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The Impact Of Negative Birth Experiences On Mother/Infant Relationships

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Having a baby is a pivotal event, and one that women tend to remember. In fact, women have been shown to accurately remember details of their first births even 20 years later (Simkin, 1992). If a woman has a negative or traumatic birth experience, its impact may be felt for many years. But does a woman's birth experience influence how she interacts with her baby? As child abuse professionals, we have a stake in the answer that question. In the present article, I describe what we know about the influence of birth experiences on mother/infant interactions.

What Is A Negative Birth Experience?

A surprising number of professionals minimize the impact of birth experiences or feel that negative birth experiences do not exist. Two years ago, an editor of a prestigious journal in obstetrics told me that negative birth experiences were a thing of the past. Other professionals are quick to point out that women's negative perceptions of birth are because of their "high expectations." While many women have acceptable or pleasant births, not everyone does. Some women have had horrifying birth experiences (e.g., two women I have spoken with had cesarean sections with *no anesthesia*). Other women have had birth experiences that appear to be "normal," and yet the women were negatively affected by them. This casual dismissal of women's feelings about a major life event is naive. It would be much more fruitful if we listen to what women have to say about birth, and consider how it could influence their relationships with their babies.

When research studies have considered the question of negative birth experiences, the general paradigm is to compare emotional reactions to cesarean sections and vaginal births. While women's reactions to different types of births vary a great deal, some general statements can be made. First, cesarean sections are more likely to be perceived negatively than are vaginal deliveries (although this is not always the case). Among women who have had cesarean sections, the reactions are more likely to be negative if a woman was under general anesthesia, if it was an emergency (vs. planned) operation, and if no support person was present (see Kendall-Tackett, with Kantor, 1993 for a complete review of this research).

These variations in reactions suggest that we should also consider women's subjective reactions. For example, did the woman feel powerless during her labor? Was she was afraid that she

or her baby might die? Did she feel betrayed by her doctor, the hospital, or her body? Did she feel physically damaged by the experience? A woman's experience of birth can be related to her childhood as well. A woman who is a survivor of sexual abuse is more likely to have a negative birth experience. Recent research has revealed that women can have flashbacks of their sexual abuse experiences during labor (Courtois & Riley, 1992), and sexually abused women may experience more medical interventions than their non-abused counterparts (Jacobs, 1992). Psychological variables, such as those described above, help explain some of the divergent reactions to births.

How Does A Birth Experience Influence The Mother/Infant Relationship?

In their recent book, Klaus, Kennell, and Klaus (1993) compiled the results of six studies that examined the effects of doula support during labor (a *doula* is an experienced woman who provides emotional support during labor). Women were randomly assigned to the "doula" or "no doula" conditions when they arrived at the hospital. This support was in addition to any they might have received from husbands or other labor companions.

The women who had doulas had significantly shorter labors and fewer medical interventions (i.e., pain medications, assisted births, or cesarean sections). Particularly intriguing were the mothers' perceptions of their infants at six weeks postpartum. The mothers who had doulas were significantly more likely to describe their babies as beautiful, clever and easy to manage, that they cried less, and were "better" when compared to a "standard baby." They also perceived themselves as closer to their babies and communicating better with them. They were pleased to have their babies and found that becoming a mother was easy. In contrast, the no-doula mothers were more likely to describe their baby as "just slightly less good" or "not as good" as a "standard baby." They also were more likely to describe their adaptation to motherhood as difficult, and were likely to think that anyone could care for their babies as well as they could. The women in this study were not considered at-risk for child maltreatment, and yet simply having or not having emotional support during labor influenced their perceptions of their infants six weeks later.

Trowell's (1983) findings showed even longer lasting effects. In her three-year longitudinal study, women who had had cesarean births (N=16) were compared with women who had had vaginal births (N=18) on their perceptions of their infants at one month, one year and three years postpartum. At one month, the cesarean mothers were significantly more likely to be depressed and to express doubts about their ability to care for their infants. At one year, the cesarean mothers were more likely to describe motherhood as negative, and to describe themselves as resentful, overwhelmed or angry. They were significantly less likely to have positive interactions with their children on the Strange Situation Test. At three years, the cesarean section mothers were more likely to report serious problems in their relationship with their children, and to describe them as "unmanageable," "out of control," or "nasty." The mothers were also more likely to report the use of physical punishment. In addition, the children born via cesarean section were less likely to have completed their full course of vaccinations.

While the results of the Trowell (1983) study are certainly startling, the results should be interpreted with caution. First, the sample size is small. Second, the women in the cesarean group had cesareans that were emergencies (vs. planned) and were conducted under general anesthesia. Both of these conditions have been demonstrated to increase the likelihood of a negative psychological response. Third, these results **do not** mean that all women who have had cesarean sections are increased likelihood for abusing or neglecting their children. Even with these cautions, the findings of the two studies described above at least suggest that we consider the impact of birth experience when working with new mothers, especially those having difficulties with their infants.

How Does A Negative Birth Experience Undermine A Mother/Infant Relationship?

The answer to this question is a matter of some speculation. One likely explanation is found in Klaus et al. (1993). Women who had doula support during labor felt more positively about themselves after their births. Specifically, they showed "significantly less anxiety, fewer signs of depression, and a higher level of self-esteem" than women who did not have doulas (Klaus et al., 1993, p. 45). On the other hand, women who had negative experiences may have felt that they needed to meet their own emotional needs before they could meet those of their babies, a reaction noted by Affonso (1977). The "no-doula" mothers were more likely to be depressed, and they may have felt socially isolated, especially if they couldn't talk to anyone about their birth experiences (a phenomenon Silver (1985) describes as "sanctuary trauma.")

If mothers feel depressed and alone, they are not as likely to feel good about themselves as parents. This belief is underscored by the Klaus et al. (1993) finding that the non-supported mothers felt that anyone could take care of their babies as well as they could. Baumrind (1993) has convincingly argued that parents need to believe in their own effectiveness, and this belief enhances their caregiving ability.

One Woman's Experience

In this next section, I would like to share Elizabeth's birth story. Elizabeth is a white middle-class woman who gave birth in a prestigious hospital in a large city. She had an assisted vaginal delivery. I selected her story because it would not fit the normal definitions of a "negative" experience, and yet many of the themes I've described are present. She was clearly troubled by her birth experience, and felt its influence for months as she tried to get to know her infant son.

> I had 25 hours of labor. It was long and hard. I was in a city hospital. It was a dirty, unfriendly, and hostile environment. There was urine on the floor of the bathroom in the labor room. There were 100 babies born that day. I had to wait 8 hours to get into a hospital room post-delivery....There were 10-15 women in the post-delivery room waiting for a hospital room, all moaning, with our beds being bumped into each other by the nursing staff. I was taking Demerol for the pain. I had a major episiotomy. I was overwhelmed by it all and in a lot of pain. I couldn't urinate. They kept catheterizing me. My fifth catheterization

> was really painful. I had lots of swelling and anxiety because I couldn't urinate. My wedding ring had stuck on my finger from my swelling. The night nurse said she'd had patients that had body swelling due to not urinating and their organs had "exploded." Therefore, she catheterized me again. They left the catheter in for an hour and a half. There was lots of pain. My bladder was empty but they wouldn't believe me. I went to sleep and woke up in a panic attack. I couldn't breathe and I couldn't understand what had happened.

Later, she describes what her early relationship with her son.

> I felt completely out of control when he cried from 5 p.m. to 10 p.m. nightly with colic. A couple of times I shook him, and one time I hit him on the back. That was the most I did. I was completely desperate.
>
> After 3 weeks, I was afraid to be alone with my son. I was feeling completely inadequate as a mom. My mother-in-law was there looking over my shoulder and telling me what to do, telling me I wasn't giving him enough milk. She was bonding with him--I wasn't. I didn't have the emotional strength to fight for him back. She took over, thinking that was the right thing to do. Six weeks after he was born, I went back to work. This was really helpful. When I went back to work, the major anxiety and depression lifted. [Work] was something I knew I could do. When the colic stopped, that helped too.

Elizabeth's story is interesting because prior to her birth, we would not have considered her at-risk. She feels that her birth experience started a downward spiral for her initial relationship with her son. She was eventually able to resolve her difficulties because she was persistent in seeking out answers and assistance. When she had her second child, her birth experience was much more positive and she did not experience depression or the other feelings of inadequacy.

Other mothers I have interviewed have described an intense feeling of disconnection or lack of "bonding" with their babies following difficult births. Underlying these feelings are often intense feelings of failure and feelings of inadequacy as mothers.

The women I've interviewed, and those in research studies, are generally white, middle-class, and married. I have often speculated that mothers who are poor, single, or young are even more likely to feel powerless in a hospital setting. In other words, these mothers are at increased risk for negative birth experiences. We often consider these same mothers at-risk for abuse as well. You can see how potentially dangerous negative birth experiences can be for women already at-risk for abuse. At least one intervention study in New Jersey (The Newark & Irvington Doula Project) is including doula support for their at-risk teen mothers as one component of their intervention. The infant mortality rate among this vulnerable group is 22 per 1,000.

What Can You Do?

My first suggestion is to be sensitive to the potential impact of women's birth experiences. Professionals I've trained in this area frequently report back to me that they are "amazed" at the number of times these issues come up once they are aware of them. You may be the only person who has taken her concerns seriously. Many women are afraid to "complain" about their births because they do not want to appear "ungrateful" for a healthy baby.

The second step is to validate her experience by empathizing with her feelings of anger, grief, or failure. Another helpful step is to suggest that she get a copy of her medical records and discuss them with someone who can answer questions about why certain things occurred. It is also useful to help her re-frame her experience so that she sees that she did the best she could under the circumstances and her feelings of failure are diminished.

Although I've just recommended that you empathize with her feelings, be careful not to become too "political" about what happened to her until she is ready to hear it. Some of the mothers I've spoken with have told me how others have lectured them about how such-and-such a medical intervention was unnecessary, etc.... The net result was that the mothers felt worse.

Finally, refer her to organizations that can help. Also encourage her involvement in activities where she can meet and socialize with other new and/or more experienced mothers. As she becomes more confident, she may be better able to face the challenges of parenting an infant--no matter how difficult her start.

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