

CT: Hi, I'm Charlotte Tracy and I'm a Senior Associate in the Clinical Negligence department at Barcan+Kirby Solicitors. This is an episode of Barcan+Kirby Bitesize in our series on the topic of maternity care.

Today I'm speaking with Anna McGuire. Anna is a BACP-accredited psychotherapist and counsellor. She specialises in perinatal mental health but particularly in birth trauma which is what I'm speaking to her about today. My conversation with Anna includes some important points about feelings that aren't normal and getting the help you need to improve your quality of life after a difficult birth experience. We hope this conversation helps anyone who relates.

That being said, the conversation contains brief mention of negative birth stories so if you're pregnant and you've decided that you don't want to hear these or if you've experienced birth trauma and you are not ready to hear stories like this yet, you might want to give this one a miss.

What is birth trauma?

CT: Anna thank you so much for joining me today, thank you for talking to me. To launch straight in, in a mental health context, what is a birth trauma?

AM: So, the Birth Trauma Association describe it as PTSD for after birth. So that's where a birthing person has been in a situation during the birth period where they feel like there's been a threat to their life or a threat to their baby's life. And it doesn't matter what the eventual outcome is, at some point their body has reacted to that thought. I like to refer to it as the silent epidemic and that's because there's this real expectation of how birth should be but the reality of it isn't like that and people don't expect to leave the birth experience feeling shaken and scared, and a lot of people do. I can look at a person who's given birth and I can see the ones that have had a positive experience and the ones who have had a difficult one and that's because one person leaves feeling empowered but the other person leaves feeling bereft.

Symptoms of birth trauma

CT: If someone is trying to understand that by trying to attach it to a scenario so they can better understand the link between the two things... The Birth Trauma Association who you mentioned - they have a website which is great if you're trying to understand this better - they have a video where they're asking some women about their experiences and they gave examples... for example, births complicated by infection or even sepsis, life-threatening conditions to do with where the placenta is lying which has caused bleeding, difficult and long labours ending in instrumental delivery – so with forceps, traumatic C-sections, there was an instance of shoulder dystocia (that's where the baby's shoulder gets stuck and that created an emergency situation leading to the baby suffering with Erb's palsy) and that's just a really limited list. It doesn't cover a whole lot of things including someone who has really tragically gone through stillbirth. Those are situations that you and I will be familiar with in our work. If someone has been through something like that and they are experiencing birth trauma, what type of symptoms might they exhibit?

AM: I think the easiest way to start here is to look at how the brain forms memories. So, all of our minds have this beautiful library of memories and in there we can find our memories alphabetically, chronologically. If we feel like a cover is outdated then we can go in and update it, we can add new chapters to these memories, but if a memory is formed when we're in a fight or flight response where we feel like our

lives, or someone else's lives are in danger, we can't find our way to that library in our mind so that memory becomes fractured and broken and it just sort of floats around and that's why people have these sorts of reactions of intrusive thoughts, flashbacks and memories and that's because our body is reacting as if it is happening there and then because that memory is broken, it doesn't have a home so our body thinks that we're back in that trauma and things to look out for so that re-experiencing of it, the avoidance of maybe medical professionals or the hospital, talking about the birth or even watching anything to do with birth or pregnancy on TV. Also, there's negative thinking and negative feelings, so self-blame, being very critical, blaming someone else and a really low mood and then there's also arousal and reactivity so difficulty sleeping and being really irritable, so really alert to danger so if you're just in the kitchen chopping up some veg and someone walks in it's that real over-reaction of gasps, you know that's a trauma response to a memory. Things that we can look out for in people is, are they trying to keep too busy, are they you know, overly exercising every day, are they overly cleaning every day or maybe they're using numbing techniques such as taking drugs or drinking a bit more than usual.

CT: A common theme actually in these women who were asked about their experiences was that they didn't understand what was happening to them and they didn't feel listened to. So, there was one woman who said she felt forced into an induction and her intuition hadn't been listened to and there was another woman who said that she was already in a scary situation because she didn't really understand what was happening and she was also immobilised due to an epidural, but she then didn't feel listened to. Do you think not being listened to and not being believed compounds birth trauma?

AM: Yes, absolutely. I hear so many people say that they felt like they are on this just conveyor belt. So, you know, the medical staff around them didn't understand that they knew their body more than them, that their pain threshold was different to the person in the bed next to them and all of this is very belittling and undermining and they can then feel ashamed and also, you've got to think about the injuries that they've suffered are very sensitive as well.

So, for example, I had a client, and she had a very difficult birth. Her baby was okay. So, she had this healthy baby, but she was sobbing, she was in agony and she didn't want anyone to see her crying because she had this perfect baby - so why would she cry? She'd pulled all the curtains around her for privacy and all of a sudden, a midwife came along, threw open the curtains, and said: "What are you fussing about?" Yeah. So, the whole ward now knew that she was crying. She felt like the midwife was saying, you know: "What's wrong with you?" She felt scared, she felt pathetic, and she felt alone and that meant that every time she then cried when her nipples were hurting, or when her baby was crying too much, when she hadn't had any sleep, those feelings were cropping back up. Feeling alone, feeling pathetic and feeling scared. If the midwife would have just pulled the curtain around and said: "Are you okay, is there anything I can get you?", her recovery would have been so much quicker because you'll recover from the physical, but that psychological recovery took a lot longer.

CT: And these feelings that we're discussing and the experiences and the birth trauma that is potentially on top of something of a sea change in terms of the way that you feel your emotional and your mental health just because you've welcomed a new baby. What other mental health considerations do we need to have?

AM: Well, a big one is where you haven't quite got postnatal depression, but you've got postnatal anxiety, so you're really alert to threat, really alert to danger. Stuff like OCD. If OCD is developing, if you're becoming really obsessed with certain things like cleaning or exercising, If you've had bipolar disorder, there's a lot of studies out there that say that there is a big flare-up after births, so you need to make sure that you're really in contact with your mental health team. But if somebody has had mental health considerations before, then they could be vulnerable in this situation, especially if they've had anything like a history of sexual assault, you know - really keep an eye on that sort of situation there. But anyone can be susceptible to this because there's such a big transition into motherhood. There's a loss of routine, a loss of identity, a loss of social life, there's physical changes, changes to the relationship with your partner, changes to the relationships with your parents. You know, people around you are becoming grandparents, aunts, or uncles - it's how they're reacting to that and then, if you are struggling, there's the stigma of mental health. So, there's the fear of

being judged. So, there's one barrier of actually getting listened to and then there's another barrier of that stigma around mental health.

Social stigma

CT: It's interesting that you should mention stigma, actually, because I think a lot of women can relate to the idea that you shouldn't be allowed to be sad after you've given birth, like you said with your client: "You have a beautiful baby, what can you possibly be sad about?" One of the women in the Birth Trauma Association video that I referred to earlier said that, as she had gone through a very difficult birth experience, one of the triggers for her PTSD was her child and she found that really difficult because she had to love her trigger. So, it sounds like you do think that there is a societal stigma around birth trauma and poor postnatal mental health in general?

AM: Yeah, definitely, definitely. There are studies that show that less than half of people who are struggling with mental health will ask for help and 80% of those people do feel judged when they do. There's also, I think, 84% of people who suffer with a physical injury from birth will then say that it's really affected their self-esteem and their body confidence going forward and what people forget is that, when a first baby is born, so is a mother. It's that contrast of life before and life after and what people don't imagine when they come home from giving birth is they don't expect the type of pain that they're experiencing, they don't expect for more hospital visits to be in the diary, they don't expect for a midwife to be having to examine their vagina every time they visit and it's so sensitive and it's so easy to get caught up in those memories of that.

Being heard

CT: And everything we've been talking about all of these symptoms, these feelings, how important is it that someone who feels this way becomes aware that their feelings aren't normal and that means that there is a way for them to get better and back to a normality?

AM: Yeah. Being heard and having your experience validated makes all the difference. Sadly, you know, a dark journey with birth isn't a normal one, but you can recover from it and I'm here as a mental health professional to say that, just because you're suffering from mental health, it doesn't affect how good you are as a mum and there are a lot of charities out there to support you as well. There's Half Hidden, which really works with that sort of silent epidemic thing that we talked about. There are loads of excellent podcasts out there. So, like 'Made by Mammias'. They really normalize how difficult it is having a child and that transition and if you can't find time to talk to the people around you - for example, because the baby's screaming all the time so you and your partner just can't get a conversation together - book a session with a professional registered therapist and that'll help.

Therapy

CT: So, you mention therapy. How can someone benefit from counselling or therapy if they've experienced birth trauma?

AM: What counselling can do is it can provide you with a really safe space once a week or once a fortnight. So, all of those intrusive thoughts and memories and flashbacks that are coming out - you've got somewhere to put them and that means that the rest of the week or the rest of the fortnight, your family and your baby can have a more positive version of you and that means you can think: "That's a really scary thought, but I've got therapy in two days, it's okay". So, it does help you become more relaxed and we work on refiling those memories - grabbing that traumatic fractured memory and putting it into your library and there is an end goal. You come out of therapy, and you have more trust in yourself, you have more control over your reactions and you then have a toolbox for something you can use this for those dark days.

Therapy techniques

CT: You mention a toolbox, which sounds great and such a great benefit of therapy. What type of techniques do you use or do other counsellors and therapists use during therapy?

AM: So, I think, for clients suffering from a birth trauma and PTSD what we do is we look for that automated thought. So, for that client that I mentioned earlier, it was realising how much of an effect that midwife had had on her. So how often that thought was coming up into her mind without her even realising: "What are you fussing about? What are you fussing about?" And when we handed back that responsibility to that midwife - it's her that should be waking up at two in the morning, worrying about how she's spoken to someone, rather than the client thinking that over and over again.

Something else that I really like to use for anxiety is the traffic light system. So, there's ten to zero. Ten to eight is the red zone. So, that's when your anxiety is such that you're having a physical reaction on the verge of a panic attack, or a panic attack and what you can do then is just ground yourself in the here and now and that's thinking about what can I touch?, what can I see?, what can I hear?, what can I smell? and what can I taste? and only when you've found yourself able to think through those physical reactions, then you enter the amber zone. So, that's seven to four and that's when you're in a position where you can talk about the anxiety. So, you can say: "This thought is my anxiety; it is not reality, it is a nightmare. This is my anxiety." and that way we let another part of you take the steering wheel and let the anxiety leave and then, if you're in the green zone, that's sort of three to zero - and that's when you have a negative thought, and it drifts away.

CBT and EMDR

CT: That sounds like it's a really helpful technique. If someone is now realising that they can get help and they are researching therapies and counselling and they come across things - they might notice, for example, the National Institute for Clinical Excellence known as NICE, They recommend – obviously, depending on the circumstances - techniques like CBT and EMDR. For someone who doesn't know what they are could you explain those for me?

AM: CBT, that's Cognitive Behavioural Therapy. That's something, a technique that I use alongside Compassionate Talking Therapy and that's where you really work on finding those automatic thoughts like "what are you fussing over?". There's sometimes homework being set, so grounding exercises, breathing exercises, journaling and later on, down the line, sort of exposure therapy and if that worries you, please don't let it, because by the time you get to the point of exposure therapy that won't be as scary.

And then of course there's EMDR, like you mentioned so that's Eye Movement Desensitisation and Reprocessing therapy and it's where a therapist uses an eye rhythm stimulus, so your eyes are moving rapidly and you're talking about the traumatic event and using that rapid eye movement - it dampens the memory. But what I will say here is both of these types of therapy need specialised training and regular supervision. So if you make sure that the person you choose is part of a registered membership body such as the BACP or the EMDR Association UK.

Accredited therapists

CT: I think that's really important that people know that they should be looking for accredited therapists. Sort of in, perhaps the run-up to therapy some people in general might benefit from medication, but some people I know, perhaps due to low mood, feel like they're just not able to engage with the therapy yet and it's the medication that perhaps can get them to a point where they're able to engage with therapy. If someone is in a situation like that, who should they talk to?

AM: If they've got a mental health team around them definitely talk to your mental health team. Otherwise, book an appointment with your GP and I'd just like to say here as well that there is a myth that antidepressants can you know get to the baby through breast milk but that is just a myth and you can take antidepressants while breastfeeding.

Supporting postnatal mental health

CT: That's really good to know. Just to round us off really in terms of our conversation because we've talked about these symptoms and these feelings but also about stigma, the silent epidemic that you mentioned, what can we do as friends and family to support good postnatal mental health? How can we make sure that people's feelings are validated and they're getting help from the people around them?

AM: So first of all it's not just the birthing person to look at, it's the partner. You know, they might be suffering from birth trauma as well with what they witnessed and we need to just normalise this transition, normalise the lack of sleep, normalise the massive change of routine, problem solve on how to maximise sleep. Also, you know, if you can do anything practical like take the baby for a walk so they can get a little nap in or take some food over. But, if that's not possible, you know, recommend a podcast, send over a book, like 'Calm Sleep' is a great book and mostly ask the mum how she is and what she needs. Let her feel heard.

CT: Okay, that's really great advice, thank you Anna. Well, thank you so much for talking to me. It's been a really great chat and you've raised some really important points and I hope that people can use this to understand their feelings and to get the help that they need, so thank you.

AM: Thank you so much, thanks.