

## **CHILDBIRTH : TRAUMA OR TRIUMPH?**

Most mothers look back to the experience of birth with a sense of pride, a fortified self confidence and a knowing of an ability to withstand intense storms. If all goes well the experience soon fades and the memories dissipate. New responsibilities await the mother. There is a baby who needs her attention and giving attention to a new baby is what mothers want to devote their energies to.

### **Symptoms of PTSD**

Some mothers have a more difficult time in dealing with their memories of birthing. According to recent studies in the UK and in Australia, one in twenty women may experience Post Traumatic Stress Disorder (PTSD) after childbirth. Many more may suffer from some symptoms of the disorder. In PTSD the memories of giving birth persist, occupying thoughts and daydreams. The event is re-experienced over and over again. Trauma affects sleep as well. Trauma survivors often suffer from nightmares and disturbed sleep. Symptoms of "increased arousal" such as irritability, angry outbursts, and a sense of constantly being on edge are common. On certain days it may feel impossible to focus or to concentrate. Difficulties in relaxing and enduring feelings of nervousness and stress, make it challenging to take care of a newborn. These mothers often experience a deep sense of guilt and frequently begin to suffer from depression as well.

### **Trauma or Triumph?**

If a birthing woman feels threatened and has a sense of complete loss of control, a feeling of not being listened and responded to, such an experience may result in PTSD. On the other hand, even if birthing is prolonged and extremely painful, a woman who feels profound understanding and secure support from medical staff or her partner will most likely not develop symptoms of PTSD. Clearly, positive emotional experiences while giving birth are essential ingredients in a woman's ability to process an even traumatic birth with a sense of triumph.

### **Risk factors**

Generally, the more complicated the birth, the more prolonged and painful, the more interventions necessitated, the higher the risk for PTSD. In addition, women with the following experiences are considered to be at an increased risk:

- Women who experienced prior reproductive difficulties and pain such as miscarriage, stillbirth, abortion or difficulties in getting pregnant.
- Women who are survivors of prior trauma.

### **Prevention and treatment:**

With the birth of the baby a mother is also born. The first moments of life are of extreme importance for the baby but as well as for the well being of the mother. The research on PTSD after childbirth offers valuable lessons for women as well as for providers. We are reminded of the importance of monitoring a birthing woman's emotional state. Responding to her emotional needs promptly in addition to regulating medical and physical well being is essential. For the mother to be, it is desirable to develop a level of comfort with their providers that goes above and beyond medical trust.

The sooner the symptoms are communicated and responded to the sooner relief can be

expected. It is recommended that symptoms of PTSD are addressed by the help of psychotherapy. Occasionally treatment with psychopharmacological medication is also initiated. Depending on the nature and the experience of trauma, it is at times possible to address these difficulties productively in a short amount of time.