Your birth experience

Every parent's experience of birth is unique. After giving birth, many women feel elated and full of joy and hope for their baby. But many other women have a sense of disappointment, anger, or fear. This may have happened to you. Despite your best efforts, the experience of the birth may not have turned out the way you or your partner had planned. You may have been frightened. You may be angry. You may think about your birth experience a lot. Fortunately, if you have had a troubling experience, there are some positive steps you can take to identify your feelings, learn from the past, and accept the outcome.

What makes a birth experience difficult?

When you are trying to understand your reactions to your birth experience, the objective facts of what happened during the birth are less important than how you feel about those facts. Some births seem very difficult to other people, and yet the mother feels positively about her experience. Other parents are deeply troubled after the birth of their baby even though the facts of the birth seem normal to other people. What makes the difference?

Here are three characteristics of a range of traumatic birth experiences that can cause parents stress.

Sudden: Did things happen quickly? Did things change from 'fine' to dangerous in a short time? Did anyone explain what was happening to you?

Overwhelming: Did you feel swept away by the hospital procedures? Were you physically restrained? Did you feel disconnected from what was happening? Did you have a general anaesthetic?

Dangerous: Was your delivery a medical emergency? Did you develop a life-threatening complication? Was your baby in danger? Did you believe you or your baby might die?

These three characteristics may be present for either vaginal or Caesarean deliveries.

Relationships

Not surprisingly, your birth experience can have an impact on your relationships with others. You might be angry or disappointed that people who were there to support you weren't able to protect you, particularly your baby's father. Like you, your partner may have felt powerless and swept away by the experience. He might feel guilty because he couldn't protect you, and react to his bad feelings by being angry with you. If he had heard stories of births that went more smoothly, he might worry that you did something 'wrong'. Or he may not be upset about the birth and wonder why it's bothering you.

Your birth experience

When you try to talk about your experience, other people may not respond as you expect. Kelly describes the reaction of her friends and family when she continued to be troubled about her birth:

> *'Once you are past a certain amount of months after the birth, people don't want to talk about it any more. It's like you have an ego problem or something. But I need to talk about it. It's been too important an experience for me not to talk about it. It's changed my life.'*

Not being able to talk about the birth can compound your negative feelings. In research on psychological trauma this is known as 'sanctuary trauma'. Sanctuary trauma occurs when a person has experienced a traumatic event and turns to those who he or she usually counts on for support. Instead of offering the support that the person is expecting, these people either ignore or dismiss the issue, further contributing to a person's sense of isolation and trauma.

Talk about it

Just talking about your feelings with a family member, good friend, midwife, health visitor or GP can often help you sort things out and calm any fears or anxieties. Talk to other people who were present either during or after your birth. They may provide information about what happened that helps you understand it better. They may just empathise and assure you that they also felt afraid or overwhelmed by the situation. Even if they were not frightened, their perspective may still help you sort out your feelings.

Your baby's other parent may or may not want to talk about your experiences. It's important to be honest with each other about your feelings and let each other know what you want from the other.

Another option is to write about or draw your experience. Some people find writing in a diary or journal very therapeutic. Others write letters to the people involved, even though they may not plan on actually sending them. Writing or drawing gives you a chance to express your feelings without worrying about what people think.

Learn about it

As well as talking with your midwife, health visitor or GP, it can also be helpful to read books that might put your birth experience in a broader perspective and help you understand it better. You may still be angry or upset, or you may get angry or upset for the first time as you learn more, but eventually the birth experience will not dominate your thoughts.

Your birth experience

Keeping it in perspective

Birth is only the beginning of a lifelong relationship with your baby. Parenthood is a role you gradually grow into. A difficult beginning does not have to be the blueprint for the rest of your parenting career. A mother who has been emotionally traumatised by a difficult birth may struggle to make herself emotionally available to her baby or try to make up for it by striving to be a perfect mother – to everyone's detriment. It is important to realise that a negative birth experience can affect your relationship with your baby, but it does not have to. This is why it is vital for you to get the support you need as soon as possible.

> *'It's okay to be happy about your healthy baby but sad about your birth. Unresolved birth memories have a way of gnawing at your insides, affecting your sense of who you are. What happened at your baby's birth can influence your feelings about yourself during the postpartum period and for the rest of your life. Unpleasant memories from past births often resurface to infect subsequent births. It's healthy to confront the fact that you failed to have the birth you wanted rather than pretending it doesn't matter, so you can deal openly with the feelings of loss.'*
>
> Sears and Sears, 1994

> *'Every woman has her own set of ideas and hopes about what her pregnancy and birth experience will be like. To the extent that yours was different from what you expected, you may be more likely to have a postpartum reaction.'*
>
> Dunnewold and Sanford, 1994

Remember that most mothers tell the story of their births over and over to whoever will listen, no matter how they feel about the circumstances. This is a part of new motherhood and helps a mother make sense of how her baby fits into her new life as a parent.

Adapted from Kendall-Tackett, K. (2002) Making peace with your birth experience. *New Beginnings*, 19 (2), pp. 44–47.

References

Dunnewold, A. and Sanford, G. (1994) *Postpartum Survival Guide.* Oakland, CA: New Harbinger Productions.

Sears, W. and Sears, M. (1994) *The Birth Book*. Boston: Little Brown.

Labour

When it is nearly time for your baby to be born, your body will get ready for labour. Your baby will move down, pressing on your pelvis, so the upward pressure on your ribs will ease. Mood swings are common and you may feel a surge of energy.

Labour is different for every woman and every birth. The first signs may happen within a few hours of each other, or they may be more spread out.

For many women, labour lasts a long time. If it is your first pregnancy, labour may last between 12 and 24 hours. However, if you have had a baby before, it will probably be shorter, around seven hours.

Symptoms

Signs of labour

The signs of labour can include:

- strong, regular contractions
- a 'show' (when the plug of mucus sealing your cervix comes away)
- your waters breaking.

If your labour starts very slowly, the signs can be more difficult to recognise, particularly if it is your first pregnancy. However, when the time comes, you are unlikely to miss them, but always ask your midwife or hospital maternity care staff for advice if you are not sure.

Contractions – true or false?

You may have been feeling 'false' contractions throughout your pregnancy, when your stomach muscles tighten then relax. These are called Braxton Hicks contractions, and they are not the start of labour. Although they can be painful, they are not usually regular and rarely last for more than one minute. You may notice them more in the later stages of your pregnancy.

True labour contractions are regular, and they usually get longer, stronger, and more frequent. When the muscles in your womb contract, the pain increases. If you put your hand on your stomach, you can feel it getting harder. When the muscles relax, the pain fades and your hand will feel the hardness ease. The contractions are pushing your baby down and opening your cervix ready for the baby to go through later in your labour.

To start with, you may think you only have backache, but when you put your hand on your stomach, you may feel your muscles tightening at the same time. Early contractions can feel like period pains, or cramps. They can be

Labour

short, lasting about 30–40 seconds, and as much as 30 minutes apart.

Your midwife will probably advise you to stay at home until your contractions become more frequent. Take the opportunity to rest and relax.

If your contractions last between 30 and 60 seconds, and come every 3 to 5 minutes, call your midwife for advice. Or, if you are planning to have your baby in hospital, phone the hospital.

What is a 'show'?

While you are pregnant, a plug of mucus seals your cervix. Just before labour starts, or in early labour, the plug comes away and out of your vagina. This is called a 'show'. It is also known as the operculum. It is a sign that the cervix is getting ready for your baby to be born. The show may come away in one blob, or in several pieces. It is sticky, jelly-like, and pink in colour because it is blood-stained, but you do not lose a lot of blood.

A show is normal and nothing to worry about. It is another sign that things are getting going. Labour may start quite quickly after the show, or it may take a few days. Some women do not notice the show come away, and this is normal too.

A show is only a small amount of blood mixed with mucus. If you are losing more blood, it may be a sign that something is wrong, so call your midwife or hospital straightaway.

When will my waters break?

Most women's waters break during labour, but it can also happen before labour starts.

Your unborn baby develops and grows inside a bag of fluid called the amniotic sac. When it is time for your baby to be born, the sac breaks and the amniotic fluid drains out through your vagina. This is your waters breaking.

You may feel a slow trickle, or a sudden gush of water that you cannot control. If it is slow, it can be hard to tell whether:

- your waters have broken
- you are leaking a small amount of urine because the baby is pressing down (stress incontinence).

Amniotic fluid is clear and a pale straw colour. When it comes out, it may be a little blood-stained to start with. Ask your midwife or the hospital for advice if you are not sure.

Labour

If your waters break before labour starts, you should phone your midwife or the hospital for advice. Without amniotic fluid, your baby is no longer protected and there is a risk of infection. If you plan to give birth in hospital or in a midwife unit you will probably be advised to go in.

Tell your midwife at once if the waters are smelly or coloured, or if you are losing blood, because this could mean that your baby needs attention quickly.

Other signs

Other signs that you are going into labour can include:

- backache
- vomiting or nausea
- diarrhoea
- an urge to go to the toilet (caused by your baby's head pressing on your bowel).

Treatment

During your pregnancy, your midwife will give you information to help you prepare for your baby's birth. This will include information about labour and how you can recognise the signs. If you have an understanding of how labour works, and what may be involved, it may help you to feel more in control when the time comes.

Every woman has her own way of dealing with the pain that comes with labour. Your midwife will explain what pain relief options are available.

Some methods of pain relief help your body to use its own ways of coping, such as:

- breathing
- relaxation
- TENS machines (transcutaneous electrical nerve stimulation).

Other methods use medicines to help reduce the pain, for example:

- gas and air
- pethidine
- a type of local anaesthetic called an epidural.

Lying in warm water can also help you to relax, and can ease your muscles during labour.

HANDOUT

4.3

Labour

You should include your preferred choice of pain relief in your birth plan, but remember you may need to be flexible. Labour is a natural process and it does not always go to plan. For example, during your labour, you may change your mind and decide you want more pain relief than you had originally planned for. Or your midwife may advise that you have more pain relief in order to help deliver your baby safely.

Complications

Going into labour early

Sometimes labour can start a long time before your baby is due, even as early as 24 weeks. If you have any signs of labour, call your midwife or hospital straightaway.

Depending on the cause, your midwife or doctor may be able to stop your contractions temporarily by using medicines. You are also likely to be advised to have injections of steroids, to help your baby's lungs mature, so that it can breathe more easily after it is born.

About 8% of births are early (premature or preterm). Early babies are those born before the 37th week of pregnancy, regardless of their birth weight.

Late babies

Most women go into labour within a week before or after their due date. If you do not go into labour, your midwife will keep a careful check on you and your baby. If there are any signs that your baby is not doing well, or you are overdue by a week or two, your midwife or doctor will suggest that your labour is started artificially (induced).

Extra help in labour

Contractions can sometimes slow down, even if they got going well to start with. This can be very tiring for you and it may mean that your baby needs help. Your midwife will monitor both of you closely. If your contractions do not pick up again, you may need extra help (an intervention) to deliver your baby safely.

Other complications, such as a very long pushing stage or your waters not breaking, may also mean that you need extra help.

Depending on why you need it, the extra help could take the form of:

- a drip in your arm or hand containing a hormone to encourage contractions

Labour

- using a suction pad (ventouse) or forceps to help ease your baby out of your vagina safely
- breaking your waters (this is called artificial rupture of membranes)
- an episiotomy, which is a cut made to the perineum (the skin between the vagina and the anus) in order to widen the opening and allow the baby to pass through .

If there is a risk to your own or your baby's health:

- labour may be induced, by starting contractions with a pessary or gel inserted into the vagina, or by a hormone drip in your arm, or
- your baby may be delivered by Caesarean section.

Your midwife or doctor will discuss the need for any extra help with you, so that you are fully informed.

Postpartum haemorrhage

Postpartum haemorrhage (PPH) is a complication that can happen during the third stage of labour, after a baby is born. PPH is extremely rare in developed countries, such as the UK.

Losing some blood during childbirth is considered normal. PPH is excessive bleeding from the vagina at any time after the baby's birth, until six weeks afterwards.

There are two types of PPH, depending on when the bleeding takes place:

- primary or immediate – bleeding that occurs within 24 hours of the baby's birth
- secondary or delayed – bleeding that occurs after the first 24 hours, up to six weeks after the birth.

Depending on the type of PPH, the causes can include:

- contractions stopping after the baby is born (uterine atony)
- part of the placenta, or membranes, left in the womb, which is known as 'retained placenta', or retained products of conception (RPOC)
- infections, such as inflammation of the membrane lining the womb (endometritis).

To help prevent PPH, just as your baby is being born, you can choose to be given an oxytocic medicine that stimulates contractions and helps to push the placenta out. This is known as active management of the third stage of labour.

If untreated, PPH is a serious and potentially life-threatening condition. If you have continuous slow bleeding, or sudden bleeding, and you are not already in the care of healthcare professionals, you should seek emergency medical attention.

Getting ready for labour

Here are a few ways that you can help yourself be prepared for labour.

- As you get close to the date that your baby is due, you may like to put a plastic sheet on your bed (under the top sheet) just in case your waters break. You may also like to keep sanitary towels handy but do not use tampons. If your waters gush when they break, an old towel may be more practical.
- When your contractions have started, it is a good idea to keep a note of the time they happen and how long they last. This will help to keep track of your progress.
- If you are planning to give birth in hospital, work out beforehand how you are going to get there. Labour could start at any time of the day or night. Pack your hospital bag well in advance.
- If you are giving birth at home, your midwife will give you a list of things to have ready.
- Keep the phone number for your midwife or hospital with you all the time. It is also useful to have your hospital reference number handy as well.
- Always speak to your midwife or GP if you are concerned about any aspect of your health when you are pregnant. You can also call NHS Direct on 111.

With thanks to NHS Choices at www.nhs.uk/Pages/HomePage.aspx

Bibliography

Department of Health (2009) *The Pregnancy Book*, London: Department of Health.

Lewis, G. (Ed) (2007) The Confidential Enquiry into Maternal and Child Health (CEMACH) *Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer – 2003–2005*, The Seventh Report on Confidential Enquiries into Maternal Deaths in the United Kingdom. London: CEMACH.

Fraser, D.M. and Cooper, M.A. (Eds) (2003) (14th Edn) *Myles Textbook for Midwives*, Elsevier Science.