

One in three women find some aspect of their birth traumatic. This might be related to one or more events that happen before, during or after birth. It might be feeling out of control, fearful or powerless or fearing she or her baby was at risk. Partners, medical staff, friends and family members may also have symptoms of trauma. The crucial element is that, at some point, the person felt that they or a loved one was unsafe.

Those from marginalised groups such as BAME women, those in same sex relationships, with learning or physical disabilities & migrant women may face additional difficulties too. There are other factors before, during and after birth that might increase the risk of symptoms of trauma. You can read more about this in the MBB Training Manual.

A woman or her partner might be affected by these events for a day, a week, a month or even years. These symptoms can cause significant distress and affect the individual, their ability to be a parent and the relationship with their baby, partner, family and friends.

Birth trauma does not equal PTSD. One can be severely traumatised by birth but not have all the symptoms required to make a formal diagnosis of PTSD.

Birth trauma can cause depressive symptoms but it is not the same as postnatal depression. If a person's birth trauma is mislabelled as depression in the early weeks after birth, they may miss out on opportunities to access evidence-based trauma-focused psychological therapies and may develop unhelpful coping strategies that can contribute to the longer-term maintenance of the trauma symptoms.

The DSM-V (2013) has updated the diagnostic criteria for PTSD, and there are several simple screening and assessment tools that can be used to identify symptoms of post-traumatic stress including PTSD in a perinatal population.

FURTHER READING

- Ayers, S. & Ford, E. (2016) Posttraumatic Stress During Pregnancy and the Postpartum Period. In: A. Wenzel (ed.) The Oxford Handbook of Perinatal Psychology. Oxford: Oxford University Press.
- Beck CT. (2004). Post-traumatic stress disorder due to childbirth: The aftermath. Nursing Research, 53, 216–224.
- Blog by Clinical Psychologist Georgina Clifford <http://www.babysleeprescue.co.uk/blog/item/are-you-still-dealing-with-your-birthing-experience>.
- NICE PTSD NG116 Dec 2018

KEY POINTS

The person's own perception of events is key: 'on paper' obstetrically straightforward deliveries may be experienced as traumatic. The meaning that was created during the traumatic event or events is the most crucial aspect.

An experience is considered to be 'traumatic' in psychological terms if thinking or talking about it evokes distress and fear in the person to whom it happened.

It is not necessary - and sometimes ill-advised - to hear the full birth story during an assessment. Instead focus on the symptoms that are remaining.

Get to know the symptoms of PTSD and trauma. You can learn more about this on the webinar on our website

Fathers and partners can also experience post-traumatic stress responses in the aftermath of a difficult birth as can the professionals that were in the room during birth.

For many, birth trauma will unfortunately not be the first traumatic experience in their lives. Their historical context has important implications for how care providers understand and respond to their psychological needs

The way we treat people after a traumatic event has a significant impact on their recovery and on whether or not they go on to develop full-blown PTSD. Validation and support really do make a positive difference to outcomes.

WHAT CAN I DO RIGHT NOW?

- Don't assume that a new parent is 'just' depressed. Ask gently and routinely about people's experiences of birth, remembering that their own perception of trauma is what matters.
- [Take a whole-family approach to assessing for birth trauma.](#)
- Consider using a dedicated and validated questionnaire to screen for perinatal trauma, such as the City Birth Trauma Scale (Ayers et al., 2018)
- [Validate a person's distress about birth: avoid phrases that dismiss the value of their experience, such as "at least you have a healthy baby". Never forget the power of listening.](#)
- Signpost to specialist birth trauma support services and resources (Birth Trauma Association, Make Birth Better, NHS evidence-based psychological therapies teams).