When I found out that I was pregnant with my first child, I was beyond ecstatic—we had been trying for a year and the anticipation had been quite stressful. I had been waiting for and thinking about this baby constantly in the months before her conception and during the impatient 9 months that I waited to meet her.

I had rosy thoughts of an earth-mother pregnancy and labour, but the eventual outcome was quite different. In reality, I was due for a rude awakening. My imminent traumatic birth experience was about to take me on a long road from disbelief and recovery onto a path of knowledge with opportunities to help others in my situation along the way. Luckily, what initially would seem like a cruel twist of fate would turn out to be a blessing in disguise.

I went into labour four days past my due date and could not wait to give birth and meet my first child, a long awaited and already much loved daughter. However my labour quickly became exceptionally painful and overwhelming. My initial excitement and curiosity quickly changed to disbelief and a loss of confidence in both my body’s own abilities as well as my emotional coping capabilities. Scared and struggling, the contractions were close together for most of the 24 hour labour. I had expected a build up of contractions and obviously pain, but the intensity of my labour seemed almost non-stop throughout—every time one contraction subsided, I could feel another building. Unable to bear staying at home any longer, we quickly left for the hospital. As this was our first birth, my husband and I did not know what to expect. Until you’ve actually been through it, no amount of reading can simulate what a real birth feels like emotionally, physically or spiritually.

It was a busy night and we spent a long time on the pre-labour ward. I tried a Tens machine, gas and air and Pethidine—none of which took the edge off the pain. I finally had an epidural, but the time to push was still a long way off. As the labour ward was so busy, I was unable to have continuity of care with the same midwife and saw several midwives throughout each shift. When my baby’s heartbeat dropped, a consultant and group of students entered my room and spent time discussing the cause of this whilst I lay there feeling distressed and uninvolved. I was angered to the point of speechlessness, as I had not been asked if I minded students coming into my private birthing area.

When it finally became time to push, despite my best efforts my baby had not arrived after one hour of trying. Something needed to be done and quickly; I had begun to tear and bleed. Another consultant arrived and after a failed ventouse attempt I had an episiotomy and forceps delivery. Finally my little girl was in my arms, but with a large bruise on her face from the forceps. Not long afterwards I would need to go into surgery—I had suffered a very bad third degree tear and was loosing blood. I was anguish at having our bonding interrupted but knowing we would be together soon got me through that initial time apart.

I was discharged home the next morning. Soon afterwards I met with my N.C.T. group and was re-telling my birth story like a returning soldier, conscious of what I had been through, but just relieved to be back with my family. Eventually the mental replay of the birth was overshadowing the positive aspects of my child’s entry into the world. I felt sad when I remembered the fear and loss of control I had felt during labour including the memories of medical intervention, the bonding that had been interrupted and the questions I had about how and when my body would heal.
Despite not wanting to get pregnant or give birth again, I eventually changed my mind as my partner and I wanted to give our child a sibling. The memories of the first birth soon captured my imagination and I became tempted to have a caesarean section. My consultant advised me to consider another natural delivery explaining that most difficult births happen the first time around and that incidences of women having the same difficulties twice were low. My hospital health notes showed that I had healed extremely well after the first birth and after much thought decided on another natural delivery. Still feeling a little nervous, I sought help from my local Birth Afterthoughts service, who came to our house with my old hospital notes and talked through the first birth with my husband and I from start to finish. I also began listening to a wonderful Birth Preparation CD from natalhypnotherapy.co.uk and both helped me to relax and get excited about meeting my next child.

In the end, my second birth was quite wonderful. I stayed home for longer, felt prepared and no longer felt fearful. I made sure I had my birth plan with brief explanation of my past birth concerns. My husband gave a copy of this to the midwife when we went in to give birth and made sure that she understood my past history and current apprehensions. The birth was straightforward, and I only needed a few stitches afterwards, even though my son weighed more than his sister. I was overjoyed and was able to breastfeed almost immediately afterwards. After the birth of my son, the outstanding midwife and midwifery student kept the room darkened, helped my baby and I freshen up, assisted with dressing us both in clean pyjamas, and offered us cups of tea. I felt so happy—my body had healed from the previous birth and I was able to have a second delivery without any complications. After my son was born, I felt happy that my family was now “complete” with one child of each sex, but must admit that I do still long for another!

The silver lining of my difficult birth is that I have been fortunate enough to share my experiences with midwives, maternity policy makers and most importantly, other parents across the U.K. I now feel a part of the new and exciting changes that are taking place within the maternity services across the country and no longer feel traumatised by my first birth experience. If there is one last impression I can leave with any family that has had a difficult birth experience it is to remember that no two births are alike, and that you should never suffer in silence—seek help if you need it, and remember that these feelings need not last forever.

I recommend the following to every mother who has experienced a difficult birth:

1. Believe your body CAN and WILL heal.
2. The best step to take after a difficult birth is to try and bond with your baby as much as possible. Bonding helps to release powerful, positive hormones and responses keeping both you and your baby relaxed. Relaxation is important during recovery, and a relaxed mother can look after herself and her baby with less stress. Take time each day to rest, focus on clearing your mind, breathe deeply and remind yourself of all the positive aspects of motherhood.
3. Never suffer in silence; talk to your partner, family, friends and health professionals about how you felt afterwards, and how you are feeling now.
4. A traumatic birth does not mean you cannot have a future positive childbirth experience. If pregnant again and worried about the outcome of the birth, do not spend your time watching births documentaries on the television. Try not to relive your past traumatic birth experience unnecessarily.
5. If you contemplating a subsequent birth after a previous traumatic birth experience, remember that it is possible to have a positive labour and birth despite your previous unhappy one. If pregnant again and worried, explain your concerns to your midwife and record your thoughts on your maternity notes. Write a birth plan and explain both your past experience and current concerns. Ensure your birth partner explains this information to your midwife on the day you go into labour.
Guidelines for optimising your birth experience:

1-Always discuss any physical or emotional concerns with your midwife pre and post birth.
2-Whilst it is not possible to guarantee your birth outcome, you should still always have a birth plan.
3-Be prepared for the unexpected; many factors can change during labour and birth, so think about alternatives to your first choices should the need arise; it will minimise stress in the event of a quick decision.
3-If you are going to give birth at a teaching hospital and do not want students present during your private birth experience, write this on your birth plan, make sure the midwives are informed and tell your partner to back you up if need be.
4-Never suffer in silence. If a traumatic birth is causing you anxiety or depression, I have come up with the T.A.G. approach: Talk about it, Ask questions, make Goals for resolving your issues.

Monic Joint speaks regularly to mothers, health professionals and the media about ways of improving maternity services, providing better support for midwives and how to provide greater choice and information on birthing options. She can be contacted at contactus@mummymusthave.co.uk

Resources:
www.birthtraumaassociation.org.uk
http://www.sheilakitzinger.com/BirthCrisis.htm
http://www.tabs.org.nz/