

PERINATAL CARE AND TRAUMA: WHEN 'GOOD ENOUGH' ISN'T GOOD ENOUGH

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Labour and giving birth to a baby is a challenging event which may involve a range of potential complications and physical harm. Research shows that between 20 and 48% of women appraise their experiences of giving birth as traumatic and 1 to 6% develop post-traumatic stress disorder (PTSD) following birth. Factors associated with PTSD after birth include pre-existing vulnerability (e.g. a history of psychological problems or trauma, fear of childbirth), birth factors (e.g. complications of delivery, quality of care), and postnatal factors (e.g. maladaptive appraisals, support).

This talk focuses on the importance of care during labour and delivery, particularly interpersonal conflict or support, in women's experiences of birth as traumatic. The effect of support on birth outcomes has been well established by experimental studies providing lay women ('Doulas') to support women during birth. Reviews of this work show doula support is associated with shorter labours, less use of analgesia, fewer operative births, and greater satisfaction with birth (Hodnett et al., 2009). There is also increasing evidence that support is critical in birth trauma. Interpersonal factors associated with PTSD after birth include poor interaction with medical personnel (Soet et al., 2003), inadequate intrapartum care (Creedy et al., 2000), low staff and partner support (Czarnocka & Slade, 2000), feeling poorly informed and not listened to (Czarnocka & Slade, 2000), inadequate contact with the staff (Wijma et al., 1997), and low perceived and desired support or help (Cigoli, Gilli, & Saita, 2006; Maggioni et al., 2006). A recent prospective study found support is particularly important for women with a history of trauma, or for those who have complications during birth (Ford et al., 2010). Analogue studies using birth stories to examine the interaction between support and stressful events during birth show that support has a greater effect on women's perceived control, trauma, anxiety and mood than stressful events (Ford & Ayers, 2009). In addition, neutral support (where midwives and doctors provide reasonable obstetric care but with no emotionally positive interaction) is very similar to negative support (where midwives and doctors are actively unsupportive) in that they are both associated with lower perceived control, greater trauma, anxiety and decreased mood. This suggests 'good enough' care during labour may be as pathogenic in terms of trauma and anxiety as negative care.

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