

Most of us are now familiar with the diagnosis Post Traumatic Stress Disorder (PTSD). However, it seems that the idea that this can be related to a person's birth experience is a relatively new concept for some health care professionals. So, below are some of the main ways that it is different to PTSD in other contexts. Feel free to share this with care providers.

Unlike war or sexual assault, birth is seen by society as a 'normal' and happy event and thus many find it difficult to understand that someone might find it traumatic. Therefore, mothers, birthing people, fathers and/or birth partners can find it difficult to seek help or their experiences can be dismissed by others, particularly if they have been seen to have had a 'normal' birth. Trauma is subjective to the person, what one person will experience as traumatic, another will not.

Avoiding reminders of the traumatic event are near impossible after birth, given that parents now have their baby to care for. Having these reminders can trigger intrusive memories of the traumatic birth, resulting in feelings of fear and anxiety which can have an impact on the parents' ability to bond with their baby. Parents may also avoid routine postnatal and hospital appointments because they find them too distressing to attend.

Those with a previous trauma history (such as sexual abuse) and/or mental health difficulties are understood to be at a higher risk of birth related PTSD.

The evidence shows that for many, it is not the experience of birth per se that leaves them feeling traumatised but the way that they were treated by those caring for them, such as being ignored, their concerns being minimised or feeling criticised, judged or humiliated. This can leave parents feeling ashamed or angry as a result.

Witnessing a traumatic birth can also lead to birth related PTSD, so this can occur in birth partners, families and health care professionals too.

WHAT CAN I DO RIGHT NOW?

Acting with compassion, kindness and empathy is key. The way that you share information and care for women can make the difference between someone feeling that their birth experience was traumatic or not.

Listen to a person's experience of their birth. Support them to think about how they would like their next birth experience to be different. Many women, birthing people and their families say they felt ignored (for example when raising concerns or asking for pain relief) or that procedures were carried out without their informed consent. Even in difficult circumstances and tight resources, you can ensure that they feel contained and respected, not traumatised.

Take care of yourselves and your colleagues. Acknowledging that you have all had a difficult shift, have a cup of tea, do some mindfulness meditation, ensure that one another has a break, even if this is short! The kindness that we know you extend to women and their families applies to yourselves and your colleagues too.

FURTHER READING

- Birth Trauma Association www.birthtraumaassociation.org.uk
- McKenzie-McHarg K et al. (2015). Post-traumatic stress disorder following childbirth: an update of current issues and recommendations. *Journal of Reproductive and Infant Psychology* 33(3). April 2015. DOI: 10.1080/02646838.2015.1031646
- Bromley, P., Hollins Martin, C.J., Patterson, J. (2017). Recognising the differences between Post Traumatic Stress Disorder-Post Childbirth (PTSD-PC) and Post Natal Depression (PND): a guide for midwives. *British Journal of Midwifery*. 25(8): 484-490.

Books:

- How To Heal A Bad Birth
- Why Birth Trauma Matters