



embrace

The Movement for Mothers

LEARNING COMMUNITY



MODULE THREE

THE JOURNEY TO BIRTH

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03

BIRTH

We've all seen the Hollywood version: a woman's water breaks, and she is rushed to hospital; five minutes later, she is screaming in agony and a tiny cry emerges. Whilst this may make for good entertainment, it is definitely not what most births are like. Birth can be one of the most joyful and most difficult parts of motherhood. Without good support and an understanding of what to expect going into birth, a mother can feel overwhelmed during the process. With the right support and information, birth can be an empowering and sacred experience. For too long, the narrative of birth has been twisted in order to control the experiences of women, often through fear. There is a growing movement of mothers seeking and spreading information and knowledge about how to ensure that their birth results in the best possible physical and mental health outcomes for themselves and their babies.

In this section, we will give a summary of some of the information and support that mothers need in order to have a healthy birth experience.

By the end of this module you should have:

- An understanding of why antenatal care is vital
- An understanding of some of the barriers to accessing good quality antenatal care
- Understand breastfeeding rates in South Africa
- The basic principles of a mother-focused approach to birth and care
- The importance of pregnancy and birth in the journey to motherhood

WHAT IS ANTENATAL CARE?

What do pregnant women need to feel supported, cared for, and ready to give birth?

Being pregnant can be difficult for many women. Feeling tired, sick, sore, and uncomfortable are common. But pregnancy can also increase health risks, which if untreated or unmonitored, can put the life of mother child in danger. Antenatal care is there to prevent something going wrong, and should also prepare the woman emotionally for the birth of her child.

In South Africa, it is recommended that a pregnant woman have **8 antenatal visits** at a healthcare facility. At an antenatal visit, the patient is tested for HIV and other STDs, as well as TB. Urine and blood tests are conducted, blood pressure is monitored, and the mother's weight is monitored. All of this helps to screen for conditions such as diabetes and preeclampsia, a condition in which the mother's blood pressure is dangerously high and her kidneys may be damaged. The mother's physical health is monitored during pregnancy, but information on birthing options, what to expect during labour and the early days of baby's life is not a standard part of this care. Often, clinics are dealing with lots of patients on one day, and have very little time with each individual patient. So, it is not always possible to assess the emotional and social wellbeing of a pregnant woman.

Mothers can access additional information and support through [MomConnect](#), a WhatsApp service run by the National Department of Health. [The Side-By-Side campaign](#) on Facebook also offers direct support to expecting and new mothers. Mothers can also check if there any local antenatal groups in their area. [The Flourish project](#) of Grow Great has a network of local antenatal and postnatal support groups. EMAIL: flourish@growgreat.co.za

If you are a mother who has given birth, consider reaching out to pregnant women in your community to see if they have questions about birth that you can help them answer.

WHAT MAKES IS DIFFICULT TO ACCESS ANTENATAL CARE AND CRITICAL SUPPORT?

There are two sets of challenges in providing antenatal care to pregnant women. Firstly, the situation of the pregnant woman, and secondly, the capacity of the healthcare facility to provide the service. During the COVID-19 pandemic, an extra barrier may be the healthcare facility's inability to see non-critical or non-COVID-19 patients, and/or the pregnant mother's fear of contracting the virus if she goes to such a facility.

Challenges faced by individual women

- A lack of reliable and cost-effective transportation to a healthcare facility
- Teenaged mothers may be afraid of being judged or treated poorly by healthcare professionals
- Other responsibilities at home that prevent them going for a check-up
- No available leave to take from work so as to attend the clinic visits
- A fear of the stigma of an HIV+ diagnosis

Challenges faced by healthcare facilities

- Healthcare facilities can't cope with the numbers of patients, resulting in long queues and waiting times. COVID-19 has made this worse with increased number of patients seeking care at healthcare facilities.
- Delayed bookings at some clinics due to a lack of capacity
- Staff are often overworked and under-supported which puts further strain on their ability to provide empathetic care to all pregnant people. The COVID-19 pandemic has put extra pressure on facilities, with some of them facing staffing shortages as their staff contract the virus and self-isolate.
- It is often very difficult to follow up on individual test results so some high-risk cases may 'slip through the cracks' and not receive the care they need

CONNECT

Clechae's story

At the hospital (During COVID19) your partner is not allowed to check you in. He leaves you at the door and if there's a porter he will accompany you, to the third floor. It's overwhelming to be alone. I never thought I would sit alone during this time. They checked if my water really broke then they admitted me. I got a letter that gave my partner permission to come in. While sitting and waiting to be taken to my room, I saw a lady getting on her hands and feet on the ground screaming! At that moment I was so terrified. I kept thinking 'am I next?' and then I got scared.

The Thursday I was fine. The gynecologist came to explain my situation and suggested that they will wait till 19:00 then induce me. At 19:00, they decided that they would rather see if my baby came sometime during the night. I slept peacefully till 02:00. When I woke up, I started to vomit like in my 1st trimester. Just bile. The nurses told me it's fine and that I'm going into labour. I got moved to the induction room. That whole day, Friday 22 May I vomited bile. They started to induce me at 13:00 and the doctor explained that some babies come after one tablet and others after 12. Family and friends started to call but I refused to pick up because I was actually sad no one can come visit you. At 16:30 I got another tablet. At 17:10 I start to vomit bile again. I heard and felt a 'bloop sound' and my water broke.

The nurse told me to take a warm shower. Afterwards, I sat on the big yoga ball and bounced, watching the news on 2. Suddenly I'm telling the nurse I'm going to push, and she asked me why! I got onto the bed and she went to a professional nurse, telling them they must come check whether I'm in labour. She then comes to me saying "it's time you in labour. You can walk down with me to the labour room or you can wait for the wheelchair. If you want to walk please don't push on your way". We walk down.

The nurse in the labour room gets me settled and I'm at ease. They checked me and say that if I start to feel pain I must push. I laid there thinking "I'm minutes away from meeting my daughter". I asked the nurse "how long does the pain usually take to come?" She said anytime 5mins 10mins. "Well I can't wait anymore can I push" I asked. She asked me if I was sure, and I said yes, I would like to go home tomorrow. Then, I pushed... but I didn't feel pain while pushing. My baby came. Then I asked why she wasn't screaming like in the movies. But, she started to cry.

They put her on my chest, a minute later she blessed me with her warm urine. She is a 2850gram baby girl born at 18:34 on 22 May 2020. Her name is Neriah.

LET'S TALK ABOUT MATERNAL MORTALITY

The stakes with pregnancy and birth are high. Without proper care and support, mothers and babies may die from preventable and treatable ailments. Since 2009, the numbers of women dying during pregnancy and childbirth have decreased. The decrease is in a large part due to HIV+ women receiving specialised care during their pregnancy.

It is believed that around 60% of all maternal deaths since 2008 were preventable¹.

This means that thousands of women should not have died. If they had received better care during pregnancy and at birth, they would still be alive today. Hypertension (high blood pressure) during pregnancy, and obstetric haemorrhage (excessive bleeding during childbirth) are the two biggest contributors to preventable deaths.

In 2001, the National Department of Health released a policy and management guidelines for addressing the common causes of maternal deaths. These guidelines include early assessment of the functioning of major organs and quick referral to specialist hospitals in critical cases.

Every few years, the department of health releases updated maternal mortality data in a report known as 'Saving Lives'. The next report on maternal mortality will be published in 2020. Keep an eye on Embrace's website and social media for more on this!

No woman should die while giving life.

- Ban Ki-moon, UN Secretary-General, 2007 - 2016

A MOTHER-FOCUSED APPROACH TO BIRTH

The quality of care is important. Equally, if not more important is listening to pregnant and birthing women. A mother's voice is important.

The expertise of doctors and nurses is so important to ensuring a healthy birth. Mothers' feelings, ideas, preferences and their individual health and well-being matter too. When a mother feels listened to and feels that she is being respected by staff at the healthcare facility, she is likely to feel more relaxed, more in control of her birth, and more likely to feel supported during birth. This has a positive effect on birth outcomes.

What about a birth companion?

There is a lot of research that shows how much better a pregnant woman is able to cope with birth when she has someone with her². This could be her partner, her mother, sister, friend, or anyone else that she trusts. This person can ask questions, ask for help, make sure that her rights of privacy and the protection of her body are respected. A birth companion can help to protect the mother, and complain to the healthcare facility manager if necessary.

¹Moodley, J., S. Fawcus, & R. Pattinson. 2018. Improvements in maternal mortality in South Africa. In SA Medical Journal, 3:1.

²Bohren MA, Hofmeyr GJ, Sakala C, Fukuzawa RK, Cuthbert A. Continuous support for women during childbirth. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD003766. DOI: 10.1002/14651858.CD003766.pub6

What happens when the mother is abused during birth?

The label "obstetric violence" refers to when a woman giving birth is bullied, shouted at, physically abused, or neglected during childbirth by nurses or doctors. This can result in negative outcomes for both mother and baby during birth, as well as trauma after birth.

Birth is birth, whether it be via C-section or vaginal birth

There is no 'right' way to give birth. A birth in which a mother feels respected, listened to, supported and able to take the first steps into motherhood is the best possible outcome.

Across the world, about 20% of all births are done by Caesarean-section. In South Africa, 26% of births in public hospitals, and 74% of births in private hospitals are done by C-section. C-sections are either **elective**, or **unplanned/emergency**. An elective C-section is when a pregnant woman plans to have a C-section on a specific day and time. An unplanned or emergency C-section is when a pregnant woman in labour has a C-section because of risk to her or her baby.

In South Africa, some doctors will encourage and sometimes talk a mother into having a C-section because they are worried that something might go wrong during the birth and they will be held legally responsible. It may also be more convenient for a doctor if a mother can birth her child during working hours. Other doctors are more encouraging of vaginal childbirth as it means that the mother does not need major surgery and her recovery time is likely to be shorter.



NEXT STEPS

REFLECT



Reflect on what you have learned

What do you think can be done to improve the standard of antenatal care in South Africa?

Were you, or any mothers you know, afraid of being pregnant or giving birth – why?

SHARE



Celebrate a mother's strength!

Share your birth story on your social media with the hashtag **#BirthStrong**. Talk about your proudest moment during your labour and birth. Ask others to comment and share their own stories, talking about where they found their strength from.

ACT



Things you can do in response to what you have learned

Approach one of the moms who commented on your Facebook post. Ask her permission to take the conversation offline to find out more about her birth story so that you can educate yourself about the experiences of women giving birth in South Africa. You could ask her questions like:

- What did you wish you knew before going into labour?
- What made birth experience positive/negative for you?
- Who did you rely on most during labour and birth?
- Would you recommend other women go to the same hospital and doctor as you to give birth – why/why not?



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The Movement for Mothers

I WANT MORE



MODULE THREE

EMBRACING THE JOURNEY TO BIRTH

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UNDERSTANDING BIRTH

I do not care what kind of birth you had... a homebirth, a scheduled cesarean, epidural hospital birth, or if you birth alone in the woods next to a baby deer. I care that you had options, that you were supported in your choices, and that you were respected.

- January Harshe

It is easy to think that there are just two types of birth: vaginal and C-section. In reality, there are many ways for women to give birth and every labouring woman will have a unique experience of birth.

Here are the basic explanations of what is involved in vaginal and surgical births:

When a woman goes into labour, she may experience one or more of these things:

- **Contractions:** she will start to feel tightening or cramping of her uterus, where the whole area will feel hard every few minutes
- **Bloody show:** during pregnancy, a plug made of mucus blocks the opening of the womb, known as the cervix, and helps keep it closed. When labour begins, the plug is released as the opening of the womb starts to stretch and open. A labouring woman might notice this as bloody, mucousy discharge in her underwear or when she goes to the toilet.
- **Breaking waters:** a baby in the womb grows in a sac of fluid called the amniotic sac. The fluid contains nutrients, water, waste and other products of a baby's growth process. When labour starts, this sac may break, and the waters come out through the mother's vagina. This water should be clear. If it comes out and is any colour, it may indicate that the baby is in distress.

The opening of the womb will stretch and widen (called 'dilating') and the baby will begin to move down the birth canal (i.e. through the womb's opening and into the mother's vagina).

A woman giving birth vaginally will then be encouraged to push into the birth canal to get the baby out. In some cases, this part may need to be assisted by **forceps** or a **ventouse**. A forceps delivery is when the doctor uses a metal instrument that looks like spoons or tongs and places it on the baby's head to pull the baby out as the mother pushes. This can help get the baby in the right position if the baby is lying facing upwards or to one side.

A ventouse is a little cap that sucks onto the baby's head and again the doctor will pull the baby as the mother pushes.

During birth, a labouring mother may need an **episiotomy**, which is when the doctor makes a small cut at the vagina to make the space bigger and make birthing easier³.

³Assisted Delivery [Accessed at <https://www.pregnancybirthbaby.org.au/assisted-delivery-forceps-or-ventouse>]

For a C-section, the **traditional method** was to cut a long cut down the middle of the abdomen and then the uterus. This method had many risks of hernia and post-surgical complications and is now no longer used. The **lower uterine segment cesarean section** is this most common procedure today. This is when the doctor cuts across the bottom of the abdomen and across the uterus. An emergency C-section is performed when there are complications to labour. A **cesarean hysterectomy** involves removing the uterus with the baby and this is needed if there is severe post-delivery bleeding or the placenta will not detach from the uterine walls⁴.

Even if a woman is having a C-section, it is preferable to wait until labour begins to deliver the baby. This is because there are a set of hormones that are produced close to and in labour that help with healing after birth and breastfeeding⁵.

Whatever birth a woman goes through, what is most important is that the woman feels respected, supported and in control of her own birthing process.

A woman in labour produces a hormone called **oxytocin**.

Oxytocin is nicknamed the 'love drug' as it is associated with social bonding. In mothers, it also shrinks the uterus after birth to control post-birth bleeding. It is also the hormone behind the 'let down' of milk during breastfeeding⁶.

In order for oxytocin to be released in labour, a mother must feel safe and secure and comfortable in the space in which she is labouring. **Adrenaline**, which is a hormone that we produce when we are afraid, stressed or angry, may affect the production of oxytocin. This is why it is so important that a woman who is labouring and delivering a baby has:

- A sense that she is safe and not under threat. Feeling unsafe can produce adrenaline and slows the release of oxytocin and can make a woman's muscles tense up.
- Very few observers other than birthing companions and healthcare providers, so as to limit anxiety.
- Physical warmth as this will relax the body.
- Dim lighting; lighting affects the release of a substance in our bodies known as melatonin. In the last stages of pregnancy, the uterus sprouts extra **melatonin** receptors, so that it is extra-sensitive to melatonin which will help start labour. Dimming the lights encourages the production of melatonin and the progression of labour⁵. Often, moms go into labour at night – it is thought that this is because of the melatonin that is produced at this time of day.

Many women report that during birth⁷:

- They were shouted at
- Nurses were rude to them
- They were treated unkindly
- They were neglected
- They were ignored
- They were beaten or abused

These are obviously very traumatic and stressful things to happen to anyone, especially someone who is in labour. Not only does this cause significant emotional distress, it affects a mother's ability to labour successfully, and heal in good time after birth.

⁴ Mandal, A. (2016). Cesarean Section Types, News Medical Life Sciences [Accessed at: <https://www.news-medical.net/health/Cesarean-Section-Types.aspx>]

⁵ Ehrhardt, R. 2011. The Basic Needs of a Woman in Labour.

⁶ <https://preg-u.bloomlife.com/labor-at-night-melatonin-f263dd481db4>

⁷ Honikman, S., Fawcus, S., and Meintjies, I. (2015) Abuse in South African maternity settings is a disgrace: Potential solutions to the problem, South African Medical Journal Vol 105(4)

NEXT STEPS

REFLECT



Reflect on what you have learned

How can a birth companion support a mother during birth?

What are some of the emotions that a mother can experience during childbirth? If you have given birth, what are some of the emotions that you felt?

What is the role of healthcare workers (nurses, doctors etc) in supporting the birthing mother?

SHARE



Post this image and share your thoughts

Post this image with the hashtag **#HerBodyHerBirth** and in your comment write an encouraging note to mom's giving birth. Let them know that their body is strong, capable and powerful of bringing life into the world.

DOWNLOAD IMAGE

ACT



Things you can do in response to what you have learned

Reach out to friends, colleagues or family members who are due to give birth in the next few months. Check-in with them and ask them:

If they have any unanswered questions they want to ask their healthcare provider before the birth?

Who will they have in the room with them to champion their needs and interests with doctors and nurses?

Share the information in this module with them and help them understand that birth happens differently for different woman and that what is important is that they and their baby are healthy and as comfortable as possible throughout the whole process.

GIVING BIRTH DURING COVID-19

COVID-19 has put our healthcare facilities under enormous pressure. Many are dealing with higher patient numbers than usual. Some may be understaffed because staff have contracted the virus and are on sick leave. Because of this, clinics and hospitals are operating under rules and regulations that are outside of their 'business as usual'.

This may have several implications for moms giving birth:

- Mothers may not be able to have a birth companion with them when they give birth and are recovering
- Fathers may not be able to visit the mother and baby while they are in hospital
- Provided there are no complications, mothers may be discharged earlier than usual from hospitals

All of this makes a very delicate time more stressful, so it is important that pregnant moms are supported emotionally and in other ways to make it easier when the time to give birth comes.

Messages for Mothers suggests a few ways in which you can assist:

- Acknowledge the pregnant mother's feelings and fears. It is possible to understand the reason for the rules and to still be upset or even angry about what they mean for a person's birth experience. Acknowledge these feelings as real, and listen if a pregnant mother needs to talk to you.
- Help a pregnant mom prepare for birth in the following ways:
 - Buy her data and airtime on so she can keep in contact with loved ones while she's in the hospital.
 - Help her download calming music on her phone to listen to when she is in labour (don't forget to get her earphones).
 - Create a WhatsApp group to alert family when she's in labour, or to tell them when she's given birth.
- Share [this infographic](#) from Messages for Mothers which was created specifically for moms who may have to give birth without family nearby.