

Descent into darkness

Penni Drysdale REPORTS ON WOMEN WHO FIND THEMSELVES DEALING WITH POST-TRAUMATIC STRESS DISORDER AFTER A DIFFICULT LABOUR OR BIRTH

When Sue was 28 weeks pregnant with her first child, she was diagnosed with polyhydramnios (excess amniotic fluid). She was ordered to take steroids, monitor her size daily and “not worry”. A few weeks later, feeling huge and no longer able to cope, she returned to hospital for what she thought would be a quick amniocentesis test and then return home. Instead, she was admitted to the hospital.

Feeling totally uninformed about her situation, Sue quickly learned she was in early labour and there were concerns about her unborn girl whose heart trace was poor and who wasn't moving. An emergency Caesarean was performed and her daughter was taken to the neonatal intensive care unit. From here her daughter's health rapidly deteriorated, and early the next morning Sue held her child for the first time while she passed away.

Twenty one days later Sue haemorrhaged. She returned to the hospital where she was told that she had retained some parts of the placenta. Without much warning or discussion, doctors proceeded to remove the pieces of placenta with tongs, right there and then.

Once she was settled back at home Sue began a steady downhill slide into blackness. One minute she was pregnant, the next her baby was gone. She became obsessed with a need to understand what had happened. She requested and examined her hospital notes and the original scans taken during her pregnancy. She blamed herself for what had happened and began reliving the birth and the subsequent events, and having panic attacks as a result. Sue later discovered she was experiencing post-traumatic stress disorder (PTSD).

PTSD was first identified in soldiers during the Vietnam War. It can occur when a person has experienced or witnessed an event that involves actual or threatened death or serious injury (to

oneself or others). The person's response is one of fear, helplessness or horror, and what follows includes intrusive memories (nightmares and flashbacks), avoidance of thoughts/feelings/situations/activities associated with the event and heightened arousal (manifesting as sleep disturbances, hypervigilance and physiological reactions – such as breaking into a sweat or experiencing heart palpitations – when exposed to events that resemble an aspect of the trauma).

This disorder has only recently been recognised in women following childbirth. In Sue's case, she wasn't formally diagnosed until four years after the events had occurred and treatment specific to PTSD only began the following year. Little research has been done into PTSD following childbirth, but a number of potential risk factors have now been identified. These include poor pain relief during labour, a traumatic delivery and the infant being sent to special care following delivery.

But it's not just the event itself that can result in PTSD. As Professor Cheryl Beck, based at the University Of Connecticut in the US, states, 'Birth trauma lies in the eye of the beholder.' She says people's perception of trauma, such as feelings of loss of control and not being listened to are as equally significant as the event that caused it.

In 2004 Professor Beck conducted a study on women's birth trauma experiences. She discovered that their perception of trauma was associated with factors including feeling: uninformed and lacking reassurance about the process of labour; stripped of dignity; that health staff had neglected to communicate openly; they had received unsafe care and had feared for the safety of themselves or their child; and that a “successful delivery” was defined by hospital staff as the safe arrival of a live, healthy baby, regardless of any trauma that the mother would experience during the process.

Sue's journey with PTSD began 17 years ago and she now considers herself to be absolutely recovered and back to her “old self”. Along the way she has undergone treatment methods including counselling, psychological treatment specific to PTSD and medication, and while she recognises how crucial seeking professional help is, she believes exercise, fresh air, sunshine, good nutrition, and having people around you who will listen and be non-judgemental can all help to facilitate recovery.

Sue found much of this support when she came in contact with other women who had experienced birth trauma, via the correspondence page of a parenting magazine. With a desire to increase public awareness of PTSD following childbirth and to provide support to women who had experienced trauma, Sue and four other women set up Trauma And Birth Stress (TABS). Since 1998 they have spoken about PTSD to over 3,500 people, including professional organisations. In conjunction with Professor Beck, Sue is now conducting research into men's experience of their partner's traumatic pregnancy or birth.

Sue urges women and their partners to be assertive, to ask questions and to be responsible for themselves. 'My wish is that women get help for PTSD early on in their postnatal care and have the chance to talk their birth experience out.' ●

RESOURCES USEFUL CONTACTS

- essentialbaby.com.au Discuss childbirth and parenting on the forum.
- tabs.org.nz Information and stories about PTSD following childbirth.
- tressilian.net Twenty-four hour help for parents from a registered nurse.



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