Grand Valley State University
ScholarWorks@GVSU

Masters Theses | Graduate Research and Creative Practice

4-2014

In Their Own Words: Healing from Traumatic Childbirth

Jennifer L. Brammer
Grand Valley State University

Follow this and additional works at: https://scholarworks.gvsu.edu/theses

 Part of the Social Work Commons

ScholarWorks Citation
Brammer, Jennifer L., "In Their Own Words: Healing from Traumatic Childbirth" (2014). *Masters Theses*. 750.
https://scholarworks.gvsu.edu/theses/750

This Thesis is brought to you for free and open access by the Graduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Masters Theses by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.

In Their Own Words: Healing from Traumatic Childbirth

Jennifer Lynne Brammer

A Thesis Submitted to the Graduate Faculty of

GRAND VALLEY STATE UNIVERSITY

In

Partial Fulfillment of the Requirements

For the Degree of

Master of Social Work

School of Social Work

April 2014

Dedication

To my children: your births were precious in their own ways and two of the most meaningful experiences of my life. Emmalynn Marie: through birthing you, I became a mother - a transforming experience that I will forever cherish the memories of. Owen Charles: you truly are an amazing miracle. It is through your birth and the journey afterwards that has ultimately led to the birth of this project and the reason it is so near and dear to my heart. I love you both to the moon and back again.

Acknowledgements

This thesis would not have been possible without the support of Dr. Cray Mulder; your belief in the value of this project and your assistance from its conception to delivery was vital in its completion. I will always be grateful that you afforded me the opportunity to do this research. I would also like to thank Dr. Robin Smith-Colton, Bonnie Cleland-Oleson, and René Beyette, for bringing their expertise to this project as thesis committee members; I appreciate the time each of you have given to strengthen this project. Bonnie and René: your knowledge and support throughout this process and beyond has been much appreciated. Thank you both, from the bottom of my heart.

To the beautiful women who so graciously entrusted me with their stories of birth trauma and healing process - thank you. All you have endured and triumphed over is inspiring and each of your stories have deeply moved me. Without each of you, this project would not have been possible.

To my friends and family: this project wouldn't have been possible without all of you who came alongside me over the past year to listen, offer advice, read and suggest changes, and reflect with me - thank you.

To my husband, Charlie: your support throughout this project has been much appreciated and I am forever grateful for all that you took upon yourself to ensure I had the time I needed for this project. God has truly blessed me with you as my husband.

Abstract

Trauma related to childbirth is seldom addressed despite the incidence of women who experience traumatic births. Birth trauma, like other traumatic events, can have a lasting impact on women and can effect their attachment to their infants. This study gives voice to women's birth trauma and describes what women find helpful in their healing processes from traumatic birth. This study is based on the narratives of 14 women who graciously shared their birth stories and healing journeys in semi-structured qualitative interviews. Their traumatic birth experiences occurred 3 ½ to 26 years ago.

A post-positivist approach and narrative theory informed this study. This research found that participants experienced a discordance of expectations and realities of childbirth, a juxtaposition of emotions and experiences, identified specific aspects that were healing/helpful and other aspects that were hurtful/unhelpful during pregnancy, labor, birth, delivery, and beyond. In the healing process from traumatic childbirth, the specific aspects women identified as being healing and helpful were being heard/listened to, having supportive people in their lives, taking action, having reparative experiences, relying on their faith and spirituality, and creating and telling their birth stories. This research study also found that women who developed a coherent narrative of their traumatic childbirth experiences were more likely to divide their narrative episodically, tell their narrative with a continuous and smooth flow, and had more developed self-evaluations and meanings with regards to their experiences. Implications include care providers across disciplines being knowledgable of birth trauma and its effects and

providing appropriate support and referrals to women who experience birth trauma. It is recommended that care providers assist women with understanding their birth experiences and for social workers and counselors to support women in creating their coherent narratives of their traumatic childbirth experiences as part of their healing processes.

Table of Contents

Title Page 1

Thesis Defense Approval Form 2

Dedication Page 3

Acknowledgement Page 4

Abstract 5

Table of Contents 7

Chapter 1: Introduction 9
- Topic Overview 9
- Problem Statement 11

Chapter 2: Literature Review 12
- Birth - Past to Present 12
- Traumatic Birth 12
- Prevalence of PTSS, PTSD & PPD in Women 14
- Effects of PPD & PTSD on Individuals & Families 15
- Trauma & Memory 16
- Interventions 17

Chapter 3: Methods 18
- Definitions 18
- Research Questions 18
- Research Design 18
- Sample Population 20
- Data Collection 24
- Data Analysis 26
- Transferability 28

Chapter 4: Findings 28
- In Their Own Words: Healing from Traumatic Childbirth 35
  - Abstract 35
  - Orientation 35
    - Setting the Stage 35
  - Complicating Action 37
    - The Discordance of Expectations & Realities 37
    - The Gap Between Expectations & Realities Widens 45

Evaluation 53
Juxtaposed: The Emotions & Experiences 53
Resolution 56
Healing: Things that Helped 56
Being Heard 57
Supportive People 58
Presenting & Acknowledging the Mother & Baby 61
Faith & Spirituality 62
Taking Action 63
Bridging the Gap: Reparative Experiences 64
Creating & Telling the Story 68
Coda 71
Finding Acceptance & Meaning 71

Chapter 5: Discussion 75
Limitations 78

Chapter 6: Recommendations 80
Implications 81
Medical Personnel and Organizations 81
Childbirth Educators and Organizations 82
Lactation Consultants 83
Social Workers, Therapists, and Counselors 84

Chapter 7: Conclusion 85

References 86

Appendices 93
Appendix A: Years Since Birth Trauma Experience Graph 93
Appendix B: Representations of Individual Stories 94
Appendix C: Study Advertisement 124
Appendix D: Study Description 125
Appendix E: Semi-structured Interview Guide 127
Appendix F: Professional Support Contact Information 129

Chapter 1: Introduction

"The memory of childbirth, vivid and deeply felt, will stay with a woman for the duration of her life" (Berg & Dahlberg, 1998).

Topic Overview

Traumatic birth, also called birth trauma, has been described as event(s) occurring during labor and/or delivery in which there is actual or threatened injury or death to the mother and/or her baby (Beck, 2004; Elmir, Schmied, Wilkes, & Jackson, 2010) and/or an event occurring during labor and delivery in which a woman perceives her dignity is taken from her (Beck, Driscoll, & Watson, 2013). Women may perceive their birth experience as traumatic due to interventions, mode of delivery, how they are treated by healthcare professionals, and/or other variables (Elmir et al., 2010). In one study on traumatic birth, 55% of the mothers reported experiencing intense fear of injury or death to themselves or their baby during the delivery process (Beck, 2004). Women may experience intense feelings and may have vivid memories of the event, flashbacks, nightmares, and/or experience irritability (Elmir et al., 2010). Research reveals that 33-45% of women describe their birth experience as traumatic (Beck, Driscoll, & Watson, 2013) and one study revealed that one in three women continue to experience trauma symptoms 4 to 6 weeks after the birth (Elmir et al., 2010).

Prevalence rates of post-traumatic stress symptoms (PTSS) after childbirth range from 1.5% to 30.1% (Alder, Stadlmayr, Tschudin, & Bitzer, 2006; Ayers, 2004; Creedy, Shochet, & Horsfall, 2000; Soet, Brack, DiIorio, 2003) and prevalence rates of women fully meeting the DSM-IV post-traumatic stress disorder (PTSD) diagnostic criteria due to traumatic childbirth at 6

weeks postpartum of 2.8% (Ayers & Pickering, 2001) to 5.6% (Creedy et al., 2000). As a comparison, after the terrorist attacks of September 11, 2001, 7.5% of residents of lower Manhattan met the full criteria for PTSD (Kendall-Tackett, 2007). Generally, it is acknowledged that individuals exposed to events such as war, natural disasters, accidents, and terrorist attacks can develop PTSD, but the same acknowledgement is often not extended to those who experience trauma from childbirth.

PTSD is highly co-morbid with other psychological problems including depression, anxiety, and substance abuse (Ayers, 2004). Studies have shown children of mothers who are depressed and have PTSD are at an increased risk of developing psychiatric problems, behavioral issues, and show social and achievement deficits, as well as adjustment difficulties when the mother's symptoms lessen (Bailham & Joseph, 2003). After experiencing a traumatic childbirth, women have reported feeling distanced from and the need to avoid their infants, especially when their infants trigger memories and flashbacks of the birth trauma, experience feelings of guilt and anger towards themselves and healthcare professionals, and feel isolated from their friends, families, and other mothers who may not understand their experience (Beck, 2004). For some women the distressing symptoms last for many years (Beck, 2006). Studies have reported interventions involving one or two debriefing or counseling sessions within a few days of the birth and completion of a questionnaire around 4-6 weeks postpartum, which have not led to reduced PTSD symptoms and in some cases women exhibit a worsening of symptoms (Ayers, 2004; Gamble & Creedy, 2009).

Problem Statement

Given the prevalence of women who view their birth as traumatic and the potential effects of birth trauma on the woman, her attachment relationship with her child as well as her other relationships, it is necessary to understand the healing process from traumatic childbirth, as the health of women, their families, and society depends on it. This study identifies what was helpful in the healing processes of women who experienced birth trauma, which may be used by care providers across disciplines and others to support women in their healing processes. The knowledge of the healing process can be developed by those who have been through this experience. It is my hope that women will be empowered to ask for what they need to heal and that care providers across disciplines will come alongside women and support them in their healing process.

Chapter 2: Literature Review

Birth - Past to Present

In 1940, about 44% of births occurred at home with only the mother and female family members present, which had decreased to 1% by 1969, where it has remained (Gooding, et al., 2011). Technological advances and changes in how we view birth have shifted the view of childbirth from a natural, normal process at home, to a medical situation with many interventions, in a medical environment that was intended for healing the sick (Parratt, 2002). In the *Listening to Mothers II* survey, 90% of women having vaginal births were monitored continuously with electric fetal monitoring, 71% had epidural analgesia, and 55% were given oxytocin to speed up labor (Stark, 2008). According to the Centers for Disease Control (CDC), the rates of cesarean delivery increased by 60% from 1996 to 2009, with a rate in 2011 of 32.8% and 3.50% of delivery by forceps or vacuum extraction (Martin, Hamilton, Ventura, Osterman, & Mathews, 2013). Despite that the United States spends more money per capita on maternity care than any other country (Gaskin, 2008), it's estimated to be ranked 51st for infant mortality and 48th for maternal mortality (Central Intelligence Agency, 2013). Understanding the history of birth and how the model of birthing has changed to where it is today is an important aspect of understanding the potentiality of birth as traumatic.

Traumatic Birth

Studies have identified objective labor complications that can lead to a negative birth experience, such as unplanned instrumental delivery, placental abruption, shoulder dystocia, eclampsia during labor, maternal infection during labor, active phase of labor lasting longer than twelve hours, severe vaginal tears (degrees 3 or 4), extensive blood loss (more than 1,000 ml),

umbilical cord complications, intrapartum asphyxia, low neonate 5-minute Apgar score of less than seven (Garthus-Niegel, von Soest, Vollrath, & Eberhard-Gran, 2013), cardiac arrest, stillbirth, infant death, congenital anomalies, manual removal of placenta, premature birth, and rapid delivery (Beck, 2004) as well as women who labor and deliver without any interventions (Thomson & Downe, 2008). Given the increases in medical interventions mentioned above and the positive correlation between them and the view of the birth experience as being traumatic, it is important to acknowledge and validate mothers who feel traumatized by experiencing these interventions during childbirth.

Subjective experiences related to a traumatic birth experience that have been identified are the mother feeling disconnected from the healthcare professionals, limited agency (physically, psychologically, and cognitively), feeling as though their voice and sense of self was disregarded and/or minimized (Thomson & Downe, 2008), low levels of perceived and/or negative support and interactions during labor and delivery, inadequate information, differences between expectations and actual experiences, fear of labor/delivery and/or epidurals, feeling invisible to and abandoned by those around her during labor and delivery, feeling stripped of her dignity and control during the experience, feelings of powerlessness, and feeling they and/or their baby received unsafe care (Beck 2004). Mothers often feel that the events that happened to them and/or their feelings during the experience didn't matter, that all that mattered was the safe arrival of a healthy infant (Beck, 2004). This is described as *the end justifies the means*, but mothers question at whose expense and at what price. Beck describes birth trauma as being in the *eye of the beholder* (Beck, 2004) as the subjective experience is considered more influential than objective variables and has a higher association with PTSS (Garthus-Niegel et al, 2013).

Prevalence of PTSS, PTSD and PPD in Women

In the late 1970s, two French obstetricians first documented PTSD-like symptoms in a small group of women (Bailham & Joseph, 2003). In 1980 PTSD was first recognized by the American Psychiatric Association (APA) as a mental disorder in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM) third edition (Zimmerman, 2013) but it wasn't until the fourth edition that birth could be considered a traumatic event that may lead to PTSD (Olde, van der Hart, Kleber, & van Son, 2006). According to the DSM-V, PTSD symptoms can include intrusive memories of the traumatic event, avoidance of people, places, and/or things that remind the individual of the traumatic event, negative alterations in cognitions and mood that are associated with the negative event, and alterations in arousal and reactivity associated with the event, which last more than a month (American Psychiatric Association, 2013).

In the U.S., the lifetime prevalence of women diagnosed with PTSD as a result of experiencing any traumatic event is between 10.4% and 18.3% (Ayers, 2004). PTSD is highly co-morbid with other psychological problems including depression, anxiety, and substance abuse (Ayers, 2004). Postpartum depression (PPD) affects between 10% to 20% of all new mothers (Kendall-Tackett, 2007). Depression is often present in individuals who develop PTSD after experiencing any traumatic event (Leeds & Hargreaves, 2008); in one study, six out of eight women who had clinical PTSD also met the criteria for major depressive disorder (White, Matthey, Boyd, & Barnett, 2006).

Prevalence rates of PTSS after childbirth range from 1.5% to 30.1% (Alder, Stadlmayr, Tschudin, & Bitzer, 2006; Ayers, 2004; Creedy, Shochet, & Horsfall, 2000; Soet, Brack, DiIorio, 2003) and prevalence rates of women fully meeting the DSM-IV PTSD diagnostic criteria due to

traumatic childbirth at 6 weeks postpartum of 2.8% (Ayers & Pickering, 2001) to 3% (Czarnocka & Slade, 2000; Soderquist, Wijma, & Wijma, 2006), to 5.6% (Creedy et al., 2000). At 6 months postpartum prevalence rates range from 1.5% (Ayers, 2001) to 2.6%, and at 12 months postpartum is 2.4% (White et al., 2006).

Research indicates several risk factors for the development of post-traumatic stress responses following childbirth, including prenatal depression, prenatal anxiety, prenatal PTSD, a history of psychiatric problems, and prior trauma, especially childhood sexual abuse, medical interventions, powerlessness, pain during labor and/or delivery, long labor and/or delivery, uncaring labor and delivery staff, and lack of support (Beck, Driscoll, & Watson, 2013). Adewuya, Ologun, and Ibigbami (2006) conducted a study on PTSD after childbirth in Nigerian women and found that the four predictors of PTSD were pregnancy related hospital admission, mode of delivery, mode of delivery of placenta, and mothers' experiences of control during childbirth.

Effects of PPD and PTSD on Individuals and Families

Traumatic childbirth, postpartum depression (PPD), and PTSS/PTSD can have devastating effects on the mother, infant, and family as secure mother-infant attachment, which is vital to the long-term optimal health of the infant, can suffer as a result of PPD, PTSS and PTSD (Kendall-Tackett, 2007; Mowery, 2011). Studies have shown children of mothers who are depressed and have PTSD are at an increased risk of developing psychiatric problems, behavioral issues, and show social and achievement deficits, as well as adjustment difficulties when the mother's symptoms lessen (Bailham & Joseph, 2003). Mothers with depression and PTSD are more likely to stop breastfeeding, which has negative health effects for the mother and baby, and

PPD and PTSD have been shown to increase inflammation in mothers, which increases the risk of infection for both mothers and babies (Kendall-Tackett, 2007). Inflammation can cause damage to and problems with the cardiovascular, nervous, musculoskeletal, circulatory, and digestive systems, as well as cause abnormalities in thyroid function and hormone functions (Mowery, 2011). Women have reported feeling distanced from and the need to avoid their infants, especially when the infants trigger memories and flashbacks of birth trauma, experience feelings of guilt and anger towards themselves and healthcare professionals, and feel isolated from their friends, families, and other mothers who may not understand their experience (Beck, 2004). For some women the distressing symptoms last for many years (Beck, 2006).

Trauma and Memory

Ordinary memories are narrative in form, that is, "affect is linked to and contained in an episode that is specific to time, place, character, and meaning" (Wigren, 1994, p. 416). Over a century ago, Pierre Janet noted through his clinical observations that ordinary memories were assimilated and accommodated into existing memory schemas while traumatic experiences do not fit easily or may be unable to be accommodated into existing memory schemas, due to their novelty and/or unexpected nature (van der Kolk & van der Hart, 1991). When an individual is exposed to trauma, because the experience can not be readily incorporated into the existing memory system, it can not be organized linguistically and "failure to arrange the memory in words and symbols leaves it to be organized on a somatosensory or iconic level: as somatic sensations, behavioral reenactments, nightmares, and flashbacks" (van der Kolk & van der Hart, 1991, p. 442). Having an incomplete narrative of an experience is a source of psychopathology, including post-traumatic stress (Wigren, 1994).

Complete narratives make sense of an experience and

> although the specific ways stories are told vary both between individuals and between cultures, any story that divides experiences episodically, connects events causally, elicits and makes sense of affect, and considers the consequence of events for characters, may be considered a complete narrative (Wigren, 1994, p. 416).

Interventions

The majority of interventions reported thus far involve one or two debriefing or counseling sessions within a few days of the birth and completion of a questionnaire around 4 to 6 weeks postpartum, which have not led to reduced PTSD symptoms and in some cases women exhibit a worsening of symptoms (Ayers, 2004; Gamble & Creedy, 2009). Cognitive behavioral therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), and hypnotherapy have been effective treatments for non-obstetric traumas resulting in PTSD but more research is needed to determine if these are effective for women after traumatic birth (Ayers, 2004; Gamble & Creedy, 2009; van der Kolk et al., 2007; Zimmerman, 2013). Other treatment possibilities include exposure therapy, medications (Mowery, 2011), reducing maternal stress and maternal inflammation, and encourage breastfeeding (Kendall-Tackett, 2007). Studies that have examined the effect of writing a coherent story and the level of articulation of trauma narratives on individuals' mental health have shown the ability to do so is "positively correlated with better recovery and coping" and "negatively correlated with severity of anxiety symptoms shortly after the trauma and with the severity of later PTSD symptoms" (Tuval-Mashiach, et. al, 2004, p. 281). A few studies on the efficacy of using narratives or encouraging women to write down their birth story have been done but further studies quantifying the results are necessary to determine the efficacy of this approach with this population (Beck, 2006).

Chapter 3: Methods

Definitions

Traumatic birth, also called birth trauma, has been described as event(s) occurring during labor and/or delivery in which there is actual or threatened injury or death to the mother and/or her baby (Beck, 2004; Elmir, Schmied, Wilkes, & Jackson, 2010) and/or an event occurring during labor and delivery in which a woman perceives her dignity is taken from her (Beck, Driscoll, & Watson, 2013). Women may describe their birth as being traumatic for a variety of reasons, as mentioned in the literature review portion of this paper. Healing is a process that can be broadly defined as overcoming, to deal with or gain control of something difficult.

Research Questions and Study Intent

The main research question of this qualitative study is: what do women find helpful in the processes of healing from birth trauma or traumatic childbirth? Additionally, this study examines the structure and elements of women's narratives of birth trauma. The intention of this study is to give voice to women's narratives of birth trauma and their healing processes.

Research Design

This study is a cross sectional survey and a qualitative method with a post-positivist approach. According to Neuman, a goal of a descriptive design is to describe a process, mechanism, or relationship and clarify a set of steps (Grinnell, Williams, & Unrau, 2010). This design fits well with my study as I examined women's descriptions of their healing process after a traumatic birth experience, using a semi-structured audio-taped interview format as means of gathering this information. The primary emphasis was on women's subjective views of the meaning and understanding they have on the topic, which have been shaped by their personal

histories and their interactions with others. Key features of semi-structured interviews, include that they are organized "around a set of predetermined questions...in which 'open, direct, verbal questions are used to elicit detailed narratives and stories'...[and] other questions emerge from dialogue" (Whiting, 2008, p. 36). Given Whiting's guidance on semi-structured interviews for novice researchers, I developed and included as an appendix, a broad interview guide with the main points I covered in the interview as well as some open-ended, general probes and prompts that were used to increase the richness and depth of the interview, when necessary.

Narrative theory informs this research, and is a story-based account of who, what, where, and when (Roscoe, Carson, & Madoc-Jones, 2011). Narratives are reflexive, meaning the narrator constructs a particular reality (Roscoe, Carson, & Madoc-Jones, 2011). The subjective construction of reality, which involves the meaning one attaches to an event and attributes to oneself in light of the event can change through time and can be influenced by others' input (Tuval-Mashiach, et al., 2004). One's interpretation of an event, or the subjective reality, can exist independently of the objective reality, or the "truth" of an experience (Tuval-Mashiach, et al., 2004). People use storytelling as a primary way of making sense of an experience (Riessman, 1993) which can be challenging to do with traumatic experiences, which by definition, are unexpected and unfamiliar situations (Tuval-Mashiach, et al., 2004).

In addition to examining what participants identified as helpful in their healing process from their traumatic childbirth experiences, I also examined the structure of the narratives. People tell stories with "certain themes, characters, certain sequences of events, and certain endings" (Sands & Krumer-Nevo, 2006, p.953). Gergen and Gergen identify coherence as one of the major components of "good" stories, with coherence being the characteristic of the parts of

the text being in proper relation to one another and the whole text, in which continuity and causality is created (Sands & Krumer-Nevo, 2006). This study used Labov's six properties of a "fully-formed" narrative, as well as the elements of coherence/continuity, creation of meaning, and self-evaluation to analyze the narrative structure of women's stories of birth trauma.

Sample Population

As a graduate-level master's of social work student researcher, Grand Valley State University's Human Research Review Committee (HRRC), the Institutional Review Board (IRB) who oversees research for the protection of human participants, placed certain restrictions on my recruitment methods and the types of data I was able to collect. An exclusion to participating in this research study was a diagnosis of PTSD, due to the risks associated with the discussion of traumatic experiences that result in this diagnosis. The HRRC's preferences for me as a graduate student doing research that involves trauma narratives was for me to remain in a researcher role, by following each participant's lead in if and the extent to which each disclosed her traumatic experiences, as it would be inappropriate for me to assume a clinical role given that I am not licensed as a social worker. I appreciate and understand their responsibilities in overseeing my research and complied with the HRRC's requirements for recruitment of participants and conducting the interviews. In following the protocol agreed upon between myself and the IRB, I recruited participants with the assistance of heath care professionals who are affiliated with Munson Medical Center in Traverse City, Michigan, DeVos Children's Hospital in Grand Rapids, Michigan, and professionals working in fields related to women and children in both Michigan and Massachusetts. In following the IRB's guidelines with this research, I did not collect

demographic information of the participants in this study and therefore I have only reported the limited demographic information women spontaneously mentioned in their interviews.

Healthcare professionals and professionals working in fields related to women and children were from the communities of Traverse City, Michigan, Grand Rapids, Michigan, and Boston, Massachusetts. The city of Traverse City, Michigan is located within Grand Traverse and Leelanau Counties. The U.S. Census Bureau estimates 15,000 residents within the city of Traverse City in 2013 and when including residents of Grand Traverse and Leelanau Counties, the estimate rises to over 100,000 people (U.S. Census Bureau). The city of Traverse City is considered an urban cluster according to the U.S. Census definition and Grand Traverse and Leelanau Counties are considered rural communities (U.S. Census Bureau). The Traverse City area is over 94% white, has a median household income average of over $45,000 and 15.7% of the population living below poverty level (U.S. Census Bureau). Grand Rapids, Michigan, is considered an urban community with a 2013 estimated population of close to 200,000 people (U.S. Census Bureau). The population is 64.6% white, with a median household income of just over $39,000 and 26.8% if of people living below poverty level (U.S. Census Bureau). Boston, Massachusetts, an urban area, had an estimated population of nearly 650,000 people in 2013 with almost 60% of the population being white (U.S. Census Bureau). The median household income was over $53,000 and 21.4% of people live below the poverty level (U.S. Census Bureau).

The participants of this study were taken from a purposeful sampling method. These professionals provided potential participants with a Study Advertisement and a Study Description (in appendix) that included the researcher's contact information; this enabled women

to self-select by contacting the researcher directly, and their choice to participate or not remained confidential, including from the healthcare professionals who recruited them.

A total of 14 women participated in this research study and all were over 18 years of age when they experienced trauma relating to childbirth. Women's experiences of birth trauma ranged from 3 ½ years to 26 years prior to participating in this research study. Nine women participated in face-to-face interviews and the remaining five interviews were conducted over the phone. Women were offered the choice of having the interview in-person, in which I would go to where they were located, or over the phone. I felt it was important to allow each woman the choice of how and in what setting she felt most comfortable being interviewed in. Interviews ranged from 40 to 63 minutes long. Six women participated in follow-up interviews, which ranged from 1 to 3 minutes. Three of the women live in Massachusetts and eleven live in Michigan, although not all the birth experiences occurred in those two states. None of the women who participated in this study reported being diagnosed by a healthcare professional with PTSD, and this was an exclusion to participation in this study.

All of the women interviewed for this research study were married at the time of their traumatic childbirth experience(s) and all were still married to those same spouses at the time of this research study. The sum of pregnancies reported by all participants was 46, which resulted in a total of 34 individuals who survived past infancy. Eight women in this study experienced miscarriages. Participants have a range of one to six living biological children.

All of the women in this study's births occurred at hospitals; of the traumatic childbirths, eight were cesarean sections and seven were vaginal births. Two women were under general anesthesia during the births of their children, with one of the women under general anesthesia

during both her birth experiences. One woman experienced two traumatic childbirths and thirteen women experienced one traumatic childbirth, for a total of 15 traumatic births between the 14 participants. Of the 15 traumatic births, women gave birth to 17 infants total; one passed away in utero and two passed away shortly after birth, thus 14 have survived. Twelve women experienced singleton pregnancies. Two women were pregnant with twins - one experienced intrauterine fetal demise of one baby at 7 months gestation and carried the surviving baby to term, and the other delivered her twins prematurely, with both babies surviving.

For one woman, her traumatic birth experiences occurred with her first and second pregnancies that resulted in live births. For two women, their traumatic childbirth experiences were a result of their multiple (twin) pregnancies, both of which were their first pregnancies that resulted in at least one live birth. For one woman, her traumatic childbirth experience occurred with her third live birth. For two women, their traumatic childbirth experiences occurred with their pregnancies that resulted in their second live births and for eight women, their traumatic childbirths occurred with their first pregnancies that resulted in live births.

Four of the women in this study gave birth to premature infants, ranging in gestational age from 25 weeks and 2 days to 32 weeks. Nine of the women experienced being separated from their infants after giving birth due to complications with their own health (2 women), complications with the infant's health (6 women), and one woman doesn't know why the separation occurred. One woman gave birth to an infant who was diagnosed with Down Syndrome at 1 day old, and one woman's infant was diagnosed with Tetraology of Fallot (a congenital heart defect) at 3 days old. Two women were informed during their pregnancies that their babies would not survive more than a few hours after birth; both women carried their

infants to term. Nine women had a subsequent birth experience after their traumatic birth experience; one of those women's subsequent births was also traumatic, and she did not have a subsequent birth after that.

Data Collection

Data collection occurred by audio-taped face-to-face or phone interviews with participants, in a setting of their choice. The interviews occurred in participants' homes, the researcher's home, a private room in a public library, participants' offices, a coffee shop, and over the phone. The interviews ranged from 40 to 63 minutes long. The funneling technique was used (Gochros, 2011), in which I began with some general conversation, moved to brief introductions, reviewed the study description and asked the participant if she had any questions. I asked participants to begin where they felt most comfortable sharing their stories of birth trauma and what was helpful in their healing process.

In the interviews, I took an active listening role, in which I showed interest in participants' stories by my body language (making eye contact, leaning forward, nodding) and saying "mmhhmm" and "uh huh" and when necessary, asked for clarification, although I wanted to remain in the listener role as much as possible because I wanted the interview to capture what the women wanted to tell me about their stories. Fortunately, and as I anticipated, all participants were very willing to share their stories of birth trauma and healing journeys; I did minimal prompting and probing.

On the Study Advertisement, I stated that I have experienced a traumatic childbirth and in my own healing process I have become interested in what is helpful for other women in their healing processes, therefore, women knew I was an "insider" to this topic. In addition, in the

dialogue between myself and participants prior to asking the women to share their stories, I disclosed a brief statement about having experienced a traumatic childbirth myself, in an effort to quickly establish rapport and trust with participants. At the conclusion of their narratives, most of the women asked more detailed questions about my experience, which I shared briefly; typically this concluded with women asking how my son is doing today, which was a helpful segue from the past to the present. All participants were provided with a list of resources they could contact if they wanted support after participating in the interview. The two women who experienced emotional and physiological reactions during their interviews were contacted the day after the interview, and both stated they were doing well.

At the conclusion of each interview I invited participants to talk with me approximately 7 days after the initial interview, in which I would ask for any clarification if needed, and the participant could add anything she would like to. The follow-up interviews were also audio-taped and were conducted by phone. My intention in allowing time for clarification, additions, and inquiring about the interview process, is to help ensure validity of the results, check-in with the participants, provide additional resources if requested, to show respect for participants' and their stories, and allow them to remain in control of their stories. Seven women participated in follow-up interviews, while others left messages that they didn't have anything else to add, and others did not contact the researcher after being left a follow-up message. The follow-up interviews lasted from 1 to 3 minutes.

All interviews were audio-recorded and were transcribed within 7 days. To increase accuracy, I transcribed the interviews and then replayed the audio-recording while reading the transcription of the interview. The audio-recordings were kept password protected, and once

transcribed, they were deleted. During transcription, each participant's name was changed, and all possibly-identifying information, such as the names of hospitals, doctors, husbands, and children were replaced with generic terms, such as *hospital, husband, baby,* and *child*, to further protect everyone's confidentiality and anonymity.

Data Analysis

Data analysis for this research study occurred in two phases. The first phase of analysis was to answer the research question: what women who have experienced traumatic childbirths have found helpful in the process of healing from their experience. The transcriptions were coded using open coding methods in which open codes were identified and overall themes within the list of open codes were identified as axial codes. A total of 284 open codes and 6 axial codes were identified for the first research question. I typed my axial codes into a document and placed each open code under the related axial code. By doing this step, I further ensured the accuracy of the overall themes by relating them to the supporting examples. This research found that participants experienced a discordance of expectations and realities of childbirth, a juxtaposition of emotions and experiences, set the stage for their childbirth experiences, and identified specific aspects that were healing/helpful and other aspects that were hurtful/unhelpful during pregnancy, labor, birth, delivery, and beyond. In the healing process from traumatic childbirth, the specific aspects women identified as being healing and helpful were being heard/ listened to, having supportive people in their lives, taking action, reparative experiences, relying on their faith and spirituality, and creating and telling their birth stories.

In the second phase of data analysis, I began by identifying the divisions of each story into the beginning, middle, and end. To further analyze the structure of each woman's narrative,

I applied Labov's six formal properties of "fully-formed" narratives (Özyildirim, 2009) to the women's narratives and used these properties as a way of organizing my representation of their collective experiences. The properties are abstract, orientation, complicating action, evaluation, resolution, and coda (Özyildirim, 2009). Each property will be described at the beginning of the corresponding section within the following representation of women's narratives.

Three aspects necessary for coping with trauma are coherence/continuity, the creation of meaning, and self-evaluation (Tuval-Mashiach, et. al, 2004). I have searched each transcription for women's statements of self-evaluation and creating meaning from their experiences as well as evidence of the women integrating their birth trauma into their life stories to examine the role the development of a coherent narrative might have played in participants' healing processes. This process is subjective, in part because I was privy to hearing the many nuances in speech that do not transfer from the oral interviews to written transcriptions, but have certainly influenced my perception of coherence and which I have taken into account in my analysis. It is also subjective because I did not code pauses and discriminate between various lengths of pauses (although I did record these in the transcriptions), which could have been further analyzed and applied to the properties of coherence and continuity. My perception and thus classification of women's statements as being examples of self-evaluation and creating meaning was also subjective.

The data analysis process of reducing the women's narratives into code-able data, although a necessary component of research, has felt inadequate and in a sense, unjust. My intention throughout this research process has been to hold these women's stories with the utmost of care and I hope I have done them justice. I have attempted to preserve the integrity and

authenticity of the women's stories as I retell them through the lens with which I heard them and inevitably through my own life experiences.

Transferability

The women in this study bring unique and valuable perspectives to the healing process from birth trauma. The narratives of this study are all retrospective accounts (3 ½ years to 26 years ago) of women's experiences of birth trauma and their healing processes (see graph in appendix "Years Since Birth Trauma for Participants" for an illustrative description of each woman's length of time since her traumatic childbirth experience). The broad range of the length of time from traumatic childbirth experiences of the sample population and the spread of the length of time from traumatic childbirth experiences within the sample population lend to good transferability to other populations.

The construction of stories is influenced by psychological, situational, and cultural factors, therefore it is important to consider the possible effects these factors and the retrospective nature these narratives may have had on how the participants constructed their stories and told them to this researcher and in this setting, when determining transferability. Because culture shapes and influences preconceptions about childbirth, the findings of this study may not be transferable to women whose views of childbirth are non-Westernized.

The sample population in this study was homogenous in terms of the demographic information reported during interviews. As stated earlier in the section on the sample population, I was limited on how I recruited for this study and this has restricted the diversity within my sample. The women in this study were all married at the time of the interview, to the same spouse they were married to at the time of their traumatic childbirth experience, live in the

United States, and are known in some capacity by healthcare professionals or professionals working in related fields to have experienced a traumatic childbirth. It is important to consider these factors when determining transferability of these research findings to other populations, and when keeping these factors in mind, it is appropriate to use these research findings to inform and guide support for women who have experienced a traumatic childbirth.

Chapter 4: Findings

This research study found that the main themes women identified as healing and/or helpful during and/or after birth trauma were reparative experiences, supportive people, being heard/listened to, their faith or spirituality, engaging in action, being acknowledged and presenting their babies, and creating and telling their birth stories.

This research found that all participants experienced a discordance of their expectations and realities of childbirth. Each woman had an expectation for what her pregnancy, labor, delivery, and early mothering experiences would be and each woman's reality of those did not align with her expectations. This gap between expectations and realities is a way of describing trauma as the very essence of trauma is an experience outside what is expected and ordinary. This led to a sense of disequilibrium and resolving this in some way was a necessary component to women's healing processes. In this study, addressing this discordance was called bridging the gap: reparative experiences. For many women, the reparative experience was a subsequent birth experience in which women had a birth experience that was more in line with their expectations of childbirth. For other women, a reparative experience was a birth experience where some of the hurtful/unhelpful aspects of their prior birth experience were addressed and remediated before and/or during a subsequent birth. Other reparative experiences were physically healing from birth trauma, women meeting their expectations for other early mothering experiences (which was most often being successful with breastfeeding), focusing on a particular aspect of their infant, preemptively controlling another aspect of their lives, and having some of the uncertainty of the future resolved. As is portrayed in the representation of women's narratives

that follows, women spoke of these experiences as repairing, correcting, or lessening the effects of their traumatic birth experience.

Women's perceptions of being heard played a significant role in their healing journeys. They discussed the importance of being listened to by medical staff, counselors, their husbands, family members, friends, and God. Having their feelings and experiences ignored, dismissed, diminished, invalidated, not attended to, and/or not acknowledged had a hurtful effect on the women and impeded their healing processes. Even in the face of an adverse experience, being listened to and having one's experience acknowledged and validated was a mediating buffer for women's perceptions of birth trauma.

Women in this study identified the importance of supportive people in their lives and their contributions to their healing processes. The women in this study gave examples of others showing support by providing meals and other practical assistance, spending time with the women, acknowledging the mother and baby with mementos, gifts and words, and the importance of presenting the baby to family/friends as a part of the healing process. Two women spoke about receiving professional counseling and how helpful that was in feeling supported and heard, and the positive effect that had on their healing processes. It was important for the women in this study that people did not make statements intended to make the women feel better about their experiences, such as "at least you have a healthy baby" or "everything happens for a reason" because those statements made women feel as if their experiences were dismissed and unimportant. Women want people to acknowledge their experiences and the feelings they have about them.

Other aspects women in this study identified as helpful in their healing processes were relying on their faith and spirituality and engaging in action. Some of the women found peace in their belief in God, praying, being in community with other Christians, meeting with a monk and having a Reiki Master offer a blessing. For some of the women, it was helpful and healing to exercise, become involved with support groups and organizations, and advocate for themselves and their children.

Control was mentioned many times throughout the interviews. Control was discussed in a positive context of "relinquishing control to God" and a negative context of "I gave up" and "I had no control over anything." Often, the aspects of their experiences that women identified as being traumatic were the aspects of their births that the women felt least in control of. When women recognized that complete control during childbirth was elusive, it was interesting that in a subsequent birth when women were faced with similar variables in their birth experiences, there were mitigating factors that helped lessen the effect(s) of these factors on women's perceptions of the birth as a negative experience. These were being listened to/heard, having supportive people with them, being able to take some action in (control of) the situation, and identifying another expectation that could still be met. Notably, these were also components women identified as being helpful in their healing processes after experiencing birth trauma.

This research found that there is a healing component for women in creating and telling their birth stories. Women spoke of how healing and helpful it was to tell their stories to people who were willing to listen and were supportive and validating of them and their desire to share their stories. Many of the women discussed the impact of having incomplete birth stories due to being under general anesthesia during childbirth, being sedated or on medications that inhibited

their memories of childbirth and/or a period of time after birth, or not understanding certain aspects of their experience had/has on them. Women talked about the challenges of talking about their traumatic birth stories because they felt there wasn't a place to talk about them. This feeling of being different than, having a different experience than, and thus feeling isolated is common to individuals who experience other traumatic experiences as well. As mentioned earlier in this paper, the essence of trauma is an experience that is not ordinary and expected and thus individuals often have difficulty assigning words to the experience, which makes it difficult to talk about in addition to feeling isolated from others due to the traumatic event. Many of the women in this study gave voice to the challenge of constructing their narratives and their desires to do so.

Compared to the women who discussed having talked about their birth stories in the past and exhibited evidence of constructing a coherent narrative of their experience, women who continued to miss details of their birth experiences and/or had said they had not told their birth stories much prior to their interview lacked continuity within their narrative, their narratives were not divided as clearly into episodes, and their narratives jumped between times and places and switched between past and present tense more frequently. All narratives in this research study contained an orientation, complicating action, evaluation, resolution, and coda, although in some of the narratives, the resolution and codas were not as evident and as strong as in others; these were also the narratives that switched more frequently between past and present episodes, were missing more details of the birth and after birth experiences, and did not have as developed and positive self-evaluations and meanings as the other narratives. These findings support the

importance of care providers across disciplines and family members and friends to support women in creating coherent narratives as part of the healing process from traumatic childbirth.

The following is my representation of the narratives of the 14 women who shared their stories of birth trauma and their healing processes. I have chosen to represent their stories as a collective narrative account in episodic divisions corresponding to Labov's six properties of "fully-formed" narratives. Within each of those sections I have further divided my representation of their collective narrative into sections corresponding to the research findings with the women's statements as supporting examples illustrating the findings. According to Riessman (1993), "narrators create plots from disordered experience" (p. 4) which is what I have attempted to do with both the disordered narrativizations of some participants' stories and with incorporating all 14 women's experiences with traumatic childbirth into one collective and orderly plot. I am the narrator, and this is my representation of the participants' stories, although the words are taken directly from the transcripts. Furthermore, I have represented several women's stories as individual accounts to more accurately portray some unique structures and messages within their narratives and have included those in the appendix with brief descriptions prior to my representations.

All names and other identifying information has been changed to ensure anonymity and protect confidentiality. *Italic font* is used for the narrator's descriptions, explanations, and scene information. [Parenthesis] are used when text has been added by the narrator to clarify meaning for the reader. **Bold font** is used for the names of episodic divisions and the research findings, which correspond to the axial codes, as well as to highlight whose voice is being shared.

In Their Own Words: Healing from Traumatic Childbirth

"The troubles had not been forgotten, but they had been healed."
- William Powell

The Beginning

Abstract

Narrator: *According to Labov, the first formal property of a "fully-formed" narrative is an abstract, which summarizes the whole story, typically in one or two clauses at the beginning of a narrative* (Özyildirim, 2009)*. The women did not provide summary statements of their whole story at the beginning of the interviews. This is likely because we began conversations with information about the study description/advertisement and the expectation of the content of the interview was set early in the process, so when the interview began, women started with what they identified as the beginning of their story.*

Orientation

Setting the Stage

Narrator: *The orientation is the second formal property of a narrative, according to Labov. It provides information about the time, place, characters, and their activity/situation* (Özyildirim, 2009). *Each woman began by setting the stage for her experience. This provides a glimpse into what each woman identified as central and important to the beginning of her story.*

Miriam: I hope I have had what you would consider to be a traumatic birth...births, actually. I hope I qualify as having had traumatic births. My husband and I have two kids, a son who is 11, and a daughter who is 6. My water broke at home but I didn't really know what had happened. When we went to the hospital, they admitted me because once your water breaks, you

can't leave. I was at a training hospital for residents. They said I could just have the doctor in the room if I wasn't comfortable with the residents being there too, but I figured if it's going to help them learn, then it doesn't bother me.

Sarah: My oldest son was born in 1996 and he's a twin; his twin sister passed away [in utero] when I was about 7 months pregnant. Then my second son was born in 1999 and 2 years later I had a miscarriage.

Becky: I was only 22 and 3 months when my son was born. I was fairly young when I was married and when my husband and I had our first child; he was born in 1992. We were still students, actually. My pregnancy went well. I worked hard at eating well - I didn't drink any pop, wouldn't eat processed meats, no coffee or chocolate - because I felt like it was a privilege to be carrying this new life, I kinda felt like a queen.

Betsy: My first baby was born 25 years ago. We had a fine, healthy pregnancy, so much so that I kinda thought I just want to do this at home, I think I'm going to blossom like a flower! That's how good...how natural it all felt.

Jessica: My husband and I made an agreement when we got married that we weren't going to have any kids. We had been married for 7 years when I started to feel like there's something bigger to life than it just being us.

Susie: I was the happiest pregnant woman ever! I was reading about pregnancy, attachment, how amazing those first few hours of life are, infant development...I was just SO excited!

Lily: I have an 18 year old son, and when he was about 4 years old we started trying to have another baby. I had two miscarriages before I got pregnant with my daughter.

Linda: There's 9 years between my kids. My second pregnancy, in 1995, was progressing normally, there was no indication of anything, everything was perfectly normal.

Tina: When I found out I was pregnant for the first time, I was extremely excited and planned the whole process. I researched every single possible thing about birth and labor.

Dinah: My husband and I have three boys, ages 22, 18, and 16. I had preterm labor with my last two pregnancies but both were born full-term. My pregnancies were hard, but all my labors and deliveries were easy - a couple pushes and they were born.

Jamie: My husband and I have one son. He was born in October of 2008.

Lynette: My husband and I have six kids. I was 27 years old when I had my first born, a son. I progressed through my pregnancy pretty normal. I worked full-time and we had purchased a home that we were doing some work in and preparing to move into.

Beverly: I had planned the whole thing...I did yoga throughout my pregnancy, I planned this natural birth and tried to stay home as long as I could.

Janet: My husband and I had been married for 9 years when we conceived twins, a boy and a girl, through IVF [in-vitro fertilization]. We inserted two embryos and we were super excited we were having twins!

The Middle

Complicating Action

The Discordance of Expectations & Realities

Narrator: *The complicating action, informs the audience about what happened, and often contains the climax of the story; it is a necessary part of all narratives* (Özyildirim, 2009). *The most salient theme that was present across all 14 interviews was the discordance of*

expectations and realities of the childbirth experiences. Women had a preconception of what childbirth would be like and there was a gap between the expectations and the realities of their experiences. Herein lies the trauma: something ordinary and expected was disrupted. Equilibrium became disequilibrium. These are their stories, stories of losses.

Miriam: The residents gave me 2 epidurals, but they weren't working. I pushed for 5 hours and they decided something wasn't right and they needed to do an emergency c-section. I didn't want a c-section but I was so out of it anyways. In the surgery room, I ended up getting 3 spinal blocks but they weren't working. It was terrible. They wouldn't let my husband come in. I looked at the doctor and said "please, help me." They knocked me out. I was out cold. This was our first baby and we wanted to be surprised and hear the doctor say "it's a ____" but I missed all that because I was out cold.

Sarah: The doctor's office did an ultrasound and couldn't find the heartbeat of our daughter so they put me in the hospital. But it was too early for my son to be born...I was only 7 months pregnant. They were trying to keep me from going into labor and at the same time keep me and my son safe. Carrying a deceased baby has a lot of health risks. Amazingly, I gave birth to both babies naturally. My son was born first and then my daughter.

Becky: They induced labor, and I think that made it harder. It progressed very slowly and very painfully. They gave me Demerol, which made me fall asleep and then wake up in absolute misery with a contraction. I just wanted to die. I ended up having a 104 degree fever and they had to get that under control and then they did a c-section. The baby's Apgar scores were low so they put him in the special care nursery. The day after, the doctor came in and told

me I had an infection and if my baby gets it he could have brain damage that would be permanent or he could die. I was by myself when he told me that.

Betsy: Four or 5 days post her due date, my water broke and it was COMPLETELY black. I had an understanding of what that even meant. Back then, with meconium aspiration, babies could get really sick, so I just decided I wasn't gonna think about that. At the hospital they asked me for a urine sample and they came out after and asked "did your water break?" "Yes, it sure did!" "What color was it?" "Oh, it was black!" And at that moment, everything changed. It turned into a critical scenario. They were prepping me for surgery and I was telling my husband to get my lamaze socks and focal point out of my bag! I knew what I wanted in my birth experience and I was in my mode of how things were going to be. Her heart rate was down and they had to get her out. My husband wasn't allowed in the room because I was under general anesthetic, which I think was a critical thing for me, the fact that I wasn't awake. I woke up in the intensive care unit with a nurse pushing on my tummy. I was completely out of it and I said something about a baby and she said "I don't know anything about a baby."

Jessica: At our first ultrasound, the tech [technician] kept going in and out of the room but they didn't tell us much. I felt so unsettled. Later, a high risk doctor did an ultrasound and said "I know this isn't what you want to hear, but your child isn't going to make it." He told us our son would pass away in utero. When I was about 6 months pregnant I was just so distraught that my son hadn't passed away. He was active and moving, but the only reason he survived was because he was inside of me. Without me, he wouldn't survive. I think the hardest thing at that point was knowing that I had to have him, I couldn't extend his life by having mine. I called the

doctor on his cell phone when he was on vacation and said "you said he was going to pass away, he hasn't passed away, how am I supposed to deal with this?!"

Susie: I really, really didn't want an epidural. My husband had said that his first wife, when she was having a hard time, she got right up on her knees and squatted and pushed the baby right out, no epidural or anything. I was like, well, if she can do it, I can do it. But it was SO hard. I was pushing as hard as I could but she wasn't moving. When she came out, meconium came out, but they didn't mention that to me. They brought her up onto me, and she was blue. The nurse took her and ran; my husband followed.

Lily: When I was 4 months pregnant with my daughter, we found out we were going to lose her. My doctor wasn't very helpful, she wasn't very nice, so 5 months into my pregnancy I got a new doctor. I think the hardest part was being very pregnant, knowing the day I delivered would be the day she died. When I was in labor, the nurse said "I know you don't want to birth her, because as soon as she do she's going to die." And it was so hard. I knew that as long as she was in me, she was still alive, she was my little girl, she's my baby who I tried so long for.

Linda: I went to work one day and had a stomachache, but I thought it was from eating lunch too quick. Later that night, the stomachache was getting worse, and I saw some blood when I went to the bathroom. The doctor said to come to the hospital and on the car ride I realized the stomachache was coming in waves and I was like "oh, these are contractions." I was 28 ½ weeks pregnant, and this was 19 years ago. They couldn't stop the labor, it was too far along, so they delivered her by c-section and took her to a children's hospital with a higher level of care nursery. I sent my husband off to the hospital with her. He brought me pictures, I knew she was in the NICU, but I was pretty doped up on morphine. Things were pretty foggy.

Tina: I labored at home for quite a while. Because it was my first pregnancy, I wanted to make sure my contractions were 5 minutes apart before I went to the hospital. I was 4 centimeters when we got there, they broke my water at 5 centimeters, and then they started me on Pitocin. I feel like I was laboring at a normal rate and didn't need any type of intervention at that point. My total labor time was 22 hours, with twelve of those in the hospital. I got an epidural at 7 centimeters, which was a nightmare. I labored all the way to 9 ½ centimeters. My midwife came in and said the baby's heart rate was decelerating and they were going to watch it for 30 minutes but within the next few minutes she came back and said "we have to do a c-section." That was the first part that was traumatic for me, emotionally traumatic - laboring to 9 ½ centimeters and then going in for an emergency c-section. Trying to cope with the fact that I couldn't deliver her naturally, which is something I so badly wanted, was hard for me. It's like when you talk to other moms about their birth stories, it's almost an embarrassment having to say you delivered by c-section rather than naturally. Then, in the operating room, I had a horrible, horrible, horrible experience. I could feel everything that was going on. I was in such unbearable pain. I was screaming, like uncontrollable screaming in pain. The doctor asked the anesthesiologist if he could give me more pain medication but he said he couldn't give me anything else. So they tried to get her out as quick as possible and I was screaming the whole time. That was the second part of my traumatic birth, the physical pain. My husband was in there and he was traumatized, too.

Dinah: With my third son I was put on bed rest at 22 weeks. I was admitted a few times due to having contractions, and towards the end of my pregnancy they gave me steroid shots to promote my baby's lung development. He was born at 37 weeks - four pushes and I was done.

Afterwards, the nurse kept looking at his hands. She brought another nurse in and had her look at his hands but when I asked why she was doing that she just said "I just think he's a cute baby so I wanted to show him to her" and I knew that wasn't true but I didn't know what the real reason was, I had no idea. When the pediatrician came in she asked when my husband would be there and I told her in a couple hours because he was home with the other two kids. She put my son on the bed and took both of his hands and she gently pulled him up and his head flopped back and the whole time I was saying in my head, baby, lift up your head, baby life up your head, baby lift up your head. And she said "I'm 99% sure your son has Down Syndrome." And she picked up the phone on the nightstand, handed it to me and said "call your husband and tell him." And I did. That wasn't really the best way to do it, but she's the doctor and she's telling me what to do.

Jamie: My birth wasn't really all that traumatic, actually. I was diagnosed with pre-prom when my water broke at 30 weeks [of pregnancy]. I was in ob care for 5 days and with antibiotics and steroids, and I tried to keep the baby in as long as I could. My son was born at 31 weeks [gestation]. He was put in the NICU right away and when he was 3 days old we got a call and he was diagnosed with Tetralogy of Fallot, a congenital heart defect. The delivery itself was quite traumatic, it was horrifying. I had scarring from the previous D&C and my placenta adhered to the back of my uterus and actually, if it hadn't torn then, it probably would have burrowed into my uterine wall and caused more complications. But, the doctor managed to save my uterus and save me. I started bleeding out after the delivery, so it was pretty traumatic - it was horrifying.

Lynette: The weekend that he was born, I had chest pain and was really, really uncomfortable - flu-like symptoms. I missed 3 days of work so I needed a doctor's note, so I went in and the nurse took my blood pressure, took it again, got another cuff and took it again, and brought three other nurses in the room to take it. They said they wanted me to go to the hospital, which was across the parking lot, to have it checked again but they wouldn't tell me what it was. So my husband came up to the hospital on his lunch and he overheard the doctor telling a nurse outside my door that I was in labor and they were going to transfer me to another hospital. And I was like, "I'm not in labor, this is not happening!" The doctor came in and said I was in labor and that I had to deliver my son within 24 hours because both our lives were in danger. That began my trauma. I was taken to another hospital by ambulance, they put me on Pitocin, and from this point forward everything is a blur. I remember the doctor saying "the risk is very high and we're going to do everything we can" and "the mortality rate is 90%." I'm thinking, my baby is going to die! They were using all these big words we didn't understand. Within 9 ½ hours, I did deliver him and they whisked him by me, I didn't even touch him. He was born at 32 weeks [gestation]. I had HELLP Syndrome [Hemolysis, Elevated Liver Enzymes, and a Low Platelet Count].

Beverly: The same day of my first doctor's appointment, I started bleeding. That's when I started to panic. They did an ultrasound and it showed that I'd had a miscarriage. That was really devastating, especially when you got so excited and you grasped onto this idea of having this little baby. I took medication and just did things sort of naturally. You start out being excited about this new life, and then you have to go through this period where you're getting rid of this...this thing. It was a little traumatic. I ended up getting pregnant 1 month later and had an

earlier ultrasound and that ended up showing there was an irregular shaped sac around the baby, or the fetus. I ended up miscarrying and this second time, it sent me over the edge. You start thinking like, what's wrong with me, and why don't I work right? And you start over-focusing on other women that are pregnant. My sister-in-law told us she was pregnant 1 week after my second miscarriage, and that was difficult. Then there was a very long year of trying to get pregnant and not getting pregnant. It was a real emotional roller coaster. The doctor said "oh, we don't really even test for issues until you've had a third miscarriage" and I'm thinking, I have to do this all over again for someone to run a few extra tests?! But my primary care doctor ended up being open to it and ran tests. They found I had a rare protein deficiency, protein Z, and nobody here had even heard of it. We left the doctor's appointment thinking about doing IVF and a few days later I found out I was pregnant. I started Lovenox injections and everything worked out. But my daughter's birth was a little traumatic for me because...well, the whole pregnancy was traumatic. When we got to the hospital I was only 2 centimeters so we went back home, my water broke, and we came back to the hospital and I was still 2 centimeters. I was in labor for 13 hours and wasn't progressing at all, so they wanted to do Pitocin. My doctor was on vacation so this other doctor came into the room and he never talked to me or interacted with me at all, he just talked with the nurse about me. I remember sticking my head around and being like "hey, wait a second, let's include me on this, ya know, cause it's me." And he was like, "well, you need it." I couldn't tolerate things anymore so I decided to get an epidural, and that was a disappointment to me, I felt like I'd let myself down and let my baby down. I pushed for 2 hours and my baby's heart rate kept decelerating so they wanted to do one of those internal monitors, which is another thing I didn't want, but we did, and then they said "you need a c-

section." It went really fast. I mean, 1 minute I'm pushing and the next I'm flat on this bed ready to go into surgery. I was really nauseous...the whole experience...then they give you morphine so finally the baby came out and I really had no idea, it just wasn't this moment I anticipated it being.

Janet: Over Christmas break I started having contractions but I thought they were Braxton Hicks. I went in for a routine ultrasound on January 3rd and they found that my cervix was thinning, so they put me on bed rest immediately. Two days later I had more intense contractions and spotting, so they admitted me to the hospital and started me on magnesium right away. After a couple times of being sent home and coming back - they'd give me a lot of magnesium and I'd be good for a day and then I'd have contractions again - they got worse so they moved me to labor and delivery and a few days later I started having full blown contractions. My husband said to the nurse "can I just go to work for a little while?" And she said "no, you're having these babies today" and we were like oh, okay. The whole NICU team came into the room and got set up. I had my son and 6 minutes later I had my daughter, both naturally. He was 2 pounds and 13 inches and she was 1 pound 11 ounces and 13 inches long. They whisked them away, and that was it. Our parents were there and my husband was excited and I remember sitting in the bed not sure how to feel. I remember thinking, it wasn't supposed to happen now. I was due May 1st but they were born January 18th. Twenty-five weeks and 2 days gestation.

The Gap Between Expectations & Realities Widens

Narrator: *The initial trauma was often only the beginning of the trauma. It's like the gift that keeps on giving, but you don't want any of the gifts in the first place. For many of the*

women in this study, the initial traumatic event/experience was followed by many more and impacted other life events/experiences. This widened the gap women already felt between their expectations and realities of childbirth and early mothering experiences. These are the stories of insult being added to injury and for some women this intensified the trauma and had lasting effects on themselves, their families, and their relationships with their babies.

Miriam: I wanted to breastfeed the baby but I had 2 epidurals and 3 spinal blocks put in me and you know, that was more than normal obviously, so I had to pump and throw out my breast milk. I got spinal headaches and they did blood patches - twice because it failed the first time. The baby ended up having more bottle than me. You'd think that's the end of the story, but it's not the end of the story. I had really bad pain in my abdomen...it was terrible pain. Something didn't seem right and that continued for several years. Nobody...nobody would listen. It was really painful. Five and a half years later I got pregnant. I was terrified...oh my gosh I don't want to go through this again. I don't want to have any more babies! The birth part, I was just not good at, so I was terrified. We scheduled a c-section and during the surgery I heard my doctor say "oh, it's a big baby" and then a few minutes later "oh-o-o" and she said something to the anesthesiologist and they put me out cold. A second time. I didn't know what went on. When I woke up from the 2nd birth, I had the worst, worst burning pain in my stomach. The nurse explained that they had to un-fuse some of my organs. My husband said he was standing next to me and all of a sudden I went out and he didn't know what happened. They told him to "come look at this" and brought him around the blue sheet thing and they'd put my organs next to my body on a tray and showed him how it was all fused together, and then they told him he'd

have to wait outside. They called in a surgeon to un-fuse my organs. What was weird was I never saw my doctor again during my hospital stay.

Sarah: This one sweet nurse, she was concerned that I might regret it if I didn't hold my daughter and say goodbye. I wasn't really interested in doing that. I didn't need to. She wasn't really there, she was in heaven. They always gave me the choice, but they were really wanting me to. In my heart of hearts, I didn't think it was necessary, but I didn't want to have any regrets, so I agreed. So they set this room up with a rocking chair...it almost seemed tacky. I really didn't want to see her deceased. I didn't want to see her face. They had her in clothes and swaddled in a blanket and I said I would hold her but I didn't want to see her passed away body. I rocked her for a few minutes but it wasn't doing anything for me so I gave her back. They took many pictures of her, naked and clothed, and gave me the roll of film, which I didn't have developed for a while. I thought that was kind of bizarre, that they did that. Part of me feels like I could have been fine never seeing some of the pictures...who wants to look at their baby when they're deceased and discolored and smooshed in some areas. That was traumatizing.

Becky: They had to keep him in the special care nursery. I really wanted, and needed, to nurse him because we were students and couldn't afford to buy formula. They promised they would set up a place for me to nurse him. They had a nurse come in and tell me "you know, the doctor doesn't want you to come in for a couple of days" because I developed a nasty cough after delivering. Then the doctor came in and told me, too. That was very upsetting to me. It was like 2 or 3 days that I didn't see him for.

Betsy: I ended up being in the hospital for 2 weeks. I had machines doing most things for me. I was pretty critically ill.

Jessica: Then we had to manage the hospital. The last thing I wanted was any life-saving, extreme measures...any panic. We met with the head of the NICU and explained what we would like to have happen at the birth. I wanted to protect and honor our son, and we wanted it to be really gentle. In the meantime, I'm getting bigger and people would come up to me and say "congratulations, I'm so happy for you!" I'll never forget, around Mother's Day someone said "Happy Mother's Day" to me...it was awful. I was having to deal with the knowledge that I'm having a baby that isn't going to survive.

Susie: My husband came back a while later and said there was a 50% chance she'd have to be flown to another hospital for additional care. When I went to visit her later the next day, they told me I couldn't talk to her because if she lifted up her body even a little bit, she could suffocate on her own lungs. That's when they told me she almost died and it was serious. That scared me. We were told later it was one of the worst cases [of meconium aspiration] they'd seen.

Lily: People would comment on my pregnancy, in an innocent way, but I felt very violated from it. I didn't want to talk about it, I wanted to ignore it because it was so hard. I had to quit my job. I was teaching, and I couldn't do it, I couldn't be around the kids knowing the baby alive inside of me was going to die the day she was born.

Linda: We were very lucky, she was only on a vent for like a day. Her only major health issue was a brain bleed and they ended up putting in a shunt. The worst part is this roller coaster you go through, not really knowing what any of it means for the long term. I remember at a family meeting, they went through this whole litany of things that could possibly go wrong with my baby, and either they feel they have to give you all the information or they don't know how to

separate the more likely scenarios out, but you're constantly on this emotional roller coaster of what's the future going to be? That was the worst part.

Tina: She was in the nursery for several hours after she was born. I don't know why because they said she was in good health. They did her hearing, her vision, and other things, all before I even got to see her. I watched this documentary before she was born and it talked about how it takes more time to make a connection with babies born via c-section, because the mothers aren't allowed to do skin-to-skin right away like when you deliver naturally, and that would replay in my head over and over when I was home with her every day, questioning if I have a normal relationship with my infant. It took me 2 years after this birth to not think about the horrible c-section on a daily basis, and I thought about it often enough still even after that.

Dinah: One of the most upsetting things was a social worker and an occupational therapist came into my hospital room later and asked if I wanted to give my son up for adoption. I don't know why, but I was like what is going on here?! He's my son! Yeah, he has Down Syndrome, but that's not the worst thing! Another upsetting thing was a breastfeeding specialist came to the house and I told her he wasn't latching properly and she said "oh, you should just give up, you should just give up." I was shocked - a breastfeeding specialist! I really wanted to continue breastfeeding and I worked really hard at it and eventually the doctor said he [the baby] wasn't getting enough so I had to give him bottles and stop breastfeeding. That was really upsetting to me. That was something I did for the other two kids and I wanted to do with him, so I had a really, really hard time with that.

Jamie: I lost my job while my son was in the NICU and my husband took a significant pay cut in 2008, so on top of a premature baby with a heart defect, we received a significant

income cut. They discharged us home after about 35 days in NICU and he went into full failure almost immediately. I ended up resuscitating him and called 911. My husband just froze. An ambulance came and took us back to the hospital. We came home and he went into full failure a week later. I resuscitated him again. Another ambulance ride and we stayed in the hospital until a bed opened at a hospital that specializes in treating children with heart defects. He had emergency open heart surgery at 8 weeks old and stayed there for about 31 days. We almost lost him that first 24 hours - they called him three times and somehow he came back. He went into full failure constantly.

Lynette: For 36 hours after my son's birth, I was put into isolation because of my nervous system being so compromised. They were concerned about seizures. My liver and kidneys were shutting down. In the isolation room, there was no sound, no light, no movement whatsoever, and I was kept sedated. I don't remember the next 4 days, basically. My husband said he was at my side the whole time, I don't know if he ever went to the NICU to see our son, because my risk of dying was so high. He said one time a nurse came in and she dropped a paper clip and froze, just stood still because they were worried that even dropping a paper clip would make me go into seizures. I was so fragile at that point. He was really traumatized. I don't remember being transferred to a different room but when I woke up I was in a different room. I was so swollen from all the medications I couldn't even wear my glasses, which I needed to see. I still couldn't get out of bed and I hadn't seen my baby, so on the 4th or 5th day they brought my son to me in his isolette and I was able to put my hand in and just touch him. On the 7th day I was released, and that's the day I was able to go down to the NICU and hold him for the first time. I think the most traumatic thing for me was that I don't remember anything. And I grieved because I

couldn't remember. There are still days when I wonder about it because I still can't remember. When they brought him to me in my room, I loved him, but I didn't know him.

Beverly: I was in recovery and it was just...I remember it being all downhill. Everything was a blur, I could barely move my mouth to speak. Then they come in and want you to nurse right away, which I wanted to do, but when you can't even lift your arms...so someone just uncovers you and puts this baby on and you've never had a baby and it's just...almost traumatizing because, you almost feel a little, and I hate to say this, but you almost feel a little violated. You just feel so stripped and violated because nothing is in your control. That sent me over the edge.

Janet: It took 30 days to be able to hold the babies because they were both so sick and on the oscillator vent. At 10 days old she had to have a PDA ligation surgery and the same day we found out he had a perforated bowel so he needed emergency surgery that day; they removed 4 centimeters of his bowel and had an ostomy bag for a few weeks.

Jessica: Our anniversary is just a few days before he was born, so there will never be an anniversary without us kinda reliving that a little bit. Our friend, who is a professional photographer - we arranged for him to be with us [when her son was born] and we had pictures. They performed a c-section, he was born, he was alive, and they immediately brought him to us...there was NO delay, it was all set up. We held him; I don't know when he passed away because it was a very gentle process.

Lily: When I finally was able to birth her, my husband and I held her, and within 1 ½ hours she passed away in our arms.

Miriam: Seeing something on t.v. about childbirth makes me uncomfortable. We were watching something, and the lady gave birth to a baby, and it made me feel physically ill to watch it. I just don't want to watch anything like that. I don't know if I'll ever be able to...if I'll ever want to. When my friends have babies I don't go visit them in the maternity area. I just can't.

Jessica: After I lost my son, I had two more pregnancies and miscarried. And then I gave up - we gave up. That's enough heartache for anybody. We started the adoption process and then I got pregnant. I was pissed! I didn't believe that our son was going to survive until I heard him cry. I refused to believe it. I just couldn't in my heart of hearts, it had been so awful and hard. I didn't believe it was going to happen for me...for us.

Susie: When she was 18 months old she was diagnosed with diabetes and I've been anxious about her health ever since. It was like right when things started to settle down for me about her health, she was diagnosed with diabetes. And then in first grade she was diagnosed with Celiac Disease. It's all well-managed now.

Janet: My son ended up going into isolation in March because they found a dangerous bacteria somewhere in him so we had to gown and glove anytime we went into his room, all the way until he left. That was really difficult not being able to touch our son without wearing gloves. They did allow us to do skin-to-skin but he was really, really, really sick so it depended on the day...sometimes the moment. There would be a week at a time that I wouldn't be able to hold him because he wasn't able to tolerate it. Sometimes when I was holding him he couldn't tolerate it so I'd have to put him back. After they reattached his bowels, the incision from his wound opened up and de-hissed. His wound was 7 centimeters long and 3 centimeters wide after

it expanded, so you could see his insides, like his guts, because it had broken open. They had to pack it with gauze and he was given morphine to help with the pain. It healed quickly, it was amazing to watch. He had a total of 4 surgeries while he was in the hospital. When he'd been on the ventilator for about 3 months, the doctor started talking about how we'd have to start talking about him getting a trach [tracheostomy] if they couldn't wean him off the vent [ventilator]. On April 20th the doctor said "I'm giving him one last try to get off the vent and if he doesn't, our next step will be to schedule trach [tracheostomy] surgery." Soon after, the doctor said he wanted to see some improvement in his vent settings over the next hour, because he was on 80% vent support. So the nurse and I were in the room, and I held my hands over his little body and prayed and prayed and prayed. I'm not super religious but I know that praying makes a difference. And as I prayed, the nurse slowly turned down the vent settings and by that night they took him off the vent and put him on CPAP [continuos positive airway pressure], and he never went back on the vent! He came home on June 10th with no oxygen! She ended up having the g-tube surgery and came home with a g-tube and was orally averted. We spent like 1 ½ years in feeding therapy.

Evaluation

Juxtaposed: The Emotions and Experiences

Narrator: *The evaluation is the emotional side of the narrative and often describes why the story is told. Many women in this study described juxtaposing emotions and experiences. These were described as opposite emotions and experiences that existed simultaneously. These are breaches of the ordinary and expected, which is what impedes affect being connected to and contained in a specific experience.*

Miriam: It was like I approached my second birth like a battle...I was in battle mode. But that didn't work, it was terrible. They say after you have the baby you have that amnesia set in, and you don't remember the pain of it all...that is so not true in my case. I think, what a joy to bring kids into the world, but if someone were to say "describe your worst experience in life, you're most painful experience in life" it would be the birth of my first child. And he has no idea. It's best that way, he doesn't need to know the gory details. You're just expected to keep your sob story hidden. Everybody expects you to - your doctor because she doesn't even acknowledge any of it to you, your family and friends because you know, you ended up with a healthy baby, so be happy and grateful. People need to acknowledge that births aren't always wonderful and happy experiences. There's this other side, too, and we deserve to be heard and validated. This is our reality, and it's hurtful to have that ignored and pushed away. When you have a shitty birth experience, there's no group you can go to. It's hard to find a place where we fit it. There isn't a place to share it - who wants to hear a traumatic birth story? No one.

Betsy: There were times that I felt alone, isolated with those thoughts because I was trying to grasp my own mortality. I was wrestling with how I just went in to have a baby and I was having to deal with my own mortality. That had a big impact on me. My family, they were just happy I was better. And I was on the outside, but on the inside, the experience was really profound. I used to say to people "what chapter did I miss? Did I miss *that* class?" That was my way of saying there was a gap. It's as though, if we keep talking about being healthy and developing your birth plan to say how you want your birth to look, well, none of that mattered for me. I think we do women a disservice and I think it set me up to complicate my feelings about my inadequacies, like I caused that all to happen. Those were not easy things to say out

loud. I've had this conversation with childbirth educators; they kinda promote the mindset that we can control birth...you almost wanna say "why are we doing a birth plan if we really believe nature takes a course?" It's like, what am I missing here? You feel some responsibility for it.

Jessica: It's still really taboo to talk about losing a child. People don't know how to deal with it. People who haven't lost children try to compartmentalize; they say "well, it's gotta be a lot harder when you lose a 14 year old than a newborn," and I completely disagree. I think a loss is a loss is a loss. I was prepared to nurse a baby and I had no baby. I was picking up ashes. I was dealing with things you never anticipate dealing with as a new mom. I was devastated. I've never grieved so hard in my life. My heart shattered, like somebody cracked me open and my heart literally fell out on the floor and broke, and it got put back together in a different way. It was beautifully awful.

Sarah: One of the things that's hard is people don't want to hear this stuff and it's hard because it's my life, it's my story, and it doesn't feel good to have to keep it hidden. Holding your brand new baby at the funeral for your brand new, passed away baby...it's indescribable.

Linda: I've never quite figured out whether she was a preemie because of who she is, in other words, "I'm done in here, get me out, I'm ready to meet the world" or if she is who she is because she's a preemie. She's so tenacious!

Lynette: I felt very alone in that nobody would help me out with him because they didn't want the responsibility. They saw him as fragile for a long time. So I got no breaks - none. We had to protect his nervous system so we had to be careful of how much stimulation he got, so we stayed home for a long time. I felt bad and guilty that I couldn't remember his birth and I didn't want people to know I couldn't remember. I lost the last 8 weeks of my pregnancy and then the 4

to 5 days after he was born, so I didn't have a birth story to talk about. Even my best friend - I don't remember ever talking to her about it.

Beverly: I came home with all the trauma of my birth experience. I just cried and cried and cried and cried.

Janet: I wasn't one of those moms who kept a journal and wrote down details, and looking back, I should have, but at the time I was just so overwhelmed with everything. About a year ago I started some training to help support other parents and I feel like my emotions caught up with me. I didn't want to share my story because I was listening to other people's stories and mine is so good compared to theirs. My kids are healthy now, we didn't lose a child - it was almost like I was embarrassed to tell my story - it didn't seem significant in a way. When listening to others' stories I felt guilty and wondered why we got so lucky, why our kids are healthy and happy and others' aren't. It doesn't seem fair. When I meet families who have twins and one has significant long-lasting health conditions, I can't help but think, wow, that could have so easily been us.

Resolution

Healing: Things that Helped

Narrator: *The resolution (sometimes referred to as the result), informs the audience about how the complicating action was resolved, and indicates a release in the tension* (Özyildirim, 2009). *The following are the most salient aspects of what women identified as helpful in their healing processes from the birth trauma they experienced. While care providers should do all they can to minimize trauma to women (and their families) during childbirth, due to the sometimes unpredictable course childbirth can take and the subjective nature of birth*

trauma, trauma during childbirth will not be eliminated for all women. It is these things that can be done for women who perceive birth trauma, by care providers, family and friends, social workers/counselors/therapists, and other human service providers of women and young children. These are the answers to the research question "what was helpful in your process of healing from traumatic childbirth."

Being Heard

Miriam: Having it take so long to figure out what the problem was, and having it all be so mismanaged...it's taken a long time to get past being really mad at all those doctors. So many years later when the doctor said to me "this is what happened, this is what you were feeling all those years," I felt vindicated, because sometimes I felt a little crazy because everyone acted like I was making it up that something didn't feel right. It was such a relief that finally others acknowledged that I was right, there was something wrong. That was so huge in my healing...so helpful in me feeling closer to a whole person again.

Beverly: People said things like "the most important thing is that she's healthy" and it's like, that's not something you need to hear because you know that. Sometimes you just need to tell someone how you feel and just have them validate that. It's not that you don't appreciate what you have. When I came home I wanted to work through it right away, that's just not something you get over, having all those experiences pile up. I wanted to cry about it and most people just aren't comfortable listening to others about uncomfortable things.

Miriam: It's really nice to talk to and be able to relate to someone who has gone through something similar and understands.

Supportive People

Miriam: In the hospital after my second birth, my dad's friend who is a doctor went above and beyond, probably because he was my dad's friend. He came in several times to check on me and it felt like someone cared. After my second birth, I had so much healing to do, and it was really helpful in my healing that I had so much support. My husband, my parents, and my husband's mother - they were all so helpful to me. My husband was so supportive of me after both births. He's always really good about taking care of me. He did everything he could to take care of the babies and me. I'm lucky in that sense.

Sarah: I had phenomenal support in the hospital...the nurses were so perceptive. I felt very cared for the whole time. A pastor from our church came and he would sit with me, read the Bible, and pray with me. Almost like a father figure. My parents lived a couple of hours away so that was very, very comforting for me. My precious girlfriends, they really loved the Lord too, and there were just there with me. And they had their own families, they had children and husbands at home and what a priceless gift to take from their families to come up in the evenings and be with me.

Becky: My mom came for a week and she helped to organize, clean, and set things up. Letting other people take care of you was healing. And the lactation consultants, they were so comforting, encouraging, and understanding.

Betsy: About day 7 things started to turn around for me medically. I remember a nurse coming in and asking "were you wanting to breastfeed?" And I said "yeah, I was hoping to" and she said "you still can." I had no idea I still could...I never would have even crossed that path. The nurse was wonderful, she was amazing, she was validating in terms of my wanting to do that

and being empowered to do that. She celebrated that I was getting milk. She offered me choice, probably my first experience with it as a new mother. And we were successful with breastfeeding for about a year!

Jessica: We started seeing a grief therapist when I was pregnant with him. After my son passed away, we [she and her husband] continued to see our counselor. I knew if we didn't see her, we wouldn't make it through this time. My husband dealt with it [son's death] differently than I did. I also got letters from other women from way back in the fifties and sixties, who lost babies.

Susie: The things the doctors and nurses did to reassure me of how important I was as her mother - that was helpful in healing. They took a blanket and put it on me and then put it on her, so I thought that was really cool that they knew it was important to me and good for her. My mom and I would sit on the couch and talk and pray. Knowing there were people who understand, social supports, and support from healthcare professionals were so helpful for me.

Lily: Had I not had that counselor, I think I would have felt really alone, because other people in your life...they don't know what to say. My doctor put me in touch with other women who had a similar experience and just knowing I wasn't alone was helpful.

Linda: My sister-in-law is a NICU nurse at a different hospital than my daughter was at, so I think having some familiarity with what she did was helpful. I could ask her any questions I had and she would come over to the hospital my daughter was at and interpret what the doctors said and she was a good advocate and translator. It was also helpful when family and friends came to visit or came with me, because I was at the hospital 8 to 10 hours a day. But, also having time without people there, that was also sort of like my little space, and trying to control

things a little...I had no control about anything except being there...it doesn't rationally make sense. I just don't do well with uncertainty and I'm not good when I'm not in control...so you give me a lot of uncertainty about her future and you take away all my control and...it's not a good situation.

Lily: My husband was my rock; he held me up for so long that he never had a chance to grieve, so when I did get stronger, it was almost like it was his turn.

Tina: I talked to my husband about it all a lot; he had his own experience of the trauma.

Dinah: He [son diagnosed with Down Syndrome] got lots of services. The people that came to the house were so helpful because they would take the time to visit and try to understand what was going on. My family was really helpful. I'll never forget, one of my sisters came to me and said "one day he will tell you he loves you" and that just meant so much...that really got to my heart, because you just have no idea what to expect. When he was about 6 months old, someone contacted me and asked if I wanted to go to this picture exchange communication conference - I could go and they'd pay for everything. I went and during lunch I sat down at a table with this woman and it turns out her child has Down Syndrome and she lived right around the corner from me! We became close and are still friends today!

Jamie: We had roommates there [in the hospital] and that made a big difference because their daughter, who was 6 months old, was on her third open heart surgery, so they helped us navigate everything. The got it, they were there emotionally. We still keep in touch today. Another thing that helped us was accepting help. If someone offered to do something for us, we were grateful and accepted that help.

Lynette: My husband is my rock.

Beverly: We had a ton of family support. I found support in my girlfriends. For my second birth, my doctor wasn't actually working when I went into labor but she made an exception and came in when I gave birth. I was lucky in the sense that I didn't have to deal with an added layer of not knowing the doctor and maybe not feeling supported by him or her.

Janet: The nurses were huge supports for us. We went to the parent support group, too. Meeting other NICU moms - those friends made a really big difference for me. There's something about sitting in a room with people and not having to speak, but knowing they understand.

Presenting and Acknowledging the Mother and Baby

Becky: When my son was still new, my family and friends would come over a few at a time and I would show them my baby - it was as if I was presenting my baby to the people who were important to me, so they could acknowledge this baby and this amazing change in my life. It was so healing, so corrective for me to be able to do that.

Jessica: We had arranged for our counselor to come to the hospital because we knew...I knew we would need her. She held him [baby who passed away] and we had a handful of family members present who also held him.

Becky: One thing that was healing was the night we came home from the hospital, the baby was still in the hospital, and when we got home there was a box inside our apartment door that my best friend and her mother had sent. They sent things for the baby. It was perfect timing, just when I needed a little lift because it was really depressing coming home without the baby. I felt loved and cared for, and it gave me hope.

Jessica: I had a healing ring that I bought and I decided to wear it until I felt like I had healed; when a friend of mine lost her son, I gave it to her. This necklace, my husband helped make, and it's my family. I wear it and my family, including my son [who passed away] is always near my heart. There are ways that we honor him that are very subtle and no one would know. The funeral home put his ashes in a beautiful silver heart. Somebody gave me one of those little angels for your pocket.

Lily: I have a lot of physical reminders of her. I got a tattoo, I wear a little ring that my mom got with my daughter's name and birthdate on it, I have an album with pictures of her, and a journal I kept during that time with all these cards and letters that people sent me.

Faith and Spirituality

Sarah: God really, really, really reminded me of His intimate, delicate...I mean, He carried us the whole, whole time. I just leaned into Him. It strengthened my faith in His goodness and faithfulness and grace and mercy. My faith played a huge part in my healing.

Becky: I'm a believer and I was okay with God's plan, whatever that was.

Jessica: I remember my counselor said "you don't have to wear this as a crown of thorns for your whole life." I'm a very spiritual person and at one point I met with a monk, and he said "the things that weigh you down, pretend they're in suitcases and put them down and walk forward. They're still there, you don't have to forget them. You just aren't carrying them around anymore." About a year after our son passed away, we had a ceremony and a friend who is a Reiki Master came and did a blessing for us and then we spread his ashes. We had a couple of friends with us and we went out after for a beer and kinda celebrated coming through all that...we'd gotten through the majority of our intense grieving at that point.

Jamie: Frankly, for us, I think we survived it because of a very strong faith.

Lynette: My husband prayed for me all the time - faith in itself makes a big difference.

Taking Action

Miriam: Exercise is a good outlet for me. I got a trainer who I worked with throughout my second pregnancy. I was so anxious during my second pregnancy I had to do something to help. I thought if I was in really good shape when I gave birth the second time, I'd have a better chance of it going well.

Sarah: When we went home, it was helpful for me that they [the funeral home] asked me to pick out an outfit for her to be buried in and I think it was therapeutic for me to find the outfit I wanted to dress her in. It was a powerful way for me to show respect and dignity towards her...I think the outfit for her was a symbol of my dignity for her body, where she'd once been. I used the opportunity of her funeral to witness to a couple people that came to the funeral that I knew didn't know Christ. I wanted to make sure that the pastor also talked about Jesus and where she was. Occasionally, we'll go to where she's buried and we have a sweet plaque there.

Dinah: Getting into a Down Syndrome support group - that was huge, huge...so helpful and such a relief. I got more support from other parents than anyone else. Being involved with the support group was probably the best thing I did. I'm still friends with some of those mothers to this day - I made strong connections there, because he's 16 years old now! Getting involved in special olympics was huge, huge for him, because he's big into sports and is a very athletic person. I'm the local program coordinator and the program goes year round, so that's huge for us because it really provides a lot of support by parents for parents. It's just so helpful.

Lynette: What was helpful for me is being involved in the hospital's parent support program, which I've been volunteering with for the past 25 years. And now I'm a breastfeeding counselor, too. I think that has really helped me in my whole process of healing - doing whatever I can for other parents going through a difficult birth experience. I think it was really important for me to do as much as I could to make up for the losses I experienced with my first birth, and that's probably why I do the parent volunteering.

Janet: My husband fundraises for the March of Dimes and I help with the hospital's parent support program. Being involved in NICU programs has been very therapeutic for us.

Bridging the Gap: Reparative Experiences

Miriam: It's a good thing I had another c-section, because if I hadn't, I don't know that they would have found the problem. It was so helpful after to know that they found and fixed the problem, so after I finished healing from that, I would be better.

Sarah: When I got pregnant the second time, it was helpful that the doctors were aware of what happened the first time and provided excellent care. With my second son, I had a normal, beautiful birth.

Becky: My fourth child was really the easiest one - shortest and easiest. I really wanted to have a baby without an epidural, I think I just wanted to prove that I could do it, that I could endure the pain, and I ended up not having one with my fourth child. I was at a different hospital and I had more choices. It was just a blessing to have gone through labor with her. It was very healing to have that experience. As soon as the doctor handed me the baby I stopped and I thanked God. I was so thankful for how things went because I knew how things could be. I was

deeply, deeply grateful for that experience. Some women don't know what they're blessed with, that childbirth doesn't have to be such a nightmare.

Betsy: For me, breastfeeding my baby was HUGE in my developing a relationship with her. It was just perfect, just beautiful. And I believe, even though all the rest of that [birth experience and first couple weeks of baby's life] was taken away, by having that opportunity to breastfeed her, what I wanted to do - it was amazing. I started to really get well. With the birth of my twins, I was pretty insistent that I have some choices. It was a c-section and I was awake, I saw them being born and I got to have my babies in my arms right away. It helped me connect with what it must have been like when my first was born. There's no re-do there but it helped repair because it put it into context, like oh, this is what it would have been like. It brought me to where I could be lighthearted about the first birth.

Susie: She was such a smart little thing. The nurses could pick her up and put her down, but if I went to put her back down she cried and was immediately comforted when I picked her up. I was just astounded at how smart she was - she did everything way before all the books said she would. She was off the charts for everything. By 3 months, she was already showing signs of a secure attachment.

Lily: One of the things that got me through was knowing I could try again. I kept saying to my husband, "promise me we can try again," and he had a hard time making that promise because this was so hard, but I said "I have to know that we can try again because that's the ONLY thing that's going to get me through this." It was still about 4 years after I birthed her that we decided we were ready to try again. Now we have an almost 8 year old. It wasn't an enjoyable pregnancy...I was really scared and nervous. I went to the doctor's office in August, he

wasn't due until mid-September, and she said "I think you need to birth him early" and I was like "what?!" But I went to the hospital and he was born very quickly and he went right into the NICU and was there for 28 days. I was determined to breastfeed and it was really hard after he was in NICU for a month, but I was like "I am going to do this?" And I nursed him for almost 2 years! It was so worth it, it was way worth it. I could see myself still being really regretful if I wouldn't have had another child. I needed to have that other baby.

Linda: As she got older and we saw that, thank goodness, there were no deficits as a result of her prematurity, she was developing normally, everything was fine...it was just this one little issue remaining [shunt] which isn't fun but there's worse things in the world. I was really lucky in that I wasn't dealing with a lot of what other parents were dealing with.

Tina: I tried my very best when I got pregnant for the second time to not have it happen again. So for my healing process, it started by choosing different doctors, a different hospital, and trying extremely hard for a VBAC. I went in so much more empowered because I wasn't going to let people push me into something. I went in informed in different ways. I chose a doula, I chose a hospital that was very pro-VBAC, and we discussed everything from the first doctor appointment - why I had the fears, what happened previously - and they worked with me on a birth plan and understanding what I needed to do to help ensure I could have a VBAC. I felt very supported. I had a very, very supportive community of doctors. I had a very healthy pregnancy. Everything was going very smoothly during my second labor, and that was a huge help for the healing process...a huge, huge, huge help in healing from the first delivery to the second. So during labor, the hospital found out from my records from the other hospital that when they did my c-section and stitched my uterus back together, they only did a single suture

rather than a double. It's standard practice to do a double suture, so that with future pregnancies if you want to try for a VBAC, it's not just one layer of stitches, it's double, to increase the chance of not rupturing your uterus. So, we'd planned the whole birth process around this. And then my water broke on it's own and there was meconium. And they were still willing to try - they left it up to me. They said "it's your decision. We're not going to tell you what to do and we stand by you no matter what, but we do want you to know there are additional complications now beyond what was already there." I made the decision to have another c-section and this time it was completely different for me. I was extremely nervous, my husband was extremely nervous. We were both so scared, but it was so different. I felt like that whole process, my pregnancy with my second, trying to have a successful VBAC and the delivery, even though it was another cesarean, the feeling of being empowered by the doctors and the hospital and them letting me make the decision, was the light at the end of the tunnel with the whole mess of the first birth. At the end of my second birth, I didn't have any regrets - I tried everything possible and it just wasn't possible for me. It wasn't traumatic for me; the whole process of the second birth solved a lot of the trauma for me and my husband. It was very healing for me. If I didn't have the second pregnancy and the experience I had with that, I feel like even today I would still look back on things and be extremely regretful and upset...disappointed...I feel like I'd still be angry at everything. It doesn't hold power over me anymore. I feel complete now.

Lynette: Without my husband's encouragement, I probably would not have ever had another child. When I was in labor with my second child, I tried to pull back and see if I could remember the experience with my first child. My second labor was much more controlled on my part. I didn't feel in control in the first birth. I think my second labor helped a lot in that I didn't

feel like I needed to grieve so much over the loss of memories because now I had these memories that I could build on. My other pregnancies and births didn't take the place of my first, but they helped ease the loss of those memories.

Beverly: When I was pregnant with my second child, who is now 20 months, I felt like my first birth would impact my second. I didn't want to have another c-section. During labor, I panicked and immediately asked for an epidural - I sort of had a flashback and tried to preemptively control everything because I didn't want to feel out of control, I wanted to make all the decisions. So at first I was disappointed that I didn't give birth without the epidural, but in the end it really did go well. I was able to have a VBAC and I actually pulled him out myself. Getting to the end and pushing and him coming out and me pulling him out - that helped me tremendously in terms of healing from my first experience because I finally got what I'd missed. The first time it was like I was pregnant and then had this baby on me nursing...something was missing in the middle - there was a huge disconnect and that's why I was so impacted emotionally. I think he helped, he helped a lot. My birth with him reaffirmed that I'm not weak, I'm not broken, I'm not dysfunctional - I'm just human.

Creating and Telling the Story: The Coherent Narrative

Narrator: *As Isak Dinesen said "all sorrows can be borne if we can put them into a story." Below are women's stories of the barriers to creating and telling their stories, how they created and told their stories, and how that helped them heal from birth trauma.*

Miriam: Mainly my husband filled in the many blanks I had with both experiences. He filled in so many details, but there's still a lot I feel I don't know. It would have been helpful for the doctor to have checked on me in the hospital after and called me at home. I would have liked

for her to ask at some point if I wanted to come in and meet with her and talk about everything. It's hard because they give you so little information, so you don't really know your own medical history. You don't really understand what's been done to you. I wish they'd have taken the time to give me the words to describe what happened...in words I could understand. It's kinda hard to ask doctors questions like this...it's like, well, fine, if you're not going to tell me, maybe I'm not supposed to know?! I don't want to look foolish. Doctors are powerful. It's like, don't make patients feel so silly for wanting to know what happened to themselves. This is the first time I've told the whole story. I think it's really healthy to have talked about all this. Healthy and helpful. All healing is a process and even though I'm pretty far from my traumatic births and it's not something that impacts much of my life now, I think talking about it like this with you has really contributed to my healing.

Betsy: It was really hard for me to tell my birth story, because I didn't have the birth story...I just didn't have it. I wanted to know what happened to me, so I decided to look at my medical records and so I went and read my chart. There was such a gap. So that stands out for me as one of the things I did that helped fill in that gap, and then I was able to have more of my story...there was more to my birth story. And then the people that were there with me - my mom, sisters, my husband - they helped me a great deal because they shared their perspectives of the experience and it helped with not feeling so victimized by the experience. I felt more empowered and it was my story then. I started to see that when I would tell my birth stories, I was using humor. When women get in a circle and tell about their births, they're just amazing to hear and mine is so unbelievably different that, how does anybody want to hear that? And how did I even want to say it? I like to tell the story with some humor because people will hear it. If

we can talk about it, however we find ways, for me it was really helpful. And often times, even to this day, if I tell my story in the funny way, people are kind of interested in the whole story. I like telling the story...I like sharing it with other women. I think that's been helpful to talk about it.

Jessica: It's good to reflect. I'll have to send the person who told me about your study a thank you because it really is good to reflect on all this.

Lily: I wanted to talk about it even if it made me sad and made me cry. That sadness helps you heal, talking about it and crying about it and reading about it...helped me heal and helped me move through it.

Linda: I have a friend with preemie triplets and so we would share stories. And my sister-in-law, that's the NICU nurse, she and I would talk about it.

Tina: The hospital, they had this discussion group for anybody who had a baby born early, not necessarily geared towards people who had things happen like I did, but there was a mother who led the group who had a traumatic birth experience herself. I went for probably 4 months after my first baby was born. I did talk to a lot of women and we were each able to talk our stories through. It helped a lot.

Beverly: I did find other women who experienced miscarriages who I found really helpful and supportive. But still, no matter who and how many people you talk to, it doesn't take away the sadness. I think women don't feel like there's an open forum for them to talk about their birth trauma. And sometimes women feel this level of guilt because their experience wasn't as bad as someone else's. It's important not to compare though...it's hard not to, but you just

can't. It doesn't make your experience any less difficult just because there's people who have experienced worse.

The End

Coda

Finding Acceptance & Meaning

Narrator: *The coda is located at the end of the narrative and indicates the story is finished* (Özyildirim, 2009). *This section may provide a brief summary of the narrative and often bridges the gap between the past and present.*

Miriam: I can't wait to be a grandma - to get to experience a brand new baby without having had to give birth and have all the physical healing to do - that's going to be great! I think that will actually be really healing.

Becky: It's a matter of people coming along side of you to support you. For people to be honest and forthright, acknowledge what's going on and your hurts - "we're going to be here for you, we'll get through it together. This is something that will change us forever, but we're going to get through it."

Betsy: The biggest lesson for me was that there's only so much you can control in this experience. We sell the idea, in books and childbirth education classes, that we have quite a bit of control in this experience [of giving birth] and I learned that we have very little control over it. So a subsequent birth allowed me to come to a realistic...much more realistic viewpoint on birth. Some maturing, some insight, some faith...I just respect the birth process.

Jessica: It was traumatic and led up to my life now. I have a miracle baby. He's 10 years old. I can't...I don't look back, I really look forward more than I look back. I would never change a single part of it, I wouldn't change what it did to me, I wouldn't change how it changed my perspective, because that moment gave me a window into what's really important in life. I realize life's way to 'effin short. And now I know, things can always be worse.

Susie: We tried to have children after our daughter, but I had a miscarriage and I just decided it was too much, and we were done. But, her best friend lives across the street and she's a really friendly kid. She's done really well.

Lily: I look at my son now and I'm like, well, she [deceased daughter] didn't die in vain. I would never have him [living son] if I still had her. It's not like I wanted to trade one for the other, but I just love him so much, I can't imagine life without him. It's hard because I wouldn't trade one for the other but I wouldn't have know him if I'd had her. I don't know...it's not a trade in. After a while, it did get better. Time does heal. Time never lets you forget, but it does help you heal. And it took a long, long time.

Linda: I wouldn't wish what we went through on anybody, but of all that could have happened, we came out of the whole experience very, very lucky.

Dinah: As a parent, I think when you first learn your child has a disability you think about all the things you want your child to learn to do, but one of the hardest things to help your child with is social skills. I think that's the hardest part. Everyone would always tell me to be his biggest advocate, and I am, but at some point you want to just be a mom and not focus so much on advocating.

Jamie: I didn't meant to have children so late, but I'm glad this didn't happen when I was younger because back then he would have had a 50% chance of survival and now it's more like 90%. I feel like it all happens for a reason. At my 6 month [postpartum] appointment, we found out my uterus was pretty much done, that I couldn't have any more children. It was hard to accept that; it was really hard because I really wanted another child, and actually, I met with my doctor a couple of times and said "are you sure it's too risky?" I pushed for foster to adopt and my husband completely shot me down on that. And so I had to make a conscience decision: I could be sad that I don't have two children, or I could be really super happy that I have one amazing kid. I made the decision that it is what it is and I'm blessed to have a really great kid. He's 5 years old and healthy and strong now. He's a magical little miracle. He's a good story. He's a good story.

Lynette: He's 26 years old now and my tallest and biggest child out of all six of them. I still have moments where I feel a loss at not being able to remember my birth with him, but I don't feel it's interfered with my relationship with my son. And, if anything, it strengthened my relationship with my husband.

Beverly: Over time, the grief and trauma and disbelief of my first birth experience lessened. Sometimes you have to go 'round and 'round a few times before you come out of it, but you can. I had a girlfriend who gave birth totally naturally almost a year after my traumatic birth experience, and she was one of the really supportive people, and I remember her saying about herself "I was going to have a totally natural birth, there just wasn't another option in my mind" and that's hard to hear because truly, it can go a lot of different ways. Women like...print off this form for their birth plan and it's more like a contract. I think it's important for doctors to say

"this is what I hear you saying and we're going to focus on those goals but let's also talk about what happens if..." I think there's a non-offensive way to talk about it. I think the biggest thing is women need to support each other in the choices they make and understand that we don't always know what goes into a choice. So, have a birth plan, but understand it isn't rigid; there needs to be fluidity within it. So I'm pregnant with my third now, a boy, and I have no idea how this labor and delivery are going to go!

Janet: My twins are 3 1/2 years old now and getting ready to start preschool. Thankfully, they don't have any morbidities or anything. We are so blessed and lucky.

Chapter 5: Discussion

This research identified what the women in this study found helpful in healing from their traumatic childbirth experiences and provides evidence in support of the creation of a coherent narrative as an integral and necessary part of the healing process for women who have experienced birth trauma. This research found that participants experienced a discordance of expectations and realities of childbirth, a juxtaposition of emotions and experiences, set the stage for their childbirth experiences, and identified specific aspects that were healing/helpful and other aspects that were hurtful/unhelpful during pregnancy, labor, birth, delivery, and beyond. In the healing process from traumatic childbirth, the specific aspects women identified as being healing and helpful were being heard/listened to, having supportive people in their lives, taking action, reparative experiences, relying on their faith and spirituality, and creating and telling their birth stories.

The findings of this research study are in-line with Cheryl Tatano Beck's research on traumatic childbirth in some of the overall themes, but as discussed in the literature review, studies on what is helpful in healing from birth trauma are severely limited in the literature. One of Beck's studies revealed a theme of "To Care for Me: Was That Too Much to Ask" (Beck, 2004) that was characterized by participants perceiving a lack of a caring approach during their birth as being one of the core components of a traumatic birth. During her discussion of that theme, she states "the women who participated in this study reported that their expectations for their labor and delivery care were shattered" (Beck, 2004). This is similar to the theme from this research study of Discordance of Expectations and Realities, although there are differences in the theme related to the participants' statements used to support it in Beck's study versus this

research study's. In Beck's study, the women's statements included in the article are more focused on their expectations of the care they would receive, whereas the participants in this study's statements that support the theme of Discordance of Expectations and Realities refer to their expectations of their birth experiences (incorporating more aspects than just care received) with the reality of their experiences. I noted throughout women's stories a sense of at times feeling very cared for by medical staff yet still feeling a discordance of what they expected and what was their reality of their overall birth experiences. This suggests more elements, beyond the care received from medical staff that contributes to this discordance of expectations and realities.

In Beck's study on birth trauma, another theme, "The End Justifies the Means: At Whose Expense? At What Price" (Beck, 2004) was a theme I noted in participants' narratives in this study as well. As one participant described:

> I just remember feeling so confused about how I came in to have a baby and I ended up almost dying from an infection, and nobody was talking to me about that. I was home, we were well, and it was done. And, I had a good baby. I remember those words, like, isn't that great, she's doing so well, you're doing so well and you have a good baby. And that wasn't even really the point.

Another woman said of her experiences "I recognize my births were bad, and it's like I don't have the right to complain about how things went because I have my kids and they're both healthy and wonderful."

Beck summarizes this theme well in saying:

> if the baby was born alive with good Apgar scores, that was what mattered to the labor and delivery staff and even to the mother's family and friends. Mothers perceived that their traumatic deliveries were glossed over and pushed into the background as the healthy newborn took center stage. Why put a damper on this celebration by focusing on the mother's traumatic experience giving birth! (Beck, 2004).

The women in this research study spoke of feeling grateful to have a healthy baby and wishing their birth experience(s) was what they'd hoped for and thought it would be. Both Beck's and this study exemplified this theme.

While there are similarities between Beck's study on birth trauma and this research study, there are differences, much of which is attributed to our different research questions. While both studies are exploring birth trauma, Beck's study is focused on describing the meaning of women's birth trauma experiences and this study is focused on what women find helpful in healing from birth trauma. The differences in research questions will lead to results that are framed differently with some overlap in themes due to the similar topics.

This research study also found that women who developed a coherent narrative of their traumatic childbirth experiences were more likely to divide their narrative episodically, tell their narrative with a continuous and smooth flow, and had more developed self-evaluations and meanings with regards to their experiences. The findings of this research study are in line with other studies on the effects of trauma and the healing role creating a coherent narrative and telling that story to others can have for individuals who have experienced trauma. When an individual is exposed to trauma, because the experience can not be readily incorporated into the existing memory system, it can not be organized linguistically and "failure to arrange the memory in words and symbols leaves it to be organized on a somatosensory or iconic level: as somatic sensations, behavioral reenactments, nightmares, and flashbacks" (van der Kolk & van der Hart, 1991, p. 442). Having an incomplete narrative of an experience is a source of psychopathology, including post-traumatic stress (Wigren, 1994). The findings of this research study in terms of the impact creating a coherent narrative had in women's healing processes and

the role having complete narratives plays for others who have experienced other forms of trauma can inform other research on healing from traumatic experiences and can guide care providers across disciplines in their work with individuals who have experienced trauma. Further study into the efficacy of using narrative theory and the construction of coherent narratives for women who have experienced birth trauma is necessary and would be beneficial.

Although systematic demographic information of participants of this research study was not collected, the reasons of which are discussed in the Sample Population and Transferability sections of this paper, some demographic information was reported spontaneously in interviews and should be considered. All the women who participated in this research study were married at the time they participated in the study to the same spouse they were married to at the time of their traumatic childbirth experience, indicating a consistent support person throughout their experiences. In general, the women who participated in this study spoke overall of having good social supports and access to various supportive services and individuals, such as professional counselors, Early On and Early Intervention, doctors, nurses, online support groups, in-person support groups, educators, family members, friends, lactation consultants, mentors, spiritual leaders, peers in support roles, therapists across disciplines, Women, Infants, and Children (WIC), Healthy Futures, and other individuals and services intended to provide support. Having access to and being involved with these support services was often mentioned as beneficial and appreciated as they fostered a sense of connection and community and lessened the isolating aspect of their experiences/situations.

Limitations

Several limitations should be considered when reading this study. A small convenience and purposeful sampling was used; it is not known if a larger sample would provide these same findings. Although the women self-selected and it was explained that the healthcare providers would not be told who participated or not, it is possible the women who participated felt compelled to because of their relationship with the healthcare professional that informed them of the study.

The data was self-reported by participants with varying lengths of time since their traumatic birth experiences. Self-reported data has some limitations because information participants recall cannot be verified and is subjective in nature. It is likely that the length of time since the traumatic birth experience had an effect on what each woman shared in her story and how each woman shared her story, but it is unknown specifically how the length of time affected this for the women in this study.

To increase transferability, more research is needed to explore the effects of birth trauma during first childbirth experiences and when birth trauma occurs in a woman's final birth experience and the reparative subsequent birth experience does not occur. In addition, more research on the complications with birth trauma when a baby dies and the effects of a woman experiencing multiple traumatic births are important considerations.

Finally, as the researcher I interpreted the participants' stories through my own experience of birth trauma and although I took measures to minimize my bias I recognize it is not possible to eliminate it completely.

Chapter 6: Recommendations

It is important for us all, especially care providers across disciplines who work in fields related to women and children, to be aware that 33-45% of women describe their birth experience as traumatic (Beck, Driscoll, & Watson, 2013) and take this staggering statistic along with the effects of traumatic births seriously. Many events during the labor and delivery process are out of the control of the medical staff and the women themselves. However, when adverse events occur, women should be offered the opportunity to discuss the events (to get clarification and understanding about the situation) with the health professionals involved in the experience and her own care provider(s) at whatever point after that they feel it would be helpful to do so. Furthermore, care providers, including social workers, should be empathic listeners and validate women's emotions (Bailey & Price, 2008; Olde et al., 2006). All of the women in this study benefited from or stated they would have benefited from their care providers checking on them by doing follow-up visits and phone calls, taking the time to answer their questions, and validating their experiences. It is important for women to understand their birth experiences as they may impact future medical care, and to be able to develop a coherent narrative of their birth experiences so they can integrate them into their lives. Developing a coherent narrative and integrating the traumatic childbirth experience into their life story is important to reducing psychopathology, post-traumatic stress symptoms/disorder, and the effect on the mothers' attachment relationships with their infants.

As all of the women in this study discussed, it is important in healing for women to have a place to talk about their birth stories, should and when they want to. For some women, discussing the experience with their partner or support person present during the birth, a close

family member or friend, or their doctor will be helpful for them to process the experience. For others, talking with other women, either individually or in a group, who share a traumatic birth experience is helpful in healing. For some women, discussing their experiences with a counselor will be helpful in healing, and still for other women, a combination of those or other things will be helpful in their healing journey. It's important to acknowledge each woman's unique life experiences that she brings to her births and takes from them, and be open to supporting women through the many steps along each woman's healing journey.

Implications

Medical Personnel and Organizations

Care providers who work with women during the perinatal period and women with young children need to be aware of the significant effects subjective birth experiences and objective birth variables have on a woman and her family. Because studies have linked multiple interventions during labor and labor complications with birth trauma (Garthus-Niegel, von Soest, Vollrath & Everhard-Gran, 2013), efforts should be made to avoid unnecessary interventions during birth and to help women feel safe and supported during their labor and delivery. With the rate of cesarean sections increasingly high in the United States and the complications associated with them, it is imperative that more is done to decrease the rate and ensure hospitals are providing the safest care possible to women.

Various organizations that oversee the care hospitals provide, such as the Joint Commission, and others that offer additional accreditations, such as the Vermont Oxford Network and the Baby Friendly Hospital Initiative should continue promoting safe, evidence-based care for women. In addition, universities and accrediting boards for programs that train

doctors and nurses in obstetrics and gynecology, maternal-infant-child health, and neonatal and pediatric intensive care units should ensure that these individuals receive proper education on birth trauma and its effects, as well as how to support women who experience birth trauma. The latter should also be implemented into counseling and social work programs. As part of this education, women's stories should be shared, because for people to understand and have empathy for another, they must connect the education and research with real people and real experiences.

Childbirth Educators and Organizations

Organizations and groups responsible for childbirth education classes and authors who write non-fiction books and articles on childbirth should include information that provides women with a more complete and honest picture of childbirth. This may help reduce the feeling of isolation and stigma some women feel as a result of not having a birth experience that is most commonly portrayed in the literature and media. One participant discussed this need and described it as a realistic view of birth, which includes that things do not always go according to one's birth plan. This may help lessen the effects of having a traumatic birth. It is important for pregnant women to understand they, and the medical staff, don't have complete control over the course of labor and delivery, which may avoid some of the failure and responsibility women often feel when they experience a traumatic delivery. Doctors and nurses can also discuss with women their ideas about birth and discuss the benefits to having some wishes for the course of labor and delivery but also being flexible and understanding as the experience unfolds and that adjustments may be needed.

It is also important to acknowledge the possibility of vicarious trauma, that of the medical staff feeling traumatized from being present at a traumatic birth experience, with each traumatic

birth experience that occurs, and the effects that has on the medical staff. It is important for formal supports to be available for all medical staff that may witness or be involved with birth trauma to process through an experience and reflect on how they affect them. The programs and supports that are already in place should continue to be funded and where there are not any formal supports available, it is important to implement support to medical staff so they are best able to continue to provide adequate care and support to patients and families.

Lactation Consultants

Lactation consultants who are assisting new mothers in establishing breastfeeding are often the first individuals in a professional capacity to interact with mothers in the hours, days, and weeks following a potentially traumatic childbirth experience. Thus, lactation consultants have a unique ability to make a difference in the lives of mothers and babies before other helping professionals do. The women in this research study spoke of the critical role lactation consultants have for women who have experienced birth trauma. As reported in the findings chapter of this paper, women felt supported and empowered by lactation consultants when they validated women's desires to breastfeed their infants and helped them to be successful in doing this. Women successfully establishing breastfeeding was both a reparative experience from their traumatic childbirth and helped women feel attached to and bonded with their infants. In the face of having little to no control over the events of their childbirth experience, successfully establishing breastfeeding was a means women sought to regain control over an aspect of their experience and when women felt a disruption in the attachment process with their infant for whatever reason, this helped repair some of that felt disruption of attachment. It is important for lactation consultants to understand the high impact and beneficial role they can play in mitigating

further trauma to postpartum women and to refer women who may be struggling with their birth experience to the appropriate resources.

Social Workers, Therapists, and Counselors

Implications for social workers include increased advocacy for safe and adequate care of women and informing others of the prevalence and effects of traumatic childbirth to advocate for better services for women who have experienced birth trauma, such as access to support groups and counseling services. Service providers across disciplines who work in various capacities with pregnant women and women with young children should be aware of the effects of traumatic childbirth and recognize when women might benefit from specific counseling services to address birth trauma they may have experienced and provide women with information and referrals. Social workers and researchers in similar disciplines should further research the efficacy of effective therapies, specifically narrative therapy and the creation of a coherent narrative, to determine evidence-based practice for the treatment of women who have experienced traumatic childbirth.

Chapter 7: Conclusion

This qualitative research study of 14 women's narratives identifies what was helpful in their healing processes that followed their traumatic childbirth experiences and examined the structure of the women's narratives. The most salient themes identified through this research study by participants as being helpful in their healing processes are being heard, having supportive people in their lives, presenting and acknowledging the mother and baby to and by others, relying on faith and spirituality, taking action, having reparative experiences, and creating a coherent narrative by creating and telling the story. This research also found that women actively engaging in creating and telling their birth stories was an important and integral part of their healing process. Women who created a coherent narrative of their traumatic birth experience had more developed properties of fully-formed narratives. The findings of this study are relevant to care providers of women, children, and families across disciplines.

References

Adequya, A, Ologun, Y, & Ibigbami, O. (2006). Post-traumatic stress disorder after childbirth in Nigerian women: Prevalence and risk factors. *BJOG An International Journal of Obstetrics and Gynaecology, 113,* 284-288. doi: 10.1111/j.1471-0528.2006.00861.x

Alder, J., Stadlmayr, W., Tschudin, S., & Bitzer, J. (2006). Post-traumatic symptoms after childbirth: What should we offer? *Journal of Psychosomatic Obstetrics & Gynecology, 27*(2), 107-112. doi: 10.1080/01674820600714632

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. American Psychiatric Association: Arlington, VA.

Ayers, S., & Pickering, A. D. (2001). Do women get post-traumatic stress disorder as a result of childbirth? A prospective study of incidence. *Birth, 28*(2), 111-118. doi:10.1046/j. 1523-536X.2001.00111.x

Ayers, S. (2004). Delivery as a traumatic event: Prevalence, risk factors, and treatment for postnatal posttraumatic stress disorder. *Clinical Obstetrics and Gynecology, 47*(3), 552-567. doi:10.1097/01.grf.0000129919.00756.9c

Bailey, M., & Price, S. (2008). Exploring women's experiences of a birth afterthoughts service. *Royal College of Midwives-Evidence-Based Midwifery, 6*(2), 52. Retrieved from http://go.galegroup.com/ps/i.do?id=GALE%7CA204894571&v=2.1&u=lom_gvalleysu&it=r&p=AONE&sw=w&asid=c59168ed2693508b29e7d026a4456fdc

Bailham, D. & Joseph, S. (2003). Post-traumatic stress following childbirth: A review of the emerging literature and directions for research and practice. *Psychology, Health & Medicine, 8*(2), 159-168. doi:10.1080/1354850031000087537

Beck, C. T. (2004). Birth trauma: In the eye of the beholder. *Nursing Research, 53*(1). doi: 10.1097/00006199-200401000-00005

Beck, C. T. (2004). Post-traumatic stress disorder due to childbirth: The aftermath. *Nursing Research, 53*(4), 216-224. doi: 10.1097/00006199-200407000-00004

Beck, C. T. (2006). The anniversary of birth trauma: Failure to rescue. *Nursing Research, 55*(6), 381-390. doi:10.1097/00006199-200611000-00002

Beck, C. T., Driscoll, J. W., & Watson, S. (2013). *Traumatic childbirth.* ISBN13: 978-0-203-76669-9 (e-book)

Berg, M., & Dahlberg, K. (1998). A phenomenological study of women's experiences of complicated childbirth. *Midwifery, 14*(1), 23-29. doi:10.1016/S0266-6138(98)90111-5

Central Intelligence Agency. (2013). The World Factbook: Infant Mortality Rate. Retrieved from: https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html

Central Intelligence Agency. (2013). The World Factbook: Maternal Mortality Rate. Retrieved from: https://www.cia.gov/library/publications/the-world-factbook/rankorder/2223rank.html

Creedy, D. K., Shochet, I. M., & Horsfall, J. (2000). Childbirth and the development of acute trauma symptoms: Incidence and contributing factors. *Birth, 27*(2), 104 doi: 10.1046/j. 1523-536x.2000.00104.x

Czarnocka, J., & Slade, P. (2000). Prevalence and predictors of post-traumatic stress symptoms following childbirth. *The British Journal of Clinical Psychology, 39*(1), 35. Retrieved from: http://search.proquest.com.ezproxy.gvsu.edu/docview/218660527/

Elmir, R., Schmied, V., Wilkes, L., & Jackson, D. (2010). Women's perceptions and experiences of a traumatic birth: A meta-ethnography. *Journal of Advanced Nursing*, *66*(10), 2142-2153. doi: 10.1111/j.1365-2648.2010.05391.x

Gamble, J., & Creedy, D. K. (2009). A counseling model for postpartum women after distressing birth experiences. *Midwifery, 25*(2), e21-e30. doi:10.1016/j.midw.2007.04.004

Garthus-Niegel, S., von Soest, T., Vollrath, M. E., & Eberhard-Gran, M. (2013). The impact of subjective birth experiences on post-traumatic stress symptoms: A longitudinal study. *Archives Womens Mental Health, 16*, 1-10. doi: 10.1007/s00737-012-0301-3

Gaskin, I.M. (2008). Maternal death in the United States: A problem solved or a problem ignored? Journal of Perinatal Education, Spring *17*(2), 9-13. doi: 10.1624/105812408X298336

Gochros, H. L. (2011). Qualitative interviewing. In R. M. Grinnell & Y. A. Unrau, (Eds.), *Social work research and evaluation,* 301-325. Retrieved from http://www.amazon.com/Social-Work-Research-Evaluation-Evidence-Based-ebook/dp/B0066KU71A/ref=tmm_kin_title_0?ie=UTF8&qid=1390699164&sr=8-1

Gooding, J. S., Cooper, L. G., Blaine, A. I., Franck, L. S., Howse, J. L., & Berns, S. D. (2011). Family support and family-centered care in the neonatal intensive care unit: origins, advances, impact. *Seminars In Perinatology, 35*, 20-28. doi: 10.1053/j.semperi.2010.10.004

Grinnell, R. M., Williams, M., & Unrau, Y. A. (2011). Research problems and questions. In R. M. Grinnell & Y. A. Unrau, (Eds.), *Social work research and evaluation,* 19-31. Retrieved from http://www.amazon.com/Social-Work-Research-Evaluation-Evidence-Based-ebook/dp/B0066KU71A/ref=tmm_kin_title_0?ie=UTF8&qid=1390699164&sr=8-1

Hall, J. M. (2011). Narrative methods in a study of trauma recovery. *Qualitative Health Research, 21*(1), 3-13. doi: 10.1177/1049732310377181

Hopkins, J., Clarke, D., & Cross, W. (2014). Inside stories: Maternal representations of first time mothers from pre-pregnancy to early pregnancy. *Women and Birth, 27*, 26-30. doi: 10.1016/j.wombi.2013.09.002

Kendall-Tackett, K. (2007). A new paradigm for depression in new mothers: The central role of inflammation and how breastfeeding and anti-inflammatory treatments protect maternal mental health. *International Breastfeeding Journal, 2*(6). doi:10.1186/1746-4358-2-6

Klein, K. & Boals, A. (2010). Coherence and narrative structure in personal accounts of stressful experiences. *Journal of Social and Clinical Psychology, 29*(3), 256-280. Retrieved from: http://search.proquest.com.ezproxy.gvsu.edu/docview/224851610?pq-origsite=summon

Leeds, L. & Hargreaves, I. (2008). The psychological consequences of childbirth. *Journal of Reproductive and Infant Psychology, 26*(2), 108-122.

Martin, J. A., Hamilton, B. A., Ventura, S. J., Osterman, M. J. K., & Mathews, T. J. (2013). Birth: Final Data for 2011. U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Center for Health Statistic's National Vital

Statistics Reports, Hyattsville, MD (62) 1. Retrieved from: http://www.cdc.gov/nchs/data/nvsr/nvsr62/nvsr62_01.pdf#table21

Merriam-Webster Online Dictionary. (2013). Retrieved from: http://www.merriam-webster.com

Mowery, B. D. (2011). Post-traumatic stress disorder (PTSD) in parents: Is this a significant problem? *Pediatric Nursing, 37*(2), 89-92. Retrieved from: http://search.proquest.com.ezproxy.gvsu.edu/docview/862146625

Olde, E., van der Hart, O., Kleber, R., & van Son, M. (2006). Posttraumatic stress following childbirth: A review. *Clinical Psychology Review, 26*, 1-16. doi: 10.10.1016/j.cpr.2005.07.002

Özyildirim, I. (2009). Narrative analysis: An analysis of oral and written strategies in personal experience narratives. *Journal of Pragmatics, 41,* 1209-1222. doi: 10.1016/j.pragma.2009.01.003

Parratt, J. (2002). The impact of childbirth experiences on women's sense of self: A review of the literature. *The Australian Journal of Midwifery, 15*(4), 10-16. doi: 10.1016/S1031-170X(02)80007-1

Riessman, C. K. (1993). *Narrative analysis.* California: Sage Publications.

Roscoe, K. D., Carson, A. M., & Madoc-Jones, L. (2011). Narrative social work: Conversations between theory and practice. *Journal of Social Work Practice, 25*(1), 47-61. doi: 10.1080/02650533.2010.530344

Sands, R.G., Bourjolly, J., & Roer-Strier, D. (2007). Crossing cultural barriers in research interviewing. *Qualitative Social Work, 6*(3), 353-372. doi: 10.1177/1473325007080406

Sands, R. G. & Krumer-Nevo, M. (2006). Interview shocks and shockwaves. *Qualitative Inquiry, 12*(5), 950-971. doi: 10.1177/1077800406288623

Soderquist, J., Wijma, B., & Wijma, K. (2006). The longitudinal course of post-traumatic stress after childbirth. *Journal of Psychosomatic Obstetrics & Gynecology, 27*(2), 113-119. doi: 10.1080/01674820600712172

Soet, J. E., Brack, G. A., & DiIorio, C. (2003). Prevalence and predictors of women's experience of psychological trauma during childbirth. *Birth, 30*(1), 36. doi:10.1046/j. 1523-536X.2003.00215.x

St. Piere, E. A. & Jackson, A. Y. (2014). Qualitative data analysis after coding. *Qualitative Inquiry, 20*(6), 715-719. doi: 10.1177/1077800414532435

Stark, M. A. (2008). Preserving Normal Birth. The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN). doi: 10.1111/j.1552-6909.2007.00209

Thomson, G., & Downe, S. (2008). Widening the trauma discourse: The link between childbirth and experiences of abuse. *Journal of Psychosomatic Obstetrics & Gynecology, 29*(4), 268-273. doi:10.1080/01674820802545453

Tuval-Mashiach, R., Freedman, S., Bargai, N., Boker, R., Hadar, H., & Shalev, A. Y. (2004). Coping with trauma: Narrative and cognitive perspectives. *Psychiatry, 67*(3), 280-293.

U.S. Census Bureau. (2014). State and County QuickFacts. Retrieved from: http:// quickfacts.census.gov/qfd/

van der Kolk, B. A., Spinazzola, J., Blaustein, M. E., Hopper, J. W., Hopper, E. K., Korn, D. L., & Simpson, W. B. (2007). A randomized clinical trial of eye movement desensitization and reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic

stress disorder: Treatment effects and long-term maintenance. *The Journal of Clinical Psychiatry, 68*(1), 37-46. Retrieved from: http://www.psychiatrist.com.ezproxy.gvsu.edu/privatepdf/2007/v68n01/v68n0105.pdf

van der Kolk, B. A., & van der Hart, O. (1991). The intrusive past: The flexibility of memory and the engraving of trauma. *American Imago, 48*(4), 425-454. Retrieved from: http://search.proquest.com.ezproxy.gvsu.edu/docview/1289647492?OpenUrlRefId=info:xri/sid:summon&accountid=39473

White, T., Matthey, S., Boyd, K., & Barnett, B. (2006). Postnatal depression and post-traumatic stress after childbirth: Prevalence, course and co-occurrence. *Journal of Reproductive and Infant Psychology, 24*(2), 107-120. doi: 10.1080/02646830600643874

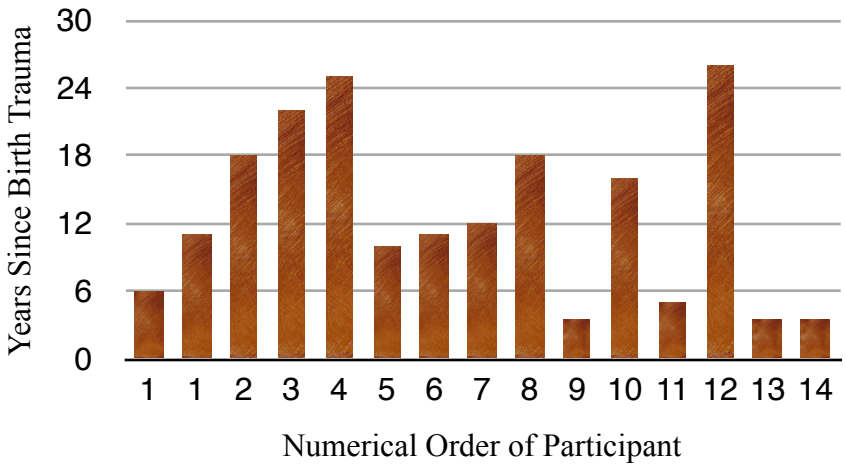
Whiting, L. S. (2008). Semi-structured interviews: Guidance for novice researchers. *Nursing Standard, 22*(23), 35-40. Retrieved from: http://search.proquest.com.ezproxy.gvsu.edu/docview/219839081?accountid=39473

Wigren, J. (1994). Narrative completion in the treatment of trauma. *Psychology, 31*(3), 415-423. Retrieved from: http://search.proquest.com.ezproxy.gvsu.edu/docview/198726633?pq-origsite=summon

Wikipedia. "Haiku." Retrieved from: http://en.wikipedia.org/wiki/Haiku

Zimmerman, G. H. (2013). Birth trauma: Posttraumatic stress disorder after childbirth. *International Journal of Childbirth Education, 28*(3), 61-66. Retrieved from: http://search.proquest.com.ezproxy.gvsu.edu/docview/1412226565

Appendix A: Years Since Birth Trauma of Participants



Appendix B: Representations of Individual Stories

I have titled this "Miriam's Story: A Tale of Fragments" because throughout Miriam's interview, the structure of her story was fragmented, meaning she told her story as pieces of her experience and the experiences were not told in sequential order. This is not, by any means, meant to reflect negatively on Miriam or her story. Her story is complex, spans a large amount of time, and has an overall theme of missing much information. Her story is an example of a woman who doesn't have a coherent narrative of her traumatic childbirth stories.

Miriam's Story: A Tale of Fragments

Traumatic birth,
Do I qualify?
Traumatic births,
Actually.

Teaching hospital,
Lots of residents.
Do I want the doctor alone?
I want to help them learn.

Water broke,
"You can't leave."
Residents,
Two epidurals,
Vomiting,
No pain relief.

What's happening?
I don't understand.
What is going on?
I don't know.

Pushing,
4 hours,
Baby is stuck,
c-section.
I don't want a c-section,
I give up.

What are they putting in my back?
"Husband, you can not come in."
Three spinal blocks,
"Doctor, please help me!"
Someone...can anyone help me?
Knocked me OUT.
Out cold.
What's that even called?

Did I have a boy or a girl?
My head hurts,
Sometimes I can't see,
Get me out of here.

Home in bed,
Nurse removes staples.
Sick,
"Go back to hospital!"
Blood patches,
I don't understand.
Traumatic.
I think I'm going to die!

Pumping,
I want to breastfed,
Baby had more bottle than me.
Whose baby is this?
Scar,
Stomach pain,
Terrible pain.
Something isn't right,
Nobody...nobody will listen.

Pregnant!
No!
Miscarriage,
Divine intervention,
Relief.

Four years later,
Pain continues,
Terrible pain.
Gasp.
"Don't worry, it'll go away."

One and a half years later,
Pregnant!
Terrified!
I don't want to have anymore babies!
I don't want to go through this again!
I'm not good at birth.

Kind new doctor,
Meet and talk,
Best anesthesiologist.
understanding.

8 months pregnant,
crying hysterically,
Panicked,
Afraid.
Arming for the battle,
called birth.
Kind scheduling lady,
Good listener,
Time spent,
Reassuring.
"We'll take good care of you."

Spinal worked,
c-section.
"It's a big baby!"
"Uh oh."

They put me out.
A second time.

"Dad, come look."
Organs on a tray.
"We need a surgeon!"
Organs fused together.
"Dad, you have to leave now."
"What's happened to my wife?"
"I don't understand."
Traumatic.

Woke up,
PAIN!
Burning pain!
Where's my doctor?
No visit.
No call.
No follow-up.
Only the nurse,
"They had to un-fuse your organs."

"Did they do a tubal?"
Please,
Tell me they did.
I can't go through this again.
NO third baby!

I call doctor.
She calls back,
Nine days later.
Laughter,
"Yeah, yeah, we did that."
Silly question.
I feel stupid.

"Doctor, I don't understand."
"What happened?"
"What is it called?"
Maybe I didn't need to know.

That baby,
Now 6 years old.
Finally,
I can do a sit-up now.
Long, long road,
To healing.

Doctor,
"Miriam, you weren't crazy."
"You didn't imagine the pain."
"Your organs were fused."
"That's what you felt."
Vindicated.
Validated.
Relief.

Mismanaged birth.
Took years,
But not mad anymore.
Teaching hospital,
Things go wrong,
That's part of it.

No more physical pain,
Holding me back.
I can go on,
I can move forward,
In my life.

can't watch births,
Make me physically ill.
Avoid maternity area,
And all things,
Pregnancy, birth and baby.
Not past that.
Will I ever be?

Husband,
My parents,
Husband's mother,

cared for me,
And the babies.
So much support.
I'm lucky.

"Doctor, I feel sad."
"Take this quiz."
"Do you want to hurt yourself?"
"Your baby?"
No,
I'm sad.
"You're fine."
"You'll be okay."
Bye bye.

Pediatrician,
My dad's friend,
"How are you, Miriam?"
He cared.
Showed support,
So helpful.

Doctors,
Powerful.
Ask doctor questions,
She laughs at me.
Foolish and stupid.
Shame on me.

Family and friends,
Had wonderful births.
My births?
Gory,
Terrible,
Most painful experience,
In my life.
Worst experience,
Of my life.

Nobody wants to hear,
No place to share,
My kind of story.
Keep your sob story,
Hidden.
That's expected.
In the end,
Healthy baby,
Be happy and grateful.
Move on.

community babies,
I couldn't care for them,
Physical limitations.
I wanted to breastfeed,
Too many medications.
Pump and dump,
Stopped breastfeeding.
I feel cheated.

No groups,
For shitty births.
No terrible births,
On television.
I don't fit in.
It's lonely.

Great relationships,
My kids and I.
Don't know details,
About their births.
It's better that way.
They know,
Born from my scar.
Should know a little,
It's part of their
Story.

To be a grandma,
Exciting someday.
New babies,
Without me birthing.
Great!
Healing.

Telling story,
Helpful,
Healing,
Healthy.
To relate to,
Be understood.

Birth,
Isn't always,
Wonderful and happy.
Our reality,
Deserves to be,
Heard and validated.
Thanks for listening.

"Sarah's Story: Indescribable," is written as a Haiku from the perspective of the surviving twin. I chose this style of representation because a Haiku is typically characterized by three qualities: the essence of a Haiku is *kiru*, which means "cutting" and is usually portrayed as the juxtaposition of two images or ideas and by *kigo,* which means "seasonal reference" (http://en.wikipedia.org/wiki/Haiku). Sarah's Story is one in which the celebration of a new life exists alongside mourning for a life that has ended much too soon. This juxtaposition of life and death exemplifies the nature of *kiru,* and *kigo* as this story represents a season in this family's life. Haikus are traditionally written in a 5, 7, 5 format, which I have adhered to in this representation.

Sarah's Story: Indescribable

something has changed
she's not kicking anymore
my twin's heart has stopped

mom and dad are sad
I can hear them both crying
at the hospital

they say "it's not time"
you're only 7 months along
let's keep him inside"

the sweet nurses say
"we will take good care of you
we are so sorry"

a sweet Pastor comes
to pray and read the Bible
she is comforted

perceptive nurses
take good care of all of us
we are so thankful

quiet time with God
it's completely in His hands
there is so much peace

they say "now it's time"
this new place is bright and cold
"come on baby breathe"

gladness then sadness
my baby sister is born
but she has passed on

she looks just like me
but she is not really here
she's in paradise

"it is your choice" says
the sweetest most darling nurse
"it's always your choice"

"to avoid regrets
will you hold and say goodbye
to your sweet daughter"

she's not really there
mom already said goodbye
will she wish later

mom will hold her but
she'd rather not see her face
or deceased body

they set up a room
in it was a rocking chair
it all seemed tacky

my little sister
all wrapped up in a blanket
held and rocked by mom

"now please take her back
thanks for the opportunity
she's with the Lord now"

she leaned into Him
He carried us the whole time
God is amazing

nurses took pictures
they gave mom the role of film
and sent us all home

mommy picked out a
cute yellow crochet outfit
to bury her in

helpful and healing
showed respect and dignity
for where she had been

a few years later
the pictures were developed
and mom looked at them

many pictures of
my sister naked and clothed
mom didn't like it

now they are hidden
but someday she will show me
she looked just like me

movies chocolate and
friends that were there to listen
were all priceless gifts

another baby
a normal beautiful birth
my little brother

two boys on earth and
two babies in Heaven
so sweet and precious

a life and a death
a birth and a funeral
only days apart

holding one baby
at your other's funeral
it's indescribable

"Becky's Story: Dear God" is written as letters to God. I chose this representation of Becky's story because it lent itself well to portraying the range of emotions she discussed in her interview. Becky describes herself as a believer and that her faith is an important part of her life and she also put words to some areas of her faith she wrestles with, both in how it relates to her experiences around childbirth as well as currently with some health concerns. I appreciate how she shared this dynamic and wanted to capture that in her representation.

Becky's Story: Dear God

Dear God, April 1, 1993

It is such a special privilege to have the responsibility of carrying this new life inside of me. I feel like a queen! Because you have given me this responsibility, I will do my part. I am working hard at eating well, I'm not drinking any pop, I won't even drink any coffee or eat any chocolate! I am walking every day and swimming most days. I want to do everything I can, God, to nurture my body during this time, to best prepare myself for a successful birth experience. We are young students though, and are worried about finances. But we know you will provide for us, God.

With Anticipation, Becky

Dear God, April 25, 1993

Why am I spotting and cramping? Am I going to lose my baby? If I do, how will I ever go to work and be around Sue and Mary, who are also both pregnant? I don't think I could, God. I'd be dealing with too much to be in such close proximity to other pregnant women.

With Worry, Becky

Dear God, October 10, 1993

I'm so thankful I didn't lose the baby and the rest of my pregnancy has gone well. Today at the doctor's office, I think they tore my membranes when they checked me for dilation, because now I'm leaking a little bit of fluid. I called the doctor and he said to go in, so we're about to leave for the hospital. The time is here!

With Excitement, Becky

Dear God, October 11, 1993

Labor progressed so slowly and very painfully. Induction was terrible. They gave me Demerol, which made me so, so tired. I kept falling asleep and would wake up in a lot of pain with each contraction. It was absolute misery! I started to not feel well so I asked James to ask the nurse to check my temperature, and I felt so frustrated as time and time again I would come to with a contraction and ask him only to fall out again and have it not be done. Finally, the nurse took my temperature, and I had a 104 degree fever! It was just misery with the fever and being sick and in pain. They gave me an epidural, drew some blood, and said we were in trouble, because I had an infection. They told me I had "failure to progress" with labor, but it was too dangerous to do a c-section until my fever came down. So I'm just laying here, waiting for the fever to come down so they can get the baby out. I feel so stuck. James doesn't know how to respond. I have NO choices, absolutely none. It's a really odd place to be, kinda surreal. But I'm a believer and I figure, if the worst case scenario happens, and I die, I'm kind of okay with that. My fever is down, and they're prepping me for surgery now.

With Peace, Becky

Dear God, October 11, 1993

The c-section went well. It was good to make progress. But they rushed in the x-ray equipment because the baby's APGAR scores were low and he didn't cry when he was born. So, they are putting the baby in the special care nursery. I really wanted...needed to nurse him, because we can't afford formula, but now I don't know what will happen.

With Concern, Becky

Dear God, October 12, 1993

They got my blood work back and I have a beta strep infection. They are giving the baby IV antibiotics because the doctor said if he contracts this infection, the consequences are permanent brain damage or death. James went back to work today so I was all alone when the doctor told me this; it's hard to deal with by myself, especially after just giving birth and being sick. I talked to the doctor about how I really wanted to nurse the baby and he promised they will set something up, give me a room or something, to nurse him in when I come in after I'm discharged.

With Trepidation, Becky

Dear God, October 14, 1993

They've allowed me to nurse the baby a few times, but then, as things change in the hospital, and they have to, they're saying I can't nurse him anymore. It's taking too much energy and he's getting a lot more with formula feeding. This tells me he's struggling and it's brought up another level of concern. It's a big disappointment, too, because I feel like I'm being kept from my baby, and that's a little hard. Then today, when I came in to nurse him, a nurse and then a doctor told me they don't want me to come in for a few days, because I have a bad cough. The doctor said if I don't get rest I'm going to end up getting pneumonia because I'm very sick and have been through a lot. I was very upset...it was a very upsetting day.

With Sadness, Becky

Dear God, October 15, 1993

The night I came home from the hospital, I was so depressed about coming home without my baby. But when we got home, sitting inside our apartment door was a large box from my high school best friend and her mother, with things for the baby inside! It was perfect timing, it gave me just the lift I needed and made me feel loved and cared for, and gave me hope. There was a cute little layette, baby blankets, baby bottles...it was so appreciated! Thank you for your blessings in this difficult experience.

With Gratitude, Becky

Dear God, October 27, 1993

We were able to bring our baby home after 7 days in the special care nursery! He is doing great. I left his hospital bracelet on for a week though...I don't think most parents do that, but I was worried and wanted to know they could scan that and know who he is and what his background is right away, if he needed to go back to the hospital. I guess it was once I felt like things were going to be okay that I decided I could take my baby's bracelet off. My mom is here, too, and that has been so helpful. Having people take care of me is really healing. She's been a big support when I'm trying to nurse the baby and he is struggling. She was so reassuring through that. The lactation consultant has been so helpful, comforting, and encouraging, too, and provides a kind of sensitivity and understanding I think most doctors don't have. It's such a relief to have him home, no more IVs, to dress him in his own clothes and see him in his own crib!

With Gratefulness, Becky

Dear God, November 5, 1993

Things are really normal now. The baby is nursing on demand which is so nice. It's all normal motherhood stuff going on now - being exhausted and dealing with things like if I can take a shower and shave both legs in the same day! I'm feeling better now. It's been so kind of people to bring meals and gifts. It's been so healing when family and friends come to visit and I can present my baby to them, to share with the people important to me this big thing that happened in my life. It's been a corrective experience for me.

With Relief, Becky

Dear God, May 7, 1995

I'm pregnant again. My mom is very unhappy about this, she said I haven't had a chance to fully recover from having my first baby. Her unhappiness is devastating to me. I'm about half way through this pregnancy now, and I look back on my first labor and delivery and just cry, and think I just can't go through that again. I'm really afraid. I'd rather die than go through that again.

With Fear, Becky

Dear God, September 18, 1995

I now know that birth doesn't have to be such a nightmare! This second birth experience, a VBAC, was pretty easy. Some women don't know what they're blessed with, when they have an easy labor and delivery.

With Joy, Becky

Dear God, September 19, 1995

I spoke too soon. I developed a bad infection where I tore during the VBAC. And they left a piece of gauze inside of me, which they found on an ultrasound, so I had to have a D and C. That was not very pleasant. I can't believe this is happening after what happened with my first birth, and then this labor and delivery going so well. Why does something always have to happen? It's totally unfair.

With Injustice, Becky

Dear God, December 8, 1999

My third birth was uneventful, and for that I'm grateful. My fourth birth was the easiest and shortest. It was such a blessing to have gone through labor and delivery this last time! This birth was completely natural; it was so nice to have a normal delivery, an ideal birth! I really wanted to have a baby without an epidural, just to prove that I could do it, and I did! I had so many more choices during this labor, like I could walk around, and my family practice doctor, who I knew well, trusted, and loved, delivered this baby. As soon as the doctor handed me this baby I stopped and gave you thanks, God. Thank you, Lord; you have really blessed me. I am deeply, DEEPLY grateful for this experience.

With Thankfulness, Becky

Dear God, March 11, 2014

I tend to be a realistic person. I don't want to think that you are always going to provide, are always going to heal, because sometimes, you don't. I don't want to exclude your ability to heal, either. I think we have to leave room for both. It's healing when people come along side of us and support us, for people to be honest and forthright, acknowledging what's really going on. Maybe not being overly

optimistic or pessimistic, but honest. Not dismissing our hurts. To say "this is something that will change us forever, but we're going to get through it." It's powerful to share our birth stories.

With Restoration, Becky

Jessica's Story

We weren't going to have kids.
That was an agreement we made when we got married.

There's something bigger to life...
we got pregnant.

Doctor: **"I know this isn't what you want to hear, but your child isn't going to make it."**

This is too big for me.
Too much for us to handle alone. We started seeing a grief therapist.

My unborn son, he's active, he's moving inside.
"But you said he was going to pass away inside of me, he hasn't, **how am I supposed to deal with this?!**"

I'm getting bigger. People say "Happy Mother's Day! Congratulations!" It was awful.

The hardest thing:
knowing that I had to have him,
I couldn't extend his life by giving mine.
He only survived because he was inside of me;
without me, he wouldn't survive.

I wanted to protect and honor our son.
We wanted his birth and
death to be gentle.

It felt awful, but we laid out a series of 6 requests to the hospital:
no students, limited staff, NO lifesaving methods...
The last thing I wanted was any life saving methods,
extreme measures...any panic.

Days before our anniversary...
it will never be the same.

By c-section...
He was born, alive.
They brought him to us. And we held him.
He passed away. It was a gentle process.

Our counselor came. She held him.
A handful of family came. They held him.
Photographer friend, took pictures.

I was **DEVASTATED**.
I felt like my life was ending.
I've never grieved so hard in my life.

I was prepared to nurse a baby, but I had no baby. I was picking up ashes.
I was dealing with things you never anticipate dealing with as a mom.

Counselor: you don't have to wear this as a crown of thorns for your whole life.

Monk: the things that weigh you down,
pretend they are in suitcases.
Put them down and walk forward.
They're still there, you don't have to forget them.
You just aren't carrying them around anymore.

I had a healing ring I decided to wear until I felt like I had healed;
then a friend lost a son, and I gave it to her.

I have a little star in my car that's his.

This necklace, my husband helped create, is my family, always close to my heart.

I got letters from other women who lost babies back in the 50s and 60s.

Ashes in a beautiful silver heart.

Someone gave me a little angel for my pocket.

We continued to see our counselor. I knew if we didn't, we wouldn't make it.

I got the care I needed because I kept reaching out for it.

After I lost my son,
I had two more pregnancies and miscarried.
I gave up. We gave up.
That's enough heartache for anybody.
We started the adoption process.
And I got pregnant.
I was pissed!
My son is now 10 years old.

My heart shattered, like somebody cracked me open
and my heart literally fell out on the floor and broke,
and it got put back together in a different way.
It was beautifully awful.

It was traumatic, and led up to my life now.
I have a miracle baby.

I would never change a single part of it.

I wouldn't change what it did to me,
I wouldn't change how it changed my perspective.
Because that moment gave me a window into what's really important in life.
I realize life's way too 'effin short.

Now I know, things can always be worse.

Susie's Story

I was the happiest pregnant woman ever!
I was reading about pregnancy, attachment, all about infant development.
I was just so excited!

I really, really didn't want an epidural.
My husband said his first wife got up on her knees, squatted and pushed the baby right out.
No epidural or anything.
Well, if she can do it, I can do it.
But, I couldn't believe how hard it was. I asked for the epidural.
It was SO HARD! I was pushing so hard.

When she came out, meconium came out. They didn't mention that right away.
They brought her up onto me, and she was blue.
The nurse took her and ran.

I didn't see her until later the next day.
That's when they told me she almost died and it was serious.
It was one of the worst cases of meconium aspiration they had seen.
They told me not to talk to her, because if she lifted up her body even a little bit, she could suffocate on her own lungs.
That scared me.

On the third day, they said I could say hi to her!
She reached towards me with both arms and I saw how they really do know your voice!
By the afternoon they let me hold her and she was such a smart little thing!
The nurses could pick her up and put her back down, but if I went to put her back down she cried and was immediately comforted when I picked her up!

The doctors and nurses did things to reassure me of how important I was as her mother.
They put a blanket on me to get my smell on it and then put it on her.
They were so comforting. That was helpful in the healing.

On day 6 we got to go home. That year, the flu was bad.
The fear of her getting sick stayed with me longer than it should have.
I didn't want her to end up back in the hospital.

I was just astounded at how smart she was!
She did everything before all the books said she would.
She was off the charts for everything!
By 3 months old she was already showing signs of a secure attachment!

When she was 18 months old, she was diagnosed with diabetes and I've been anxious about her health ever since.
It was like right when things started to settle down for me about her health, she was diagnosed.
When she started having symptoms, I thought maybe I was being overly cautious because of the whole birth thing...I'd been anxious since the day she was born.
And then in first grade she was diagnosed with Celiac disease.

My mom and I would sit on the couch and talk and pray.
Having people, social supports and support from healthcare professionals was really helpful for me.

We tried to have more children but I had a miscarriage and I decided it was too much, we were done.
She's such a smart, friendly kid!
She's done really well!

Lily's Story

I have an 18 year old son, and when he was about 4 we started trying to have another baby. I had two miscarriages prior to carrying this baby girl. We found out 4 months into the pregnancy that we were going to lose her.

My doctor wasn't very helpful, so 5 months into my pregnancy I got a new doctor and she was amazing! She put me in touch with a therapist and I started talking with her a lot.

I think the hardest part was being very pregnant, knowing that the day I delivered would be the day she died. It was like, morning for months, carrying her knowing she was going to die.

People would comment on your pregnancy, in an innocent way, but I felt very violated from it. I didn't want to talk about my pregnancy, I wanted to ignore it because it was so hard. I had to quit my job, I just couldn't do it knowing the baby alive inside of me was going to die the day she was born.

When I was in labor, the nurse said "I know you don't want to birth her because as soon as you birth her she's going to die." And it was so hard, so hard to push knowing within minutes she would pass away. As long as she was in me, she was still alive, she was my little girl, she's my baby who I tried for for so long.

When I finally was able to birth her, my husband and I were able to hold her, and within an hour and a half, she passed away in our arms. That was really hard, but it was almost like a relief because when she passed it was like we could start to heal, because for months we knew we'd lose her.

One of the things that got me through was knowing I could try again. I kept saying to my husband "promise me we can try again" and he had a hard time making that promise because this was so hard, but I said "I HAVE to know that we can try again because that's the ONLY thing that's going to get me through this!" About 4 years after I birthed her, we decided we were ready to try again.

I have a lot of physical reminders of her. I got a tattoo, I wear a little ring that my mom got with my daughter's name and birthdate on it, I have an album that has pictures of her and a journal I kept during that time, with letters and cards people sent me inside.

Had I not had that counselor, I think I would have really felt alone, because other people...they talk to you for a while, but they don't know what to say. After a few weeks or a month they kinda forget, but you never forget. After a year or two no one brought it up anymore, it was like she never existed, and to us it was like yeah, she existed! I don't want to forget about her, I want her to be remembered. Only my husband and I remember her birthday. I wanted to talk about it even if it made me sad and made me cry.

Afterwards, I went through a stage of drinking too much, and I remember my sister saying "what are you doing?!" And I would get mad and yell at her and tell her "you don't understand!" She didn't understand and I don't think she was trying to. What I was doing, it wasn't helping, but I wanted people to see why I was doing it, not what I was doing.

People don't want to make you sad, but that sadness helps you heal. Talking about it and crying about it and reading about it - helped me heal and helped me move on.

My doctor put me in touch with other women who had a similar experience and just knowing I wasn't alone was helpful. Our first son, he was 5 at the time and it was hard talking to him about what happened and why mommy was always crying. I still had to be a mom to him and that was hard, but helped in a way, too.

Now we have an almost 8 year old. It wasn't an enjoyable pregnancy. He was due in mid-September and I went to the doctor's office in August and she said "I think you need to birth him early" and I was like "what?!" He was born very quickly and went right into the NICU and was there for 28 days. The NICU kept reassuring us because having our last experience, we were just really scared. The hospital was a scary place, it wasn't a happy place.

My husband wasn't excited or happy. He was just really down and afraid something was going to happen. I was basically the only one at the hospital every day for like a month, and that was really hard. My husband kinda came around about a week before we brought him home. He was my rock; he held me up for so long that he never had the chance to grieve, so when I did get stronger, it was almost like it was his turn.

I was determined to breastfeed and it was really hard after he was in NICU for a month, but I was like "I am going to do this!" And I did! I nursed him for almost 2 years! It was so worth it, it was way worth it.

I look at my son now and I'm like, well, my daughter didn't die in vain. I would never have my son if I still had her. It's not like I wanted to trade one for the other, but I just love him so much, I can't imagine life without him. But it's hard because I wouldn't trade one for the other, but I wouldn't have know him if I'd had her. I don't know...it's not a trade.

I could see myself still being really regretful if I wouldn't have had another child. I needed to have that other baby.

After a while, it did get better. Time does heal. Time never lets you forget, but it does help you to heal. And it took a long, long time.

Betsy's story is written from the first person perspective, as if she is telling the story to a group of women. The listeners' presence is not seen or heard, however. I wrote this representation in this way because Betsy was comfortable telling her story; it's evident by the coherence and structure of it that she has developed and told her story before, so in essence, it was like her story is prepared to be told, in front of this *imaginary* group of women. Into her story, she weaves words of wisdom, points to consider, and nuggets of advice to other women, as well as others who work with women in the perinatal period and beyond. At the conclusion of her interview, she said "It's been kinda nice today to tell it, I think it can be helpful. It might be helpful to someone else, somewhere down the road to hear it, and not be alone with that." That statement captures such an important aspect all the women in this study spoke about - feeling alone in their birth trauma and the reason many participated - to help other women not feel so alone. I am appreciative of Betsy sharing her story with me and for the wisdom she possesses and so eloquently shared.

Betsy's Story: To Blossom

When a seed is planted, it holds great potential. The potential of new life, the potential of blossoming into a flower, the potential of bearing fruit, and the certainty of struggles along the way. It also embodies great mystery. The mystery of what type of flower it will be, what color, shape, and size. The mystery of it's fragrance.

A seed's roots grow down and it's stem grows up. It's a natural process, one that is not questioned, but just happens. The roots provide stability and bring forth nutrients for the growing plant. Without much effort by the plant itself, it's stem continues to grow and soon emerges from the protection of the soil. It's possible for a number of things to happen to the stem once it emerges - it may get trampled, it could get eaten, or it might be overshadowed by a taller, more established plant. But if it survives these potential threats, it blossoms into a beautiful flower. This flower, a rose, symbolizes happiness, love, innocence and purity, and embodies beauty in it's petals and pain by way of it's thorns.

It endures rain, pelting it's delicate petals, but ultimately the flower is better off from the rain. The threats it endures don't leave it unscathed, though, for the flower is never quite the same after it loses some of it's petals to raindrops, or is nibbled on by a rabbit. But the rain may

help the flower shed it's outer, damaged petals, to reveal inner, more beautiful ones. For a time, if it's roots remain strong, it's stem unwavering, it receives the nutrients that nurture it, and has some good luck, it's beauty will radiate.

And then, as the season changes, the threats become more than the flower can endure. Only the densest parts survive, lying dormant in the harsh time of winter. But with the spring, the green of the plant reemerges, and the flower and the spirit experience rebirth. Birth also holds the potential and mystery of new life. New life of the baby, new life of the mother, and new life of the family. There is much mystery within the experience of birth and the potential for...the certainty of both beauty and pain. And just as each flower is unique, so too, is every birth.

Betsy's story is one of the expectations of a seed to grow and blossom into a flower, the threats (realities that don't align with expectations) she encounters along the way, and then, ultimately, how she, her story, does blossom into a beautiful flower, with everything that has led up to her rebirth remaining a part of who she is.

I had a great pregnancy. It was so good that I thought "I'd like to give birth at home." That was NEVER going to happen, but that's how good and natural it all felt. I'd been reading books on childbirth and going to childbirth classes; I knew exactly how I wanted this all to go. I thought "I'm going to blossom like a flower!" And then, my water broke, and it was COMPLETELY black and I was just sure it was a tidal wave that had happened in my bathroom! So, off to the hospital we went, but when we got there, I didn't tell anyone what had happened. Back then, 25 years ago, babies that experienced meconium aspiration could get really sick and die. I had some understanding of what had happened, and I just wasn't even going to think about it...I wasn't going to go there. I had complete control over how it was all going to be. And then, they asked me for a urine sample. "Okay!" I gave it to them and they came back out and said "Um, did your water break?" "Well, yes, it sure did!" "What color was it?" "Oh, it was BLACK." And at that moment, everything changed. It turned into a critical scenario. They put me in a bed, got me on oxygen, and started prepping me for surgery. But, I had taken the childbirth classes, I knew how I wanted my birth experience to go, and so even though I knew what they were doing, I wasn't going to go there. "Husband, I need my lamaze socks, can you get them out of my bag please?" "Oh, I need my little focal point thing, too. Could you get me that?" My husband knew there was no need for lamaze socks or a focal point, but also in childbirth class he learned to be obedient and do what your wife says when she's in labor! Even as they were wheeling me in for surgery, I was yelling "get my socks out of my bag!" I was still in my mode of how things were going to be.

They put me under general anesthesia, and that was critical for me - the fact that I wasn't awake; I wasn't really there for the birth. My husband couldn't be in the room because I was under general but he had the baby in a matter of moments. I woke up in the intensive care unit, with a nurse pushing on my tummy. I was so out of it, and I mentioned a baby and not knowing why I was here and she said "I don't know anything about a baby."

Shortly after I heard my husband coming down the hall, and he said "oh, she's beautiful, she's beautiful." I was so drugged up and wasn't even sure if I had a baby. There was such a disconnect for me - no control...no choice.

I ended up being in the hospital for two weeks because I acquired an infection from the surgery. I was critically ill - I had machines doing most things for me. I remember opening my eyes and seeing my husband and mom feeding the baby a bottle, but then I'd close my eyes again. I was really ill. They didn't know if I was going to survive. My husband and baby lived in that room with me for two weeks.

About day 7, things started to turn around for me medically. A nurse came in and said "were you wanting to breastfeed?" "Yeah, I was hoping to." I had no idea this opportunity was even possible at this point. This wonderful, amazing nurse said "well, you still can." She validated my desire to breastfeed, empowered me to make the choice, and celebrated when my milk started flowing. My daughter breastfed for about a year. It was HUGE in me developing a relationship with her. It was just perfect, just beautiful. And I believe, even though all the rest of that was taken away, by having that opportunity to breastfeed her, to be given that opportunity, was really healing.

I remember everybody referencing my daughter as "oh, we've got a good baby" like she was great, she was pretty easy, she was healthy...and it was like that was the goal, to have a good baby. But, that wasn't even the point, really.

For the next 6 to 10 months, I was wrestling with this idea that I had gone into the hospital to give birth and almost died. I was having a hard time making sense of how a natural experience that I was working towards turned into something that almost took my life. I'd never faced my own mortality before and it was startling. Nobody was talking about it, either. My family was just so happy that I survived and was getting better. And I was on the

outside, but on the inside, the experience was really profound. One day, I got a bill in the mail, for the care I received and time I spent in the ICU. At the time, I was a hospital employee, and I didn't receive bills from the hospital. I was baffled over how I went in to give birth, and now was getting this bill. I kept calling people and saying "I'm not sure why I'm getting a bill, I just came in to have a baby, and now I have this BILL!"

I remember that it was really hard to tell my birth story, because I didn't have a birth story...I'd been under general anesthetic, so I just didn't have it. The story I had was just pieces and so wanting to find out what happened to me and this confusion over getting a bill, brought me to the medical records department, where I read through everything that happened to me - who was in the operating room, who took her out of me, what they did for her when she was born...and that was SO helpful for me. I was able to fill in the details to my birth story...and then I paid my bill!

I also began asking my husband, mother, and sisters, who spent a lot of time with me during my hospital stay, what their perspectives on my situation were. They validated my thoughts, which helped me feel less alone and less victimized by the experience. I felt empowered and my birth story became my own; I owned my birth story.

When my daughter was about 18 months, we were going for a walk and I remember the way she was holding my finger as we went for a walk and I felt a sense of pure joy, it was an overwhelming feeling. We were inseparable, like one, and I was just so happy. It's possible that's when I let go of some of that afterbirth experience; it took a while to get sorted out. And there was a big spiritual component to all that sorting out, a deepening of faith. It was a challenge, but at the same time, I wasn't alone in that walk.

I got pregnant with twins, and my doctors were so supportive, validating, and understanding of my wishes of how I wanted to have some choices, if possible, in this next birth. They developed a plan with me for the twin's birth, to help prevent that happening again, if they could. They didn't want that kind of experience for me the first time and they sure didn't want it again. I always felt considered by them and kind of tended to. For this second birth, I insisted on being awake, I didn't want to miss this one. I wanted to meet the people who were going to be in the room ahead of time, I wanted my husband to be in the room, and I wanted an operating table that was standing up, because being pregnant with twins I

couldn't lay down flat, because I couldn't breathe. My doctors didn't want any of those things taken away from me, they wanted it to be different this time, and that was really healing.

And it was different. I was awake, I held them in my arms immediately, my husband was there, I have pictures...it was joyful. A very different birth. And at that point, I accepted the first birth and focused on what I got. She was a good baby, she was healthy, and I had recovered.

So, my body didn't blossom like a flower; my first birth looked very different than I thought it would. For a while, I would ask "what chapter didn't I read; what childbirth class did I miss?" It was my way of saying "hey, there's a gap, here." I think we do women a disservice when we don't acknowledge there's this whole other side to birth. And I think for me, it set me up to complicate my feelings, the internal conversations I had, over my inadequacies...this sense that I missed the boat, that I'd failed somewhere.

The biggest lesson for me, was that there's only so much you can control in a birth experience. We have very little control over it...maybe some choices as you go along. I had come to a much more realistic viewpoint on birth. I just respect the birth process.

Birth stories, and those early experiences of mothering, are ones that people will tell again and again; they're fascinating. And there's a reason for that - they hold so much meaning and there's relationship stories within those stories. There's anticipation, fear, love, and acceptance. It's so good to tell our stories. It helps us blossom.

Appendix C: Study Advertisement

My name is Jennifer Brammer and I'm a graduate student pursuing a Master's of Social Work degree at Grand Valley State University in Michigan. I am currently doing a research study on traumatic birth and what helps women heal from a traumatic birth experience. I have experienced a traumatic birth and in going through the process of healing from my experience, I have become interested in learning more about what other women who share a similar experience have found helpful in their healing process. As part of this research study, I am looking for women who would be willing to share their stories and what has been helpful in healing from their traumatic birth experience.

Attached you will find a study description with more information about participating in this study. If you have any questions and/or would like to participate, please contact me. Your participation in this study will be kept confidential and anonymous to everyone but myself.

A few things to consider regarding participation in this study:

- You must be 18 years of age or older to participate.
- Your traumatic birth experience must be a minimum of three years before participating in the study.
- This study is looking at women's stories of birth trauma and what was helpful in healing from the experience.
- Interviews will last approximately one hour (can be longer if you wish) and can be done in-person with the interviewer or by phone. The interview will be audio-recorded.
- If you are currently involved in litigation as a result of your traumatic birth experience, you are not eligible to participate in this study.
- If you have been diagnosed by a professional with Post-Traumatic Stress Disorder (PTSD) you are not able to participate in this study.
- Only the researcher and thesis committee chair will have access to your information. All information will be kept secure.
- The results of this study will be shared in a variety of formats, but no identifying information will ever be used.
- You will be invited to participate in a second interview 7-10 days after the first, in which the researcher and you can get clarifications and make additions or changes.
- Should you feel it necessary, you may stop participating in the interview at any time.
- The researcher is not qualified to provide professional support to you, however she can provide you with contact information for professional support should you want it.

Warmly, Jennifer Brammer
231-218-5203; brammerj@mail.gvsu.edu

Appendix D: Study Description

TITLE: In Their Own Words: Healing from Traumatic Childbirth

RESEARCHERS: Jennifer Brammer (Principal Investigator)
Cray Mulder, Ph.D., LMSW, Social Work (Faculty Advisor)

PURPOSE: To gain knowledge of what helps promote healing for women after experiencing traumatic childbirth or birth trauma.

REASON FOR INVITATION: To provide insight of what helps promote healing from traumatic childbirth or birth trauma.

HOW PARTICIPANTS WILL BE SELECTED: Participants are eligible to participate who identify themselves as having experienced birth trauma or traumatic childbirth a minimum of three years before participating in the study, are over 18 years of age, and are willing and able to participate in an audio-recorded phone or face-to-face interview about what has been helpful in healing from their experience.

EXCLUSIONS: Women who have received a diagnosis from a healthcare professional of Post-traumatic Stress Disorder and/or who are currently involved in litigation as a result of their traumatic childbirth are excluded from participating in this study.

PROCEDURES: Participants are invited to participate in interview(s) with the researcher to be completed by phone or face-to-face, which will last for approximately one hour. The participants will be invited to participate in follow-up interviews to take place 7-10 days after the first interview, in which both the interviewee and interviewer will have the opportunity to make clarifications; this will take between 5-30 minutes. There are no out-of-pocket costs to any participants or any payment for participating in this study.

RISKS: This study is a description of healing from birth trauma, not the birth experience itself. The traumatic birth experience must have occurred a minimum of five years before participation in the study. For these reasons, this study has minimal risk to participants (no more risk than likely in their daily life). If, at any time during the interview, you feel uncomfortable in any way, or if the researcher feels it is not in your best interest to continue, the researcher will provide you with contact information for professional support services and discontinue the interview.

VOLUNTARY PARTICIPATION: Your participation in this research study is completely voluntary. You do not have to participate and you may quit at any time without any penalty to you.

POTENTIAL BENEFITS TO YOU: Sharing what has helped in your healing process can be a positive part of your healing journey and is an acknowledgement and validation of your

successes in this area of your life. You can also feel satisfaction in knowing your participation can benefit other women in similar experiences.
POTENTIAL BENEFITS TO SOCIETY: By participating in this study, you can provide insight into what has been helpful in your healing process in hopes that other women can be empowered to ask for what they need to heal and care providers across disciplines can offer these supports to other women who have experienced birth trauma.

PRIVACY AND CONFIDENTIALITY: All the information collected, including audio-recordings will be password protected and only the researcher and thesis committee chair will have access to them. The audio-recordings of your interview(s) will be deleted once transcribed, within 7 days after the initial interview. Any use of your story will be done in such a way as to ensure your anonymity.

DISSEMINATION: Findings will be shared, potentially, in written documents, published studies, and/or presentations. Please note, no identifying information about you will be shared at any point, with anyone. If you wish to learn about the results of this research study, you may request a copy of the final paper by contacting Jennifer Brammer.

POST-STUDY SUPPORTIVE SERVICES: The researcher is a graduate student and is not authorized to provide counseling services to any of the participants. Should you feel that you might benefit from professional support, you may contact Hopeline at 800-442-HOPE (4673) or The National Suicide Prevention Lifeline at 800-273-TALK (8255).

If you have any questions about this study or would like to talk with the researcher before or after participation, you may contact the lead researcher, Jennifer Brammer, at:
Phone: 231-218-5203
E-mail: brammerj@mail.gvsu.edu

You may also contact the following, with questions or concerns:
Human Research Review Committee
Grand Valley State University, Grand Rapids, MI.
Phone: 616-331-3197
E-mail: HRRC@GVSU.EDU

Appendix E: Semi-structured Interview Guide

☐ **Brief intro of myself**

☐ **Participant's preferred way to be addressed**

☐ **General location**

☐ **Informed consent**

☐ **Ask if participant has any questions**

☐ **Share a little about myself w/participant**

☐ **Ask participant basic questions and to share a little about herself**

☐ **When participant seems comfortable, move into questions about her healing experience**

☐ **See following page for prompts and probes during interview.**

☐ **Is there anything else you'd like to add?**

☐ **What is the one thing you'd like me to take away from this?**

☐ **Thank the participant.**

☐ **Ask if participant would be willing to participate in a follow-up interview in 7-10 days; explain that it's an opportunity for both you and her to get clarification and add anything she's thought of since the first interview. If she is willing, schedule follow-up interview.**

Some probes are: Could you tell me more about that?, Could you share an example of what you mean?, Echo (repeat what the participant has just said) and then ask what happened next...

- **Some prompts are:**
  - **What are some ways nurses/Drs/care & service providers have been helpful/ supportive? What are some ways they weren't helpful?**
  - **How have your family/friends been helpful/supportive? What are some ways they weren't helpful?**
  - **If you could tell others what they can do to support you as you heal, what would you tell them?**
  - **What are some specific things you did for yourself during healing that was helpful?**
  - **What are some specific things others did for you that were helpful?**
  - **If you have a message to other women who have shared a similar experience, what would it be?**
  - **What are some things that you wish others would have done to help?**

Appendix F: Professional Support Contact Information*

Hopeline: 800-442-HOPE (4673)

Search by country: http://www.befrienders.org

The National Suicide Prevention Lifeline: 800-273-TALK (8255)

Search by state for Accredited Crisis Centers: http://www.suicidology.org/crisis-centers

National Center for Post-traumatic Stress Disorder: 802-296-6300

Postpartum Support International: 800-994-4PPD (4773)

Postpartum Moms: 800-PPD-MOMS (773-6667)

*http://www.womenshealth.gov/mental-health/hotlines/