Birth trauma *as a scale*

From not feeling heard to medical emergencies: understanding the many ways birth can leave a mark, and how to heal.

MOTHER GROUND
YOUR VILLAGE

When people hear "birth trauma", they often picture an emergency: blood loss, alarms, an operating theatre. These experiences can certainly be traumatic. But birth trauma can also grow from things that might look "small" from the outside: **not being listened to, pain relief not given when you asked, or feeling alone and unsupported.**

It can help to think of birth trauma as a **scale**. At one end are experiences of feeling unheard or uncared for. In the middle sits overwhelm. At the other end are medical emergencies and interventions. Many births include moments from all along the scale.

> YOUR EXPERIENCE IS VALID WHEREVER IT SITS
>
> There is no "bad enough" threshold for trauma. A birth that was medically straightforward can still be deeply distressing, and an emergency birth can feel manageable if you felt safe and cared for. **What matters is how it felt to you.**

How common is it?

About one in three women in the UK find some part of their birth experience traumatic, and around 4–5% go on to develop post-traumatic stress disorder (PTSD), roughly 30,000 women a year. Partners can be affected too.

After a difficult birth, you might notice…

RELIVING
- Replaying moments of the birth
- Flashbacks or nightmares
- Panic at hospital sounds or smells

AVOIDING
- Not wanting to talk about it
- Avoiding the hospital or GP
- Feeling numb or distant

ON EDGE
- Constant worry about your baby
- Jumpy, irritable
- Unable to sleep

PAINFUL FEELINGS
- Anger, guilt or shame
- "I failed" or "my body let me down"
- Fear of another birth

THE SCALE

The birth trauma *scale*

This scale is not a measure of how much you "should" be affected. It is a way of naming experiences that are often overlooked, and of recognising that **trauma can come from how you were treated, as well as from what happened to your body.**



- Not being listened to
- Pain relief delayed or refused
- Not feeling supported
- Not being asked for consent
- Your account not believed
- Feeling judged or dismissed

- Too many people in the room
- Everything happening too fast
- No one explaining what's going on
- Loss of dignity or privacy
- Partner sent out or ignored
- Very long or very fast labour

- Severe blood loss
- Forceps or ventouse
- Episiotomy or a serious tear
- Emergency caesarean
- General anaesthetic
- Baby taken to neonatal care

Trauma can happen at any point on the scale, and many births include experiences from more than one part of it.

	FEELING UNHEARD	OVERWHELM	MEDICAL EMERGENCY
What it's about	How you were treated, listened to and cared for	Too much, too fast, with too little explanation or control	Physical danger or intervention to you or your baby
How it can feel	Dismissed, powerless, invisible, betrayed, alone	Frightened, frozen, exposed, out of control	Terror, shock, fear of dying or of losing your baby
What it can leave behind	Anger, mistrust of professionals, self-doubt	Flashbacks to sounds and faces, dissociation	Flashbacks, physical pain, fear of another birth
What often helps	Being believed and having your account acknowledged	Making sense of what happened, and when	Physical and emotional recovery together

Experiences add up. A birth that involved an emergency *and* feeling unheard is often harder to recover from than either alone. Equally, a single moment, such as a hand you weren't asked about, can stay with you for years.

ONE END OF THE SCALE

Not being *heard*

Research by **Cheryl Tatano Beck** found that birth trauma lies "in the eye of the beholder", and that one of the strongest themes in women's accounts was a lack of caring: feeling invisible, stripped of dignity, or not communicated with. A UK review by **Reed, Sharman and Inglis (2017)** also found that the way women were treated by caregivers was often central to why birth felt traumatic.

Not being listened to

Saying you felt the baby coming and being told "not yet". Saying something felt wrong and being reassured instead of checked. Knowing your own body and having that knowledge overlooked.

Pain relief

Asking for pain relief and being told to wait, that it was too late, or that you were "coping fine". Being in more pain than anyone acknowledged. Pain that is unbearable and unrecognised can be deeply frightening.

Feeling supported

Being left alone for long periods, staff changing shifts without introduction, feeling a nuisance for asking, or a partner not being included. Feeling alone in labour can feel like being abandoned.

Consent and choice

Examinations or procedures done without clear explanation or permission. Feeling you had no real choice. Even when something was medically needed, not being asked can feel like a violation.

When your experience isn't believed

Afterwards, some women find their account doesn't match their notes, or are told "but you have a healthy baby" or "it was a normal birth". Being dismissed after the event can deepen the trauma, sometimes as much as the birth itself.

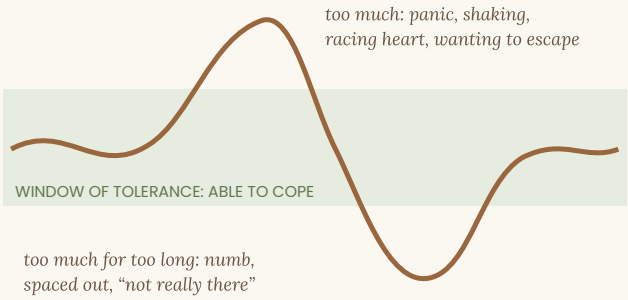
Your memory of how it felt is true for you. You don't need anyone else's agreement for it to matter.

THE MIDDLE OF THE SCALE

When it's *too much*

Overwhelm happens when events move faster than your mind and body can keep up with. In the moment, there may be no time to understand what's happening, let alone feel safe.

WHAT CAN HAPPEN	HOW IT CAN FEEL
Too many people suddenly arriving in the room	Exposed, frightened, "something must be very wrong"
People talking over you, or about you rather than to you	Invisible, an object rather than a person
Alarms, bright lights, being moved quickly	Panic, terror, being swept along
Lying exposed with the door open, or strangers present	Loss of dignity and privacy, shame
Your partner sent out, or left standing helpless	Alone, frightened for them and for yourself
A very long labour, or a very fast one	Exhausted and depleted, or in shock



The window of tolerance

Psychiatrist Dan Siegel described a **window of tolerance**: the zone where we can think, feel and cope. Overwhelm can push us above it into panic, or below it into shutdown.

Many women describe "switching off", watching from the ceiling, or going along with everything. This is **freeze or dissociation**, an automatic way the body protects us. It is not weakness, and it is not consent.

WHY MEMORIES CAN BE PATCHY

Under extreme stress, memory may be stored in fragments: a face, a sound, a smell, a feeling, without a clear order. Gaps and confusion about what happened are common, and are a normal response to overwhelm.

Emergencies *and interventions*

Sometimes birth involves medical emergencies or procedures. These may have been necessary and even lifesaving, and still be traumatic. **Both things can be true.**

EXPERIENCE	WHAT IT INVOLVES	WHAT CAN STAY WITH YOU
Severe blood loss (postpartum haemorrhage)	Heavy bleeding after birth, sometimes needing urgent treatment, surgery or a transfusion	Fear of dying, flashbacks, exhaustion, feeling separated from baby
Assisted birth: forceps or ventouse	Instruments used to help the baby out, often quickly, with many people present	Pain, feeling violated, worry about baby's marks or injury
Episiotomy	A cut to widen the vaginal opening, usually with local anaesthetic	Pain, a sense of being cut without warning, healing and intimacy worries
Serious tears (third or fourth degree)	Tears extending to the muscle around the back passage, repaired in theatre	Pain, continence worries, shame, impact on sex and body image
Emergency caesarean	An urgent operation, sometimes within minutes	Shock, "missing" the birth, grief for the birth you hoped for
General anaesthetic	Being put to sleep for the birth	Not seeing your baby born; difficulty feeling it "really happened"
Baby in neonatal care	Being separated while your baby receives special care	Fear, grief, guilt, feeling robbed of early moments

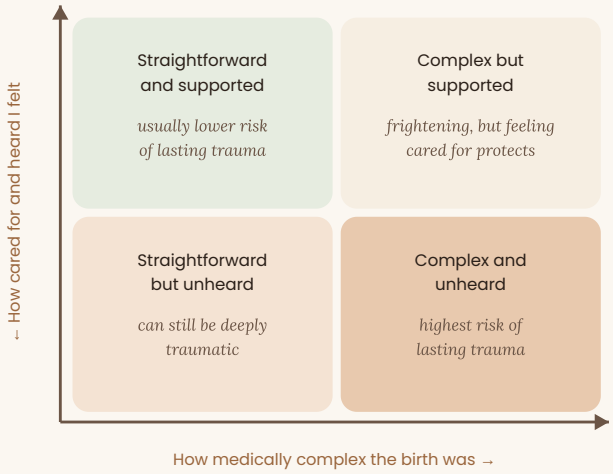
When body and mind are both healing

Physical recovery can be a constant reminder of what happened. You may notice:

- Flashbacks during examinations or sex
- Avoiding looking at or touching a scar
- Worry about continence or pain
- Feeling disconnected from your body
- Difficulty resting or trusting your body
- Fear of a future pregnancy

Your GP can refer you for physical support, such as a pelvic health physiotherapist, if you have ongoing pain, continence or intimacy difficulties. You do not have to put up with these.

It's not just what happened, *but how*



Two things shape the impact

How traumatic a birth feels depends on **what happened**, and just as much on **how cared for, informed and in control you felt.**

Kindness, explanation and being asked can soften even the most frightening emergency. Feeling unheard can make a straightforward birth traumatic.

Illustrative diagram, drawing on Beck (2004) and Reed et al. (2017).

Things that can increase the impact

- Previous trauma, especially sexual abuse
- Previous difficult birth or pregnancy loss
- Anxiety or depression before birth
- Lack of support afterwards
- Being dismissed when you try to talk about it
- Ongoing physical problems

Partners on the scale too

Partners may have watched an emergency unfold while feeling helpless, been sent out of the room, or felt ignored. Many feel they must stay strong and put their own feelings aside. **Their experience matters too**, and talking together can help you both make sense of it.

Why therapy matters

Grounding and self-care help, but trauma usually needs to be **processed** to heal. 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.

TECHNIQUES

Making sense *and finding calm*

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.

Ground with your baby. Notice their weight, warmth and breathing. "I'm here, now, with my baby."

Ask for your notes. A birth reflections or "birth afterthoughts" service lets you go through your notes with a midwife.

Tell your story. To someone who will listen without fixing or comparing. Being believed helps healing.

Name what you needed. Anger often points to a need that wasn't met: to be heard, asked or comforted.

Be gentle with your body. It did its best in difficult circumstances. Rest and care for it as it heals.

Plan for reminders. Birthdays, check-ups and hospital visits can be hard. Take someone with you.

My birth on the scale

Write in your own words, at your own pace. Stop if it becomes overwhelming, and come back to it another time or with support.

FEELING UNHEARD — OVERWHELM — MEDICAL EMERGENCY



Mark the moments of your birth along the scale with a cross.

WHAT HAPPENED	WHAT I FELT	WHAT I NEEDED

Healing *at your pace*

Psychiatrist **Judith Herman** described three stages of recovery from trauma. Good therapy goes at your pace and always starts with safety.

1. Safety
stabilise, ground, build coping skills

2. Processing
work through the memory; grieve

3. Reconnection
rebuild life, trust and meaning

Wherever your experience sits on the scale, it deserves to be heard. If you would like a safe, unhurried space to talk about your birth, you are welcome to get in touch at **velvetcouchtherapy.co.uk**.

Recommended reading

Why Birth Trauma Matters
Emma Svanberg (2019)
A clinical psychologist on why birth trauma happens and how to heal.

The Positive Birth Book
Milli Hill (2017)
On choice, consent and feeling in control; helpful when planning another birth.

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

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

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.

Birthrights
birthrights.org.uk
Information on your rights, choice and consent in maternity care.

MASIC
masic.org.uk
Support for women affected by serious birth injuries.

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. Draws on Cheryl Tatano Beck (2004); Reed, Sharman & Inglis (2017), *BMC Pregnancy and Childbirth*; NICE guidance on PTSD; Dan Siegel; Judith Herman. © Velvet Couch Therapy. For personal use only.