WORKING GROUP 1

PRESENTATION IN AMSTERDAM

29TH OF JANUARY 2020

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Working group 1- aim according to the Memorandum of Understanding

AIMS: TO CONCEPTUALISE NEGATIVE AND TRAUMATIC BIRTH-RELATED EXPERIENCES IN ORDER TO ACHIEVE POSITIVE EXPERIENCES OF BIRTH

TASKS/ACTIVITIES:

- T1.1 Using a multi-method approach (combining qualitative and quantitative evidence) to gain an indept understanding and develop definitions of **negative and traumatic birth-related experiences**
- T1.2 Explore women's and partners' **subjective experiences of childbirth** through secondary data analysis, to inform **development of a standardised and validated tool** to measure the perception of birth experiences and its influencing factors.
- T1.3 Survey women who have experienced **a positive or a negative/traumatic birth to develop a deeper understanding of the role of interpersonal interactions** on the birth experience so effective systems for prevention and intervention can be developed. This survey is underway in a number of member countries and will extend to others in the Action over Year 1.

TRAUMATIC EXPERIENCE OF CHILDBIRTH

Just to mention a few papers valuable for our work

Nilvér et al. BMC Pregnancy and Childbirth (2017) 17:203
DOI 10.1186/s12884-017-1356-y

BMC Pregnancy and Childbirth

RESEARCH ARTICLE Open Access

Measuring women's childbirth experiences: a systematic review for identification and analysis of validated instruments

Helena Nilvér[1*], Cecily Begley[1,2] and Marie Berg[1,3]

Abstract

Background: Women's childbirth experience can have immediate as well as long-term positive or negative effects on their life, well-being and health. When evaluating and drawing conclusions from research results, women's experiences of childbirth should be one aspect to consider. Researchers and clinicians need help in finding and selecting the most suitable instrument for their purpose. The aim of this study was therefore to systematically identify and present validated instruments measuring women's childbirth experience.

Methods: A systematic review was conducted in January 2016 with a comprehensive search in the bibliographic databases PubMed, CINAHL, Scopus, The Cochrane Library and PsycINFO. Included instruments measured women's childbirth experiences. Papers were assessed independently by two reviewers for inclusion, and quality assessment of included instruments was made by two reviewers independently and in pairs using Terwee et al's criteria for evaluation of psychometric properties.

Results: In total 5189 citations were screened, of which 5106 were excluded by title and abstract. Eighty-three full-text papers were reviewed, and 37 papers were excluded, resulting in 46 included papers representing 36 instruments. These instruments demonstrated a wide range in purpose and content as well as in the quality of psychometric properties.

Conclusions: This systematic review provides an overview of existing instruments measuring women's childbirth experiences and can support researchers to identify appropriate instruments to be used, and maybe adapted, in their specific contexts and research purpose.

Keywords: Systematic review, Validated questionnaires, Measurement instruments, Psychometric properties, Childbirth experiences, Childbirth satisfaction

Different Scales – Evaluation According to Terwee et al.

- Pregnancy and Maternity Care Patients Experiences Questionnaire (9)
- The Wijma Delivery Expectancy/Experience Questionnaire (9)
- The Responsiveness in Perinatal and Obstetric Healthcare Questionnaire (8)
- The Childbirth Perception Scale (7)
- Patient Perception Score (7)
- The Childbirth Experience Questionnaire (7)

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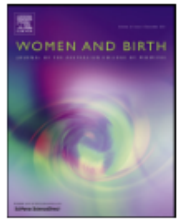

REVIEW ARTICLE

Understanding psychological traumatic birth experiences: A literature review

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ARTICLE INFO

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ABSTRACT

Background: Traumatic birth experiences can cause postnatal mental health disturbance, fear of childbirth in subsequent pregnancies and disruption to mother-infant bonding, leading to impaired child development. Some women may develop postnatal Post Traumatic Stress Disorder, which is a particularly undesirable outcome. This paper aimed to gain a better understanding of factors contributing to birth trauma, and the efficacy of interventions that exist in the literature.

Methods: A literature search was undertaken in April 2015. Articles were limited to systematic reviews or original research of either high to moderate scientific quality. A total of 21 articles were included in this literature review.

Findings: Women with previous mental health disorders were more prone to experiencing birth as a traumatic event. Other risk factors included obstetric emergencies and neonatal complications. Poor Quality of Provider Interactions was identified as a major risk factor for experiencing birth trauma. Evidence is inconclusive on the best treatment for Post Traumatic Stress Disorder; however midwifery-led antenatal and postnatal interventions, such as early identification of risk factors for birth trauma and postnatal counselling showed benefit.

Conclusion: Risk factors for birth trauma need to be addressed prior to birth. Consideration needs to be taken regarding quality provider interactions and education for maternity care providers on the value of positive interactions with women. Further research is required into the benefits of early identification of risk factors for birth trauma, improving Quality of Provider Interactions and how midwifery-led interventions and continuity of midwifery carer models could help reduce the number of women experiencing birth trauma.

FINDINGS

- Traumatic birth has been reported as occurring in **1,7-9% of childbearing women (other studies have shown up to 30%)**
- Symptoms: persistent, involuntary and intrusive memories, avoidance of stimuli, recurrent distressing dreams, dissociative reactions, altered mood state and intense or prolonged psychological distress following exposure to a traumatic event.
- **Risk factors: (just to mention few):** Unplanned pregnancies, pressure to have their labour induced, use epidural, caesarean section, not breastfeeding as long as they desired, had less partner support postpartum, experienced increased physical problems, lack of coherence between women‘s anticipated birth experience and their actual experience, lack of control over the birth experience, birthplace, transfer from home to hospital , sever labour pain, emergency or instrumental delivery, previous traumatic life event and sexual trauma.

JAN JOURNAL OF ADVANCED NURSING

REVIEW PAPER

Women's perceptions and experiences of a traumatic birth: a meta-ethnography

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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**

Abstract

Aim. This study presents the findings a meta-ethnographic study reporting women's perceptions and experiences of traumatic birth.

Background. Childbirth is viewed by many as a life transition that can bring a sense of accomplishment. However, for some women, birth is experienced as a traumatic event with a minority experiencing post-traumatic stress. A traumatic birth experience can have a significant impact on the physical and emotional well-being of a woman, her infant and family.

Data source. The CINAHL, MEDLINE, Scopus and PubMed databases were searched for the period January 1994 to October 2009 using the keywords *birth trauma*, *traumatic birth*, *qualitative research*, *birth narrative* and *birth stories*.

Review methods. A meta-ethnographic approach was used. Quality appraisal was carried out. An index paper served as a guide in identifying particular findings and comparing them with other findings. This 'reciprocal translation' process started with a search for common themes, phrases and metaphors.

Results. Ten qualitative studies were included in the final sample. Six major themes were identified: 'feeling invisible and out of control', 'to be treated humanely', 'feeling trapped: the reoccurring nightmare of my childbirth experience', 'a rollercoaster of emotions', 'disrupted relationships' and 'strength of purpose: a way to succeed as a mother'.

Findings – six major themes were identified

- Feeling invisible and out of control
- To be treated inhumanely
- Feeling trapped: the recurring nightmare of my childbirth experience
- A rollercoaster of emotions
- Disrupting relationships
- Strength of purpose: a way to succeed as a mother

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Traumatic childbirth experiences: practice-based implications for maternity care professionals from the woman's perspective

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Scand J Caring Sci; 2019

Traumatic childbirth experiences: practice-based implications for maternity care professionals from the woman's perspective

Objective: To explore women's traumatic childbirth experiences in order to make maternity care professionals more aware of women's intrapartum care needs.
Method: A qualitative exploratory study with a constant comparison/grounded theory design was performed. Thirty-six interviews were conducted with women who had given birth in a Dutch birth setting.
Findings: Three themes, playing a profound role in the occurrence of traumatic birth experiences, emerged: (i) lack of information and consent – maternity care professionals' unilateral decision making during intrapartum care, lacking informed-consent. (ii) feeling excluded – women's mal-adaptive response to the healthcare professionals's one-sided decision making, leaving women feeling distant and estranged from the childbirth event and the experience. (iii) discrepancies – inconsistency between women's expectations and the reality of labour and birth – on an intrapersonal level.
Conclusion: Women's intrapartum care needs cohere with the concept of woman-centred care, including personalised care and reflecting humanising values. Care should include informed consent and shared decision-making. Maternity care professionals need to continuously evaluate whether the woman is consistently part of her own childbearing process. Maternity care professionals should maintain an ongoing dialogue with the woman, including women's internalised ideas of birth.

Keywords: traumatic birth experience, maternity care, midwives, intrapartum care, qualitative research.

Submitted 7 May 2019, Accepted 2 October 2019

FINDINGS

- Lack of information and consent - maternity care professionals unilateral decision making during intrapartum care, lacking informed-consent.
- Feeling excluded – Women’s male-adaptive response to the healthcare professionals, one-sided decision making, leaving women feeling distant and estranged from the childbirth event and the experience.
- Discrepancies - inconsistancy between women's expectations and the reality of labour and birth – on intrapersonal level.

What is traumatic birth? A concept analysis and literature review

Abstract

Background: A number of women experience childbirth as traumatic. This experience can have enduring and potentially lifelong effects on both mental and physical health, and have implications for the woman's relationship with her baby, partner and family. It can also have implications for future decisions about pregnancy and birth. However, the meaning of the term 'traumatic birth' remains poorly defined. Clear understanding of the concept is critical to better underpin understanding and effectively evaluate women's experiences.
Objective: To review the literature pertaining to 'traumatic birth' and produce a definition of the concept.
Methods: The concept analysis framework of Walker and Avant (2011) was used. Electronic bibliographic databases CINAHL, Medline, PsycINFO and Cochrane were searched to find papers written in English and dated 1998–2015. From a narrative literature review, the defining attributes were ascertained, and model, borderline, related, contrary, invented and illegitimate cases were constructed. The antecedents and consequences were then identified and empirical referents determined.
Findings: The apparent attributes of 'traumatic birth' are that a baby has emerged from the body of its mother at a gestation where survival was possible. This birth has involved events and/or care that have caused deep distress or disturbance to the mother, and the distress has outlived the immediate experience.
Conclusions: 'Traumatic birth' is a complex concept which is used to describe a series of related experiences of, and negative psychological responses to, childbirth. Physical trauma in the form of injury to the baby or mother may be involved, but is not a necessary condition.

Keywords: Traumatic, Birth, Psychological, Distress, Concept analysis

Experiencing childbirth as a traumatic event is a factor that has been highlighted as contributing to poorer psychological outcomes for mothers. Up to 30% of women in the UK experience childbirth as a traumatic event, with many consequently going on to experience some form of anxiety, depression or post-traumatic stress disorder (PTSD) following childbirth (Slade, 2006; Ayers, 2014). When childbirth presents as a traumatic experience, it can have a profound effect on the lives of mothers, fathers (Nicholls and Ayers, 2007), their children (Allen, 1998) and family and friends (Beck, 2004a; Ayers et al, 2006). If left untreated, the effects can last many years (Forssén, 2012). Consequences of traumatic birth include enduring mental health problems (Beck, 2004a; Forssén, 2012), compromised maternal–infant relationships (Nicholls and Ayers, 2007), poorer-quality marital relationships (Ayers et al, 2006) and concomitant depression in partners (Nicholls and Ayers, 2007), and can present a challenge to future reproductive decisions (Fenech and Thomson, 2014).

This paper comes from a piece of research into future reproductive decisions that women make, when they have previously experienced a traumatic birth. It is already known that there are lower birth rates among those who have experienced a traumatic birth (Gottvall and Waldenström, 2002), and higher rates of elective caesarean section among those women who do have more children (Kottmel et al, 2012). What is not fully known is what other choices women make during pregnancy and birth, when they have previously experienced a traumatic birth. In order to understand what choices such women make, getting to the root of what their common experience was and defining what is meant by a traumatic birth, when it is not defined elsewhere, is an essential first step.

A body of literature about traumatic birth already exists, and the term is widely used by authors investigating theories and models of causality (Allen, 1998; Creedy et al, 2000; Slade, 2006; Ayers, 2014; Boorman et al, 2014). However, there are competing models within the literature regarding what constitutes a traumatic birth. In their meta-analysis of traumatic birth, Elmir et al (2010: 2143) begin by saying:

> ***'There is no consistent definition of traumatic birth and no systematic way to assess birth trauma, and the terms***

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Professor Julie Jomeen, Dean of Health and Social Care, University of Hull

Dr Lesley Glover, Senior lecturer, Faculty of Health and Social Care, University of Hull

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FINDINGS

Table 5. Potential antecedents and consequences of a traumatic birth

Potential antecedents	Potential consequences
Physical harm to mother or baby	Development of diagnosable psychological conditions such as post-traumatic stress disorder and/or postnatal anxiety or depression
Warned of potential harm to mother or baby	Difficulty with maternal–infant bonding
Death of baby	Lower rates of breastfeeding
Operative birth	Marital/relationship difficulties or breakdown
Medical intervention	Difficulties in sexual function or relationships
Haemorrhage	Difficulty maintaining existing friendships or forming new ones
Lack of care	Distress on anniversary of birth
Care which is perceived as uncaring, unsupportive or inhumane	Distress when encountering people, places, or phenomena which remind mother of the birth
Experiencing high levels of pain during labour, and not being able to obtain analgesia	
Having choice removed by the actions of a person (rather than events)	
Not holding baby immediately after birth	
Existing psychological condition	
Previous sexual abuse	
Previous traumatic experience	

TRAUMATIC BIRTH – USED IN THE LITERATURE WHEN…

- Physical injury to the baby and resulting psychological distress
- Physical injury to the mother to the mother which results in psychological distress
- Fear of physical injury to mother or baby and associated psychological distress
- Psychological response to the experience of birth, including care received, which causes psychological distress of an enduring nature.

DISCUSSION

- Traumatic birth and its negative sequelae have only begun to be properly recognised in the last 15 years.
- A picture is emerging of a group of women who are living with the long-term negative sequelae of traumatic birth enduring consequences such as long-term mental health problems, compromised maternal-infant relationships, poorer-quality marital relationship, concomitant depression in partners and challenges to future reproductive decisions.

- These women may be **left without access** to appropriate services that can offer treatment or support, because the distress they are experiencing **does not fit** the diagnoses available.
- Traumatic birth is **used quite loosely** in the literature to describe a **number of different, but related experiences**. These include physical injury to mother and babies, and psychological responses to the events of or care received during birth.

Working group one ...Between Brussel and Amsterdam

37 members - 20 countries - 6 professions and one member from MotherBaby in Germany

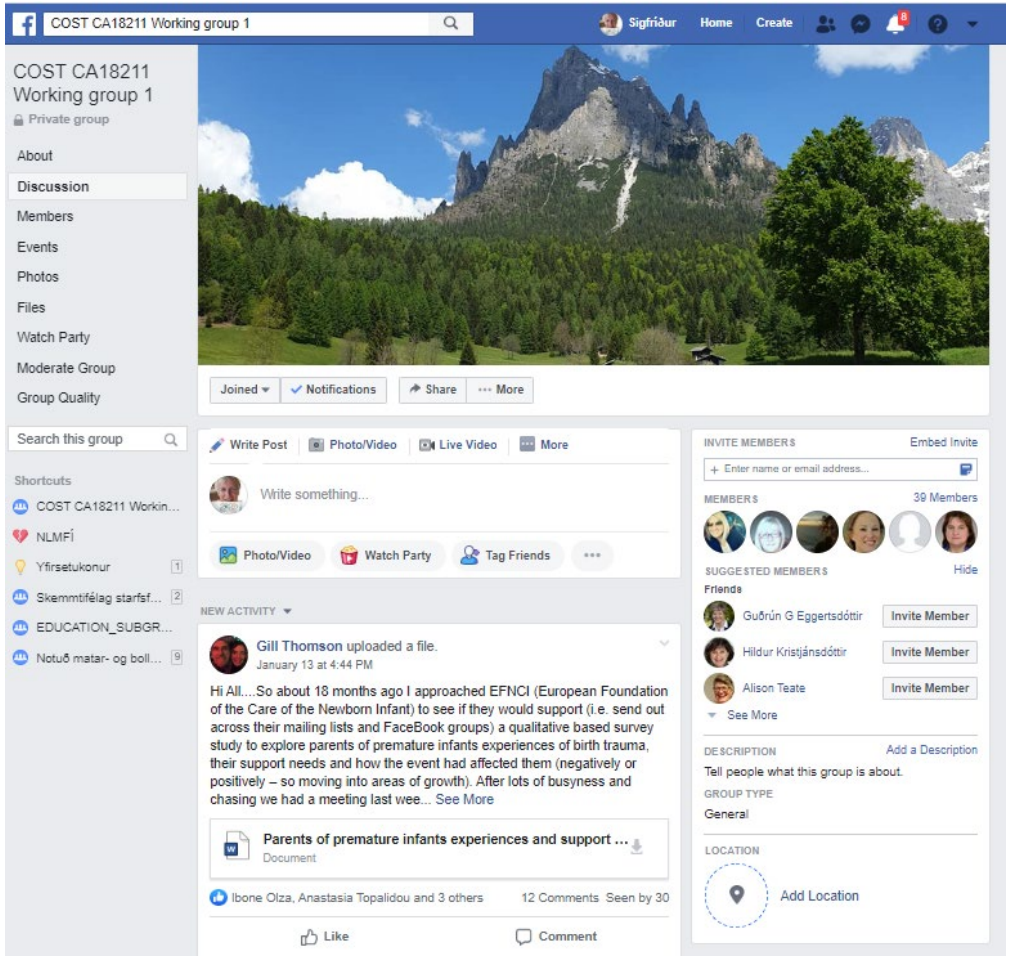
Name	Country	Profession
Azijada Srkalovic Imsiragic	Croatia	Psychiatrist
Anetta Ekström-Bergström	Sweden	Midwife
Christina Nilsson	Sweden	Midwife
Yovonne Fontein- Kuipers	Belgium	Midwife
Irena Bartels	Estonia	Midwife
Vislava Globevnik Velikonja	Slovenia	Psychologist
Maria Kazmierczak	Poland	Psychologist
Pauline Pawlincka	Poland	Psychologist
Sigfridur Inga Karlsdottir *	Iceland	Midwife
Sigrídur Sia Jonsdottir	Iceland	Midwife
Claudia Limmer	Germany	Midwife
Julia Leinweber **	Germany	Midwife
Delphine Carli	Luxembourg	Midwife
Eleni Hadjigeorgiou	Cyprus	Midwife
Tatjana Zorcec	North Makedonia	Psychologist
Tatjana Jakjovska	North Makedonia	Psychologist
Ibone Olza	Spain	Psychologist
Ernesto González-Mesa	Spain	Obstetrician/gyn
Cristóbel Rengel Díaz	Spain	Midwife
Gill Thomson	UK	Psychology/Midvifery studies
Vildana Aziraj Smajic	Bosnia and Herzegovina	
Claire Stramrood	Netherland	Ob/gyn resident
Pelin Dikmen Yildaz	Turkey	
Gözde GÖKÇE İSBİR	Turkey	
Figen Inci	Turkey	Psychiatric nurse
Sandra Nakić Radoš	Croatia	Psychologist
Laura Kuhar	Croatia	Psychologist
Anna Lagodka	Germany	Advocating for MotherBaby
Yael Benyamini	Israel	Psychologist
Wilson Correia de Abreu	Portugal	Psychologist
Olga Riklikiene	Lithuania	Nurse
Sylvia Murphy	Ireland	Midwife
Kristiina Uriko	Estonia	Midwife/Psychologist
Dulce Morgado Neves	Portugal	Sociologist
Ursula Nagle	Ireland	Midwife
Raul Alberto Cordeiro	Portugal	Nurse
Anastasia Topalidou	Greece	Psychologist

CO-LEADER IN WORKING GROUP 1

- Julia Leinweber
- Professor in midwifery
- From Berlin

WHAT WE HAVE DONE

- Five subgroups working
- Zoom meetings every month
- Started to work on T1.1
- Started to work on T1.3
- Getting to know each other through Zoom and Facebook to prepare for our work in the future



SUBGROUPS

Our idea was that 8-10 people from 3-4 countries and 2-3 professions worked in each subgroup

SUBGROUP 1

Definition group

Leaders: Julia Leinweber and

Sigfridur Inga Karlsdottir

SUBGROUP 1 – The definition group

- **Leaders:** Julia Leinweber and Sigfridur Inga Karlsdottir
- **AIM:** to gain an indepth understanding and develop definitions of negative and traumatic birth-related experiences
- **Members:** Julia Leinweber, Sigfridur Inga Karlsdottir, Yvonne Fontei-Kuipers, Gillian Thomson, Christina Nilsson, Annette Eksröm-Bergström, Clair Stramrood and Eleni Hadjigeorgiou

SUBGROUP 2

Students´ attitude towards women´s birth experience

Leader: Ernesto Gonzalez Mesa

AIM - MEMBERS

Aim: to improve students knowledge regarding Negative Birth exerience

Members: Cristóbal Rengel, Dulce Morgado, Eleni Hadjigeorgiou, Ernesto Gomzález Mesa, Gill Thompson, Gözde Gökce Isbir, Julia Leinweber, Sigfríður Inga Karlsdottir, Sigridur Sia Jonsdottir Wison Abreu

MAIN OBJECTIVES (LEARN ABOUT BRT EDUCATION IMPROVEMENT AREAS, IN ORDER TO)

- Propose some educational strategies, methods or contents that might help students to learn about women´s birth experience
- Contribute well prepared health professionals to reduce in the future the impact of traumatic birth experience
- Reduce the weight of dysfunctional professional interactions as a cause of traumatic birth experience
- Design questionnaire to assess students regarding traumatic birth experience
- Assess Health Sciences students and health professionals in training

SUBGROUP 3

Perinatal Mental Health and Birth-Related Trauma: Maximising best practice and optimal outcomes

Leader: Wilson Correia de Abreu

MEMBERS OF THE GROUP – (TWO SUBGROUPS)

Wilson Abreu (Portugal), Alexandrina Cardoso (Portugal), Figen Inci (Turkey), Gozde Gokce (Turkey), Gill Thomson (UK), Ernesto Gonzalez (Spain), Irena Bartels (Estonia), Kristiina Uriko (Estonia) and PhD / Master students (Mental health, midwifery, community health)

AIMS OF THE STUDY

- To evaluate the PTS in mothers who experience preterm birth;
- To study the factors that might put a woman at risk for developing postpartum PTS after a preterm birth;
- To analyse the post-traumatic growth (PTG), that includes positive changes in the psychological functioning of parents that may occur after premature birth;
- To identify risk factors to PTSD and facilitators to PTG (personal interactions, family relations, past experiences.

TOOLS TO BE USED

- Sociodemographic questionnaire (personal, clinical and contextual information
- City Birth Trauma Scale (women version) - Ayers, Wright & Thornton (2018);
- City Birth Trauma Scale (partner version) - Ayers, Wright & Thornton (2018);
- The Post-traumatic Growth Inventory - Tedeschi & Calhoun (1996)

PAPERS

- Post-traumatic stress among mothers of infants with premature birth: a comparative study
- Post-traumatic growth among mothers who suffer from PTS after a premature birth: a cohort study
- Researchers from this study will contribute with our findings to made a standardized and validated tool to measure perception of birth experiences (with other studies that will be developed in WG1)

THEIR FIRST PAPERS WILL BE ON...

- Post-traumatic stress among mothers of infants with premature birth: a cohort study
- The experiences of mothers that developed post-traumatic stress: a qualitative study

SUBGROUP 4

Services offered for women following birth trauma – development of a questionnaire

Leaders: Gill Thomson

POSITION PAPER – BEFORE DEVELOPING A QUESTIONNAIRE

- First we need to collect information at a national and more general level that could be used for a position paper.
- This would comprise a short list of key questions to provide descriptive summaries to map e.g. if there are any policies or guidelines for care provision following birth trauma; whether birth training is included within general curriculum training, what types of services are offered for women following birth trauma, who provides the service and from which types of healthcare provision a short description of each country and basic details of the health care system.

SUBGROUP 5

Parents of premature infants' experiences and support needs following a traumatic/distressing birth

Leaders: Gill Thomson

AIM: TO GATHER AND COMPARE PARENTS OF PREMATURE INFANTS' EXPERIENCES AND SUPPORT NEEDS FOLLOWING A TRAUMATIC/DISTRESSING BIRTH IN DIFFERENT EU COUNTRIES.

- **Method:** A secure online survey will be issued to parents comprising a) open ended questions for parents to describe their traumatic birth, the support they received and would liked to have received and how their birth has affected them; b) socio-demographic information and c) questions to elicit whether parents are/had experienced PTSD symptoms.
- The survey will be distributed via EFCNI (European Foundation for the Care of the Newborn Infant – large EU parenting organisation for sick/premature infants) and other networks deemed appropriate from COST members.
- Information/survey will be translated into core languages (as deemed appropriate by EFCNI and COST members)
- **Outputs:** At least one journal publication; further work to elicit suitable interventions/support for parents whose infant who requires neonatal care.

More groups are comming soon..

BACK TO THE DEFINITON GROUP

T1.1 Using a multi-method approach (combining qualitative and quantitative evidence) to gain an indepth understanding and develop definitions of negative and traumatic birth-related experiences.

DIFFERENT DEFINITION

DIFFERENT DEFINITIONS

1. A definition of birth trauma based on APA DSM IV criteria (American Psychiatric Association, 1994, 2000)
2. A definition of birth trauma based on APA DSM V criteria (American Psychiatric Association, 2013)
3. A definition of birth trauma based on APA DSM IV A2 criteria (subjective response to the event) (American Psychiatric Association, 1994, 2000)
4. A definition of birth trauma based on APA DSM IV A1 criteria (threatened death or injury, including threat to physical integrity)
5. A definition of birth trauma based solely on the individual's perception of the event
6. A definition of birth trauma based on scoring the subjective experience and using a cut-off point

GETTING AN OVERVIEW

- Studies were included if they included women who had given birth focused on women's retrospective perspectives on birth with respect to emotions, and examined women's emotions such as fear, anxiety, stress or concerns and not just its presence.
- Studies were excluded if they included women who had never given birth, did not focus on women's fears of giving birth (e.g., focused solely on concerns about pregnancy or motherhood), focused on physical birth trauma, when birth was classified as traumatic when mode of birth was instrumental or operative, or were not published in English.
- If studies included partners, only the results from the women were included.

SELECTED STUDIES

- A number of 134 studies were retrieved through database searching,
- 36 duplicates were removed,
- Leaving 98 papers of which title and abstract were screened,
- Seven studies were excluded because these were not published in English,
- After screening the titles and abstracts of the 91 papers, 54 papers remained,
- Six relevant studies were retrieved through scanning the reference lists off the 54 studies (n=60),
- Five studies were excluded because they focused on physical trauma and,
- 7 studies were excluded as not having an SVD (i.e. instrumental and caesarean section) was classified as traumatic,
- Leaving 48 papers to be fully read.
- After reading the papers, 24 studies were included; 20 describing the subjective traumatic birth experience

EXAMPLES OF *SUBJECTIVE TRAUMATIC BIRTH EXPERIENCE*

- An intrapersonal psychological distressing event leading to mal-adaptive responses during birth and thereafter. (Koster et a.l, 2019).
- A raw, intense and desolated experience of childbirth including high levels of involuntary, negative, powerful emotions, carrying intensive meaning and high levels of negative weighting. (Fontein-Kuipers et al., 2018).
- The loss of self through the experience of traumatic childbirth. (Byrne et al., 2017).

EXAMPLES OF *SUBJECTIVE TRAUMATIC BIRTH EXPERIENCE*

- The emergence of a baby from its mother in a way that involves events of care which cause deep distress or psychological disturbance, which may or may not involve physical injury, but resulting in psychological distress of an enduring nature. (Greenfield et al .,2016).
- Negative emotions and trauma memories. (Ayers et al., 2015)
- Stressful birth experience and the subsequent emotional reactions of fear and stress responses following birth. (Garthus-Niegel et a., (2012).

OUR SUGGESTION OF DEFINITION OF TRAUMATIC BIRTH

A traumatic birth refers to a woman's experience of giving birth that is characterised by intense negative meanings which induce overwhelming negative emotions. Recall/memories of the birth are of such a magnitude that it may lead to negative effects on woman‘s health and wellbeing.


Now we need your help...

WORKSHOP

SUBJECTIVE TRAUMATIC BIRTH EXPERIENCE

- 6-8 participants in each group.
- Discussing our definition. What do you want to change, does it fit your studies you are conducting, your knowledge and experience in that field? Do you want to change world, add or delete something? All suggestions welcomed.
- Presentation from each group.
- Please write your suggestions on the paper and bring them to us after your presentations.

THANK YOU

https://www.youtube.com/watch?v=aG-9oi8YRC8&t=105s