

What is Post Natal PTSD?

After a traumatic birth, a woman may develop symptoms of **Post Natal PTSD** (PN PTSD). This is the name for a normal set of reactions to a traumatic, scary or bad experience. Women suffering from PN PTSD symptoms may avoid triggers which remind them of the birth. For example, this could include hospital appointments or watching a birth scene on TV.

For some women, this avoidance can result in missed appointments for themselves or their babies, contributing to the distress they already feel.

The re-experiencing of the event with flashbacks or intrusive thoughts along with anxiety and fear are beyond the sufferer's control. They are simply the mind's way of trying to make sense of an extremely scary experience and are not a sign of individual 'weakness' or inability to cope.

What are the symptoms of Post Natal PTSD?

Symptoms to watch out for could include:

- Re-experiencing the trauma through images, dreams and flashbacks of the event, or experiencing intrusive thoughts about the birth which feel as if they are playing again and again in the mind
- Difficulty remembering parts of the birth
- Numbed emotions
- Problems bonding with the baby
- Depressive or irritable, angry mood swings
- Difficulty concentrating
- Problems with breastfeeding
- Feelings of inadequacy
- Fear that previous events will recur with similar, if not worse, outcomes
- Fear of becoming pregnant again

Where can I get help if I think this is me?

If you're having trouble getting over your birth experience, please remember, you are not alone. The BTA is there to offer support and advice to anyone who needs help coming to terms with a traumatic birth experience.

You should also talk to your GP, midwife or health visitor about how you feel. Awareness of this problem varies enormously, so if you don't feel that your health professional understands, please show them our leaflet or contact us for more advice.

web: www.birthtraumaassociation.org.uk
email: support@birthtraumaassociation.org.uk
post: The Birth Trauma Association
PO Box 671
Ipswich
IP1 9AT
(Please include an SAE if possible)

Facebook Group

We also have a closed group on Facebook. You can request to join by searching for 'Birth Trauma Association'.

Donations

We are a charitable organisation that relies on donations. Any donations/contributions to our funds will help us to continue our valuable work helping families traumatised during childbirth. You can donate online at: www.birthtraumaassociation.org.uk

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Coping with a difficult birth experience and where to get help

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"I had flashbacks of the final delivery for weeks afterwards and couldn't stop thinking about it"

"I blame myself for not having a good birth, I feel a failure"

"I had problems breastfeeding my baby, I'm convinced this was down to a traumatic birth, it made me feel more of a failure as a mum"

"No one ever explained to me what I had gone through in the delivery room and I still don't fully understand"

About the Birth Trauma Association

The **Birth Trauma Association** (BTA) was established in 2004 to support families who have been traumatised during childbirth. We are not trained counsellors, therapists or medical professionals. We are parents who wish to support other parents who have suffered and/or witnessed traumatic births. The BTA is the only organisation in the UK which deals solely and specifically with this issue. Our work is focused on three main areas:

- (1) Raising awareness of birth trauma
- (2) Working to prevent it
- (3) Supporting families in need

What is Birth Trauma?

It is estimated that in the UK alone, 10,000 women a year develop Post Traumatic Stress Disorder (PTSD) and as many as 200,000 feel traumatised by childbirth, and go on to develop some of the symptoms of PTSD.

Examples of a traumatic birth could include:

- Lengthy labour or short and very painful labour
- Induction
- Instrumental delivery – ventouse and/or forceps
- Emergency Caesarean section
- Poor pain relief
- Feelings of loss of control
- Feeling unsupported by staff, or as if staff were hostile
- Fear of death or permanent damage
- Birth of a damaged baby (a disability resulting from birth trauma)
- Baby's stay in SCBU/NICU

Isn't this Post Natal Depression (PND)?

No. PTSD can overlap with Post Natal Depression (PND) as some of the symptoms are the same, but the two illnesses are distinct and need to be treated individually.

Around 50% of women who experience PN PTSD also experience PND because the symptoms of PN PTSD can lead to depression. The main defining difference between the two is that PN PTSD is characterised by the reliving symptoms such as flashbacks, intrusive thoughts or dreams.

How is PN PTSD* treated?

PN PTSD is best treated by psychotherapy. There are a number of different types of psychotherapy available:

- **Counselling** provides a supportive environment for you to talk through your problems.
- **Cognitive Behavioural Therapy (CBT)** can help you to change how you think. Instead of focusing on the causes of your distress or symptoms in the past, it looks for ways to improve your state of mind now. It usually involves 8 to 12 sessions of up to an hour, over the course of two or three months.
- **Medication** can also help in some cases, in the form of selective serotonin reuptake inhibitors (SSRIs). These are also used as anti-depressants.

* PN PTSD is now also referred to as PTSD FC (PTSD Following Childbirth)

Should I Risk Another Pregnancy?

Many women are scared of getting pregnant again after a traumatic experience. A fear of childbirth is called 'tokophobia'. It is important to talk through your fears with your healthcare professional. Going through your medical notes may help you to piece together missing information.

I'm pregnant again and feeling scared, what can I do?

It may help you to write down your fears and discuss them with your midwife during the antenatal period, **around 20 weeks** of pregnancy or sooner.

In some areas of the country, it may also be possible to request referral to see a perinatal psychologist, who can support you through your pregnancy and teach you coping techniques.

Talking to your midwife will enable you to work through your fears and discuss other options that may be open to you that you had perhaps not considered before. An example is shown below:

My pregnancy history

- My contractions slowed down during a long labour and I was put onto a Syntocinon drip.
- I had an epidural that did not work and the anaesthetist was not recalled.
- Our son was delivered very rapidly by forceps after his heart rate suddenly dropped down to 40bpm and did not recover.
- I had no pain relief for the final delivery, an episiotomy requiring 31 stitches and a lot of blood was lost. Our son weighed 9lb and was born with a misshapen head and a huge black eye.

My fears

- I am terrified of something going wrong and of something happening to our baby.
- I am scared about suffering the same physical pain I had for months afterwards.
- I am worried I will not cope during labour and will start having flashbacks again.
- I am very concerned I will need physio treatment to get me 'back to normal' again.
- I am worried my partner will not be able to face seeing me in pain again.

After talking through your fears and the options available, you should then be able to work through a birth plan with your midwife.

Birth Plan Discussion

Labour and birth can be unpredictable. Having a birth plan and talking through your fears may help you to feel more empowered and in control.

Your birth plan needs to be safe for you and your baby so ensure you speak to your midwife **at least 4-6 weeks before your estimated due date** about your plans for labour and birth.

An Example Birth Plan Discussion:

"I want everyone involved in my care to read through and understand my birth plan"

Midwife Comment: Discuss your plan antenatally and on admission, inform midwives/ doctors of your personal plan and let them know that it has been discussed with your midwife before labour.

"If I go past my due date, I don't want to be induced"

Midwife Comment: If post dates, a plan of care must be put into place to ensure your baby remains healthy and you are aware of any risks. Look into alternatives such as reflexology and acupuncture.

"During labour, I do not want to be confined to the bed on my back again (lithotomy position)"

Midwife Comment: Find out about active birth workshops in your area. Discuss the reasons for mobility in labour and alternative positions. This could help you feel more empowered and in control during labour.

"If labour progresses slowly or stops I do not want to be put on a Syntocinon drip"

Midwife Comment: If labour slows/stops, what would you like to happen? Perhaps adequate pain relief prior to starting Syntocinon, if required. Discuss the importance of energy for labour - diet, fluids etc. which will assist with good uterine activity, this may then prevent it happening in the first place.

"I want all requests for pain relief to be respected and acted upon quickly"

Midwife Comment: Ensure you are aware of the different pain relief options available to you. If you think you may want an epidural, choose a unit which has a 24-hour epidural service. An epidural should provide effective pain relief but if it doesn't, ask the midwife to recall the anaesthetist.

"I do not want an instrumental delivery, if things start to go wrong again, I would like to have a C-Section"

Midwife Comment: It is important you discuss this in the Antenatal Clinic with a Consultant and go through the options open to you. Inform them of your wishes and that you do not want this kind of delivery again.