

Written evidence submitted by the Birth Trauma Association (GRC0012)

The Birth Trauma Association is a charitable organisation founded in 2004. We support women who have experienced traumatic births, many of whom go on to suffer post-traumatic stress disorder. Some of the women who come to us also have physical injuries as a result of birth. As well as offering support to women, we campaign to improve maternity services to improve mental and physical health outcomes.

We have a Facebook group with nearly 9,000 members, most of whom have had traumatic births. Some of them have been pregnant again, or have had babies, during the Covid-19 crisis. We asked women for their thoughts on Covid-19's impact, which we summarise below. We've also included some general thoughts of our own about the topic.

Impact during pregnancy

Many women report feeling worried during pregnancy because, for example, they are having to attend antenatal visits alone, and are worried that they might not be allowed to have a partner with them while in labour or on the postnatal ward.

Some women have understandable fears about health care professionals being infected, or lack of breastfeeding support because of social distancing measures. Women who have previously had a traumatic birth may feel particularly anxious in pregnancy because they fear going to hospital, cannot access the support of close family and find psychological support services under strain. Antenatal anxiety is strongly linked to PTSD following birth.

Impact during birth

Current NHS pressures caused by Covid-19 are themselves contributing to traumatic birth in some cases. Examples are where inductions are delayed at the last minute sometimes leading to a poor outcome and services being abandoned. Some trusts have stopped home births and maternal-request planned caesareans, while others are using the Covid-19 crisis to change policies without clear reasons e.g. not allowing the partner to stay with a woman after a caesarean section birth, but allowing the partner to stay after a vaginal birth. In some cases, this can cause enormous distress, particularly where the mother is very anxious about the caesarean section.

Feeling in control is a major factor in the prevention of PTSD following childbirth and for women with high levels of anxiety (in some cases because of previous traumatic birth), having plans changed at the last minute can be very troubling. Where it is absolutely necessary, there needs to be full explanation and support because some women will find the change very distressing which can contribute to poorer postnatal mental health requiring longer recovery time.

Impact on mothers' mental health postnatally

Women mentioned their lack of access to antenatal and postnatal mental health support services, with services either cancelled or replaced by telephone only appointments; social isolation and not being able to seek support from friends or family was reported as damaging to mental health with PND, PTSD, anxiety and depression being mentioned as specific health concerns.

Impact on bonding

Heightened anxiety during the antenatal and postnatal period harmed the process of bonding for many mothers. Specific issues, for example mothers who were trying to home school older children,

or having restrictions placed on visiting babies in NICU found that their ability to bond was particularly harmed.

Reduction in postnatal care

A number of responses mentioned postnatal care being unavailable – breastfeeding support groups, pelvic health physio, psychology services, tongue tie clinics and birth debrief services have all been mentioned as not available. Health visitor appointments have been reduced to phone appointments only which many women found unsatisfactory.

Suggestions for improvement

For us, the main concern is not that maternity leave should be extended but the quite alarming cut-off of postnatal care services – this is what is going to create greater problems for these women down the line. We think it important to restore postnatal care where possible to avoid possible detrimental long-term consequences on mothers' mental health. It may be that some services could be offered with appropriate social distancing, or offered over videoconferencing (we know some private counsellors, for example, are successfully offering Zoom consultations, and perhaps some breastfeeding support or health visitor support could be offered this way).

Overwhelmingly the response from new mothers in our peer support group is in favour of the proposal to extend mat leave, as this will give them the greatest opportunity to recover from their experience of traumatic birth and allow them more time to focus on building their bond with their baby, a bond which is not only vital to the wellbeing of the baby but also to the mental health of the mother. We fully support our members but would also like to note our reservations about implementing extended maternity leave without acknowledging the damaging impact of reduced levels of postnatal care available to women during lockdown. As we mention above, members have reported as unavailable to them breastfeeding support services, tongue tie clinics, pelvic physio, talking therapies, birth reflection services, home visits from health visitors. Simply adding additional time to maternity leave will not rectify the long term impact of women not having access to these services in the early postnatal period.

We would therefore recommend that serious consideration is given to ways in which these services can be delivered effectively to women to ensure their health and that of their baby. We also have concerns that increased antenatal anxiety relating to confused messages about women's rights during birth (in terms of where they choose to have birth, how they choose to have their baby and who is allowed to accompany them) are likely to lead to a spike in birth trauma. We are also hearing of women who are being denied maternal choice c-sections, which we understand is due to local decision-making. We are also concerned to read in the UKOSS study that 55% of pregnant women admitted to hospital with coronavirus were from a BAME background, and we believe that this requires further investigation. We believe that women's birth rights should not be related to where they live, but that all women should have access to high quality and compassionate care. We would strongly recommend that there is national clarity and consistency on women's birth choices and that this information is communicated clearly and effectively to pregnant women in an attempt to allay antenatal anxiety.

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