Childbirth and the Development of Post-traumatic Stress Disorder (PTSD)

As every parent knows, childbirth is an extraordinary life event. To consider it as anything less devalues women and motherhood, and also has implications for men and fatherhood.

Physiologically childbirth is an event that only happens to the female portion of the human race. For many women labour and giving birth is distressing. Under any other circumstances besides pregnancy, some of the rapid changes that occur in the female body would be incompatible with life. The physiology of pregnancy and childbirth is a truly extraordinary and miraculous phenomenon.

Sociologically the change from being a couple, or being an independent person, to that of parenting a child, is a major life transition, one most are not prepared for. Social status alters, legal status alters, and responsibility and accountability become paramount in the eyes of society.

Psychologically the life change from personhood to parenthood raises the question of "who am I?" Self-confidence, self-esteem and sanity often take a battering. Partners are seen in a different light. Parental behaviour in one's own upbringing is reviewed and sometimes found wanting.

For many women and some men, childbirth has all the characteristics associated with physiological, sociological, and psychological trauma. Those women and men often go on to develop a variant of postnatal depression (PND). While a diagnosis of PND assists health professionals to implement treatment strategies, an underlying cause of post-traumatic stress disorder (PTDS) is often overlooked.

Four elements of post-traumatic stress following childbirth appear to be physical pain (physiological), not being heard (sociological and psychological), feelings of betrayal (sociological and psychological) and powerlessness or loss of control (psychological).
Post-traumatic stress is rarely present alone, although postnatal depression does not always derive from birth trauma.

Differences between PND and PTSD

Under the DSM IV (a classification of disorders) postnatal depression (PND) is a major depressive, manic or mixed depressive disorder that occurs any time in the first year following childbirth (commonly starting in the first four weeks). Symptoms are frequent crying, sadness, inability to sleep, appetite changes, difficulty in concentrating and making decisions, feelings of worthlessness, obsessive thoughts of inadequacy as a person and parent, lack of interest in usual activities, lack of concern about personal appearance, persistent anxiety, irritability and hostility.

Post-traumatic stress disorder (PTSD) is an adjustment, anxiety or dissociative disorder following exposure to a traumatic event either as a victim or witness (real or perceived). Diagnostic criteria are that the person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, for example, serious threat to life or physical integrity or serious threat to one's child. The traumatic event is persistently re-experienced as intrusive recollections of the event, distressing dreams of the event, flashbacks, and intense stress at exposure to events that symbolise the traumatic event. Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness, such as deliberate avoidance, amnesia, diminished interest in activities, detachment, restricted range of emotions, sense of a foreshortened future. Persistent symptoms of increased arousal such as difficulty in falling or staying asleep, reactivity on exposure to events that resemble the traumatic event, outbursts of anger.

The definition of PTSD raises the question: is childbirth an event outside the range of usual human experience that would be markedly distressing to anyone?

One feature that is present for most women is pain. The pain of childbirth is an experience outside the normal range and in many instances is distressing. Some women manage to control the pain through relaxation; others require medication or invasive

interventions. For the partner witnessing the external manifestations of pain, including the interventions, their feelings of helplessness can be overwhelming. It is not a normal human experience to witness someone in pain, often for a number of hours. It is a normal human experience to seek relief. For women planning a natural birth with no invasive pain relief their preparation involves an ability to maintain control. The experience for the partner, however, is sometimes of not being in control (of their feelings), there is no "pain" relief for them. They may fear for the partners and their child's safety but are unable to rescue them.

Thus fear and being out of control are common factors associated with childbirth. Fear and loss of control are also strong factors present in traumatic experiences. The degree of distress is often less associated with the events themselves but rather with the perception of control, attitudes of people around, poor relationship with the maternity care provider, feelings of not being heard, level of information provided and ability to consent.

Paradoxically, it is not always the sensational or dramatic events that trigger childbirth trauma. For example, not all women who experience a major surgical or obstetric intervention such as caesarean section or forceps develop post-traumatic stress because, to them, the intervention is not traumatic, their experience was of freedom from pain, a good and trusting relationship with their maternity care provider, input into the decision and the belief that the right thing happened. On the other hand some women who have a normal birth do experience a traumatic follow-up because they felt out of control, had a poor relationship with their maternity care provider, experienced pain they could not handle or reacted to pain in a manner that frightened them, and became powerless. They did not believe the right thing happened.

The intimacy of childbirth may also be associated, symbolically, with a previous trauma (feelings being remembered or avoided). Commonly such trauma involves sexual abuse of some nature. Being in pain, not being heard, being betrayed, having a powerless relationship with an authority figure, and being out of control are triggers to resurrect a previous event. Being touched, being held down and knowing that the events are not right, but not being able to do anything about it, are powerful factors that activate severe stress reactions. Sometimes the strong feelings are there but remembrance of any event is absent. The event has been pushed deep down into the unconscious. For some women breastfeeding raises feelings of "loss of control" to "the other" (yes, the baby can appear to be an authoritative other). The guilt experienced because of these feelings toward the baby is extremely distressing often because they are misunderstood.

Having a baby is a natural function in life. Parents experience various reactions and feelings that are normal. In any given era of history society constructs norms related to the current environment, economics, beliefs, values, ideologies, politics, scientific and technological advances. You do not have to accept those norms. You can contribute to change by not accepting what has happened to you and speaking out by telling your story.

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