Message from the Chair

Well, sleepless nights are upon me again. I gave birth to a beautiful baby girl in November and I’m pleased to say I had an extremely positive birth this time round.

It wasn’t an easy road getting there. After two miscarriages and an awful haemorrhage at 14 weeks, due to a low lying placenta, the worry of just getting through each stage of pregnancy kept my mind off the birth. However, at 34 weeks, after a scan showed my placenta had moved, the reality of having to go through birth again really hit me hard. I just wanted to have a healthy, undamaged baby. I couldn’t bear the thought of something going wrong, of having to go through another horrible forceps delivery and dealing with the mental and physical trauma afterwards.

I had wonderful support, from my midwife and obstetrician, and was able to agree a birth plan that put my mind at ease and one that didn’t involve an instrumental delivery. As it turned out, I had a very short 3.5hr labour at 40+5wks and gave birth to a healthy 8lb 15oz baby girl in the early hours of the morning. My midwife was amazing, supporting me throughout, allowing my instincts to take over and to get in a position I felt comfortable to birth in, not flat out on my back, strapped to a bed for hours on end. When my baby was born, after half an hour of pushing, I was in such a good position I was even able to cut her umbilical cord myself, something that still brings a smile to my face even now.

It was a totally different experience this time round and I can’t thank my midwife enough for all her support through three pregnancies, the birth and also afterwards, her help with establishing breast feeding. It made me realise how ill I actually was last time and how long it took me to recover, but has finally helped me to put a few more of those ‘demons to bed’.

Take Care

Jules - jules@birthtraumaassociation.org.uk

PS. Keep a look out in Pregnancy and Birth Magazine in the summer months, myself and my baby girl will be appearing in the magazine for a feature entitled ‘I never thought I’d...have a positive birth experience’ to highlight the work of the BTA.
**Perineal Trauma: Time to rethink practice?**

**BTA one-day conference**

The BTA delivered its one day conference on perineal trauma to a packed audience at the ICO Conference Centre in London on November 4th 2009. Psychologist Dr Susan Ayers talked about the psychological impact of trauma, obstetricians Michael Heard, Paul Wood and colorectal surgeon Professor Phillips discussed the complications of perineal trauma and its effect on subsequent pregnancies – illustrated by rather graphic and shocking slides in some cases!

A BTA volunteer, Claire, gave a heart rending account of how perineal trauma had impacted her life. ‘I only went in to have a baby’ said Claire. She ended up with faecal incontinence, a colostomy and finally, after numerous operations, a stroke.

Debra Kroll gave the midwife’s perspective and Gill Stratford, a consultant psychiatrist, talked about the impact of trauma on the sex lives of couples. ‘One of the questions we normally ask is how often our clients are having sex. It is almost a pointless question where there is severe perineal trauma – sex lives are non-existent’.

Alison Eddy, an obstetric litigation lawyer, asked the audience – mainly midwives – how many of them talked to women about perineal trauma. Not a single hand went up. Alison questioned whether anyone felt this represented a failure to provide women with adequate information and a lively debate later ensued.

Our West Midlands BTA representative, Debbie Linster-Ali, stilled the audience with her moving account of how she had lost her baby Jacob. Debbie’s heartfelt call for healthcare professionals to focus more on achieving the best outcome for the mother and baby will be something all who attended the conference will remember for a very long time.

Thanks were expressed to Irwin Mitchell for their support and sponsorship of this event.

www.irwinmitchell.com

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**NICE Revision of Caesarean Guidelines**

The National Institute for Health and Clinical Excellence (NICE), is planning to revise its much criticised Caesarean guideline. Its scoping workshop was held in its London head office on the 25th of January 2010. Disappointingly, it seemed that there was insufficient money to revise the whole guideline.

BTA representative Maureen Treadwell attended. ‘The important thing is that people get accurate information and that women’s choices are respected. A great deal of the data in the 2004 guideline is very out of date. The government is very focused on getting the caesarean rate down because of the perceived financial cost but it seems to be missing the point. The health service should be about securing the best emotional and physical outcome for the mother and baby. The caesareans it should be avoiding are the ones that women do not want. It should not be forcing women who know they have obstetric problems to give birth vaginally against their will. Nor should it be forcing women with severe tokophobia to endure a vaginal delivery given that we know the outcomes can be psychologically devastating’.

If anyone would like to help with comments, please contact: enquiries@birthtraumaassociation.org.uk

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**Reducing stillbirth and dealing with the aftermath**

A free BTA one-day conference aimed at medical and health professionals.

This conference will discuss the physical and psychological trauma women may suffer following a stillbirth and consider changes in medical practice to reduce the occurrence of stillbirth in the future.

**Date:** Thursday 13th May 2010  
**Time:** 9.30am to 4.00pm  
**Venue:** Edgbaston Priory Club, Sir Harry’s Road, Edgbaston, Birmingham, B15 2UZ

Speakers include: Gerry Jarvis, Consultant Obstetrics & Gynaecology, Heather Greenway, Senior Clinical Midwife, Sam Collinge, Bereavement Support Midwife, Chess Denman, Psychiatrist, Julie Lewis, Solicitor, Irwin Mitchell Solicitors and Deborah Linster-Ali, giving a mother’s perspective on stillbirth.

For further details and how to book, please see our website: www.birthtraumaassociation.org.uk
Congratulations to BTA Committee member, Rebecca Dickinson on the ‘positive’ birth of her daughter in January weighing 8lb 6oz!

Michelle Johnson will be running the Silverstone Half Marathon and also the London Marathon this year to raise funds for the BTA!

Michelle gave birth to her second daughter in February 2009. It was an horrific birth that nearly resulted in Michelle losing her life. Michelle has struggled to come to terms with this over the past year but has found the Birth Trauma Association website very helpful.

“It has made me realise that it’s ok to feel traumatised and that I am not alone. I am not fully recovered emotionally or physically, but I feel that I need to do something positive, which is why I have decided to run the Silverstone Half marathon on the 14th March and the Virgin London Marathon on the 25th April, to help raise awareness and also much needed funds for the Birth Trauma Association.

Please help by sponsoring me, there are too many women suffering from Post Traumatic Stress Disorder after birth and not a lot of information available about it. Why should we suffer when it should be the happiest times of our lives?”

This is a fantastic feat to take on and we are all very grateful to Michelle for choosing to run for our charity, especially so soon after giving birth!

Please support Michelle today by sponsoring her via JustGiving at:

www.justgiving.com/Michelle-Johnson0

As part of its Comic Relief grant, the BTA is pulling together resources on Perinatal mental health on its new website. The aim of the site is to draw attention to deficits in perinatal mental health care and to press for improvements. We need more volunteers to develop resources and advertise the site: www.perinatalmentalhealth.org.uk

If you would like to help or comment, please contact: enquiries@birthtraumaassociation.org.uk

Westminster Health Forum

The BTA sent a representative to the Westminster Health Forum keynote seminar entitled ‘Maternity Matters and the future of maternity care’ on Tuesday 9th March 2010.

Speakers at the forum included Jane Verity, Head of Maternity, Early Years and Child Health Promotion Programme, Department of Health, Andrea Holder, Strategy Manager, Children and Maternity Services, Care Quality Commission and Suzanne Cunningham, Clinical Director for Maternity & Newborn, South Central Strategic Health Authority (SHA).

There were many interesting discussions held during the morning including, reducing ‘unacceptable’ C-Section rates, how women with disabilities who are pregnant are treated in early pregnancy, the role fathers can play in supporting women to give up smoking/continue with breast feeding and how overworked midwives need more support from midwifery assistants. A lot of the presentation slides were skimmed over rather quickly, which was unfortunate as they were not available in the handouts on the day.

However, the presentation showing high percentages that Maternity Matters had reached for each of the agreed ‘choice’ targets set for the end of 2009 was challenged as ‘inaccurate spin’, a huge show of hands in the room also agreed.

www.birthtraumaassociation.org.uk
Getting Involved with MSLCs

Would you like to become involved in influencing Maternity Practice? (as a lay person...)

MSLCs (Maternity Service Liaison Committees) are a forum for maternity service users, providers and commissioners of maternity services, to come together to design services that meet the needs of local women.

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 MSLCs. Most of our Committee members hold places on their local MSLC, with others currently applying. One member has also recently taken over as Chair of their group.

MSLC meetings discuss maternity services as a whole, not just labour and delivery. Information leaflets, labour ward stats, breast feeding support, user surveys, midwifery staffing levels and redecorating labour rooms to have a more ‘home from home’ feel, are all examples of topics that could be discussed at a meeting.

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

More about MSLCs and their work can also be found on the national website: http://old.csip.org.uk/~mslc