

Running Head: THE ANNIVERSARY OF BIRTH TRAUMA

The Anniversary of Birth Trauma: Failure to Rescue

Cheryl Tatano Beck, DNSc, CNM, FAAN

University of Connecticut

School of Nursing

231 Glenbrook Road

Storrs, CT 06269-2026

(Work) 860-486-0547

(Fax) 860-486-0001

E-mail: Cheryl.beck@uconn.edu

Acknowledgements

The author wishes to especially thank Sue Watson, the Chairperson of Trauma and Birth Stress (TABS), a charitable trust located in New Zealand for her invaluable assistance in recruitment and her continual support for my research. Also the author thanks Debra Lajoie, MSN for her insightful suggestion to apply the term “failure to rescue” to the discussion of the findings. Lastly, words do not seem enough to thank the women from around the world who so willingly shared their painful and vivid stories with me in the hopes of helping other mothers who have experienced birth trauma.

Abstract

Background: Reported prevalence of post-traumatic stress disorder secondary to birth trauma ranges from 1.5 to 5.6%.

Objective: What is the essence of mothers' experiences regarding the anniversary of their birth trauma?

Method: Colaizzi's method of phenomenology guided the study. Participants were recruited via the Internet through a charitable trust located in New Zealand called Trauma and Birth Stress. Thirty-seven women sent on attachment stories describing their experiences of the anniversary of their traumatic childbirths.

Results: Four themes revealed the essence of women's experiences of the anniversary of their birth trauma: (1) The prologue: An agonizing time, (2) The actual day: A celebration of a birthday or the torment of an anniversary, (3) The epilogue: A fragile state, and (4) Subsequent anniversaries: For better or worse.

Discussion: Based on the findings of this study on the anniversary of traumatic childbirths, the time seems right to broaden the use of the term "failure to rescue" to these childbearing women. Not only clinicians but also family and friends failed to rescue mothers during the period surrounding the anniversary of their birth trauma.

Key words: birth trauma, post-traumatic stress disorder, failure to rescue

The Anniversary of Birth Trauma: Failure to Rescue

In the words of one mother, “Every birthday is no longer the celebration of the child but is really an anniversary for the rape. Rapeday. My son was conceived from love and born out of rape.” The reported prevalence of post-traumatic stress disorder (PTSD) secondary to childbirth ranges from 1.5% (Ayers & Pickering, 2001) to 5.6% (Creedy, Shochet, & Horsfall, 2000). PTSD has recently been reported after stillbirths (Turton, Hughes, Evans, & Fainman, 2001), after pregnancy complicated by severe pre-eclampsia (von Pampus, Schultz, Neeleman, & Aarnoudse, 2004), and after birth of very low birth weight infants (Kersting et al., 2004). In other studies, though no formal diagnosis of PTSD was made, the percentage of women reporting traumatic births ranged from 34% (Soet, Brack, & Dilorio, 2003) to 55% (Ryding, Wijma, & Wijma, 1998).

Serious ramifications of even just the perception of delivery as a negative experience are now being recognized. For example, in Sweden women who reported a very negative experience of their first birth had fewer subsequent children and a larger time interval to the second baby as compared to women who reported positive birth experiences (Gottvall & Waldenstrom, 2002).

What do mothers, who perceive they have had traumatic childbirths, experience each year as the anniversary of their birth trauma occurs? No research to date has focused on this phenomenon. The purpose of this study was to describe the essence of women’s experiences regarding the anniversary of their birth trauma.

Literature Review

A literature review revealed only three qualitative studies that examined traumatic births or PTSD secondary to birth trauma. Allen (1998) interviewed 20 mothers 10

months after their delivery which they perceived as being traumatic. A grounded theory design revealed that the core category associated with birth trauma was the women's feelings of loss of control of events or their own behavior.

Beck (2004a) examined the meaning of women's birth trauma experiences using a phenomenological design. Analysis of the stories of 40 women revealed four themes: (a) To care for me: Was that too much the ask? (b) To communicate with me: Why was this neglected?, (c) To provide safe care: You betrayed my trust and I felt powerless, and (d) The end justifies the means: At whose expense? At what price?

Beck (2004b) went on to investigate the effect of birth trauma on 38 mothers, namely post-traumatic stress disorder due to the traumatic births. In this phenomenological study, five themes emerged: (a) Going to the movies: Please don't make me go?, (b) A shadow of myself: Too numb to try and change, (c) Seeking to have questions answered and wanting to talk, talk, talk, (d) The dangerous trio of anger, anxiety, and depression: spiraling downward, and (e) Isolation from the world of motherhood: dreams shattered.

Recently some interventions have been tested with new mothers at risk of developing psychological trauma. In Italy 64 women with an uncomplicated pregnancy participated 2 days after delivery in a study examining the impact of written expression of negative emotions connected to labor and delivery on the occurrence of stress symptoms (DiBlasio & Ionio, 2002). At 2 months postpartum, the experimental group reported significantly less stress symptoms into all three categories of avoidance, hyperarousal, and re-experiencing the unpleasant event than the control group.

In Australia Gamble et al (2005) assessed the impact of a midwife- led brief counseling intervention for postpartum women at risk of developing psychological trauma symptoms. The sample of 103 mothers who had experienced a traumatic delivery were randomly assigned to either an experimental group or a control group. The intervention consisted of face-to-face counseling within 72 hours of birth and again by telephone at 4 to 6 weeks postpartum. At 3 months postpartum the intervention group mothers reported a significant decrease in trauma symptoms.

Methods

Research Question:

What is the essence of mothers' experiences regarding the anniversary of their birth trauma?

Sample

Criteria for sample eligibility included (1) a woman perceived her childbirth had been traumatic, (2) she had experienced at least one anniversary of that birth trauma, (3) she was 18 years of age or older, and (4) she could articulate her experience. This Internet based sample consists of 37 women who perceived their labor and delivery as traumatic. Eighteen women (49%) reported having been diagnosed with PTSD due to childbirth. Twelve of those mothers are currently undergoing therapy for their PTSD. Approximately half of the sample was from the United States. Age ranged from 24 to 54 years old with a mean of 32 years of age. Demographic and obstetrical characteristics of the sample are located in Table 1.

Mothers described having endured various birth traumas. Examples of some of the more frequently cited traumatic births included preterm delivery, shoulder dystocia,

excruciating pain, and emergency cesarean deliveries. Amniotic fluid embolism, cardiac arrest and prolapsed cord are examples of birth traumas that were each only cited by one mother.

Research Design and Data Analysis

Colaizzi's (1973, 1978) method of phenomenological psychology guided this study. This method consists of four operations: (1) An individual phenomenological reflection is undertaken by the researcher to discover the fundamental structure of the phenomenon being studied. In this first step researchers obtained their descriptive data solely from themselves. (2) The investigator collects descriptive data from multiple participants who have experienced the phenomenon under study. (3) A fundamental description is obtained using the method of empirical phenomenological reflection. Here the researcher reflects on the data alone that has been provided by the participants. The researcher does not impose on the data interpretations of any particular theory or any bias concerning the experience under study. Colaizzi (1973) listed the following phases involved in obtaining an empirical phenomenological reflection:

- “ Selection of an appropriate description from the many possible ones contained in the original data.
- Extracting unique, non repetitive meaning-expressions from the data.
- Relating the meaning-expressions to one another.
- Combining these interrelated meaning-expressions.
- Extracting from this combination its substance.
- Examining the obtained fundamental description with respect to the original data in order to establish its validity” (p.48).

(4) A fundamental structure is discovered. This final operation begins with the themes developed earlier in the fundamental description. The researcher reflects on these themes to explicate them, to make them clear and explicit.

Procedure

After approval was obtained from the university's institutional review board, data collection began. This phase of the research extended over a 15 month period. Mothers were recruited via the Internet through a charitable trust located in New Zealand called Trauma and Birth Stress (TABS). Their website is www.tabs.org.nz and email is ptsdtabs@ihug.co.nz. TABS provides support to women who have suffered from traumatic births and provides education to health care providers/lay public regarding PTSD due to childbirth.

A recruitment notice was placed on the website of TABS and also in their newsletter. A link was provided directly to the researcher's email address at the University for any mothers interested in participating in the study. Informed consent and directions for the research were sent on an email attachment to prospective participants. Women had the opportunity to email the researcher if they had any questions regarding the study. The participants electronically signed the informed consent and returned it to the researcher on attachment. Participation in the study entailed the woman describing her experience of the anniversary of her birth trauma in as much detail as she wished to share. The women sent their anniversary stories to the researcher over the internet as email attachments.

Trustworthiness.

Rigor was achieved by addressing credibility, auditability, and fittingness. In regards to credibility, the findings were reviewed by two women who had experienced multiple anniversaries of their birth trauma and also by one of their husbands. Their reactions to the themes can be summarized by a segment from one of these mothers' emails after she had read the manuscript: "This is superb and I love every word of it". The auditability of the study was enhanced by adding Hycner's (1985) suggestion of listing for each theme its subsumed significant statements and their original numeration. Fittingness of the results was enhanced by the sample which represented five different countries from around the world.

Results

"Birthdays – what do they mean to you? For me a birthday prior to my son's birth meant joy, presents, relaxation and celebration, Now it has a darker side to it. A profound depth that I never could have imagined was possible. So what changed? Well everything and all in the space of some 24 hours during my labor and delivery. This is my story of how birthdays became the BIRTH day!"

Analysis of the 37 stories of the anniversary of birth trauma revealed 231 significant statements including the paragraph above. These significant statements were then clustered into four themes that captured the essence of this phenomenon of the BIRTH day.

Theme 1: The Prologue: An Agonizing Time

Clocks, calendars, and seasons all play key roles as the anniversary of birth trauma approaches. Clock watching consumed some mothers' days and nights. As one woman shared "the entire 2 days before the anniversary I watch the clock and relive all

the hell I know that a year or two or three now ago for the first 30 plus hours of labor I was hanging in there suffering but dealing with the pain virtually alone.”

As the season of the year approached when the traumatic birth had occurred, the change in the weather or an upcoming holiday triggered fear and “bad memories” in some women. For one mother autumn was the difficult season: “There is also a distinct smell of dead leaves in the air that screams, ‘October!’. Hearing the word, October, and seeing the word in writing gives me chills. When I would see decorations for Halloween, fear rushed through my body.”

In the days approaching the birth trauma anniversaries, women kept ruminating about the day their babies had been born. As one mother reflected on her fourth anniversary “I still after 4 years find that before her birthday I go back over that night again and again thinking about the things I could/should have done to change things (although in reality there was almost nothing I could have done). I kept going over in my head all of the details but I just couldn’t stop thinking about her birth.”

Dread, anxiety, stress, sadness, grief, loss, fear, and guilt were some of the distressing emotions that came to the forefront as women’s birth trauma anniversaries loomed near. One mother remembered feeling extremely anxious and frightened the 2 months leading up to her baby’s first birthday. Terrifying flashbacks would come without any warning during this 2 month period.

Complicating these distressing emotions as the anniversary drew near was the harsh reality that the anniversary day was also the birthday of their child. Mothers struggled not to let their children know what they were feeling. This battle within the mother is clearly seen in the next excerpt. “I’m filled with an overwhelming sense of

dread of the upcoming occasion and my nightmares are more ferocious. I am locked in a battle of will at not letting my daughter sense or become aware of my problem. I never want her to know the reason for my problem/behaviour. The birth trauma and her injury has taken soooo much from my child and our entire family for that matter but I don't want it to continue to impact her special day, his BIRTHDAY, as well."

Often times mothers were grateful that their children were too young to know the significance of the day. As the first birthday approached this mom revealed that, "I anxiously opened birthday cards for my son during the week prior. I passed them to him with a plastic smile and that was all I could muster. I was pleased when he chewed them and tore them to shreds with his new teeth. I didn't have to display the cards and I tossed them in the recycling bin before anyone else saw them."

The traumatic delivery of her daughter left one mother feeling like she wasn't "a real mommy" and that somehow her baby wasn't hers. She shared that "I continually tell myself that I am 'over' the birth and a real mommy but each year as my daughter's birthday approaches I feel more and more anxious. I have a strong belief that her real parents will turn up and demand to know why I had been so bad at looking after their child."

"As my daughter's first birthday approached I wanted to die. I felt nothing for her and found it hard to celebrate the joy of this child that meant so little to me. I took excellent care of her but it was if I was babysitting, the emotional bond just wasn't there."

The struggles surrounding the looming anniversary physically took a toll on some women. For example, one woman revealed that "my asthma and psoriasis flaired up, my digestive problems became debilitating at least 3 weeks before my daughter's birthday.

Exhaustion becomes a problem due to disturbed sleep patterns as illustrated by the following quote. “I found it very difficult to sleep for several weeks before the birthday. I could not sleep at all the night before her birthday (she was born at 7:15 am so labor was overnight.”

A couple of nights before her baby’s first birthday a mother recalled, “ I went to bed and experienced a nightmare linked to my c-section which took on the form of an assault. I woke up as the doctor was wielding a weapon (a chainsaw I think) and everything turned to white. I went back to sleep and then woke up in the morning with pains in my upper legs. I was convinced that something was wrong and that I was going to die because these pains were fatal, i.e. thrombosis.”

As the anniversary of their birth trauma lurked on the horizon, some women restricted their food intake. The reasoning of one mother was as follows: “I tried to fast for 52 hours (the length of my labor and delivery ordeal) and retrace and rescript every humiliating, dehumanizing, torturous detail of the trauma in an attempt to reclaim some semblance of personal power but I made it for only 36 hours into the fast before I was sick from dehydration and hyperglycemia.”

Theme 2: The Actual Day: A celebration of a birthday or the torment of an anniversary

Just as in the period leading up to the anniversary, the concept of time took center stage during the actual day itself. Hard as mothers would try to avoid clock watching, the inevitable would happen. As one woman recalled during her first anniversary, “I relived every moment synchronized to the clock. Even today a clock reading 8:46 will turn my stomach upside down.” Relief was experienced by some of the women as they looked at the clock and saw that the time their children had been born had passed.

Some women who have experienced birth trauma do not know how to celebrate their child's birthday. This mother's account vividly illustrates this. "I can't stop seeing images of a woman drugged and strapped down and being gutted like a fish. I can't get those or my own images out of my mind. I didn't know how to celebrate my daughter's birthday."

The powerful emotions that surfaced and tormented the mothers during the anniversary day added yet another layer of burden that they had to contend with while trying their best to celebrate their child's birthday. Reflecting over four birthdays one mother shared, "This should be a happy family day but I feel such anger at the selfish people who stole the birth of my daughter from me and now manage to steal the fun of her birthday from me each year." Another woman revealed that "It breaks my heart because the very day when I should be honoring the precious life of my child and just truly enjoying his birthday, I often feel overwhelmed with sadness and grief over the loss we all endured."

During the birthday itself for some women anxiety heightened to panic. One woman who had "celebrated" 23 years of anniversaries of her birth trauma revealed that "on my son's birthdays I would always feel a bit 'funny' trying not to remember my stress and panic attacks would be worse."

Guilt was pervasive. Recalling her daughter's first birthday, one mother said, "I look at her first birthday as a loss and with guilt because I wasn't truly 'there' - mind, body or spirit. My whole being continued to center around the hospital events. I craved 'speed healing.' I questioned why do I bother going on as I am a worthless mom and I will never be good enough for my baby."

For some women all they recalled about their child's birthday was feeling empty inside. During the party, one mother described, "I was really empty inside. It felt as though I was looking in at the party from a window. Again I think I was hoping for someone to take me aside and to acknowledge the birth trauma!"

For those mothers who did celebrate their child's birthday on the actual day, there were varying approaches they used to make it through the day and try to protect themselves. Being consumed with the technical aspects and details of the birthday party was one way women coped. Other mothers needed to physically get away and so vacations were planned so that the anniversary occurred while they were away from home. The following quote illustrates this: "I thought that I would re-experience many of the memories and feelings on my son's birthday. I wanted us to be alone as we had been alone on the day. I wanted to be able to have time to think. I didn't want to share the day with people who had been unsupportive at the time. I wanted my son to have a great day but I knew if we stayed at home, it would be all about him and my experience would once again be treated like it meant nothing."

As one primipara recalled, she "made a list of the good things that happened on the delivery day and kept reading it over and over again. It helped me focus on the good things that happened. I can't wait to live a day without her birth dominating my mind."

"Feeling like a total faker with my smile and feigned excitement" was echoed by a number of women.

Tears often made an appearance at some point during the actual day of the anniversary. For some mothers, the day began with tears. "I had a good cry in the

morning with my husband and daughter and we just sat for an hour holding each other. Then I threw myself face first into making it the happiest day of my daughter's life." For 10 long years one woman painfully shared that "my tears for myself remain internal. I carry this alone. How else do I get through the birthday and care for my previous children."

The following excerpt illustrates how some women manage to hold their emotions together till the end of the anniversary day but then the tears finally were allowed to emerge. "Yesterday was my daughter's second birthday. We did our best to make her feel very special and it was fun watching her open presents and blow out her candles. But underneath that I felt a need to 'mourn' something. After everyone had gone to bed, I lit a candle and read my doula's write-up about the birth. I couldn't get through it without crying. Imagine it's been 2 years!"

In order to survive the actual anniversary day frequently mothers scheduled the birthday party on a different day or week. Fearing the actual birthday would become too triggering, a date that did not hold such traumatic memories would be chosen for the birthday celebration. For 3 years now one woman chooses a random day to hold her son's birthday. As she described, "we made a cake on a random day. I never told my son it was coming up. I bought him things and wrapped them but he doesn't know what they are for. I kissed him and told him before I went to work Happy Birthday but only when he was asleep."

Theme 3: The Epilogue: A Fragile State

"As hard as I try to move away from the trauma, at birthday anniversary time I am pulled straight back as if on a giant rubber band into the midst of it all and spend

MONTHS AFTER trying to pull myself away from it again.” The crippling emotions of stress, anxiety, fear, grief, loss and depression lingered in the post-anniversary period.

Ten years later one mother revealed that once her daughter’s birthday celebration is over each year that it leaves her “emotionally fragile and struggling to cope with even the basics. The need for self care and not punishment becomes a priority.” Another woman recalled that after her daughter’s birthday party was finished, she came home and was physically ill almost immediately. She was ill for 3 days and slept a great deal of that time.

One primipara shared that her traumatic birth “was as close to a sense of rape without being physically raped. These feelings were vividly present not only before my anniversary but afterward too. They were heightened and lingered.” After the birthday is over her “nerves are definitely raw right now.”

Other factors that occurred in the post anniversary phase involved exaggerated reactions to “mundane items or activities that link to the traumatic experience. Some of them include: hearing birth stories, hospital or dental offices, cramps and body feelings related to labor, seeing pregnant women or women with newborns and shopping for baby supplies.”

One mother became extremely distraught after she experienced her first anniversary. “I thought that maybe I had the thing beat, but once the birthday was over all hell broke loose; crying jags, shaking, insomnia and repetitive thoughts. I felt as if all the work I had done all year to overcome the trauma had been for naught. For days I would sit for hours sobbing and comatose on the living room floor after I took my son to day care.”

Relief was yet another emotion experienced afterwards. “Today I have a sense of relief. I survived another birthday. I know the tiredness that all this causes will go and that I’ll feel like smiling again. I know the emails from friends can now be answered and that they’ll understand when I tell them why I haven’t been in touch. The price is still too high.”

Theme 4: Subsequent Anniversaries: For Better or Worse

Once a woman has survived the first anniversary of her birth trauma, what of subsequent anniversaries? Is each successive anniversary easier or more difficult for women? No consistent pattern was reported by the mothers who had experienced more than one anniversary of their birth trauma. Twenty-three anniversaries were the most any mother in the study had experienced. For some women “each birthday the memories become slightly easier to cope with, less intense in memory but they are still there, deep inside.”

A woman celebrating her son’s fourth birthday painfully revealed that “his birthday sits as a permanent barrier both in my relationship with my husband and in my sense of attachment to my child. Although this is getting better year by year, I am not sure it will ever really disappear. The reawakening of the birth each birthday does mean I think again about what happened, my role in it, what I would have done to prevent it from happening and my sadness at what was taken away from me. The decisions I made that led down the path to the birth trauma haunt me.”

For some fortunate women the second anniversary was much different than the first one had been. “A year on, life is very different, my daughter turned two and that day was the most joyful time I’ve ever had. My husband and I threw a fairy party for our

daughter and 14 other little fairies. The actual party was a virtual sea of pink and fairies and I felt a sort of magic coming from the children. That night when all our little fairy was tucked in bed, we lay on the sofas and I remember a feeling of joy and peace. We had our beautiful daughter and no memory, however painful, could take that from us anymore.” Women who aren’t as fortunate as this mother worry about what will happen as their children get older and figure out what birthdays are all about.

For some women the improvement from one anniversary to the next one could only be measured in the smallest of increments. “On my son’s first birthday I had such a feeling of dread, I only invited three couples that we are friends with because I couldn’t face planning a big party. The day of the party, I went upstairs to my dressing room and crawled underneath my dressing table, which sits against the wall. I pulled the bench in front of me so that I was enclosed on all sides in a very small space. I just wanted to stay huddled in there and never leave. I cried for awhile, but knew that I had to pull myself together somehow. I did manage to make it downstairs for the party though I secretly counted the minutes until it was over.” This same mother then described her second anniversary. “We cooked hamburgers and this time I made the cake (my husband had make it the year before). I was determined not to fall apart again. Sadly it was not to be. Although I didn’t crawl under the table this time, I again headed to my dressing room. It is the smallest, most private room for me in the house- and sat hunched against the wall shivering under a blanket. A while later I managed to pull myself together and get on with the party preparations. I am more conscious of what went on this time and did enjoy most of it.”

As this mother shared “each anniversary is a lottery. A real time bomb really. One is at the mercy of one’s emotions, one’s memories and of course other people and daily life, which of course are the undefinable triggers, the worst of all! Each year has its challenges and are different. None have ever been as intense as the first year. So PTSD can be like an octopus and its tentacles can take hold at any time. Its punishment is weird, wily and crippling. Your life is NEVER the same again. It can take hold at any time.”

For other mothers, they did not experience any improvement with subsequent anniversaries. Writing about her fifth anniversary day a woman shared “I can’t believe 5 years later that I feel such strong emotions and that my body responds physically. It is like the birthing trauma and the anxiety, loss and pain associated with it seem to reside in every cell of my being, with a memory capacity that serves to never let me forget.”

Discussion

Failure to rescue refers to a “clinicians’ inability to save a hospitalized patient’s life when he experiences a complication (a condition not present on admission)” (Clarke & Aiken, 2003, p 42-43). The term “failure to rescue” was first used to evaluate medical care (Silber et al., 1992) but now has been suggested for use as a nursing outcome measure (Clarke & Aiken). Failure to rescue is based on the premise that in hospitals deaths are at times unavoidable but there are many deaths that could have been prevented. Clarke and Aiken cite that this concept has rarely been used with any persons but surgical patients and not at all in settings outside the hospital.

Based on the findings of this current research on the anniversary of birth trauma, the time seems right to broaden the use of “failure to rescue” to these childbearing women. Not only clinicians but also family and friends failed to rescue women during the

period surrounding the anniversary of their birth trauma. One of the themes of Beck's (2004a) birth trauma study seemed to still be operating one year or many years after the traumatic birth. The theme was "The end justifies the means; At whose expense? At what price?" (p 34). Mothers' birth trauma was glossed over and pushed into the background as the celebration of the child's birthday took center stage.

Just as needs to be done after the delivery, clinicians need to be vigilant around children's birthdays for early signs of distress that mothers, who perceived they had experienced birth trauma, may be experiencing. Interventions can be put in motion before a potential crisis occurs. Clinicians cannot be lulled into a false sense of security that, since a year or even many years have passed since a traumatic childbirth, mothers are not still struggling around their yearly anniversary.

If a woman is a multipara, even though she is not having a problem with the anniversary of the birth of one of her children, clinicians cannot assume that the anniversaries of the births of her other children are not problematic for her. This implication for clinical practice is vividly illustrated by one of the multiparas in this study who had three deliveries. "I have had one (okay but unnecessary c/s), one awful, dreadful VBAC and a fantastic homebirth. I feel very differently over all of their birthdays. One I celebrate but don't think about. Another I cry all day long- and have his party on the day before! And one makes me want to drink champagne, put Alf on my shoulders and parade the streets screaming "We did it".

The outcome of the original "failure to rescue" (Silber, et al., 1992) was an unnecessary death that occurred as a complicating surgery. The outcome failure to rescue of women who are experiencing the anniversary of their birth trauma was not an

unnecessary death but instead unnecessary emotional and physical suffering. Mothers' quality of life took a sharp decline during the period surrounding the anniversary of their birth trauma.

References

- Aiken, L.H., Clarke, S.P., Cheung, R.B., Sloane, D.M., & Silber, J.H. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, 290, 1617-1623.
- Allen, S. (1998). A qualitative analysis of the process mediating variables and impact of traumatic childbirth. *Journal of Reproductive and Infant Psychology*, 16, 107-131.
- Ayers, S., & Pickering, A. (2001). Do women get post traumatic stress disorder as a result of childbirth? A prospective study of incidence. *Birth*, 28, 111-118
- Beck, C.T. (2004a). Birth trauma: In the eye of the beholder. *Nursing Research*, 53, 28-35.
- Beck, C.T. (2004b). Post-traumatic stress disorder due to childbirth: The aftermath. *Nursing Research*, 53, 216-224.
- Clarke, S.P. & Aikin, L.H. (2003). Failure to rescue. *American Journal of Nursing*, 103, 42-47.
- Colaizzi, P.F. (1973). *Reflection and research in psychology: A phenomenological study of learning*. Dubuque, Iowa: Kendall/Hunt Publishing Company.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds). *Existential phenomenological alternatives for psychology* (pp. 48-71). New York: Oxford University Press.
- Creedy, D.K., Shochet, I.M., & Horsfall, J. (2000). Childbirth and the development of acute trauma symptoms: Incidence and contributing factors. *Birth*, 27, 104-111.

- Di Blasio, P., & Ionio, C. (2002). Childbirth and narratives: How do mothers deal with their child's birth? *Journal of Prenatal and Perinatal Psychology and Health*, 17, 143-151.
- First, M.B., Gibbon, M., Spitzer, R.L., & Williams, J.B.W. (1996). *User's guide for the Structured Clinical Interview for DSM-IV Axis I Disorder- Research Version*. Washington, D.C.; American Psychiatric Press.
- Foa, E.B., Riggs, D.S., Dancu, C.V., & Rothbaum, B.O. (1993). Reliability and validity of a brief instrument for assessing post-traumatic stress disorder. *Journal of Trauma Stress*, 6, 459-473.
- Gamble, J., Creed, D., Moyle, W., Webster, J., McAllister, M., & Dickson, P. (2005). Effectiveness of a counseling intervention after a traumatic childbirth; A randomized controlled trial. *Birth*, 32, 11-19.
- Gottvall, K., & Waldenström, U. (2002). Does a traumatic birth experience have an impact on future reproduction? *BJOG: An International Journal of Obstetrics and Gynecology*, 129, 254-260.
- Horowitz, M.J., Wilner, N., & Alvarez, W. (1979). Impacts of Event Scale: A measure of subjective stress. *Psychosomatic Medicine*, 41, 209-221.
- Hycner, R. (1985). Some guidelines for the phenomenological analysis of interview data. *Human Studies*, 8, 279-303.
- Kersting, A., Dorsch, M., Wesselmann, U., Ludorff, K., Witthaut, J., Ohrmann, P., Hornig-Franz, I., Klockenbusch, W., Harms, E., & Arolt, V. (2004). Maternal posttraumatic stress responses after the birth of a very low-birth-weight infant, *Journal of Psychosomatic Research*, 57, 473-476.

- Ryding, E.L., Wijma, K., & Wijma, B. (1998). Experiencing emergency cesarean section: A phenomenological study of 53 women. *Birth*, 25, 246-251.
- Soet, J.E., Brack, G.A., & Dilorio, C. (2003). Prevalence and predictors of women's experience of psychological trauma during childbirth, *Birth*, 30, 36-46.
- Silber, J.H. et al, (1992). Hospital and patient characteristics associated with death after surgery. A study of adverse occurrence and failure to rescue. *Medical Care*, 30, 615-629.
- Turton, P., Hughes, P., Evans, C.D.H., & Fainman, D. (2001). Incidence, correlates and predictors of post-traumatic stress disorder in the pregnancy after stillbirth, *British Journal of Psychiatry*, 178, 556-560.
- Van Pampus, M.G., Wolf, H., Weijmar Shultz, W.C., Neeleman, J., & Aarnoudse, J.G. (2004). Posttraumatic stress disorder following preclampsia and HELLP syndrome, *Journal of Psychosomatic Obstetrics and Gynecology*, 25, 183-187.

Table 1.

Demographic and Obstetrical Characteristics of the Sample

Characteristic	N	%
Marital Status (N= 33)		
Married	31	94
Single	1	3
Divorced	1	3
Education (N=29)		
High school	7	25
Some College	1	3
Associate Degree	2	7
College	12	41
Masters	6	21
PhD	1	3
Country (N= 37)		
U.S	20	54
N.Z	8	22
Australia	4	11
U.K.	4	11
Canada	1	2
Parity (N= 33)		
Primipara	19	58
Multipara	14	42
Delivery (N= 31)		
Vaginal	18	58
Cesarean	13	42
