Stranger in the Birth Room

The Challenge of Labour with a History of Sexual Abuse

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Midwives & Survivors of Sexual Abuse

- Sanctum Midwives
- ‘Failing Women’
- Training, knowledge base
- Maternity Awareness
- Survivors & Midwives
- The ‘Risks’
How relevant is SA to Childbirth?

- Prevalence CSA in women is 1:4/5
- Births in England & Wales = 600,000, therefore it is probable that at least 150,000 childbearing women at any time are survivors of CSA
- All pregnant women are vulnerable, particularly these women
- Midwives and obstetricians do not have any regular training on these issues
- Survivors are more likely to have complex trauma pathology & respond negatively during labour

The Physical Experience of Labour

- Expected to be painful
- Fear
- Confusion
- Society’s attitude of motherhood
- Suffer in fortitude
- Primal
Effect on Reproductivity

Immediate, Short term, Long term

- Trauma
- Infection
- Dyspareunia
- Vaginismus
- Endometriosis
- Sexually transmitted disease
- Hyperemesis
- Teenage pregnancy
- Baby adopted
- Needle phobic
- Rigid control of labour
- Home birth request
- No pain relief
- Requests caesarean
- Reluctance to breastfeed
- Maternal/infant attachment disorder

Pain & Fear

- Avoids healthcare
- High levels of anxiety
- Body phobias
- Heightened sensory perception
- Refuses to consent
- Risk taking behaviours
- Copes in her own way...dissociation
Cognitive Responses in Labour

- Pain
- Fear
- Heightened senses
- Smell sensitivity
- Auditory senses
- Touch
- Body memories
- Clinical procedures
- Clock, TV or radio

Exaggerated Sensory Perceptions

- Smell
  - Heightened during labour
  - Nausea
  - Vomiting
  - Uncooperative
  - Distressed

Some smells are reminiscent of the abuse
**Touch**

- Heightened skin sensitivity
  - Massage might be intrusive
  - Likely to act negatively
  - Trigger flashbacks

Most of midwifery and labour is about touch, even soothing touch may be reminiscent of the abuse.

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**Words**

- Words are extremely powerful and provoke memories that were deeply buried
  - ‘There, there’
  - ‘Darling’
  - ‘Lift your bottom up’
Clinical Procedures

- Abdominal palpation
- Taking blood pressure
- Vaginal examination
- Rupture membranes
- CTG monitoring
- Epidural

Other Triggers

- Transducer Gel
- Rubber gloves...smell
- Vaginal leakage
- Vaginal bleeding associated with pain
- Hibitane lotion
- Insertion of instruments
- Use of abdominal belts
- Mode of birth decision
- Baby on skin
- Hypervigilance
Sensitive Midwifery Care

- Communication
- Use name given by woman
- Reassure constantly
- Explain everything before doing anything
- Consent is vital
- Create the right environment
- Be an advocate for the woman
- Observe for flashbacks
- Use grounding/anchoring techniques
- Check about skin to skin

Recommendations

- Midwives are placed in a unique position of opportunity
- Operate Sensitive services
- Training of maternity carers
- Research into maternity opportunities
- Adopting "universal precautions"
- Supervisors of Midwives, NMC support
"Woman of Dirt"

My body is the evidence, 
the spoils of his crime. 
It is tainted and dirty - 
ever to be mine.

I cringe and I shudder, 
the memories still hurt, 
Of the baby - the child -
the woman of dirt.

A Survivor’s Request

"You cannot take away the pain of my past but you can help by just a few small things......

- Call me by my name
- Look at me when you speak
- Do not touch me without permission
- Do not come up to me from behind
- Do not say “that’s a good girl!”
- Do not hold a mask over my face
- Do not whisper or shout
- Reassure me constantly

If you do some of these then I will feel safer and not so vulnerable, being able to cope with my baby and my life"
Resources

- Dabs...books
- Sensitive Care for Survivors of Sexual Abuse and Maternity Care

I am available for advice and support in all aspects for midwifery, maternity and personal support in CSA.

Email: kathryn.gutteridge@swbh.nhs.uk

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