

MEDIA REVIEWS

Birth Crisis

Sheila Kitzinger
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In the 1990s, Sheila Kitzinger set up a Birth Crisis Hotline and corresponding workshops to address the concerns of women who contacted her about their difficult birth experiences. *Birth Crisis* springs from their stories of distress and healing. Each chapter knits their experiences together with the author's commentary and lists of ways to avoid destructive maternity care. We are shown how families and practitioners can recognize and deal with different types of trauma, and how women succeed in recovering from deep desolation and fear.

Some women suffer a range of indignities during childbearing that cause serious physical or psychological problems, lasting sometimes for years. Of the alarming number of women who have been sexually abused, raped, or otherwise violated, many find to their surprise and horror that their labor and birth experiences force them to recall and inadvertently relive incidents of past abuse.

Through the "lens" of personal trauma, Kitzinger tackles the alienating aspects of standardized obstetrical care, which distorts the natural process of labor and birth (Chapters 3 and 4). She sees trauma as a *normal* reaction to abnormal situations, as when women receive insensitive care, with no choice or no chance of escape.

Women's traumatic experiences during medical encounters illuminate the inequalities between givers and receivers of care (Chapters 5 and 6). The more intrusive the "management style," the greater will be the chance that personal boundaries are invaded or destroyed. For instance, women in labor cannot cover themselves up adequately; they often have to lie on their backs in "victim" position, hooked to machinery that prevents them from moving around, their most intimate parts exposed to the eyes of strangers who themselves are fully dressed. They may be poked, prodded, and pried into by a changing cast of practitioners who are often hurried, or who joke around inappropriately. They may be touched in insensitive ways by people who have no inkling of what they have undergone in the past or what they

are feeling in the present. Opening up to enable the baby to be born may be difficult. An episiotomy may be unexpected, terrifying; being sewn up afterwards, incredibly painful.

Detachment . . . anxiety . . . sadness . . . shame . . . guilt . . . mourning . . . fear . . . physical problems . . . self-recrimination . . . nightmares . . . uncontrollable flashbacks . . . panic attacks—all are forms of stress and evidence of trauma (posttraumatic stress disorder). These episodes, terrible in themselves, are even more frightening when they occur during labor. They cause feelings of helplessness and lack of control, leading to further use of obstetrical drugs and devices (Chapter 7) and influencing a woman's attitudes toward having any more children.

When someone describes her experience in terms of "pain," she is indicating a need to have her distress acknowledged and understood. Simple ways to handle pain (Chapter 8) include assistance from trusted companions, supportive midwifery care, relaxation techniques, water, warmth, music, and visualization, among others.

Women blame themselves for choices they made—"if only I hadn't. . .," or are blamed by others—"you didn't care about your baby" (Chapter 9). In fact, most often they do not have real choices, nor can they exercise many rights at all. Forces unrelated to their personal needs are in play. Institutional protocols must be followed; residents trained. Maternity care is big business; hospital incomes are increased by the use of machinery and drugs. Indeed, women who fight for "choice" within the system may, in fact, lose the opportunity to choose at all, as when many who requested "twilight sleep" in the early 1900s had their babies in hospitals, only to be tied down and drugged unconscious, their labors totally out of their control. When fears and phobias are renamed "requests" and "rights," they tend to remain unaddressed and reinforced.

Traumatic birth experiences inevitably affect feelings about mothering and bonding with the baby, relationships toward partners, and attitudes toward sex and sexuality (Chapters 10–12). Episiotomies ("ritual mutilation") especially should be a public health issue, since so many women receive them and suffer from their effects. Finally, women who become pregnant again are offered guidelines to help them figure out what has caused their fears in the past and to check available future options for practitioner and birthplace.

Sample conversations show how Hotline respondents and workshop facilitators are trained (Chapters 11–13). They learn to listen quietly, nonjudgmentally, encouraging women to put their stories into words—sometimes for the first time in years or decades—and then reflecting the narratives back to them for further clarity. Moving beyond trauma and isolation, women can then go farther if they want, checking their birth records, talking with other women, perhaps becoming politically active. According to Kitzinger, people involved in the National Childbirth Trust (an organization supporting the needs of parents in England) are on all the major committees and advisors to government bodies concerning mother and child health, and are making some inroads into bettering maternity care. (S. Kitzinger, personal communication, Sept 7, 2006). Would that this could happen in every country! Everywhere!

As described in *Birth Crisis*, the heartbreaking fact that many obstetrical practices can cause or augment personal trauma should be enough to make us sit up more quickly and work harder than ever so that women can receive the compassionate care they deserve.

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