

Week 3 Workbook

Many people, including doctors, confuse postpartum PTSD with postpartum depression, even though the two disorders are quite different:

Mothers with postpartum depression generally don't suffer from the intrusive **memories** and **flashbacks** that plague PTSD sufferers.

Instead, they most commonly deal with things like sadness,

trouble concentrating,

difficulty finding joy in activities they once enjoyed,

and difficulty bonding with their infants.

Postpartum depression is also unique to new mothers, but any traumatic experience can bring on PTSD.

Postpartum PTSD is more similar to the PTSD experienced by veterans than it is to postpartum depression.

(Anastasia Pollock, therapist who specialises in treating trauma).

Postpartum PTSD sufferers experience typical PTSD symptoms like

- ❖ Hyper-vigilance,
- ❖ Intrusive memories,
- ❖ Flashbacks,
- ❖ Panic attacks,
- ❖ Severe emotional distress,
- ❖ Irritability,
- ❖ Trouble sleeping,
- ❖ Nightmares

Mothers who suffer from PTSD often end up structuring their lives around their disorder, doing everything they can to avoid **triggers** that remind them of their trauma.

When your own child is an emotional trigger, **bonding** can be all but impossible

Some the Precursors may be

- ❖ Reaction to fertility treatment

- ❖ Severe morning sickness
- ❖ Feels all control has been taken from her
- ❖ Trauma during labor and delivery
- ❖ When a newborn has a medical problem
- ❖ Undergoing invasive procedures during birthing
- ❖ Ill newborn - grief, fear & emptiness. when it should have been joy and excitement

Sharon Dekel, an instructor at Harvard Medical School who is currently researching postpartum PTSD.

When a person goes through trauma, the mind goes into an unusually [hyper-aroused](#), fight-or-flight state.

The brain's amygdala, which normally helps store memories, becomes [hyper-responsive](#), leading to an exaggerated sense of [fear](#). Parts of the brain that normally inhibit the amygdala stop working.

When something reminds a sufferer of her traumatic experience, her unusually terrifying memories feel like more than memories; they feel like they're still happening.

Dr J Laurence Reynolds, MD, MSc. – Associate Professor, Dept. Family Medicine, University Western Ontario.

There is some evidence that a previous traumatic event may [predispose](#) women to a traumatic birth experience. The diagnostic criteria for PTSD offer some in-sights into why women with a history of PTSD may be at increased risk for a traumatic birth experience. There is tendency for people with PTSD to relive the traumatic event if anything reminds them of it.

One study examined the labour experiences of women who had experienced a sexual assault — a known cause of PTSD. The women noted that their labour sensations reminded them of their sexual abuse, and this precipitated a [reliving](#) of the initial trauma

They felt pain, loss of control and [exposure](#) during both events. Other links were made as well. Some women reported that the intravenous lines or monitoring equipment made them feel tied down, as they had been during a rape.

Continuing distress after Childbirth seems to be rooted in the trauma they had experienced, while they were in labour or giving birth. The distress has affected their subsequent ability to

- ❖ Breast- feed,
- ❖ Bond with their child
- ❖ Resume sexual activity;
- ❖ Maintain a sense of self-worth.

They can remember the birth of their child only with pain, anger, fear or sadness, or they remember nothing, which is suggestive of [traumatic amnesia](#).

Premature Births

Suzanne Ruart's son Aiden spent three months in a neonatal unit as a result of being born three months early. A year after her son came home Suzanne realised she'd been suppressing symptoms of post-traumatic stress disorder (PTSD).

"After the first time I saw him resuscitated I developed a crippling anxiety that every time I walked into the neonatal unit there would be bad news, and this anxiety has never really left me since".

New research by the charity 'Bliss', has found that

- 62% of parents of premature babies reported they had no access to formal psychological support, such as counselling or talking therapies, while their baby was on a neonatal unit.
- Of the survey of 589 parents, 16% of parents were diagnosed with PTSD after their time on the neonatal unit.
- The survey also found that 45% of parents said they had no access to formal psychological support when they needed it after leaving the neonatal unit.

"This fear crept into my sleep and I woke many nights screaming in bed that Aiden was dead."

She said it was "terrifying" and "[very isolating](#)" as you are confined to your home, keeping your baby away from germs and you can't go out to baby groups.

"Around a year after he was home - just as he came off his oxygen support - I had a very powerful, vivid and crippling flashback that

made me realise that I had been suppressing many symptoms of PTSD."

Children - Their Traumas

Dr. Annie Brook

Children with birth trauma or conception trauma can engage in constant power triangles with themselves and with others. They can refuse to enjoy life, be controlling, anxious, hyper-sensitive, or exhausting to be around.

Their experience of birth was loaded with danger and they don't "know" it. Nothing soothes that sense of danger without professional intervention. When their stress increases, these children act out.

The Hidden Story Behind Difficult Behavior is often the story of Birth Trauma

Children with Birth Trauma fear no one will **protect** them, or **hear** them, just like at their birth

If your child was taken away from your protective arms, induced, conceived in-vitro, born c-section, rescued by suction, or experienced pain medications given to mother at birth, they may have an internalised fear and reactive behaviour. They will act out this story in play and social settings.

They are testing you to see if you are strong enough to help them, but it is a test that never ends.

Children re-create this power struggle until you can help them release the fear and shock held in their primitive brain or cellular memory. Birth and stressful conception experiences imprint an infant's cells and brain. Infants remember and carry this fear into childhood until it is addressed.

This creates the **power, fear** triangle, and reinforces negative identity beliefs established at birth.

Beliefs such as the following appear in children with birth or post-birth trauma.

I'm **unsafe**,
I'm **unloveable**, or
I need to **control** others in order to be safe

Babies have what is known as an implicit memory – which means that its not within consciousness. Hence they are working entirely with the **subconscious**.

High state of worry - anxious child– it becomes the normal default setting.

May be prone to stomach and intestinal issues.

Baby's and children download the world around them as though it were **TRUTH**

Shock at time of conception (eg rape) – the child may develop a belief that she shouldn't exist.

This may lead to risk taking behaviour, suicidal thoughts, high anxiety, fear anger and rage.... or addictions.

Baby who is induced – may get frustrated when rushed as children

Baby who is overdue – may have an underlying fear of being born (mother's fear / baby's fear)

Mother – unsure she wants the baby or she was separated from the baby at birth – eczema. **Abandonment** issues.

One off events – not too traumatic – helps to develop **resilience**
Big T traumas or repeated little T traumas – affects the baby's consciousness and sense of **self**.

It isn't the experience itself that creates the problem – it's the **BELIEF** formed in those moments.

These beliefs

- ❖ Drive our behaviours.
- ❖ Protective mechanism to keep us safe.

UDINs can have dramatic impacts that reverberate throughout our lives.

Unexpected - Dramatic - Isolating - No Strategy to Deal with it

Before we are conceived we exist in part as an egg in our mother's ovary.

All the eggs a woman will ever carry are formed in her ovaries while she is in the foetus of **four** months.

This means our cellular life as an egg begins in the womb of our **grandmother**, and she in turn was formed within the womb of her grandmother.

As a tiny egg we experience the birth of our mother, the growth of her body, her joys her fears and her triumphs.

1st Trimester – Reptilian Brain – the action and protection – **flight, fight, freeze**.

Controls the body's vital functions - eg heart, breathing, body temp, balance, sexual tendencies, nesting, food, being territorial

When the reptilian brain is triggered – its entirely **subconscious**

During this trimester if the baby has a threat to survival – this may create a strong imprint on the reptilian brain causing survival mechanisms to be **triggered** easily.

2nd Trimester - Limbic Brain – emotional and our inherent intelligence for nurturing. Gets activated during bonding.

In the case of Trauma this can become overly sensitive to triggers. Limbic Brain controls many systems within our body – eg immunity and self- healing & hormones (hormones are affected by our stress response)

Limbic brain is linked to Addictions.

A mother who has a heightened state of emotional response during her 2nd trimester affects how the baby's limbic brain is developed, hence their response to emotions later in life.

3rd Trimester – NeoCortex – higher intelligence – language and conscious thinking.

Whatever **language** the baby hears in the womb – they more easily learn it.

Birthing Process – The Prefrontal Cortex

Stimulated during the birthing process.

Governs the **left** and **right** hemispheres of the brain – ability to reason, make choices, self control, compassion, empathy.

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In a Nutshell – the continuously held negative or positive emotions of the Mother affect the development of the baby's brain

Abortion Survivors

Jerold M Post – leaders and their followers in a dangerous world)
May be - Self absorbed, paranoid, lacking constraints of conscience, using whatever means to accomplish his goal, little empathy for the pain and suffering of others.

Post mortem? – pre frontal lobes would have been under developed.

John C Sonne – ‘on tyrants and abortion survivors’

Hitler? – similar pre natal experiences to Saddam Hussein His father beat his mother when she was pregnant, and continued this abuse throughout his childhood

Francisco Franco, Joseph Stalin, Benito Mussolini, Slobodan Milosevic, Osama bin Laden and the Columbine School killers could also fit the profile of abortion survivors.

NOTE - Not all abortions survivors react in this way - many lead fulfilling lives, depending on their experiences in childhood and beyond.

If we have pleasurable sensory stimulation (baby needs touch and movement), then the memory traces (Engrams) are stored as templates that will be images of pleasure

BUT there is something else that invokes violent responses – the **absence** of pleasure – and that's different than the sensory event of pain – most people don't appreciate this distinction. In fact more damage occurs with the sensory deprivation of pleasure than the actual experience of physical painful trauma.

A baby inherently knows that its very survival is dependant on being close to its mother.

Lots of physical affectional bonding and pleasure =emotional trust and **security**

Sensory deprivation of physical pleasure = separation experiences and **isolation**.

Adoption

A child spends 9 months in the womb. By the 8th month they can hear voices and things that are going on outside the womb. This becomes a safe, familiar voice, even if it is a rocky situation. When they are born and placed with a different family, they have lost the **voice** that they learned and knew. That is a traumatic loss. It leaves the child wondering for their lifetime when the next set of familiar voices is going to go away.

When a child is placed with an adoptive family, they are placed with someone that doesn't share their family of origin. This could potentially be someone of a different race or a rash of other differences. This causes them to lose their **initial identity**. They find a new identity in their adoptive family. But it is still a loss of their identity.

Even prior to birth, the child could potentially have been exposed to many different facets of trauma. In utero drug exposure, in utero substance exposure, hearing arguing/stressful relationships, experiencing the stress that biological mom is experiencing, poor prenatal care, and many other things. Each and every one of these situations causes lasting effects on the child and they are exposed to lifelong consequences of their trauma.

The process

Before you doing the actual birthing, please ensure they are ready to be born. They may be running the belief that 'the world's a dangerous place' or I'm not welcome' – FEFT until they are ready or even excited about being born.

Set up the delivery scene Where – forest, hospital, water bath etc.
Music? general ambience?

Who is present – ask the baby who they would like and trust to receive them

Double check that the baby is ready to be born – ask the baby, how does your baby feel?

Is there a strong connection with your Mother?

How safe are you feeling?

Are you ready to come into the world?

Is there anything else that is needed?

The birthing process

You are going to feel gentle wave like movements allowing you to move at whatever pace you choose, down the birth canal. This is as easy and gentle as you choose it to be for your little baby self.

Just let me know when you're out.

Placing the baby in the Mother's Arms – heart connection

Bonding with the Mother – Kinaesthetic- Auditory –Visual-
Olfactory- Gustatory