

eMHPrac Webinar Series: Webinar 29**Case Study – 1 – Melita and Nick**

This is a story about Melita who is 39 years old and her baby Sam who is now about 16 weeks old, but we need to start a bit earlier in their lives. Melita is a manager in a large retail store, who met her husband Nik in her early thirties. They had delayed having a baby in order to buy a house and travel, but found when Melita ceased using the OCP that conception did not occur. After a while the couple embarked on IVF, with all its intrusions and disappointments, but after some years Melita conceived. Pregnancy was relatively uneventful and Melita's elation at having a baby continued, she imagined that she would feel overjoyed and somehow complete when her baby was born. Labour began spontaneously, but fetal distress was diagnosed and Sam was ultimately born by an emergency caesarean. As was the established practice at this obstetric hospital Melita remained in the recovery ward while baby Sam was taken to the SCN accompanied by his father Nik. This separation felt to her as though it lasted hours and when finally re-united with her baby Melita wondered whether they had given her the right one because she hadn't been able to see him for long in the operating theatre. Breastfeeding was very difficult, causing her pain, a bout of mastitis and lots of worry about whether the baby was actually getting any milk.



Baby Sam was not born into an empty space, but a real life. Nik (also 39) works on short-term contracts in the IT industry and there wasn't much work at the moment. He was pretty concerned, but dealt with this by spending hours on the computer ostensibly job-hunting, but apparently playing games. As the weeks went by Melita became increasingly worried that she would have to resume her employment much earlier than planned in order to support the family. Melita's mother lives in the country and is employed fulltime so is only able to talk to Melita on the telephone and visit occasionally. Most of Melita's friends either have no children or children at school, and she doesn't know other mothers of newborns.



Melita's caesarean wound has taken a long time to heal and is

still tender, she is also conscious of urinary incontinence when she lifts her baby. Nik thinks that mothers do housework and infant care because his mother looked after four children and it never bothered her. He is critical that Melita doesn't know why the baby is crying and do something.

Baby Sam is very unpredictable; sometimes he sleeps for an hour, but most often for short naps of 20 minutes. He cries a lot and Melita feels that nothing she offers him is of any comfort. She breastfeeds him "on demand" which can be > 15 times in 24 hours, 6 or 7 at night. She is worried that he is hungry, but she has read about colic and reflux and thinks that perhaps he is in pain. There are whole days when she has the baby in her arms. Perhaps he is lonely at night and so she has been bringing him into bed, but he doesn't sleep much better there and nor does she.

Melita finds herself feeling overwhelmed and sometimes irritable with Nik and the baby. She cries more than usual and feels "desperate and incompetent" and as though the baby doesn't like her much, she wonders if she is bonded? Her sleep is getting worse and she's getting hypervigilant and can't go back to sleep after feeding the baby overnight. She is so tired that her driving is deteriorating; there have been a few near misses in the traffic.

Melita doesn't know who to talk to about her predicament, her maternal and child health nurse is always busy and she focuses most on measuring the baby's weight and height. She wants help for her baby's unsettled behaviour and prolonged crying.