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When Birth is Traumatic

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The experience of birth can range anywhere on a spectrum from joyous, challenging, and empowering to terrifying, overwhelming, and devastating. Trauma is subjective: what one person experiences as traumatic, another may not. Humanly speaking, if you feel your birth experience was traumatic, it was. Clinically speaking, if you experienced intense fear, helplessness, and/or horror in response to an actual or perceived threat to your or your baby's life, serious injury to you or your baby, threat to you or your baby's physical integrity, or your baby's death during birth, then birth has been traumatic for you.¹ Serious injuries and threats to integrity include or may result from episiotomy, c-section, vacuum extraction, the use of forceps, pelvic examinations, internal monitoring, and external version.² Those who witness a traumatic birth—such as a partner or a birth attendant—can experience what is called vicarious or secondary trauma.^{3,4}

The risk of a traumatic birth increases when the birthing experience involves severe pain; feelings of loss of control; a more negative birth experience than expected; negative emotions; dissociation (e.g., an “out-of-body” experience); unsafe medical care; inadequate emotional support from medical staff and labor companions; long, difficult or complicated labor; negative birth outcomes, such as prematurity and stillbirth; others valuing birth outcome more than birth experience; or instrumental and operative procedures, especially emergency c-section.² You are also more likely to experience a traumatic birth if you have a history of psychiatric disorders such as posttraumatic stress disorder (PTSD) and depression or have experienced traumatic events in the past, such as domestic violence, sexual abuse, and sexual assault.²

A traumatic birth experience may result in traumatic stress reactions, postpartum depression, grief, or some combination of these. Symptoms of traumatic stress after childbirth include repeatedly re-experiencing the labor and birth through intrusive thoughts, nightmares and flashbacks; persistently avoiding people or things associated with the birth, such as the baby, the birth location, and health care providers who attended the birth; a sense of emotional numbness, such as an absence of feelings of attachment to the baby; and persistent symptoms of increased arousal, such as insomnia and anxiety for the safety of the baby.^{1,2} If these symptoms last for more than one month and result in significant distress and impairment of functioning, the criteria for PTSD may be met.¹ If symptoms last 3 days to 1 month after a traumatic birth experience, the criteria for acute stress disorder (ASD) may be met.¹ Symptoms of depression include a decreased interest in normal activities, irritability and anger, sleep disturbances, difficulty concentrating, and thoughts of death.¹ These symptoms overlap with those of traumatic stress reactions. Symptoms of depression also include persistent sadness, changes in appetite and weight, psychomotor retardation or agitation, loss of energy or fatigue, and feelings of worthlessness or excessive guilt.¹ Symptoms of grief after traumatic childbirth are similar to those of depression, including sadness, anger, and guilt.⁵ Impaired postpartum mental health can profoundly impact your experience of parenting by undermining your ability to meet the needs of your baby and to cope with postpartum challenges.²

Parents who have experienced birth trauma often do not get the opportunity to fully express what their experience was like or to talk about their current symptoms. Family, friends, and health care providers often encourage parents to focus on the baby—as though the nature of the birth experience and resulting emotional distress are unimportant. However, the experience

of birth matters—to your own well-being and that of your family. Your gratitude for your baby is not in any way negated by your feelings about a traumatic birth. Many primary health care providers do not routinely screen for depression or traumatic stress reactions after birth and most are not trained to provide mental health care. Many parents hesitate to reveal what they are going through to their health care providers, family, or friends, because of feelings of shame, guilt, or weakness, having their symptoms trivialized when they reached out for help before, concern that the only treatment offered to them will be the use of medications and that they will be pressured to stop breastfeeding, and so on.² If you are coping with traumatic stress, depression, or grief after a traumatic birth experience, please don't suffer in silence. Parents deserve and need support to recover from birth trauma. Ask your health care provider for a referral to a mental health care professional who specializes in recovery from traumatic birth experiences and consider the resources below. Help is available and healing is possible.

Resources on the Internet:

- International Cesarean Awareness Network (www.ican-online.org)
- LifeCircle Counseling and Consulting, LLC (www.lifecirclecc.com)
- Postpartum Progress (<http://www.postpartumprogress.org>)
- Postpartum Support International (www.postpartum.net)
- TABS (www.tabs.org.nz)
- The Birth Trauma Association (www.birthtraumaassociation.org.uk)

Resources in Print:

- *Depression in New Mothers: Causes, Consequences, and Treatment Alternatives* (Kendall-Tackett 2010)
- *It's OK Not to Be OK...Right Now: How to Live Through a Traumatic Experience* (Lerner 2006)
- *Medications and Mothers' Milk: A Manual of Lactational Pharmacology 2014* (Hale 2014)
- *Rebounding from Childbirth: Toward Emotional Recovery* (Madsen 1994)
- *The Hidden Feelings of Motherhood: Coping with Mothering Stress, Depression, and Burnout* (Kendall-Tackett 2005)
- *When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women* (Simkin & Klaus 2004)

References

¹ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA: American Psychiatric Publishing 2013.

² Good Mojab, C. The impact of traumatic childbirth on health through the undermining of breastfeeding. In V. Banyard, V. Edwards, and K. Kendall-Tackett (Eds.) *Trauma and Physical Health: Understanding the Effects of Extreme Stress and of Psychological Harm*. New York: Routledge (2009).

³ Rice, H. and Warland, J. Bearing witness: Midwives experiences of witnessing traumatic birth. *Midwifery* 2013; 29:1056–1063.

⁴ Hinton, L. Locock, L, and Knight, M. Partner Experiences of “Near-Miss” Events in Pregnancy and Childbirth in the UK: A Qualitative Study. *PLoS ONE* 2014; 9(4):e91735.

⁵ Worden, J. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. New York: Springer Publishing Company 2002.



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