



# Birth Trauma Basics: How we Hurt and How We Heal

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# A Note about Language

- This presentation uses 'parent' and they/them pronouns to represent parents in slides.
- Mom or dad/ woman or man/ wife or husband will be used when specifically referring to that identity such as a quote by a person, reference to a particular person, or from a research study.
- Verbally we may use all the pronouns and descriptions of parent roles to represent parents.

Please take care of yourself





*“A traumatic childbirth experience refers to a woman’s experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions; leading to short and/or long-term negative impacts on a woman’s health and well being.”  
(Leinweber et al; 2022, p. 627)*

(based on communications with over 60 international clinicians, researchers, and consumer groups)







- Impacts physical & mental health of birthing person, witnesses and providers
- Disrupts interpersonal relationships (parent-infant attachment & marital connection)
- Negative impact on cognitive and emotional functioning
- May interrupt infant's physical, cognitive, and socio-emotional development
- May negatively influence decisions about breastfeeding and future fertility
- May create feelings of medical distrust that disrupt proper health care in any form

A person's experience of birth unfolds not only in relation to the circumstances of the birth itself.... but in response to

Their individual and intergenerational health (and birth) history

Pre-existing cognitive habits of mind and information processing approaches

Their preferred coping styles

Their mental health history and state of mind

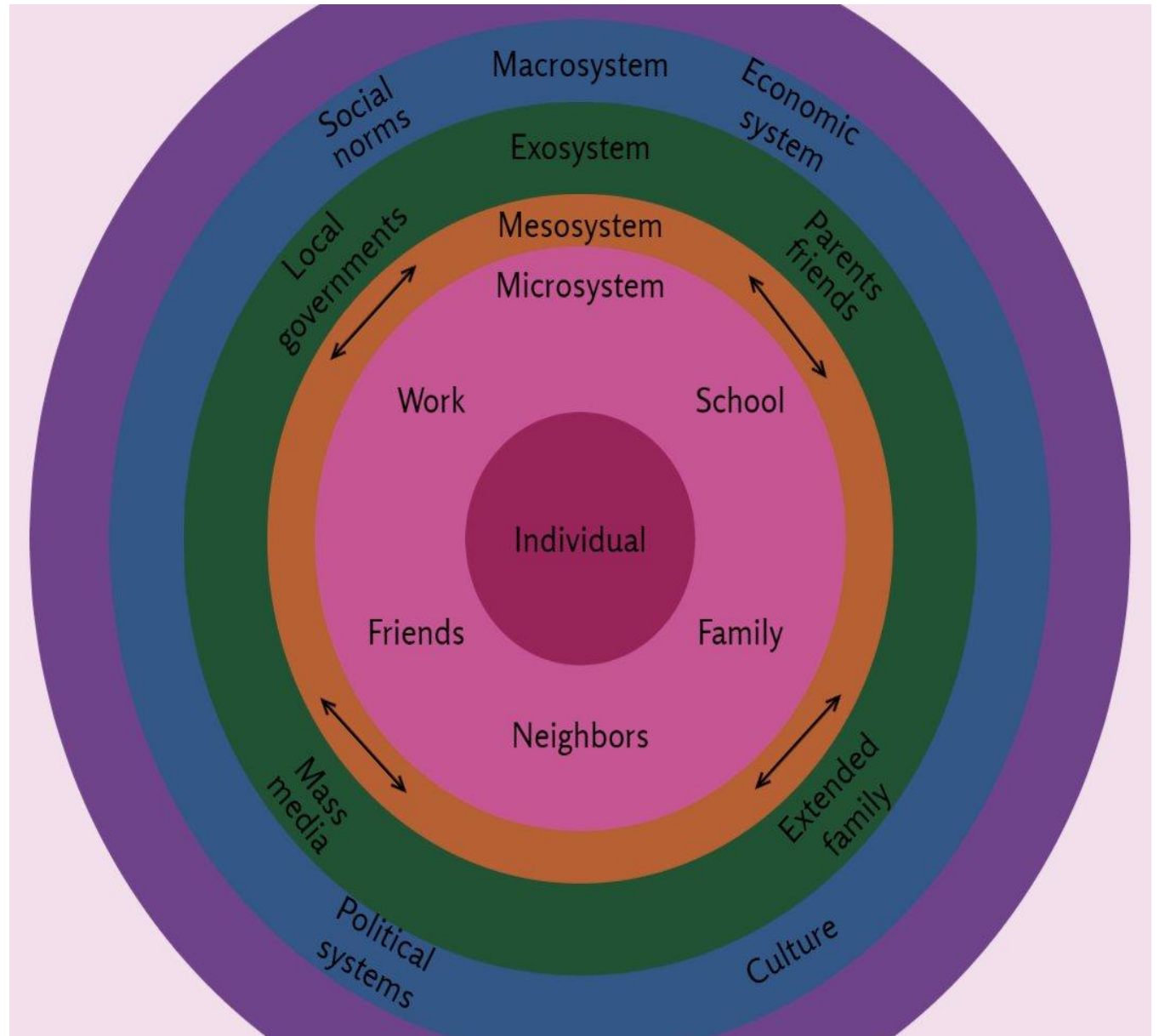
Their cultural background and expectations /hopes



- We begin in the context of our personal, familial, communal, national history



Pregnancy and birth occur in the **CONTEXT** of a person's entire life history.. may be a continuation of trauma or a first traumatic event



# The impact of transgenerational trauma is **PROFOUND**

Psychological  
Familial  
Social  
Cultural  
Neurobiological  
Genetic



# “Risk environments” (Collins et al., 2019)

“Risk environments” that significantly impact a person’s experience of fertility, pregnancy, birth, and postpartum are a product of historical, geographical, and social contexts that are created by structural and social inequalities and vulnerabilities.....and as such.....the individual’s experience must be reconstructed and repaired not only in intrapsychic world, but in the physical, social, economic, and environmental world as well.





There are groups that are over-represented in traumatic birth statistics



BIPOC community has adverse “set up” for birth – both expectations and reality

- Black women 3x more likely to die during/after childbirth than white women
- Racial and social disparity = lack of access to high quality prevention and health care
- Long history of medical distrust as a group PLUS
- Possible negative personal history with health care providers





In repeated studies, Black women report their voices “not being listened to”



LGBTQ+ patients may approach pregnancy & birth as potentially traumatic due to

- Higher prevalence of fear of childbirth (Hallstrom et al.; 2022)
- Some studies show that sexual minority women have higher levels of obstetrical and neonatal complications compared to heterosexual women (Everett et al., 2019; Leonard et al., 2022)
- History of abusive experiences in healthcare



# Birthing persons and their partners report frequent invalidation as a LGBTQ+ family

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- Numerous separations
- Heteronormative assumptions that shape or interrupt care
- Disrespectful treatment
- Violation of bodily integrity
- Lack of important information and emotional support from healthcare providers (Kittmark et al.; 2023)







Birth trauma is in the  
history, heart, mind,  
and eye of the  
beholder.

What is traumatic to one  
person may not be  
experienced as traumatic  
by another





If you don't understand why someone's birth experience is "traumatic" or "distressing," LISTEN AGAIN, more closely

# The BIRTH itself





## A particular birth experience may.....

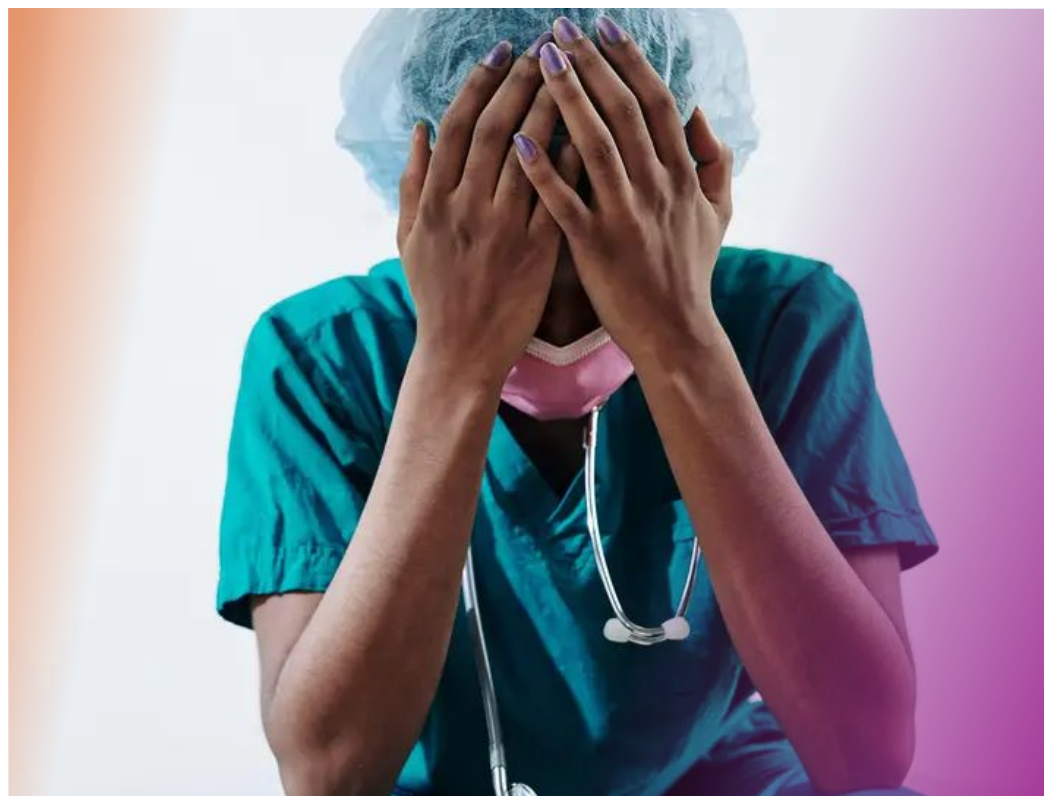
- Activate a previously experienced traumatic event (rape/physical assault/etc.)
- Be experienced in and of itself as traumatic
- May be experienced as an expression of the habitual way in which a person cognitively and somatically processes their experience





Sometimes the birthing person feels traumatized, but the providers had a comfortable or “typical” experience



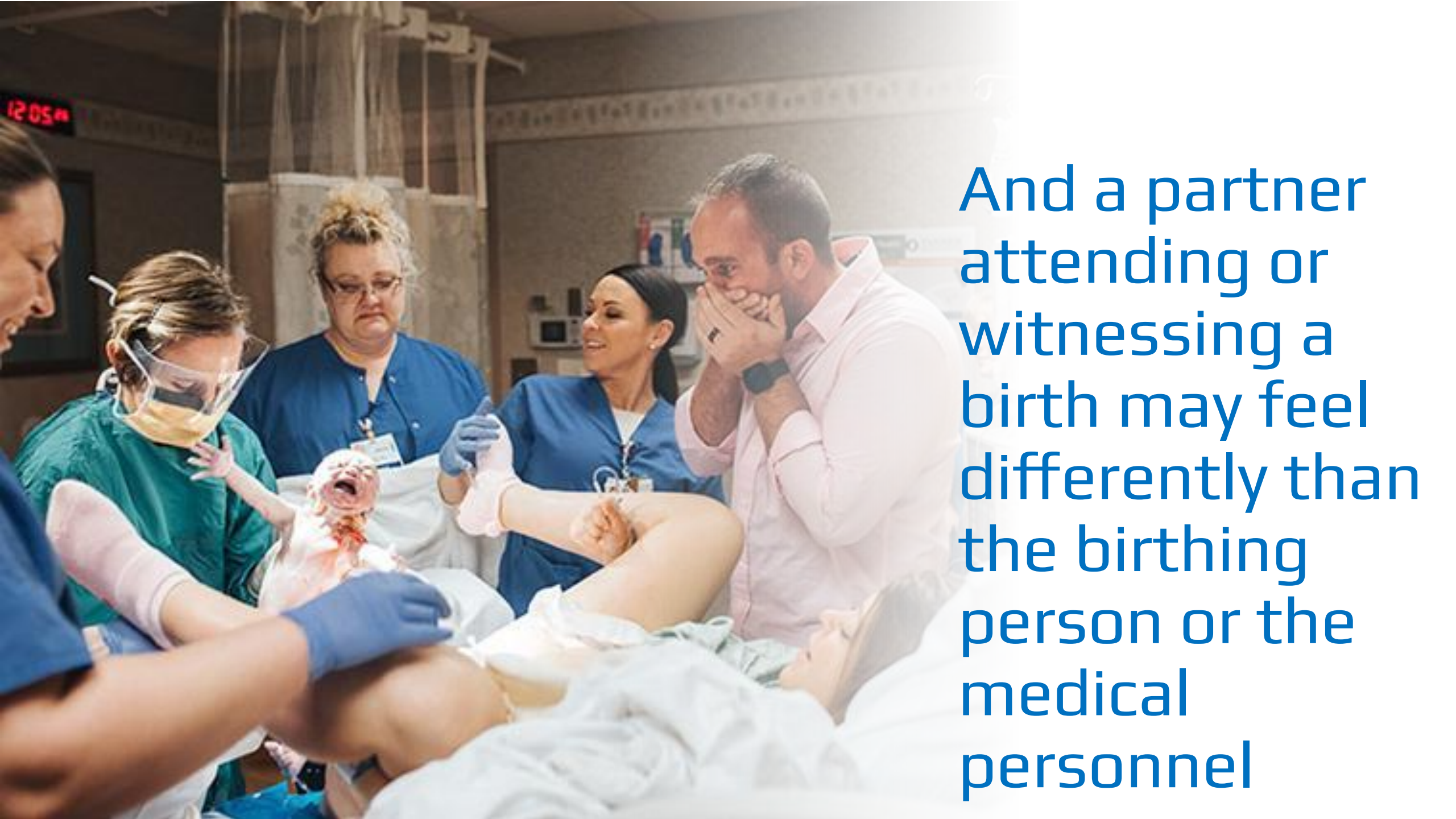


Sometimes, a birthing person feels fine about a birth, but the medical provider feels traumatized

Even  
providers at  
the same  
birth may  
feel  
differently  
from one  
another







And a partner attending or witnessing a birth may feel differently than the birthing person or the medical personnel

All of us involved in the world of birth are vulnerable to traumatic experiences ..... birthers, partners, providers, allied birth professionals ..... We all bring our unique histories to the table.

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**3-4% of pregnant women in community samples and 15-18% of women in high-risk samples .... Will go on to develop posttraumatic stress disorder following their childbirth (Yildiz et al., 2017)**





in regard to birth/specifically, we can predict that the number of traumatic births will continue to rise due to:

0 the increasingly complex medical needs of women becoming pregnant at an older age

0 following a sedentary lifestyle

0 and utilizing a higher degree of assisted fertility interventions

0.....in addition to the fact that L&D wards are seriously understaffed and providers are overworked/burnt out

# Who is at risk for traumatic birth?







Childbirth remains unpredictable and complex – the unexpected circumstances or dreaded interventions often result in traumatic or heartbreaking circumstances for all involved.





Birthg people  
with pre-existing  
factors such as:

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History of sexual trauma (Chabbert et al., 2021; Dekel et al., 2017; Watson et al., 2021)

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History of anxiety or depression prior to or during the pregnancy (Chan et al., 2020 ; Furuta et al., 2016) Polachek et al., 2016; Priddis et al., 2018)

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Previous experiences of traumatic or complicated births (or significant pregnancy loss)

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Fertility issues (Priddis et al., 2018)

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High health anxiety or a family history of labor difficulty (Turmen et al., 2021)

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Tokophobia – fear of childbirth (Chabbert et al., 2021; Ghanbari-Homani et al., 2019; Persson et al., 2020; Rousseau et al., 2022)



OR.... those  
who

experience care-related interpersonal behavior that takes on a traumatic aspect due to the parameters of the birthing situation (i.e., extreme vulnerability, experience of physical pain, frequent lack of knowledge and familiarity with hospital/medical procedures or with the



OR... those who experience common interpersonal complaints associated with traumatic childbirth

- **Feeling “pushed” “rushed,” “coerced” or “not seen or heard”** (Hendriksen et al., 2017; Reed et al., 2017)
- **Caregivers disregarding embodied knowledge** (Reed et al., 2017)
- **Feeling disrespected/abandoned by providers during birth** (Liu et al., 2022; McKelvin et al., 2021; Watson et al., 2021; Zhang et al., 2020)
- **Experiences of maltreatment such as: being yelled at, ignored, scolded, threatened, losing choices and autonomy** (Vedam et al.; 2019)





OR ... those who experience high levels of mistreatment throughout pregnancy and delivery

Porter Novelli View Moms survey (2023) recently reported by CDC notes that 20% of women surveyed reported experiences of mistreatment

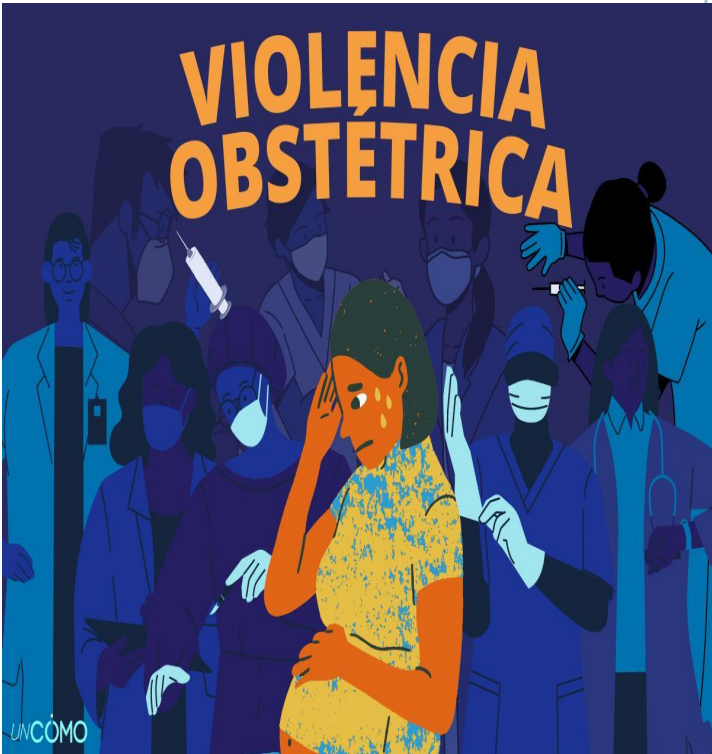


# Mistreatment during maternity care occurs at higher rates for women of color

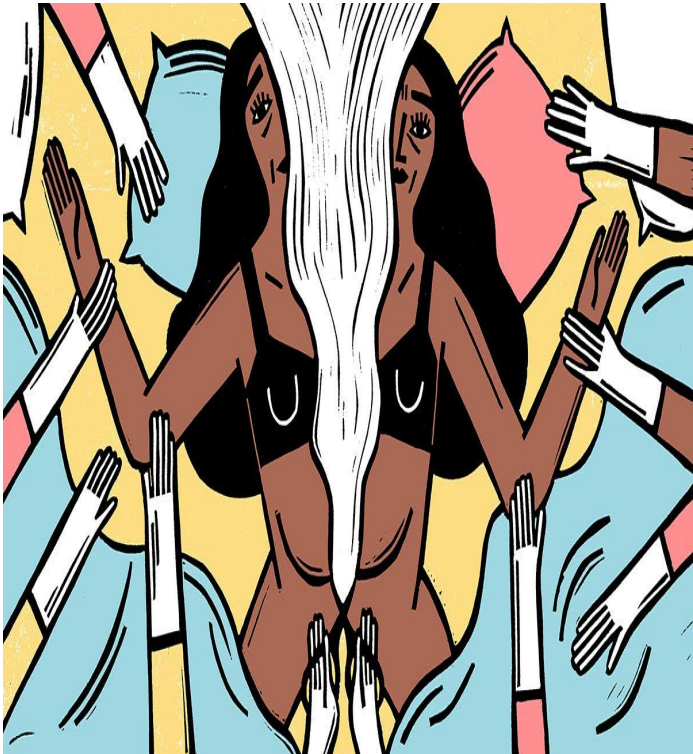
Black – 30%



Hispanic – 29%



Multiracial – 27%



White – 19%



AIAN/NHPI- 18%  
(American Indian & Alaska  
Natives)



Asian – 15%





Other areas of bias mentioned in CDC's "Hear Her" campaign (and researched elsewhere)

## Health insurance

Women without health insurance (28%) or public insurance (26%) at time of delivery received higher levels of maltreatment than women with private insurance (16%)

## Age

Vedam (2019) - Giving Voice to Mothers Study found that 25% of women aged 24 or younger reported mistreatment

## Weight

Women considered "obese" felt given reduced choice in care; care grounded in weight bias, not actual health needs (Lauridsen, 2020)  
Providers state feelings of intolerance, repulsion, & discomfort in caring for obese pregnant women



Themes that  
“repeat” in  
stories &  
studies of  
traumatic  
birth



A close-up photograph of a surgical site. A gloved hand is visible, holding a piece of tissue or a surgical instrument. The surgical site shows a bloody incision. In the background, a stethoscope is visible on a blue surface.

# Overhearing dramatic language

- “Get that baby out NOW”
- “We’re losing her”

Photo: <https://www.canstockphoto.com/abstract-of-doctors-bloody-surgical-2095389.html>



Photo: <https://www.babybjorn.com/pregnancy/birth-stories-my-unplanned-home-birth/>



Experiencing the roller coaster of mood changes in the room – from worry, to terror, to elation, to “watching and waiting”

•Photo:  
<http://www.dailymail.co.uk/tvshowbiz/article-3864586/DJ-Khaled-longtime-fiance-Nicole-Tuck-welcome-child.html>



DJ Khaled / Instagram

# Recognizing from staff behavior that something catastrophic is taking place





# Worrying about dying



Being touched in a hostile, rough, or sexual way .... physically violated





## Not being included in decision making

- Medical staff determining interventions regardless of what the woman wanted/hoped for



# Difference of opinion!!!!!!!

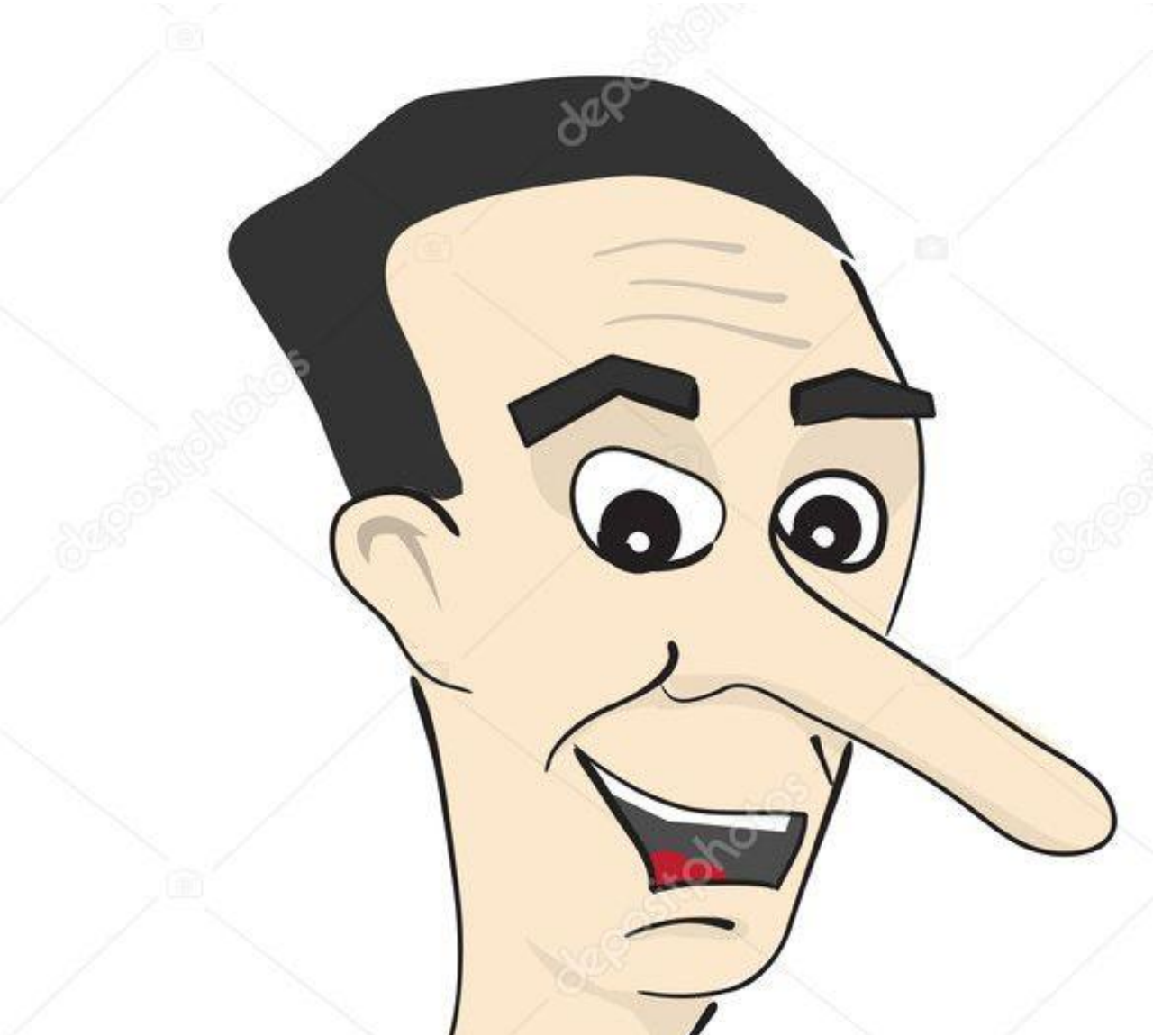
- Regardless of race, among women who had a difference in opinion with their care provider, the majority (83.0% of women of color, 76.4% of white women) reported one or more types of maltreatment.  
(Vedam, 2019)





# Disregarding embodied knowledge





Threats and lies





et al investigated by comparing databases of physicians and amateur golfers, to learn more about the characteristics of physician golfers, and their performance on the course.

### Age of physician golfers

The chart to the right shows the proportion of physicians in different age groups who golf. The probability of golf participation varied with age, with physicians aged 66-70 years the most likely to golf (6.2% are golfers).



### Gender of physician golfers

Prioritizing caregiver's agenda  
over patient needs

Then there  
are the  
objective  
issues .....





# Number and type of obstetric interventions

- Forceps delivery
- Vacuum assisted delivery
- Episiotomy
- C-section – especially emergency

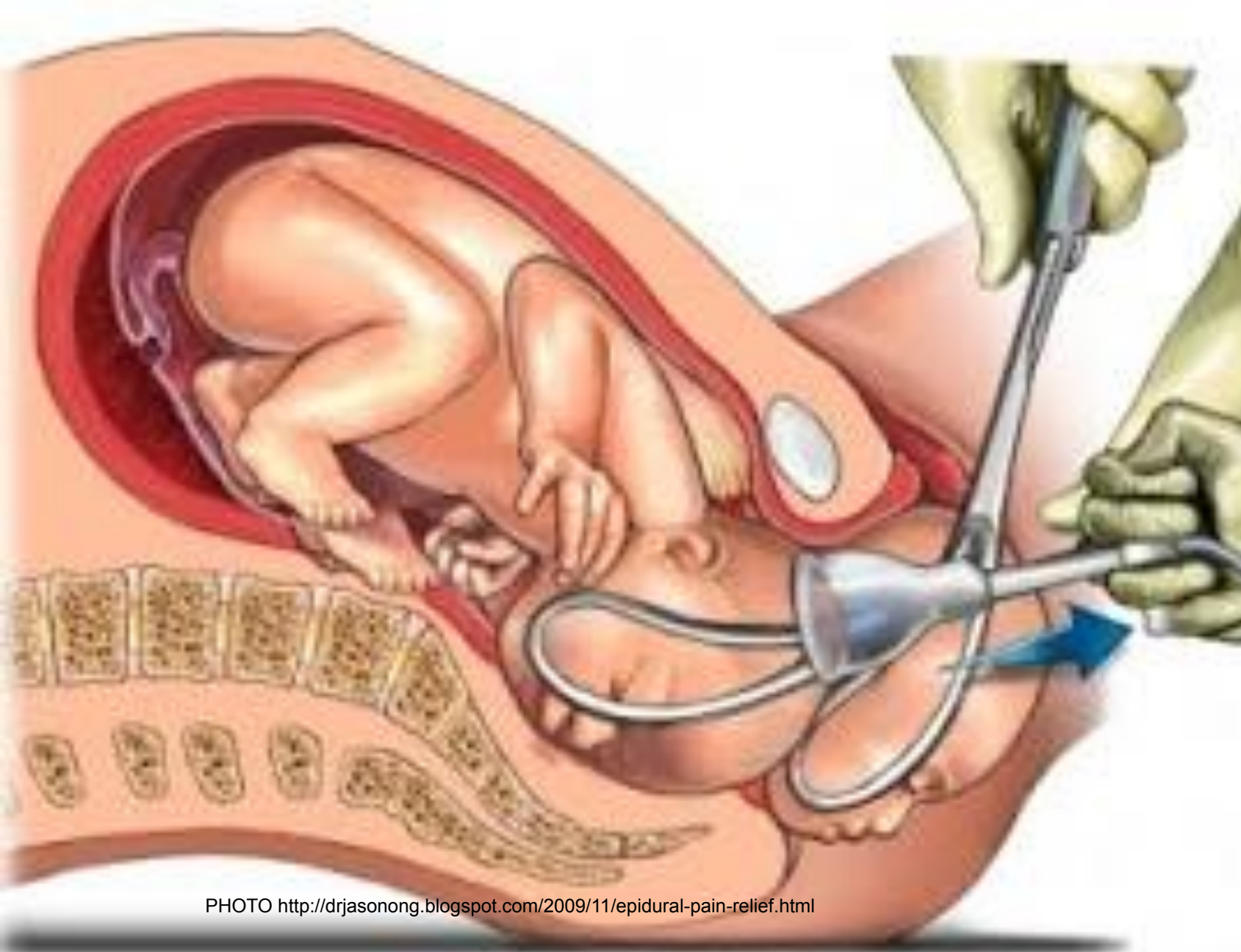


PHOTO <http://drjasonong.blogspot.com/2009/11/epidural-pain-relief.html>



Traumatic moments during birth can be physical in nature and happening to the birthing person

Operative birth such as forceps, vacuum, emergency C/S (Eide et al., 2019; Soderquist et al., 2002)

Poor pain control (Grekin & O'Hara, 2014)

Maternal complications (preeclampsia or pp hemorrhage –( Furuta et al., 2012; Grekin & O'Hara, 2014)



# Traumatic moments during birth can be physical in

Fundal pressure

3<sup>rd</sup> or 4<sup>th</sup> degree perineal tears or lacerations (Martinez-Vasquez et al., 2021)

Urinary catheterization

Unwanted episiotomy

Unusually short labor (precipitous birth) or unusually long labor (Hollander et al., 2017; Holopainen et al., 2020)

Emergency C-Section (Furuta et al., 2016; Orovou et al., 2022; Shorey & Wong, 2022)

Anesthesia complications or refusal to provide pain relief (Lopez et al., 2017)

Peritraumatic dissociation (Chan et al., 2020)

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Separation from the baby (Priddis et al., 2018; Abdollahpour & Motaghi, 2019; Dai, 2019)

# Infant Complications are also very distressing

Placental abruption

Shoulder dystocia

Cord complications (prolapse, tight nuchal, short)

Intrapartum asphyxia

Low apgar scores (specifically at 5 minutes)

Premature delivery







# Postpartum complications

Postpartum Hemorrhage

Retained/manual removal of placenta

Urinary Tract Infection

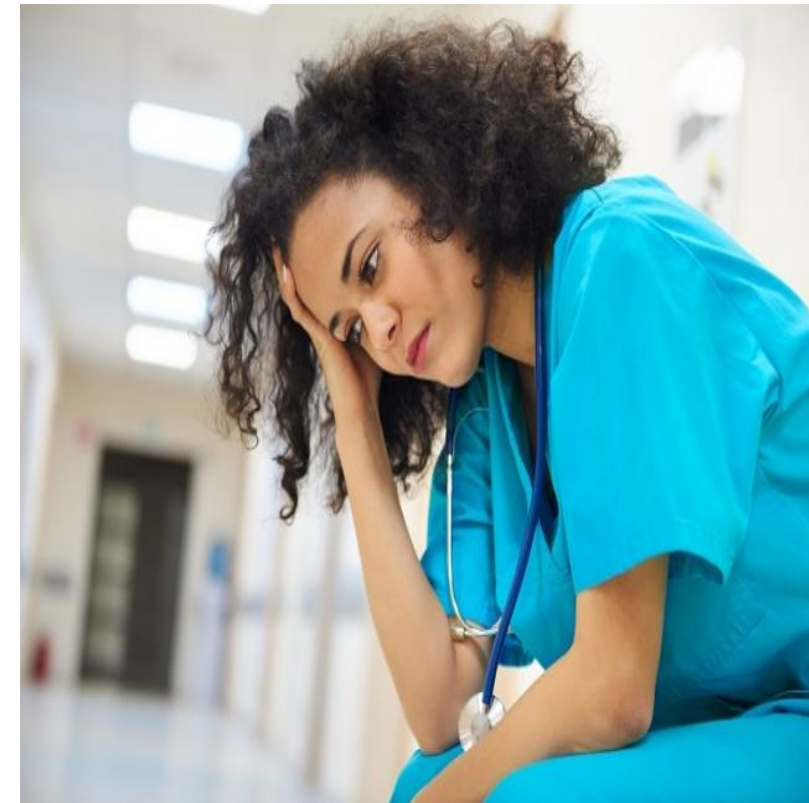
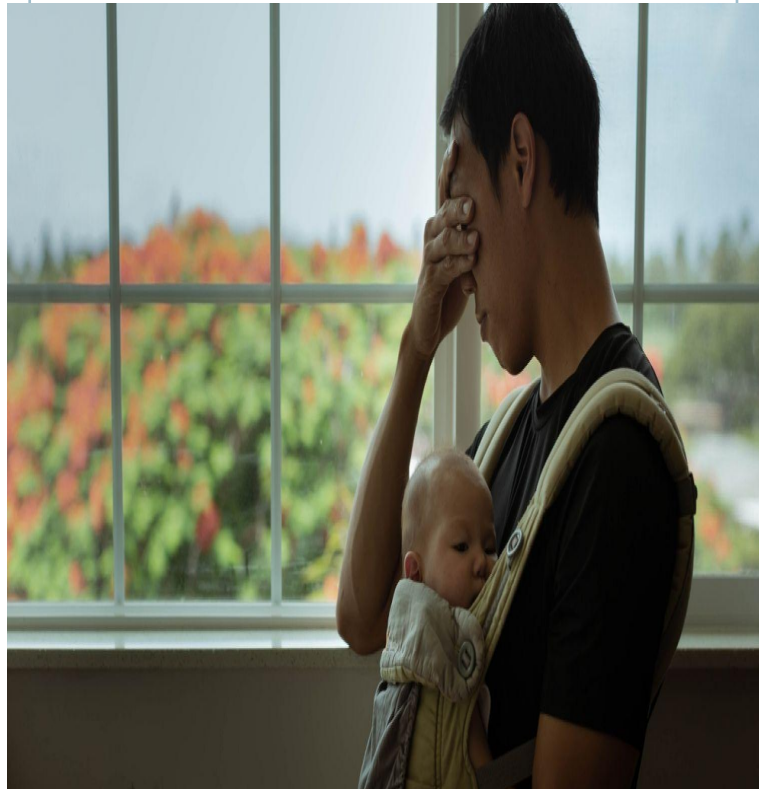
Surgical repairs

# Who can be harmed by traumatic birth?

Birthing people & babies

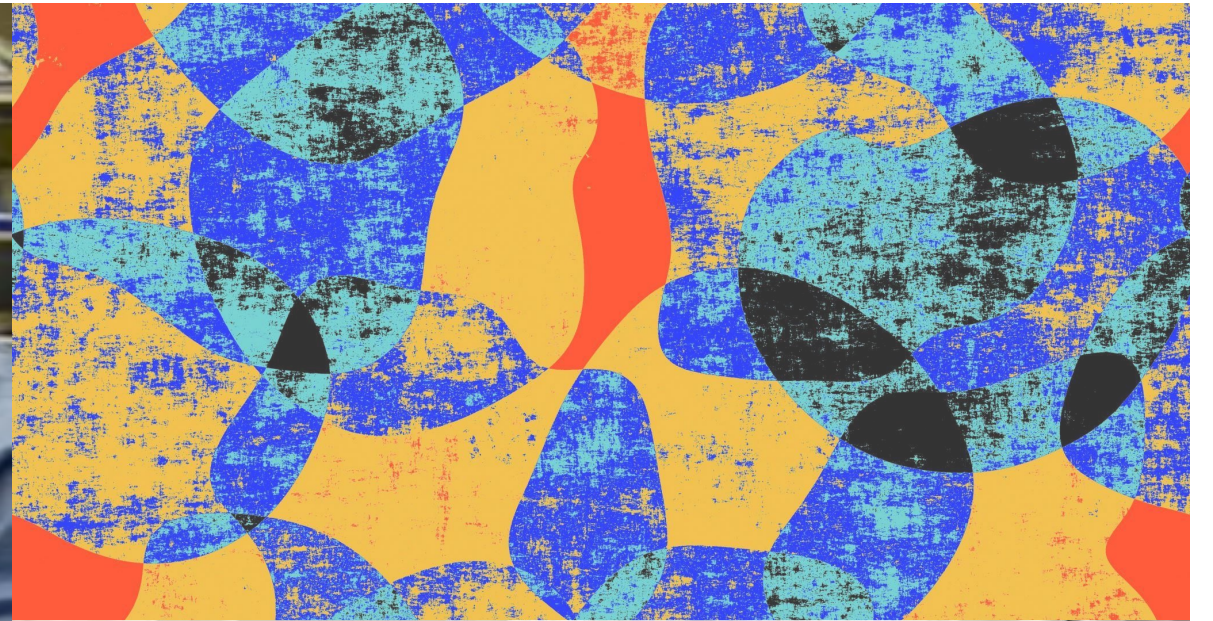
Partners

Providers





Birth is potentially





# UNPREPARED AND NOT KNOWING POSSIBILITIES

- Many fathers' expectations about birth were "hours of pain" followed by an uneventful birth and taking the baby home
- "I didn't have any visions of anything going wrong...I don't think anybody probably does." (Inglis et. al.; 2016)
- Because childbirth is considered "natural," many fathers may expect a birth without complication. The fact that medical interventions are numerous – perhaps even routine – is not necessarily information that is shared in prenatal appointments or childbirth classes





# HELPLESS and POWERLESS

Fathers reported being....

1. Unable to comfort their partner emotionally
2. Unable to “protect” partner in any way
3. Unable to support partner physically
4. Unable to intervene effectively
5. Unable to give important information to staff



# SCARED AND UNCARED FOR

- Fathers comment on the many ways in which they felt ignored, left out, “on their own,” etc.
- Usually made to leave the OR – often left alone for hours with little or no information
- Had to actively search for staff to ask what was happening, but ....
- Often the Information was not available – nurses outside the OR didn’t know what was happening
- Sometimes expected to care for the baby while wife was in surgery – didn’t know how and given no help





# INFORMATION, INFORMATION, INFORMATION

In general, fathers did not feel appropriately informed about what was happening

Information offered proactively by caregivers was very much appreciated

If information was offered by various sources, it needed to be consistent or it caused more worry and distress

Fathers are VERY alert to information that they can pick up through observing and listening carefully (including in the hallway) – although they did not always interpret the information correctly

Information plays a key role in keeping up hope; current status and progress made are key components

# AND YET MORE INFORMATION



Photo: <http://www.mothering.com/articles/photos-capture-the-first-hello-between-parents-and-their-babies/>

Fathers need information AFTER the birth as well, so as to understand what has happened and why, and to be able to provide good care for the partner and the baby

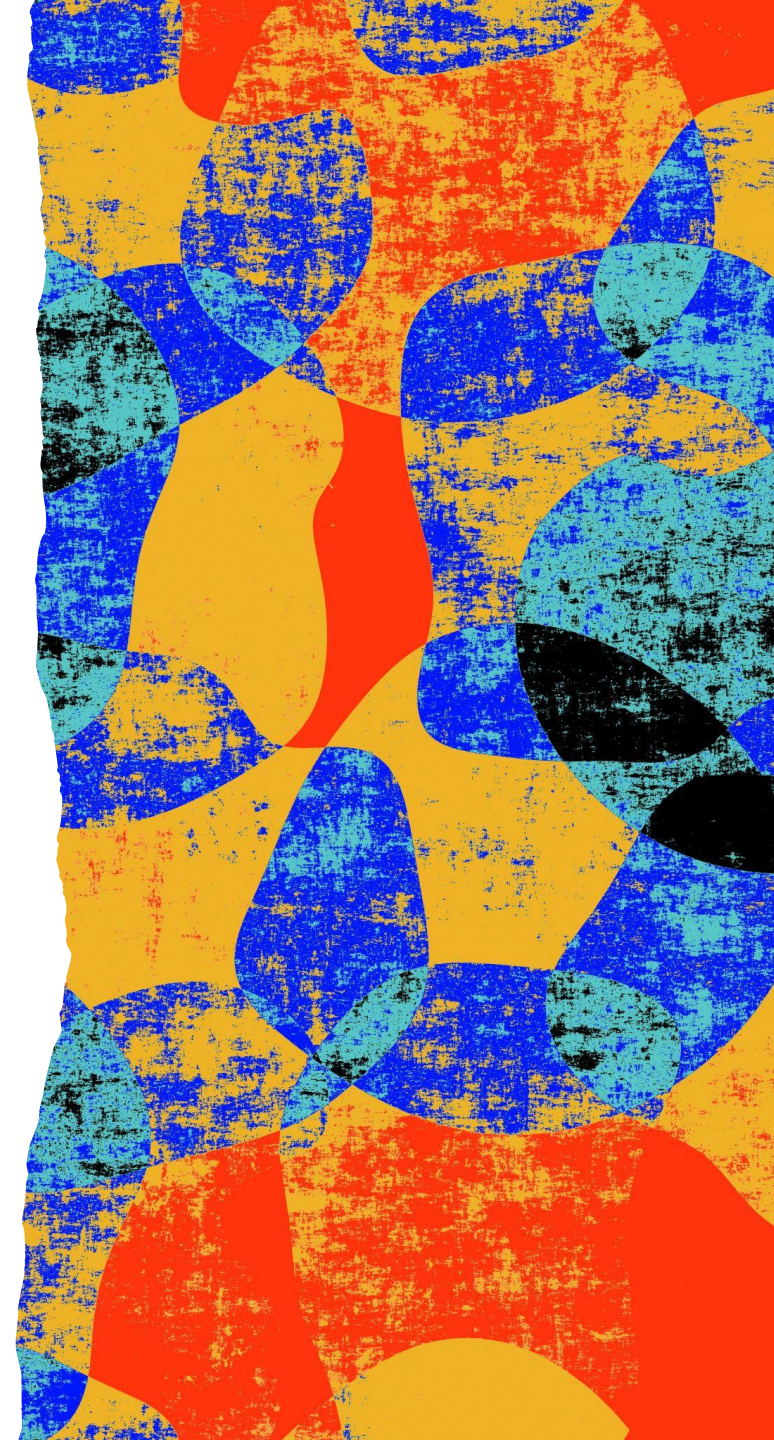
Father's cognitive abilities may be diminished during and right after the birth due to shock and distress, so they may need numerous information sharing opportunities in order to understand what has taken place





# Following the Birth

- Fathers are rarely included in postpartum care meetings after birth – little opportunity to debrief
- Silenced by their belief that the “woman comes first” and “nothing happened to me”
- Often feel isolated afterward – don’t feel welcome to share their unhappy story
- May keep quiet due to feelings of failure and shame



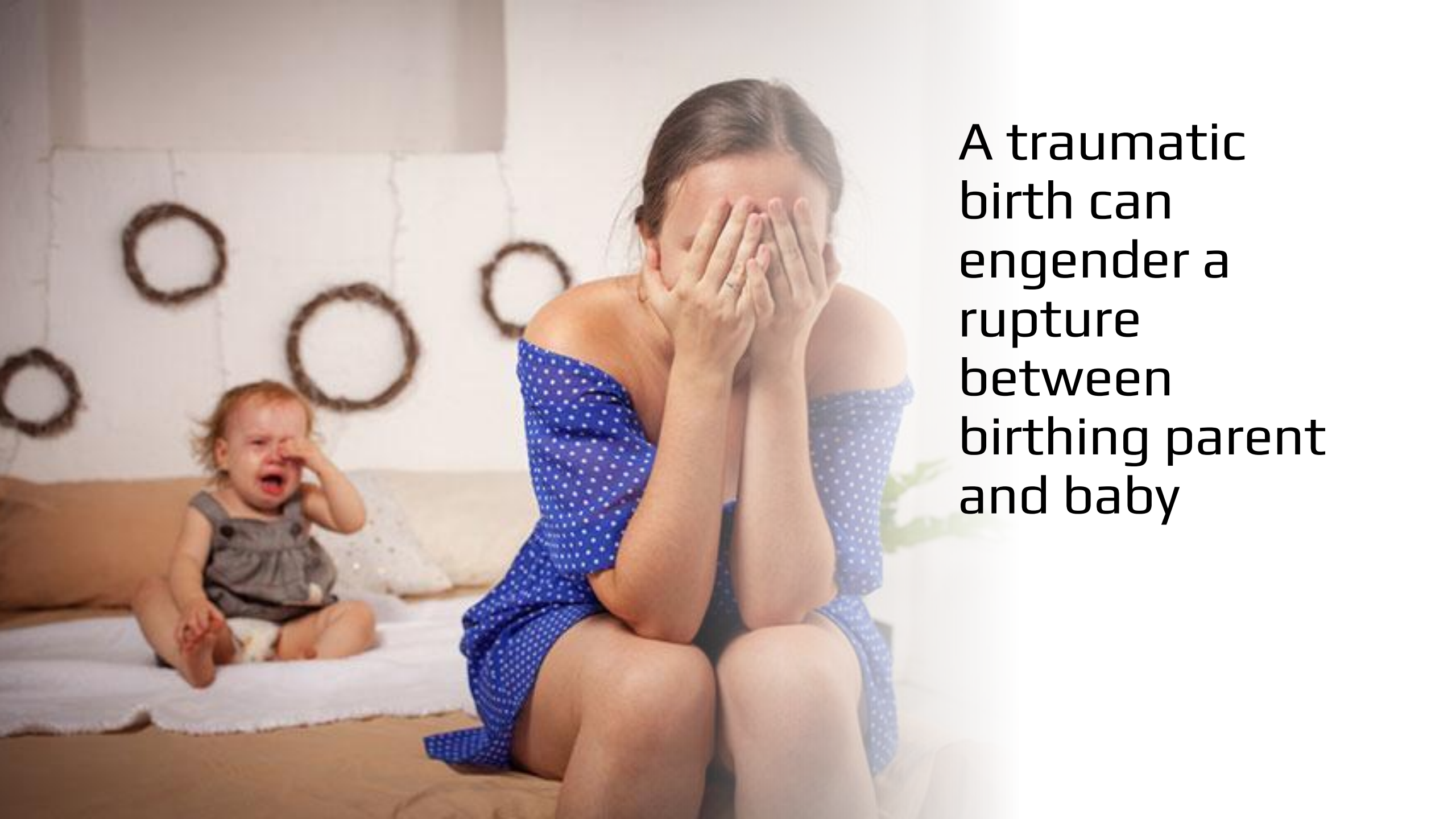


What about the baby?





“There is no such thing as a baby, there is a baby and someone.”  
(Dr. Donald Winnicott)



A traumatic  
birth can  
engender a  
rupture  
between  
birthing parent  
and baby





A traumatic birth negatively impacts our physiology, interrupting patterns of maternal care – especially breastfeeding – but including general attachment and prosocial behaviors



# Trauma, fear, embarrassment, pain, and anxiety during birth



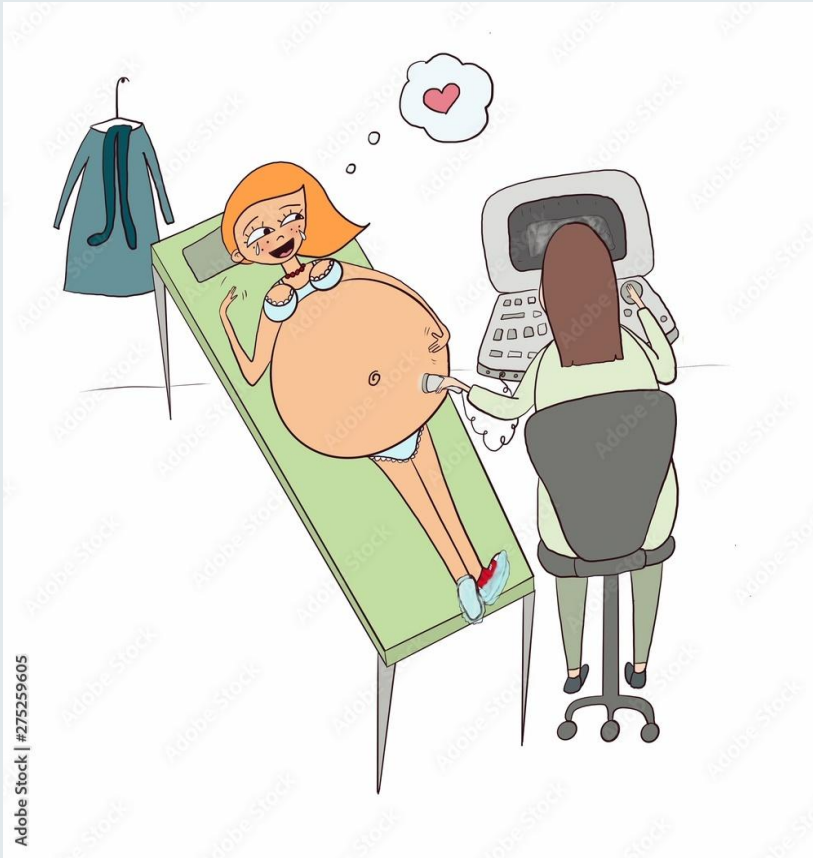
- **cause an increase in stress hormones (cortisol and adrenaline)**
- **inhibit the release of oxytocin – thereby reducing the “building blocks” of connection and self-soothing behavior**



If we  
want  
this....we  
have to  
promote



Trauma informed  
teaching/preparation/  
screening of clients



All birth related  
providers educated  
regarding  
prediction,  
occurrence, &



Antenatal AND  
postpartum screening  
and treatment for  
PTSD, not just  
depression and  
a





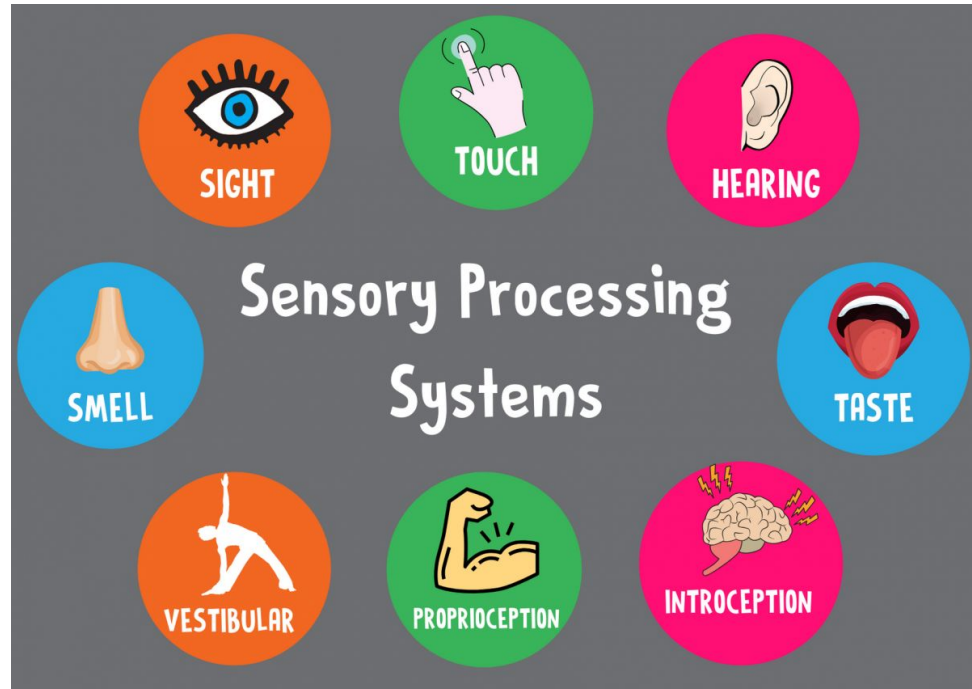
We also  
need  
treatment  
that  
reflects  
the unique  
quality of  
birth  
trauma





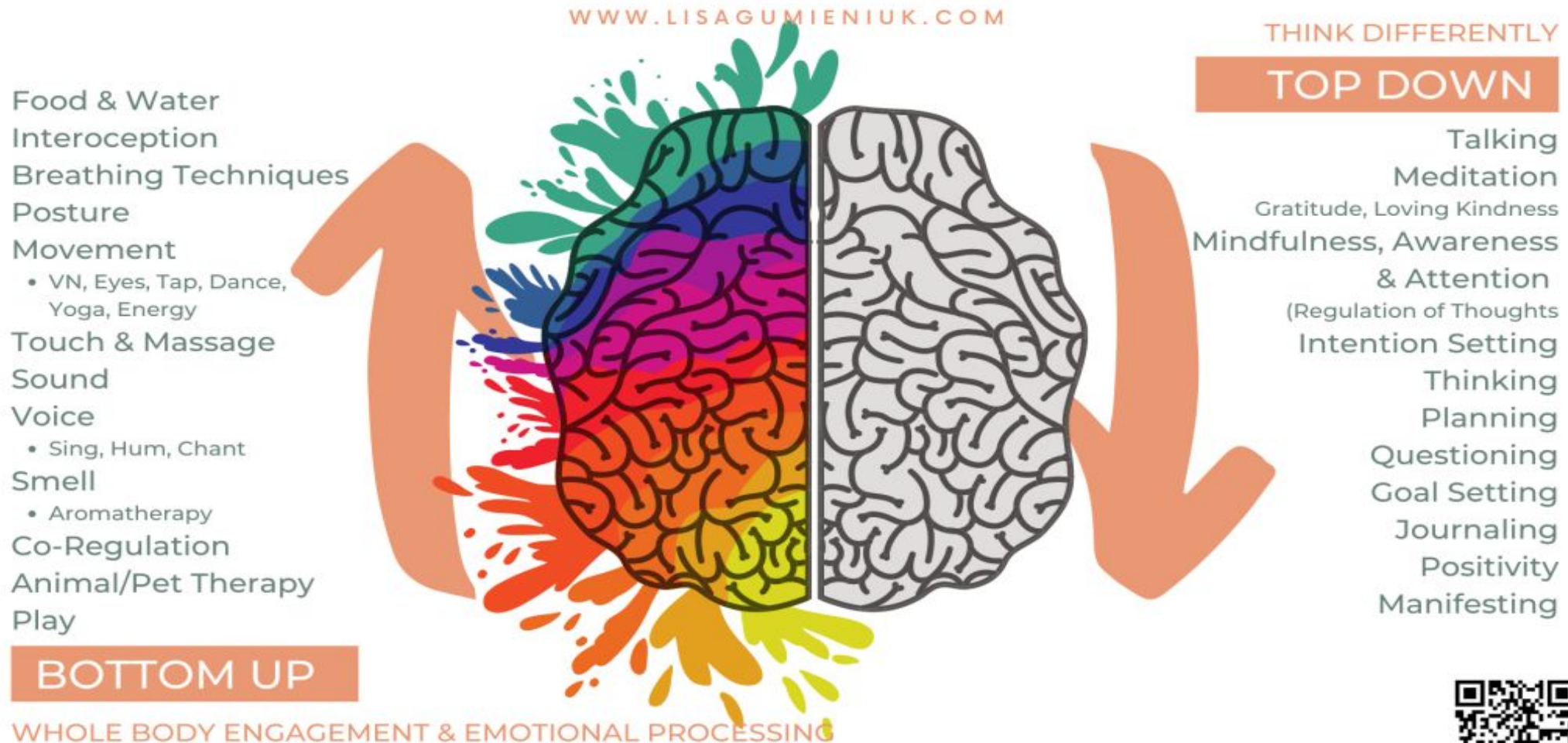
# Treatment Approaches

Core experiences of pregnancy and childbirth are **IN THE BODY**, activated by our limbic system





# For this reason, we employ the body as well as the mind in healing



# Healing Approaches

## TOP DOWN

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Cognitive Behavioral Therapy

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Dialectic Behavior Therapy

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Mindfulness

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Narrative Therapy

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Existential therapy

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Solution Focused therapy





# Healing approaches

**Bottom up**

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Somatic therapy

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Psychodrama

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Creative/expressive arts (painting, ceramics, sculpture, dance, storytelling, poetry, music, etc.)

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EMDR

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Yoga

