



TRAUMATIC BIRTHS - what do we know and how can we support Families as Case Managers?

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As Case Managers working with children who have sustained birth injuries, we will also work closely with parents who have experienced trauma surrounding the birth of their child.

After 40 long weeks of pregnancy, with emotional adjustment to the idea of a baby in your lives, the expectancy and build up, the birth is the moment that your new future is realised. It is a time that you have imagined and talked about with loved ones, and made careful plans for.

In the 21st century, the labour suite is the place where we trust medical and health professionals to care for us during one of the most wonderful, but also one of the most complex and critical events of our lives (as babies and parents). At this time, parents are at their most vulnerable, relying on the knowledge and experience of healthcare professionals to guide decision making. Things do not always go to plan, and when things go wrong there can be life changing consequences for the families we work with.

“In an instant, all of the excitement and anticipation of the arrival of our first child suddenly turned to mass confusion and terror. I tried to wrap my mind around the painful reality of what {baby} had been through, the massive uncertainty surrounding his long-term prognosis, and a life we knew would now entail regular trips to the hospital.”

PARENT

In several of my cases I have spent a lot of time talking with Mums and Dads who are visibly still traumatised and confused about how quickly things appeared to go wrong

during the birth of their child, and their feelings of lack of control, panic, fear, confusion, being disregarded, not listened to and not being informed. In my role as Case Manager, I find that I need to allow time for parents to speak about their experiences, and start to find a way to cope with the emotional and psychological aftermath.

“I feel so angry and let down – this should have been one of the most wonderful days of my life, I can’t stop thinking about what happened on the day to try to make sense of it.”

PARENT

Parents also talk about the anger that follows, and mistrust of any professional after that. How can they trust anyone again after their child suffers a birth injury with life changing consequences for all of them? That mistrust can remain, and cause further heartache and anxiety. Inevitably a child with complex needs following birth/ brain injury will need significant amounts of input from medical, health and social care professionals.

In researching experiences reported during traumatic births, common themes arise:

- **Feeling uncared for** – during labour some mothers (and fathers) feel that they were either abandoned, unsupported or in some cases even ignored by health professionals or their family.
- **Feeling uninformed** – birthing mothers feel that things happened to them and they were not communicated with effectively to make informed choices.
- **Feeling powerless** – especially when there has been a lot of medical intervention, many mothers feel that they had no control over what happened during the birth.

- **Feeling discarded** – some women report that while the focus was on the baby, the mother’s own needs were not met during the labour
- **Feeling let down** – women access maternity services from a point of trust, so don’t question things, as they trust health professionals to know best

There can be serious consequences for mothers who have a traumatic birth experience with many going on to develop postnatal mental health issues. These can be

even more devastating when the baby has complex health needs of its own. Common issues include:

- Inability to bond or attach with baby
- Reduced likelihood of subsequent births and pregnancy
- Possible interferences in breastfeeding
- Conflict in interpersonal relationships after the birth
- Difficulties in sexual relationships
- Postnatal depression or anxiety
- Post-traumatic stress disorder (PTSD)

When birth trauma results in PTSD a parent (mother or father) might experience several symptoms including:

- Intrusive reminders of the birth via nightmares, flashbacks, and intrusive thoughts that lead to psychological distress;
- Avoidance of anything that reminds the mother of the labour or birth including doctors, hospitals, sometimes the baby and possibly others involved in the delivery;
- Increased bodily arousal which can impact on sleep, make it hard to concentrate and increases feelings of anxiety or irritability. This is like being on edge all the time as though the body is still under threat.

This PTSD is sometimes likened to “combat trauma”. It will be helpful for Case Managers to gain an understanding of not only what the parents may have experienced when becoming aware of their baby’s potential long term difficulties and health prognosis following a difficult birth, but also the traumatic events of the birth itself. It may help to understand a few of the reasons/ factors/ signs and

clinical indicators that may lead to a very quick response by the medical staff, or a dramatic change to a set birth plan.

Case Managers usually come from backgrounds of occupational therapy, social work, physiotherapy or nursing. They are not doctors or clinicians working on obstetric wards, and are not privy to the knowledge or experience to understand this environment. We do not have an insight into what may suddenly occur, even in cases with the best possible care being delivered, and would struggle to empathise with the lived experience of the parent. In order to understand what the clinicians on the ground may need to deal with on a day to day basis, and the what they may need to do, I sought advice from a doctor with experience of working in this challenging

environment. This is what Dr Blanshard explained:

“Working as a junior doctor in both obstetrics and paediatrics I have been part of the multi-disciplinary team working on labour ward. I have seen uneventful labours become life-threatening to mother or baby.”

“I have seen situations necessitating immediate, unplanned delivery via instrumental augmentation or emergency caesarean section. I have attended deliveries that have required unexpected or prolonged resuscitation of the newborn and subsequent admission to the neonatal unit.”

Management of these situation requires co-ordination and communication between the midwifery staff, obstetric team, paediatric and neonatal team and often multiple other professionals such as anaesthetics and theatre staff. Each person involved has a specific role in response to a given emergency. There is a growing recognition of the trauma surrounding birth with conversations starting earlier within a family’s pregnancy journey and some centres employing midwives with a specialist interest or knowledge in birth trauma. However, as often is the case within the NHS, underfunding and lack of time and resources means there is still significant capacity for improvement.

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This illustrates how quickly the birthing mother particularly, can very quickly be out of control and surrounded by activity that she does not understand, and actions that must be carried out very quickly by the medical team in order to get the best outcomes for mother and baby.

Maternity services are under scrutiny, for example the report published in March 2022 investigating the failures of maternity care at the Shrewsbury and Telford Hospital NHS Trust, reported as amongst the most serious cases ever seen with cases including stillbirths, neonatal deaths, maternal deaths and babies born with brain injuries. Findings indicated evidence that staffing levels were a major factor. According to the Royal College of Obstetricians and Gynaecologists (RCOG) thousands more midwives and hundreds more obstetricians are needed and maternity services are significantly underfunded. Since 2017, the CQC has been rating the safety of maternity services in England and recent figures show that 41% of units need to improve their safety, while just 1% are rated as outstanding.

Personal injury Solicitors and Case Managers are often the first or only contact that families may have where they are offered the chance to get professional help, and deal with the trauma and get back some feeling of control. The support, guidance, education and services we can put in place can improve the outcomes for families as a whole, not just the child that has sustained the birth injury.

Case Managers need to have an appreciation of traumatic birth events in order to effectively engage in conversations with parents who may be experiencing anger, confusion, lack of psychological adjustment, lack of trust of professionals or even PTSD. We need to acknowledge the mother or father who remains traumatised by their experience, and put in place effective therapeutic support, early on. Case Managers need to be ready to make the appropriate referral to a specialist Psychologist, and ensure that Solicitors/Deputies/Defendants are aware of the need, and costs.

Further discussion and learning is needed, with case studies to hear from the families themselves, to help us to understand and respond with empathy and effectiveness.

The following are a few available resources we can point families towards:

- The Birth Trauma Association: Home - Birth Trauma Association <https://birthtraumaassociation.org.uk>
- The Special Needs Jungle: The emotional impact of parenting a disabled child - Special Needs Jungle <https://specialneedsjungle.com>
- Mums Matter website: Understanding birth trauma: mumsmatterpsychology.com
- SCOPE: Navigate: emotional support for parents | Disability charity Scope UK <http://www.scope.org.uk>
- Affinity Hub: emotional support for parents of children with special needs from <https://www.affinityhub.uk/2/Words-of-wisdom.html>
- Child Brain Injury Trust: <https://childbraininjurytrust.org.uk>

- Mind: Postnatal depression and perinatal mental health www.mind.org.uk/
- The British Psychological Society Website: Supporting parent carers | The Psychologist (bps.org.uk)
- British Association for Counselling and Psychotherapy (BACP) You can search for a counsellor on It's good to talk under 'Disability'.
- British Psychological Society (BPS) You can search the Directory of Chartered Psychologists under 'Parenting' and any other relevant information, i.e. diagnosis.
- Health and Care Professions Council (HCPC) The HCPC regulates health and care professionals (including practitioner psychologists) so you can check if your professional is registered. Counsellors and psychotherapists are not currently covered.
- United Kingdom Council for Psychotherapy You can search on Find a therapist under 'Disability'.
- Physiotherapy Association for Obstetric Gynaecology: Information for Patients | www.thepogp.co.uk (csp.org.uk)

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