



**Supporting Families in Reclaiming their Peripartum Period Experience**

**Part 1: Birth Stories**

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**Who We Are and How We Got Here**

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***Pause***

***Acknowledge***

***Breathe***

The space and land we are using

The evolution of medicine and forced harm

The political climate and recent court rulings directly impacting our work

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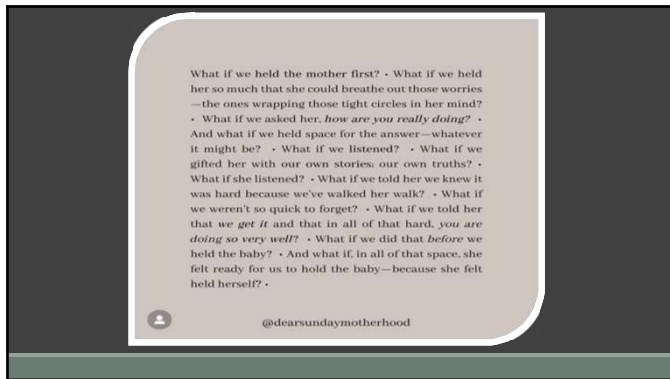
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## Objectives

1. Participants will be able to identify how race and culture impact families throughout the birthing experience
2. Participants will learn the importance of exploring birth stories
3. Participants will learn information about birth trauma
4. Participants will be able to identify approaches in order to support clients to explore their birth stories
5. Participants will explore mental health impacts of the peripartum period including trauma, PMADs, etc.
6. Participants will be able to identify resources to support birthing persons

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## Schedule

- 9-915- Introductions
- 915-1015- History, Culture, & Birthing Experience
- 1015-1030 Break
- 1030-12- Birth Trauma
- 12-1 Lunch
- 1-230 Trauma vs. PMADs
- 230-245 Break
- 245-4- Birth Story processing and other interventions/community resources

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## WHAT THOUGHTS COME TO MIND WHEN YOU HEAR THE WORDS "GIVING BIRTH"

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"Birth is not just one day of your life. We don't just leave the hospital. The feelings we bring home about the birth can affect everything that follows. These feelings can infiltrate all areas of our lives as a new family. That is why birth is important."

-birthtraumatruths.wordpress.com

## *Pause & Reflect*

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<b>Birthing Person:</b> The person who is pregnant and who will be, or already has, given birth.	<b>Peripartum:</b> The period before, during, and after pregnancy.	<b>PMAD: Perinatal Mood and Anxiety Disorders, includes:</b> Postpartum Depression Postpartum Anxiety, Postpartum OCD, Postpartum PTSD, Postpartum Psychosis, Postpartum Bipolar.	<b>Midwife:</b> A professional who works in partnership with birthing people to give the necessary support, care and advice during pregnancy, labor and the postpartum period.
<b>Doula:</b> A trained professional who guides and supports families during pregnancy, labor, birth, and postpartum care of the newborn and birthing person.	<b>Lactation Consultant:</b> A Credentialed (IBCLC) person who specializes in chest/breastfeeding support.	<b>Medicated &amp; Unmedicated</b>	<b>Hospital, Birthing center, &amp; Home Birth</b>

## *Common Terms*

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***Birth Trauma Doesn't Discriminate, But it is Racist***

The overall proportion of women who do not survive pregnancy and childbearing is on the rise in this country.

**AND**

Maternal mortality rates are 2-4x higher for Black and Indigenous populations than White birthing people.

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Midwifery dates back to the paleolithic era

All of Africa traditional midwives and healer played an integral part of medicine for centuries

When the Europeans brought African slaves to the US many were trained midwives and went to train others

They were the US' primary source of care in births of all babies (black and white) through the 1940s

Black enslaved women were often forced to be "wet nurses" for the children of captors, even at the risk of not being able to feed their own children.

There was a Movement from the 1800s-1950s to create laws to prohibit "lay midwives" from practicing as white physicians gained more power until there were none left

The view of birth shifted to a medicalized and "pathology-oriented" and required hospitalization.

Around the 1920's a new movement of "nurse-midwifery" requiring formal education emerging many white midwives which still took 50 years to be in hospital settings where majority of births took place.

***History of Midwifery***

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# History of Obstetrics

In the 1940s J. Marion Sims performed countless excruciating surgical experiments on enslaved women without pain medication or consent, eventually the consent of their slave owner.

Black women during the 1960s and 70s, particularly in the South were often subject to non-consensual sterilization.

It was (still is) believed that black women experience less pain than other races. (Black people are less likely to be treated for pain than other races).

Studies show that minorities tend to receive lower quality of care than non-minorities even when they have the same insurance.

Black Women are 3-4x more likely to die during childbirth than white women.

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# AfterShock & Maternal Mortality

The USA did not start tracking Maternal Mortality data until 2018

The US intervenes with c-section 500% more often and has highest maternal mortality rates than other industrialized nations

Black women have higher rate of c-section

It costs hospitals less money to do c-sections but they get paid 50% more

Over 60% of black women's childbirth related deaths could have been prevented

AfterShock (Hulu, 2022)

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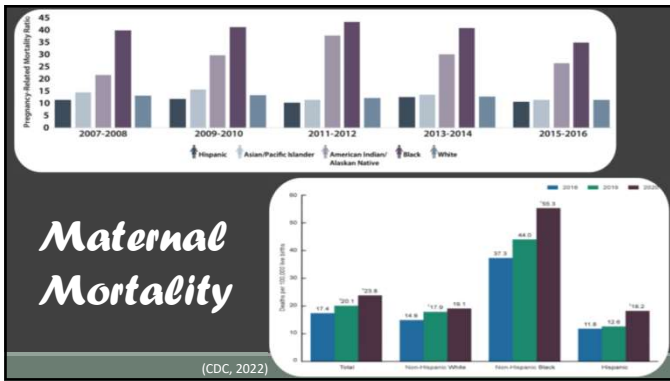
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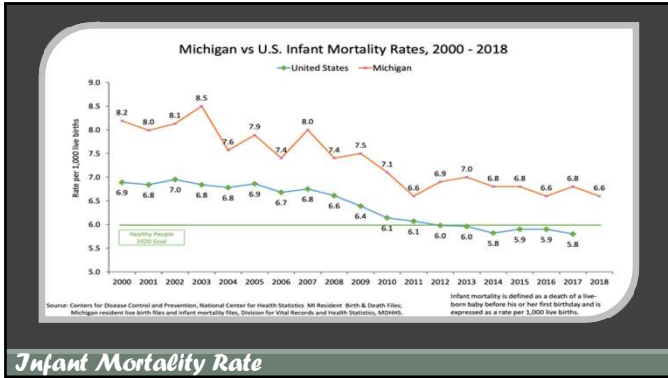
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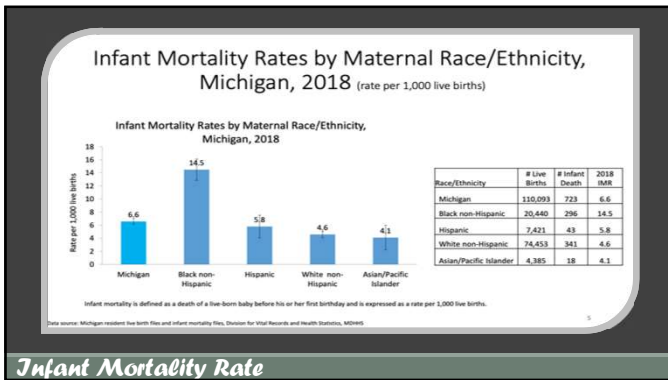
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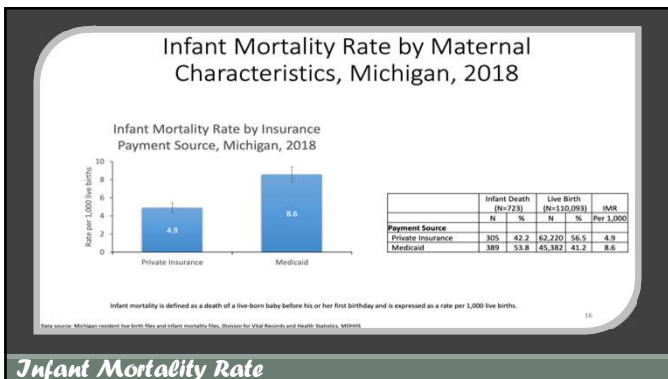
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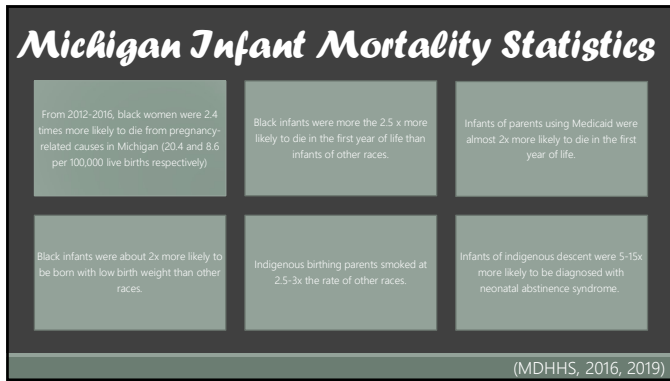
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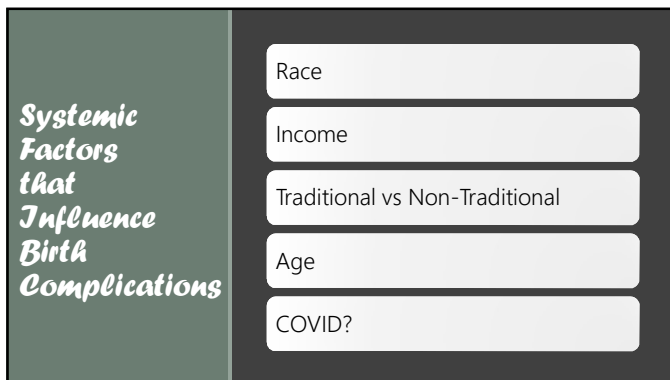
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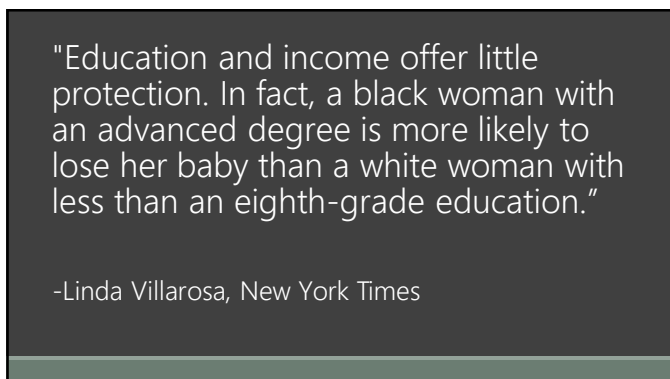
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### *How does this show up today?*

Unable to get appointments.

Not being heard/validated by medical staff and supports.

Not being informed of all available options/unreliable information.

Trauma history being ignored

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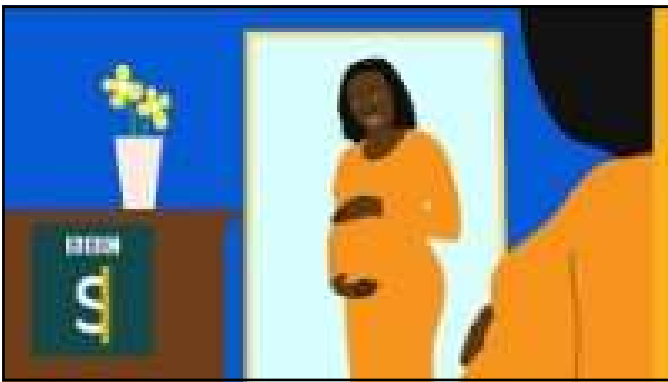
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### *Pause & Reflect*



What did you  
observe?



How did you feel?



How might they  
have felt?

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"Black infants in America are now more than twice as likely to die as white infants — a racial disparity that is actually wider than in 1850, 15 years before the end of slavery, when most black women were considered chattel."

Linda Villarosa,  
New York Times

Lamaze

**BREAK**

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***Birth Trauma***

WHEN THE PHYSICAL AND EMOTIONAL MEET

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***Birth Trauma Influence:***  
Previous Trauma

- Emotional, Physical, and Sexual abuse and/or violence
- How pregnancy was conceived
- Prior miscarriage or stillbirth or Unplanned deliveries
- Medical trauma
- Generational/Family/Community
- Birth trauma during a previous pregnancy

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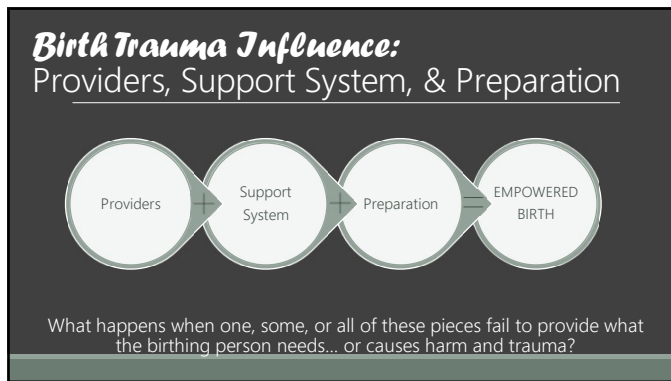
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**Birth Trauma Influence:**  
The Labor & Delivery Experience

- Lengthy labor or short and very painful labor
- Induction
- Inadequate/poor pain management
- Use of vacuum or forceps
- Emergency Cesarean section
- Stillbirth
- Poor postnatal care
- Birth of a baby with a disability
- Lack of information or explanation
- Lack of privacy and dignity
- Medical complications impacting the birthing person or child
- Marked difference between expectation and reality

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**Birth Trauma Influence:**  
Mental Health

Up to 20% of women experience mood or anxiety disorders during pregnancy (Flynn, Blow, Marcus, 2006).

Particularly vulnerable are birthing persons who have psychiatric illnesses who discontinue psychotropic medication during pregnancy.

Depression and anxiety during pregnancy have been associated with various pregnancy outcomes

- Preeclampsia
- Operative Delivery
- Infant Admission to NICU for a number of reasons including; respiratory distress, hypoglycemia and prematurity.

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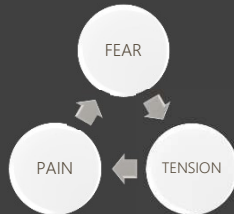
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## ***Birth Trauma Influence:*** Pain Management

There are several options (medical and non-medical) for pain management depending on where the birthing person chooses to give birth, these can include:

- Hypnobirthing
- Birthing Positions
- Epidurals
- Nitrous oxide
- Transcutaneous electrical nerve stimulation (TENS)



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## ***Birth Trauma Influence:*** Method of Delivery

Research has shown that the method of delivery of infant can have an impact on the following:

### Cesarean Section

- Postpartum mental health disturbances
- Higher prevalence of PPD symptoms
- Higher psychological distress for women
- Maternal somatization, obsessive compulsive, anxiety-related, and hostility symptoms.

### Instrumental Vaginal Delivery

- Associated with higher psychological distress
- Maternal somatization, obsessive compulsive, anxiety-related, and hostility symptoms

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## ***Birth Trauma Influence:*** Health Conditions

- Diabetes
- Obesity
- High blood pressure
- Preeclampsia
- Baby health (heart rate) - IFM
- In-utero health issues identified/or opposite
- Hemorrhage
- NICU stay for baby or ICU/medical complications for birthing person

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## ***Birth Trauma Influence:*** Cultural Considerations

- Access to early and ongoing care during prenatal and postnatal periods
- How information is communicated to birthing person/support system
- Amount, Scope, and Duration of care at medical visits
- Ex. indigenous people and relation to birth location
- Religion and spirituality

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## ***Birth Trauma Influence:*** The Partner's Perspective

- |                                                          |                                                                                                      |                               |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------|
| Uncertainty about their role during the birthing process | Emotional Aspects:<br>fears of death, mirroring distress, and helpless watching a catastrophe unfold | Isolation and Abandonment     |
| Loss of first moments and shared experiences             | Staff responses: dissatisfaction with care, communication, advocacy (Etheridge & Slade, 2017)        | Inability to process together |

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## *Pause and Reflect*

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What is sitting with you now?



What do YOU need now for this lunch break?

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## *The Intersection of Birth Trauma & PMADs*

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SYMPTOMS & RED FLAGS DURING THE PERIPARTUM PERIOD

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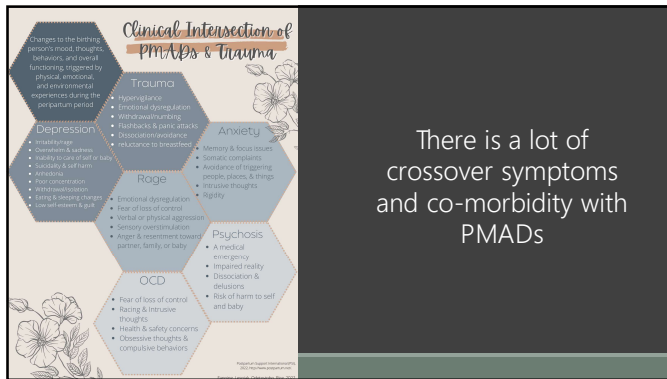
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## Postpartum PTSD

Symptoms mirror that of PTSD with onset during the delivery or postpartum period. A trauma results in severe emotional distress and physiological responses to trauma triggers.

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## Postpartum Depression

1 in 7 birthing people  
1 in 10 partners

- 3-4x higher for Black and Indigenous birthing people
- Up to 2x higher for those in poverty and teen birthing people
- Severe lack of data and information on PPD (and the birthing experience in general for trans and non-gender conforming birthing people)

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## Postpartum Anxiety

Approximately 6% of pregnant women and 10% of postpartum women develop anxiety. Sometimes they experience anxiety alone, and sometimes they experience it in addition to depression.

The symptoms of anxiety during pregnancy or postpartum might include:

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Disturbances of sleep and appetite
- Inability to sit still
- Physical symptoms like dizziness, hot flashes, and nausea

Risk factors for perinatal anxiety and panic include a personal or family history of anxiety, previous perinatal depression or anxiety, or thyroid imbalance.

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## Postpartum Rage

Struggling to control your temper

Increased amount of screaming or swearing

Physical expressions like punching or throwing things

Violent thoughts or urges, perhaps directed at your spouse or other family members

Dwelling on something that made you upset

Being unable to "snap out of it" on your own

Feeling a flood of emotions immediately afterwards

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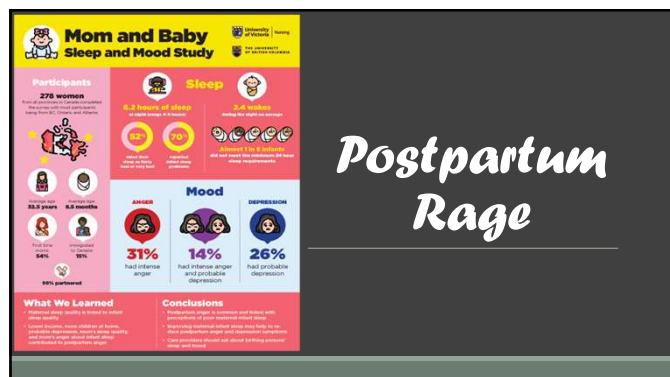
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## Postpartum OCD

Obsessions, also called intrusive thoughts, which are persistent, repetitive thoughts or mental images related to the baby.

Compulsions, where the birthing person may do certain things over and over again to reduce her fears and obsessions. This may include things like needing to clean constantly, check things many times, count or reorder things.

A sense of horror about the obsessions

Fear of being left alone with the infant

Hypervigilance in protecting the infant

Parents with postpartum OCD know that their thoughts are bizarre and are very unlikely to ever act on them.

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## Postpartum Bi-polar

- o Same symptoms as Bipolar I and II but occurs in pregnancy or postpartum (periods of depression and mania)
- o Symptoms last longer than four days and impact functioning and relationships
- o This is more than "moodiness" of pregnancy/postpartum, this may also be the first time these cycle are more apparent
- o Sometimes there will be psychotic symptoms with it (hallucinations/delusions)
- o It can present has severe anxiety or depression and only a diagnosis of depression can put them as risk for increased severity
- o Risk Factor is family history and own symptoms history
- o If dealing with severe emotional it can be beneficial to consult with a psychiatrist or refer to emergency protocol

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## Postpartum Psychosis

PPP is rare about .1-.2% of births

Onset is sudden and within 2 weeks of delivery

Risk Factors- personal or family history of bipolar or previous psychotic episode

The delusions/beliefs feel real and are often religious

Most survivors of PPP never experienced delusions with violent commands and do not result in harm to self or others

Quick emergency intervention is the most important piece to support these new parents

It is temporary and treatable

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**WHAT:**

- The birthing person tells the story of the birth, from their own perspective.
- They explore the feelings that came up, who was in the room, current feelings, and what ever else comes up as they tell this story.

**WHY:**

- Allows birthing person to explore emotions related to the birth,
- Helps birthing person to own the story.
- Fosters connection between the birth and the birthing person's present state.

**HOW/WHEN:**

- The birthing story might come up at any stage of the relationship with families, but it is important to be prepared to have this conversation. Holding the birthing story can bring up a lot of feelings.
- It can always be revisited it with family's consent.

**Birth Story Processing**

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## Guiding Questions in Birth Story Processing

Describe the day when you found out you were pregnant?  
 Who was the first person you told?  
 Describe the day you went into labor?  
 What was the support like during labor and delivery? Who was with you?  
 Did you notice any feelings or thoughts bubble up that you were not prepared for?  
 How have your feelings about your birth experience been affecting you?

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### Birth Story Processing

- 1.) What was the birth experience like for you?
- 2.) Did you notice any feelings or thoughts bubble up that you were not prepared for?
- 3.) Did you feel heard and supported by those present (family, partner, providers, etc.)?
- 4.) Is there anything you've been thinking about that is lingering or feels unresolved?
- 5.) What did you notice went better than expected?
- 6.) Is there anything you would say to your past self? What about your future self?
- 7.) How have your feelings about your birth experience been affecting you?

Open-ended questions help to facilitate discussion and reflection about a person's birth experience.

Birth is evocative. Processing one's story can be an empowering and healing experience.

Trauma can occur at any point during the peripartum period. It is essential to listen, validate, & normalize.

## Handout

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## Self Processing

What feelings came up after hearing this person's birth story?  
 What parts did you relate to?  
 What does hearing their birth story feel like in your body?  
 How do you ground before and after the session?  
 Who can you process your feelings with?

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**The birthtalk Breakdown Tool**  
 Tool created by Melissa Bruijn and Debby Gould, authors of *How to Heal a Bad Birth*

WHAT HAPPENED:	HOW I FELT:

**Books:**  
*Birth Trauma* by Kim Thomas  
*How to Heal a Bad Birth* by Melissa Bruijn and Debby Gould  
*Heal Your Birth Story: Releasing the Unexpected* by Maureen Campion

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**Birth Story Video**

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**Additional Postpartum Interventions to Support Trauma Healing**

- Some Issues
  - No medical monitoring of birthing person for 6 weeks, minimal breastfeeding support, limited mental health screening, access to resources or community support
- Pelvic floor therapy
  - Heal c-section scar, manage pain, help with prolapse, urinary/bowel issues, diastasis recti, etc
- Medications/psych
  - Many women are worried about medication passing to baby however with correct management by psychiatrist trained in working with postpartum birthing people many can feel very successful in managing their mood
  - Some more mild symptoms women feel more comfortable talking with their OB
  - Most meds are in such low doses they pose no threat to infants (mayo clinic, 2022)
- Postpartum doulas
  - Help with overnight support, feeding, physical/emotional recovery and infant soothing

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## Community Resources

Therapy

- Directory for Black Women- [www.therapyforblackgirls.com](http://www.therapyforblackgirls.com)
- Directory of PSI trained therapists- [www.postpartum.net](http://www.postpartum.net)
- Groups in Ferndale- Honey for Moms

Centers/Doulas/Midwives

- Birth Center- Birth Detroit
- National Black Midwives Alliance
- Sista Midwife Productions

Policy Advocacy

- Mothering Justice
- National association to Advance Black Birth
- Black Mamas Matter Alliance
- Sister Song

Breastfeeding Support

- Southeast Michigan IBCLCs of Color
- Black Mother's Breastfeeding Association

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## Other Resources

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**Instagram Accounts**

- @plussizebirth - Support for Plus Size Birthing People
- @semi\_ibclc - Info on support groups in SE Michigan for POC
- @queerbirthworker - Queer and Trans Reproductive Justice
- @icornhq - Reproductive Information
- @thetacombirthtrauma - Impact of Birth Trauma
- @thevagina.whisperer - Pelvic Floor Support

**Podcasts**

- The Mommy Labor Nurse
- The Birth Hour
- The Wellness Mama
- Birthful

**Memberships**

- Postpartum Support International
- Zero to Five
- MIAIMH (OBVS)
- Zero to Thrive (honorable mention but not a membership)

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*Did you noticed any feelings/thoughts bubble up that you were not prepared for?*

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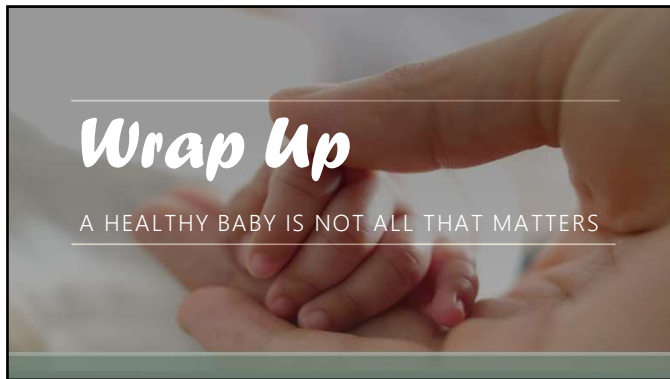
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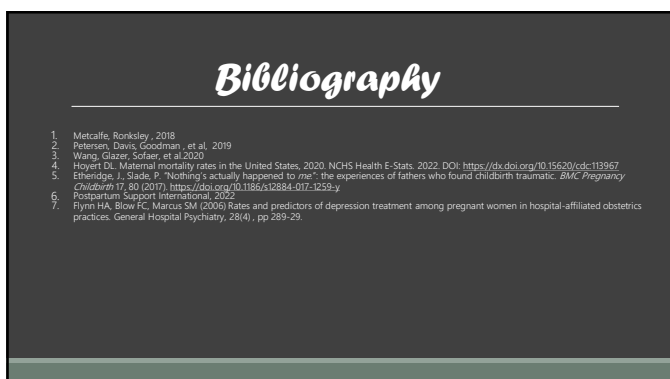
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### ***Bibliography- websites***

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