

BIRTH TRAUMA – a baby’s view

by

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Birth trauma is something of a paradox. It is one of the most extensively studied of all the traumas that affect large numbers of people, yet it is an area in which the majority of the population remain completely unconscious. There is very little awareness amongst the public as a whole and particularly amongst health professionals that the birth journey, as well as the effects of any interventions that might accompany it can be a source of significant physical, emotional and psychological stress and trauma for the baby.

The aim of this article is to provide an introduction to the way in which babies can be adversely affected by the experiences of their birth. This is not to negate or in any way diminish the effects that the birth process can have upon the mother, but in our modern technologically advanced society we seem to have lost sight of the fact that babies are having their own experiences at this time as well.

The word trauma itself is particularly emotive. It conjures up the worst images of war, famine, violence and disaster – conditions that few people in modern-day western society encounter. However, what is not commonly recognised is that whilst comparatively few of us experience these more extreme situations, trauma actually plays an important part in all of our lives. The effects of these “everyday” traumas can be just as debilitating. Examples of such traumas include divorce, redundancy, bereavement, car accidents, medical diagnoses and surgery.

However, the most significant traumas that affect us all to a greater or lesser extent, are those that occur in the earliest stages of our life – throughout our time in the womb, during the birth process and in the early years of childhood. Whilst it is true to say that the earlier the trauma occurs, the more significant its impact upon us, birth trauma has a particular significance that is often overlooked.

The birth process is more than just the means through which we come into this world. It is the first major period of transition in our lives. This transition from our experience of being intimately connected with our mother, whilst in the womb, to gradually separating and individuating, once we leave the womb, affects us not only physically but also emotionally and psychologically. The effects of this transition can range from mild to severe depending on the nature of the birth.

The events of our birth (as well as our prenatal experiences) set the foundation upon which we build the structures of our later life, ultimately impacting our physical, emotional and psychological health. Consequently, adverse events that occur during this formative phase can have potentially far more wide-ranging effects than if they occurred later in our lives.

Babies are far more conscious and aware, even as newborns than we realise. They are also incredibly sensitive to what is going on in their environment. Unlike adults, babies do not have the option of fighting or fleeing as a response to threatening or overwhelming circumstances. As a result, the only option left available to them in these circumstances is to freeze. This makes them much more vulnerable to the effects of overwhelm and traumatisation than adults, or even older children.

Birth Dynamics

Babies have a biological imperative to birth themselves using their own impulse (together with help from the uterine contractions and mum's pushing) and then to connect immediately with mum in order to begin to bond. Anything that gets in the way of this natural impulse can be perceived by the baby as threatening and therefore becomes a source of possible overwhelm and traumatisation.

Each part of the birth journey has both physical and psycho-emotional effects. The physical effects involve the compression, twisting and tensing of the baby's head, neck and body in very specific ways. Whilst a lot of this compression can slowly work its way out of the system after birth, the baby that has experienced overwhelm may actually keep these patterns locked up in the body potentially creating specific health and developmental problems later on. Many behavioural and learning difficulties in older children can often be traced back to birth patterns.

The particular psycho-emotional patterns that have their origins in the birth process include how we relate to pressure, stress and time, decision making, and our ability to initiate and complete projects. How each of these plays out in our own lives will depend on the specific nature of our birth.

The effects of these patterns can be very long-lived. For example, a baby born as a result of a very long labour may have experienced a great deal of compressive force throughout the birth. This can lead to a high level of muscle tension and rigidity within the entire body, which may be the cause of future health problems. As well as this, as a result of this labour they may develop a high tolerance for pressure and stress and may even be attracted to high pressure environments as they grow up as a way of unconsciously re-enacting the dynamics of their birth.

What about interventions?

The use of interventions in the birth process is very commonplace today and their use is hotly debated and often contentious. Natural birth advocates state a woman should be allowed to give birth in a way that fully supports and empowers her. I fully agree with this statement. However, not every woman will feel fully supported giving birth free of technology and interventions. For many women, the birth process can be a frightening and painful experience and interventions play an important role in helping a mother navigate her way through this process. Also, even with the best of intentions, and a well scripted birth plan, sometimes things just do not go as planned. There are however, times when interventions are applied inappropriately, insensitively or as a matter of routine rather than as a specific medical necessity.

The effects that interventions have upon the baby depend upon the way in which the interventions are applied and how the baby perceives it is doing in its birth. If a baby is in genuine distress and unable to complete its birth journey on its own, it may perceive the interventions as a potential life-saver, rescuing them in a time of crisis. If, however, the baby perceives that it is doing ok on its own, then it may perceive the intervention as invasive, intrusive and interfering with its natural impulse. Both of these scenarios can set up a long-term dynamic about needing to be rescued, or feeling intruded upon, particularly in times of stress.

Overall, the general effects of interventions are to both amplify and complicate the physical and psycho-emotional issues associated with the normal birth journey, thereby increasing the intensity and likelihood of traumatisation. These effects can often occur even when the interventions are medically justified or needed by the mother in order to help support her with the birth. For example, when forceps are applied to the sides of a baby's head the baby may perceive this as something cold and hostile and try to withdraw defensively away from them. Unfortunately, the baby can't get away and, as a result many babies freeze and can become traumatised. The effects of this are compounded by the strong compressive effects of the forceps coupled with the over-stretching of the muscles, nerves and other tissues of the neck.

One potential long-term effect of the use of interventions such as forceps is that the baby learns to perceive any touch or contact to its head as being cold, hostile and threatening and immediately becomes distressed. This can over time lead to an avoidance, or even rejection of touch and/or intimacy.

Many of the conditions that affect babies are considered to be normal. I have heard many anxious mothers report that medical professionals have made statements such as "yours is just a sick baby" or "you are just unlucky in having a baby that cries a lot". There is little, or no, understanding that these symptoms can be produced by traumatic early influences. Trying to address the symptoms without looking to resolve the underlying cause is like turning off a fire alarm while the building continues to burn. William Emerson, a

leading authority on the treatment of babies and young children, made the following statement about this matter.

“Most parents and professionals consider it ordinary for infants to awaken during the night, cry for long periods, have gastrointestinal distress, or be irritable. Few parents or professionals have seen trauma-free babies, so few have experienced babies who are symptom-free.

In addition, few have glimpsed the human potential that is possible when babies are freed from the bonds of early trauma”.

As Dr. Emerson states, the effects of early trauma do not have to be a life-sentence. With appropriate therapeutic support they can be fully healed. Nor is there an age limit beyond which these early traumas can be treated.

Clinical work in this field, sometimes called Prenatal and Birth therapy, focuses on supporting and working with parents, babies and children to heal fully the physical effects of any early traumatic experience. It is common for parents to bring their baby for treatment as a result of them having had a traumatic birth. However, in the process of working with the baby it is also important for the parents to be able to work through any unresolved or unexpressed feelings they may have in relation to these events.

Working with Babies

Working with babies involves holding a space in which they feel supported enough to begin to tell us the story of what happened to them, what they experienced and where it became difficult or even traumatic. Obviously, babies are not able to tell us a verbal story or even a metaphoric one, as children do through their play. The way in which a therapist interprets how and where a baby became traumatised is through observation and interaction with movements of the body and other forms of expression, along with specific hands-on palpation using craniosacral therapy.

The movements that babies begin to initiate when supported in this way are the same movements that they used during the birth process. By encouraging the baby to express these movements in a more supported way, the baby can re-pattern the effects of their traumatic birth. Examples of this would include encouraging a baby born by forceps to be able to birth itself on its own rather than to always need assistance; a baby whose birth was influenced by pethidine or other drugs can learn to birth itself free of the effects of the drugs; a baby born by elective C-section can learn to initiate the timing of its own birth and to find its own way out, free of any interference.

This re-programming of the birth story has a dramatic effect on the baby's young brain. It literally changes the wiring in the direction that nature would have intended in the most ideal of circumstances. This can have the

affect of dramatically influencing and even preventing a wide range of physical, emotional and behavioural problems. Along with helping babies to re-pattern their birth, the birth therapist also uses craniosacral therapy in order to help the baby to resolve the deeply entrenched physical patterns and compressions that are present.

CASE STUDIES

Sarah

Sarah, a 4-week-old baby, was brought to see me suffering from severe colic. Her parents were concerned by the fact that she would scream inconsolably for several hours in the evenings, pulling her legs up into her body as she did so. Although she was breast-feeding, Sarah was unable to digest the milk when her mother ate fruit, vegetables and other foods, and was also suffering from smelly green stools. Consequently, her mother was living on a diet of dairy products and chocolate as these seemed to provide the least distress to Sarah.

Sarah's mother stated that her labour was very quick and she believed that it had been induced for the convenience of the consulting obstetricians. Consequently, she felt very angry at what she considered to be the mismanagement of her labour. Inductions generally have the result of creating more intense uterine contractions and have the potential to produce more pronounced shock and cranial/body moulding patterns. This was certainly the case with Sarah. Just looking at her, I was struck by the strong asymmetry that was present, particularly in her face. By taking a light contact onto the back of her head I became aware of the strong degree of compression that was present throughout her body. Some of her cranial bones were compressed and misaligned in relation to their neighbours. From just the very first session, I could feel some of the tension in her body begin to relax. Her occiput softened and there was a lengthening throughout her body as the tight soft tissues released their tension.

Sarah's parents noted that the day after the treatment she had continuous bowel movements that gradually became less green and smelly. By the next time I saw her, Sarah was obviously a different baby. She seemed much more at ease and relaxed, and the powerful screaming, that was the initial cause for concern, had stopped. These improvements continued over the next few sessions that Sarah and I had together.

Hayley

Michael and Amanda had been trying to conceive a child for 11 years. Having given up hope of having a child of their own, they decided to adopt a little boy, Simon. As the adoption process reached its final, critical stage, Amanda fell pregnant. This was a very stressful time for everyone. Amanda was very sick for the whole 9 months of her pregnancy. Possibly as a result of the stress throughout the pregnancy, Hayley did not

turn and ended up in a breech position, with her head wedged under Amanda's ribcage. Consequently, Amanda was told that she would need to have a caesarean section.

Amanda brought Hayley to see me when she was 22 months old because she had been very sick as a baby and now had extreme temper tantrums. As I started working with Hayley, she always seemed to settle into her Mum's lap in exactly the position she had been stuck in the womb, with her head tightly pressed into Amanda's ribs. Over time, by allowing Hayley to express the feelings she had about being stuck and having to be born surgically, she was able to move from her stuck place, turn around, and go through a symbolic birth process, head first. By empowering Hayley to move from her stuck place she was able to re-pattern the shock that had become imprinted at the time of her birth. She was also able to let go of the emotional charge that had built up as well. Today, Hayley is a much happier little girl and no longer has the violent temper tantrums that plagued her early life.

Emily

Sally brought her baby Emily to see me following the birth. She stated that although she felt the birth had gone well, she felt that Emily was unable to settle and would often withdraw away from physical contact, particularly with her mum. Sally told me that she was a week overdue and that the doctors had informed her that she had two options regarding the delivery of her baby. One of these choices was induction; the other was elective caesarean section. After weighing up the pro's and cons of each option, Sally chose to have a section, in the belief that it would be the safest alternative of the two for both her and her baby.

When she brought Emily to see me, Sally stated that she was completely satisfied with the way the birth had gone, although she did have a little regret about it not starting "on time". As I began to work with Emily, she started to express a lot of anger and upset that was directed towards her mother. At the same time, she initiated pushing movements with her legs, in the same way that a birthing baby would push against the back of its mother's womb. As we worked over a number of sessions, it became clear that Emily (although only 3 months old) blamed her mother for not allowing her to have a "normal" birth. As we made clear to Emily that mum made what she thought was the best choice in the circumstances, and we supported her to express her strong feelings, she eventually began to soften and settle. Having undergone this course of treatment, Sally reported that the degree of bonding between her and Emily and greatly improved and she was a much more content baby.