

# Birth Trauma

Overcoming the effects on mother-infant attachment

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# Three ways trauma intersects with birth

Birthing woman brings a history of trauma with her to the labor and delivery room



Women experience a traumatic birth

Providers are traumatized by witnessing birth experience

# Objectives

- Identify the symptoms of traumatic birth and distinguish it from Postpartum Depression.

2. Effectively intervene with mothers to prevent or reduce the effects of traumatic birth on mother-infant attachment

# Assumptions

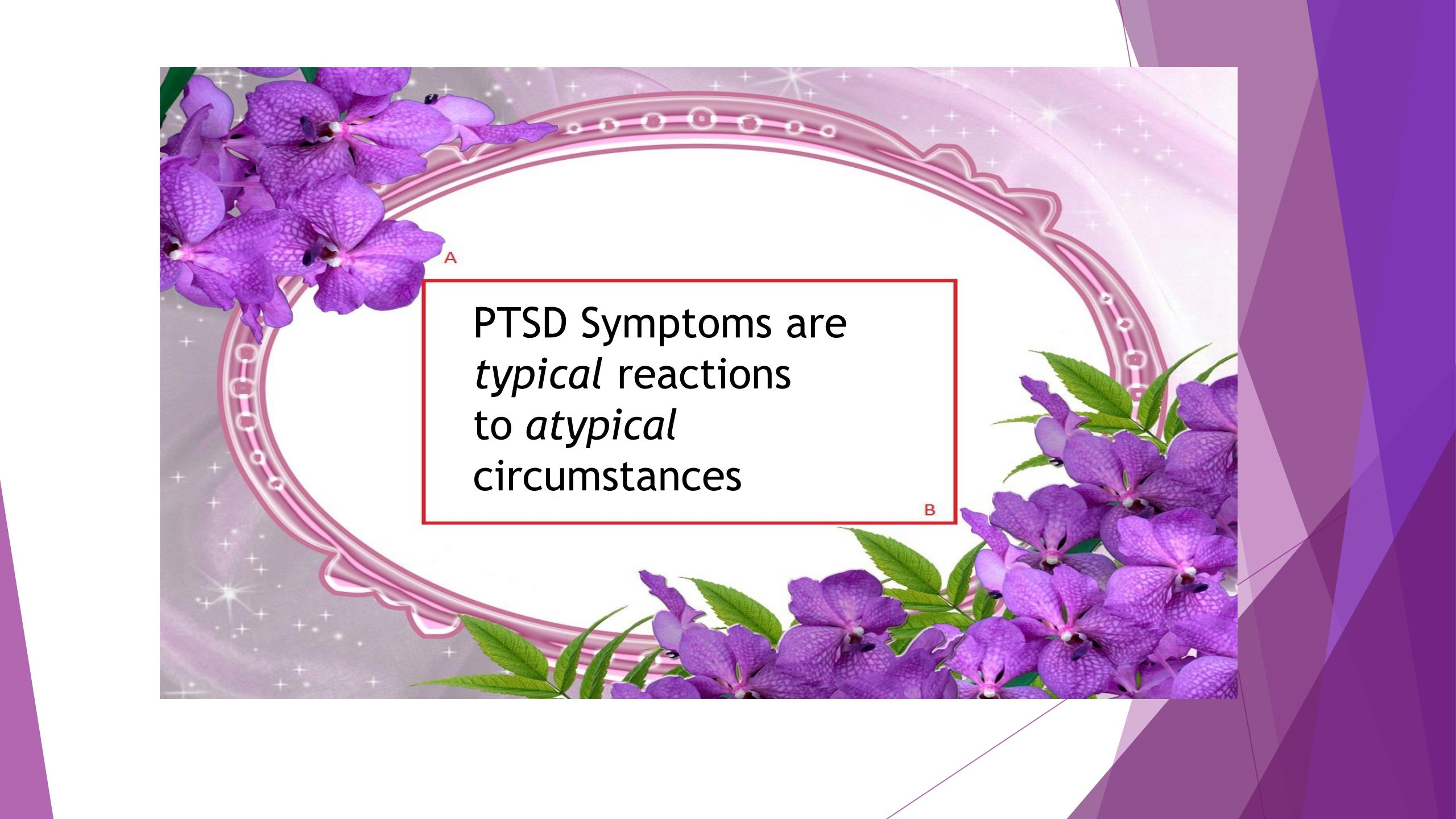
- ▶ How we treat women during birth matters!
  - ▶ Birth is a defining moment in a woman's life.
  - ▶ Birth is the transition from womanhood to motherhood.
  - ▶ How birth experience is perceived can impact a woman's self-concept.
  - ▶ A woman can derive a sense of strength, competence, and a smooth transition to role acceptance from her birth experience;
  - ▶ And conversely, a woman can be undermined in her sense of strength, competence and role transition by her birth experience.
  - ▶ “Labor land” is a very open, suggestible state of mind.





- Trauma is one of the lenses through which we can view clients and their symptoms

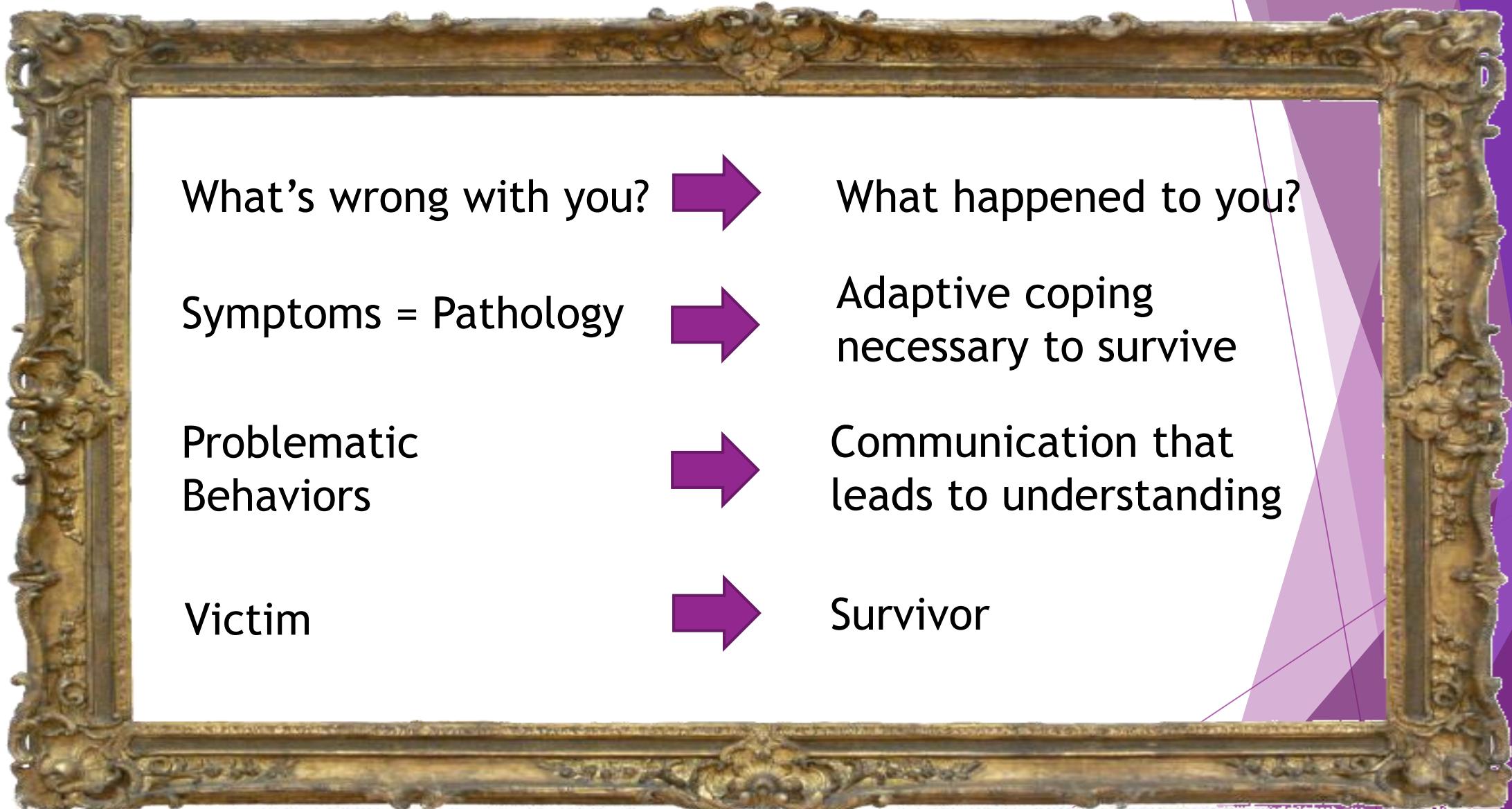
# Self-Care



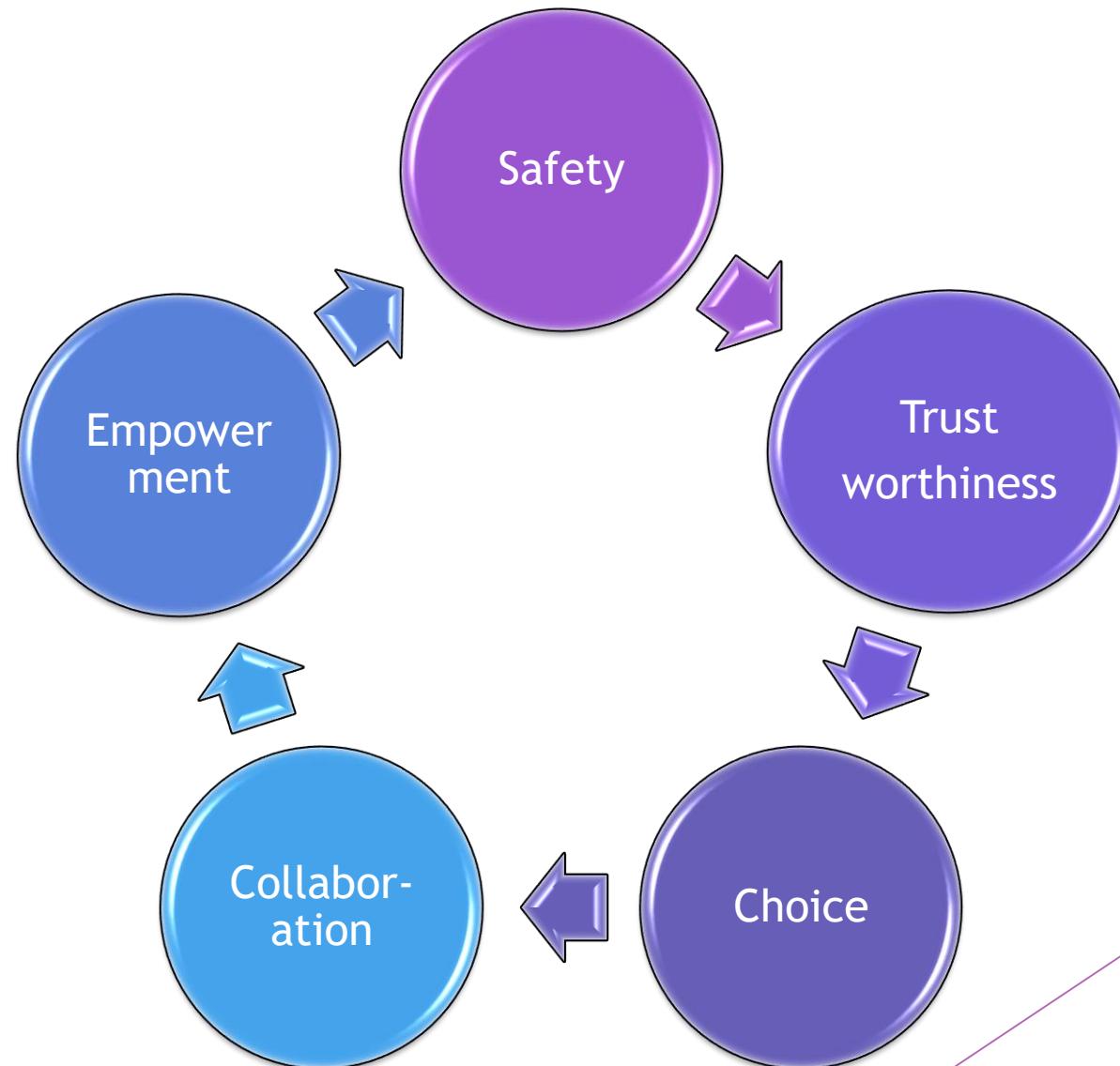
PTSD Symptoms are  
*typical* reactions  
to *atypical*  
circumstances

A

B



# Principles of Trauma-Informed Care

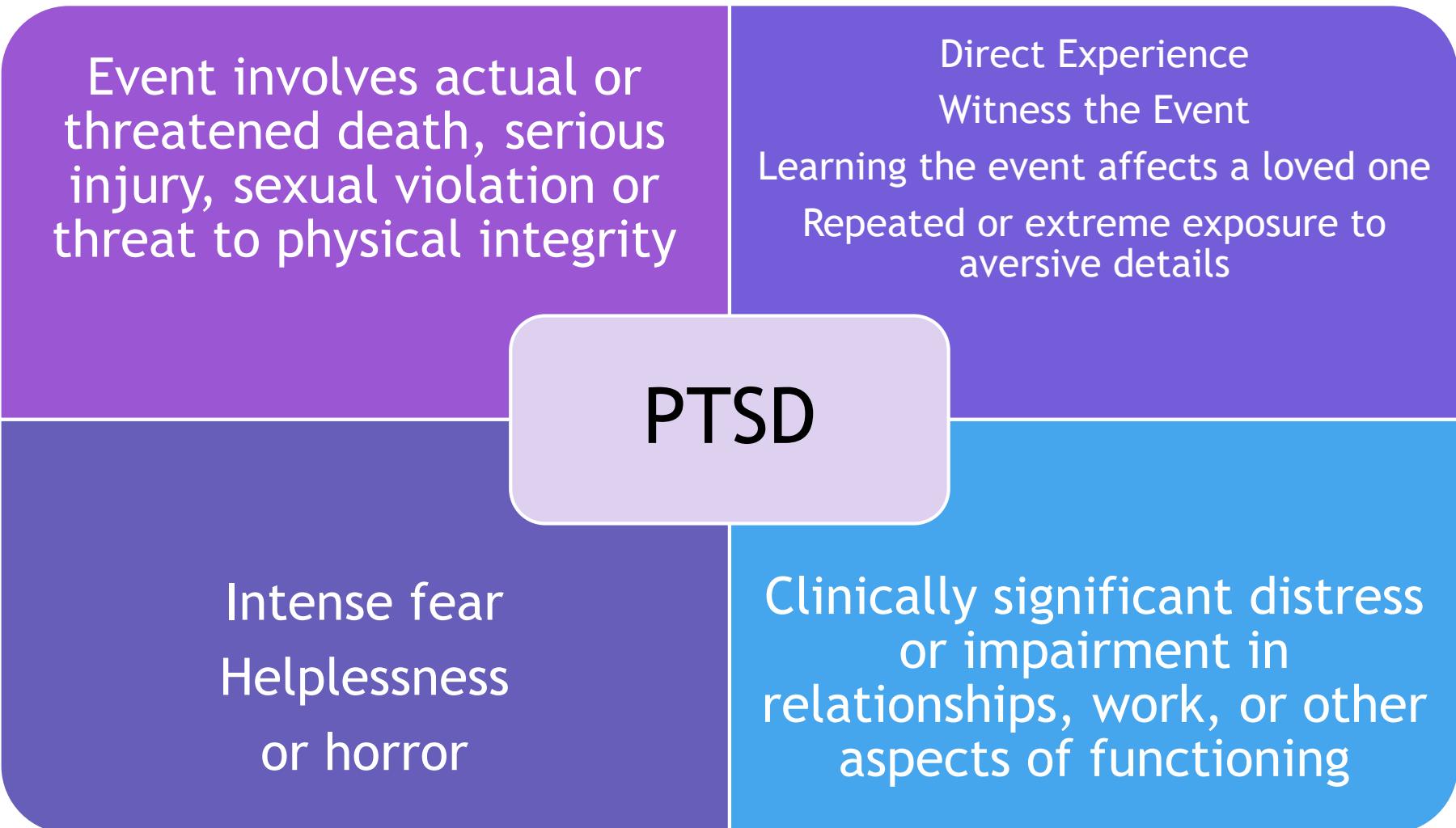


# Principles of Trauma-Informed Care

--counteract the effects of trauma

- ▶ **Safety**—danger
- ▶ **Trustworthiness/Boundaries**—betrayal and unpredictability
- ▶ **Choice**— helplessness
- ▶ **Collaboration**—isolation
- ▶ **Empowerment**—freezing and immobilization

# What is trauma? DSM 5



# How might medical procedures be considered a traumatic event?

# What characteristics of medical procedures might be considered traumatic?

- ▶ Vulnerability and helplessness
- ▶ Intense fear
- ▶ Surgery violates physical integrity
- ▶ Things being done to you
- ▶ Fear of death or harm

- Megan is a 29 y.o. G1P1 approximately 7 weeks postpartum
- Presenting with depression and anxiety symptoms and feeling disconnected from her baby
- Feeling irritated, “angry at the world,” feeling rejected by her baby
- Acceptance of the epidural made her “feel like a failure.”
- Endorsed OCD symptoms primarily words and images about the birth experience
- Reports husband and mother don’t understand why she is so upset about her birth experience
- Has not resumed sexual relations; “I may have shut down feelings below my navel shortly after giving birth.”

## Birth Trauma

Fear of physical injury to mother or baby and associated psychological distress

Physical injury to the baby and resulting psychological distress

Psychological response to the experience of birth, including care received, which causes psychological distress of an enduring nature

Physical injury to the mother which results in psychological distress

What events during labor and delivery  
might be perceived as traumatic?

# What events during labor and delivery might be perceived as traumatic?

- ❖ Excessive or uncontrolled pain, especially during cesarean section.
- ❖ Unexpected interventions, including anesthesia, vacuum extraction, cesarean section, episiotomy.
- ❖ Fetal distress
- ❖ Hemorrhaging, removal of retained placenta
- ❖ Long labors, very short labors
- ❖ Any urgent or emergency procedures
- ❖ Medical complications post-delivery
- ❖ Anxiety in care providers

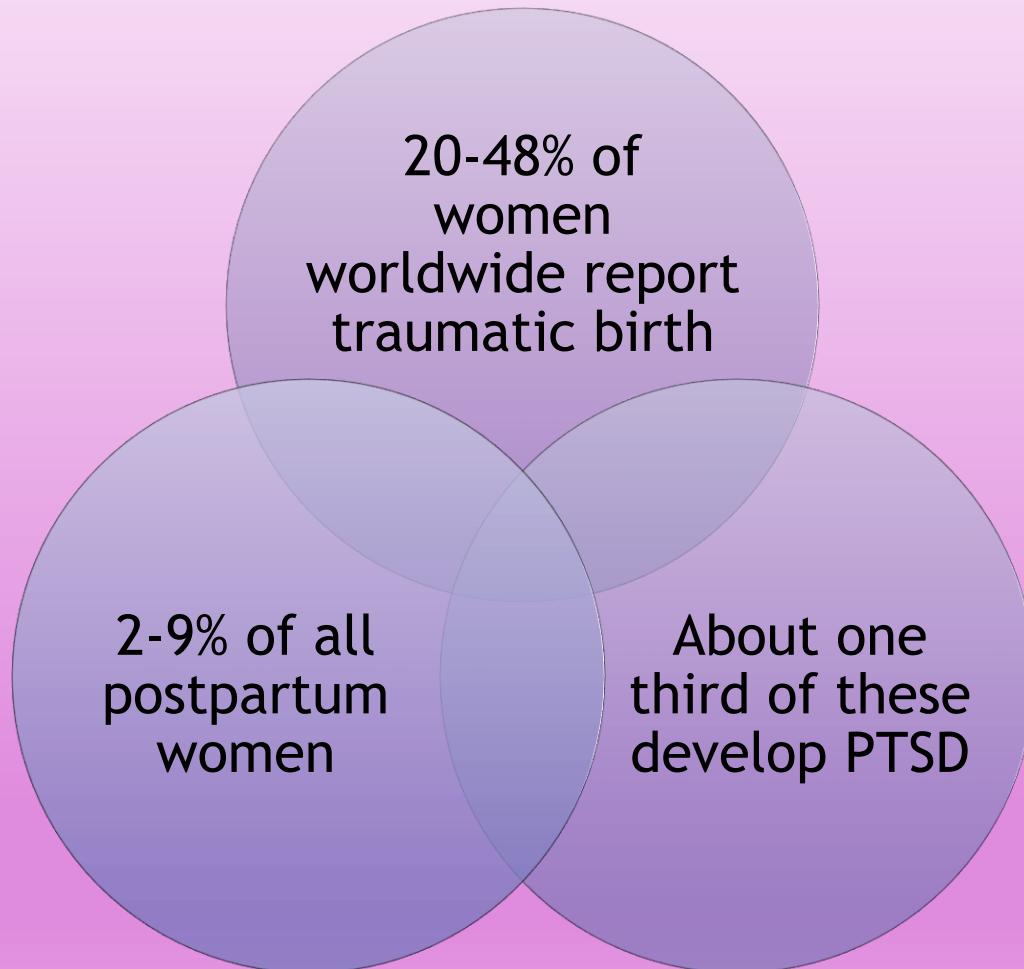
# Other birth-related traumas

- ▶ Pre-term birth
- ▶ NICU experience

**Trauma,  
like  
beauty, is  
in the eye  
of the  
beholder**



# Prevalence



# Delivery-related

Type of delivery: emergency c-section, forceps, episiotomy

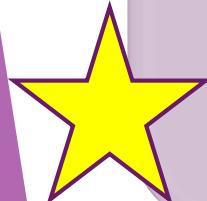
Fear for self or baby

Perception of control

Pain (and intrusiveness of delivery)

Interpersonal difficulties especially with medical staff—four times increased risk

Perinatal dissociation—high predictive value



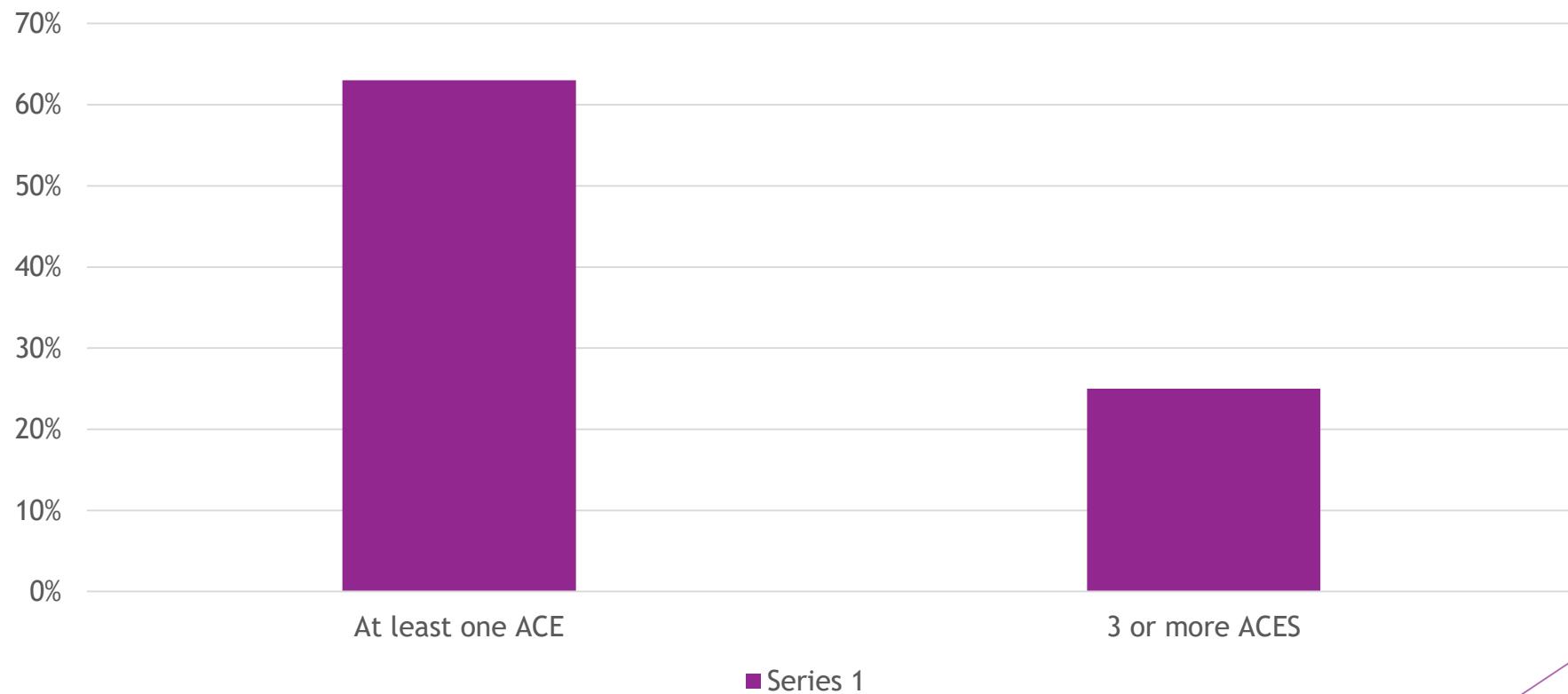
# Previous depression

Especially prenatal depression

History of trauma/PTSD—most significant predictor



# How many women bring a history of trauma/childhood adverse events to birth?



# Appraisal

(perceives or interprets the event)

Mental defeat

Helplessness

Interpret events in a way  
that the threat continues

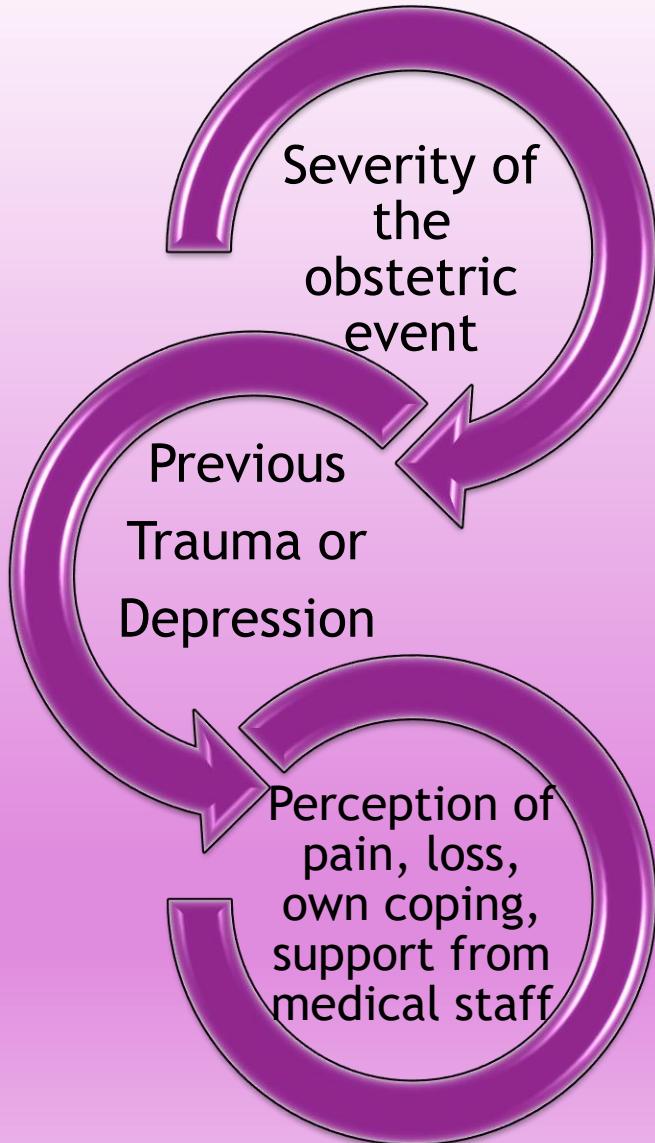
Perception of loss  
related to

experience of birth

motherhood

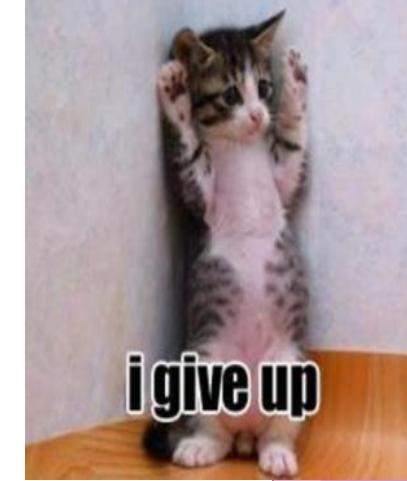
ideal family and/or sense  
of self

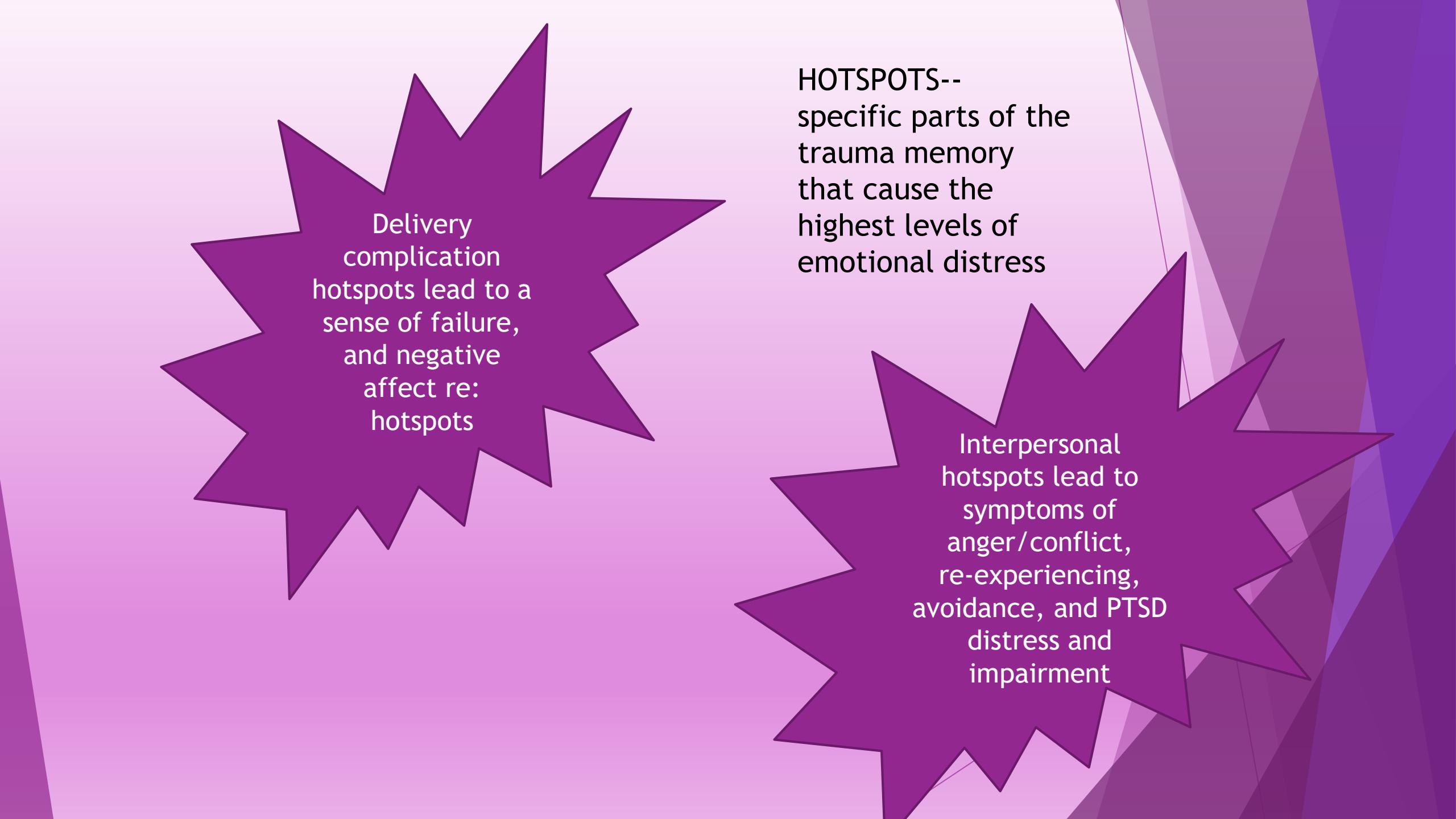
# **Birth trauma is an interplay between:**



# Perceived coping during labor and birth

- ▶ Excessive fear
- ▶ Panic
- ▶ Mental defeat
- ▶ Dissociation
- ▶ Frustration
- ▶ Irritability/anger





HOTSPOTS--  
specific parts of the  
trauma memory  
that cause the  
highest levels of  
emotional distress

Delivery  
complication  
hotspots lead to a  
sense of failure,  
and negative  
affect re:  
hotspots

Interpersonal  
hotspots lead to  
symptoms of  
anger/conflict,  
re-experiencing,  
avoidance, and PTSD  
distress and  
impairment

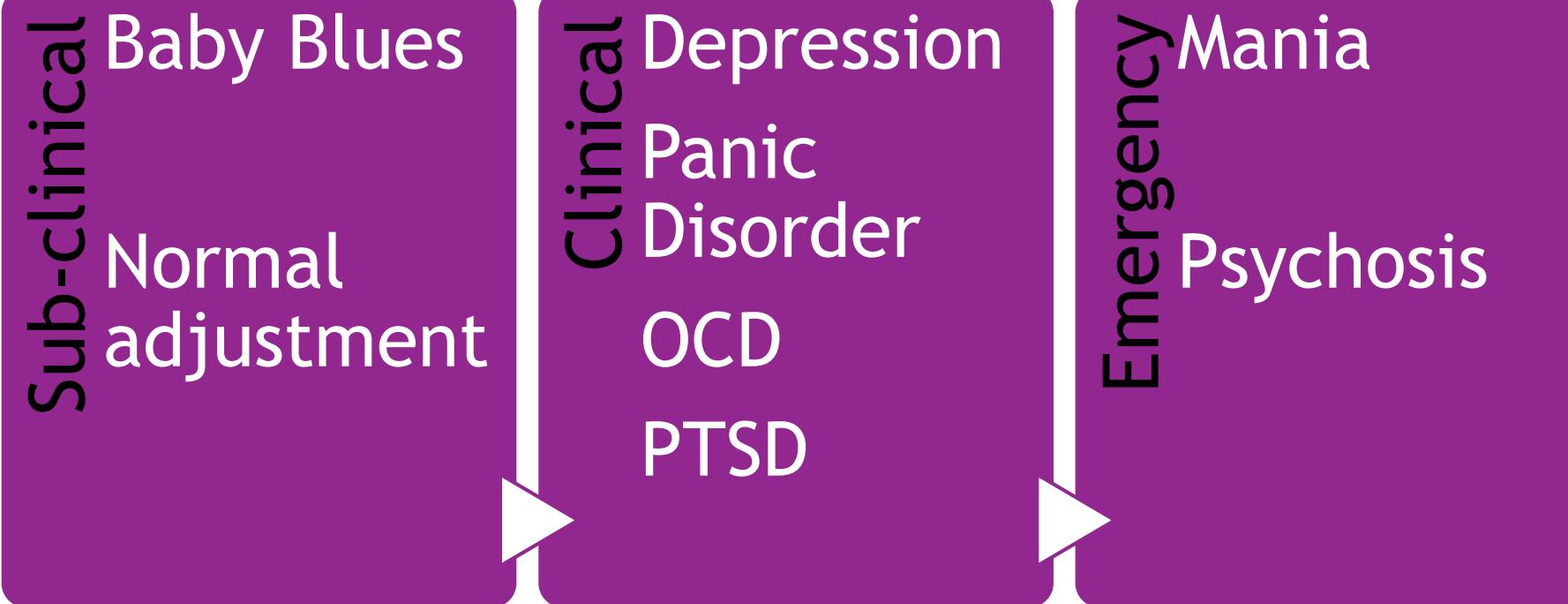
# Disenfranchised Grief

- ▶ The grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported
- ▶ It's an active process: actively discounting, dismissing, disapproving, discouraging, invalidating, and delegitimizing the loss or grieving process

# How to worsen PTSD symptoms:

- ❖ Create an Invalidating Environment
  - ❖ Why are you so upset?
  - ❖ It wasn't that bad.
  - ❖ It's your fault.
  - ❖ Why can't you let it go?
  - ❖ Get over it.
  - ❖ At least you have a healthy baby.

# Categories of Postpartum Depression Symptoms



# Symptoms of Postpartum Depression

- ▶ **Depression**—sleep and eating disturbance, anhedonia, social withdrawal, anxiety, thoughts of suicide or running away
- ▶ **Panic Disorder**—panic attacks and excessive anxiety
- ▶ **OCD**—Intrusive, disturbing thoughts mostly about harm coming to the baby
- ▶ **PTSD**—traumatic birth or history of trauma triggered by birth experience

# Unique symptoms of PTSD in the context of birth trauma

- ▶ *A sense of detachment and estrangement from others*
- ▶ *Angry, aggressive, annoyed, irritable symptoms*
- ▶ Sexual avoidance
- ▶ Vaginismus (involuntary vaginal muscle spasm and pain with penetration)
- ▶ Tokophobia (fear of childbirth) with increased rates of subsequent elective c-section
- ▶ Less synchrony with the infant (infant is a trauma trigger), with disruption in bonding/attachment with infant

# Assessment

► How was your birth experience?

# Create a validating environment

That must have  
been scary.

You weren't  
expecting a  
C-section. What  
was that like for  
you?

Your birth didn't go how  
you wanted. I'm  
wondering if you're  
feeling disappointed.

It all happened so fast.  
You didn't have time to  
prepare.

# SYMPTOMS OF TRAUMA

SHAME  
SELF-BLAME  
NUMBING  
AVOIDANCE  
DISSOCIATION

NIGHTMARES  
INTRUSIVE  
MEMORIES  
FLASHBACKS

FEAR  
ANXIETY  
HYPERAROUSAL  
HYPERVIGILANCE  
RAGE

# Going to the movies



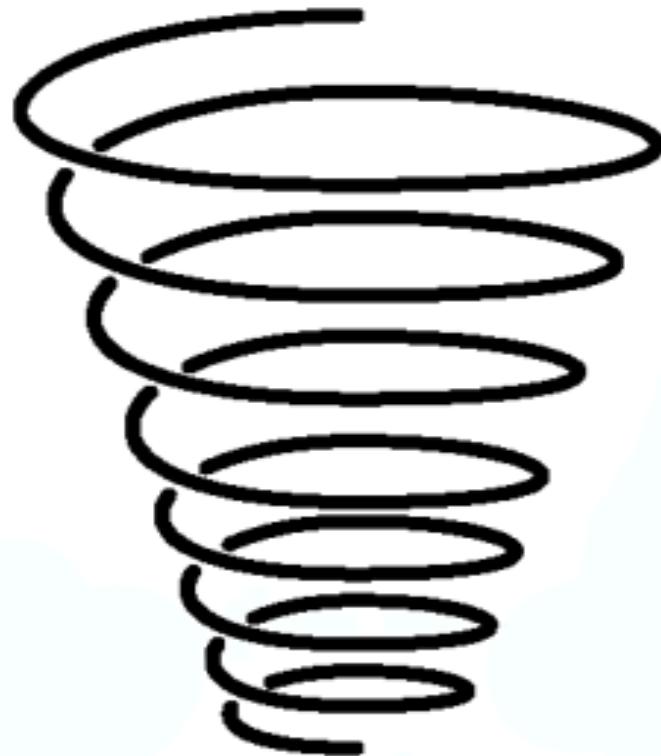
# Shadow of myself



# Questions and answers



# Spiraling downward

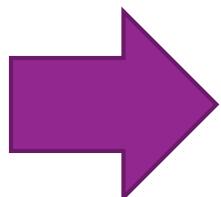
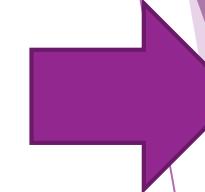
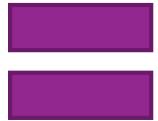


# Dreams shattered and isolation



# Symptoms interfere with role transition and bonding

- ▶ Nightmares & Flashbacks
- ▶ Anger/Rage, Anxiety, Depression
- ▶ Numbing and Dissociation
- ▶ Preoccupation with questions and answers
- ▶ Loss & Grief (shattered dreams)
- ▶ Isolation



***Resentment  
Baby as Cause of Trauma***

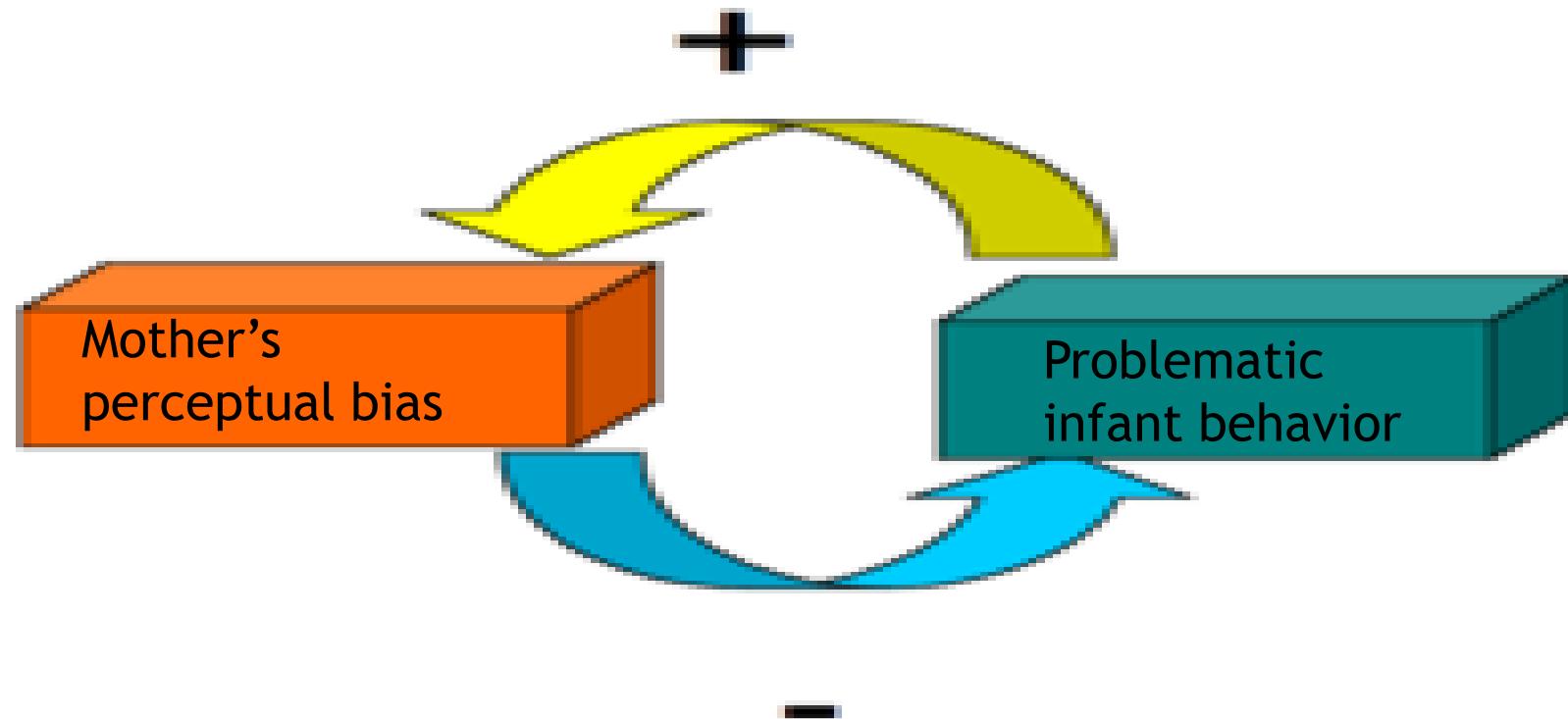


# Mother's Perception of Infant after Traumatic Birth

- ▶ Babies are
  - ▶ Less warm towards them
  - ▶ More invasive
  - ▶ More difficult in temperament
- ▶ Mothers
  - ▶ Less pleasure in infant
  - ▶ Greater infant-directed hostility
  - ▶ Less desire for proximity to infant
  - ▶ Feel less attachment



# Negative Feedback

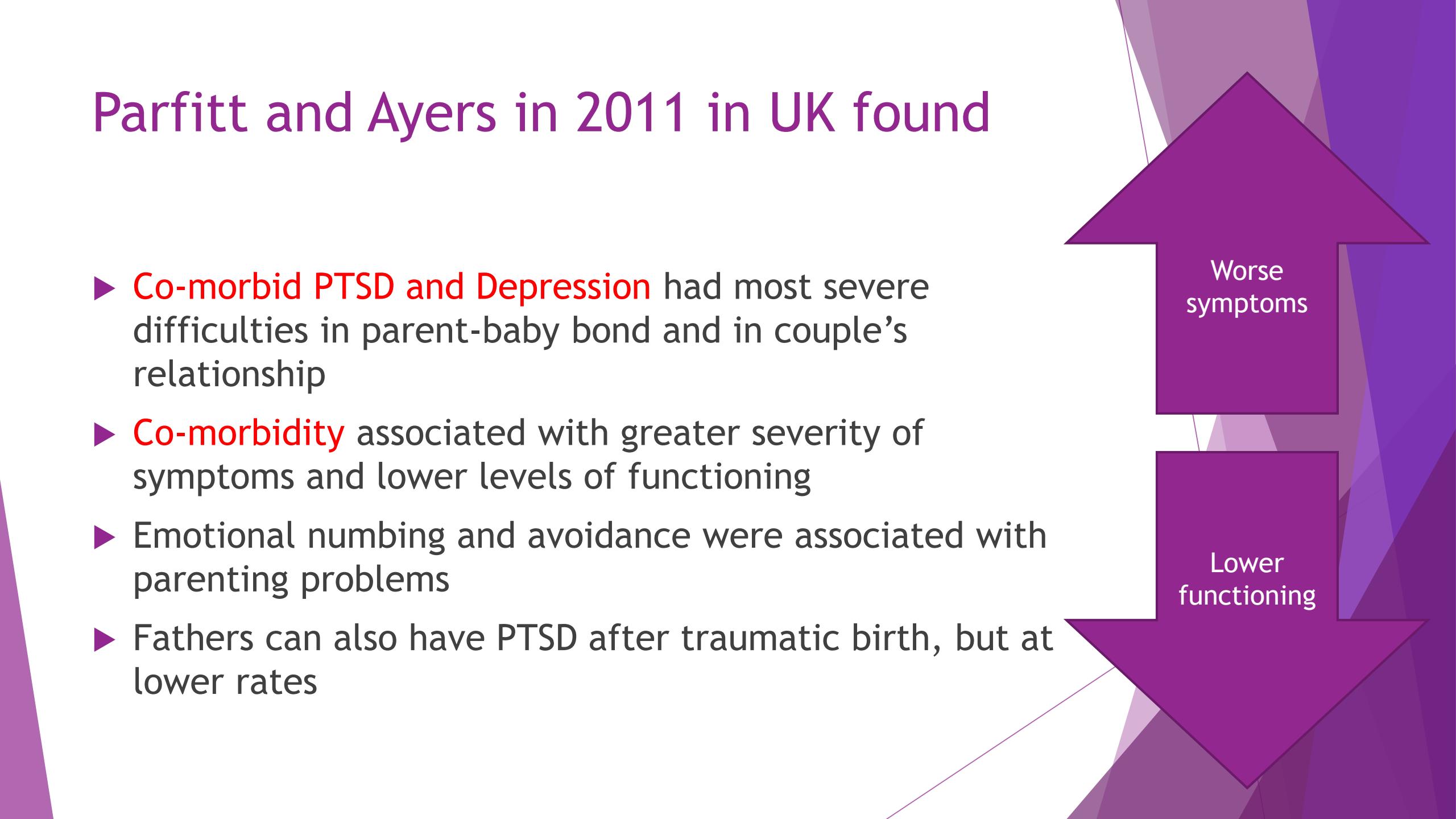


# Mothers of Pre-Term Infants

High Post Traumatic Sx	Low Post Traumatic Sx
Over-protective	Feelings of rejection
Controlling pattern of interactions	Avoidant pattern of interactions
Distorted representations	Disengaged representations

# Parfitt and Ayers in 2011 in UK found

- ▶ **Co-morbid PTSD and Depression** had most severe difficulties in parent-baby bond and in couple's relationship
- ▶ **Co-morbidity** associated with greater severity of symptoms and lower levels of functioning
- ▶ Emotional numbing and avoidance were associated with parenting problems
- ▶ Fathers can also have PTSD after traumatic birth, but at lower rates



Worse symptoms

Lower functioning



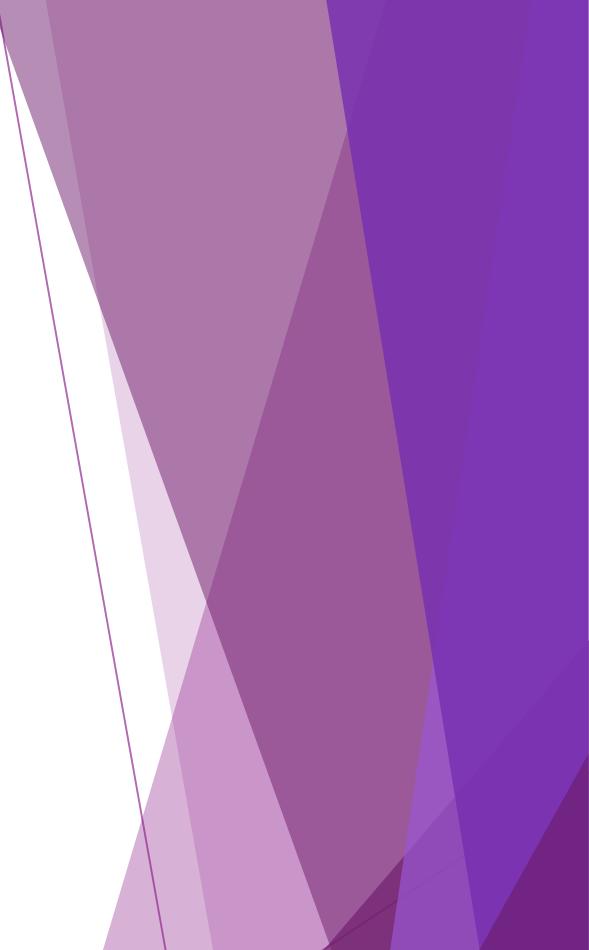
## What actions can you take to reduce trauma triggers in the birth environment?

- ▶ Birth plan and discuss with provider
- ▶ Ask her what she needs to feel safe and cared for
- ▶ Provide her a sense of agency
- ▶ Discuss her fears and take them seriously.



# Supporting women during labor/birth: Preventing PTSD

- ▶ Empower birthing women by:
  - ▶ Providing information
  - ▶ Telling her what to expect
  - ▶ Allow her to make choices during labor/birth even during emergent situations



ENCOURAGE  
 EMPOWER

# Supporting women during labor/birth: Preventing PTSD

- ▶ Create positive moments to counteract the scary moments
  - ▶ Show a kindness
  - ▶ Give information
  - ▶ Advocate for the patient
  - ▶ Listen, empathize, support her feelings\*
- ▶ \*powerful intervention



# Treatment Options For Trauma:

- ▶ EMDR (Eye Movement Desensitization and Reprocessing)—EBP by SAMHSA
- ▶ Trauma-Focused CBT
- ▶ Cognitive Processing Therapy
- ▶ Prolonged Exposure Therapy
- ▶ Medication

# Treatment Options For Early Intervention of Mother-Baby Attachment

- ▶ **Interactive Guidance (McDonough)**
  - ▶ Use of video for joint observation of infant behavior in NICU
  - ▶ Mother to comment on baby's behavior and their own emotions
  - ▶ Goal is to promote mother's sensitivity and responsiveness to infant behavior
- ▶ **Infant Behavioral Assessment and Intervention Program (IBIAP)**
  - ▶ For mothers of preterm infants
  - ▶ 6-8 home visits in first 8 months
  - ▶ Protocol to sensitize parents to infant behavior and support infant's self-regulatory efforts

# Supporting women who have experienced a traumatic birth

- ▶ Postnatal debriefing (and validating) of the birth experience, especially
  - ▶ when birth plan didn't work out
  - ▶ cases of unexpected interventions
  - ▶ obstetric/neonatal complications



# Debriefing after Childbirth (review article)

- ▶ Sheen and Slade in UK published in Journal of Reproductive and Infant Psychology in 2015 found:
- ▶ Need more studies (small number (9) reviewed with methodology limitations)
- ▶ Two thirds of women found the interventions to be moderately to greatly helpful
- ▶ Women perceive debriefing interventions to be acceptable and helpful
- ▶ Most effective shortly after birth or when requested by the mother at a later time
- ▶ Targeted interventions have some utility
- ▶ No clear preference for structured or unstructured

# Critical Incident Stress Debriefing (CISD)

- ▶ 1. Assess impact
- ▶ 2. Identify issues around safety and security
- ▶ 3. Tell the story and validate
- ▶ 4. Anticipatory guidance
- ▶ 5. Systematic review and impact emotionally, cognitively, physically, and identify maladaptive responses
- ▶ 6. Educate on community resources for ongoing support
- ▶ 7. Re-entry

# “Childbirth Review”

## ► Assess Impact

- ▶ How was your birth experience?
- ▶ How do you think that is impacting you now?
- ▶ How much of the anxiety or depression you’re experiencing can be attributed to your birth experience?
- ▶ Do you think your birth experience and the feelings you’re having are having any impact on your relationship with your baby?

# “Childbirth Review”

- ▶ Identify issues around safety and security
  - ▶ Who can you talk to about this?
  - ▶ Are they supportive?
  - ▶ Any concerns for your safety or your baby’s safety?

# “Childbirth Review”

- ▶ Tell the story and validate
- ▶ Would you like to tell me what happened?

# “Childbirth Review”

- ▶ Anticipatory guidance
- ▶ Label the experience as trauma
- ▶ Educate on the typical reactions to trauma
  - ▶ Nightmares, flashbacks
  - ▶ Feeling disconnected from baby or others
  - ▶ Anxiety or depression symptoms
  - ▶ Acute traumatic vs. post-traumatic symptoms

# “Childbirth Review”

- ▶ Educate on treatment options and community resources

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- Presenting with depression and anxiety symptoms and feeling disconnected from her baby
- Feeling irritated, “angry at the world,” feeling rejected by her baby
- Acceptance of the epidural made her “feel like a failure.”
- Endorsed OCD symptoms primarily words and images about the birth experience
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# Key Take Aways



# Key Take Aways

- ▶ PTSD after childbirth has **overlapping but distinct symptoms** with PPD
- ▶ Untreated PTSD after childbirth can have **deleterious and lasting effects** on mother-baby attachment
- ▶ **Disenfranchised grief and invalidating environments** make PTSD symptoms worse
- ▶ **Unpacking the experience** may help relieve symptoms
- ▶ Address avoidant or anxious-ambivalent **attachment behaviors** with dyad

# CONTACT INFORMATION

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