

# Birth trauma in the early years

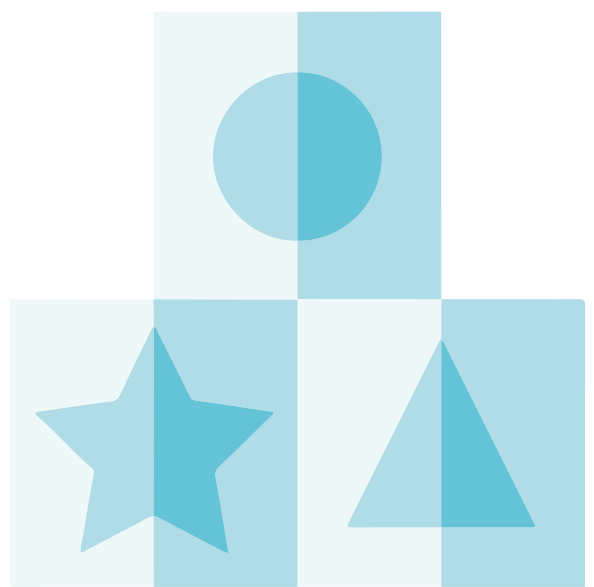
A resource for early years practitioners



**Anna Freud**

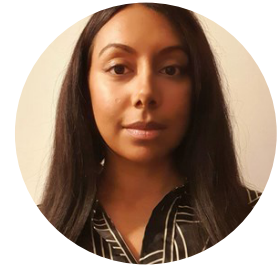
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# Foreword

Dr Abi Miranda, Head of  
Early Years and Prevention



We know the early days and months of parenthood can be challenging. For families who have had a difficult birth, this period can be even more complex.

Public attention on birth trauma is growing: it has been the focus of maternity reviews, political discussion and international research. Given the reforms to early years services, we will likely see more families with younger babies in settings.

As early years practitioners, you might be the first person a parent feels comfortable opening up to about their birth experience. That moment can be the start of something powerful – giving them the chance to feel heard and understood. This guide helps you feel confident in recognising and responding to signs of birth trauma. By leaning into these conversations, you're not only supporting the parent – you're helping the whole family get off to a better start.



# About the author

## Introduction from Dr Grace Baptie



I have been a researcher in perinatal mental health since 2017. During that time, I have seen lots of changes in research, practice and policy. My PhD focused on birth trauma, where I had the privilege to interview hundreds of women from pregnancy through to their first year after birth. I also trained as a birth doula, where I saw firsthand the difference that compassionate, consistent support can make – not just in the birthing room, but in the days, weeks and months that follow.

I've listened to stories of empowering birth experiences and heard the difficult experiences of people who felt powerless and traumatised after giving birth. One message came loud and clear from all these stories: compassionate, trusting support surrounding families during their transition into parenthood is profoundly important. Parents that felt seen, heard and held by the professionals caring for them during these vulnerable moments were able to emerge from even the most challenging birth experiences with a sense of pride and fulfilment. Unfortunately, the reality is that a third of parents in the UK are traumatised from the way their babies were brought into the world.

I want to stress that I don't place blame on individual maternity staff. These professionals make miracles happen every day in the most difficult of circumstances. The issue lies with a system that is stretched to its limits, failing families and those supporting them. True commitment to preventing mental health difficulties means striving for empowering care for all families from the very beginning of their journey into parenthood.

Through everything I do, I stand by the belief that it takes a village to raise a child. I've been working with the Family Hubs and Start for Life programme for the last three years. This programme focuses on community-based, whole-family support – of which early years settings are a vital part. As an early years practitioner, you are often the first to listen and provide reassurance when it is needed most. Even though the headlines around birth trauma can feel overwhelming, it is fundamentally human connection that is missing – and with the right approach, we can build the village every family needs.

### *Note on language inclusivity*

Throughout this resource we use gender inclusive language, as we want to make clear that birth trauma can impact women, men and those who are non-binary or genderqueer. We refer to women and mothers or men and fathers when referring to specific research or personal experiences that relate to that specific group. However, we recognise that it is vital our care systems take an inclusive approach to provide support to all parents.

# Birth trauma

## A personal perspective

Expecting a baby is a life changing experience. As your baby grows, you nurture it and keep it safe, being mindful of the elements, your diet and the environment. During this time, having trusted and compassionate support is crucial to ensure you feel safe and secure, and your body feels safe and secure for your baby.

Preparing to give birth can be overwhelming: research, scans, getting siblings ready for a new arrival, buying prams and cribs, making sure the nursery is ready and creating the perfect birth plan. All this is accompanied by a whirlwind of emotions – excitement and anticipation alongside uncertainty and worry.

But what if the birth itself doesn't go to plan?

Traumatic birth impacts you physically, emotionally and spiritually. It's life changing. Compassionate, sensitive aftercare plays a pivotal role in recovery.

When things don't go as planned, new parents and their children need kindness, heartfelt care and understanding. The quality of aftercare can either make things better or worse, but with the right support, parents can learn to cope and start to recover – no matter what the trauma may entail. With thoughtful, empathetic support, you can support parents' healing process and restore a sense of safety and hope.



# What is birth trauma?

Birth trauma is a distressing labour or birth that makes a parent fearful of harm to themselves or their baby. It is often accompanied by feeling powerless, unsupported or unsafe.

Earlier this year, former MP Theo Clarke opened up about her own difficult birth experience in a speech in the House of Commons. An overwhelming public response from mothers, partners and staff followed, highlighting problematic maternity practices which cause emotional and physical harm during birth. In response, Clarke launched a national inquiry into birth trauma.

The inquiry showed that birth trauma is a pervasive issue in UK maternity practice which affects thousands of families each year. Around **one third** of people who give birth in the UK describe their birth as traumatic. The impact of birth trauma can be far-reaching, impacting parents' identities, their relationship with their infant and their partner, and their trust in healthcare services.

## Characteristics of traumatic birth

Birth trauma has two meanings:

- the actual experience of traumatic childbirth
- the aftermath or 'traumatisation' following birth.

Historically, birth trauma was only specified when the person giving birth had experienced complications or physiological trauma, such as miscarriage or postpartum haemorrhage.

However, we now know that the subjective or emotional experience of birth is a much stronger predictor of birth trauma compared to the obstetric experience. Parents are more likely to present with difficulties later if they experience poor maternity care, feel unsupported and ignored, or lacked agency in how their children were born.

**“Trauma is not what happens to us, it is what we hold inside in the absence of an empathetic witness”**

Dr Peter Levine



## Identifying birth trauma in the early years

Describing your child entering the world as a traumatic experience can be a painful admission that many parents may avoid discussing. Furthermore, trauma is subjective – less dependent on the facts of a situation, but instead about how we experience it. When a birth lacks the hallmarks of physiological trauma, parents may feel shame, guilt or stigma around describing their experience as traumatic.

Parents may not immediately perceive their birth as traumatic if they also had a positive outcome, like the baby arriving safely. It may be some time before they can process what happened to them. It is also common for parents to not discuss their birth trauma with a professional in the year following birth. Providing opportunities in early years settings for parents to reflect on their birth experience is a crucial step in identifying families in need of support.

### How early years practitioners can help

Parents need to be asked the right questions about their birth experience. While physiological characteristics about the birth are important, the way parents feel during childbirth plays a far greater role in determining whether their birth is traumatic. Their individual birth experiences influence their journeys into parenthood, as well as their long-term mental health.

As such, you should prioritise questions about parents' emotional and psychological wellbeing. Key indicators include whether they felt heard, respected, empowered and involved in decision-making during the birth.

We provide question prompts for early years settings in the final section of this resource – 'Where should we begin? Conversations about birth trauma in the early years'. You can also download these prompts as a separate pdf.

## Post-traumatic stress following birth

Currently, post-traumatic stress from childbirth does not have a separate clinical classification from other traumas under the umbrella of PTSD. Moreover, not all those who experience birth as traumatic will go on to experience PTSD postpartum.

It is estimated that around 5% of mothers and 1% of fathers will develop clinical PTSD after birth.<sup>1</sup> However, many more parents present symptoms without reaching the full diagnostic threshold for PTSD.

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<sup>1</sup> Heyne, C.S., Kazmierczak, M., Souday, R., Horesh, D., Lambregtse-van den Berg, M., Weigl, T., Horsch, A., Oosterman, M., Dikmen-Yildiz, P., Garthus-Niegel, S. (2022). Prevalence and risk factors of birth-related posttraumatic stress among parents: A comparative systematic review and meta-analysis. *Clinical Psychology Review*, 94. <https://doi.org/10.1016/j.cpr.2022.102157>

**PTSD is characterised by the following symptoms lasting for a month or more and causing significant changes to daily functioning:<sup>2</sup>**

### **Intrusion symptoms**

These may include recurrent, involuntary flashback memories or traumatic nightmares of the birth or events that happened around the birth. Intrusion symptoms can be triggered by environmental features like smells, places or people. Alternatively they may come on spontaneously without a clear trigger.

### **Consistent avoidance of trauma thoughts, feelings or triggers**

For birth trauma, this may include avoiding the hospital or antenatal clinic, or even avoiding the baby, if they are a painful reminder of the traumatic event.

### **Changes to thoughts and mood**

These may include negative beliefs, expectations or excessive self-blame. This also includes difficult emotions about the birth, such as fear, anger, guilt or shame.

### **Changes in arousal and reactivity**

This may include irritability, hypervigilance, an exaggerated startle response, difficulty concentrating and sleep disturbance.

PTSD after childbirth is distinct from PTSD caused by other traumas, like sexual assault or car accidents, because birth is a predictable event and is often seen by others as a positive experience. This cultural narrative can make it difficult for parents to understand or accept that they're experiencing PTSD from their birth.

It is common for parents to present with feelings of shame or guilt. These feelings can make it harder to seek help, even though the effects of trauma can be serious and long-lasting.

Parents may not show outward signs of PTSD and may not feel early years settings are places where they can seek help. Maintain an open and curious stance when you speak to parents to ensure they feel comfortable to disclose any difficulties they are experiencing following the birth.

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<sup>2</sup>American Psychiatric Association. (2013). Trauma- and stressor-related disorders. In Diagnostic and statistical manual of mental disorders (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

## Pathways of birth trauma

Not all parents who experience a traumatic childbirth will go on to develop postnatal PTSD. The majority of parents will cope or recover from early trauma symptoms soon after birth. Research has identified four different birth trauma pathways:<sup>3</sup>



### Resilience

Around 60% of parents who experience traumatic childbirth will experience minimal or mild disruption to daily life and low or no symptoms of PTSD postpartum. Parents who are in this 'resilient' pathway are more likely to have good social support networks and are more likely to be satisfied with the support they received during and after birth.



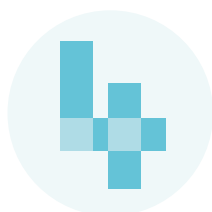
### Recovery

Around 14% of parents will experience significant disruption and elevated PTSD symptoms which then resolve after some time. These parents present as recovered from PTSD before six months postpartum.



### Chronic PTSD

Around 16% of parents will present with elevated PTSD symptoms soon after the birth that remain over time. These parents are more likely to have postpartum complications and increased severity of PTSD symptoms.



### Delayed PTSD

A smaller number of parents, around 5%, will experience PTSD symptoms that were not present during the first few weeks postpartum but get worse over time. Parents with delayed PTSD are more likely to have experienced premature birth, caesarean-section delivery or further traumatic events after the birth.

<sup>3</sup> Dikmen-Yildiz, P., Ayers, S., & Phillips, L. (2018). Longitudinal trajectories of post-traumatic stress disorder (PTSD) after birth and associated risk factors. *Journal of affective disorders*, 229, 377-385. <https://doi.org/10.1016/j.jad.2017.12.074>

# The 'ripple effect' of birth trauma

Birth trauma can have a 'ripple effect' on the family, impacting parents' psychological and emotional response and their identity as a parent. This can have effects on their relationship with their infant, their partner and their trust in healthcare services. In turn, these ripples can cause long-lasting consequences for breastfeeding, bonding and future pregnancy.



## Breastfeeding

Research has shown that people who experience postnatal PTSD after traumatic childbirth are less likely to initiate or continue breastfeeding.<sup>4</sup> However, the connection between birth trauma and breastfeeding is nuanced. Some find breastfeeding cathartic following traumatic childbirth – a way to prove themselves as a parent and make up for a difficult delivery. For others, breastfeeding can act as a painful reminder of the birth trauma and feel a further violation of their bodies.<sup>5</sup>

## Anniversaries

Parents who have experienced traumatic childbirth can have complex feelings around their children's birthdays, as they are anniversaries of their traumatic experience. In the lead up to babies' birthdays, parents can experience heightened anxiety, flashbacks and difficult emotions like grief, fear and guilt.

## Relationship difficulties

Couples' relationships can be impacted by birth trauma. Alongside general negative emotions, trauma can cause problems understanding and supporting each other. It can also lead to a loss of intimacy, including avoiding sex to prevent conception and minimise triggers for PTSD symptoms. Internalised blame as a result of trauma can also become a point of conflict when expressed outwardly towards partners.

## Future pregnancies

Birth trauma is strongly associated with fear of childbirth in subsequent pregnancies, also known as tokophobia. Parents with PTSD after birth may delay or avoid future pregnancies or request elective caesarean section as a means of avoiding vaginal delivery. Similarly, they may request a vaginal birth after a traumatic caesarean.

## Bonding

'Bonding' refers to the way a parent thinks and feels about their baby and the connection they feel to their child. This is often used interchangeably with 'attachment', which refers to how the parent and baby mutually build their relationship, typically over the first year of life.

Not all parents who experience birth trauma will have difficulty bonding with their child and not all parents with bonding difficulties will have experienced a traumatic birth. However, parents who experience traumatic childbirth often experience delays in early bonding, especially if they are experiencing symptoms of postnatal PTSD.

Feelings of powerlessness, fear and distress that accompany traumatic childbirth can carry over into the postpartum period, delaying bonding. Parents may feel guilty or ashamed if they struggle to bond, adding to their emotional burden. In some cases, this creates a sense of detachment or avoidance where the baby becomes a reminder of the trauma.

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<sup>4</sup> Garthus-Niegel, S., Horsch, A., Ayers, S., Junge-Hoffmeister, J., Weidner, K., & Eberhard-Gran, M. (2018). The influence of postpartum PTSD on breastfeeding: A longitudinal population-based study. *Birth*, 45(2), 193-201. <https://doi.org/10.1111/birt.12328>

<sup>5</sup> Beck, C. T., & Watson, S. (2008). Impact of birth trauma on breast-feeding: A tale of two pathways. *Nursing research*, 57(4), 228–236. <https://doi.org/10.1097/01.NNR.0000313494.87282.90>

# Resources and additional support



If a parent discloses or shows signs of birth trauma, you should know where to signpost them for help. Below are some suggestions for national support services. We also recommend researching local support options.

## Maternal mental health services (England and Wales)

NHS maternal mental health services (MMHS) provide support for women experiencing moderate to severe mental health difficulties following trauma, PTSD, fear of childbirth or pregnancy loss. You can [check if there is a MMHS in your local area](#).

## Maternity and neonatal psychological intervention teams (Scotland)

These services offer inpatient and outpatient psychological assessments, alongside evidence based psychological interventions for parents facing difficulties during their pregnancy and postnatal journey.

## Perinatal mental health services

During the 'perinatal period' from the beginning of pregnancy to one year postpartum, parents can access NHS community perinatal mental health services (cPMHS). These are available across England and provide mental health and parent-infant relationship support for parents in the perinatal period.

## Parent-infant relationship teams

If parents are struggling with their relationship with their baby, you can signpost them to one of 47 specialist parent-infant relationship teams across the UK. You can use this [interactive map](#) to find out whether there is a specialised parent-infant team in your area.

Some teams may see families who ask for help directly, while others may ask that they are referred by health visitor or another professional. These teams will also know about other local support.

## Infant mental health teams (Scotland)

These teams provide specialist care for infants and their families from conception to age three. They are made up of a variety of health professionals, including psychologists, child psychotherapists, occupational therapists and parent-infant therapists.

## **NHS talking therapies**

Although not perinatal-specific, NHS talking therapies services are available in every area of England. They accept referrals for single-event traumas such as birth trauma and provide both trauma-focused cognitive behavioural and eye movement desensitisation and reprocessing therapies. Search for talking therapies on [the NHS website](#).

## **National charities**

Independent charity and community organisations can also help parents struggling with birth trauma.

### **Baby Buddy app**

An app to help support parents on their emotional, physical and social journey to becoming a new parent. The app includes videos and resources on birth trauma recommended by the Royal College of Psychiatrists.

### **Birth Trauma Association**

This organisation provides a free online peer support programme for parents struggling with birth trauma.

### **Make Birth Better**

Make Birth Better provide online resources to help parents who are struggling with birth trauma.

## **Local voluntary and community services**

You can connect families to local voluntary and community services that support mental health, or programmes that focus on mindfulness and birth trauma recovery. Make contact with your local family hub or children's centre to familiarise yourself with the services they offer. Ensure you have up-to-date information about local services for parents who need extra support.

# Where should we begin?

## Talking about birth trauma in early years settings

Facilitating conversations around birth trauma can be difficult. As early years professionals, we may not always feel it is our place to ask parents questions around their birth experience. But parents who've experienced birth trauma may not feel able to open up about difficulties they face to healthcare professionals due to guilt, shame and stigma.

Parents may not have discussed their birth experience with a practitioner before their child enters nursery. Therefore, early years settings can play a crucial role by holding these sensitive conversations and connecting parents to more specialist support.

### Step 1: personal reflection

Consider how these conversations might affect you or the staff you are responsible for. Do you feel comfortable and equipped to hold this conversation?

- If no – is there someone else in your team who would be able to hold this conversation on your behalf?

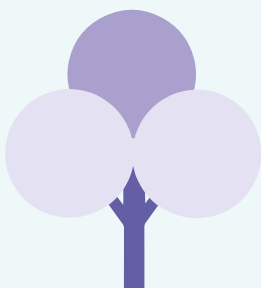
### Step 2: signpost

Do you have a list of local and national services available in case you need to provide more information for support? Have you recently checked that these services are available and whether there are waitlists or costs?



### Step 4: space

Disclosing birth trauma is not easy and it can take time for parents to talk it through. Do you have a space that is private and comfortable so that the parent doesn't feel rushed or interrupted?



### Step 3: support system

Good support is a key factor in determining parents' resilience following birth trauma. This is typically provided by their partners or coparents.

Do you know the family structure? Is there a way to involve partners in this conversation or to schedule a separate conversation with partners? Is there anyone else in the parent's network that could be involved in this conversation?

# Holding a conversation

For many parents, labelling their child's birth as 'traumatic' is a painful admission. When holding a conversation about the birth, parents may want to set the scene and provide context around the birth, which can also be a way for them to process what happened. This can take time, so remain patient, open and curious. It is also useful to hold a reflective position – what are the underlying feelings the parent is expressing through their story?

The prompts below are suggestions, not a checklist. They are useful to guide conversations, but should be adapted so they feel natural to you.

## 1. Opening a conversation

*"How did you find the birth?"*

*"Is there anything from your birth experience that you would like to talk through?"*

Pay attention to the way parents tell their story and the order in which they tell it. This may indicate what is most important to them.

## 2. Mirroring

Consider how their experience may have made them feel and reflect this back to them:

*"it sounds like you... [summarise the story to check your understanding and help process their experience]... did I get that right?"*

This type of paraphrasing allows you and the parent to understand their experience, while showing that you are actively listening and want to understand their story.

## 3. Reflecting underlying feelings

Some parents may find it easier to focus on the physiological steps involved in their birth story.

In this case, it is helpful to address the underlying feelings around their birth experience:

*"that sounds... [e.g., upsetting, overwhelming, scary, isolating, exhausting, disorientating, unsettling, empowering, meaningful, healing, gratifying]... is that how it felt for you?"*

Or you can reflect what this feels like for you:

*"I'm feeling \_\_\_\_ listening to your story, how did you feel?"*

#### 4. Exploring the impact of the birth

Moving focus from the birth, you want to understand how their birth experience affects them now:

*“How have you been feeling since the birth?”*

*“How are you feeling now?”*

Parents may find it difficult to disclose their feelings because of the shame around perinatal mental health difficulties. Be patient and try to give space for the parent to talk through any difficult emotions, while providing space for reflection. Don't be afraid to hold some silence whilst you both process this.

#### 5. Support pathways

Explore whether the parent feels supported and what options they feel they have available to them:

*“Do you feel like you have had the support you need to process this and get the help you need?”*

This is also an opportunity to offer to connect the parent with services or resources.

*“Sometimes just telling someone about something difficult can help us feel better, but is there anything else I can do to help you?”*

*“I know of some support services and resources that you might find useful – is it okay if I share those with you?”*

#### 6. Following up

Regular check-ins with parents can help to make them feel continuously supported. These are dependent on your capacity:

*“Thank you for sharing and for trusting me with your story, I'm always here if you want to talk more.”*

*“Let's check in again so we can have a follow-up chat, if that's okay with you?”*

## Personal reflection

Working with parents who have experienced birth trauma can be emotionally challenging. After these conversations, you should create space to process your emotions, thoughts and reactions. These prompts can help guide this reflection:

### How did I feel during the conversation?

- What emotions came up while I was listening to the parent's story?
- Were there any moments where I felt particularly moved, challenged or unsure?

### What thoughts or beliefs did I notice in myself?

- Did I find myself making any assumptions or judgments?
- Where might they have come from?
- Were there any points where I felt the need to offer advice or try to fix things?

### How did I respond to the parent's emotions?

- How did I feel about my ability to hold space for their emotions?
- Did I notice myself feeling uncomfortable or overwhelmed at any point?

### How did the parent's story impact me personally?

- Did their story resonate with any of my own personal experiences, memories or vulnerabilities?
- Did I carry any of their emotions with me after the conversation?
- Did I leave the conversation feeling drained, uplifted or somewhere in between?

## Self-care

Protect your own wellbeing by engaging in regular reflection, self-care and supervision.

Consider any **self-care** activities that might help you decompress, such as going for a walk, talking with a colleague or engaging in a brief mindfulness exercise.

**Reach out for supervision** or peer support if the conversation was particularly difficult or brought up unexpected emotions.



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