

Birth is a pivotal moment in a person's life, yet there are people who are experiencing traumatic births and finding it hard to understand the reasons why.

Birth trauma can occur after a long and painful birth, emergency treatment, unplanned c-section or difficult interpersonal experiences but trauma is subjective and is always in the eye of the beholder.

The experience can cause people symptoms including post-traumatic stress disorder and postnatal depression (Mind, 2019). It may also impact on the relationship with partners and the baby. The Birth Trauma Association (2019) report that 30,000 women experience a traumatic birth every year.

According to research, a third of midwives also experience PTSD symptoms. Research validates that there is a gap in service to support the wider team and that there are various challenges.

Below are examples of good practice that can support staff caring for the wider team after a traumatic birth.

Leadership and Management:

- The embedded organisational culture of caring for one another
- Speaking openly to learn from mistakes
- No blame/no bullying management

Personalized Policies and Procedures:

- Recognition of the emotional and physical impact of healthcare work
- Recognition of non-work personal context
- Work/life balance is respected
- Respecting the right to breaks
- Being treated well when unwell

Activities and Actions:

- Small gestures of kindness
- Provision of emotional support

WHAT CAN I DO RIGHT NOW?

Supporting Staff

Make sure that the following concepts are embedded into teams:

- Feeling Valued
- Being Heard
- Enjoying work
- Being Engaged at work
- Use of caring language

The Make Birth Better model describes the factors involved in the cause and prevention of birth trauma. It was developed following analysis over over 70 birth stories, workshops held with parents and professionals, as well as feedback from our Network .

The model describes the impact that birth trauma has on every part of the system, and our belief that birth trauma cannot be prevented without addressing each different layer. We believe that small changes at any layer can make a huge difference.

There are many different opportunities to prevent birth trauma, and support those who have experienced a difficult birth - at the moment we are missing many of these opportunities.

There are many examples of good practice in the Make Birth Better Training Manual.

Our key message is that trauma can be prevented by using the core values which surround the model. If you would like to hear more, please contact us for training and consultation

FURTHER READING



- The Make Birth Better Training Manual (available from our website)
- Top tips on how to make a difference to the wider team include NHS England's "Towards commissioning for workplace compassion: a support guide" document (NHS England 2018).
- Ayers, S. (2017) Birth trauma and post-traumatic stress disorder: the importance of risk and resilience Journal of Reproductive and Infant Psychology VOL. 35, NO. 5, 427–430.
- Mind (2019). Accessed January 2019. <https://www.mind.org.uk/information-support/types-of-mental-health-problems/postnatal-depression-and-perinatal-mental-health/ptsd-and-birth-trauma/>
- NHS England, 2018. Towards commissioning for workplace compassion: a support guide. 08058.
- The Birth Trauma Association (2018) Accessed January 2019. <https://www.birthtraumaassociation.org.uk/>