

TRAUMA, THE MIDWIFE AND THE PREGNANT WOMAN

By Judy Crompton

Increasingly there is understanding of the amount of violence and abuse in the lives of women and children. As yet, awareness of signs, symptoms and care of previous trauma is not built into midwifery training.

Evidence is now suggesting that knowing a woman's medical and obstetric history may not be enough to care for her effectively. An antenatal social history should also be taken in a gentle and understanding way even though the client may not have had any negative events in her life or may neither wish, nor be able, to disclose her past experiences. However, experts in the field of abuse suggest that by not asking about previous abuse, caregivers reinforce the victim's sense of shame and can transmit a message confirming the client's belief in the need to deny the reality of their experience.

Sometimes, when questioning a woman, you may hear answers that disturb you. If this happens, I would like to suggest that you share them with someone that you trust. This is called 'debriefing'.

What follows are lists of:

- Questions to ask at the Ante-natal booking
- Things to be alert to during a woman's pregnancy and labour
- Things you can do to help

WHAT TO SAY AT THE ANTENATAL BOOKING

The Antenatal Trauma Questionnaire (Crompton, 1996)

Simple questions to ask a first time mother after first reassuring her of complete confidentiality:-

1ST group of questions...

Q. Have you ever had an internal STD check or smear test done?

If answer is 'yes' continue with . . .

Q. Some people don't mind them but others find them really unpleasant. Can you describe one that you remember?

If answer is 'no' to first question, continue with...

Q. Have you, perhaps avoided having one for some reason?

2ND group . . .

Q. You may already know that sometimes during labour we need to do a vaginal examination. In order to care for you I need to ask you: would that bother you?

Q. Has anyone ever touched you in a way that frightened you or that you didn't like?

Q. Has anyone ever knocked you about or hurt you in other ways?

Q. Are you still in that relationship?

When booking a second or subsequent baby:-

Q. Can you tell me how your last labour went?

If she is unable to describe it freely, continue with...

Q. Did anything happen during that labour that you do not want to happen again?

Q. Some women describe having learned to 'go away' or 'step out' when things get hard to handle. Can you tell me about this?

Q. You will remember that during the birth we sometimes need to examine you vaginally. Can you tell me how that was during the birth of your last baby?

Q. Has anyone ever touched you in a way that frightened you or that you didn't like?

Q. Has anyone ever knocked you about or hurt you in other ways?

Q. Are you still in that relationship ?

NB. After asking the question, even if the silence seems very long . . . be patient and BE QUIET. Do not be tempted to help the woman with a long list of possible answers. If you sense that there may be undisclosed abuse, make a mental note to deal with the information in which ever way has been decided with your colleagues in previously agreed guidelines. If previous trauma is disclosed, listen sympathetically, say how very sorry you are to hear her story and offer referral for professional counselling.

WHAT TO LOOK FOR

“The body not only seeks truth, but also, for want of a better word, it stores truth. When we’re ready, our body may provide us with clues about painful truths that our conscious mind has repressed. Many of us receive the precious gift of memory through the body first.” (Lerner, 1993, p.193)

Who better to notice the clues than the empathetic midwife? Conscious and unconscious indications of previous trauma, particularly of sexual trauma, are often made by the woman during childbirth. Unfortunately they are frequently contradictory and may be observed in **all** women to a lesser degree. The woman’s story can only be understood if she discloses it. However, the following signs are a signal for special alertness and empathic attunement on the part of the carers.

Symptoms of previous trauma to be aware of during pregnancy:-

- * Obvious signs of injury.
- * Need for complete control. Very detailed birth plan or insistence on homebirth.
- * Failure to keep antenatal appointments.
- * Needle phobia.
- * Extreme agitation.

Symptoms of PTSD during labour:-

Extreme fear.
Lack of trust.
Vaginismus.
Insistence on complete control.
Dissociation (‘stepping out’ or mentally ‘going away’).
Flashbacks (reliving previous trauma)

These are some of the most obvious indications but there are many others.

WHAT YOU CAN DO TO HELP

- * Give the client control . . . it is her body and baby.
- * Value her and treat her with the utmost respect.
- * Always ask permission to touch her.
- * If a vaginal examination is necessary, gain permission then tell her that you will stop the moment that she asks you to.
- * Keep her focused in the present. Lots of eye contact.
- * Never forget what suffering she may have endured.

References:-

Crompton J. (1996) Post-traumatic stress disorder and childbirth:2. British Journal of Midwifery. Vol.4, No 7, pp 354-356, 373

Lerner H (1993) The dance of deception; pretending and truth telling in women's lives. Harper Collins. New York

Further reading:-

Parrat J. (1994). The experience of childbirth for survivors of incest. Midwifery:10, pp.26-39.

Please reference this work accurately. Permission to copy and use The Antenatal Trauma Questionnaire and all correspondence to judy.crompton2@btinternet.com

Judy Crompton BA (hons), RM, Diploma in Counselling (Royal Society for Health). After having 5 children, all but the first born at home, I trained as a midwife. I became interested in women's differing birthing styles and realised that, sometimes, I was witnessing the symptoms of Post-traumatic Stress Disorder. Having subsequently trained as a trauma therapist, Judy specialises in Cognitive Behaviour Therapy and Eye Movement Desensitization and Reprocessing. Judy also writes, teaches, researches, enjoy her grandchildren and loves to travel.