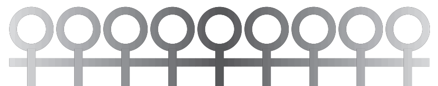

PNDSA

POST NATAL DEPRESSION SUPPORT ASSOCIATION SOUTH AFRICA

005-295 NPO

Volume 8 Issue 1 **www.pndsa.co.za** **June 2004**

PNDSA MISSION

"PNDSA is an NGO, non-profit organisation dedicated to: -

- "Providing information and support in the peri-natal period for mothers,
- "Educating and creating awareness and sensitivity in all professionals who are in contact with women who may be at risk for Ante- and Post-natal Depression;"
- "Providing an effective network of support for those suffering the effects of Perinatal Depression
- Networking and lobbying health authorities nationally, in order to create a mother/baby/family-friendly society within the health system of South Africa;"
- "Educating the general public, in order to combat the ignorance, intolerance, and fear of being stigmatised…"
- Providing training of support workers in all communities;
- Encouraging and disseminating research related to Perinatal Depression in South Africa;
- Networking with other professional and voluntary organisations, nationally and internationally…."

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THANK YOU for your CASH DONATIONS & SPONSORSHIP in 2004:

MAJOR PATRONAGE

Netcare Hospital Group ....R10 000/ month

GENEROUS DONORS

Donor	Amount
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Alison Tilley	R 250.00
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Sugendri Nardu	R300.00 (Library)
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Vanessa de Castro	R300.00 (Library)
Virginia Johnson	R 100.00

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MOTHERHOOD – A POTENTIAL KILLER

Marina Green

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As have many women before me, I "died" during childbirth. Postnatal depression was the path through which I resurrected myself.

Now a mother of two sons, one aged 4 years and the other 20 months, I have survived depression with the help of medication, counselling, and support groups. When I first became a mother, stressors in my life (career change, financial worries, and major decisions with family, friends, and lifestyle) precipitated a downward spiral. Having decided to change career shortly before becoming pregnant with my first child, I had no inspiration for what I wanted to do. Becoming a mother made embarking on a new career seem even more unattainable. My sadness and sense of not coping increased greatly, and I loathed the fact that I was financially dependent. I loved my little boy intensely, but every morning, as my husband left home to pursue his career, I seethed with resentment at being left behind.

Crying frequently, I vented huge amounts of anger on my husband; I felt lonely, sad, and afraid. I consulted my family doctor, a woman I envied for her successful career, her beauty, confidence, financial autonomy, and for the fact that she was not a mother. She suggested I see a psychologist. I started psychotherapy but I don't recall any overt diagnosis of postnatal depression or a suggestion that I contact a support group.

Several months dragged by and my outlook on life slightly improved. My husband and I decided to have another child—my biological clock was ticking and as an only child I did not want my son to be raised without a sibling. During the pregnancy I was constantly nauseous and exhausted. We had a brilliant, drug-free birth at home with a wonderful midwife. I felt confident that this time I would be all right; but within a week of my second son's birth my hopes were shattered. I developed a cold, which turned into a sinus infection that did not respond to antibiotics, and eventually resulted in an abscess that required surgery. The baby wanted to breastfeed all day; my first son was not coping well with being "dethroned". When he started at a new playschool, I was informed that he was "deeply disturbed and disruptive, visually impaired, deaf, and hyperactive" They asked me to remove him from the school.

My doctor verified that my eldest child was actually fine, but she was concerned about my mental and physical health. I became increasingly irrational, depressed, and anxious. Leaving home became a nightmare. I couldn't concentrate, and my mind was often filled with obsessive thoughts. From the outside I seemed to have everything—two beautiful, healthy children, a loving husband, and a comfortable home. Yet, I was filled with guilt and recrimination. I had children but was not sure I wanted them or the life changes they represented. I resented everything that had been "taken away" from me: a new career, my body, my health, my freedom, and my brain, which had turned to porridge.

My family doctor who was, by this time, a mother of an 8-month-old child, committed suicide. This was the final straw. I consulted another (highly recommended) family doctor, who diagnosed postnatal depression. I found a website for the Post Natal Depression Support Association of South Africa; the information on it correlated closely with my symptoms. I was put in touch with an empathetic and compassionate counsellor, and I was referred to a psychiatrist, who suggested an antidepressant. I did a lot of research on the causes of depression and treatments available. With the first class of medication, my situation became positively hellish. My anxiety increased. I would watch people's faces disintegrate; thoughts immediately evaporated. I stuck it out for 6 weeks before switching to another drug—this time with better results.

In my support group I learned that my feelings were not unique and that depression does not discriminate; it affects people from all walks of life, irrespective of age, colour, or education. My recovery was slow and by no means a linear path, but overall there was gradual improvement. Having an arena of unconditional acceptance and a place to express my feelings, no matter how shocking, greatly aided my recovery. I employed somebody to help me with the children—a worthwhile if costly expense. I gradually built up a portfolio as a freelance writer and wordsmith. Every day presents a new challenge, and I try to take each one as it comes.

A woman with my name "died" in childbirth. I stand here today, resurrected by my own volition and the support of those who stood by me during this troubled time. I am stronger, wiser, and more in touch with my feelings than ever before.

Useful resources Postpartum Support International:

http://www.postpartum.net
Post Natal Depression Support Association
South Africa: http://www.pndsa.co.za
Working Moms Refuge:
http://www.momsrefuge.com
Drug information: http://www.rxlist.com
Depression Information and Support:
http://www.depression.about.com
Wellmother.com: http://www.wellmother.com

Marina Green lives with her husband and two sons in Cape Town, South Africa. Born in Johannesburg, she has a degree in English, Drama, and Film from Wits University. She has spent several years as a film editor and now focuses on her career as a writer.

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CHAIRMAN'S INTERIM REPORT

JUNE 2004

POSTNATAL DEPRESSION SUPPORT ASSOCIATION

REVIEW SINCE December 2003

RELATIONSHIP WITH NETCARE

- The Netcare Hospital Group, while expressing appreciation for the worthwhile work done by PNDSA, decided to halve its contribution to our association. This has resulted in changes to the way in which we operate, thus reducing the costs of salaries and administration. With Netcare's reduction we have a shortfall of R4 000 per month. Obviously looking to meet this shortfall has occupied much of the Board's energy. We are very heartened and grateful for the generous response to our call to members for financial support. We are looking for people who have skills and energy to make PNDSA financially sustainable.

SERVICES

Helpline

- The Helpline/s continue to be as busy as before, together with individual telephone counselling and referrals for assessments. Special thanks to Colleen Knutsen and other professionals who help with this services.

Hospital Visits

- Hospital visits continue to be an important part of our services. We are very grateful to the volunteers who are the bridge between the new mother and PNDSA.

Liesbeeck Perinatal Mental Health Project

- Hilary Rosenthal and Sheila Faure continue to be involved weekly with this project which provides counselling to pregnant women. Moira Niehaus and Bea Wirz have recently joined the team. Since May 2003 to May 2004, 327 counselling sessions have been held.

Support Groups

- Support Groups no longer take place at the home of Liz Mills, but are arranged by referring attendees to individual facilitators, who then organise the venues, billing, etc. At present a group is being run in Table View by Emerentia Esterhuyse.

Webpage

- Interestingly, the DISCUSSION FORUM on our WebPages www.pndsa.co.za has become an international Support Group in cyberspace. There are over 2600 messages. Special thanks to Roger and Bronwyn Weiss who virtually donate their professional services to our Website.

Training

- Emerentia Esterhuyse presented a very successful Assessment Training workshop.
- Sheila Faure and Linda Lewis extended the Netcare Training in Pretoria earlier this year. This is a highly professional and excellent presentation for midwives, nurses and clinic sisters – in fact for any health care professional involved with women in the peri-natal period. It can be arranged on request, for any group of caregivers involved with pregnant and new mothers.

Pamphlets

- In the foreseeable future, we plan to publish two new pamphlets – one in Xhosa and one for fathers. Special thanks to Paul Schweizer who continues to assist us with repro services and Elaine Mears who remains our trusty DTP provider.

Board News

- We, with deep regret, accepted the resignation of Bridget Schweizer from the Board. Bridget has devoted an enormous amount of time, energy and skill in managing projects and assisting Colleen Knutsen and Liz Mills with PNDSA-related work: organising the 2002 Conference, managing the Cape Town hospital-visiting volunteers, networking, producing the Newsletter, and generally being a source of support to the Board. She is sorely missed, and we hope that she will return to the "team" some day.
- We are delighted to announce that Gladys Mjijwa, an experienced community worker, has agreed to join the Board. She has a special knowledge of new mothers, as she is part of the support team of the Mowbray Kangaroo Care Unit. She will be introduced at the AGM.
- In 2004, Cathy Rogers and Derrick Mills have been "in attendance" at Board Meetings, and we trust that they will continue to do so. We welcome Derrick to the Board, and thank him for his wisdom.

GENERAL

- Board members, Sheila Faure and Mark Tomlinson both attended international conferences in the last six months. Sheila attended the 14th International Congress of the International Society of Psychosomatic Obstetrics and Gynaecology in Edinburgh Scotland. She also attended the Priorities in Perinatal Care conference in South Africa Mark attended the Bi-Annual Congress of the World Association for Infant Mental Health in Melbourne Australia.
- Our membership and close relationship with the prestigious international Marce Society, and Postpartum Support International, continue, and we are also well represented at the Western Cape Infant Mental Health group.

LIZ MILLS

DOULAS, OR BIRTH COMPANIONS:

Their effect on mothers' experience of childbirth and mothering

WHAT THE RESEARCH SHOWS

By Hillary Basset,

on behalf of the Post-natal Depression Support Association of South Africa

`IF a doula were a drug, it would be criminal to withhold it,' comments South African expert Professor Justus Hofmeyr. `Doula' is a Greek word meaning, literally, `handmaiden' but today, widely applied to a laywoman who is trained to give emotional and physical support to labouring mothers. Hofmeyr's studies at Coronation Hospital, plus many randomised trials throughout the world, prove that such companionship profoundly improves the birthing experience.

`First-time mothers accompanied by a childbirth companion experienced better self-esteem, better relationships with their babies, more successful breast-feeding and less postnatal depression than those receiving routine hospital care,' says Hofmeyr. `Studies have evinced no disadvantages to having these extra people at a birth, though some doctors and midwives worry that their work may be disrupted by their presence. Traditionally hospital labour wards have been sterile areas, and companions were discouraged. To accept their importance requires a complete change of the medical mindset.'

Before childbirth moved from home to the hospital, where it became a medicalised, clinical process, it was common in 99 per cent of all cultures for family members or women friends to stay with the mother, helping her throughout labour and delivery. Far from its being a sign of progress to give birth in a dehumanized clinical environment, where the mother is left alone, may be drugged, and often doesn't see her baby for some hours after the birth, it is detrimental, studies prove. The adverse effects of such an experience on the mother's psyche can often delay birth, leading to more complications and expense, not to mention increased morbidity and mortality in infants.

Mothers describe the clinical birth environment as `stressful, threatening and disempowering', a perception of which medical personnel may not be aware, but which is vitally significant. Professor Hofmeyr explains: `During labour, women are uniquely vulnerable to environmental influences; at this emotive time they find it harsh to be suddenly exposed to modern obstetric care with its institutional routines, high rates of intervention, unfamiliar personnel, and lack of privacy. These can slow labour - many a woman's contractions stop the moment she enters the hospital. Even more significant, these factors may affect her feelings of competence and confidence as a mother. This can impact on breast-feeding, with all its advantages to the infant of good nutrition and emotional bonding. Failure to breast-feed successfully often hinders the mother's adjustment to parenthood and, not surprisingly, increases her risk of depression. All these things can be avoided or improved by the help of a doula during birth, relaxing the mother so that, studies show, she is more pleased at the first sight of her baby.

Doulas can also make a tremendous difference after birth. Some specialise in the post partum period - they provide a reassuring mix of motherly advice, breast-feeding assistance and hands-on help with household chores such as cooking and cleaning for a few weeks.

People, who automatically assume that modern medical methods must be better for mothers, especially when there are complications at birth, may find it hard to believe that such an old-fashioned approach can make much difference. This is perhaps why this simple addition to the birthing team has not yet been universally accepted.

Yet the statistics confirm the benefits overwhelmingly. A meta-analysis of 15 studies on doulas (1), involving 12,791 women in 11 countries, was published in 2003 by the Cochrane Collaboration, the influential evidence-based medical information service. It proved conclusively that **women who experience continuous one-on-one support during labour are more likely to give birth without using analgesia or anaesthesia; less likely to have a caesarean or instrumental vaginal birth, and less likely to report dissatisfaction with their childbirth experience.**

These results extend across the board, from affluent college graduates to the poverty-stricken and poorly educated. `This form of care appears to confer important benefits without attendant risks,' the study concluded.

As a result, several countries altered their standard birth protocols, and in Uruguay they even passed a law giving birthing women the right to be accompanied by a doula.

Another meta-analysis (2) of 11 trials, proved just how dramatic the doula-difference could be. The authors found that the continuous presence of a female labour attendant reduced the need for analgesia, oxytocin augmentation,

forceps and caesarean section by 36 percent, 71 percent, 57 percent and 51 percent respectively. If any drug brought about such startling improvements it would do better than viagra!

What the mothers liked best were the doula's continuous presence, her reassurance and praise; the feedback about progress; her advice on coping techniques; comforting measures, such as touch, massage, warm baths/showers, and providing enough to drink; and her help in articulating their wishes to others.

When mothers summed up the experience, four factors predominated:

- ***the amount of support,***
- ***the quality of the relationship,***
- ***the mother's involvement in the decision-making, and overall,***
- ***a birthing experience that exceeded expectations.***

Recently, continuous support has been viewed as a form of pain relief, specifically, as an alternative to epidural analgesia, which causes concern because of its effects on labour progress. Studies on rats have shown a definite link between touch and relief from pain - stroking is associated with decreased sensitivity to heat and mechanical stimuli.

But even more significant is the avoidance of what's been called the `cascade of interventions', which follow on from many labour and birth interventions.

For example, if doula support leads to reduced use of epidural analgesia, the birth may in turn involve less electronic fetal monitoring, intravenous drips, artificial oxytocin, drugs to combat hypotension, bladder catheterisation, vacuum extraction or forceps, Episiotomy, and less morbidity associated with these; it may also increase mobility during labour, and ease spontaneous birth.

Can a nurse or midwife perform the same function as a doula? The same meta-analysis concluded: `The studies suggest that professional midwives were performing two tasks, namely, medical care-giving and the provision of social support, and that their level of interest in providing support was low. Midwives said they felt devalued by the task, and felt their continuous presence was unnecessary. Therefore the quality of support offered by lay doulas may have been more beneficial because of a strong interest in the task, limited distractions, and the view that providing social support was worthwhile. **Practitioners who manage pregnancy through a medical model, which emphasises the technical rather than the social and emotional management of labour, may not provide the quality of support necessary.'**

Doulas are becoming widely accepted in South Africa, where, according to Professor Hofmeyr, women using state maternity services in resource-poor settings are often subjected to uncomfortable and degrading procedures for which there is no evidence of benefit. Busy health professionals frequently fail to treat them with respect. Companies such as Johnson & Johnson provide training for doulas, as do large hospitals. Says Dr Sue Fawcus of the Mowbray Maternity Hospital: 'With the critical shortage of midwives - sometimes only one for every four mothers - and fathers often being too anxious and inexperienced to really help, providing doulas is a significant development, one that almost everyone welcomes.'

1. *Hodnett ED, Gates S, Hofmeyr G J, Sakala C. Continuous support for women during childbirth (Cochrane Review). In: The Cochrane Library, Issue 4, 2003. Chichester, UK: John Wiley & Sons, Ltd.20*
2. *SCOTT, Kethryn D et al. A comparison of intermittent and continuous support during labour: A meta-analysis. Am J Obstet Gynecol, Vol 180(5).*

DID YOU KNOW?

1. *Colleen Knutsen, at the PNDSA head office handles an average of more than 40 Helpline calls per month.*
2. *Our WebPages receive approximately 50 hits per day. The Discussion Forum has recorded 2600 messages in 757 threads.*
3. *We have sent out 40 Information packs since December 2003.*
4. *Our Annual General Meeting will be held on August 31st at 19h30 at the Child Guidance Centre, Chapel Street, Rosebank, Cape Town. All welcome.*
5. *Our appeal for help in making PNDSA sustainable resulted in generous contributions from individuals.*
6. *In spite of Netcare's contribution, we have a monthly shortfall of R4 000.*
7. *PNDSA has 284 members, of whom 187 are health professionals.*
8. *Our hospital visitor volunteers have called on 1367 new mothers this year in Cape Town, Port Elizabeth & Gauteng. (Figures for Kwa-Zulu Natal not available.)*

A matter of opinion ...

INFERTILITY TREATMENT
SOME UNHAPPY OUTCOMES

By Joan de Castro

MULTIPLES, LIFE & DEATH

I am very concerned about the apparently increasing number of multiple deaths. In the last year, in TATS (Twins & Triplets Society) alone, we had

- a set of twins die a year ago,
- one baby of a set of triplets died in November last year,
- one of a set of twins died a month or two ago,
- a woman who progressively lost quads until the 4th baby was born and only lived for a week
- and a week ago another mom gave birth to twins at 23 weeks and lost them.

There has also been an **increase in the number of triplets** in our society, and at our Christmas get together there were 2 sets of triplets and one mom pregnant with triplets. (NB: Many mothers of multiples do not belong to TATS)

I have been involved with multiples for many years, and I cannot ever remember seeing more than one triplet mom at our functions. Frequently these are "over-invested" babies i.e. the outcome of fertility treatment, and this had huge implications for PND.

I, personally, have two particular concerns with this.

1. The number of embryos that are being put back is too many. When couples go for fertility treatment they are desperate. They cannot think straight. They want as high a chance as possible and are paying a lot of money. I know, I have been there before, but luckily my experience had a positive outcome. These desperate women may be risking their lives and the lives of their children. If they fall pregnant with multiples they might have lots of bed rest, complications in their pregnancies, premature babies, and ongoing therapies needed for the rest of their lives - so their financial, emotional, social problems just go on and on beyond infertility treatment.

   Of course this does not happen to all woman, but I have personally dealt with many more deaths of multiples in the last year than ever before.

   I cannot control the legalities of the number of eggs that are put back, but it does make me mad that people are walking around pregnant with quads at 35 years old.

2. The second issue I think can be solved. There does not appear to be any proper counselling at some of the fertility clinics. My friend said that up to early last year that she had received no pre-treatment counselling. Surely, either the doctors themselves, or someone professional should see each of these couples, and explain the true picture of what could happen if they conceive multiples. Then if things go wrong there should be a counsellor to be with that person throughout the process.

I am sure if I suggested this to the fertility specialists they would say that people could not afford such counselling. That might be the case, but at least couples should be given the option. I do know that up until a year ago, no pre-treatment counselling was given before fertility treatment, and there was no automatic psychological counselling in terms of follow-up. The doctor phoned PNDSA when her patient gave birth prematurely to the last of the quads. However, when I phoned a week later I found out that no one was seeing this woman through this traumatic week when her baby was having bleed after bleed on the brain. (The mother did not find she had rapport with the counsellor to whom she was referred, and had not been followed up).

I don't know where we go from here, as this is not directly a PND problem, but it has come my way. I have thought that I should maybe go and speak to the docs at the hospitals where “fertility” babies are born, about the need for a counsellor or at least their need for a resource list.

I believe that it would be helpful to talk to other moms who have gone through the loss of babies following fertility treatment. I am starting to think there is a need for a support group?

Once again, I am very concerned about the increasing numbers of multiple deaths, and the lack of support for mothers who experience perinatal bereavement associated with infertility treatment.

Any thoughts?

Joan de Castro is the mother of twins, and for many years has been a volunteer visiting bed-to-bed in maternity hospitals, talking at antenatal clinics, and giving input at workshops presented by PNDSA.

Joan can be contacted at: decastro@iafrica.com

DISCLAIMER:

The views expressed in articles in this newsletter, do not necessarily reflect those of all members of PNDSA.

Your comments are invited:
e-mail: liz@pndsa.co.za or
colleen@pndsa.co.za

REGIONAL REPORTS

GAUTENG

Things are going great guns here. We have +/- 10 volunteers who man the phone and visit 4 Hospitals! We meet every 6 weeks for supervision and administration. We have had some wonderful speakers at these meetings including, Joanne Zagnoev, Tharina Guse, Margot Kilbourn and Wendy Hendler on topics such as Post Natal Depression, Baby Massage, Hypnosis as a preparation for childbirth and self growth.

We are excited that we are starting our very own fund raising. Our first project will hopefully be to sell Premiere tickets to a children's play. We will keep you informed.

Debbie Levin, Jo-Anne Herr &Salome Strous

PORT ELIZABETH

Regretfully, this year has been a bit quieter with regards Post Natal Depression as far as talks go. Last year I found myself doing a lot of talks on postnatal depression. This year I have only done two...

1. On 20th February I spoke at the Stork's Nest at Cuyler Clinic. This was for new mums (15)
2. On 21st February I was invited to do a talk, with a gynaecologist and anaesthetist at the Netcare, Moms 2 B walk (150)
3. The antenatal instructors are still referring individual clients (about 4-5 per month). Certain of the gynaes are doing so as well.
4. Weekly visits are still undertaken at St. George's hospital, where new mums are visited and given pamphlets. (Approximately 15/week).

Lynette Dean

CAPE TOWN

Apart from hospital visiting and giving talks, I have done a lot of informal counselling (telephonic) this year. In February, a mother of twins needed support, and another mother of 2 needed assistance. During May, I have been helping in practical ways, another family who have twins, and also a family where the mother has been hospitalised with postnatal psychosis.

I have given a number of talks in the past months; for TATS (Twins & Triplets Society) – (15 mothers), and the Parent Centre (4).

Joan de Castro

HOSPITAL STATS 2004

Gauteng

Parklane Clinic 160
Morningside Clinic 131
Sandton Clinic 178
Sunninghill Clinic 224

Cape Town

Constantiaberg 195
Christian Barnard 65
Kingsbury 89
Newlands Surgical Clinic 25

Port Elizabeth

St George's Hospital 300

NEW MEMBERS

Alison Beere (Chartered Accountant) . . . . Pinelands
Beryl Klotnick (Company Director) . . . . Melrose North
Dr Terri Henderson (Psychiatrist) . . . . Cape Town
Dr Tharina Guse (Psychologist) . . . . Pretoria
Elsie Janse van Rensburg
(Counselling Therapist) . . . . Wierdapark Suid
Fadia Gamieldien
(Occupational Therapist) . . . . Cape Town Dept of Health
Ida Pretorius (Registered Nurse) . . . . Alberton
Ingrid Groenewald (Nursing Sister) . . . . Vereeniging
Julie Lockyer (Clinical Psychologist) . . . . Newlands
Liza Reintges (Social Worker) . . . . Garsfontein
Pamela Whitehead (Senior Reg. Nurse) . . . . Knysna
Sanette Mouton (Aromatherapist) . . . . Bellville
Vanessa Gonzalez (Sales Executive) . . . . Port Elizabeth

MEMBERSHIP RENEWALS

Adrienne Picker; Alison Sampson; Anita Grant; Anne Friedlander; Ann Richardson; Arlene Joffe; Barbara Constantinou; Bev Cohen; Birth Options – Kate Christie; Bridget Rennie-Salonen; Cape Town Medi-Clinic; Carla Stanford; Carolyn Hoffman; Debbie Hughes; Debbie Levin; Debbie Rosenberg; Dr Andy Taub; Dr Catherine Maud; Dr Kathy Lewis; Dr Mark Irvine; Dr Martin Puzey; Dr Monty Brink; Dr Zanda Jaquire; FAMSA Vaal Driehoek; Fiona McLelland; Helen Thrush; Helene Lewis; Hettie Grove; Ida Pretorius; Jo-Anne Herr; Joan de Castro; Kari Court; Leana Habeck; Leanne Miles; Linda Vere; Lynette Dean; Michael Wohlman; Natasha Silberg; Paula de Jesus; Salome Strous; Shannon Gukelberger; Sophia Family Centre of Lifeways; Susan Lofthouse; Susan Spencer; Ulli Haw; Vivienne Davidhoff and Yvonne Herring

HOSPITAL MEMBERS

ALL NETCARE MATERNITY HOSPITALS & STORK' S NESTS

CAPE E.

Greenacres Hospital 041 390 7157
St. George's Hospital 041 392 6111

CAPE W.

Cape Town Medi Clinic 021 464 5728
Kingsbury Hospital - 021 670 4000
Constantiaberg 021 799 2500
Vincent Pallotti 021 506 5711
Christiaan Barnard Memorial Hospital 021 480 6151
Milnerton Medi Clinic 021 551 5222

GAUTENG

Park Lane Clinic 011 480 4125
Morningside Clinic 011 282 5000
Sandton Clinic 011 709 2000
Sunninghill Clinic 011 806 1500

K-NATAL

Westville Hospital 031 265 0911

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GAUTENG

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Jo-Anne Herr 011 884 1035

KWAZULU NATAL

Alison Reilly (Durban) 031 561 5846
Priscilla Bimalkumar (Pietermaritzburg) 033 396 1491

WEBPAGES – A POWERFUL SOURCE FOR HELP

http://www.pndsa.co.za

Few members of PNDSA are aware of the "hidden" help that reaches across the globe through your WebPages: We receive about 50 hits a day, and the following extracts will give you an idea of what goes on. In this regard, I must thank Bronwyn & Roger Weiss (Webmasters), and Colleen Knutsen & Emerentia Esterhuyse for their assistance in "servicing" and monitoring what goes on.

To give our readers an idea of a typical dialogue on the Discussion Forum, I have copied (unedited) what greeted me this morning: (I have removed the names of the writers for privacy's sake):

- Hi Everyone, I've been writing on here for just over a year now! When I first came on there were certainly more girls from South Africa, and then it changed and they were mostly from the US - except me and a couple of others; now it's back to more SA's and some from the US and some I don't know (you can often tell if you hover on the person's name on the top of their post and look to the bottom left - well that's where it shows on mine, I guess yours could be different - and the email addy often gives you a clue) Anyway my point is that I think it's amazing that in a world where so much fuss and hatred comes about due to cultural differences, we can pull together and support one another without knowing (or maybe because we don't know) our differences. PND is no respecter of age, race, religion, culture or class, and I really thank God that we focus on what we have in common, and use that to build hope in one another.
  Keep up the good work, I for one am so heartened to read the posts that go back and forth, with so much love and understanding for other's.
  Thank you all
  Love
- Hi i am a mother of two and my girls are 11 years apart I did not know why I was feeling this way in tell i found this website, your words seem to make me feel a hole lot better, I know that I can bet this. I just want to tell thank you and I have a better outlook on myself. I still have a long road ahead but I am strong enough to get through this.
- This is also actually to all. I stay in South Africa in Cape Town. Yes it is amazing how you can send messages of hope and inspiration to people all over the world. I first set my fingers on this site, on the 15th of May 2004. So now round about 2 weeks. I truly have changed. Troubles still come, hard times come, but it is as if I just calm myself, go and sit in front of the computer and go to this site. And after reading messages and writing messages, I feel better. Thank you all for being willing to share your life with others. It does help others too to hear your story. I think it makes me feel "not alone". I hope I never loose track of this site and will still be here when Ann tells us about her pretty newborn baby! Good luck and God bless us all!
  Blessings

Here are some messages from the Guest Page:

- I have been suffering with severe antepartum depression and it has been hell for me, My Ob/Gyn ignored my cries for help. Websites like this one have kept me hopeful through it all.
- This website really helped me realise what to do
- This is a really fascinating website, keep up the good work.

A woman who was responding to mothers who were haunted by fears that their babies might die quoted the following poem:

A Child Loaned

"I'll lend you for a little time a child
of mine" He said
For you to love the while he lives,
and mourn for when he's dead.
It may be 6 or 7 years, or 22 or 3,
But will you, 'til I take him back,
take care of him for Me?
He'll bring his charms to gladden you
and, should his stay be brief,
You'll have his lovely memories as solace
for your grief

I cannot promise he will stay,
since all from Earth return,
But there are lessons taught down there
I want this child to learn.
I've looked this wide world over in my search
for teachers true
And from the throngs that crowd life's lanes
I have selected you;
Now will you give him all your love,
nor think the labour vain
Nor hate me when I come to call and take
him back again?

I fancied that I said to Him "Dear Lord,
thy will be done,
For all the joy this child shall bring,
the risk of grief we'll run,
We'll shelter him with tenderness,
we'll love him while we may,
And for the happiness we've known,
forever grateful stay.
But should the angels call for him
much sooner than we'd planned
We'll brave the bitter grief that comes,
and hold Your loving hand."

Vaderskap en PND

(Translation into English follows below)

EMMERENTIA ESTERHUYSE
PSIGIATRIESE MAATSKAPLIKE WERKER

Wat is vaderskap? Wie weet? As ons kyk na wat moederskap is,is dit maklik. Woorde soos omgee,sorg, spandeer tyd met baba en sensitiwiteit kom in ons gedagtes. Wanneer ons van vaderskap praat is dit iets heeltemal anders. Die samelewing, met baie enkelouers sien deesdae vaderskap as net die een wat die sperms skenk. Tog as ons eerlik is met onsself sal ons sien dat vaderskap baie meer behels en dat dit essensieël is om 'n vader teenwoordig te hê met die groot maak van ons seuns en dogters.

Gelukkig is mans verligte skepsels wat in die moderne tyd waarin ons leef baie meer betrokke wil wees by die gesin en die opvoeding van hulle babas. Daar kan aan hulle ook nou termonologie soos, sagmoedigheid, behulpsaam, liefdevol, omgee en sensitiwiteit gekoppel word. Mans van vandag probeer om die oud afgeleeë ou rol van vaderskap af te skud. Waar vaders gaan werk het en moeder het die kinders groot gemaak. 'n Vuil doek het hy nooit beleef nie, en sy slaap was uiters noodsaaklik sodat hy kan gaan werk môre. Elke dag moes hy gebalanseerde etes uit sy vrou se kombuis kry, want 'n man is niks werd by die werk as hy nie goed eet nie. Hy moet sy sport slaafs doen , om nie eens re praat van die wat op televisie gewys word nie, want hy kan mos nie sonder sy ou afleidingkies nie en buitendien, hy werk mos hard vir sy gesin om rus te verdien.

GELUKKIG het vandag se mans hierdie houding vinnig af geskud. Dankie Tog!

Babas grootmaak kom baie meer natuurlik vir mans vandag as twintig jaar gelede. Daarom raak hulle vrou en kinders se welsyn hulle na aan die hart. As enige siekte of ongemak in die gesin gebeur, is dit net so ontstellens vir die man as die vrou. PND is 'n siekte wat die vrou hoofsaaklik aantas, maar die man kom nie sonder letsels daaruit nie. Ons gee nie aandag aan die mans nie, want die vrou en die baba se welsyn is die prioriteit en in die proses verloor ons uit die oog dat die hoof ondersteuningspersoon vir die vrou geen hulp en berading ontvang nie. Werk ons nie verkeerd nie? Moet ons nie hom toerus met vaardighede sodat hy bemagtig word om sy vrou te help nie? Sal haar herstelperiode nie dalk vinniger wees nie?

Ongelukkig het ons nie die antwoorde op hierdie vrae nie. Daar is uiters min literatuur beskikbaar oor hierdie onderwerp. Ek is tans besig met verdere studies aan die Universiteit van Stellenbosch om vas te stel wat die effek van PND op mans het. Om hierdie inligting te bekom het ek 'n groep mans wat elke tweede maand bymekaar kom as fokusgroep gebruik. Hulle vroue ly aan PND en is in terapie, wat hulle laat betrokke raak het by die ondersteuningsgroep.

Die begrip en ondersteuning wat die mans aan mekaar gee is opreg en getuig van kommer oor hulle vrouens. Die groep het die volgende gedagtes gehad oor PND en hulle vrouens:

- 'n Man se hoof doel in die lewe is om sy vrou gelukkig te maak. Wanneer sy aan PND ly is sy konstant terneurgedruk en geïrriteerd en hy verklaar dit deur te voel dat hy as eggenoot faal. Wanneer sy vrou siek is ,laat dit hom met 'n gevoel van mislukking, omdat hy nie die siekte kon verhoed nie.

- Hy is spyt dat sy vrou nie moederskap so geniet soos wat hy vaderskap geniet nie. Soms voel hy skuldig as hy sy kommunikasie en versorging van sy kinders geniet en wil hy nie voor sy vrou dit wys nie, wat sleg is vir die kinders.

- Die vrou met PND is gedurig kwaad oor hy te min doen of wanneer hy help beklemtoon hy haar onvermoeë om beheer oor haar lewe te neem. Hierdie aanhoudende afkrakery en bakleiery laat hom twyfel aan sy selfwaarde. Hy begin glo hy is nie goed genoeg om sy vrou en kinders te versorg nie.

- Kennis oor PND is belangrik, want dit gee mag en lei tot geduld en ondersteuning by die man teenoor sy vrou. Hy besef skielik dat sy 'n werklike siekte het en nie aspris moeilik is nie. Dat hy geen beheer het oor die siekte nie en dit nie kan regmaak,soos hy dikwels alle probleemsituasies in die huishouding wil oplos nie.

Mans moet leer wanneer hulle vrouens aan PND lei dat hulle "one day at a time" moet leef. Kry ondersteuningstelsels in plek om haar te help met die kinders, huiswerk en etes as hulle dit nie saam met haar alles kan behartig nie. GEDULD is die grootste woord wat 'n man kan aanleer. Vaderskap is 'n noodsaaklike, eerbare en essensiële deel van die menslike lewe en dit het tyd geword dat ons meer aandag en ondersteuning en begrip vir hierdie saak gee.

Fatherhood and PND

EMMERENTIA ESTERHUYSE

(Translated by Liz Mills)

How do we describe fatherhood? Who knows? If we look at motherhood, it is easy to define. Words like caring, caring for, spending time with baby, and sensitivity, come to mind. When we define fathering, it is completely different. In the case of single parents cohabiting, the father is often perceived as little more than a "sperm donor". Still, if we are honest, fatherhood involves much more, and it is essential to have the presence and involvement of the father in the raising of our sons and daughters.

Happily, men are enlightened beings these days, who want to be more involved with their families and the rearing of their babies. So we can use words like gentle, helpful, loving, caring and sensitive, when we describe them. Modern fathers are leaving behind the traditional model of fathering, where the men went to work, and the woman stayed home to take care of the children. In previous times, a father never encountered a dirty nappy, and a good night's sleep was mandatory because he had to go to work next morning. Each day his wife had to produce a balanced diet from the kitchen, because he would be unable to perform at work unless he ate well. He HAD to play his sport, not to mention choose to watch whatever caught his fancy on television – after all he worked hard for his family, and had earned his rest and relaxation!

HAPPILY, today's man has shaken off this attitude. Thank goodness.

Raising babies comes more naturally to the man of today, than twenty years ago. The well being of his wife and family is dear to his heart. Sickness or unease in the family is as distressing to him as it is to the woman. PND is an illness that primarily affects the woman, but the man does not come through it unscathed. Attention is not paid to the man, because the welfare of the mother and baby is our prime concern, and in the process we lose sight of the fact that the woman's main source of support is getting no help or advice. Should we not be supporting him so that he is empowered to assist his child's mother? Will this not hasten her recovery?

Unfortunately, we do not know the answer to these questions. There is little literature on the subject. I am currently involved in advanced studies at the University of Stellenbosch, in an attempt to establish the effect of PND on men. To this end, I have set up a focus group for men, who meet every two months. Their wives are suffering from PND, and are in therapy, and this brought them to a support group.

The empathy and support that men give to each other is sincere, and witness to their concern about their wives. The group expressed their insights about PND and their wives:

- A man's main objective in life is to make his wife happy. If she is suffering from PND, she is constantly depressed and irritable, and he experiences this as having failed as a husband. Whenever his wife is ill, he feels unhappy, because he could not prevent the illness.
- He is sorry that his wife is not enjoying motherhood, as much as he loves fatherhood. Sometimes he feels guilty because he derives so much pleasure from communicating with, and caring for his children, and does not want to display this in front of his wife. This, in turn, is bad for the children.
- The woman with PND is continually angry because he does too little, or when he DOES help, this emphasises her powerlessness and inability to take control of her own life. This ongoing discord and quarrelsomeness causes him to doubt his own competence and self-worth. He begins to believe that he is not good enough to care for his wife and children.
- Knowledge about PND is important, because it is empowering, and helps a man to have patience and understanding towards his wife. He suddenly realizes that she has a real illness, and is not "just being difficult". He also learns that it is not his fault, that he has no control over the illness, that he cannot "fix" it, as he does with other household problems.

Men need to learn that when their wives are suffering from PND, they have to live "one day at a time". Put support systems in place to help her with the children, housework and meals, if they cannot manage personally to assist sufficiently with this. PATIENCE is the most important guideline. Fatherhood is a necessary, honourable and essential part of human life, and it is time that we gave more attention, understanding and acknowledgement to this crucial state of being.

STOP PRESS

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1. **IN XHOSA**, (We plan to use the Medi-Clinic donation for this purpose)
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Sanette Mouton (Aromatherapist) 021 919 6209
Sheila Faure (Bereavement/Pregnancy Loss 021 423 2015
Suzanne Luck (Fresnaye) 021 434 7620
Wilma Louw (Physic/Antenatal Classes) 021 674 1176

GAUTENG

Elsie Janse van Rensburg (Counselling Therapist) 012 653 5873
Ronel Coetzee (Inf Mas Inst & Aroma) 012 347 6189
Samantha Giles (Inf Mas Instr) 011 484 3725

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Andre Robertson (Moms & Babes)............ 031 7653200
Kerry-Ann Dolloway (Dietitian)............ 031 7023966

ANTENATAL DEPRESSION

Anita Grant 021 683 1305
Lesley Miles (Observatory) 021 448 4284
Sheila Faure (Tamboerskloof) 021 423 2015