

The Anniversary of Birth Trauma

Failure to Rescue

Cheryl Tatano Beck

Editor's Note

Materials documenting the review process for this article are posted at <http://www.nursing-research-editor.com>.

- ▶ **Background:** The reported prevalence of posttraumatic stress disorder secondary to birth trauma ranges from 1.5% to 5.6%. Serious ramifications of birth trauma are beginning to be recognized, such as impaired mother-infant interaction.
- ▶ **Objective:** The aim of this study was to determine the essence of mothers' experiences regarding the anniversary of their birth trauma.
- ▶ **Methods:** Colaizzi's method of phenomenology was used to guide the study. Participants were recruited via the Internet through a charitable trust located in New Zealand called Trauma and Birth Stress. Thirty-seven women sent attachment stories describing their experiences of the anniversary of their traumatic childbirths.
- ▶ **Results:** Four themes revealed the essence of women's experiences of the anniversary of their birth trauma: (a) The prologue: An agonizing time; (b) The actual day: A celebration of a birthday or the torment of an anniversary; (c) The epilogue: A fragile state; and (d) Subsequent anniversaries: For better or worse.
- ▶ **Discussion:** Based on the findings of this study on the anniversary of traumatic childbirths, the time seems right to broaden the use of the term *failure to rescue* to these childbearing women. Not only clinicians but also family and friends failed to rescue mothers during the period surrounding the anniversary of their birth trauma.
- ▶ **Key Words:** birth trauma · failure to rescue · posttraumatic stress disorder

In the words of one mother, "Every birthday is no longer the celebration of the child but is really an anniversary for the rape. Rape day. My son was conceived from love and born out of rape." The reported prevalence of posttraumatic stress disorder (PTSD) secondary to child-

birth ranges from 1.5% (Ayers & Pickering, 2001) to 5.6% (Creedy, Shochet, & Horsfall, 2000). This PTSD has been reported recently after stillbirths (Turton, Hughes, Evans, & Fainman, 2001), after pregnancy complicated by severe preeclampsia (van Pampus, Wolf, Weijmar Schultz, Neeleman, & Aarnoudse, 2004), and after birth of very low birth weight infants (Kersting et al., 2004). In other studies, although no formal diagnosis of PTSD was made, the percentage of women reporting traumatic births ranged from 34% (Soet, Brack, & Dilorio, 2003) to 55% (Ryding, Wijma, & Wijma, 1998).

The long-term effects of PTSD secondary to birth trauma on women and their families can include mother-infant attachment difficulties and related parenting problems (Bailham & Joseph, 2003; Beck, 2004a, 2004b). Sexual avoidance and fear of childbirth are two other effects (Fones, 1996; Goldbeck-Wood, 1996). Serious ramifications of just the perception of delivery as a negative experience are now being recognized. For example, in Sweden, women who reported a very negative experience of their first birth had fewer subsequent children and a larger time interval to the second baby as compared with women who reported positive birth experiences (Gottvall & Waldenstrom, 2002).

In their recent literature review, Olde, van der Hart, Kleber, and van Son (2006) concluded that more attention needs to be focused on birth trauma and PTSD as serious mental health problems. Olde et al. called for investigation of the chronic nature of birth trauma, particularly to examine childbirth-related posttraumatic stress lasting for more than 6 months postpartum.

Literature Review

Persons with PTSD, no matter what the original traumatic event was (i.e., rape, domestic violence, war, motor vehicle accidents, burns), experience a trio of distressing symptom

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behaviors. These symptoms are (a) reexperiencing the traumatic event through flashbacks, nightmare, or distressing recollections; (b) avoidance of stimuli or triggers (thoughts or activities related to the original trauma); and (c) hyperarousal or hypervigilance, such as exaggerated startle response, anger, or sleep disturbance (American Psychiatric Association [APA], 2000).

Repeatedly confirmed in the literature is that triggering events that resemble an aspect of the traumatic event can result in distress, heightened arousal, or both. For example, a trigger for a military returnee from Afghanistan and Iraq is driving along a highway (Friedman, 2006). His original traumatic event had been the explosion of a roadside bomb. Since being back in the United States, at times, when he is a passenger in a car, he will reach over suddenly and grab the steering wheel because he saw something he thought was a roadside bomb. Another example of a trigger comes from a motor vehicle accident victim (Ehlers, Hackmann, & Michael, 2004). After her car accident, she had been trapped in her car and a paramedic had touched her shoulder as he inquired if she was all right. She re-experiences a flashback to her accident when someone touches her shoulder.

In the *Diagnostic and Statistical Manual for Mental Disorders (DSM-IV; APA, 2000)*, the anniversary of a traumatic event is identified as one possible trigger for intense psychological distress. The anniversary of birth trauma, however, has a complicating factor that other anniversaries do not have. The day of the anniversary is also the day of an event that should be cause for celebration: the birthday of the child who was born on the day of the original traumatic event.

The limited studies that have been published on birth trauma and the resulting PTSD have been concentrated on identifying prevalence and risk factors. Reported predictors include high degree of obstetric intervention, dissatisfaction with care received during labor and delivery, feelings of powerlessness, history of psychological problems, anxiety sensitivity, and previous birth trauma (Creedy et al., 2000; Czarnocka & Slade, 2000; Keogh, Ayers, & Francis, 2002; Skari et al., 2002; Soet et al., 2003).

Recently, a couple of interventions aimed at decreasing the risk of developing psychological trauma have been tested with new mothers. In Italy, 64 women with an uncomplicated pregnancy and no history of diagnosed psychopathology were assigned randomly to either an experimental or control group. Prior to the intervention, women did not report that their births had been traumatic. Examined was the impact of written expression of negative emotions connected to labor and delivery on the occurrence of stress symptoms (DiBlasio & Ionio, 2002). Two days after delivery, women in the experimental group were asked to write a brief account of their childbirth experience, including their personal thoughts and feelings. Women completed the Perinatal PTSD Questionnaire (DeMier, Hynan, Harris, & Manniello, 1996) 2 days after delivery and again at 2 months postpartum. The experimental group reported significantly less stress symptoms in all three categories of avoidance, hyperarousal, and reexperiencing the unpleasant event than did the control group at 2 months postpartum. The authors concluded that it was not possible to understand completely whether these differences were due to the

narrative accounts written by the mothers or environmental factors, such as social networks or family environment.

In Australia, Gamble et al. (2005) assessed the impact of a midwife-led brief counseling intervention for postpartum women at risk of developing psychological trauma symptoms. The sample of 103 mothers who had experienced a traumatic delivery were assigned randomly to either an experimental group or control group. The intervention consisted of face-to-face counseling within 72 hours of birth and again by telephone at 4 to 6 weeks postpartum. At 3 months postpartum, the intervention group mothers reported a significant decrease in trauma symptoms.

Only three qualitative studies were found in which traumatic births or PTSD secondary to birth trauma were examined. Allen, Nicholson, and Woollett (1998) interviewed 20 mothers 10 months after their delivery that they perceived as being traumatic. Using a grounded theory design, Allen et al. revealed that the core category associated with birth trauma was the women's feelings of loss of control of events or their own behavior.

Beck (2004a) examined the meaning of women's birth trauma experiences using a phenomenological design. Analysis of the stories of 40 women revealed four themes: (a) To care for me: Was that too much to ask?; (b) To communicate with me: Why was this neglected?; (c) To provide safe care: You betrayed my trust and I felt powerless; and (d) The end justifies the means: At whose expense? At what price?

Beck (2004b) went on to investigate the effect of birth trauma on 38 mothers, namely, PTSD due to the traumatic births. In this phenomenological study, five themes emerged: (a) Going to the movies: Please don't make me go; (b) A shadow of myself: Too numb to try and change; (c) Seeking to have questions answered and wanting to talk, talk, talk; (d) The dangerous trio of anger, anxiety, and depression: spiraling downward; and (e) Isolation from the world of motherhood: dreams shattered.

No research was found to show what mothers who perceive they have had traumatic childbirths experience each year as the anniversary of their birth trauma occurs. The purpose of this study was to describe the essence of women's experiences regarding the anniversary of their birth trauma.

Methods

Sample

Criteria for sample eligibility included the following: (a) a woman perceived her childbirth had been traumatic, (b) she had experienced at least one anniversary of that birth trauma, (c) she was 18 years of age or older, and (d) she could articulate her experience. The Internet-based sample consisted of 37 women who perceived their labor and delivery as traumatic. Eighteen women (49%) reported having been diagnosed with PTSD due to childbirth. Twelve of those mothers are currently undergoing therapy for their PTSD. Approximately half of the sample was from the United States. Age ranged from 24 to 54 years old, with a mean of 32 years. The demographic and obstetrical characteristics of the sample are located in Table 1.

Mothers described having endured various birth traumas. Examples of some of the more frequently cited traumatic

TABLE 1 Demographic and Obstetrical Characteristics of the Sample

Characteristic	<i>n</i>	%
Marital status (<i>n</i> = 33)		
Married	31	94
Single	1	3
Divorced	1	3
Education (<i>n</i> = 29)		
High school	7	25
Some college	1	3
Associate degree	2	7
College	12	41
Masters	6	21
PhD	1	3
Country (<i>n</i> = 37)		
United States	20	54
New Zealand	8	22
Australia	4	11
United Kingdom	4	11
Canada	1	2
Parity (<i>n</i> = 33)		
Primipara	19	58
Multipara	14	42
Delivery (<i>n</i> = 31)		
Vaginal	18	58
Cesarean	13	42

births included preterm delivery, shoulder dystocia, excruciating pain, and emergency cesarean deliveries. Amniotic fluid embolism, cardiac arrest, and prolapsed cord are examples of birth traumas that were cited by only one woman each.

Research Design and Data Analysis

Colaizzi's (1973, 1978) method of phenomenological psychology was used to guide this study. He offered four sources of descriptive data for a phenomenological study: written descriptions, dialogal interviews, observation of lived events, and imaginative presence. Each source of descriptive data has a corresponding descriptive method for analysis. Written descriptions were the source of data selected for this anniversary of birth trauma study because mothers would send their stories via attachments over the Internet. Protocol analysis is Colaizzi's (1978) method for the analysis of written descriptions of the phenomenon being studied.

The researcher began by examining her presuppositions about the phenomenon under study. Here, the researcher asked, "Why am I involved with this phenomenon?" (Colaizzi, 1978, p. 55). This inquiry included reviewing two previous studies the researcher had conducted on birth trauma and the resulting PTSD, where some mothers had touched briefly on the anniversary of their traumatic childbirths (Beck, 2004a, 2004b).

Colaizzi's (1978) method of data analysis calls for seven procedural steps.

1. Read the participants' written descriptions (protocols) of the phenomenon under study to obtain a feel for them and to make sense of them.
2. From each protocol, extract significant phrases or sentences that pertain to the phenomenon being studied. If protocols include the same or nearly the same statements, repetitions can be eliminated.
3. Formulate meanings for each significant statement. Creative insight, according to Colaizzi (1978), is needed for this precarious leap from what the participants said to what they mean. In this step, the researcher does not sever ties to the original protocols but attempts to discover hidden meanings.
4. Organize the formulated meanings into clusters of themes. Formulated meanings are grouped into clusters to allow for themes that are common to the participants' protocols to emerge. The clusters of themes are referred back to the original protocols to validate them. At this stage in data analysis, Colaizzi (1978) warns the researcher to "rely upon tolerance for ambiguity" (p. 61) and not to give in to temptation to ignore data or themes that do not seem to fit.
5. All the findings from the data analysis so far are combined into an exhaustive description of the phenomenon under study.
6. The exhaustive description is tightened up into "as unequivocal a statement of identification of its fundamental structure as possible" (Colaizzi, 1978, p. 61).
7. The final step is validation, when the researcher can return to participants and ask them to review the results thus far. The researcher can inquire, for example, if any aspects of their experience have been left out. Any new, relevant data offered as participants validate the results should be integrated into the final product of the research.

Procedure

After approval was obtained from the university's institutional review board, data collection began. This phase of the research extended over a 15-month period. Mothers were recruited via the Internet through a charitable trust located in New Zealand called Trauma and Birth Stress (TABS). Their Web site is www.tabs.org.nz and e-mail is ptsdtabs@ihug.co.nz. With TABS, support is provided to women who have suffered from traumatic births and provides education to healthcare providers and the public regarding PTSD due to childbirth.

A recruitment notice was placed on the Web site of TABS and also in their newsletter. For the 15-month period of data collection, the average number of hits to the Web site was 2,126 per month. A link was provided directly to the researcher's e-mail address at the University for any mothers interested in participating in the study. In addition to recruitment from TABS, a few mothers learned about the study from two other Web sites: one for mothers who had preterm infants and one for women whose infants had a brachial plexus injury. Women who visited these Web sites

and participated in this study notified other mothers of this research.

Response rates for Internet research are based on the number of persons who initially contact the researcher for details of the study and then agree to participate (Hamilton & Bowers, 2006). In this anniversary of birth trauma study, 62 women initially responded to the Internet recruitment notice and requested additional information about the study. Of these 62 women, 37 mothers participated in the study, for a response rate of 60%.

Informed consent and directions for the research were sent via e-mail attachment to prospective participants. The women had the opportunity to e-mail the researcher if they had any questions regarding the study. The participants electronically signed the informed consent and returned it to the researcher via attachment. Participation in the study entailed the woman describing her experience of the anniversary of her birth trauma in as much detail as she wished to share. The women sent their anniversary stories to the researcher over the Internet as e-mail attachments. The length of time it took mothers to send their stories after they had signed the informed consent ranged from as short as a few days to over 6 months. A benefit of e-mail interviews is that participants can take as much time as needed to reflect on the questions (Hamilton & Bowers, 2006). The e-mail interviews that the women sent to the researcher were in such rich detail and depth that rarely did the researcher need to contact the participants for any additional information. If contact was needed at all, it was just to ask a mother to clarify a point she had made or to provide a specific example.

Trustworthiness

Rigor was achieved by addressing credibility, confirmability, dependability, and transferability. In regard to credibility and confirmability, member checking was conducted as per Colaizzi's (1978) method of analysis. The findings were reviewed by two women who had experienced multiple anniversaries of their birth trauma and also by one of their husbands. Their reactions to the themes can be summarized by a segment from one of these mothers' e-mails after she had read the manuscript: "This is superb and I love every word of it." Saturation of data was achieved much earlier than the final sample size of 37 mothers. Because the women were eager to have their stories help to prevent other women from suffering from birth trauma, the researcher made a decision not to turn away these participants and to include their additional e-mail interviews.

Credibility was enhanced also by keeping a reflexive journal throughout the 15-month data collection phase and during the data analysis phase. Efforts were made to avoid what Thorne and Darbyshire (2005) call *lachrymal validity*. The concern with this type of validity is the misrepresentation of findings by including only the most dramatic or poignant stories that bring tears to the eyes of its readers. For example, positive aspects of subsequent anniversaries of birth trauma were included purposely in the results so as not to give a false impression that mothers' experiences never improved as the years passed from the original traumatic event.

Transferability of the results was enhanced by using the Internet to recruit the sample, which represented five different countries from around the world. A thick description of rich, vivid quotes was included in the findings to increase also the study's transferability. The dependability of the study was enhanced by adding Hycner's (1985) suggestion of listing for each theme its subsumed significant statements and their original numeration (Table 2). E-mail interviewing also allows for an easily maintained audit trail (Hamilton & Bowers, 2006). Intersubjective agreement among expert judges was not assessed in this study. Unlike Van Kaam's (1966) phenomenological analysis, Colaizzi's (1978) method does not include such a step for intersubjective agreement.

This Internet sampling method, however, can be viewed as a possible limitation of the study. A disadvantage of Internet recruitment is that the population typically is skewed toward those with a higher income and higher level of education (Hamilton & Bowers, 2006). Only women who had access to the Internet participated in the study. These women also used the resource of TABS, the charitable trust providing support to mothers who have suffered traumatic childbirths. It is not known whether women who have neither Internet access nor support from TABS would describe their experiences of the anniversary of their birth trauma differently than what emerged from the current study.

Results

Birthdays—what do they mean to you? For me a birthday prior to my son's birth meant joy, presents, relaxation and celebration. Now it has a darker side to it. A profound depth that I never could have imagined was possible. So what changed? Well, everything and all in the space of some 24 hours during my labor and delivery. This is my story of how birthdays became the BIRTH day!

From the 37 stories of the anniversary of birth trauma, 231 significant statements, including the paragraph above, were extracted. Analysis of these significant statements revealed four clusters of themes that captured the essence of this phenomenon of the anniversary of the BIRTH day. A portion of the audit trail is illustrated in Table 2.

Cluster of Themes I—The Prologue: An Agonizing Time

During the weeks and months leading up to the anniversary of traumatic births, women were plagued by an array of distressing thoughts and emotions. For some women, the approaching anniversary also took a toll on them physically. Clocks, calendars, and seasons all play key roles as the anniversary of birth trauma approaches. Clock watching consumed some mothers' days and nights. As one woman shared,

The entire 2 days before the anniversary I watch the clock and relive all the hell I know that a year or two or three now ago for the first 30 plus hours of labor I was hanging in there suffering but dealing with the pain virtually alone.

TABLE 2. Partial Audit Trail for Two Themes Included Under the Cluster of Themes 2—The Actual Day: A Celebration of a Birthday or the Torment of an Anniversary

Significant Statements	Formulated Meanings
1. Various ways to make it through the day	
A. "I knew I didn't want to be home on birthday or I would have been crying all day. That's why we planned a vacation to Disneyland." (68)	Going away on vacation/holiday to make certain the mother would not be home for the actual birthday.
B. "I have always held a birthday party for my son but usually delay it until about a week after. This year, I held it 3 weeks after his actual birthday as I couldn't deal with it at the time and became ill probably due to the stress of wanting to avoid his birthday." (100)	Delaying the celebration of the child's birthday for a week or so after the actual anniversary of the birth trauma.
C. "There were times when I could tell I was overanalyzing details of the party (decorations, food) to numb out the feelings of the trauma. When I was obsessed with trivial details, I embraced it as a sign of self-protection." (199)	Focusing on the birthday party being a technical success so as to avoid concentrating on the meaning of the day.
D. "I still remember feeling like a total faker with my feigned excitement and smile just trying to appear happy for my son as he opened up his presents and played with the cake." (15)	Feigning excitement and happiness at the child's birthday celebration.
E. "There is sooo much emphasis on time in the birthing process. So this seemed to carry and surface on his birthday. I found myself linking the time of day to what happened that day driving to the hospital, number of dilation to the minute, and when my water broke." (141)	Clock watching as mothers retraced the trauma they had to endure on the actual day of the birth year(s) ago.
2. Difficult emotions mothers had to contend with.	
A. "I felt full of rage at the selfish people who stole the birth of my son from me and now manage to steal the fun of his birthday from me each year." (211)	Consumed with rage at the clinicians who not only stole her son's birth from her but also the joy of celebrating his birthday every year.
B. "My self esteem was really low that day. I felt like a complete failure as a mother." (4)	Self-esteem plummeted due to feeling like such a failure as a mother on her daughter's birthday.
C. "I felt overwhelmed with sadness and grief over what I had to endure that day." (32)	Grief stricken as she relived what she had endured the year before on this day.
D. "I felt such guilt because I wasn't truly 'there'—mind, body, or spirit on her birthday." (155)	Filled with guilt because the mother knew she was not fully present for her daughter on her birthday.
E. "I was angry when my family and friends didn't mention the birth or my hospital experience at all. I had hoped that my 'support' around me would break out of their denial and happy faces and suddenly acknowledge the trauma and its affect on me." (124)	Anger replaced the woman's hope as her family and friends failed to acknowledge the trauma she had endured during the birth and the hold it still had on her.

The numbers in parentheses indicate significant statement's original numeration.

As the season of the year approached when the traumatic birth had occurred, the change in the weather or an upcoming holiday triggered fear and "bad memories" in some women. For one mother, autumn was the difficult season,

There is also a distinct smell of dead leaves in the air that screams, "October!" Hearing the word, October, and seeing the word in writing gives me chills. When I would see decorations for Halloween, fear rushed through my body.

In the days approaching the birth trauma anniversaries, women kept ruminating about the day their babies had been born. As one mother reflected on her fourth anniversary,

I still after 4 years find that before her birthday I go back over that night again and again thinking about the things

I could/should have done to change things (although in reality there was almost nothing I could have done). I kept going over in my head all of the details but I just couldn't stop thinking about her birth.

Dread, anxiety, stress, sadness, grief, loss, fear, and guilt were some of the distressing emotions that came to the forefront as women's birth trauma anniversaries loomed near. One mother remembered feeling extremely anxious and frightened the 2 months leading up to her baby's first birthday. Terrifying flashbacks would come without any warning during this 2-month period.

Complicating these distressing emotions as the anniversary drew near was the harsh reality that the anniversary day was also the birthday of their children. Mothers struggled

not to let their children know what they were feeling. This battle within the mother is clearly seen in the next excerpt.

I'm filled with an overwhelming sense of dread of the upcoming occasion and my nightmares are more ferocious. I am locked in a battle of will at not letting my daughter sense or become aware of my problem. I never want her to know the reason for my problem/behavior. The birth trauma and her injury has taken sooooo much from my child and our entire family for that matter but I don't want it to continue to impact her special day, her BIRTHDAY, as well.

Oftentimes, mothers were grateful that their children were too young to know the significance of the day. As the first birthday approached, this mom revealed,

I anxiously opened birthday cards for my son during the week prior. I passed them to him with a plastic smile and that was all I could muster. I was pleased when he chewed them and tore them to shreds with his new teeth. I didn't have to display the cards and I tossed them in the recycling bin before anyone else saw them.

The traumatic deliveries left some mothers feeling like they were not "a real mommy" and that the emotional bonding with their infants was missing. One woman shared,

I continually tell myself that I am "over" the birth and a real mommy but each year as my daughter's birthday approaches I feel more and more anxious. I have a strong belief that her real parents will turn up and demand to know why I had been so bad at looking after their child.

For another mother, as her daughter's first birthday approached, she painfully shared that

I wanted to die. I felt nothing for her and found it hard to celebrate the joy of this child that meant so little to me. I took excellent care of her but it was if I was babysitting, the emotional bond just wasn't there.

The struggles surrounding the looming anniversary physically took a toll on some women. For example, one woman revealed that "my asthma and psoriasis flared up, my digestive problems became debilitating at least 3 weeks before my daughter's birthday." Exhaustion becomes a problem due to disturbed sleep patterns: "I found it very difficult to sleep for several weeks before the birthday. I could not sleep at all the night before her birthday (she was born at 7:15 am so labor was overnight)."

A couple of nights before her baby's first birthday a mother recalled,

I went to bed and experienced a nightmare linked to my c-section which took on the form of an assault. I woke up as the doctor was wielding a weapon (a chainsaw I think) and everything turned to white. I went back to sleep and then woke up in the morning with pains in my upper legs. I was convinced that something was wrong and that I was going to die because these pains were fatal, i.e. thrombosis.

As the anniversary of their birth trauma lurked on the horizon, some women restricted their food intake. The reasoning of one mother was as follows:

I tried to fast for 52 hours (the length of my labor and delivery ordeal) and retrace and re-script every humiliat-

ing, dehumanizing, torturous detail of the trauma in an attempt to reclaim some semblance of personal power but I made it for only 36 hours into the fast before I was sick from dehydration and hypoglycemia.

Cluster of Themes 2—The Actual Day: A Celebration of a Birthday or the Torment of an Anniversary

When the anniversary day finally arrived, it was all the women had dreaded and more. What added an extra layer of difficulty was the fact that the day was also supposed to be the celebration of their children's birthdays. Just as in the period leading up to the anniversary, the concept of time took center stage during the actual day itself. Hard as mothers would try to avoid clock-watching, the inevitable would happen. As one woman recalled during her first anniversary, "I relived every moment synchronized to the clock. Even today a clock reading 8:46 will turn my stomach upside down." Relief was experienced by some of the women as they looked at the clock and saw that the time their children had been born had passed.

Some women who have experienced birth trauma do not know how to celebrate their child's birthday,

I can't stop seeing images of a woman drugged and strapped down and being gutted like a fish. I can't get those or my own images out of my mind. I didn't know how to celebrate my daughter's birthday.

The powerful emotions that surfaced and tormented the mothers during the anniversary day added yet another layer of burden that they had to contend with while trying their best to celebrate their child's birthday. Reflecting over four birthdays, one mother shared that

It breaks my heart because the very day when I should be honoring the precious life of my child and just truly enjoying his birthday, I often feel overwhelmed with sadness and grief over the loss we all endured.

During the birthday itself, for some women, anxiety heightened to panic. One woman who had "celebrated" 23 years of anniversaries of her birth trauma revealed that "on my son's birthdays I would always feel a bit 'funny' trying not to remember my stress and panic attacks would be worse."

Guilt was pervasive. Recalling her daughter's first birthday, one mother said,

I look at her first birthday as a loss and with guilt. My whole being continued to center around the hospital events. I craved "speed healing." I questioned why do I bother going on as I am a worthless mom and I will never be good enough for my baby.

For some women, all they recalled about their child's birthday was feeling empty inside, like a "total faker." During the party, one mother described, "I was really empty inside. It felt as though I was looking in at the party from a window. Again I think I was hoping for someone to take me aside and to acknowledge the birth trauma!" Other mothers confirmed this wish that at least their traumatic births would be recognized by family and friends at some point during the day's celebration. As the day ended, women's unmet hopes for the much needed acknowledgment turned to anger.

For those mothers who did celebrate their child's birthday on the actual day, there were varying approaches they used to make it through the day and try to protect themselves. Being consumed with the technical aspects and details of the birthday party was one way women coped. Other mothers needed to get away physically and so vacations were planned so that the anniversary occurred while they were away from home. The following quote illustrates this:

I thought that I would re-experience many of the memories and feelings on my son's birthday. I wanted us to be alone as we had been alone on the day. I wanted to be able to have time to think. I didn't want to share the day with people who had been unsupportive at the time. I wanted my son to have a great day but I knew if we stayed at home, it would be all about him and my experience would once again be treated like it meant nothing.

Tears often made an appearance at some point during the actual day of the anniversary. For some mothers, the day began with tears. "I had a good cry in the morning with my husband and daughter and we just sat for an hour holding each other. Then I threw myself face first into making it the happiest day of my daughter's life." For 10 long years, one woman painfully shared that "my tears for myself remain internal. I carry this alone. How else do I get through the birthday and care for my previous children."

The following excerpt illustrates how some women manage to hold their emotions together until the end of the anniversary day but then the tears finally were allowed to emerge.

Yesterday was my daughter's second birthday. We did our best to make her feel very special and it was fun watching her open presents and blow out her candles. But underneath that I felt a need to "mourn" something. After everyone had gone to bed, I lit a candle and read my doula's write-up about the birth. I couldn't get through it without crying. Imagine it's been 2 years!

To survive the actual anniversary day, frequently, mothers scheduled the birthday party on a different day or week. Fearing the actual birthday would become too triggering, a date that did not hold such traumatic memories would be chosen for the birthday celebration. For 3 years now, one woman chooses a random day to hold her son's birthday. As she described,

We made a cake on a random day. I never told my son it was coming up. I bought him things and wrapped them but he doesn't know what they are for. I kissed him and told him before I went to work Happy Birthday but only when he was asleep.

Cluster of Themes 3—The Epilogue: A Fragile State

Surviving the actual anniversary of their birth trauma took a heavy toll on the women. After the anniversary, women needed time to recuperate and heal their raw wounds that had been freshly reopened.

As hard as I try to move away from the trauma, at birthday anniversary time I am pulled straight back as if on a giant rubber band into the midst of it all and spend

MONTHS AFTER trying to pull myself away from it again.

The crippling emotions of stress, anxiety, fear, grief, loss, and depression lingered in the postanniversary period. Ten years later, one mother revealed that once her daughter's birthday celebration is over each year, it leaves her "emotionally fragile and struggling to cope with even the basics. The need for self care and not punishment becomes a priority." Another woman recalled that after her daughter's birthday party was finished, she came home and was physically ill almost immediately. She was ill for 3 days and slept a great deal of that time.

One primipara shared that her traumatic birth "was as close to a sense of rape without being physically raped. These feelings were vividly present not only before my anniversary but afterward too. They were heightened and lingered." After the birthday is over, her "nerves are definitely raw right now."

Other factors that occurred in the postanniversary phase involved exaggerated reactions to "mundane items or activities that link to the traumatic experience. Some of them include: hearing birth stories, hospital or dental offices, cramps and body feelings related to labor, seeing pregnant women or women with newborns and shopping for baby supplies."

One mother became extremely distraught after she experienced her first anniversary.

I thought that maybe I had the thing beat, but once the birthday was over all hell broke loose; crying jags, shaking, insomnia and repetitive thoughts. I felt as if all the work I had done all year to overcome the trauma had been for naught. For days I would sit for hours sobbing and comatose on the living room floor after I took my son to day care.

Relief was yet another emotion experienced afterward.

Today I have a sense of relief. I survived another birthday. I know the tiredness that all this causes will go and that I'll feel like smiling again. I know the emails from friends can now be answered and that they'll understand when I tell them why I haven't been in touch. The price is still too high.

Cluster of Themes 4—Subsequent Anniversaries: For Better or Worse

Once a woman has survived the first anniversary of her birth trauma, what of subsequent anniversaries? Is each successive anniversary easier or more difficult for women? No consistent pattern was reported by the mothers who had experienced more than one anniversary of their birth trauma. Twenty-three anniversaries were the most any mother in the study had experienced. For some women "each birthday the memories become slightly easier to cope with, less intense in memory but they are still there, deep inside."

A woman celebrating her son's fourth birthday painfully revealed,

His birthday sits as a permanent barrier both in my relationship with my husband and in my sense of attachment to my child. Although this is getting better year by year, I

am not sure it will ever really disappear. The reawakening of the birth each birthday does mean I think again about what happened, my role in it, what I would have done to prevent it from happening and my sadness at what was taken away from me. The decisions I made that led down the path to the birth trauma haunt me.

For some fortunate women, the second anniversary was much different than the first one had been.

A year on, life is very different, my daughter turned two and that day was the most joyful time I've ever had. My husband and I threw a fairy party for our daughter and 14 other little fairies. The actual party was a virtual sea of pink and fairies and I felt a sort of magic coming from the children. That night when our little fairy was tucked in bed, we lay on the sofas and I remember a feeling of joy and peace. We had our beautiful daughter and no memory, however painful, could take that from us anymore.

Women who are not as fortunate as this mother worry about what will happen as their children get older and figure out what birthdays are all about.

For some women, the improvement from one anniversary to the next one could only be measured in the smallest of increments.

On my son's first birthday I had such a feeling of dread, I only invited three couples that we are friends with because I couldn't face planning a big party. The day of the party, I went upstairs to my dressing room and crawled underneath my dressing table, which sits against the wall. I pulled the bench in front of me so that I was enclosed on all sides in a very small space. I just wanted to stay huddled in there and never leave. I cried for awhile, but knew that I had to pull myself together somehow. I did manage to make it downstairs for the party though I secretly counted the minutes until it was over.

This same mother then described her second anniversary.

We cooked hamburgers and this time I made the cake (my husband had make it the year before). I was determined not to fall apart again. Sadly it was not to be. Although I didn't crawl under the table this time, I again headed to my dressing room. It is the smallest, most private room for me in the house—and sat hunched against the wall shivering under a blanket. A while later I managed to pull myself together and get on with the party preparations. I am more conscious of what went on this time and did enjoy most of it.

As this mother shared,

Each anniversary is a lottery. A real time bomb really. One is at the mercy of one's emotions, one's memories and of course other people and daily life, which of course are the indefinable triggers, the worst of all! Each year has its challenges and are different. None have ever been as intense as the first year. So PTSD can be like an octopus and its tentacles can take hold at any time. Its punishment is weird, wily and crippling. Your life is NEVER the same again. It can take hold at any time.

For other mothers, they did not experience any improvement with subsequent anniversaries. Writing about her fifth anniversary day a woman shared,

I can't believe 5 years later that I feel such strong emotions and that my body responds physically. It is like the birthing trauma and the anxiety, loss and pain associated with it seem to reside in every cell of my being, with a memory capacity that serves to never let me forget.

Discussion

Failure to rescue refers to a "clinician's inability to save a hospitalized patient's life when he experiences a complication (a condition not present on admission)" (Clarke & Aiken, 2003, p. 42-43). The term was first used to evaluate medical care (Silber, Williams, Krakauer, & Schwartz, 1992) but now has been suggested for use as a nursing outcome measure (Clarke & Aiken, 2003). Failure to rescue is based on the premise that, in hospitals, deaths are at times unavoidable, but there are many deaths that could have been prevented. Clarke and Aiken (2003) cite that this concept has been used rarely with any persons but surgical patients and not at all in settings outside the hospital.

Because of the invisibility of the phenomenon of birth trauma anniversaries, the time seemed right to broaden the use of "failure to rescue" to these childbearing women. Failure to rescue was one of the themes (difficult emotions mothers had to contend with) under Cluster of Themes 2—The actual day: A celebration of a birthday or the torment of an anniversary. Application of the term to this phenomenon will hopefully help bring some attention to the yearly ordeal that mothers suffer so covertly. Not only clinicians, but also family and friends, failed to rescue the women during the period surrounding the anniversary of their birth trauma. One of the themes of Beck's (2004a) birth trauma study seemed to still be operating 1 year or many years after the traumatic birth. The theme was, "The end justifies the means; At whose expense? At what price?" (p. 34). The mother's birth trauma was glossed over again and pushed into the background as the celebration of the child's birthday took center stage.

Clinicians need to be vigilant around children's birthdays for early signs of distress in mothers who perceived that they had experienced birth trauma. Interventions can be put in motion before a potential crisis occurs. Clinicians cannot be lulled into a false sense of security that, because a year or even many years have passed since a traumatic childbirth, mothers are not still struggling around their yearly anniversary.

If a woman is a multipara, even though she is not having a problem with the anniversary of the birth of one of her children, clinicians cannot assume that the anniversaries of the births of her other children are not problematic for her. This implication for clinical practice is illustrated vividly by one of the multiparas in this study who has had three deliveries.

I have had one (okay but unnecessary c/s), one awful, dreadful VBAC and a fantastic homebirth. I feel very differently over all of their birthdays. One I celebrate but

don't think about. Another I cry all day long—and have his party on the day before! And one makes me want to drink champagne, put Alf on my shoulders and parade the streets screaming “We did it.”

Some practical suggestions for providers to assess for the risk of PTSD related to birth trauma can include screening for traumatic stress symptoms. Reliable and valid instruments are available for use, such as the Perinatal PTSD Questionnaire (DeMier et al., 1996). Clinicians need to have a heightened awareness for women who share that they are experiencing any of the clinical symptoms consistent with the *DSM-IV* criteria for PTSD, namely, avoidance, reexperiencing, and increased arousal (APA, 2000). These women may need to be referred for mental healthcare follow-up.

Some of the mothers' heart-wrenching descriptions of their feelings about their children are disturbing and warrant further study. Research has confirmed the negative effects that postpartum depression has on mother–infant interactions (Beck, 1995) and on the children's cognitive and emotional development (Grace, Evindar, & Stewart, 2003; Hay, Pawlby, Angold, Harold, & Sharp, 2003). Future research needs to focus on examining if birth trauma and PTSD due to childbirth have similar disruptions in maternal–child relationships.

Also important to consider for future studies is the question of comorbidity with PTSD due to birth trauma. Research with PTSD not related to childbirth indicates that comorbid depression and other anxiety disorders are common (Schnurr, Friedman, & Bernardy, 2002). A recent study of low-income pregnant women diagnosed with PTSD also revealed comorbid depression and panic disorder (Smith, Poschman, Cavaleri, Howell, & Yonkers, 2006). Comorbidity makes the diagnosis of each disorder more difficult.

Lastly, additional studies are needed to determine if women who do not have the outlet or ability to talk about their experiences as those in this study, who had access to the Internet and TABS, are different in their experiences regarding the anniversary of their traumatic births.

The outcome of the original term *failure to rescue* (Silber et al., 1992) was an unnecessary death that occurred as a complication of surgery. The failure to rescue of women who are experiencing the anniversary of their birth trauma was not an unnecessary death but instead unnecessary emotional and physical suffering. Mothers' quality of life took a sharp decline during the period surrounding the anniversary of their birth trauma. Knowledge generated in this study emphasizes the critical importance of addressing both the vital psychosocial needs and the physical needs of the women during birth. ▣

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