

Summer Newsletter - August 2007

Message from the Chair



Can you believe that it's over a year ago since we last put out a newsletter, how time flies! You may have noticed the logo and style of the newsletter has changed slightly. This is to bring it in line with our newly designed website. We now have a dedicated area for fathers/partners on the website. If you would like to contribute your story to these pages please get in touch as the birth stories are one of the most popular, areas on the site.

On a personal note, my own little one turned 3 years old in August, birthdays are always a time of mixed emotions as I am sure many of you will agree. However, I'm finding that each passing year does get easier. The BTA are always here to listen and support any of you that are struggling to get through birthdays, we realise that this can be a difficult time of year.

Some really good news to announce is that we are now a registered charity. We are hoping this will open a few more doors where funding is concerned and enable us to carry out more work in supporting people across the UK. Along with core funding, one of the projects we will be applying for funding for is to enable us to set-up a network of trained supporters in various areas of the country. Somebody local, who women and their partners can telephone for advice and support. We need as many people as possible for this project to work effectively so please come forward if you think you may be able to help us as a supporter.

There have also been a few interesting documentaries on TV lately. BBC Panorama went undercover in May with reporter, Hayley Cutts, talking of the crisis in care she found while working as a volunteer on two large maternity units in the UK. Also during July, Channel 4 broadcast Undercover Mother. A Dispatches programme uncovering the critical shortage of midwives at a time when the number of births is at a record high. More on these can be found on their respective websites.

Please visit our website to keep in touch with what we are up to as this is updated on a regular basis. I hope you enjoy reading the newsletter and please feel free to contact me at any time if you have any concerns, issues or comments.

Take Care
Jules - jules@birthtraumaassociation.org.uk

In this issue...

- Message from the Chair
- Eye Movement Desensitisation and Reprocessing (EMDR)
- We're a Registered Charity!
- Focus-On Caesarean Toolkit
- New BTA Website!
- How to Buy a BTA Badge
- Big Lottery Fund Research Project
- Register of Trauma Specialists
- Training for Midwives
- NICE (Intrapartum Care) Guidelines Launch
- Birth Second Time Around...How a Doula Can Help
- New BTA Leaflets
- NPEU Conference
- BTA Website Visitors
- Newsbites

Eye Movement Desensitisation and Reprocessing (EMDR)

What is EMDR?

EMDR is a form of therapy developed by Dr Francine Shapiro in the 1980's. She had noticed that whilst remembering an unpleasant event in her own life, she could take control over the impact it had on her emotionally by a series of rapid eye movements.

In March 2005, the National Institute of Clinical Excellence (NICE) released their guidelines for the treatment of post traumatic stress disorder (PTSD) and EMDR was recommended for PTSD sufferers who were still symptomatic at least three months after the traumatic event.

<http://www.nice.org.uk/pdf/CG026NICEguideline.pdf>

This means that all health care professionals caring for a woman affected by postnatal PTSD should be aware of the guidelines and appropriate referrals can be made. There is a lengthy waiting list for EMDR on the National Health Service in most areas, this might be useful if you are on medication for your symptoms as it will allow them to start working properly prior to therapy. You may prefer to seek private therapists and start the therapy sooner. There is more about how to find a therapist at the end of this article.

What happens during treatment?

EMDR combines several therapeutic methods with eye movements or other forms of rhythmical stimulation, such as hand taps or sounds. The therapist will ask the client to consider three things:

1. A target – for example her memory of a traumatic labour.
2. A negative self belief – “I am a failure, I couldn't give birth naturally”
3. A positive self belief “I am a loyal friend and wife”

The therapist will ask the client to rate the beliefs as to how true they believe they are and also to rate the intensity of the physical emotions and sensations that they feel when recalling the traumatic event (usually on a 0-10 scale with 0 being untrue and 10 being totally accurate).



The client will then talk through their trauma whilst the therapist goes through a series of rapid eye movements (or taps) with them. The ratings are reviewed after each set of eye movements and upon completion of therapy the client is able to look back upon the trauma with none of the previous anxiety experienced.

The therapist will explain how to find a 'safe place' at the start of therapy so that if the client becomes stressed they can return to their place of safety (within their mind) and feel more relaxed and able to continue with the session again.

It is recommended that you plan a stress free day, if possible, on therapy days as you might feel a little wobbly emotionally for a few hours, particularly after the first few sessions.

How many sessions will I need?

NICE have recommended that PTSD due to a single event (such as a traumatic birth) will require between 8 and 12 sessions – each session is usually around 50 minutes long but may vary depending on your therapist and factors such as if you choose to talk in depth with your therapist about your trauma.

How do I know it will work?

As EMDR is a relatively new therapy there are very few studies to 'prove' its effectiveness, but this is taken from research carried out in the USA by Carlson, J., Chemtob, C.M., Rusnak, K., Hedlund, N.L., & Muraoka, M.Y. (1998).



helping people traumatised by childbirth

Eye Movement Desensitisation and Reprocessing (Cont'd)

Eye movement desensitization and reprocessing (EMDR): Treatment for combat-related post-traumatic stress disorder. Journal of Traumatic Stress, 11, 3-24.

Twelve sessions of EMDR eliminated post-traumatic stress disorder in 77% of the multiply traumatised combat veterans studied. Effects were maintained at follow-up. This is the only randomised study to provide a full course of treatment with combat veterans.

Sufferers of PTSD have reported feeling more relaxed within a few sessions of EMDR and unlike many other talking therapies, there is no need to go too in depth when discussing the traumatic event. The therapy involves you focussing on what happened rather than discussing how it left you feeling.

Finding a Therapist

If you are seeing a perinatal psychiatrist for your postnatal PTSD then they might be able to offer EMDR or refer you to a therapist within the NHS. Alternatively your GP might refer you.

If you choose to find a private EMDR therapist then you can refer to the EMDR association's list of registered therapists



<http://www.emdrassociation.org.uk/findatherapist.htm>

Or The British Association of Counsellors and psychotherapists
Tel: 0870 443 5252

British Association
for Counselling and
Psychotherapy
BACP House,
15 St John's Business Park,
Lutterworth,
Leicestershire LE17 4HB
United Kingdom



www.bacp.co.uk/seeking_therapist/index.html

As with all therapists it is important to check that your therapist is appropriately trained and accredited with a professional body. A qualified professional will never mind you checking these facts first.

Thanks to **Lisa Tanner** for submitting this article. To find out more about EMDR please contact Lisa at: lisatanner@tiscali.co.uk

Lisa is a qualified nurse with a diploma in counselling who had an extremely traumatic birth with her first daughter but then had three further and very positive birth experiences.

We're a Registered Charity!



On the 10th of August 2007, the Birth Trauma Association finally became a registered charity – Registration Number 1120531.

This will mean we are eligible to apply for a much wider range of fund raising trusts which should mean we can widen the scope of our work. Watch this space!

Focus-On Caesarean Toolkit

Earlier this year, the BTA were invited by the NHS Institute for Innovation and Improvement to contribute to the Focus-On Caesarean Toolkit.



The toolkit aims to assist maternity units in achieving lower caesarean section rates whilst maintaining safe outcomes for mothers and babies.

Working directly with maternity units across the country five key pathways were developed:

- First pregnancy and labour
- Vaginal birth after caesarean
- Elective caesarean section
- Organisational characteristics
- Top ten characteristics

The BTA gave comment when the toolkit was in draft format and subsequently attended the launch event in April 2007.

The toolkit provides units with, a self-assessment tool, action plans for improvement, tools to run workshops and a CDROM. The BTA were very grateful to be invited to participate in this project and we hope that by using the toolkits, units will be able to provide a much better birth experience all round by implementing best practice.

"If a woman has a traumatic birth, it doesn't automatically mean she wants a caesarean next time. With the correct models of care in place, a woman should be able to make an informed choice, supported by her healthcare professionals. For some women, this choice could form a major part of the healing process".

Julie Orford
Chair of the Birth Trauma Association

New BTA Website!

The BTA website has been re-designed and we hope it will be easier for you to find what you want. There is a new section aimed at fathers/partners and we've already had some birth stories sent in.

We've made it easier to find out where to get support on email and, in time, we hope to be able to add counsellors who specialise in Birth Trauma to the site.

We are also in the process of compiling a list of useful books to read. Once this is on the website, it will link directly through to Amazon. The BTA will make 5% commission on every item sold as a result of clicking through to Amazon from the site and all at no extra cost to yourself!



Please visit the site and have a good look around and if you have any comments or suggestions please contact Jules at:
Jules@birthtraumaassociation.org.uk

How to Buy a BTA Badge

Please show your support for the BTA and help us raise funds by purchasing one of our enamel badges.



Anyone who kindly donates **£2.50 or more** receives one of our stylish badges to show their support.

To make your donation, please visit:
www.birthtraumaassociation.org.uk/donate.htm

Big Lottery Fund Research Project

The Birth Trauma Association is planning to apply for research funding under the Big Lottery programme later in the year.



Big Lottery are looking for voluntary organisations to lead research so that the issues which service users feel are important are addressed.

There is a serious lack of research on the short and long term affects that traumatic birth has on women and their families.

We would like to make this the subject of our research and would like to hear your views and comments. We have had a very positive response from health care researchers who would like to collaborate with us – particularly from psychologists and psychiatrists. We will keep you updated!

Register of Trauma Specialists

The Register of Trauma Specialists (RTS) is a new website that promotes the services of trauma support workers and therapists with a special interest in assisting with Post Traumatic Stress Disorder (PTSD) and trauma related conditions and syndromes. All registered Trauma Specialists have agreed to abide by the RTS Code of Ethics and are bound by the RTS Complaints and Disciplinary procedures.



Find out more by visiting the website:
www.traumaregister.co.uk

Training for Midwives

Well done to **Emma Cuppini** for successfully completing the East Sussex Training for midwives. We received a letter from Awards for All, part of the National Lottery, acknowledging our successful completion of the project in April this year. We are grateful to all the health care professionals who contributed to the project and especially to Emma for leading the training so enthusiastically. Feedback so far has been extremely positive and we hope the programme can now be rolled out nationally.

Interested?

We are currently speaking to a number of hospitals who are interested in running the training course for staff. Please get in touch with us if you would like further details and costings.

NICE Guidelines Launch

Educational Launch Meeting:

**NICE Guideline Intrapartum Care:
Care of healthy women and their babies
during childbirth**

Friday 19th October 2007

Maureen Treadwell (BTA User representative on the NICE Intrapartum Care Guideline) will be speaking at the Royal College of Obstetricians and Gynaecologists on 19th October when the guideline is launched.

The guideline focuses on giving women good, unbiased information, choice of place of birth, pain relief, control over what happens to them in labour and emphasises the need for good communication. The challenge will be to ensure that what happens in practice, particularly with such a severe shortage of midwives, matches up to the guidance.

Your feedback is welcome!

Details of the launch event can be found here:
www.rcog.org.uk/index.asp?PageID=101&ConferenceID=300

Birth Second Time Around... How a Doula Can Help

The concept of the 'doula', originated in the USA where true midwives are rare. A doula (from Greek, meaning 'caregiver') is a woman experienced in giving emotional and practical support to a woman, and her partner, during and after childbirth. It is the doula's aim to enable a woman to have a satisfying and empowering experience of pregnancy, birth and early parenting.

What does a doula do?

Birth doulas are trained and experienced in childbirth. However, they are usually not medically qualified and are not a substitute for a midwife. The doula is employed by the parents-to-be: they are not part of the hospital medical team.

The doula will usually meet the parents at least once during the pregnancy and be present at the labour for as long as she is needed. She will also meet the new family afterwards.

Postnatal doulas work flexible hours to suit the family. They also offer emotional and practical support in the home. The doula can provide information and suggestions about caring for and feeding your baby. She can help with some household tasks and care of older children. They are not however a substitute for a cleaner or a nanny.

What are the advantages of having a birth doula?

A woman may choose to have a doula for her first birth because she doesn't know what to expect and wants the extra reassurance a doula can provide. However, many women decide to have a doula for a second or subsequent birth because their previous experience was

less than wonderful. As is well documented, it is not necessarily events during the birth which give rise to a bad experience, but the whether the woman felt she had any control over them, or had any role in making decisions. A doula will help the mother and her partner to ask the right questions and will also be able to give balanced information which might not be forthcoming from the medical team. Since the doula is employed by the mother, she is 'on her side' and does not have to conform to the hospital's protocols.

The doula will stay with the woman throughout the labour, whereas the midwife may be caring for more than one woman at a time. If the labour lasts more than a few hours, there will be at least one change of midwife in that time.

A doula's role is to also support the father/partner if they are present at the birth. She will be able to show them the best way to help, whether with comfort measures, massage or talking to the midwife. With a first baby, fathers/partners tend to be less informed than the labouring woman. With subsequent births, the father/partner may be anxious that a previous bad experience might be repeated. This anxiety is very likely to be caught by the mother (fear is contagious) and can affect how well she labours. A doula can help to provide a calm atmosphere.

Doulas can focus entirely on supporting the woman in labour whereas midwives and doctors are primarily trained to be alert to any problems that may arise and have less time to provide individualized care. Research shows that the continuous presence of an experienced woman, who is not the midwife, can reduce the likelihood of the mother needing:

- pharmacological pain relief (epidural, pethidine)
- forceps or ventouse
- caesarean

Furthermore, women who used a doula were more likely to:

- have a shorter labour
- be satisfied with their birth experience
- have less risk of postnatal depression
- bond easily with their baby

Birth Second Time Around... How a Doula Can Help (Cont'd)

How much does a doula cost?

Birth doulas generally charge an all-inclusive fee, from £150 to around £500. This will reflect the doula's level of experience or additional skills such as massage or reflexology.

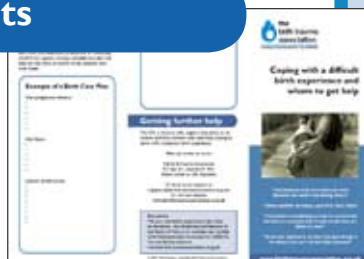
For further information visit:
www.doula.org.uk

Mothering the Mother, by Klaus, Kennell & Klaus, Perseus Books 1993

Thanks to Jackie Barrow, Antenatal Teacher and former doula, for submitting this article.

New BTA Leaflets

Our new leaflet is almost ready to print. It contains general advice on dealing with a disappointing/traumatic birth, details



of symptoms to look out for that might indicate developing PND or PTSD, background information on our work and an example birth plan for a subsequent pregnancy. It is hoped that the new leaflet will be handed out via hospitals, health visitors and GP surgeries.

We are still looking for sponsorship to cover the costs of printing the new leaflets, although we are hoping that there will be more opportunities open to us now that we are a registered charity. If you have any other ideas, **please let us know!**

NPEU Conference

The BTA took part in a very stimulating conference organised by the National Perinatal Epidemiology Unit at Aston University. Lots of ideas for future research were discussed. Psychological outcomes are being seen as a major focus at long last!

There was a great deal of discussion about the special needs of vulnerable groups and the BTA is in the process of applying to the Department of Health for a grant to help disadvantaged women.

Newsbites...

Study Investigating the Effect of ChildBirth Trauma - Jane McCartney is conducting a study into Birth Trauma and PTSD, find out more on the BTA website (Ends Jan08).

BTA Website Visitors

The Birth Trauma Association website continues to thrive with well over 8,000 unique visitors every month. The most popular areas of the website remain consistent:

- Birth Stories
- What is Birth Trauma?
- Help For Parents
- Who are We
- BTA Publications

During March 2007, due to some publicity on The Times Online, the total number of unique website visitors went up to **9,392!**

Newsbites...

Thanks to **Joanne Wren**, an experienced Clinical Hypnotherapist and Thought Field Therapy Practitioner, who offered FREE 20 minute consultations throughout Birth Trauma Awareness Day on 18th August 2007.
www.conceptionandbirth.com