Birth, loss *& fertility trauma*

Understanding trauma after childbirth, pregnancy loss and fertility treatment, with practical techniques and why support matters.

MOTHER GROUND
YOUR VILLAGE

Pregnancy, birth and the journey to becoming a parent are often imagined as joyful. For many people, they also involve fear, pain, loss, helplessness or medical emergency. These experiences can leave a lasting mark on the mind and body. **You are not overreacting, and you are not alone.**

Trauma is defined by how an experience *felt* to you, not by how it looked to others. A birth that staff describe as "straightforward", or an early loss that others call "common", can still be deeply traumatic.

How common is it?

BIRTH

About 1 in 3 women in the UK find some part of their birth traumatic. Around 4–5% go on to develop PTSD, roughly 30,000 women a year.

PREGNANCY LOSS

A large UK study found 29% of women had post-traumatic stress one month after early pregnancy loss, and 18% nine months later.

PARTNERS

Partners can also be traumatised by what they witnessed, and around 1% develop PTSD after a traumatic birth.

It can feel like...

RELIVING

- Flashbacks to the birth, scan or bleeding
- Nightmares
- Panic at hospital smells or sounds
- Feeling it in your body

AVOIDING

- Avoiding hospitals or GP
- Not talking about it
- Avoiding pregnant friends or babies
- Numbness

ON EDGE

- Constant worry about baby's safety
- Jumpy, irritable
- Can't sleep even when baby does
- Hypervigilance

BELIEFS AND FEELINGS

- "My body failed"
- Guilt, shame, anger
- Difficulty bonding
- Fear of future pregnancy

When birth *doesn't go as hoped*

Research by nurse researcher **Cheryl Tatano Beck** highlights that birth trauma lies "in the eye of the beholder". What matters most is often not the medical details, but whether a woman felt **safe, heard, cared for and in control.**

WHAT CAN MAKE BIRTH TRAUMATIC	HOW IT MIGHT FEEL
Fearing for your life or your baby's life	Terror, helplessness, feeling something terrible was about to happen
Emergency procedures, assisted birth, emergency caesarean	Shock, loss of control, things happening "to" you
Not being listened to, or consent not sought	Powerless, violated, dismissed
Severe pain, or pain relief not working	Overwhelmed, panicked, abandoned
Separation from baby, or baby needing neonatal care	Grief, fear, feeling robbed of early moments
Feeling alone or unsupported	Isolated, frightened, uncared for
Previous trauma, such as sexual abuse	Old memories resurfacing during examinations or birth

Birth trauma or postnatal depression?

The two can overlap, and some women experience both. Birth trauma is linked to **the event**, with flashbacks, avoidance and fear. Postnatal depression involves more general low mood, loss of interest and hopelessness. Being given the right understanding matters, because the support that helps can differ.

Bonding and fear of birth

Birth trauma can affect bonding, sometimes making mothers feel distant from their baby, or very overprotective. It can also lead to **tokophobia**, an intense fear of giving birth again. These are understandable responses to trauma, not failures as a mother, and they can improve with support.

PREGNANCY LOSS

Trauma after *losing a baby*

Miscarriage, ectopic pregnancy, molar pregnancy, stillbirth, neonatal death, and ending a pregnancy for medical reasons can all be traumatic as well as heartbreaking. Many parents experience **both grief and trauma**, and the trauma can make grieving harder.

What can be traumatic

- Heavy bleeding, pain, or fear for your own life
- The moment of being told at a scan
- Emergency surgery, as with ectopic pregnancy
- Giving birth to a baby who has died
- Passing the pregnancy at home
- Feeling dismissed: “It’s very common”

Common trauma responses

- Flashbacks to the scan room or bathroom
- Avoiding hospitals or clinics
- Intense anxiety in a later pregnancy
- Self-blame and guilt
- Panic at reminders, such as blood or due dates
- Feeling numb or detached

You are not to blame

Most pregnancy losses happen for reasons that no one could have prevented, and in most cases the cause is never known. Self-blame is a common trauma response, as the mind searches for a reason and a sense of control. It is not the truth.

Pregnancy after loss or trauma

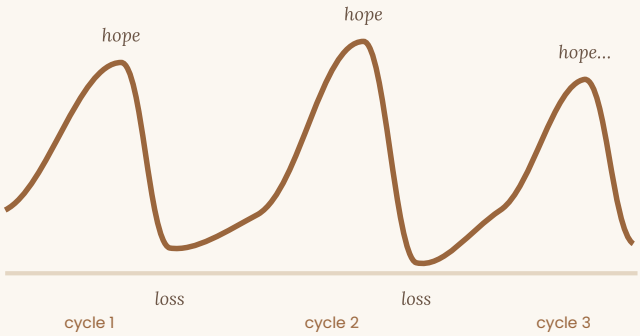
Another pregnancy can bring hope and fear together. It’s common to:

- Feel unable to relax or believe it will be OK
- Hold back from bonding to protect yourself
- Dread scans and appointments
- Feel guilty for being happy, or for not being happy enough

> Let your midwife know about your previous experience. Many maternity services can offer extra support, more scans, or a plan that takes your history into account. Support before or during a new pregnancy can make a real difference.

The fertility *rollercoaster*

Struggling to conceive, and going through fertility treatment such as IVF, can be one of the most emotionally exhausting experiences of a person's life. It often involves repeated cycles of **hope and loss**, invasive procedures, waiting, uncertainty, financial strain and grief that others may not see.



Hope and loss, again and again

Each cycle can bring rising hope, then the crash of a negative test, failed transfer or early loss. Over time, this repeated cycle can wear down resilience and leave people feeling on high alert.

Illustrative graph.

WHAT CAN MAKE IT TRAUMATIC	HOW IT CAN AFFECT YOU
Repeated failed cycles or losses	Grief that builds, fear of hoping again
The "two-week wait"	Intense anxiety, symptom-checking, hypervigilance
Medical procedures and loss of bodily control	Feeling invaded, detached from your body
Ambiguous loss: grieving a baby who never existed	Hard to explain or have recognised
Others' pregnancy announcements	Pain, envy, guilt, avoidance
Financial and relationship strain	Stress, conflict, feeling alone together

Grief others may not see

Psychologist Pauline Boss described **ambiguous loss**: grief without a clear ending or recognition. Infertility often involves grieving a hoped-for child, a future, a sense of your body, and sometimes your expected identity as a parent. **These losses are real, and so is your grief.**

WHY IT STAYS WITH US

The body *remembers*

AMYGDALA

The smoke alarm

detects danger; after trauma it goes off at reminders, even when safe

HIPPOCAMPUS

The filing clerk

labels memories with time and place; under extreme stress it can't file "then"

PREFRONTAL CORTEX

The thinking brain

calms the alarm and reasons; goes offline when we feel threatened

During a frightening birth, loss or procedure, the brain switches into survival mode. Memories may be stored as raw fragments, sounds, smells, images and body sensations, without the label "this is over".

This is why a hospital smell, a monitor beep, a positive test or a baby's cry can suddenly bring it all back, **as if it's happening again.**

Common triggers

- Hospitals, clinics, smells of antiseptic
- Medical examinations, scans
- Birth stories, TV programmes
- Pregnancy announcements, baby showers
- Anniversaries, due dates, birthdays
- Blood, pain, certain body sensations
- Your baby crying, or being unwell
- Feeling unheard by professionals

Fight, flight, freeze, fawn and flop

In labour or emergency, many women describe freezing, going along with everything, or feeling as if they left their body. These are automatic survival responses, not choices. If you feel shame about how you reacted, please know: **your body did what it needed to do to get through.**

Coping with *difficult moments*

When a memory takes over

1 · NAME IT
"I'm having a flashback. This is a memory, not happening now."

2 · GROUND
Feet on floor, look around, name five things you can see.

3 · THEN AND NOW
"Then, I was… Now, I am… and I am safe." Say today's date.

4 · BREATHE AND COMFORT
Long, slow out-breaths. A hand on your heart. A warm drink.

TECHNIQUE	HOW IT CAN HELP
Grounding with your baby	Notice your baby's weight, warmth and breathing. "I'm here, now, with my baby."
Strong sensations	Cold water on wrists, a strong mint, stamping feet, holding something textured.
Safe place imagery	Picture a place where you feel completely safe. Practise when calm.
Container	Imagine putting the memory in a strong box, to open only when you choose.
Breathing	In for 4, out for 6 to 8. Long out-breaths calm the nervous system.
Writing your story	Writing what happened, in your own time, can help organise fragmented memories. Stop if it becomes overwhelming.

Making sense of what happened

Many maternity units offer a **birth reflections** or "birth afterthoughts" service, where you can go through your maternity notes with a midwife and ask questions. Understanding what happened, and why, can help some parents make sense of their experience. Ask your midwife, health visitor or GP about what's available locally.

Partners

Partners may have seen frightening things while feeling helpless. They may feel they have to stay strong and hide their own distress. Their trauma matters too, and talking together, or with support, can help you both.

Why therapy *matters*

Grounding and self-care can make each day more manageable, but trauma usually needs to be processed to heal. Because avoidance is part of how the mind protects itself, this is very hard to do alone. Therapy offers a safe space to go at your pace, make sense of what happened, and reduce the grip of the memory.

Therapies recommended for trauma

NICE guidance recommends trauma-focused therapies for PTSD, including after childbirth:

APPROACH	WHAT IT INVOLVES
Trauma-focused CBT	Understanding how the trauma affects your thoughts, feelings and behaviour; gently processing the memory so it can be filed in the past; updating painful meanings, such as "It was my fault".
EMDR	Eye movement desensitisation and reprocessing: recalling the memory while using bilateral stimulation (such as eye movements or tapping), helping the brain reprocess it.
Phased, integrative therapy	Building safety and coping first, then processing, then rebuilding, often drawing on several approaches at a pace that feels right for you.

A phased approach

1. **Safety** — *stabilise, ground, build coping skills*
2. **Processing** — *work through the memory; grieve*
3. **Reconnection** — *rebuild life, trust and meaning*

Therapy can help you...

- Process the memory
- Ease self-blame
- Grieve your losses
- Bond with your baby
- Feel safe in your body
- Prepare for another pregnancy
- Rebuild trust
- Feel like you again

What I'd most like to feel differently about	
What might help me take the first step	

FURTHER READING AND SUPPORT

Where to *find more*

REFLECTION

1. What part of my experience do I most need someone to hear?

2. What would feeling a little safer look like this week?

Recommended reading

Why Birth Trauma Matters
Emma Svanberg (2019)
A clinical psychologist and co-founder of Make Birth Better on birth trauma.

The Brink of Being
Julia Bueno (2019)
A psychotherapist explores miscarriage with compassion.

The Body Keeps the Score
Bessel van der Kolk (2014)
How trauma is held in the body and how healing happens.

Birth Trauma
Kim Thomas (2013)
A guide for you, your friends and family to coping with PTSD after birth.

Big Fat Negative
Gabby Vautier & Glenn Gibbs
An honest, supportive guide to infertility and IVF.

Useful websites

Birth Trauma Association
birthtraumaassociation.org.uk
UK charity supporting women and partners after traumatic birth.

Make Birth Better
makebirthbetter.org
Information and resources on birth trauma.

Tommy's
tommys.org
Information on pregnancy, baby loss and pregnancy after loss.

Fertility Network UK
fertilitynetworkuk.org
Information and support for anyone affected by fertility issues.

If you would like a safe, unhurried space to talk about your experience of birth, loss or fertility, you are welcome to get in touch at **velvetcouchtherapy.co.uk**.

Looking after you

If you have frightening thoughts, flashbacks, or feel unable to cope, please speak to your GP, midwife or health visitor. You will not be judged. Samaritans: **116 123** (free, 24 hours). NHS 111, mental health option. In an emergency, call **999**.

This information sheet offers general support and is **not intended to replace therapy, or medical or professional advice, diagnosis or treatment.** Statistics from Kent Community Health NHS Foundation Trust and the Birth Trauma Association; Farren et al. (2020), *American Journal of Obstetrics and Gynecology*. Draws on NICE guidance on PTSD; Cheryl Tatano Beck; Judith Herman; Pauline Boss. © Velvet Couch Therapy. For personal use only.