



Counseling and  
Consulting, LLC®

## When Birth is Traumatic

by Cynthia Good Mojab, MS, IBCLC, RLC, CATSM  
www.lifecirclecc.com • 503-615-0845

A woman's experience of birth can range anywhere on a spectrum from joyous, challenging, and empowering to terrifying, overwhelming, and devastating. Trauma is subjective: what one person experiences as traumatic, another may not. Humanly speaking, if a mother feels her birth experience was traumatic, it was. Clinically speaking, if a mother experienced intense fear, helplessness, and/or horror in response to an actual or perceived threat to her or her baby's life, serious injury to her or her baby, threat to her or her baby's physical integrity, or her baby's death during birth, then birth has been traumatic for her.<sup>1</sup> Serious maternal and infant injuries and threats to integrity include or may result from episiotomy, c-section, vacuum extraction, the use of forceps, pelvic examinations, internal monitoring, and external version.<sup>2</sup>

The risk of a traumatic birth increases when a birthing woman experiences severe pain; feelings of loss of control; a more negative birth experience than expected; negative emotions; dissociation (e.g., an "out-of-body" experience); unsafe medical care; inadequate emotional support from medical staff and labor companions; long, difficult or complicated labor; negative birth outcomes, such as prematurity and stillbirth; others valuing birth outcome more than birth experience; or instrumental and operative procedures, especially emergency c-section.<sup>2</sup> Mothers are also more likely to experience a traumatic birth if they have a history of psychiatric disorders such as posttraumatic stress disorder (PTSD) and depression or have experienced traumatic events in the past, such as domestic violence, sexual abuse, and sexual assault.<sup>2</sup>

A traumatic birth experience may result in traumatic stress reactions, postpartum depression, grief, or some combination of these. Symptoms of traumatic stress after childbirth include repeatedly re-experiencing the labor and birth through intrusive thoughts, nightmares and flashbacks; persistently avoiding people or things associated with the birth, such as the baby, the birth location, and health care providers who attended the birth; a sense of emotional numbness, such as an absence of feelings of attachment to the baby; and persistent symptoms of increased arousal, such as insomnia and anxiety for the safety of the baby.<sup>1,2</sup> If these symptoms last for more than four weeks and result in significant distress and impairment of functioning, the criteria for PTSD may be met.<sup>1</sup> If symptoms occur within four weeks of the birth and last between two days and four weeks, the criteria for acute stress disorder (ASD) may be met.<sup>1</sup> Symptoms of depression include a decreased interest in normal activities, irritability and anger, sleep disturbances, difficulty concentrating, and thoughts of death.<sup>1</sup> These symptoms overlap with those of traumatic stress reactions. Symptoms of depression also include persistent sadness, changes in appetite and weight, psychomotor retardation or agitation, loss of energy or fatigue, and feelings of worthlessness or excessive guilt.<sup>1</sup> Symptoms of grief after traumatic childbirth are similar to those of depression, including sadness, anger, and guilt.<sup>3</sup> Impaired maternal mental health can profoundly impact a woman's experience of mothering by undermining her ability to meet the needs of her baby and to cope with postpartum challenges.<sup>2</sup>

Mothers who have experienced birth trauma often do not get the opportunity to fully express what their experience was like or to talk about their current symptoms. Family, friends, and health care providers often encourage mothers to focus on the baby—as though the nature of the birth experience and the mother's emotional well-being are unimportant. However, a woman's experience of birth matters—to her own well-being and that of her family. Her gratitude for her baby is not in any way negated by her feelings about a traumatic birth. Many primary

health care providers do not routinely screen for depression or traumatic stress reactions after birth and most are not trained to provide mental health care. Many women hesitate to reveal what they are going through to their health care providers, family, or friends, because of feelings of shame, guilt, or weakness, having their symptoms trivialized when they reached out for help before, concern that the only treatment offered to them will be the use of medications and that they will be pressured to stop breastfeeding, and so on.<sup>2</sup> If you are coping with traumatic stress, depression, or grief after a traumatic birth experience, please don't suffer in silence. Women deserve and need support to recover from birth trauma. Ask your health care provider for a referral to a mental health care professional who specializes in recovery from traumatic birth experiences and consider the resources below. Help is available and healing is possible.

### Resources on the Internet:

- International Cesarean Awareness Network ([www.ican-online.org](http://www.ican-online.org)): Provides information related to the prevention of unnecessary cesarean sections and support for cesarean recovery.
- LifeCircle Counseling and Consulting, LLC ([www.lifecirclecc.com](http://www.lifecirclecc.com)): Provides information and counseling and consulting services related to the mothering experience, including emotional recovery from birth.
- Postpartum Support International ([www.postpartum.net](http://www.postpartum.net)): Provides information and support for women coping with postpartum mood disorders.
- TABS ([www.tabs.org.nz](http://www.tabs.org.nz)): Provides information and support for women recovering from a traumatic childbirth and from birth stress.
- The Birth Trauma Association ([www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)): Provides support and information for women and their families as they recover from a traumatic birth.

### Resources in Print:

- *Depression in New Mothers: Causes, Consequences, and Treatment Alternatives* (Kendall-Tackett 2005)
- *It's OK Not to Be OK...Right Now: How to Live Through a Traumatic Experience* (Lerner 2006)
- *Medications and Mothers' Milk: A Manual of Lactational Pharmacology* (Hale 2006)
- *Rebounding from Childbirth: Toward Emotional Recovery* (Madsen 1994)
- *The Hidden Feelings of Motherhood: Coping with Mothering Stress, Depression, and Burnout* (Kendall-Tackett 2005)
- *When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women* (Simkin & Klaus 2004)

<sup>1</sup> American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* 1994.

<sup>2</sup> Good Mojab C. The impact of traumatic childbirth on health through the undermining of breastfeeding. In: Banyard V, Edwards V, Kendall-Tackett K, eds. *Integrating Trauma Practice into Primary Care*. Binghamton, NY: The Haworth Press, Inc. (in press).

<sup>3</sup> Worden, J. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. Springer Publishing Company 2002.



Cynthia Good Mojab is a Clinical Counselor and an International Board Certified Lactation Consultant. She is Certified in Acute Traumatic Stress Management and is a member of the American Academy of Experts in Traumatic Stress. She is a member of *Mothering* magazine's Expert Panel, answering questions about breastfeeding and maternal mental health. She is also a nationally recognized speaker on breastfeeding, parenting, culture, and psychology. Through her private practice, LifeCircle Counseling and Consulting, LLC in Hillsboro, Oregon, Cynthia offers in-person and telephone services addressing the needs of women during their reproductive and parenting years. For more information, please call 503-615-0845 or visit [www.lifecirclecc.com](http://www.lifecirclecc.com).