

ANOTHER ARTICLE FROM JOAN DONLEY !

Post Traumatic Stress Disorder, PTSD was defined as a psychiatric disorder in 1980 as traumatic reactions “*outside the range of normal human experience*” which is beyond a person’s capacity to process. The condition had long been known as ‘shell shock’, ‘battle fatigue’ or ‘war neurosis’ that is severe stress experienced from the **aggression and violence** of war.

Sustained stress causing an excessive secretion of adrenal steroid hormones has been found to cause varying degrees of atrophy of both the left and right hippocampus that has a high concentration of receptors for hormones that respond to stress. The hippocampus, part of the brain’s primitive limbic system is involved in instinct and emotions. PTSD can result in a 10% shrinkage of the hippocampus. Knight 1999

Pregnancy, labour and birth were internationally acclaimed to be normal physiological processes (WHO 1985). It is therefore alarming and shocking that since 1994 it has been recognised that women suffer from PTSD following a traumatic labour and / or birth! Today, 2001, it is estimated that about 7% of women suffer from a syndrome equated to the effects of being on the battlefield!

Obstetricians defined childbirth as pathological in order to gain control. To deal with ‘residual normalcy’ they used ‘pathological potential’ to enable them to act prophylactically. Arney 1985 Having convinced women of the ‘dangers’ and being in control of the invasive technology (weapons) – prostaglandins for inductions, routine electronic fetal heart monitoring, epidurals - they control (manipulate) the decisions. They are the generals in the war against normal childbirth. Women now have a soaring c/section rate resulting in traumatic reactions ‘outside the range of normal experience.’ **Therefore, the medicalisation of birth is a form of aggression and violence.** Boyce 1992 found that women having an emergency c/section have more than a six times risk of postnatal depression at three months postpartum. It does not begin as depression, rather women exhibit “increased arousal” including difficulty concentrating and sleeping, exaggerated startle response, irritability and anger and/or hypervigilance. (These are DSM-IV symptoms of PTSD. DSM – Diagnostic & Statistical Manual of Mental Support Disorders)

Undermining the role of women in producing and nurturing a healthy child has far-reaching and long-term effects. Cohen 1983 noted that abnormal pregnancy / labour resulted in separation of mother and baby and lack of bonding. She further found that more abused babies have been in a special care nursery. John Stevenson, Melbourne home birth doctor 1980s also recognised the long term deleterious effects of separation of mother and baby at birth. He

said PTSD is the result of a negative birth event that is devastating and preventable. The subsequent removal of a baby from its mother damages or destroys bonding – the basis of a good mother-child relationship necessary for successful child rearing. In the long term, a person’s ability to trust himself and his environment is laid down in the first two years of life – especially in the first few months when the baby is most vulnerable.

Blumberg 1980 found that maternal depression was related to anxiety over high levels of neonatal risk. (If you refuse the technology your baby could die). Harris 1989 claimed that intercepting the bonding process can result in guilt, failure and loss of self-esteem. Guilt inclines the mother to blame her-self rather than the system. Nonetheless, women traumatised by the birth experience are sometimes labelled ‘neurotic’ or criticised for having too high expectations, wanting the “perfect birth” – that is ‘blaming the victim’.

Culture of violence

Merepeka Raukawa-Tait 2000, CEO NZ Women’s Refuge, claimed that social conditions and 15 years of structural change resulted in an acceptance of violence. She noted that soldiers returning from World War Two were traumatised and resorted to alcohol, drugs and violence. She said ‘domestic violence is alive and well in New Zealand and accepted as the norm - - not just a Maori or Pacific Island problem. She saw the need for a political vision and for the corporate business leaders to accept their obligations and responsibilities. **“The well being of the women and children of this country must be seen as a priority by this Government.”**

We could challenge the maternity ‘business leaders’ such as hospital CEOs, pharmaceutical companies, anaesthetists, obstetricians and neonatal paediatricians to ensure that we have fewer **‘obstetric warehouses where everyone gets a (prophylactic) intervention.’**

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