

TANJA SAHIB



*It's over -
I just don't know it yet*



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Foreword by Silvia Höfer

Some women don't feel the happiness that they expected to feel after the birth of their child. They are traumatised and experience feelings that are confusing and make them feel helpless and alone in this new phase of their life. Unfortunately, a mother feeling upset and unhappy after giving birth is still considered a taboo subject.

What is a traumatic birth? Isn't every childbirth an overwhelming event in the life of a woman? That, we can say for sure. However, there are differences between a deeply moving birth and one where the woman has experienced extraordinary fear and a feeling of absolute powerlessness.

Psychologist Tanja Sahib was able to successfully highlight and explain these differences in detail. In this book, she presents her systemic and trauma-based therapeutic approach to help readers to comprehend the impact of such a crucial event on the physical and mental health of the mother, as well as, the rest of the family.

With her book, Tanja Sahib intends not only to help affected women and their relatives, but also to help midwives and doctors to understand and cope with the possible consequences of traumatic childbirth experiences.

The author explains steps that aid in moving on from the traumatic experience to a self-determined life. These steps are clearly laid out and can easily be put into practice. Suggestions, respectful questions, and practical exercises related to the situation help and support the reader to cope

with their stressful experiences. Mrs. Sahib addresses the readers empathetically and sympathetically. In a pleasantly modest manner, she offers support and assistance in learning to cope with and process the experienced trauma.

Throughout the book, the reader is accompanied by a series of sketches of a woman who is overcoming her challenges. This is intended to creatively add to the feeling of encouragement that accompanies the reader throughout the book.

Tanja Sahib's appreciative attitude and extensive professional competence as a psychologist is based on her wish to enable mothers and parents to shape and experience the event of starting one's own family in a self-determined manner.

This book represents a practical tool for anyone who has been affected by postnatal trauma - a tool that can be handy in trying to recover after the overwhelming experience of traumatic childbirth. This may be through encouragement of your own self-healing abilities, contributing to a life full of passion and awareness of positive aspects that can emerge after overcoming the traumatic experiences - thus, helping the entire family.

Silvia Höfer

in May 2013

Dedication

This book was written with the help of mothers and fathers who were affected by traumatic childbirth events and who kindly shared their experiences with me. I want to thank you for your openness.

A special word of gratitude in memory of my father, who always believed in my journalistic skills. I want to also thank my mother and her ever so endearing, energetic and pragmatic attitude.

I want to thank my husband Ibrahim and my three children, Junis, Sinan and Muna, for their patience in the last two years, as I have put a lot of time and energy into this book. Thank you Sinan for your philosophical ideas and the awesome dragon.

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Graphic designer Elisabeth Shaw illustrated my favourite childhood books and it shows in my own drawings, which are based on hers. I would like to thank Elisabeth Shaw's daughter, Anne Schneider, for seeing originality in my drawings and consenting to the publication of my illustrations.

I am grateful for the wonderful foreword of independent midwife and author Silvia Höfer.

I want to express deep appreciation for my editor, Petra Markstein, for her encouragement and the insightful way she treated my written words. She turned my manuscript into a readable book. A special thanks goes to Dagmar Frohning for the final touches she put on the manuscript.

I very much want to thank the women who helped me translate this book, especially the midwife and master of public health, Nancy Stone.

Tanja Sahib

Introduction

Dear mothers,
You just had a child and you are not happy? The birth was different than what you expected? Events started happening very quickly and you suddenly were not in control of the situation, or you were not able to make decisions with your caretakers about what happened to you or your body? You are thankful that everything went well, but you still feel that you have missed out on the experience of giving birth to your child? You are stressed because you may not yet have been able to build a strong relationship with your child? You had the experience of having developed a loving relationship with your child during pregnancy, and now you feel that this is broken?

Dear fathers,
Your wife had a child and is now distraught or upset? Either she does not want to talk about it at all, or she feels the need to permanently relive the events that occurred during the birth? Is it hard for her to develop maternal feelings for your child, and she is suffering because of this? Do you wish that your wife would stop being so unhappy?

Dear relatives and friends,
A couple just had a child. You notice that they are not doing well. Do you suspect that the birth was not a good experience? Have you asked yourself how you can support this family?

For many years, I have been helping parents at our information and counselling centre 'Familienzelt' (Eng.:

family tent) to answer questions that revolve around the topic of childbirth. As a systemic therapist, I do not only support mothers who come to our information centre; I also include their families in problem solving and conflict situations. All mutual resources lead to lasting improvements. Again and again, I am impressed when I see how creative each woman is in finding her way out of her crisis.

I find it particularly touching to offer support to women who seemed to be paralysed after giving birth. Some women have lost their vitality and confidence after their childbirth experience. They talk about birth as a deeply distressing experience. Mortal danger, fainting, or having lost any ability to act, turned childbirth into a traumatic experience for these women. A part of them is still partially trapped in the birth experience, which prevents them from continuing into this new phase of life.

It is possible that some women do not see themselves as mothers yet, even though they take care of their children very well. At the same time, family and friends tell them: "What is your problem? Everything went well. You should be happy that you are alive and the little one is doing so well!" After the birth, many women make an effort to appear as others expect them to be, and try to present themselves as a contented, happy mother, thus feeling alone and misunderstood. These women often had high expectations of themselves. Furthermore, they hear comments from their friends and acquaintances that support the ideal that a mother only becomes a "real" mother by giving birth to their child in a "natural" way. This adds additional pressure by rousing up feelings of failure. Many mothers feel alone and misunderstood.

Women can begin to feel better again when they accept support, succeed in revealing their fears, and realize that this strengthens them. When they find the confidence to actively take the first step, they gain back their self-determination bit by bit.

Every family finds their own way out of debilitating circumstances and confronts frightening memories. For me, it is touching to see how parents succeed in integrating the event of childbirth into their life story and enter into their new phase of life.

Please use this book with self-confidence. Only read what you think could help you. I have addressed different sections of the book to mothers, their partners, and relatives. Please understand them as thought-provoking, and work with them or skip them as you wish. Should the theoretical journey on psychotraumatology, the stories that parents have shared, or the visualization exercises not appear to be helpful to you, please trust your skepticism and skip these sections.

You can find two questionnaires in the appendix. You can use them to find out whether your birth was traumatic for you, and how fearful you may possibly be of having another child. The best case scenario would be that this book encourages you to find out what you need in order to integrate the traumatic birth into your life.

This book is dedicated to those women and men who allowed me to share their stories. They have shown commendable strength by overcoming traumatic situations and accepting these experiences, while gaining back their confidence and vitality.

Part I

Childbirth as a Traumatic Experience

1. Childbirth - a special life event

For every woman, the birth of her child is moving and touching. Most women and their partners hope that the birth process goes smoothly and remains normal or natural. Two generations ago, before the contraceptive pill became popular, pregnancy and birth were seen as fateful events that were not always predictable.

With the development of the contraceptive pill and the increase of medical interventions in childbirth during the middle of the last century, views about pregnancy and birth have changed throughout the world. Home births became rarer and rarer as women chose to go to the nearest hospital to give birth to their children. The medical standards at hospitals included technology, and this mechanisation of labour and birth became taken for granted. As a matter of practice, some hospitals began to induce births through hormone drips around the estimated due date. This allowed the planning of shifts for staff in delivery rooms in advance.

Many women came to experience childbirth as a technological, programmable process at the hospital, leaving them feeling alienated and at the mercy of hospital personnel. They felt as though the special moment of the experience was taken from them. It is for this reason that

one generation ago, especially in the USA and Western Europe, women demanded that childbirth be regarded as a natural process again. Besides medical assistance during pregnancy and at birth, comprehensive care must also include social, emotional and psychological aspects. The WHO (World Health Organisation) established recommendations in the 1980s that reinforced women's self-determination.¹ These recommendations can be found in the appendix under the heading 'Birth is not an Illness' and are still applicable today.

In the two decades that followed, opinions on the 'right birth' were debated from an ideological perspective. The numbers of home births increased again, and the first birth centres emerged. Delivery rooms in hospital maternity units were equipped with comfortable beds and were designed in a more homelike fashion. While women commonly gave birth in the supine position (e.g. lying on their backs), this has been replaced by other positions; hospital maternity units even invested in special bathtubs for water births. Fathers are now nearly always present during birth - something that was unthinkable just decades ago.

Due to these positive obstetric changes that occurred in the 1980s and 1990s, parents are now able to associate places of birth with security and a concomitant sense of well-being. Nowadays, expecting parents inform themselves and visit hospitals and birth centres, learn that the woman should move around and get into different positions during labour, and learn how to cope with labour pains. The duration of a full-term pregnancy is generally considered a period for comprehensive preparation for birth. This is a good thing, however, unpredictability will always remain a risk factor during pregnancy and childbirth, since it is difficult to prepare for a situation in which something unexpected and unplanned could happen.

Advice-givers, informational meetings, and antenatal classes in birth centres and hospitals reinforce parents' beliefs that labour and birth proceed in a foreseeable way, and that unpredictable events rarely occur. At the same time, the concept that pregnancy and birth are risk-laden is now prevalent in hospitals and prenatal care. Within the interplay of safety awareness and the wish for undisturbed privacy, couples attempt to choose the ideal place for giving birth.

Options these days are diverse. While by far most women choose to give birth in a hospital maternity unit, these are also places where it is more likely to experience interventions in the birth process and the use of medication and technology than is, in fact, necessary. Also, the episiotomy rates are higher in hospital births than in births that take place elsewhere.²

Women who decide against a birth in a hospital maternity unit consciously decline the routinized care that is customary there. They wish to be accompanied by a trustworthy and experienced midwife and put emphasis on self-determination and their desire for privacy and intimacy.

Because pregnant women and their partners expend a concerted effort to get informed, they develop high expectations regarding risk and pain reduction. They are hoping for the birth of their child to be an emotional event, and are dreaming of that special feeling of happiness once the baby is born. A highly technological, medicalized environment, or even a familiar atmosphere cannot always prevent a sudden complication, which can overwhelm a woman and her partner during birth.

Quote: "I completely blocked out that something could happen to me or my baby during birth. I had a good

feeling and trusted my body. The midwife I chose appeared to be experienced, and I was very confident. I did not expect that the labour would be obstructed after they gave me an epidural³. And then the situation became more and more threatening...”

Lore, 34 years old, after an emergency C-section⁴, with Helena, now 20 months

2. The Dilemma of Midwives and Obstetricians

While many pregnant women wish for a natural birth and hope to succeed without additional medical interventions, giving birth at home or in a birth centre is not an alternative for most women. According to data from the German Federal Bureau of Statistics 2014 (*Statistisches Bundesamt*), only about 1,4 % of children are born at home or in a birth centre - more than 98% of births occur in hospitals maternity units.⁵

In 2014, almost a third of all women (31.8 %) had a C-section. In the last twenty years, the number of C-sections has almost doubled (1992: 16.2 %).⁶

In terms of a decrease in risk to women and newborns, obstetricians can show impressive numbers. Presently, 997 out of 1000 children are born alive in Germany.⁷

There has been, however, a paradoxical development. It is thought that, in order to decrease the risks for newborns, women should have continuous monitoring during labour. Continuous monitoring of contractions and foetal heartbeats with a foetal heart monitor (CTG)⁸ is actually meant for high-risk births. Nevertheless, this has increasingly become routine even at low-risk births.

During the active phase of labour when the cervix is dilating, midwives would like to stay at a woman's side and attend to her needs by giving encouragement and helping the woman to feel safe. However, the number of tasks that midwives have to fulfil in hospital maternity units has increased, and they often only have brief moments to check on the women.

When parents-to-be go to informational sessions in hospital delivery units, they see comfortable, well-equipped delivery rooms. However, the reality is that care during labour in the hospital routines indicates shortage of staff. These facts seem to contradict each other. Nevertheless, even a woman who has continuous monitoring and medical care could experience complications. Thus, pregnant women should discuss with their midwife and partner what the course of action is should complications arise during labour.

In 2010, only about 8% of healthy pregnant women in Germany experienced a birth without medical interventions. Interventions include synthetic hormone (oxytocin) drips, episiotomy, vacuum-assisted vaginal delivery or an epidural.⁹ In recent years, epidural¹⁰- anaesthesia and C-section rates have been increasing consistently. Research has shown association between the increasing numbers of epidurals and a decrease of contractions during labour, as well as the birth ending in a C-section.¹¹

Parents' expectations of a painless birth without complications seem to be in opposition to the increasing numbers of complaints and lawsuits against obstetricians in the last years. Costs for follow-up operations, compensation, and rehabilitation are higher than in any other medical field.

In spring 2010, a study of the German National Association of Statutory Health Insurance Funds found that personal

injuries in the health care sector are becoming more and more expensive.¹² In the event of personal damage during birth, medical costs must be covered over an entire lifetime. This has the potential to cost insurance companies up to two million Euros (£1.5 mil). In addition, benefits for pain and suffering up to 500,000 Euros (£360,000) must be paid. Therefore, insurance companies that offer liability insurance to obstetricians and midwives have drastically increased premiums and demand extensive quality assurance audits.

Matters of safety and liability risks have become prominent issues for midwives and obstetricians. This is why, in the event of uncertainty, obstetricians are more likely to carry out a C-section. Furthermore, financial interests have a considerable influence on the increasing C-section rate. The length of a vaginal birth is unpredictable and requires a sufficient amount of staff to be present during the process. A C-section can be scheduled for midmorning and carried out in less than an hour. Even though the C-section takes considerably less time, it is compensated up to 80% more.

It is, therefore, not surprising that almost a third of all women in Germany experienced the birth of their child as a C-section in 2014. A rapid increase in C-sections can be observed since 1992 in all modern countries with high-tech medical services. A noticeable side effect of this increase is the loss of obstetrical expertise, particularly in twin or breech births.¹³ This also contributes to the trend of obstetricians in hospitals advising women to have C-sections.

3. Traumatized Mothers

The birth of a child is the first shared adventure of mother and child (and father). Whether a woman will experience the

birth of her child as positively moving or become so devastated by the experience that her self-esteem is damaged and her world is shattered is dependent on many factors.

Usually, scheduled C-sections do not trigger traumatisation in women. The future mothers are able to familiarise themselves with the procedure, are mentally prepared, and can go into the procedure with a positive attitude.

Quote: "I knew that I would be able to see my baby just minutes after the beginning of the procedure. This is why I wanted a C-section with spinal anaesthesia. I had something to look forward to!"

Bella, 32 years old, after primary C-section and breech presentation of the child, with Mio, now 4 months

Many women who have chosen to have a physiological birth have trust in themselves and in their caretakers. They believe in their natural abilities to give birth and get overwhelmed by unforeseen events. They exert themselves physically and mentally, stretch themselves to their limits, and hope that the birth will go smoothly. The fantasized ideal of a natural birth somehow prevents them from perceiving complications and preparing for these. They do not expect to end up with a C-section and consequently did not prepare themselves mentally or emotionally for this possibility.

Quote: "We had been left alone for a long time. The contractions got weaker. Suddenly, the room was full of people. First of all, I was given a drip to make my contractions stronger, and they returned with an enormous intensity. But the cervix did not dilate any further. They then gave me an epidural, which was

difficult. Due to the strong contractions, I couldn't stay still. The baby's heartbeats became slower. The atmosphere somehow grew more and more threatening. My husband sat next to me and was a great support. But he was no expert and was also very unsettled. We were in a situation where nothing was left in our control. My fear grew, but what could I have done? I was completely helpless in this situation."

Geertje, 33 years old, with Hugo, now 3 months

There have always been complicated births, but not every difficult birth triggers a traumatic reaction. Nevertheless, some women experience an overpowering danger at birth, leaving them with a feeling of absolute helplessness. Some of the most common reasons for that feeling are the complications and medical interventions that occur during birth.

4. Traumatising situations during birth

Difficult birth situations such as those described in this section, harbour risks that can lead to traumatisation. When fear increases, it is impossible to depend on usual coping strategies. When labour begins, the pregnant body's limited freedom of movement, together with the pain of the contractions, confronts the woman with a threatening situation from which it is impossible to escape. When a woman has this type of experience at birth, it exceeds her ability to cope.

Quote: "I felt like they left us alone for hours. I was in a lot of pain; my husband did not know how to help me. I felt so lost and then the cervix wouldn't dilate any further and then everything went much too fast. Lars and I couldn't

prepare for it at all; we would have needed more time.”
Anne, 28 years old, with Casper, now 3 months

Perception of pain differs from individual to individual. While in labour, women try to relax between contractions. Fear, however, can increase tension and prevent women from feeling at ease. When they experience feelings of helplessness in addition to this rising tension, they do not have the inner resources to deal with the pain and fright. If women don't feel safe and cannot let go of tension, helplessness and powerlessness are intensified.

Quote: “During birth preparation classes I learned how to breathe through contractions. But they came with such overwhelming intensity and so quickly - one after another. I felt absolutely powerless and at their mercy.”
Jane, 29 years old, with Grace, now 4 months

Deeply frightened and limited in physical movement, most affected women freeze or even experience a complete physical and mental breakdown. The intensity of the emotional stress lays the groundwork for the length and intensity of the phase that follows the birth, in which the affected women seem cut off from their physical body and emotions. Their lives have been dramatically altered.

The following situations are depicted in detail. Please take care when you read this next section, as we discuss some of the more overwhelming aspects of childbirth.

1. Sudden and unexpected changes in the course of birth, such as:

a) Surgical intervention (e.g. episiotomy¹⁴, vacuum-assisted vaginal delivery, forceps delivery) Should there be no time for the perineum to stretch at birth, and the caretakers believe that a cut is better than a tear, then an episiotomy is made and subsequently stitched up. Episiotomies are also carried out if the baby needs to be born quickly, as is the case in an emergency situation, since the perineum does not have time to stretch. It is often used in vacuum-assisted vaginal deliveries, as well as forceps delivery. Assisted deliveries are carried out instead of a C-section when the head of the baby has descended past the most narrow section of the birth canal.

Quote: “I didn’t want this, no one told me anything ... and then I heard scissors.”

Nelly, 35 years old, with Linus, now 6 months

b) C-sections when the lives of mother or child are at risk

A C-section is the surgical delivery of a baby carried out through incisions in the abdominal wall and uterus of the woman. When a C-section has not been planned in advance and takes place after contractions have begun, it is referred to as an unplanned C-section, and is either done urgently, as in the case of a threat to mother or baby, or within one to four hours, when there is no immediate threat to mother or baby. In the event of an unplanned C-section, the future mother does not have sufficient time to prepare for surgery. Medical procedures to save the lives of mother and child take precedence.

Quote: “Suddenly I was in the operating room. I didn’t want this! But there was nothing more that I could do.”

Jana, 37 years old, with Marlon, now 7 months

2. Rapid or prolonged birthing process - with continual foetal heart monitoring¹⁵

A birth can seem to proceed in an almost violent way. Some women become overwhelmed by the intense labour pains that accelerate a rapid course of childbirth. This may cause them to feel helpless, as if their body has abandoned them.

Quote: “I was squatting on all fours in the hallway and was shaking vigorously. There was my baby lying between my legs. My husband kneeled stunned next to me and said the ambulance will surely come soon. I felt so powerless and couldn’t imagine at all how I was going to get downstairs and into the car. I felt like I had to stay in that position forever.” *Barbara, 32 years old, with Selma, now 7 months)*

At the other end of the spectrum, birth can last for many hours. Many women are unable to move and feel as if they are at the mercy of their birthing body. Every woman has her own individual perception of labour pain. In addition to this, women experience increasing weakness and a loss of optimism that the birth will end successfully.

Furthermore, sounds from the foetal heart monitor can confuse or frighten the expecting parents.

Quote: “The birth of my daughter lasted 30 hours, and, during that entire time, I heard her heartbeats and feared for her life. Until this day, I wake up at night and hear rushing and thumping. I would like to forget this.”
Constanze, 35 years old, with Mia, now 16 months

3. Negligent care through obstetricians or relatives

A protected and intimate environment is an important condition for an undisturbed birth. Women, when they are in labour, are in a new and unfamiliar situation and become consumed by the birth process, to the exclusion of everything else. They are dependent upon their caretakers, midwife and/or obstetrician, during this process, who should help to keep conflicts at bay. If they feel insufficiently informed or are not included in decisions, particularly during unpredicted events, feelings of powerlessness are intensified.

Quote: “Even though I insisted on keeping my glasses, they were taken away. But I can’t see anything without glasses. I couldn’t see anything at all, and I felt completely helpless. I couldn’t even see my baby who they only showed to me for a short moment.” *Mary, 26 years old, after emergency C-section, with Edgar, now 10 months*

4. Fearing for the child’s life (e.g. dramatic deceleration of foetal heartbeats)

A birthing woman is not just worried about her own life, but also about that of her unborn child. She feels powerless if she cannot protect her unborn. Because the child is still inside her, she feels as though she is the cause of danger to her child. Many women are not able to resolve this conflict even weeks after giving birth.

Quote: “For hours I had to listen to the sounds of the foetal heart monitor... and then... all of a sudden, the midwife and doctor looked at each other. Shortly after, I was in the operating room. I couldn’t protect him at all. He was so tiny, and, at first, he didn’t breathe. They quickly

carried him away, and even my husband wasn't allowed to stay with him."

Kathi, 39 years old, after an emergency C-section, with Ferdinand, now 5 months

5. Delayed first meeting between mother and baby

Almost all the information that parents-to-be receive surrounding pregnancy and birth emphasises the importance of the first contact between mother and baby. Every future mother hopes that the time after birth will be undisturbed and allow for intimacy. She is sad, should this contact not take place. Some women struggle to recover from missing out on the first moments with their baby. They believe that they have missed an irretrievable moment that was necessary to make the baby theirs.

Quote: "Because she wasn't in good shape, she was taken to another room immediately to be cared for by the paediatrician. I was so numbed from all the medication that I only really saw her for the first time the next day. But was that really my child - the one from my tummy? To this day, I still don't know how to feel close to her."

Diane, 38 years old, with Ava, now 6 months

6. Damaged physical integrity through scars

Medical procedures, particularly surgical operations, affect the physical integrity of a woman. A woman who is able to mentally prepare herself for a planned C-section is able to come to grips with the scar this will leave behind. However, a woman who was not expecting an operation needs time to accept her scar.
