Redemptive birth

Trauma to triumph study day
Karitane centre, Sydney, Australia
Soo Downe and Gill Thomson
Oct 16 2009

With thanks to all those who feature in the photographs, and especially to the women and staff in Blackburn
...birth is more than the physical...

'...To anyone who thinks about it long enough, birth cannot simply be a matter of techniques for getting a baby out of one’s body. It involves our relationship to life as a whole, the part we play in the order of things...

Kitzinger 1987
The nature of trauma

1. A serious injury or shock to the body, as from violence or an accident.

2. An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person, often leading to neurosis.

3. An event or situation that causes great distress and disruption.
Research to date on traumatic birth: women

- Women felt violated and powerless
- They felt dominated by health professionals
- Women's own knowledge and expectations were dismissed and minimised
- They experienced lack of information, explanation, and empathy

(Beck 2004, Moyzakitis 2004)
Consequences of trauma...

*My life was devastated by my experience and it has made me a worse mother - a barely functioning suicidal mother at times who was deeply wounded by the careless expression of “never mind at least you have a healthy baby” of course I mind!...Of course I am delighted to have a healthy baby but my feelings matter too.*  

Sarah Beech and Phipps 2008
Research to date on traumatic birth: witnesses

- Partners
- Mothers and sisters
- Friends
- Staff
Research to date on traumatic birth: witnesses

- Partners/birth companions

It was horrendous Mum, like a nightmare. It made me feel sick. I really didn’t want to see all these things happening, and it made me wish I wasn’t there.

I think it’s much better to have a section....

- ‘You cope by breaking down in private’ (White 2007)
Women's stories
Thomson and Downe 2008, in press
Trauma as a state of mind

• Interpretive phenomenological study
• 14 women with a previous self-defined traumatic birth, some of whom were pregnant
• Pregnant women followed up, and interviewed again after birth
• Trauma was not related to mode of birth, but to fractured interpersonal relationships
  • ‘being helpless’
  • ‘being disconnected’
  • ‘being isolated’
Trauma as abuse: torture?
Thomson 2007

'I can remember it really like it were yesterday, its not like 20 years ago. I just thought god, I'm never going to get out of this alive, I'm going to die, I'm going to die'.

'It is very abusive to your body, there was that many hands pushed pulled and poked and not being told why these things were happening, what's going on, it's was like right lets get this baby out. In 10 minutes I was chopped up and baby had arrived, black and blue'

'I was led on a bed screaming, with the monitors on... begging, really really begging for it to be turned off, and she were just turning it up all the time, it was, it felt that I was, you know, on a rack and being....... being tortured'
The language of trauma
(Thomson and Downe 2008)

Cold
Abuse
Torture
Begging
Screaming
Barbaric
Intrusive
Rape
Horrific
Exhausted
Frightened
Want to die
Object
Would do anything to make it end...
Lump of meat
Slab on a table

'I actually thought that the only thing I can do to get out of this is die (breaks down crying) . . . . . . (Clare, vaginal birth).
The nature of redemption

I was exhausted but elated. A completely different feeling and experience than before. ...I can never thank Mrs Martindale and the midwives and the rest of the team enough....I feel that I was scarred emotionally from my first experience and Mrs Martindale ensured that Rocco’s birth couldn’t have been more different. She made sure that I returned home, not as a patient, but as a mum.
The language of redemption
(Thomson and Downe in press)

Joy (surprised by joy)
Euphoria
Fantastic
Positive
Amazing
In love
Incredible

'It wasn’t just not negative, it was wow, you know, isn’t the human body amazing..and that kind of positive pain..you know something good is going to come out of it, and it was just fantastic, it really was...

(Holly)
Redemptive for partners

"It was everything we expected and completely unexpected at the same time. Everything went the way we wanted it to go, but I couldn't have ever in my life before pictured what that day would be like. So in that way, it was beyond expectation. It was amazing. I felt so much more in love with my wife than I ever have before. I was just amazed by her." New York City Times 2008
Redemption for family, friends…?

'Seeing birth has made me feel it's not a bad thing and it isn't scary. It made me think that I will cope if I ever have any children.'

Alison, 11
Redemption for staff…?

‘I would like to thank you for your support with the lady I looked after in the pool the other day. They both said that they had a fantastic experience that exceeded the other four… she just smiled the whole way through. It was amazing as she had been induced with all her other babies, and had an epidural every time… and she coped so well and even said ‘what a difference water makes!

when i watched it, i had tears in my eyes, as it was a wonderful experience…… i felt like i was being a midwife.I am glad that Caroline was on duty and supported me’

Louise 2009
Birth afterthoughts...

There is no evidence that debriefing reduces the risk of developing PTSD. The trials with the longest follow up both reported adverse results.

Rose et al 2009 (Cochrane review: updated 2002)

• Single session, within 24 hours-1 month

Psychological debriefing for preventing post traumatic stress disorder (PTSD).
Cochrane review 2002 issue 2
Birth afterthoughts...

• Is one session soon after the birth psychologically plausible as a solution?

• Consider ‘normal processing’, and offering informational, emotional, practical support if normal processing gets stuck (Ayers et al 2009)

• Provide support AT THE TIME THE WOMAN NEEDS IT

• Birth companion? Family member? Staff member?
Recognising & dealing with toxic systems (reflexive practice)

On the high ground, manageable problems lend themselves to solution through the application of research method and theory...
The messy problem of vicious circles...

In the swampy lowland, messy confusing problems defy technical solution.. [these are]...the problems of greatest human concern'

Schon 1983 p14
What needs to be faced and done..

Agents, frightened of losing their positions, adopt threatening postures and tell 'white' lies to protect themselves. Afraid to report the truth as they see it, they don't provide full and accurate information. Decisions, made in ignorance backfire, leading to mistrust. People learn not to entrust their individual survival to others in the group. Mistrust amplifies the fear and the cycle intensifies p54

Before it can be effective, an organisation must dismantle its vicious cycles....p63

*From the complexity advantage* Kelly & Allison 1998
Recognising toxic systems... helping fish to see water

Simpson, Kathleen Rice; James, Dotti C.; Knox, G. Eric 2006

- 4 hospitals (approx 3000-6000 births)
- Nurse managed labour predominant model
- 54 nurses, 8 focus groups
- 38 obstetricians, individual in-depth interviews.

...‘Nurses and physicians shared the common goal of a healthy mother and baby but did not always agree on methods to achieve that goal....’
What the doctors valued...

The main thing is to have a nurse who is not afraid of pit, who can actively manage the labor and be aggressive in turning it up on a regular basis.

When I hear I've got a nurse who will go up on the pit, I know it's going to be a good day.
...philosophical conflict, covert resistance

I increase the pit as I need to, but I'm not going to have contractions right on top of each other. I'm not going to cause fetal distress or injure a baby.
Lack of trust and respect (subtle power games)

Sometimes I feel downright unwelcome when I show up on the unit to check my patient without being called. The nurses say ... 'What are you doing here? I didn't call you.'
Lack of trust & respect...

Some doctors are a disaster so I make sure I don't call them for delivery until the head is almost out. That way I can try to prevent a vacuum or forceps, I don't have to deal with fundal pressure and I don't have to stand there while they sew up the inevitable fourth degree laceration. The patient is much better off and they don't even know what a favor I've done for them.
And the consequence is...

So it almost becomes like a battle where you think she [the nurse] should be doing this and she has other ideas but doesn't necessarily tell you. Instead of directing all your attention to the patient you end up having to worry about the pit. It doesn't serve the patient well where you're not working really together.
Setting ourselves up to fail…?
Junior doctors views of midwives (UK)
Pinki et al 2007

• Majority of 68 respondents positive about relationships, BUT:
• 22% reported midwives to be disrespectful and argumentative
• 53% felt that there were communication issues between junior doctors and midwives that needed to be addressed.
• No parallel survey of midwives, so these accounts are only from one particular viewpoint.
...viral antagonism... Australia (1)

Quinlivan et al 2003 RWH Victoria

• Expectations around training medical students in obstetrics
  • 63/94 midwives (67%), 93/130 medical students (72%).
  • Major differences in expectations, especially in breastfeeding and delivering babies/performing postnatal checks.
  • Reports of student dissatisfaction and poor interdisciplinary relationships
...viral antagonism... Australia (2)

‘We need to get beyond the gargantuan struggle’

Reiger and Lane 2009

• Summary of qualitative research in ‘several Victoria public maternity units’

• ‘Both groups respected skill and hard work and sought mutual trust, respect and accountability’.

• Effective working together was limited by tensions over role boundaries and power and by inactivity intensified by increasing workloads and a fragmented labour workforce.

• Skills and qualities of ‘professional courtesy’ required.
To maximise redemptive birth we need to move from vicious circles....
..to virtuous cycles
Creating positive birth through authentic collaboration
## ELHT caseholding team bookings 2007

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## Booking criteria

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### Outcomes Apr-Dec 2007

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_SCHOOL OF PUBLIC HEALTH AND CLINICAL SCIENCES: Research in Childbirth and Health (ReaCH) group_
‘effective multidisciplinary teams who like (trust, respect, care for, constructively challenge) each other’

Example:
planned homebirth for woman with haemorrhagic problems, and previous caesarean section
Taking constructive risks together...

Example:
Syntocinon in the pool
(Joannes story)
‘effective teams’…
Learning mutual trust and governance with rather than governance of or over…

Example:
Collaboration project
Redemptive birth and cross-system fractals

'Oooh you couldn’t get that feeling with anything on earth, drugs, alcohol, anything, I just wanted to bottle it and keep it forever that feeling and I still get it'

(Thomson and Downe in press)
...the cumulative effect of virtuous cycles...

The view of an independent midwife

• I believe passionately in woman centred, social models of care and was unsure whether I would be able to practice the way I wished to within the NHS...

• My first rotation has been on the very, very busy central delivery suite....

• It is clear that we are all different but striving for the same thing, the provision of the best possible woman centred care....It is wonderful to be part of a dedicated team who work with humour and grace.

• My confidence is growing and I feel like I am being given an opportunity to shine and supported to practice in a way that feels in line with my ethos. All this and in a busy obstetric unit! Wow! I feel honored to be part of this trust and work alongside so many inspiring midwives....
The advantages of getting it right
(particularly for disadvantaged women)

‘You have given me power in my life that I could never have dreamed of; I have achieved something wonderful for the very first time and no-one can take that from me. Thank you’

(Carol 1st baby, Birth centre Mum)
Getting birth right, getting society right

...'Project Luz' has given many women the feeling of strong confidence in a safe delivery and in child rearing...leading to self-transformation, which empowers them profoundly. This...raises their concerns about society, their lives, and motivates their participation in community activities and development.'

Umenai T 2001

The imperative to get it right for women.

‘...the way a woman gives birth can affect the whole of the rest of her life - how can that not matter - unless the woman herself doesn’t matter...’

Beech and Phipps 2008

Vicious cycles to virtuous circles: redemption for women, partners, staff

- START WITH YOU: and plan for the (very) long term
- Work on relationships with junior doctors
- Do a psychological deep clean of toxic environments
- Learn to be open to unusual normal
- Actively promote mutual trust, respect, humanity
- See genuine mistakes as opportunities for learning
- Tell viral stories: positive stories spread, build self-esteem, and can be catalytic in breaching the vicious cycle