



Introducing a new course on Knowledge Hub



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**Perinatal
Mental Health
Project**

Caring for Mothers. Caring for the future.
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Foundations of maternal wellbeing

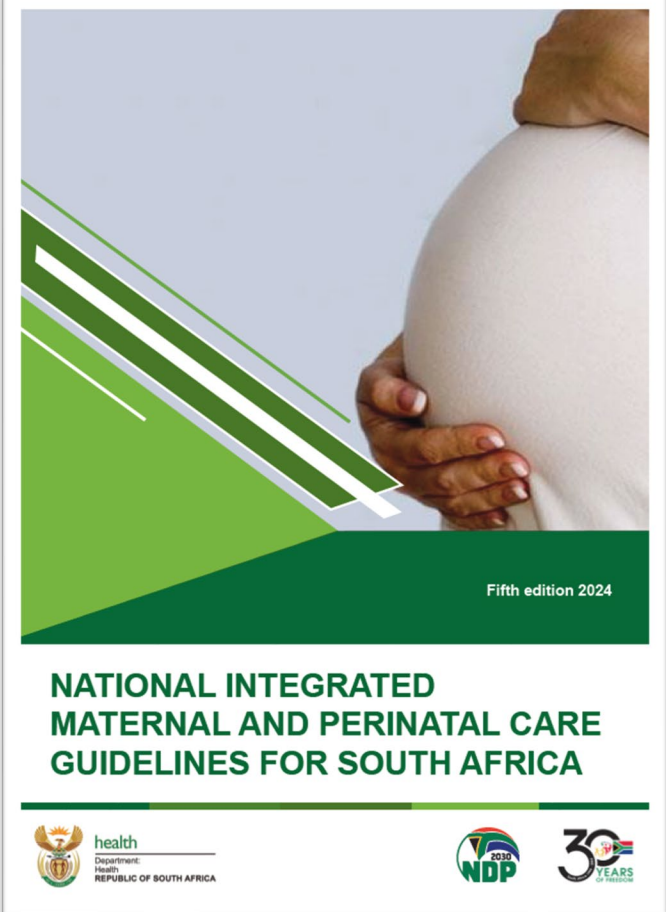
improving maternal mental health, respectful care and providing safety from violence

Developed by the



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Course overview



- Designed for nurses, midwives, doctors, and other providers working with women during the perinatal period
- Translates national guideline recommendations into clinical practice
- Goes beyond awareness → practical knowledge and tools

Course objectives



- To identify and apply the principles of **Respectful Maternity Care** in the perinatal setting.
- To understand the importance of **birth companions**
- To understand the importance of **self-care for health workers**
- To identify common and severe **maternal mental health conditions** and their risk factors.
- To know **how to screen** for maternal mental health problems and provide quality referrals, when required.
- To **manage maternal mental health conditions** within your scope of practice.
- To understand the prevalence and **impact of intimate partner and domestic violence** in the South African perinatal context.
- To **identify and support women** who may have experienced abuse in a respectful and non-judgmental way.
- To provide **first-line support to survivors** of intimate partner and domestic violence.

Course format



- Self-directed (start and complete at your own pace)
- One module on each chapter
 - 3 – 5 recorded lectures
 - additional resources
 - pdf of the slides
 - quiz
- Max 6 hours to complete, excluding additional resources
- CPD-accredited: 4 clinical + 1 ethical CEUs



Module 1



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Module 1 – Respectful Maternity Care



- Based on Chapter 1 of the 5th edition of the National Integrated Maternal and Perinatal Care Guidelines for South Africa
- Provides users with knowledge, information and resources on Respectful Maternity Care
- RMC: humane and dignified treatment of pregnant and birthing women during and after pregnancy
- 3 learning lessons
- ~ 65 minutes to complete, excluding additional resources and quiz

Module 1 – Lesson 1



Overview of Respectful Maternity Care

1. To create an **awareness** about RMC and its impact on health outcomes.
2. To **identify disrespectful and abusive behaviours** that may occur in the maternity setting.
3. To provide an **understanding** of RMC behaviours.
4. To identify existing international and national **frameworks** that outline standards of RMC during labour and giving birth, and during the postnatal period.
5. To equip health care providers **to manage difficult situations** in a respectful manner.
6. To capacitate health care providers to provide respectful care to clients where there is a **language barrier**.
7. To capacitate health care providers to engage respectfully with **adolescent clients**.
8. To provide an understanding of **respect in the workplace**.
9. To provide **resources for client referral** for additional help.
10. To provide guidance for **reporting disrespect and abuse**.



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Module 1 – Lesson 1



NATIONAL INTEGRATED MATERNAL AND PERINATAL CARE GUIDELINES FOR SOUTH AFRICA

Chapter 1: RESPECTFUL MATERNITY CARE

Respect the dignity and autonomy of all women at all times, regardless of their race, gender, sex, pregnancy, marital status, ethnic or social origin, age, disability, religion, belief, culture, language, number of children, economic, marital and health status, type of work (e.g. sex workers), legal status, and level of poverty (homeless and uneducated women).

All staff should be respectful. This includes health care providers, administrative, support and security staff.

Respectful care upholds the dignity and standing of the health professions and can increase health worker satisfaction and morale. It is associated with improved mental and physical health outcomes of women and their newborns.



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Module 1 – Lesson 1



Setting the scene with respectful care



<https://www.youtube.com/watch?v=-yF7ZyEgYDg&t=1s>

(Acknowledgement: Perinatal Mental Health Project, PMHP Empathic Engagement Skills, www.pmhp.za.org)



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Module 1 – Lesson 1



Implementation of respectful, supportive, woman-centred care

Companionship (of her choice; continuous support)

Communication (Introduce yourself; Address by name; No shouting)

Consent (For every procedure; Participatory decision making)

Hygiene (Allow bathing if facilities are available)

Oral fluids (and food if not in second stage)

Pain relief (Breathing techniques; Mobilisation; Companion support; Analgesia)

Privacy (At all times, specifically during history taking, examinations and delivery)

Eliminate supine position (Any position but supine; Allow mobilisation; Respect cultural practices like squatting)

Respect dignity (No discrimination; No withholding care; No physical abuse)

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Module 1 – Lesson 2



Birth Companions

1. To provide an understanding about the **importance of birth companions** in the maternity setting.
2. To provide an understanding about the **role of birth companions** in the maternity setting.
3. To outline the **responsibilities** that birth companions may take on before the birth, during labour and postnatally.
4. To **address concerns** that health workers may have around birth companions.



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Module 1 – Lesson 2



Birth companion benefits:

- Shorter labour
- Decreased C-section
- Improved Apgar scores
- Can assist women in addressing situations when they are not being treated respectfully

Birth Companions

Supporting mothers
during birth
partners, fathers, mothers, friends...

If you have been asked to accompany a mother during her birth, this leaflet 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!



Module 1 – Lesson 2



Birth companions – practical solutions:

- Register companions during ANC visits
- Ensure access control
- SOPs for gender of companion if needed for privacy
- Curtains if full partitions not available
- Educate birth companions on confidentiality, infection control
- **Health providers generally report birth companions to be helpful:**
 - Practical support like getting food / drink
 - Providing emotional support and encouragement

Module 1 – Lesson 3



Self-care for health workers

1. To explain **how stress affects** the body and mind.
2. To assist health workers to **care for themselves**.
3. To provide some **examples** of self-care exercises.



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Module 1 – Lesson 3



Self-care activities

Grounding :5-4-3-2-1



<https://www.youtube.com/watch?v=BsKpumL-ohQ>

(Acknowledgement: 5-4-3-2-1 The Partnership in Education
<https://www.thepartnershipineducation.com/>)



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Self-care strategies for health workers

The maternity setting can be a stressful environment. As a health worker, you may be faced with limited resources, staff shortages, long working hours and task overload. Perhaps the needs of your patients can feel 'too much'. Maybe you also have difficulties with your colleagues or in your personal life.

These things can make it difficult to stay motivated. You may feel like there is no-one to support you or listen to your concerns. To 'be there' for your patients, you need to be looked after, **and** you need to look after yourself!



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Module 2



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Module 2 – Maternal Mental Health



- Based on Chapter 2 of the 5th edition of the National Integrated Maternal and Perinatal Care Guidelines for South Africa
- Provides users with knowledge, information and resources on Maternal Mental Health
- MMH: conditions during pregnancy, childbirth and the first year after birth that can affect a woman's feelings, thoughts and behaviours
- 5 learning lessons
- ~ 120 minutes to complete, excluding additional resources and quiz

Module 2 – Lesson 1



Overview of Maternal Mental Health

1. To provide an understanding of the **importance of maternal mental health**.
2. To define **common and severe mental health disorders**.
3. To provide an understanding of possible **negative effects of untreated** maternal mental health conditions.
4. To identify **risk factors** for maternal mental health conditions.
5. To create an awareness of some of the **barriers to seeking help** for mental distress and ill-health.



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Importance of Maternal Mental Health

High prevalence



- Increased onset new mental illness
- Women with existing MH problems may find that symptoms worsen
- Huge treatment gaps

Maternal and child outcomes

- Sleep / appetite problems
- Poor antenatal weight gain
- Miscarriage, preterm birth, low birth weight, prolonged labour
- Domestic violence, self-medication, suicide
- ↓ economic potential
- Poor use of health services
- Problems with bonding
- Breastfeeding problems
- Crying + irritability
- Abandonment, abuse, neglect
- Mental health/conduct problems
- Impaired language + motor skills

Opportunity

- Strong evidence for effective interventions
- High contact period with perinatal services
- Disrupts intergenerational cycles of distress and socio-economic adversity
- Task sharing can help close the treatment gap

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Risk factors for maternal mental health conditions

- being a teenager
- living with a chronic disease including HIV
- poor support / poor relationships
- unwanted / unintended pregnancy
- difficult life events / trauma (e.g. bereavement and current or past abuse)
- intimate partner violence / domestic violence
- alcohol or substance abuse
- past psychiatric history
- serious physical problem in mother or baby
- being a refugee, asylum seeker, displaced person
- previous or current pregnancy loss, miscarriage, still birth and neonatal death
- preterm birth, congenital disorders, or physical illness in neonate
- chronic physical illness in woman
- poverty and food insecurity



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Module 2 – Lesson 2



Screening and referral

1. To create an awareness of the **importance of screening** for maternal mental health problems
2. To provide an understanding of some of the **barriers to screening**
3. To capacitate health care providers to **use a short mental health screen** for anxiety, depression and suicidality
4. To capacitate health care providers to **provide quality referrals** for management of mental health problems



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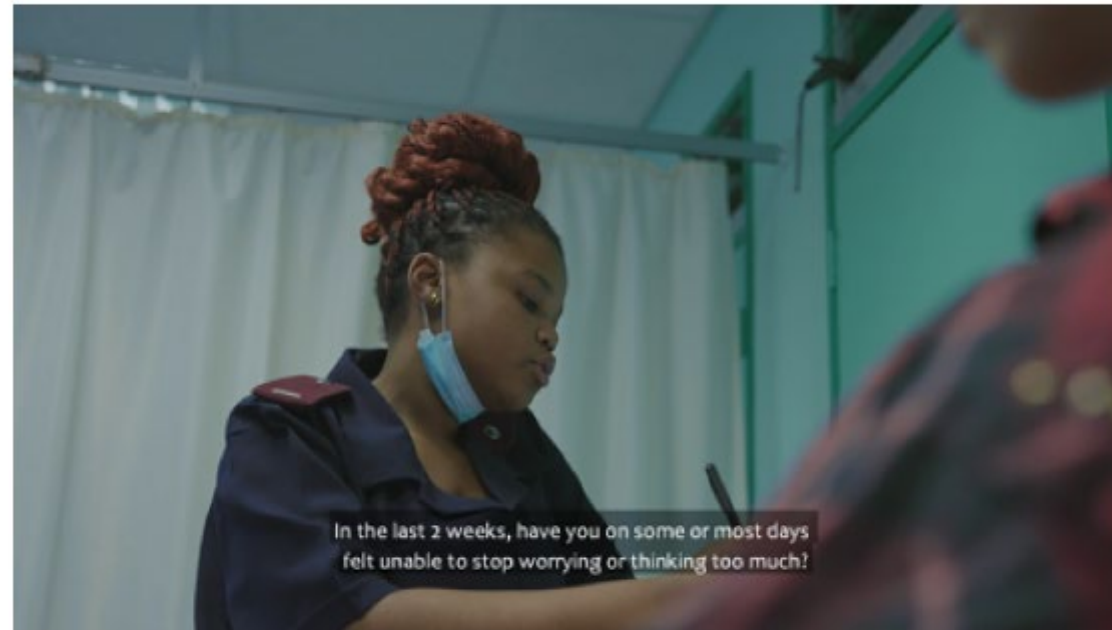
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In the last 2 weeks, have you on some or most days felt unable to stop worrying or thinking too much?	☐ Yes [1]	☐ No [0]
In the last 2 weeks, have you on some or most days felt down, depressed or hopeless?	☐ Yes [1]	☐ No [0]
In the last 2 weeks, have you on some or most days had thoughts <u>and</u> plans to harm yourself or commit suicide?*	☐ Yes Refer [1]	☐ No [0]
TOTAL SCORE	☐ 1 ☐ 2 >>>>>>>>> refer ☐ 3 >>>>>>>>> refer	
Offered Counselling	☐ Yes	☐ No

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How not to screen



<https://www.youtube.com/watch?v=cT2PBNIXjbQ&list=PLKet3CJ4HYIWWckXL55cCzyneOmBXsz4a&index=3>

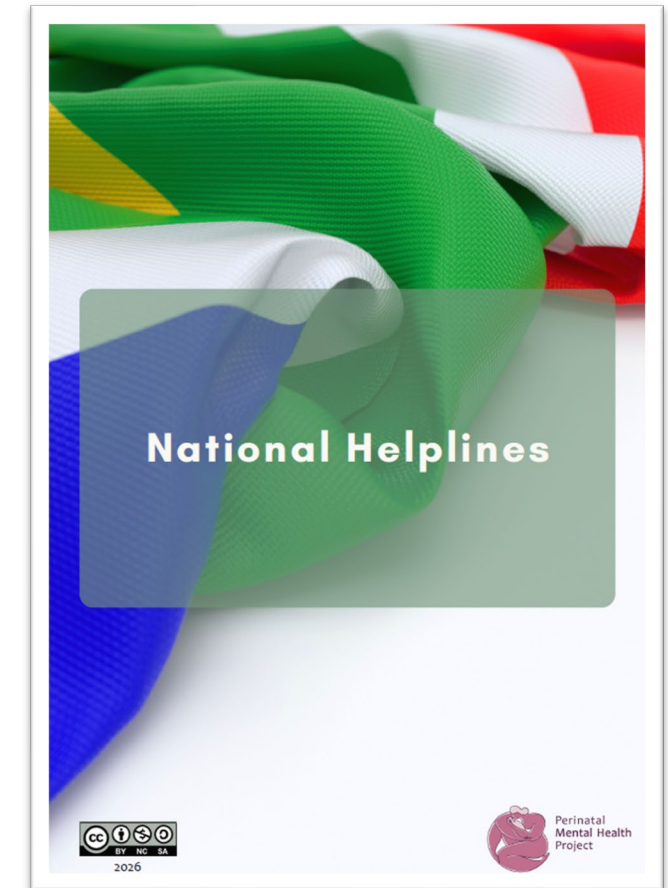
(Acknowledgement: Perinatal Mental Health Project, No Maternal Health without Mental Health)



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Maternal Mental Health conditions

1. To create an understanding of **different maternal mental health conditions**.
2. To develop the capacity of health care providers to **recognise the symptoms** of different maternal mental health conditions.
3. To develop the capacity of maternity health care providers **to manage different maternal mental health conditions within their scope**.



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Maternal Mental Health Conditions

Version: April 2026





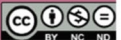









Acknowledgements:
Simone Honikman, Estelle Venter, Kerry Louw






BABY BLUES

Presentation

- Temporary psychological state – women can feel overwhelmed, tearful, anxious, exhausted and irritable as they adjust to parenthood
- Not a disorder – it should resolve without treatment
- Usually starts 3rd day post-partum – linked to hormonal changes, sleep deprivation, stress of motherhood
- Symptoms may last only a few hours or up to two weeks after birth

Symptoms

- Sudden mood swings (feeling very happy, then very sad)
- Crying for no obvious reason
- Feeling impatient
- Unusually irritable
- Restless, anxious, lonely or sad
- Difficulty sleeping
- Feeling overwhelmed
- No serious impairment in functioning, no suicidal thoughts, able to bond with baby and remain positive about the future

Management

- Risk assessment: needs careful monitoring – about 20% of women who experience the 'baby blues' will progress to having postnatal depression. Risk factors include personal / family history of depression, trauma history, complicated pregnancy, lack of support, life stressors
- Usually resolves with compassionate support. Encourage social support from partner or family



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OBSESSIVE COMPULSIVE DISORDER

Presentation

- Perinatal obsessive-compulsive disorder (OCD) - can occur during pregnancy and after birth.
- Unwanted, distressing thoughts / urges / images and repetitive behaviours.

Symptoms

- Obsessions - unwanted thoughts / urges / images of harming the baby, or the baby is in danger
- Anxiety and distress related to the thoughts
- Attempts to ignore or suppress the thoughts/urges/images
- Compulsions - repetitive behaviours to reduce anxiety, e.g.:
 - Excessive washing, sterilising baby's items
 - Constantly checking on the baby
- The obsessions and compulsions take up excessive time and impact on function
- Avoiding activities or scared of leaving the house
- Asking for reassurance that the baby is safe

Management

- Social and lifestyle support: Involving a trusted partner, family member, or friend educated in OCD, joining peer support group, regular daily routine, protecting sleep, regular physical activity, scheduling non-OCD pleasant activities
- Non-pharmacological management: psychoeducation on condition and treatment options, psychotherapy – CBT with Exposure and Response Prevention (ERP)
- Pharmacological management: SSRI antidepressants (may need higher total doses)
- Level of obstetric care:
 - 1 if well managed
 - 2 if symptoms are severe



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Module 2 – Lesson 4



General management principles

1. To develop an **understanding of the mental health needs** of distressed women.
2. To provide guidance on **creating an environment** to support maternal mental health prevention and promotion.
3. To provide **key maternal mental health messages**.
4. To identify mental health **considerations** that involve the mother and infant.
5. To develop capacity to support parents who experience **perinatal loss**.

Module 2 – Lesson 4



**Creating an environment
that supports mental
wellbeing**



**Share mental health
information
and reduce stigma**



**Respectful,
compassionate care**



**Support mental
wellbeing**



**Connect women to social
support services**



**Promote staff wellness
and cohesion**



**Promote companionship in
pregnancy, birth &
postnatally**



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Module 2 – Lesson 4



Important messages

- You are not alone
- There is help available
- You are not to blame for how you feel
- You can get better



Practical Checklist for Waiting Room Health Talks on Maternal Mental Health



Planning

- Inform clinic management and staff ahead of time to secure support.
- Confirm with clinic staff the best timing (before/after consultations, not during announcements).
- Ensure space is suitable (audibility, seating, privacy considerations).
- Clarify the intended audience (pregnant women, mothers, partners, families).
- Decide how often talks will be given (daily, weekly, monthly).
- Coordinate with clinic flow to avoid long waiting delays or disruption.
- Identify referral resources in advance (mental health services, social work, NGOs).



Preparation

- Select one main topic per talk; taking timing into account.
- Review content for accuracy and consistency with national or local guidelines.
- Ensure language is simple and locally appropriate.
- Translate key phrases if needed for multilingual groups.
- Prepare any visual aids, handouts, or props.
- Practice the talk beforehand; time yourself.
- Prepare a few open-ended questions to invite engagement.
- Anticipate common questions and prepare clear responses.



Trauma-Informed Approach

- Begin with a respectful tone; acknowledge participants without singling out.
- Avoid stigmatising terms or judgemental phrasing.
- Normalise that experiences vary, seeking help is valid, and that it is a sign of strength, not weakness.
- Use language that focuses on well-being, not on pathology.
- Present partners and family members as important sources of support.
- Be alert to signs of distress (withdrawal, tearfulness, agitation).
- Do not force disclosure or participation; allow people to listen silently.
- Keep examples neutral and avoid re-traumatising detail.
- Know your boundaries: you are not conducting therapy.
- Have practical referral information ready if someone seeks private help afterwards (e.g. who to ask at the clinic).



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Maternal Mental Health talking points

All people experience stress or distress from time to time. Pregnancy and being a new parent is a **transition** (time of big changes) and sometimes it can be a stressful experience.

Mental health conditions are **common**, especially during pregnancy and the year after the birth. It is not your fault.



Symptoms of depression and anxiety during pregnancy include:

- **thinking** too much
- **worrying** too much
- feeling **down and sad**
- feeling like your **stress levels** are more than what you can cope with
- feeling **overwhelmed**
- or feeling like something **bad** is going to happen

Some people also experience **changes** in their **appetite** and **sleep** and sometimes **struggle** to do things they would normally do, like go to work, interact with others, or take care of their children.



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Module 2 – Lesson 5



Treatment

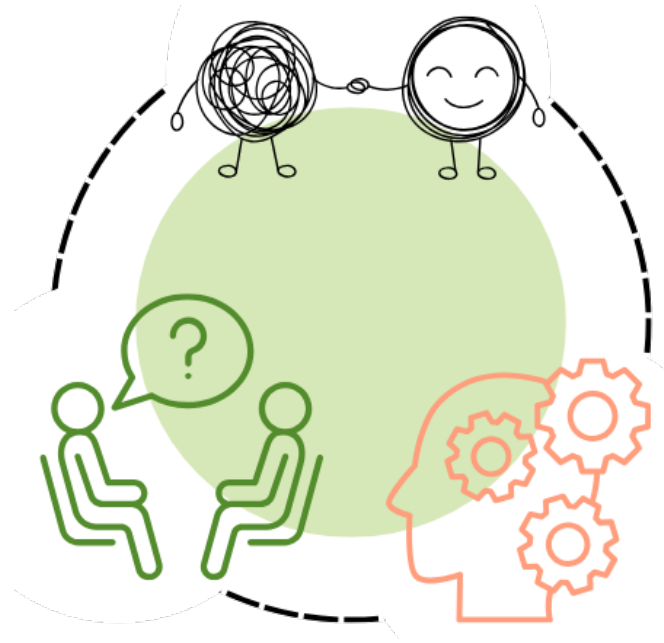
1. To create awareness of different types of **mental health interventions**.
2. To provide an understanding of **psychosocial support**.
3. To provide an understanding of **psychological interventions**.
4. To provide an understanding of **medications** for maternal mental health conditions.



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Module 2 – Lesson 5



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Module 3



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Module 3 – Intimate Partner + Domestic Violence



- Based on Chapter 3 of the 5th edition of the National Integrated Maternal and Perinatal Care Guidelines for South Africa
- Provides users with knowledge, information and resources on Intimate Partner Violence (IPV) and Domestic Violence (DV)
- IPV: harm by current or past partners
- DV: harm by other people who live in the home
- 3 learning lessons
- ~ 90 minutes to complete, excluding additional resources and quiz



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Module 3 – Lesson 1



Overview of Intimate Partner Violence and Domestic Violence

1. To create an **awareness** about IPV and DV in the South African context.
2. To provide an understanding of **different types of abuse**.
3. To raise awareness of **why the health worker response** to IPV matters.
4. To create an awareness of **physical and mental health outcomes** of IPV and DV.
5. To reflect on some **concerns** health workers may have about responding to IPV / DV.
6. To provide an understanding of **why women may stay in abusive relationships**.



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Violence against all women, regardless of partnership status

Recent physical violence

6.1%

Translates to **1 338 336** women

Recent sexual violence

2.0%

Translates to **432 525** women

Recent physical and/or
sexual violence

7.0%

Translates to **1 536 729** women

Lifetime physical violence **33.1%**

Translates to **7 310 389** women

Lifetime sexual violence **9.8%**

Translates to **2 150 342** women

Lifetime physical
and/or sexual violence **35.5%**

Translates to **7 847 438** women



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(Human Sciences Research Council, 2024)

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IPV/DV consequences on maternal and child outcomes			
			
• HIV infection / other sexually transmitted diseases • high-risk sexual behaviour • decreased contraception use • higher unintended pregnancy	• perinatal death • preterm labour • antepartum haemorrhage • premature rupture of membranes • placental abruption • miscarriage • vaginal bleeding • high blood pressure / oedema • severe nausea, vomiting or dehydration • kidney infection / UTI • later uptake of antenatal care / lower antenatal care attendance • poor nutrition / inadequate weight gain • lower skilled birth attendance • mental health symptoms (depression, anxiety, post-traumatic stress, substance use disorder)	• infant and neonatal death • stillbirths • pre-term delivery • foetal growth restriction / low birth weight • worse maternal viral suppression (increasing risk for vertical HIV transmission) • congenital disorders	• infant illness (e.g. diarrhoea, respiratory diseases) / poorer general physical health • lower breastfeeding rates • lower immunisation uptake • stunting • developmental delays • learning impairment • emotional dysregulation / behavioural problems / hyperactivity • cognitive difficulties • poor mother-infant attachment (which predicts many later outcomes) • increased likelihood of child abuse or neglect • mental health problems later in life (e.g., depression, anxiety, posttraumatic stress, low self-esteem, anger and irritability, risky behaviours)



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Alhusen *et al.* (2015); Da Thi Tran *et al.* (2022); Guo *et al.* (2023); Hahn *et al.* (2018); Hill *et al.* (2016); Department of Health (2024); Kim *et al.* (2024)

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Module 3 – Lesson 2



Identify and support

1. To build health worker capacity to **identify women** who may have been abused.
2. To build health worker capacity to **talk to women about IPV / DV** in a respectful and non-judgmental way.
3. To build health worker capacity to **document and report IPV / DV**.
4. To highlight the need for **extra sensitivity for survivors of sexual abuse** in the maternity setting.

 REPUBLIC OF SOUTH AFRICA FORM 2 REPORT AND RISK ASSESSMENT BY FUNCTIONARY ON BEHALF OF DOMESTIC VIOLENCE [Regulation 4(1)] SECTION 2A(2)(a)(i) OF THE DOMESTIC VIOLENCE ACT, 1998
To: "The Social Worker/SAPS" (*Delete whichever is not applicable.)
REPORT AND RISK ASSESSMENT BY FUNCTIONARY ON BEHALF OF DOMESTIC VIOLENCE
A. CERTIFICATE I, _____ (Full names and surname) hereby certify as follows: - I am employed by _____ at _____ as _____ - On the _____ day of _____, 20____, I, in the _____ my duties or the exercise of my functions as _____ (designation/occupation), had*examined/assessed/evaluated/interviewed _____ person whose particulars are set out in Part B of this form. - During that session, I obtained information which, after evaluation, caused me to believe, on reasonable grounds, that the said person may be a victim of domestic violence. - The said person is a *child, a person with a disability (type of disability: _____) _____
NB! In terms of section 2A(3) of the Act, a functionary who makes the report in terms of section 2A(2)(a), in good faith is not liable to civil, criminal or disciplinary proceedings for making the report, despite any law, policy or code of conduct prohibiting the disclosure of such information; and is entitled to have their identity kept confidential, to require otherwise.

G.P.S. 01/02

J88
(81/805259)

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Police Station: _____

CAS/No _____

Name of Investigating officer: _____

Contact No: _____

REPORT ON A MEDICO-LEGAL EXAMINATION BY A HEALTH CARE PRACTITIONER

To be diligently completed electronically or in legible handwriting and signed on every page

PART I

CERTIFICATE IN TERMS OF SECTIONS 212(4), 212(8) AND 213(3) OF ACT 51 OF 1977 (AS AMENDED)

I, _____

(Full names and Surname)

herely certify as follows:

- I am in the service of the "State/in the service of or attached to a university in the Republic in my capacity as _____"

* registered medical practitioner/nurse/other (please specify) _____

- On the _____ day of _____ (month) _____ (year) at _____ H. _____ (time of examination)

- and at _____ (state/place where examination took place), I examined the person indicated in Part II, Paragraph B.1 (page 2 of 6) of this J88 form.

- I recorded my findings and observations on pages 2 to 6 of this J88 form and any additional pages indicated. The facts recorded on pages 2 to 6 of this J88 form, including any additional pages used where indicated, were established by means of an examination requiring skill in anatomy and pathology.

- In the performance of my official duties:

* a) I received and collected from _____ (name of person/institute/State department or body) clothing, object/s, specimens and/or tissue described in this J88 form.

* b) I delivered or dispatched to _____ (name of person/institute/State department or body) the clothing, object/s, specimens and/or tissue specified in this J88 form.

- * I packed and marked the clothing, object/s, specimens and/or tissue in the manner described in this J88 form.

The contents of this J88 form is true to the best of my knowledge and belief and I am making this statement knowing that, if it were tendered in evidence, I would be liable to prosecution if I willfully stated in it anything I knew to be false or which I do not believe to be true.

DATED AT _____ (place) ON THE _____ DAY OF _____ (month) _____ (year)

AT _____ H. _____ (time).

SIGNATURE OF
HEALTH CARE PRACTITIONER

PRINT NAME AND SURNAME

STAMP OF
HEALTH CARE PRACTITIONER

(NB: Section 212(4) and 212(8) provide for a certificate issued in terms of either of these sections to constitute, upon its production at criminal proceedings, prima facie proof of the facts alleged.)

* Delete which is/are not applicable

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DEPARTMENT OF JUSTICE AND CONSTITUTIONAL DEVELOPMENT



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Providing first-line support

1. To clarify the **role of the health worker** in providing first-line support to survivors of IPV / DV.
2. To build health worker **capacity to provide LIVES** (Listen, Inquire, Validate, Enhance Safety, Support) as a first-line support intervention for IPV / DV.
3. To provide **resources for client referral** for additional help.
4. To build health worker capacity to **make successful referrals**.



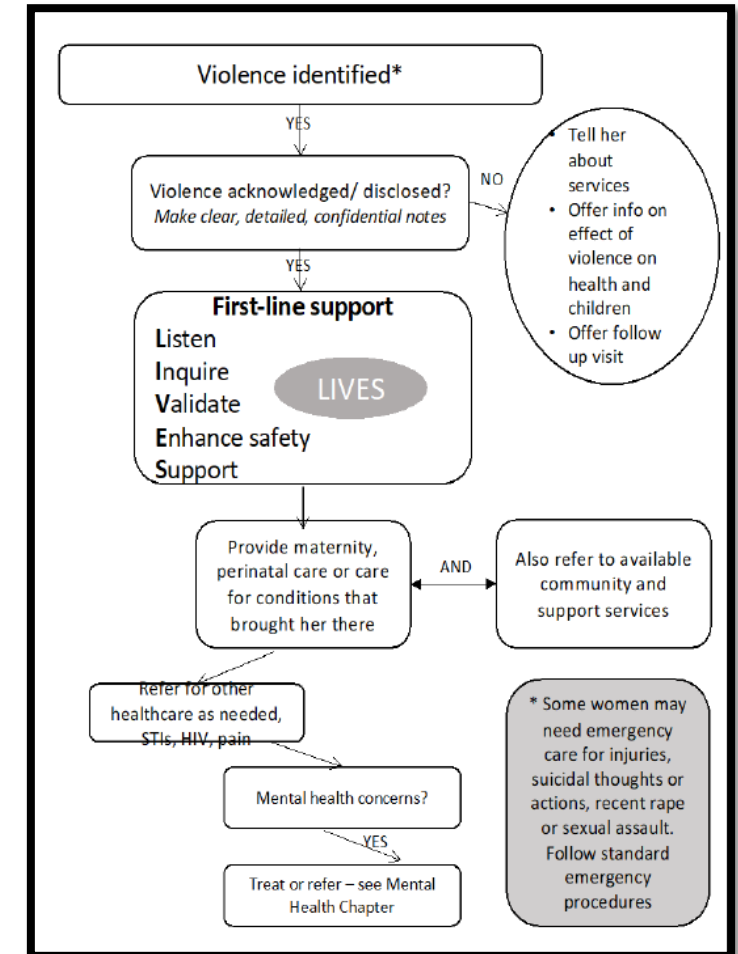
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What is your role?



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LISTEN with empathy and
without judging

INQUIRE ABOUT HER
NEEDS AND CONCERNS

VALIDATE

ENHANCE
SAFETY

SUPPORT

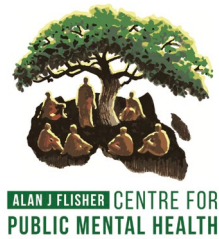


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Thank you!



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