

Supporting Maternity Services to Reduce Birth Trauma

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WHAT WE WILL DISCUSS

What is birth trauma?

What is the Make Birth Better model?

How can we create change?

What next?



JUST A REMINDER...

PLEASE PUT YOURSELF FIRST

HOW COMMON IS BIRTH TRAUMA?

- PTSD affects about **1 in 25** women in pregnancy and after birth
- In the UK, this means about **42,000** women are affected per year
- PTSD prevalence **increases** from 1 to 6 months postpartum
- About **1/3** of women have some symptoms of trauma
- Partners can be affected too
- As can staff, other family members and others vicariously

(Dikmen Yildiz, Ayers & Phililips, 2018; Ford, Ayers & Bradley, 2010)

WHAT IS PTSD?

To be diagnosed with PTSD you will have experienced:

- A traumatic event
- Symptoms of re-experiencing* (e.g. nightmares, flashbacks)
- Symptoms of avoidance* (e.g. avoiding a related place or person)
- Symptoms of reactivity and arousal* (e.g. being jumpy, irritable)
- Symptoms of negative thoughts or feelings*

**For at least a month*

HOWEVER...

Many people experience some, but not all, of these symptoms, and may not realise they are suffering from birth trauma until months or years after the event

Birth trauma may refer to PTSD or other psychological symptoms related to trauma – related to birth and the circumstances around birth

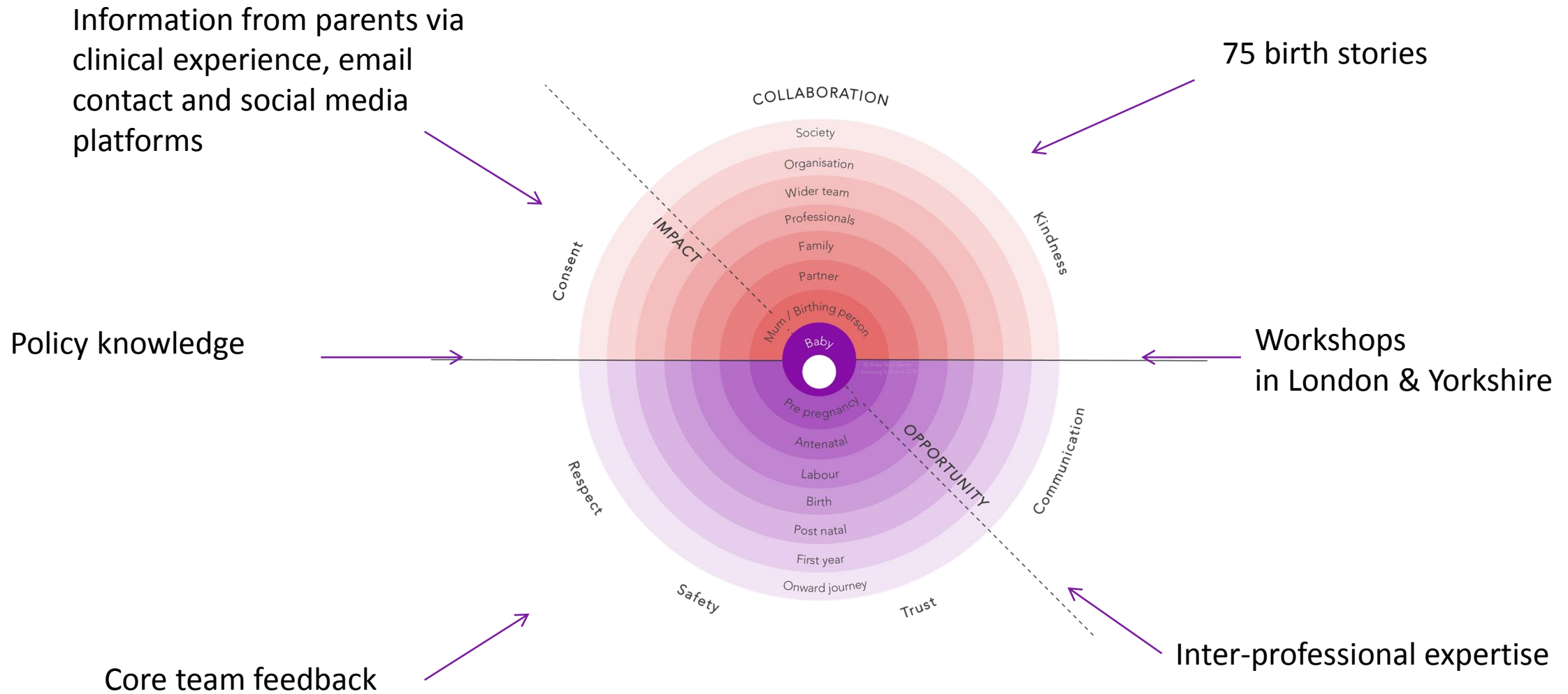
WHO ARE WE?

Make Birth Better is a unique collective of parents and professionals dedicated to reducing the life-changing impact of birth trauma.

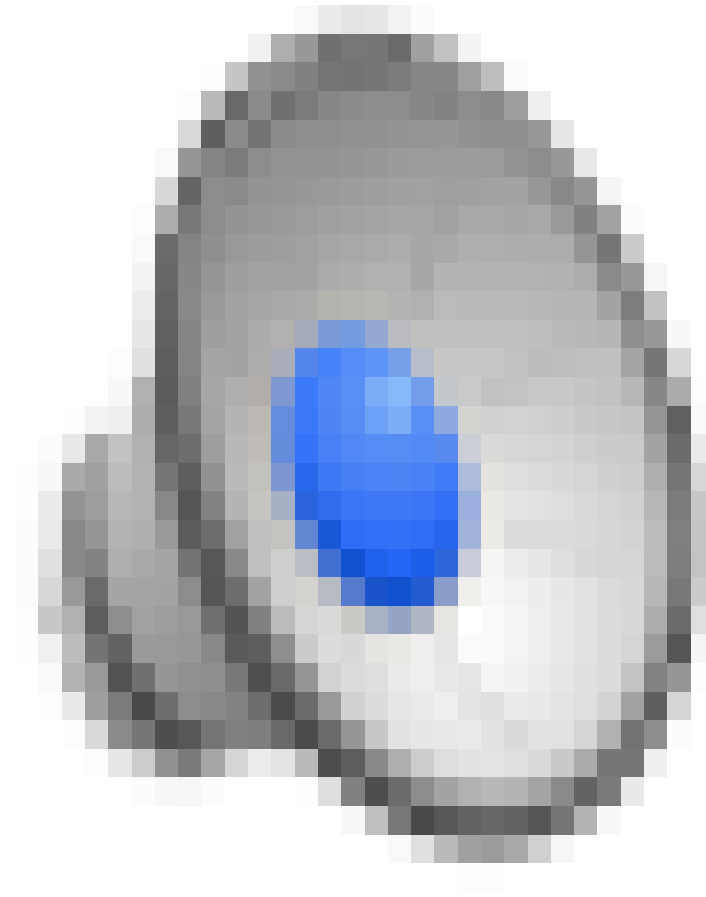
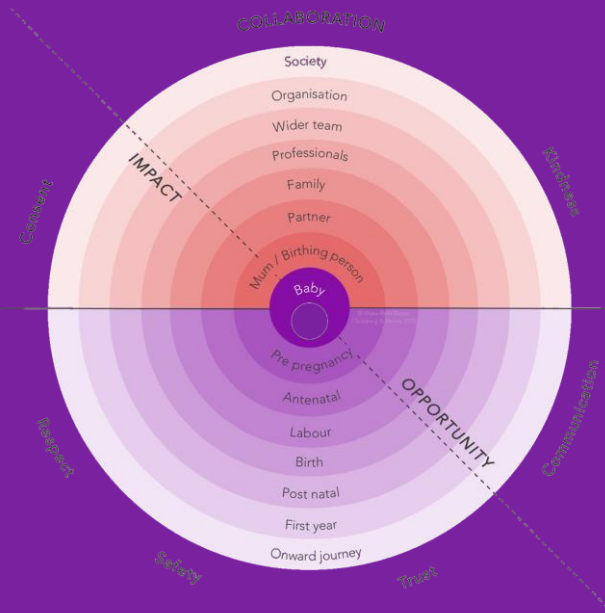
The Make Birth Better network aims to improve the prevention, diagnosis and treatment of birth trauma through clinically-led education, campaigning and research.

Our vision is to create a world where people no longer suffer from birth trauma





THE MODEL



PROFESSIONALS ARE KEY

- When we give birth, we are uniquely vulnerable
- This stirs up our need to receive care (the strategies we use to receive this depends on our history of care receiving)
- To give care, we need to feel contained ourselves
- Massive rates of staff burnout and compassion fatigue, WHELM, INDIGO

(further reading: Una McCluskey, To Be Met as a Person)

WHY START WITH PROFESSIONALS

- There has been so much emphasis on women and birthing people, but they are entering an increasingly traumatised system
- Professionals can both traumatised and be traumatised
- Staff shortages and workplace demands raise stress and decrease our capacity to care
- This includes further training and consultation, but also greater compassion in the workplace

Birth Trauma



The psychological wellbeing of midwives is increasingly explored



UK WHELM study of midwives



2018, Australian midwives, more than two-thirds of midwives (67.2%) reported having witnessed a traumatic birth event that included interpersonal care-related trauma features.



83% of participants were suffering from personal burnout and 67% were experiencing work-related burnout. Client-related burnout was low at 15.5%.

Birth Trauma

Over one third of participants scored in the moderate/severe/extreme range for stress (36.7%) anxiety (38%) and depression (33%).

66.6% of participants stated they had thought about leaving the profession within the last six months, due to dissatisfaction with staffing levels at work (60%) and dissatisfaction with the quality of care they were able to provide (52%). Midwives intending to leave had significantly higher levels of burnout, anxiety, stress and depression than those who had not considered leaving.

Factors associated with high levels of burnout, depression, anxiety and stress included younger midwives (midwives aged 40 and below), midwives with a disability, midwives with less than 30 years' experience and clinical midwives, particularly those working rotation in hospital and in integrated hospital/community settings.

Birth Trauma

INDIGO study

1 in 10 obstetricians are working with a clinical PTSD

30% left training before qualifying

33% of midwives within this sample were experiencing symptoms of a clinical posttraumatic stress disorder

Birth Trauma

Firstly, know some women enter pregnancy and birth with existing risk factors for PTSD, and these women may need particular care.

Health professionals should be aware that women with a history of trauma, abuse (particularly sexual abuse) and psychiatric problems are at higher risk of PTSD following birth. There is some evidence that a lack of support during the birth may put these women at particular risk.

Develop Trauma Led Pathways of care locally, be a local champion, form networks, lobby government! Social Media campaigns.

Offer antenatal specialist clinics for Tokophobia and Birth Trauma. Offer women time to reflect post birth.

Direct professionals to MBB website for free downloadable crib sheets

Join our mailing list at MBB

Birth Trauma

Know that all our interactions are of the utmost importance

Continuity of care

Positive compassionate care

Time

Birth preferences not plans?

The What Ifs of birth, realistic advice to empower not scare

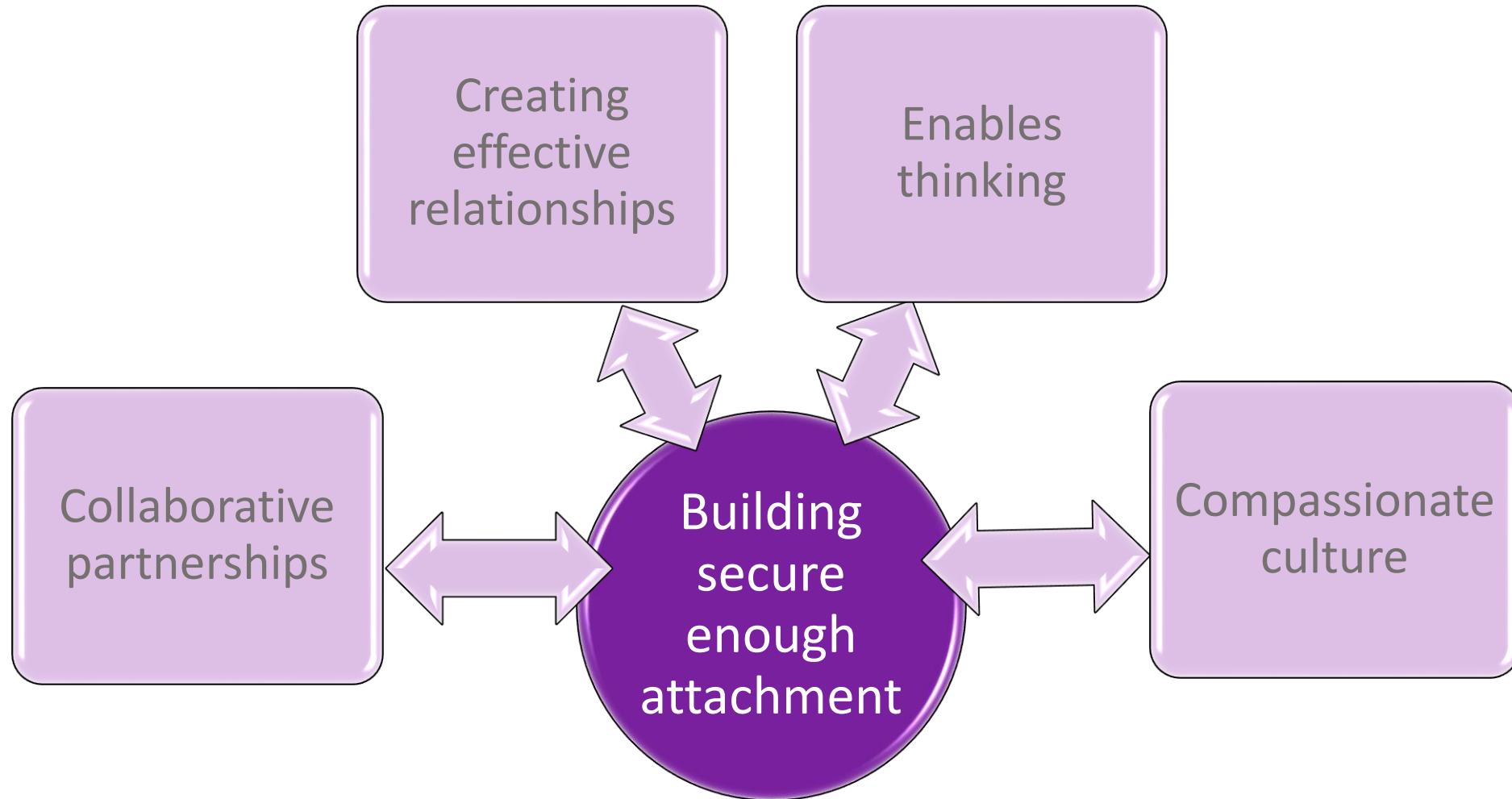
Listening

Non judgmental

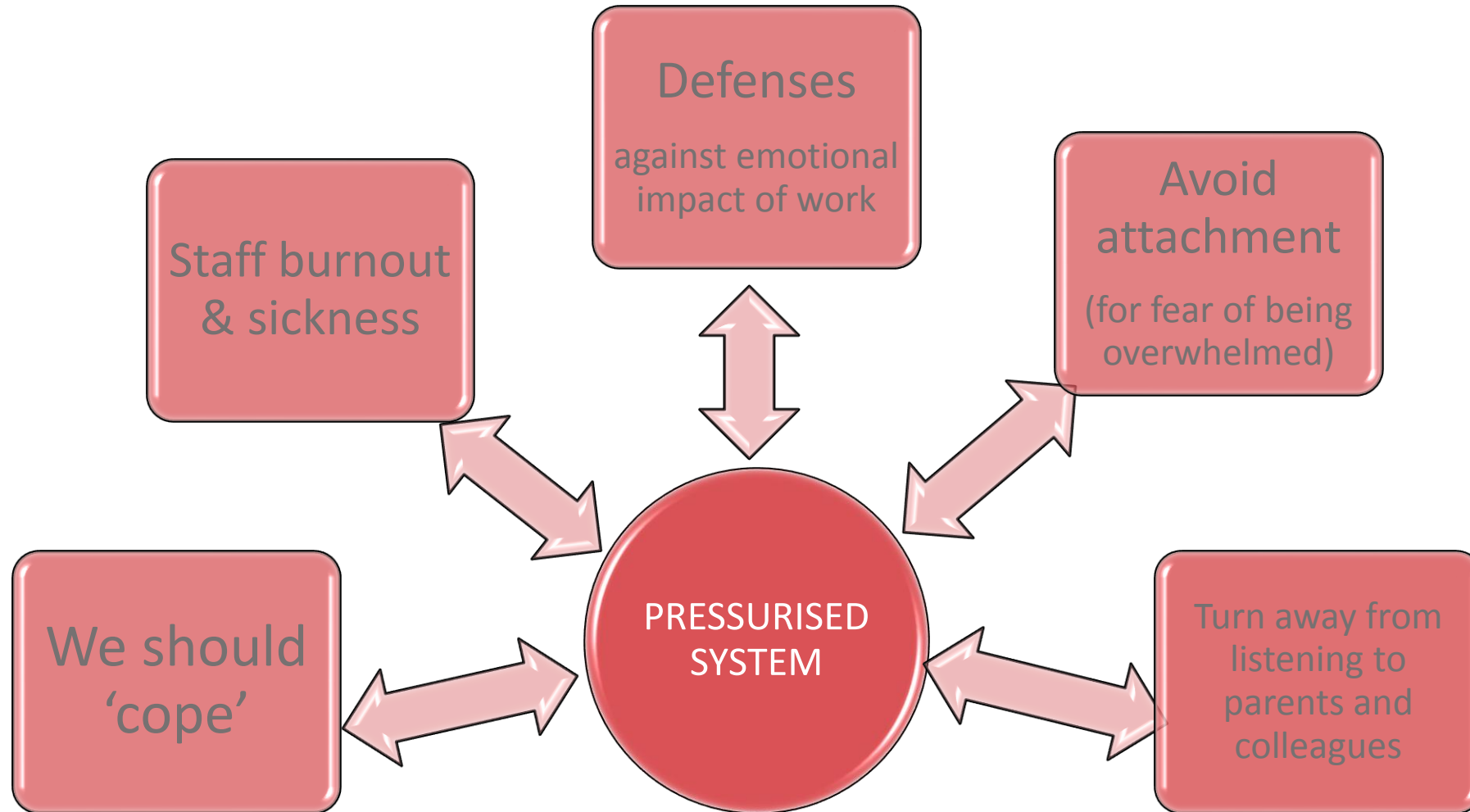
Kindness

Never estimate the power of human connection to heal, this is often what helps families most!

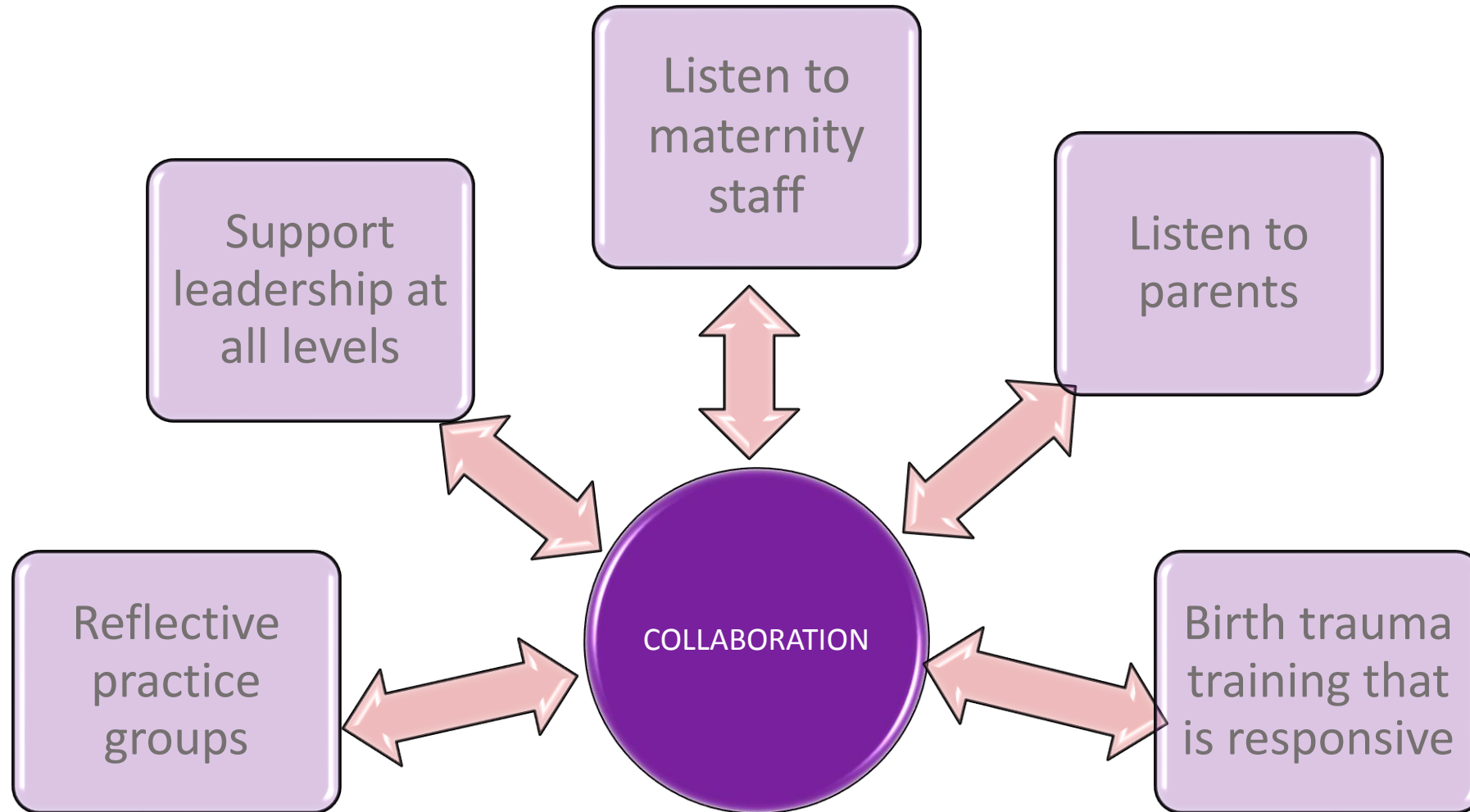
Creating a containing system for a thriving maternity service



Creating Change – where we are now



Creating Change – where we could be





What helps you become closer to the clinician you want to be?

What makes you feel stuck?

What helps you feel unstuck?

What needs to happen to help change occur in your workplace?

What are the things YOU could do?

What do you need help with?



Help us reduce birth trauma

MAKE BIRTH BETTER CAN PROVIDE...

BESPOKE TRAINING
REFLECTIVE PRACTICE
CONSULTATION TO PROFESSIONALS
SUPERVISION
CAMPAIGNING
...and lots and lots of FREE RESOURCES

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