

Disclosure Statement

This presenter has no relevant financial relationships to disclose. There are no relevant financial relationships with ineligible companies for those involved with the ability to control content of this activity.

Understanding Childbirth-Related Maternal Trauma to Address Systemic Issues

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“Giving birth becomes traumatic for mothers when they become so distressed about the care provide, even fearing for the safety of their baby or themselves, that they can no longer cope.”

Harris and Ayers, 2012

Up to

45%

of women rate
childbirth as
traumatic ²

Childbirth Impacts:

- Birthing mother's sense of self ³
- Physical and mental health ^{4, 5, 6}
- Family wellbeing ³
- Decisions to have more children ^{7, 8}

Responses and symptoms associated with traumatic childbirth:

Distress, spontaneous crying,
unwanted memories, nightmares,
fear, emotional detachment, guilt,
anger, grief, somatization and
shame ^{7, 4}

Four Key Findings



Childbirth-Related Maternal
Trauma in the Hospital Setting

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1.) RELATIONSHIP:
Strongest predictor of
PTSD ¹

Medical providers attitudes
and behaviors are more
predictive than assisted or
surgical birth or
complications with baby ¹⁰

If the birthing mother:

- Felt informed, safe, supported and respected: ⁵
- Experienced loss of control, loss of dignity, or negative or dehumanizing interactions: ¹⁰

Able to trust and tolerate the unpredictability of labor, birth, and the postpartum period ¹¹

Four-times more likely to develop post traumatic stress disorder (PTSD) ¹

Reducing trauma through relationship can be achieved by:

Practicing respectful mother-baby care ¹²

Establishing and maintaining trust ¹⁴

Supporting the mental health and wellbeing of medical staff ¹⁵

2.) PAST TRAUMA:
Increased risk of
CBRMT ⁴

Significant number
of birthing mothers
with a history of
trauma ¹⁶

Current Psychological Understanding of Trauma 17, 18, 19

Big 'T' Trauma

- Acute survival response
- Life threatening, serious threat to physical or emotional integrity
- Decreases prefrontal function
- Problematic when not processed and integrated

Little 't' trauma

- Chronic survival response
- Physical or psychological needs not being met
- No overt harm
- Disconnect from Self

- ACEs Study Findings in General Public: ¹⁶
- Department of Veteran Affairs found: ²⁰
- In a study of multiparous participants: ²¹

61% at least one ACE

Almost one in six with 4 or more, with BIPOC, women at higher risk

One in three women have been the victim of sexual assault

Lifetime prevalence of one or more traumatic events was 83%.

“For mothers who have experienced trauma, the loss of control and dignity, and the absence or failure of a trusting relationships in maternity care can be experienced as re-enactment of trauma.”

Montgomery, 2013

Mothers with a history of trauma could benefit from:

Trauma-informed care models ²²

Doula support ^{24, 25}

Perinatal screening ²⁵

3.) REACTIVATION
of past sexual trauma

Aspects of childbirth
in US hospitals share
similarities to sexual
assault ²⁶

Sexual assault is defined as:

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- Touching or penetrating the body without consent
- The use of coercion, intimidation, force, or manipulation to get a victim to comply

Vaginal check, membrane sweeps, episiotomies, touching breasts, etc without knowledge or informed consent 1, 2, 4, 7, 27,

Medical providers standing above the birthing mother while wanting her to comply with interventions 7

Unknown staff entering when exposed, nude, or being examined

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Researchers Rodrigues et al termed obstetric procedures done without consent:

“Obstetric Assault”

To decrease
CBRMT and re-
traumatization

Respectful
communication
4, 12, 13

Dynamic
consent 4, 7, 9

Humane
obstetric care 3

3.) WORSENING
Maternal Morbidity
and Mortality Rates ^{29,}
_{30, 32}

The *Medical Model* and
reliance on
technology does not
improve childbirth
outcomes ^{24, 31}

“As displayed in the poor maternal outcomes in the United States, childbirth does not fit into the traditional hospital framework of a medical and technocratic model for patient care.”

Kirkland, 2021

Childbirth-
Related
Maternal
Trauma
is not a
mother or
birthing
person
failing to:

4, 24, 34

Prepare

Advocate

Utilize coping skills

- Severe maternal morbidity increased by approximately 20% in the U.S. from 1993-2014 and continues to rise ³²
- 31.9% of deliveries are occurring by Cesarean section in US ³³
- Gender discrimination and structural racism continue to impact outcomes ^{24, 34}
- Black women have the highest PRMR ³²



Systemic
change is
needed^{25, 30}

Incorporate
reproductive justice
framework in clinical
trainings

More comprehensive
and culturally
appropriate maternal
care

Greater reliance on
birth centers,
midwifery care, and
use of doulas

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