



Message from the new Chair of the Executive Committee, Julie Orford

Since our last newsletter **Debbie Sayers**, one of the founders of the BTA, decided to step down as Chair due to her expecting her second child. We are all very pleased for Deb and wish her the very best during her pregnancy and for the future too. I'm sure those of you that knew Debbie would agree that she did an astounding job for the BTA and her hard work and determination will be greatly missed by us all.

As the new chair, and a busy working mum to a 15 month old, I'm slowly starting to get my head around things. In my new role I will continue the fight to raise awareness of birth trauma, work to prevent it and support families in need through the work of the **BTA**.

I would like to take this opportunity to wish you all the very best for a very Happy Christmas and a peaceful 2006.



Please feel free to contact me if you have any concerns, issues, comments or just simply want to say hello, my email address is:

jules@birthtraumaassociation.org.uk

Until next time!

Jules

Write to us at:

The Birth Trauma Association
PO Box 671
IP1 9AT

Internet:

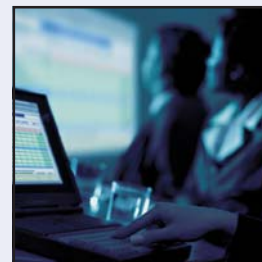
www.birthtraumaassociation.org.uk

Email:

enquiries@birthtraumaassociation.org.uk

BTA Conference

The BTA Conference was held on **2nd June 2005** at Salisbury Hospital and was a resounding success. Our thanks are extended to the wonderful contribution made by our expert speakers:



- Dr Susan Ayers
- Professor Pauline Slade
- Dr Kirstie McKenzie-McHarg
- Mary Hopper
- Helen Allott

and to all who attended.

The day was a **huge** success. Midwife Kate Freemantle wrote this lovely letter the following day which says it all:

Dear BTA

Thank you for an inspiring, horrifying, amazing, thought-provoking day yesterday, in Salisbury, and congratulations to the organisers.

I became a midwife because I, personally, had found the whole process of pregnancy and giving birth, in 1972 and 1973, a wonderful experience, and wanted to help other women feel the same. Now, 25 years after qualifying, I'm desperately sad to see so many women who've had such an awful time, and sometimes despair of the system which causes this.

The day certainly made me stop and re-assess my methods, and question whether I need to do anything differently. Emma's story on the video at the end of the afternoon reduced me to tears.

Best wishes for success in your work,
Kate Freemantle (Mrs)

NB: A full report on the success of the conference will be available on the BTA website at a later date.



Surviving and Moving On

My little boy, Sam, was born 5 days early weighing in at just 5lb 2oz. We did not discover that he was a small for dates baby until a month before he was due. One evening during yet another visit to the hospital for monitoring, my blood pressure was checked and found to be extremely high so I was kept in for my first ever night in hospital.

I was induced the next day. My waters were broken and I was put on a drip. I was attached to a monitor and was not allowed to get into a comfortable position because of the pads slipping off my stomach. I found the pain unbearable. Pethidine only made me scared, confused, and unable to push. The baby's heart rate dropped dangerously low and he had to be quickly delivered by ventouse and then given oxygen.

Sam was too weak to breast feed and after many tearful and failed attempts (and him becoming weaker with very low blood sugar) I insisted that he was put onto a bottle. He soon started thriving and putting on weight.

Over the next few weeks, I often got upset at not feeding him myself. I felt guilty for Sam and also that something was missing for me. I would think about the birth every day. My lasting memories were of overwhelming pain and fear, tinged with sadness and guilt for how Sam had been during and following his birth. I kept asking my husband about the birth as though to fill the gaps in memory. I would often get upset about it. If I woke during the night, thoughts of the birth would prevent me from going back to sleep. I didn't want to mention my feelings to anybody as I didn't want to become labelled with postnatal depression.

When Sam was 7 months old, something my mum said triggered me off and I broke down. She arranged for a health visitor to visit me. She was extremely helpful and made me realise that what I was feeling was not uncommon. Even women who give birth without complications find it very distressing and may suffer from repeated flashbacks. She advised that before planning another pregnancy, I receive proper counselling and arrange to see a consultant to go through my birth notes.

Surviving and Moving On (cont'd)

Nearly two years on and I have done just that.

A counsellor at my GP surgery said I didn't actually need any counselling as I was already doing the right things to help myself. I had talked through my feelings with close family and friends and I had read pregnancy and birth books that focussed on becoming confident in the human body's ability to give birth naturally and free of pain. I also contacted a lady through the BTA who had suffered from birth trauma and had got through it. She helped me enormously.

I saw a consultant who went through my birth notes with me and told me that I had had pre-eclampsia after all. She explained what had happened during my labour and confessed that there was really no reason why I should have been made to lie on my back - even attached to a monitor. She also told me that there is less chance of me getting pre-eclampsia a second time and that the best place for me to give birth would be in a midwife-led unit - exactly what I had originally planned for! I came out feeling that I had been given a clean slate. It was such a healing experience for both my husband and I.

We are now about to start trying for a second baby. I admit that I am still quite scared about the whole thing but, unlike the first time, I know that whatever happens during the birth, it is only for a very short amount of time. I will survive it, and, I know just how wonderful the end product is!

Alison



Best Magazine Article

Well done to Becky and Charlotte for contributing to Susan Elliott Wright's fantastic article on Birth Trauma in 'Best' Magazine at the beginning of June.

We received a really big postbag following publication - so many echoing the usual theme; 'Thank goodness that at long last there is beginning to be some real understanding of this issue'.



AIMS - Concerns over Homebirths

Quite often women who contact us after a traumatic hospital birth decide that they want a home birth next time round (once they have acquired the courage for a "next time", or have found themselves unwantedly pregnant). In some areas it may be difficult to arrange an NHS midwife, especially if the woman is not considered low risk. Families who can afford to do, so often arrange a private midwife, but many cannot afford it.

Some of our clients are receiving "warning letters" from social services that they might consider the mother is putting the child at risk by choosing a home birth and threaten to put the child on the 'at risk' register. They have no status or basis for doing this since the foetus has no legal status. We are willing to help and support any woman who is faced with social services intervention or pressure regarding her choice of birthplace or type of birth care and would like to contact us in confidence.

Jean Robinson, Hon. Research Officer, AIMS.

Yvonne Rogers

Congratulations to **Yvonne Rogers**, one of our very active supporters, on the birth of her baby boy! **Oliver Llewelyn**, (Or Baby Lolly as Henry calls him!) Yvonne said:

"Just to let you know Henry's baby brother arrived on Thursday afternoon (3.20pm 30th June), weighing in at 8 lb 14 oz.

Wythenshawe Hospital were fantastic - same problem recurred with my hip which was agony, but I was excellently rescued by the anaesthetics team (had Pain Clinic consultant with me!) and after a bit of trial and error was left pain free thereafter (combination of epidural and TENS machine - epidural was perfect - no pain but enough sensation to do the necessary when push came to shove!). Midwives were also excellent. Came home Friday night, relatively undamaged!"

Congratulations Yvonne!

Association of Chartered Physiotherapists in Women's Health

Many women who have suffered traumatic births suffer from physical problems such as incontinence after the birth but there are specialists who can help. **Rachel Grubb** of the ACPWH writes:



"There are approximately 750 members of ACPWH working in both the NHS and privately throughout the country.

Members of ACPWH specialise in the physiotherapeutic care of women in relation to childbirth, both antenatally and postnatally, and in the treatment of incontinence.

They are specialists in the treatment of musculoskeletal conditions both during pregnancy and postnatally. Postnatally they can assess and alleviate many problems associated with a difficult birth such as a painful perineum, pelvic pain and incontinence. Some members also specialise in the treatment of psychosexual problems in women"

For more information visit the website:
<http://www.acpwh.org.uk>

Advice on setting up Birth Trauma Services

Jill Simpson, a Psychotherapist in North Warwickshire is willing to sign-post people in her area looking for therapists. She is also available to supervise the clinical work of Counsellors, Psychotherapists or Clinical Psychologists.

Jill offers telephone consultation to other professionals and would be happy to advise services wanting to provide a Post Birth Trauma Service. Jill set up a service in North Warwickshire 8 years ago and has plans to extend screening at 6 weeks post natal check currently EPDS by health visitors to include screening for symptoms of PN PTSD.

For further info email Jill at: jsimpson@nhs.net



Research Initiative

Birth Trauma Association representatives attended a meeting of the country's leading birth trauma 'experts' - both consumer and professional - at the National Perinatal Epidemiology Unit at Oxford University in September.

Chaired by **Dr Kirstie McKenzie-McHarg** and attended by two of our board members, **Dr Helen Allott** and **Susan Ayers**, there was terrific enthusiasm to raise awareness of birth trauma and to increase the amount of research. Lottery and EU bids for research are proposed.

Homeopathy

Since the traumatic birth of my twin daughters 12 years ago, I had suffered numerous bouts of skin problems on my face that included Acne, sore itchy dry areas and swollen puffy eyes, which has at time been both painful and humiliating.

On most visits to the GP's, I had been told that I had an 'allergy' to something and to go away and keep a diary of what I ate and what toiletry products I used. Consequently I was unable to identify what was actually causing the allergic reactions. I was then prescribed topical steroid cream that made no difference to my condition at all.

In desperation after waking up with eyes so swollen I could hardly open them, I visited a homeopath who took a complete history of childhood illnesses, any injuries I had sustained, operations, emotional upsets and any significant event I had had. Homeopaths believe that every physical illness has an emotional and mental component, which also helps to define the remedy needed and so they need a complete picture of you to prescribe the correct remedy. She then concluded all my skin problems stemmed from the traumatic birth of my daughters and were triggered by significant events in their lives e.g. starting school, being bullied and hospitalisations etc.

A relevant remedy was identified for me, (remedies are made from many different

Homeopathy (cont'd)

sources, about three quarters coming from plants), and within days I had noticed a big difference to the condition of my skin and within months I had no trace of the initial condition at all.

Sometimes when a person is treated with homeopathy, underlying problems that have been suppressed and not properly treated may re-surface and four months after I started my treatment for my skin I developed a bout of depression.

After my daughters were born I suffered with 3 years of post natal depression and I was prescribed two different anti-depressants, although these never actually made me feel better, they just helped me get out of bed in the morning. With the current depression, my homeopath gave me a hormonal remedy as if I had just given birth, what she would have given me had I consulted her 12 years ago after the birth.

Amazingly after 3 months I came completely out of my depression, I so wish that I had visited a homeopath 12 years ago. As with most things a 100% guaranteed cure cannot be given as everyone is different, but it is worth a try if conventional medicine has not helped, like myself.

I have since recommended homeopathy to many friends and colleagues and not one has failed to be effectively treated.

Lisa Bowerman

New PN PTSD Leaflet

We have just re-designed and re-printed our Post Natal Post Traumatic Stress Disorder Leaflet. The new leaflet is available to download now on our website at:

http://www.birthtraumaassociation.org.uk/publications/PN_PTSD_Leaflet.pdf



If you wish for a stock of printed leaflets in your area please contact us.



Birth Crisis Workshop

There is an upcoming Birth Crisis Workshop run by **Sheila Kitzinger** and **Celia Kitzinger**. It focuses on distress after a traumatic birth experience and conversation analysis.

Birth Crisis Workshop How to Listen, How to Help

Saturday 3rd December 2005
10.30am - 4.30pm (with lunch)

£85 professional and £45 students/others
Please send SAE and a £20 booking fee to:

Sheila Kitzinger
The Manor
Standlake, Witney
Oxfordshire
OX29 7RH

Tel: 01865 300266

birthcrisis@sheilakitinger.com

One Mother, One Midwife (cont'd)

where they belong. **Laura Abbott**, midwife and **OMOM** campaigner says that "by working in partnership with women we can promote a new model of care within our maternity services. This model will give mothers the continuity of care the evidence says they desperately want from their midwives and will encourage disillusioned midwives back into the profession."



Currently, only those able to pay for an independent midwife are guaranteed such a model of care. The NHS Community Midwifery Model will be key in addressing the crisis of recruitment and retention of midwives in the NHS. **Liz Creedy**, mother and **OMOM** campaigner says "If we as mums allow this sort of conveyor belt system to carry on then our daughters and grand daughters will end up with more and more intervention and poor care".

One mother, one midwife is about promoting one-to-one midwifery care: forming a partnership between mothers and their midwives; promoting trust and confidence; reducing the need for intervention; drugs; Caesarean Sections and overall costs to the NHS. At the same time, it encourages midwives to stay in the profession by maximizing the use of their skills, raising the overall standard of care. Women could still choose to have their care under the current systems. The NHS Community Midwifery Model is proposed to provide a structure in which midwives could choose to work offering one to one care to a caseload of women. We believe that by working in partnership we will succeed in ensuring continuity of care and choice for all women living in the U.K.

For further information please visit:

<http://www.onemotheronemidwife.org.uk>

or join our fast growing campaign group at:
<http://groups.yahoo.com/group/midwifecampaign>

One Mother, One Midwife

A campaign group encompassing mothers, fathers, midwives and all those passionate about maternity care has been created entitled "**One mother, one midwife**".

Our vision is that every U.K woman from whatever background and socio-economic status will have the opportunity to choose her midwife and be provided with a maternity service built upon choice, information and partnership.

Under the proposed 'NHS Community Midwifery Model' put forward by the Independent Midwives Association, national midwifery contracts (such as those already in place for general practitioners) will enable both NHS-employed and independent midwives to use NHS facilities and provide one-to-one midwifery care to all women, regardless of socio-economic background.

This model of care will stand alongside current models, increasing choice and putting women at the centre of the maternity service provision,



What I would like to tell healthcare professionals

Those first few days after delivery can be some of the most traumatic and emotional of a mother's life. No matter how prepared she is or how much she was looking forward to having the baby it can still come as a shock even if it's not her first child. Add to this hormones playing havoc, a traumatic delivery (I'm not sure there's such thing as an un-traumatic delivery) and the fact that she is away from home and family she can be left feeling very isolated and vulnerable.

I think it's important for maternity staff to remember this. When a mother is upset or tearful staff shouldn't automatically put it down to pain or "baby blues" this can feel like your fears and worries about what was and is an extremely traumatic time are being dismissed.

I realise that it's just not physically possible for staff on a maternity ward to sit down with every woman and talk things through with her but simply acknowledging the experience they have been through and letting her know that feeling anxious and frightened or even resentful is ok can go a long way. If a patient has to stay in hospital longer than 24 hours which is very often the case with a traumatic delivery the maternity staff's attitude towards her can make all the difference to how she is feeling.

I think the little things can make a huge difference like using a patient's name and making sure they know where all the ward facilities are. I only found out about the bath and coffee machine on the ward on the day I left.

I think it's important when someone goes through a traumatic delivery that a patient fully understands what has happened to them, why it happened, what are the future implications and whether or not it was likely to happen again. When a patient doesn't understand what's going on it can lead to unnecessary worry and upset that could stay with them long after they've been discharged.

What I would like to tell healthcare professionals (cont'd)

All procedures should be explained and questions invited as a patient can often feel as though they're being bothersome or silly asking the simplest of things.

I think there needs to be major changes in post partum care but the things I have said here would certainly have gone a long way to improving my experience.

Christina Smith

Work in East Sussex

Midwifery Training: Emma Cuppini has been invited to run training sessions on Birth Trauma for the East Sussex Hospitals Trust. This is the first time service users will be training service providers in this field and is great news.

Emma will be involved in **18 training sessions** through 2006, attendance at which will be mandatory for all ESHT midwives.

A training package is currently being designed and Emma hopes to be able to offer this to other trusts locally. This is a terrific step forward and we are delighted with ESHT's proactive approach to mental health in childbirth.

Emma is also a member of the Women's Focus Group at Eastbourne District General Hospital, which is made up of women who have given birth at the hospital, NCT representative, the Head of Midwifery and the Maternity Services Project Co-ordinator. The group focuses on the running of the unit, on information, leaflets, and is currently involved in producing leaflets on elective c-sections and Supervisors of Midwives.

Emma is on the MSLCs for both the East Sussex Hospitals Trust and the Brighton and Sussex University Hospitals Trust. As a result of Emma's work with both these MSLCs, changes are being made to how patient information leaflets and hospital guidelines are written in order to take much greater account of mental health issues.



Sharon's Story

An Extract taken from a book Sharon is writing:

Food comes and goes, tea comes and goes, my parents come and go, and my husband comes and goes. No one seems to think that this is as unfair as I do. I spend this joyous day leaning over various objects, and generally teaching my body how to cope with the continual influx of pain. My body tells me to move and to sleep at the same time. It also tells me that my legs are painful. On examination, they are twice the size that they should be. In-between contractions, I am told to put my legs up on the wall whilst I lay flat on my back on the floor. It takes so long to get flat on the floor that this is an impossible and pointless task. Maybe the whole thing is an impossible task. Maybe the baby is not going to come out. Maybe I will be in this pain for ever. No one seems to care.

As the panic set in, and the tears turned to hysterical sobbing, at last a nurse made the connection and suggested that maybe I should be induced. I didn't know what that meant, but at the time I was more than happy that someone had noticed I was suffering and wanted to help.

There is a foggy moment in my mind were being induced was explained to me. It was even drawn on a piece of paper. My vision at this point was blurry to say the least and I found myself saying yes to anything, just to make some progress. Will it get the baby out? I heard myself asking. I heard some sort of affirmation in the answer and that was all I needed. Let's do it.

Before I knew it I was flat on my back wired up to another monitor with what seemed like another set of people, whom I had never met in my life, all of which taking it in turns to shove there hands and arms inside me as far as they would go. I was incensed at this point, but there seems little point in telling these people that I had a name, and that I was scared to death. Could they at least address me before they looked at the most intimate part of my body?

A first amount of 'gel' was inserted. I had been told that this would speed things up, and in all fairness to them I can say that they were right. Within one hour. I had back to back

Sharon's Story (cont'd)

contractions. I recall the 10 seconds that this took...the fear of the first sharp pain, knowing that I had 4 seconds before the unbearable part. After the 6th second, the pain would start to decrease. This was the relief as far as I was concerned. Back to back contractions though left me with relief, immediate dread, relief, immediate dread.

If there is a hell, then it would be based on women's labour. There is nothing like the slow continual torture of labour. My head told me that this is the most natural thing in the world and I was not alone in my experience. Women did this everyday. There was an end to it and it would all be worth it. Everything would be worth it. Concentrate, stop crying, and concentrate. I can't get away from this pain. Where is there to go? I can't step outside my body. Where can I go? Would there be any relief? When will it end?

To read more, you can contact Sharon on:
doodleshouse@ntlworld.com

Fancy helping us from the comfort of your own armchair?



Do you subscribe to a magazine/newspaper or even watch TV?

We are looking for people to help us out by keeping an eye out for related articles or tv programmes and to let us know where and when you saw them (or to send us a copy if possible). If you spot any birth trauma related items please email us to let us know:

enquiries@birthtraumaassociation.org.uk



Local Branches of the BTA

We are keen to develop more local branches of the **BTA**. Local branches provide support for women, can influence local maternity practise and can raise awareness of the issues surrounding traumatic birth. If you would like to set up a local branch, please contact enquiries@birthtraumaassociation.org.uk

Getting Involved with MSLC's

Would you like to become involved in influencing Maternity Practice? The **BTA** is committed to working with professionals to achieve better standards of maternity care in the UK. We are striving for a reduction in the incidence of trauma by pressing for a service that respects women and the informed decisions they make. If we are to make a real difference, we need to get more members elected to Maternity Services Liaison Committees.

MSLCs are very influential and are set up to provide a forum for users and health service providers to get together and discuss ways in which improvements can be made.

Cambridge has a web site describing how their local MSLC works <http://www.camcity-pct.nhs.uk/default.asp?id=184>

If you feel you would like to become involved in your local MSLC, please contact **Maureen** on enquiries@birthtraumaassociation.org.uk

BTA Parliamentary Campaign

Nilmini de Silva has been working hard over the summer months on ways to bring your voices to the politicians who set maternity policy. The only way to raise awareness of PN PTSD is to tell politicians!

Over the summer we've written to top politicians highlighting the work of the **BTA** and now it's time to get the word out to the MPs. They need to know that their constituents need support. **Nilmini** has drafted a template letter

BTA Parliamentary Campaign (cont'd)

to send to your local MPs – which is available on our website.

It would be great if you feel able to go to a constituency surgery if not Nil is happy to meet MPs at Westminster on your behalf.



You can find your MP by visiting:

<http://www.locata.co.uk/commons>

Write to MPs at:

House of Commons, London, SW1A 0AA.

Please could you email Nil when you have sent a letter and also if you have received a reply. The more of us who write in the more serious the issue becomes!

Contact Nilmini via email at:

nilmini@birthtraumaassociation.org.uk

Priory Healthcare



The **BTA** and **Priory Healthcare** jointly hosted a seminar on the 4th July on Birth Trauma. This was well attended, approximately 45 people, mostly consisting of mental health professionals but contacts from Brighton and the SHA also attended. There were three speakers: Dr. Susan Ayers and Dr. Helen Allott from the BTA, and Stu Johnston, a Trauma Therapist with the Priory.

The presentations were very interesting and feedback from the seminar has been really positive.



Write to us at:

The Birth Trauma Association
PO Box 671
IP1 9AT

Internet:

www.birthtraumaassociation.org.uk