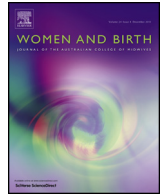




Contents lists available at [ScienceDirect](#)

## Women and Birth

journal homepage: [www.elsevier.com/locate/wombi](http://www.elsevier.com/locate/wombi)



### REVIEW ARTICLE

# Understanding psychological traumatic birth experiences: A literature review

Madeleine Simpson, Christine Catling\*

Centre for Midwifery, Child and Family Health, Faculty of Health, University of Technology Sydney, Australia

#### ARTICLE INFO

##### Article history:

Received 30 July 2015

Received in revised form 19 October 2015

Accepted 22 October 2015

##### Keywords:

Childbirth

Post traumatic stress disorder

Postnatal care

Antenatal care

Postnatal psychological trauma

#### ABSTRACT

**Background:** Traumatic birth experiences can cause postnatal mental health disturbance, fear of childbirth in subsequent pregnancies and disruption to mother-infant bonding, leading to impaired child development. Some women may develop postnatal Post Traumatic Stress Disorder, which is a particularly undesirable outcome. This paper aimed to gain a better understanding of factors contributing to birth trauma, and the efficacy of interventions that exist in the literature.

**Methods:** A literature search was undertaken in April 2015. Articles were limited to systematic reviews or original research of either high to moderate scientific quality. A total of 21 articles were included in this literature review.

**Findings:** Women with previous mental health disorders were more prone to experiencing birth as a traumatic event. Other risk factors included obstetric emergencies and neonatal complications. Poor Quality of Provider Interactions was identified as a major risk factor for experiencing birth trauma. Evidence is inconclusive on the best treatment for Post Traumatic Stress Disorder; however midwifery-led antenatal and postnatal interventions, such as early identification of risk factors for birth trauma and postnatal counselling showed benefit.

**Conclusion:** Risk factors for birth trauma need to be addressed prior to birth. Consideration needs to be taken regarding quality provider interactions and education for maternity care providers on the value of positive interactions with women. Further research is required into the benefits of early identification of risk factors for birth trauma, improving Quality of Provider Interactions and how midwifery-led interventions and continuity of midwifery carer models could help reduce the number of women experiencing birth trauma.

© 2015 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

#### Summary of relevance:

##### Issue

A better understanding of predicting and treating women who have traumatic birth experiences is necessary.

##### What is already known

Traumatic birth experiences can cause postnatal mental health disturbance, fear of childbirth in subsequent pregnancies and

disruption to mother-infant bonding, leading to impaired child development.

##### What this paper adds

Risk factors for birth trauma are identifiable in the antenatal period and these need to be addressed prior to birth. Consideration needs to be taken regarding quality provider interactions and education for maternity care providers on the value of positive interactions with women.

#### 1. Introduction

Birth trauma can be difficult to define as it is a subjective experience, described as being in the eye of the beholder.<sup>1</sup> Having said this, between 20% and 48% of women around the world are

\* Corresponding author at: Level 7, UTS Building 10, Jones St, Broadway, Sydney, 2007 NSW, Australia. Tel.: +61 95144912.

E-mail address: [Christine.catling@uts.edu.au](mailto:Christine.catling@uts.edu.au) (C. Catling).

<http://dx.doi.org/10.1016/j.wombi.2015.10.009>

1871-5192/© 2015 Australian College of Midwives. Published by Elsevier Australia (a division of Reed International Books Australia Pty Ltd). All rights reserved.

reporting their birth experiences as traumatic,<sup>2,3</sup> which is of high significance considering the negative outcomes related to maternal mental health, mother and infant bonding and infant and child development.<sup>4</sup>

The experience of birth trauma is not isolated to any particular country and appears to be a worldwide phenomenon, with research dedicated to this subject being produced in the United Kingdom, Australia, Canada, the USA, Europe and the Middle East.<sup>2,3,5–15</sup> When the global birthing community is experiencing childbirth as an event so traumatic that women are developing symptoms of post-traumatic stress (PTS) at a rate of almost 30%<sup>8</sup> and are coining extreme terminology such as ‘birth rape’ and ‘obstetric violence’<sup>4,16,17</sup> it is clear that maternity health professionals need to have a better understanding of what is contributing to this phenomenon. It is vital that maternity health professionals are well informed about ways to reduce traumatic birth experiences and how to manage PTS symptoms appropriately as the impacts can have psychological consequences for women that may last a life time.<sup>6</sup> Health professionals attending births need to consider and reflect upon how particular events and behaviour in the work place, such as obstetric emergencies and poor communication impact on the women they are caring for and what strategies can be employed to appropriately support and counsel women who report traumatic birth experiences.

The aim of this literature review is to gain a better understanding of factors contributing to women experiencing birth as a traumatic event. In addition, this review also aims to determine whether birth trauma can be predicted prospectively and what midwifery-led interventions or strategies can be used to reduce the number of women experiencing birth as a traumatic event and subsequent negative postpartum outcomes. Considering that there is already a wide body of literature dedicated to the topic of physiological trauma related to childbirth, this literature focusses on the lesser studied area of psychological trauma associated with childbirth.

## 2. Methods

Databases were searched in April 2015 and included EBSCO Academic Search Complete, Science Direct, CINAHL, Maternity and Infant Care database, Wiley Science, Medline and the Cochrane Library. Search terms included: birth trauma; traumatic childbirth; childbirth; psychological aspects; and childbirth post-traumatic stress. The searches returned a total of 800 articles. Of these, the majority focused on physical trauma, such as damage to the pelvic floor and physical trauma to the neonate during childbirth. After removing duplicate results and irrelevant articles, 47 articles were found relating to psychological, rather than physical, birth trauma. Articles were further limited to systematic reviews or original research of either high to moderate scientific quality, as per the National Health and Medical Research Council (NHMRC) guidelines,<sup>1</sup> published within the last five years, and written in English. A total of 21 articles were included in this literature review (see Fig. 1).

### 2.1. What makes a birth experience traumatic?

To understand the experience of traumatic birth, it is firstly important to discuss the factors that comprise and influence a woman’s perception of the birth experience as a whole. Sorensen and Tschetter<sup>13</sup> describe birth perception as a subjective judgement of a woman’s global birth experience, indicating personal satisfaction with the birth process and outcome. They argue that the birth experience is multidimensional and can be impacted upon by numerous factors, such as fear for self and the infant, medical interference, perception of personal performance, locus of

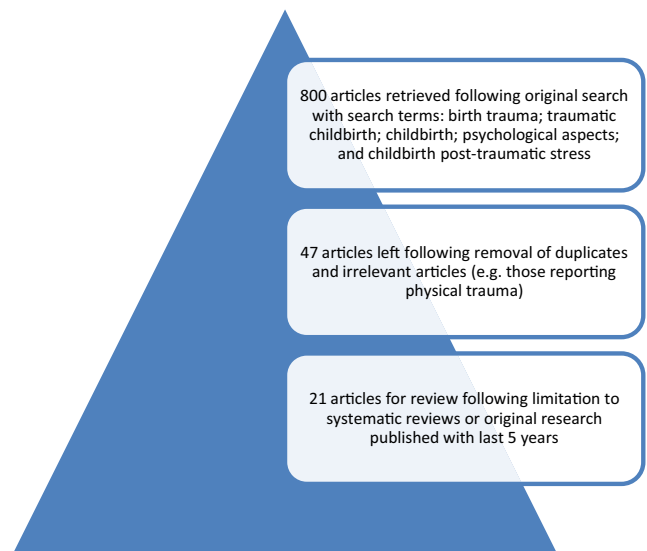


Fig. 1. Flow chart of review articles.

control, type of delivery, ability to achieve priority expectations of birth, adaptability when birth expectations are not met, cultural expectations and environmental factors. The authors also stress that the birth experience is greatly affected by the Quality of the Provider Interactions (QPI) which is defined as the care providers verbal and non-verbal behaviours in relation to meeting the patient’s stated and implied needs, as perceived by the patient.<sup>14</sup> For example, when women perceive care provider interactions as negative or unsupportive, these are considered to be low QPI. These low quality interpersonal interactions correlated with women’s experiences of perinatal trauma symptoms and depression. Perceived low QPI with care providers during labour and birth were found to affect women’s long term memories of negative and traumatic birth experiences.<sup>13</sup> It was important to note that while the birth experience may appear uncomplicated to care providers, such as doctors and midwives, women may still find the event traumatic if she loses a sense of control or dignity, which can arise from interpersonal interactions that are hostile or disrespectful.<sup>19,20</sup>

The idea that interpersonal interactions with health care providers during labour and birth can impact on the birth experience is supported by research undertaken by Harris and Ayers.<sup>3</sup> The authors identified particular peri-traumatic hot spots associated with women reporting their birth experience as negative or traumatic. The largest category of hot spots to emerge from their research concerned interpersonal difficulties with care providers, most frequently with women describing feeling ignored, unsupported or abandoned. Women who experienced interpersonal difficulties during labour and birth had the highest levels of anger and conflict, resulting in symptoms of Post-Traumatic Stress Disorder (PTSD), avoidance, distress and impairment. Other intrapartum hot spots identified included obstetric events or complications, such as emergency caesarean section, neonatal complications and experiences of lack of control or intrapartum disassociation. Similarly in France, a study citing levels of perceived support and women’s perception of negative attitudes from health care providers impacted on the birth experience and increased levels of PTS symptoms, as well as women’s perceived level of pain during labour and birth.<sup>8</sup>

In addition to the intrapartum hot spots, antenatal risk factors for experiencing birth as a traumatic event have also been noted. Boorman et al.<sup>7</sup> stated that women who perceive the world as an

Download English Version:

<https://daneshyari.com/en/article/5866124>

Download Persian Version:

<https://daneshyari.com/article/5866124>

[Daneshyari.com](https://daneshyari.com)