

Trauma and Emotional Distress in Childbirth

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Introduction

- A note on language
 - Gender
- Early findings

Causes of Distress in Childbirth

- Literature reviewed
 - 83 journal articles
 - 2 doctoral dissertation
 - 5 chapters from edited books
 - 3 books
 - nursing, psychology, feminist studies, anthropology (including subspecialties and overlap)
- Social Work

Consequences

- 58/83 papers trauma/PTSD or other diagnosis as focus
- 33 – 50% self-reported trauma reduced to 1.5 to 5.6% PTSD diagnosis
- CB as traumatic (problematic) only if PTSD diagnosis
- Diagnosis-specific visibility means women's distress is erased and ignored
 - An important social issue is made invisible
 - Individual needs are not met
 - Interventions are not happening

My Research

- What are individuals' experiences of distress in childbirth?
- Feminist narrative inquiry and analysis
- Currently 12 participants (recruiting ongoing)
- Criteria:
 - Given birth in the last year
 - At least 16 years old
 - Speak/understand English

Findings

POLARITIES

Polarities

- Emotions/Suffering as diagnostic vs. normal
- Childbirth as routine vs. exceptional
- Decision making
 - Interventions vs. no interventions
 - Not enough input vs. too much input
 - Overvaluing vs. ignoring women's knowledge

Polarities

EMOTIONS AS DIAGNOSTIC VS. NORMAL

Pathological/Diagnostic vs. Normal

“And then of course, cause, do you pathologize crying?

At what point do we say this is something else and we put a label on it?

And I remember kind of going through my head everyday thinking, ‘do I need to seek help for this?’

And I remember the nurse saying to me, you know, ‘Do you think it is post-partum?’

Well, I don't know.

I don't know if it is post-partum.

‘Well, do you have thoughts of suicide?’

‘No, not sitting here, you know, thinking about suicide but I can see how people get to that place.’

So you start to conceptualize things totally differently.” ~Mavis

Polarities

ROUTINE VS. EXCEPTIONAL

Routine vs. Exceptional

“And I know that when you do something every day, it becomes normal to you but like, I would *never* go in to a client where I was euthanizing their animal....

And be like, ‘Oh get over it, I do this every day...

You are so glad that my kid made the soccer team today.’

I would never even *dream* of...

because it is part of their family and they are saying goodbye and it is like, just because it is something I go through every day and have to deal with,

it doesn't make it any less important.

You’ve chosen, you’ve chosen a profession where this is what you are doing.” ~Rachel

Polarities

DECISION MAKING

Interventions vs. No Interventions

“Basically because I didn't know, well which one is better.

I am really stuck going, ‘Well what is better for me and my babies?’

Because one doctor says this and then one doctor says something completely different.” ~Sally

Interventions vs. No Interventions

“That was my first feeling of sort of helplessness because here is a professional, a specialist, telling you, you know, ‘I don't like what I am seeing’ and the plan you had in place, the plan you were kind of hoping for is no longer going to be the plan you were, you know, anticipating.

You just start to feel like, I just started to feel like I needed to take their word for it, that I had no kind of option in it and it just became very medicalized very quickly.

So that meant she wanted to do an induction to get things rolling which really kind of terrified me to be honest.

That was sort of my last hope was to have an induction.”

~Mavis

No Input vs. Too Much Input

“I definitely would have preferred for her to have explained to me the pros and cons and why all of a sudden it was being changed...

She did explain to me afterwards but it was never, ‘What would you prefer?’, or ‘This is why I feel this way as a doctor, this is my medical experience as a doctor.’ It was never explained to me.

Some consultation with me would have been very nice to have, you know,

‘Here are the following reason why, here are the risks of having the C-section, here are the risks of having the vaginal birth’ kind of thing.” ~Sally

No Input vs. Too Much Input

“I knew something was wrong because with my first delivery there was something more wrong and I knew by the way they were moving around that there was something going on. [...]

and she did say after she was like,

“I am glad I asked you, you made a really good call because if I didn't suction him out the way I did, I don't know what would have happened.”

The shoulder was clearly stuck.

So she was like, “I am glad that you made that decision.”

So I was happy about that but then again I was like, ‘Wasn't that her call to make?’” ~Nella

Ignoring vs. Overvaluing Women's Knowledge

“They said, ‘You could stay here a bit longer and we could monitor you or you can go home,

you can decide what you would like to do.’

That sent off a little bit of warning bells to me

because I don't like it when they tell you, ‘you can decide what you want to do’

because I didn't really know what I wanted to do.

I was like, ‘Okay well, if you are thinking it is okay and everything looks good then we will just go home’”

~Carrie

Ignoring vs. Overvaluing Women's Knowledge

“So Saturday morning I went in to [Town A] and the nurse was, she was wretched to me and mom even thought, ‘She's awful’.

She said, she's like, ‘Yeah, but you are only 1 cm dilated, so you are not *technically* in labor.’

So by this point I had been contracting for, can I swear on this? [...]

I don't give a **shit** what your definition of labour is, I am like ‘This is friggin' laborious!

I have been up, **contracting**, for the last 12 hours!’

So I thought ‘Who are you to tell me that I am not in labour?’

She was just like, ‘Go home’,

and I was like, ‘It is fine if you send me home but you don't have to be such a’... you know,

Anyway, she was not nice.” ~Charlie

Responses

Women were asked:

“What advice to you have for social workers, and for those caring for, or providing services to women during childbirth?”

What is Helpful

- Recognize childbirth as a normal life event that can be emotionally traumatic & distressing, overwhelming, and difficult
- Provide women with the opportunity to “debrief”, talk about their CB experiences without minimizing their distress
- Recognize that the woman giving birth is (also) deserving of care

A Complex Normal Life Event

“Yes, something will happen, something will go wrong
but there will be a surprise.

There will be things you don't expect, you can't prepare for everything
but you kind of don't want to, you know.

Because if it was text book, it would be underwhelming...

‘Yeah, I went in there and phase one, phase two...’

Nobody says that, right?

‘I went in and it happened just how I thought it would.’

Yes, that would be kind of boring.

‘I guess I have a baby now, okay.

Yeah, I guess I will go home’[...]

Then you don't have a story.

You will be surprised, it will add to your story.

It might be an awful story

but then you can bond with people.” ~Rachel

Someone To Talk To

“I think it would have been fantastic if the social workers at the hospital made contact with the mothers, with that idea of like ‘here are some of the supports in the community’

And even just to say like, ‘How are you feeling’, you know, ‘You are going home tomorrow, are you feeling prepared for that?’

Because the nursing staff is just like, ‘Okay, your stitches are good, you are good to go, you are good to go.’

But there was no check-in mentally...

And I think too if someone had of came in to my house, like the nurses did,

but came in and helped me make sense of some of those emotions in a way that was more, narrative based,

I might have made connections sooner and said, ‘Do I need to get help or do I not need to get help, is this the kind of help that I need?’

Just having someone objectively help me work through some of these things.” ~Mavis

The Woman is (also) Deserving of Care

“They don't provide anything, pads, nothing, and [hospital A] provides everything and I had some stuff but I needed pads, I didn't have any pads and they were like, ‘There is a Lawton’s.’

This was a weekend and because... there is a little shop there but it was closed on the weekend.

‘Well, there is a Lawton’s, you can go get pads.’

I was like, ‘I just need some until tomorrow until my husband came’, like ‘get me some.’

It was like, I asked them to put the pad on for me and it was such a hard.

She gives me three and threw them at me.

I am like, ‘*thank you very much.*’” ~ Sarah George

Suggestions from the Stories

- Critique the ‘medical/diagnostic’ and the ‘natural’ models as incomplete
 - Suggestions in literature tend to reinforce polarities
 - Synthesis between apparent polarities
- Informed consent
 - True input into *shared* decision making
- Postpartum support
 - Opportunity to talk about birth experience, have questions answered

“I ran into this woman a week before I gave birth, I was huge and I was going to pick up groceries and she saw me and she said, “Oh any day now eh?” and I was like, “I was due yesterday we are just seeing what happens” and tried to make light of it. And she said, “Well, don't worry about it, it's going to be fine”. And I said, “How do you know? You don't know that. I might have a really awful birth, you don't know that. How do you know it is going to be fine?”...

She sort of thought about it, she has had three kids, they are all grown and she sort of thinks, she said, “Well, it will be whatever it is, you will get through it and you will have a baby”. That was the best piece I have ever got, it stayed with me. The rest of the week and all the way during birth, I had her voice in my head, it's like “It will be whatever it is, you will get through it and you will have a baby.” And that is all anyone needs to know, you will get through it. I guess some people don't, but most people do, most people get through it and then most people have a baby.” ~Rachel

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