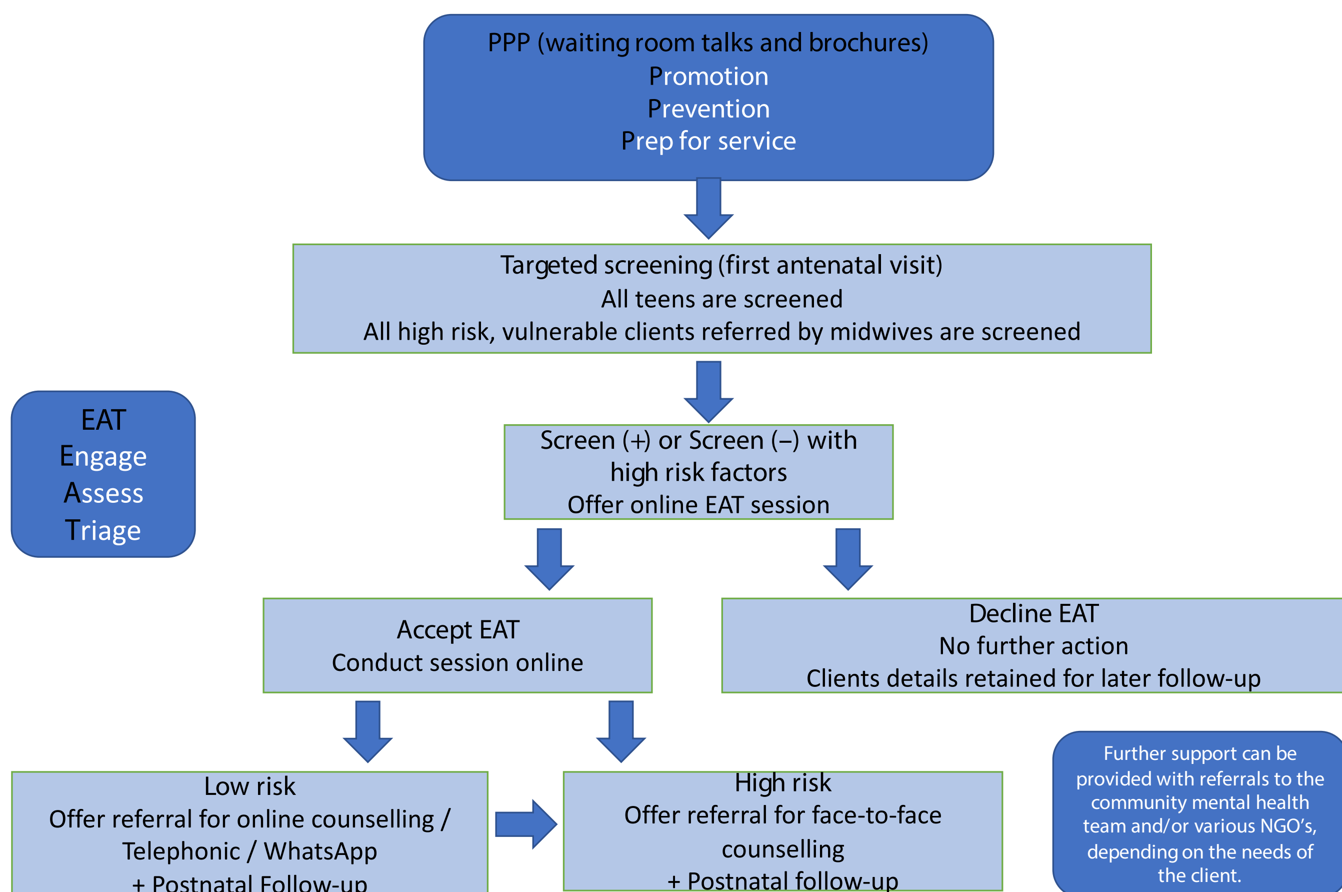
Megan's second baby was born when the lockdown began. She and her husband had not prepared for the birth and, to make matters worse, he was now without a job due to COVID-related retrenchments at his work. Megan felt completely hopeless and often described feeling down and 'thinking too much'. Conflict between her and her partner increased.

At the maternity clinic Megan attended in Hanover Park, the nurses picked up on her low mood and fearfulness. They told her about the onsite counselling service. She was hesitant at first, but the counsellor gave Megan a safe space to talk about the fears and anxieties. She experienced a lot of shame and guilt around not being able to provide for her children's basic needs. The counselling also offered the opportunity to explore resources where Megan would be able to get support. She was introduced to the local food support program where she and her family were able to receive a warm meal daily and became the beneficiaries of weekly food parcels. After a few weeks, Megan proudly started volunteering at the foundation, expressing appreciation for having the opportunity to work with women who share similar experiences to hers; unemployment, poverty and other vulnerabilities. This informal "support group" has functioned as an emotional refuge for her and others during this difficult time.

It had been a long time since Megan has felt good about herself. She continues to make use of the counselling programme and with the counsellor's support she has started looking for a fulltime job.

Plans at the beginning of the year had been to augment the PMHP service with the addition of a part-time, junior level counsellor, to Engage, Assess and Triage (EAT session) all screen positive women into low intensity versus high intensity care. Low intensity care would involve counselling (and possibly, group support) facilitated by the junior counsellor; and high intensity care would involve counselling and psychotherapeutic interventions from the more experienced, professional counsellor. The aim was for this stepped-care approach to ensure greater intervention coverage of the vulnerable population using the MOU, but the plan was put on hold until level 1 of lockdown. Newly launched, this approach is now combined with the mechanisms established during COVID to offer distance-based support. The diagram below depicts the combination of elements.

Figure 1: Perinatal Mental Health Project new service flow



MESSAGES FOR MOTHERS

Early in the pandemic, the PMHP teamed up with several organisations that work closely with mothers. Together with Embrace, Grow Great, Ilifa Labantwana and Side by Side the Messages for Mothers (M4M) alliance was formed to develop open access, culturally appropriate messages to support mothers and to relay targeted, essential information. Since inception, the Parent Centre and ParentPower have joined the coalition.

Core messaging needs are identified and allocated to one of four pillars: physical health, mental health, parenting and mindfulness. Embedded in the messages are tips to navigate the changing health and social services environment and helplines are provided to access a wide range of support services. Experts are drawn upon to draft, peer review and edit the messages which are then translated into several languages and formats for delivery. Formats include infographics and brief messages for social media platforms, mini-articles, podcasts, pamphlets and radio messages. With the changing epidemic, the messages are regularly updated and augmented.

The M4M content has been amplified via several National Department of Health (NDoH) and non-governmental platforms.

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- The National Covid WhatsApp line "Pregnant" content stream under "Conditions" +27 60 012 3456

  "The National Framework and Guidelines for Maternal and Neonatal Care during a Crisis: COVID-19 response" includes mental health element for staff and mothers and has a core health promotion component. For this, the first appendix includes the full batch of M4M messages. These are published, open access, on the NDoH online Knowledge Hub portal. A supplementary on-line training pack on this for health workers is being developed.
- A national radio campaign, Sikhaba iCovid19, included the messages in various formats and in several languages on national and community stations across the country.
- Several NGOs across the country have printed and distributed thousands of copies of a brochure of the M4M mental health (including domestic violence) messages within their food distribution or other service programmes.

Maternal mental distress is the silent crisis embedded within the COVID-19 pandemic. We must address it efficiently, adopting evidence-based solutions at many levels, through a co-ordinated and strategic response. Mental health and physical health providers need to focus on prevention, psychoeducation, and symptom monitoring, actively drawing in social support. Where possible, telehealth approaches should be expanded. Maternity care services should have access to increased supports for both patients and staff.

The pandemic has provided a catalyst for business unusual. Through increasing efficiencies and harnessing the power of collaboration, we have the potential to support mothers meaningfully. MHM

References available upon request