

# Perinatal Mental Health: Birth Trauma

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

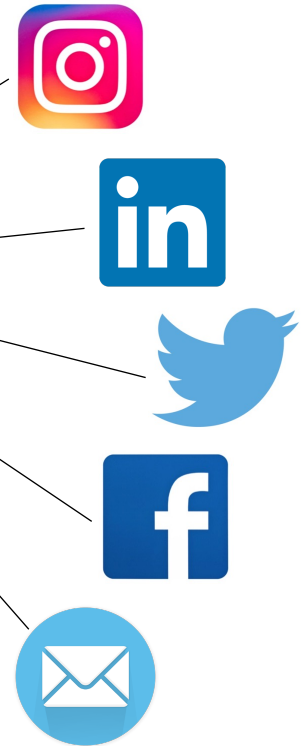
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AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
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# Birth Trauma

Marianela Rodríguez-Reynaldo, PhD, PMH-C

Art by: Amanda Greavette



# Objectives

1. Define birth trauma and related experiences during the perinatal period.
2. Recognize symptoms and screening tools for birth trauma and PTSD.
3. Examine effective ways to support individuals who have experienced trauma during birth.





# To give birth, to be born

Share a word that represents the meaning of birth

- Do you know your birth story?
- How did your mother learn she was pregnant with you? How did she feel?
- Where did she give birth?
- Who was with her?
- What kinds of interventions were used, if any?
- Were you placed skin to skin?
- To what extent was your father involved?

# The childbirth experience



Andrea Davis Photography

# What is trauma?

When an individual person is exposed “to actual or threatened death, serious injury, or sexual violence” ([American Psychiatric Association \[APA\], 2013](#), p. 271).

“Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” ([Substance Abuse and Mental Health Services Administration \[SAMHSA\], Trauma and Justice Strategic Initiative, 2012](#), p. 2).

# What is birth trauma?

“A traumatic childbirth experience refers to a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/ or long-term negative impacts on a woman's health and wellbeing.” (Leinweber et al., 2022)



Keyla

I almost bled to death. It was scary - the surgery, the blood transfusions, the trauma. And now that the baby is here, I don't know how to feel. I didn't want any of this to happen. How am I going to do this on my own?

Laura

I carried this sweet baby for 9 months & did everything "right" - yoga, staying hydrated, prenatal vitamins. An unplanned C-section stole the moment of my daughter's birth from me. A moment I've dreamed about my whole life. Now I feel sad, isolated, lost & guilty.

Britt

The birth was easy. But no one prepared me for my son's lung collapsing & having him in the NICU! They told me to breastfeed, not pump, but how do you do that with a NICU baby?

# How did my birth go? How did/do I feel about it?

# WHO Statement



For more information DOI:  
10.1016/S0140-6736(19)31992-0



All women have the right to a safe and positive childbirth experience, whether or not they have a confirmed **COVID-19** infection.



Respect and dignity



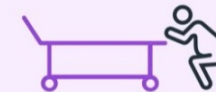
A companion of choice



Clear communication by maternity staff



Pain relief strategies



Mobility in labour where possible and birth position of choice



World Health Organization

#COVID19 #CORONAVIRUS

# Ladies' Home Journal, 1958

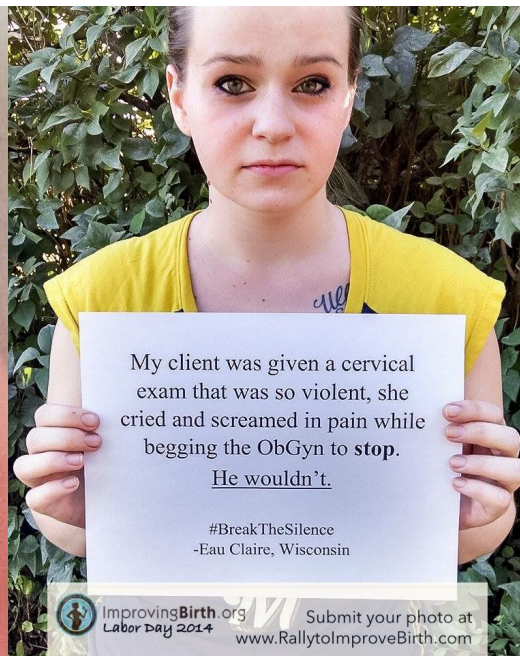
## Stories included:

- women being strapped down for hours
- a woman having her legs tied together to prevent birth while her obstetrician had dinner,
- women being struck and threatened with the possibility of giving birth to a dead or brain damaged baby for crying out in pain,
- a doctor cutting and suturing episiotomies without anesthetic while having the nurse stifle the woman's cries with a mask.



# #BreaktheSilence Campaign

Hundreds of women shared experience of bullying, coercion, and procedures without consent.





# Prevalence



- Up to 45% of new mothers have reported experiencing birth trauma.
- Fully diagnostic PTSD is shown in 3% of women, and in 5–9% of women if sub-diagnostic levels (partial PTSD) are included.
- Prevalence increases to 18.5% in high-risk groups

# Maternal Mortality in the US

- “The rate of **life-threatening complications** for new mothers in the U.S. has more than **doubled in two decades** due to pre-existing conditions, medical errors and unequal access to care.” (ProPublica, 2017)
- According to the CDC, **maternal mortality has significantly increased** for women of color since the pandemic started.
- Black women increased from **44 per 100,000** in 2019 to 55.3 per 100,000 in 2020.
- For Hispanic women, the death rate went **from 12.6 per 100,000** in 2019 to 18.2 in 2020.

Black and Indigenous women are **2-3x more likely than white women to die from complications of pregnancy and birth**

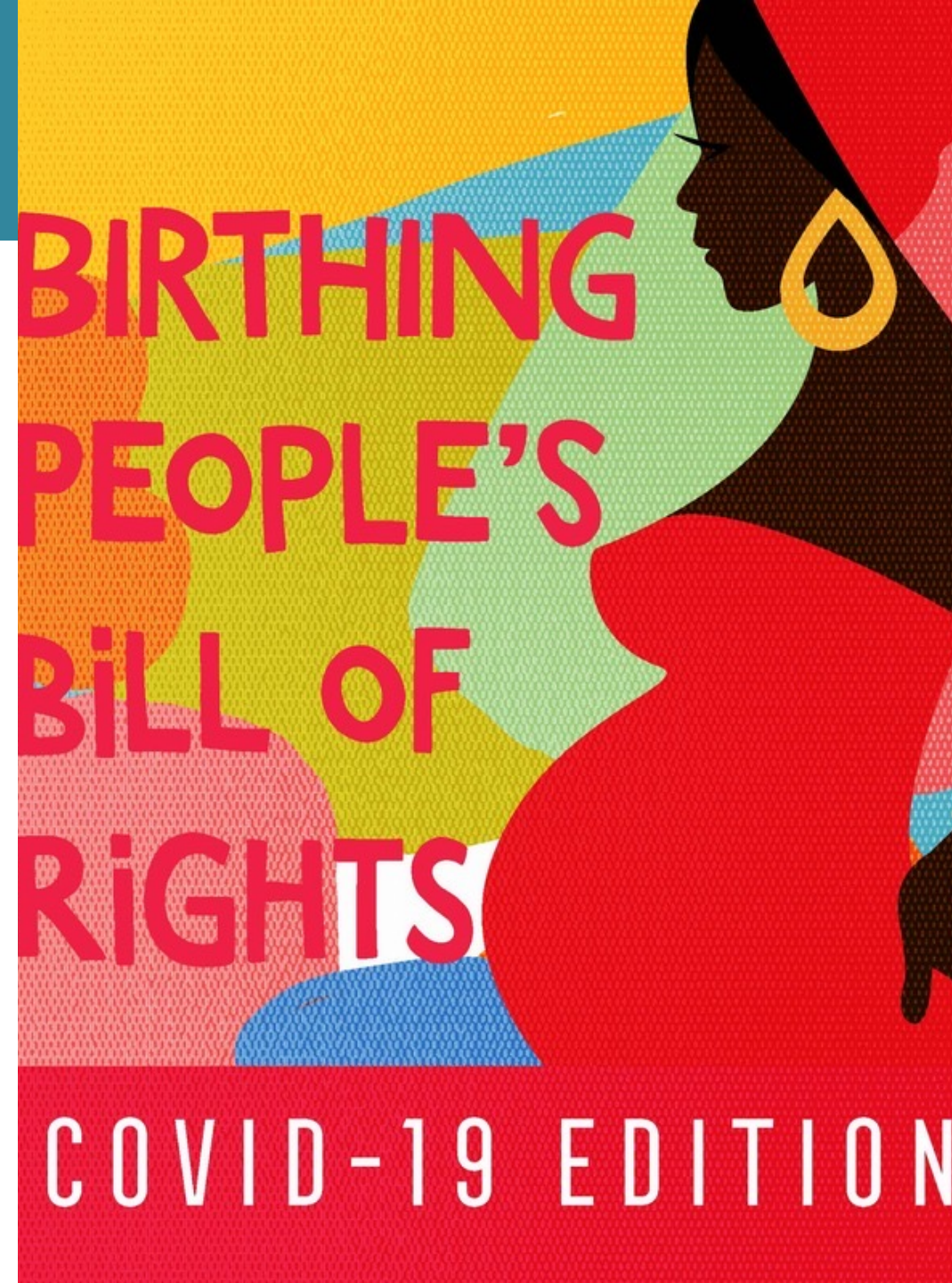
and are also more likely to experience near misses or severe complications.



**One in three people of color** giving birth in a hospital reported that they experienced disrespectful care or mistreatment.

# Birth and postpartum during pandemic

- Women who gave birth during the pandemic were more likely to experience birth trauma
- Higher stress
- Mother-baby bonding difficulties due to separation
- Isolation
- Changes in hospital protocols
- Visiting hours; birthing alone
- Reduced resources and support
- Additional financial, childcare strains



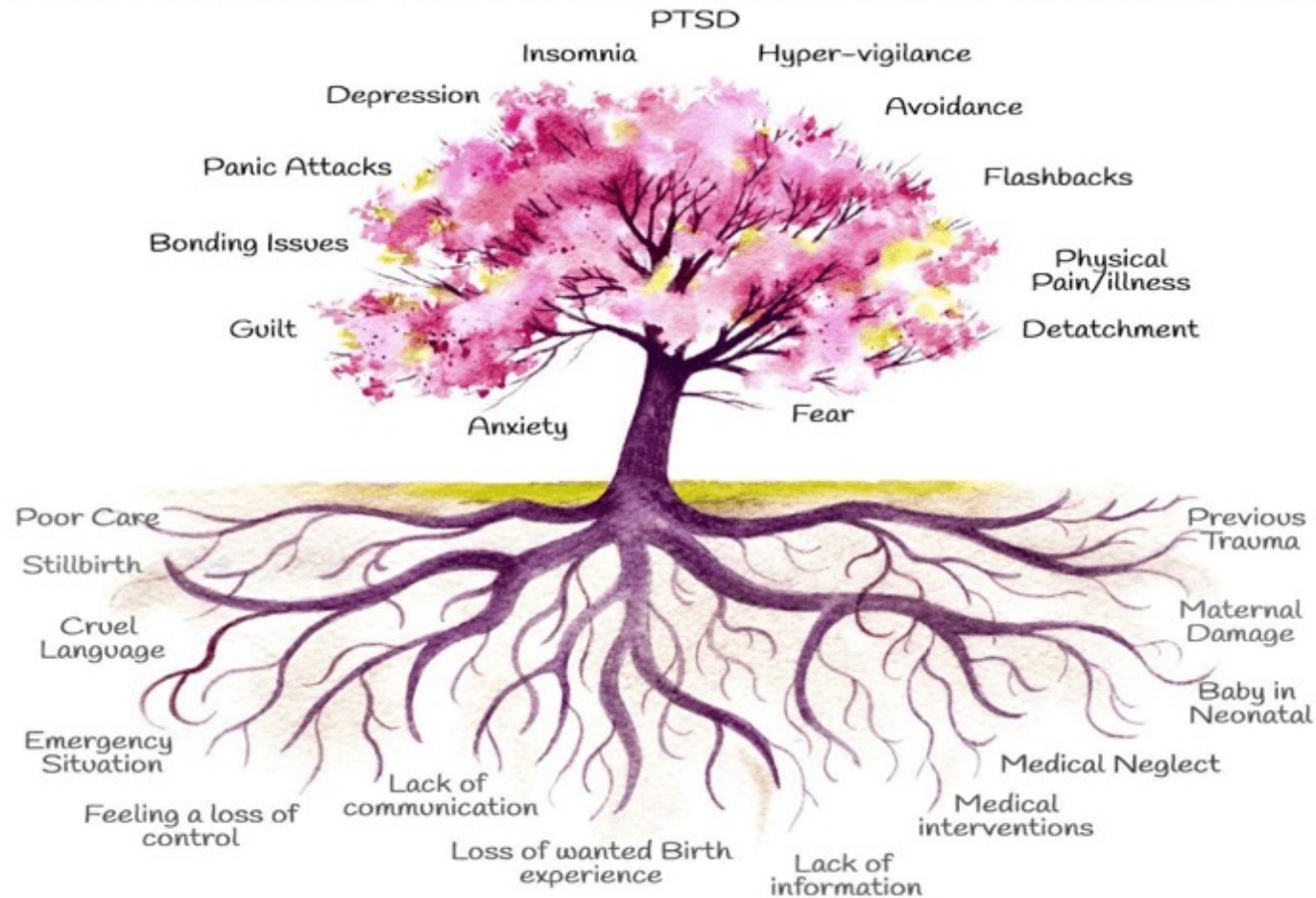
# Birth Partners



Scribbles

- 97% of women will have someone with them during birth
- Approximately 90% of fathers will attend the birth
- May experience feelings of frustration, fear, and helplessness
- Cultural/social expectation to “man up!”
- Vicarious trauma

# Birth Trauma Tree



**“Trauma is in the eye of the beholder”.**

**-CT Beck-**

"What's the bravest  
thing you've ever said?"  
asked the boy.



"Help" said his mother.

# Screening

# Risk factors

- History of trauma (including sexual abuse)
- Long and painful labor
- Instrumental deliveries (vacuum or forceps)
- Distress in labor and obstetrical emergencies (Near Miss)
- Infant complications
- Perceived low support during labor
- Emotional complications during pregnancy
- Birth plan changes, not matching expectations
- Stillbirth or neonatal death

# What matters to women during childbirth (2018)

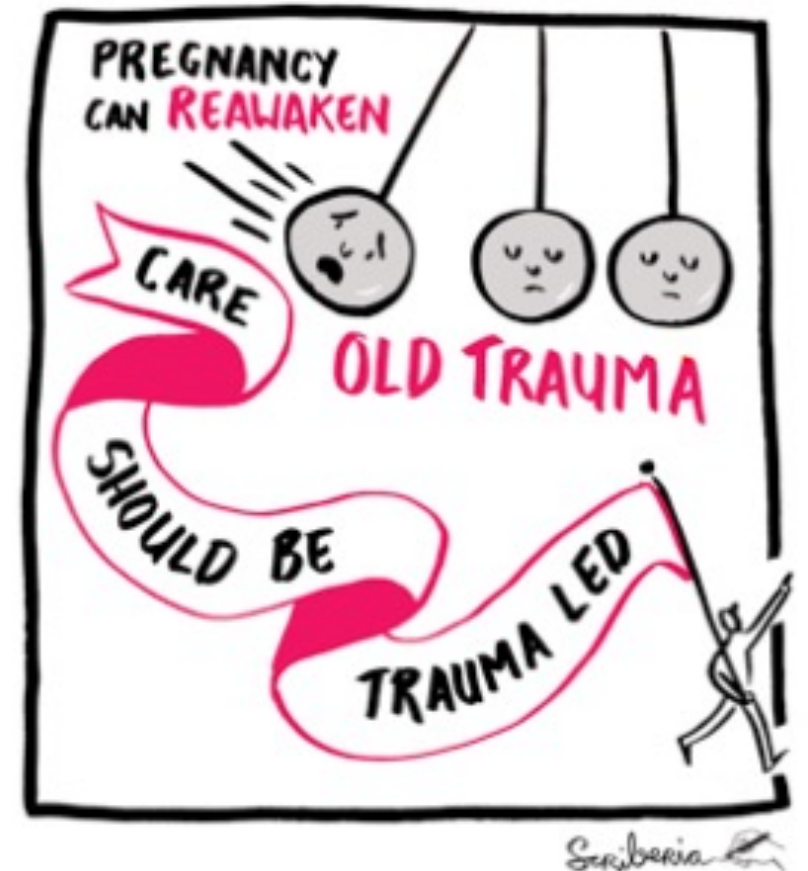
“Most women around the world hope for a labor and birth experience that enables them to use their inherent physical and psychosocial capacities to labor and give birth to a healthy baby in a clinically, culturally, and psychologically safe environment with continuity of practical and emotional support from a birth companion(s), and with kind, sensitive clinical staff, who provide reassurance and technical competency.”





# Perinatal Traumatic events

- Disrespect and abuse during childbirth
- Undergoing unnecessary and extensive interventions (episiotomy, forceps)
- Prematurity, NICU, Stillbirth
- Hyperemesis gravidarum
- Fetal anomaly diagnosis
- Poor response to anesthesia
- Lack of informed consent during labor
- Feeling coerced
- Separation from newborn



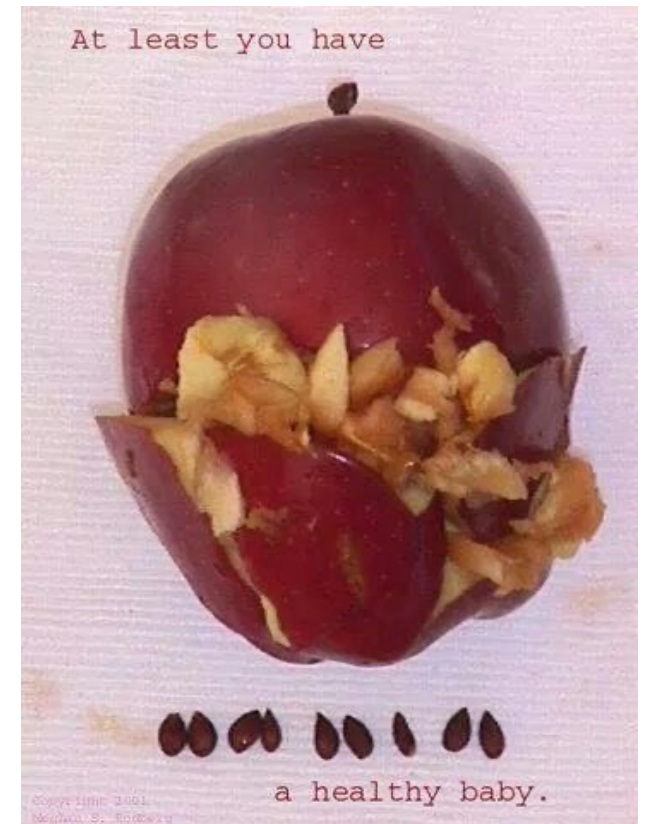
# PTSD

## Criteria in DSM 5:

- a. The stressor causes significant distress or impairment in the individual. Symptoms for more than 1 month after event.
- b. **Intrusion**- memories of the trauma, flashbacks, nightmares, physical reactivity.
- c. **Avoidance** – emotional numbing, denial, apathy, social withdrawal
- d. **Negativity** in cognitions and mood- guilt, depression, sense of blame, anhedonia
- e. **Arousal**- sleep disturbance, poor concentration, aggression, hypervigilance

# Impact of untreated trauma

- Avoids postpartum care; avoids visiting hospital
- May define her identity
- Could interfere with bonding and breastfeeding
- Vicarious trauma of person who witnessed birth
- May impact sexuality
- Baby as reminder of trauma
- Avoidance of further pregnancies
- Triggers in future pregnancies



# Centrality of the event

- “This event has become a reference point for the way I understand the world“
- “I feel that this event has become a central part of my life story”
- “This event permanently changed my life”
- “If this event had not happened to me, I would be a different person today”

# Key themes

**Negative health  
care provider  
interaction**

**Dysfunctional  
operation of the  
maternity care  
system.**

**Lack of Support**

**Person's sense of  
knowing  
(informed-consent)  
and control.**

# Screening Tools

- City Birth Trauma Scale-has 29 questions that measure PTSD according to the DSM-5.
- Perinatal Post Traumatic Stress Disorder Questionnaire-II (PPQ-II)
- PTSD Checklist Civilian version (PCL-C)
- ACES
- Life Events Checklist from the National Center for PTSD, (LEC-5)



**Support**

# A Trauma Informed Care Practice

- **Understand Trauma** by recognizing that many behaviors and responses are ways of adapting to and coping with past traumatic experiences.
- **Promote safety** by establishing a safe physical and emotional environment where basic needs are met through ensuring your agency's discipline and behavior management practice do not add new traumatic experiences
- **Competency** by ensuring your staff responses are consistent, predictable, and respectful
- **Supporting Control, Choice, and Autonomy** by helping clients regain a sense of control over their daily lives
- **Cultural Humility** by respecting diversity of families
- **Integrating Care** by believing that establishing safe, authentic, and positive relationships can be corrective and restorative to trauma survivors.
- **Recovery is Possible** by understanding that recovery is possible for everyone regardless of how vulnerable they may appear





## The Facts About Traumatic Birth and How You Can Feel Better

Many expectant parents have an idea of how they would like their childbirth to go. But sometimes, childbirth doesn't happen the way we think it will. Even with good medical care, childbirth can be overwhelming, or even scary. If this sounds like your experience, you aren't alone. In fact, up to a third of women have what is called a traumatic childbirth, and there are concrete things you can do to heal from your trauma and feel greater peace.

### How do I know if my delivery was traumatic?

If you answer yes to one or more of the questions below, you may have experienced a traumatic childbirth.

- Did you feel like your providers did not communicate well with you during labor and birth?
- Did you feel like they were not listening to you or you did not know what was happening?
- Did you feel ignored by the medical providers?
- Were you physically restrained during birth?
- Were medical things done during labor and delivery that you did not want or did not agree to?
- Did you feel like you or your baby might die at any point?
- Did you feel helpless during your labor or birth or soon after birth?
- Did you feel detached from your body during or after delivery?
- Did you/do you have trouble bonding with your baby?

### What are the symptoms of traumatic childbirth?

Not everyone who has a traumatic childbirth has trauma. But, if you find yourself feeling some of the feelings below, you may want to talk to someone you can trust like a relative, religious leader, support group or maternal mental health therapist.

- Feeling "edgy" or "jumpy, like you have a lot of nervous energy and cannot relax.
- Being on high alert for something being wrong with your baby or your health.
- Feeling somehow to blame or guilty for how your birth went.
- Trying to avoid any reminder of your birth, which might mean you do not want to go to follow-up appointments or skip them or that you don't want to go anywhere near the place where you delivered your baby.
- Having a hard time talking about your birth with anyone.
- Having mixed feelings about your baby's birthday or other reminders of the day you gave birth.



## The Facts About Traumatic Birth and How You Can Feel Better

- Not being able to sleep well: trouble falling asleep, frequent wake ups, being kept awake by worries, feeling restless, or having nightmares.
- Having memories of your birth which pop up when you don't want them to and make you feel sad or edgy. Racing thoughts that you want to get away from.

### Who is most likely to have a traumatic childbirth?

Black parents are most likely to experience a traumatic childbirth. There are many reasons for this. Black patients are more likely to die in childbirth because of untreated medical conditions and are less able to get quality prenatal and obstetric care where they live and deliver. For example, Black patients have higher rates of emergency caesareans and postpartum hemorrhage (severe and life-threatening bleeding after childbirth). Additionally, racism and racial bias affect how Black, Indigenous, and People of color (BIPOC) are treated overall in the U.S. healthcare system and studies reveal that pain and medical concerns are often ignored.

Though Black patients are at greater risk, traumatic childbirth can occur in any delivery, especially if you experienced any of the following:

- Having a difficult, long or painful labor and delivery.
- Having medical procedures you did not expect, such as an emergency caesarean, or an assisted birth using tools such as suction or forceps.
- If you or your baby needed special medical attention during labor and delivery or afterward.
- If you or your baby was injured during labor or delivery.
- If you lost your baby to stillbirth or they died soon after delivery.
- Any other kinds of complications after your delivery, such as heavy bleeding, or needing a surgery to remove extra placenta.

### What can I do to recover from my traumatic birth?

The first step is knowing that you aren't alone and your trauma is real. If your childbirth experience is upsetting to you, it is important that you talk with someone you trust, such as a relative, friend, religious leader or maternal mental health therapist.

If you believe that you have trauma from your childbirth experience, there are mental health providers who can help you to heal and recover. Getting professional support for childbirth trauma can help you feel better in your body, bond with your baby, and move into parenthood with greater strength. New parents are very busy, but taking the time now to heal your pain can help you manage the challenges of parenthood now and into the future.

**If you are having thoughts of harming yourself or your baby, call the National Suicide Prevention Lifeline, available 24 hours a day in English and in Spanish at: 800-273-8255**

**“It can’t be like  
the last time”**  
(Greenfield et al., 2019)



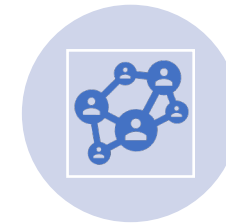
# Post-traumatic Growth (PTG)



**Positive psychological changes after encountering challenging events**



**Changes in self-perception**



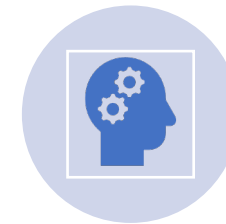
**Relationships**



**New possibilities**



**Appreciation of life**



**Existential views**

# Evidence based and emerging practices

- Cognitive Behavior Therapy (CBT)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Compassion-Focused Therapy (CFT)
- Acceptance and Commitment Therapy (ACT)
- Narrative Exposure Therapy (NET)
- Brainspotting
- Mindfulness; Mind-Body Techniques
- Medication

# Validate

## Unhelpful statements

- “At least mom and baby are healthy”
- “You should be grateful”
- “Stop complaining”
- “This is what you wanted”
- “You need to be well for the baby”

## Helpful Statements

- “I am so sorry this happened to you”
- “I am here to listen”
- “How are you feeling?”
- “Would you like to share your birth story?”
- “What you went through is incredibly difficult, painful, and scary”

# Support groups and information

[Prevention and Treatment of Traumatic Birth](#). PATTCh is a collective of birth and mental health experts dedicated to the prevention and treatment of traumatic childbirth.

[International Cesarean Awareness Network \(ICAN\)](#). Offers information and support regarding the prevention of unnecessary cesareans and recovery from cesareans, including recovery from birth trauma.

[Improving Birth](#). A national nonprofit organization founded to bring evidence-based care and humanity to childbirth.

[Solace for Mothers](#). Provides information and support for mothers who experienced childbirth trauma.

[The Birth Trauma Association](#). A United Kingdom-based organization providing help to women traumatized by childbirth.

[Trauma and Birth Stress \(TABS\)](#). Provides information for women recovering from a traumatic childbirth and from birth stress.

[Black Women Do VBAC](#). Offers an empowering forum for black mothers for sharing and learning about options for vaginal birth after cesarean.

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*“If we hope to create a non-violent world where respect and kindness replace fear and hatred, we must begin with how we treat each other at the beginning of life.*

*For that is where our deepest patterns are set. From these roots grow fear and alienation~ or love and trust.”*

Suzanne Arms

# Q and A





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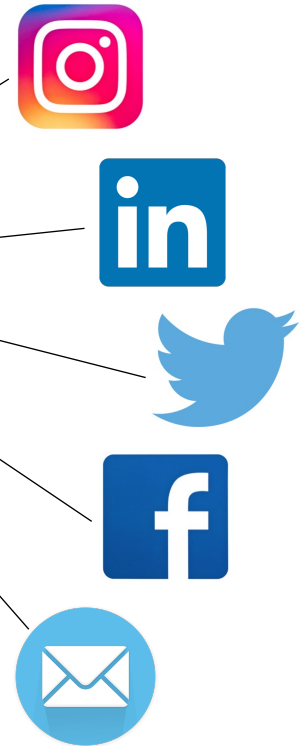


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