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Investigating birth trauma among mothers in Makurdi Metropolis

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Abstract

This study analyzed traumatic experiences of mothers during and after childbirth in Makurdi Metropolis, Nigeria. The objectives of the study were to identify the causes of trauma during childbirth and post traumatic experiences of women after childbirth. Two research questions and one hypothesis guided the study. Descriptive statistics was used for answering research questions and t-test was used for the hypothesis. The study employed survey design method. The sample size was 400 mothers. Purposive sampling technique was used. Questionnaire was used for data collection. The findings revealed that the highest causes of trauma during childbirth were midwives'/ doctors' negligence and giving birth in the hospital where previous trauma occurred (3.45), while the highest post traumatic experience of mothers after childbirth was feeling detached from people (3.67). Result of the test of hypothesis revealed that X^2 cal is less than the critical value ($P = .000 < 675.010$) which means that the null hypothesis is rejected. The following were recommended: Pregnant women should be given adequate care and support during delivery by doctors, nurses, midwives and spouses/family members to prevent trauma during childbirth; Governmental and Non-governmental Organizations like the Ministry of Women's Affairs and UNICEF should develop and evaluate an effective model for the prediction of the development of post traumatic experiences after child birth and interventions aimed at reducing the incidence of post traumatic experiences resulting from childbirth.

Keywords: Causes, trauma, post traumatic experiences, women, child birth, Makurdi Metropolis

Introduction

^[1] Birth trauma is an event occurring during the labor and delivery process that involves actual or threatened serious injury or death to the mother or to her infant. The stress experienced was pains, in most cases, but loss of control and fear of death can be the focus ^[2], ^[3] A woman experiences or perceives that she and her baby were in danger of injury or death during childbirth, her birth is defined as traumatic; psychologically, physically, or both. Usually, she experiences extreme sense of helplessness, isolation, lack of care, fear and anxiety.

Causes of Trauma during Labor and Child birth

^[4] Stressful life situations before and during pregnancy not only influence the progress of pregnancy, has been linked to both mother and the baby. The following are the causes of trauma during labor and child birth:

Premature birth

^[5] Premature birth is traumatic to both the mother and her infant. Premature birth can also come as a result of complications with either the uterus or the placenta. These includes: cervical incompetence, or an early opening of the cervix malformation of the uterus, an excess of mastic fluid which can cause pressure in the uterus, resulting in early contractions and births. Premature birth can also be as the result of infection, fetal malformation, and chromosomal abnormalities, while some women know, that they may be at risk for a premature birth and can make preparations for it, most women have an unexpected and unplanned premature birth.

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Emergency caesarean section

^[6] The most common major surgery that women giving birth pass through yearly is a caesarean section. It could be planned or done when complications occur and this is called emergency caesarean section. The fact that a mother does a caesarean without planning for it leaves her so devastated and anxious, leading to trauma. ^[7] Women who had a surgical birth were more likely to experience feelings of loss, grief, personal failure and lower self-esteem. Cesarean section is major abdominal surgery and often the emotional impact of a cesarean is misunderstood, dismissed or overlooked. Some women who experience a cesarean, especially if it was not anticipated can suffer from post traumatic stress.

Tokophobia

^[8] Some women develop tokophobia (the fear of childbirth,) even before pregnancy, because of the actual pain, while other mothers experience tokophobia only after the previous traumatic delivery experience. ^[9] Women's fear during the third trimester of pregnancy, if significantly high may result in obstetric complications, negative delivery experience and or increased risks of emergency caesarean section.

Lack of support from spouses and caregivers

Research showed that women in labour benefited from a supportive companion; a person who is continuously present, who praises and touches the woman and who explained what was going to be experienced ^[10]. When women receive such, they have shorter labour and fewer medical interventions. ^[11] A woman's child birth by caregivers and spouses may affect her labor, emotional well being and willingness to have another baby. A lack of support may prevent recovery or possibly cause more stress and thereby, increase of symptoms.

Midwives or Doctors' Negligence

Providing one of the oldest forms of health care, midwives are health care providers that do obstetrical care. They are trained to know when a pregnancy or delivery poses a risk and they know when to pass high risk cases to the doctors; while many unfortunate outcomes in labor and delivery are unavoidable, and nobody's fault, there are times when someone should have done something differently. Women are more likely to get exposed to trauma, if they feel out of control during birth or who have poor care and support from midwives and doctors ^[12]. ^[13] Birth injuries and medical malpractice occur when a physician acts negligently and fails to uphold the standard quality of medical care that is required by medical professionals. When doctor negligence happens, it can lead to several injuries either during pregnancy or during and shortly after child birth.

Still birth

^[14] Still birth is the birth of a dead infant. ^[15] Still births occur at full term to apparently healthy mothers. When a baby dies in the uterus (womb), the sad truth is that the mother still has to go through with the birth; the loss of the baby would have come as a great shock. It is rare that a baby dies unexpectedly during labour or birth, when something goes wrong, it is a traumatic and frightening experience for parents.

Infertility

Infertility is about so much more than the inability to conceive. It can rock a woman's foundations, her sense of control over her own future, her faith in her own body, and her feelings about herself as a woman. If a pregnancy finally

does occur, it can be difficult for a woman who has experienced infertility to view herself as just another pregnant woman. The long-desired pregnancy may not be the joyous experience she has dreamed about. The experience of infertility brings its own baggage to a pregnancy: grief for previous losses; anxiety; and fear that her body, unable to conceive on its own, may not be able to carry a pregnancy ^[16].

Post Traumatic Experiences of Women

^[17] Posttraumatic stress disorder (PTSD) as a reaction to an event, either personally experienced or witnessed, that involves actual or threatened death or serious injury or a threat to the physical integrity of self or others. ^[2] Many women experience physiological and psychological reactions to reminders of their birth. The following are the impacts of traumatic experiences of mothers after child birth:

Flashback / nightmare

^[18] A flashback, or involuntary recurrent memory, is a psychological phenomenon in which an individual has a sudden, usually powerful, re-experiencing of a past experience or elements of a past experience. ^[19] Women who experienced severe distress during childbirth may develop post-traumatic stress disorder (PTSD), a condition characterized by flashbacks, anxiety, and nightmares. ^[20] Nightmare happens mostly at night where a traumatized mother has an unpleasant dream replaying the ugly incidence of the trauma. It also causes a strong emotional response from the mind typically fear.

Avoidance of Sex

^[3] Post traumatic experiences of mothers resulting from child birth affect mothers in their relationship with their spouses and this make them to avoid sex. Post traumatic birth can affect mothers bond with her spouse, because she will avoid her spouse in order to prevent reoccurrence of pregnancies ^[21].

Mother to Infant Detachment

^[6] Mothers that were delivered through normal vaginal delivery were found to have more affectionate behavior towards their infant compared to mothers delivered by caesarean section. Women delivered by caesarean section were not involved in care taking activities of their babies. They had more doubts about their capacity to care for their babies; they were more depressed with symptoms, therefore caesarean section reduced mothers' to babies' attachments. ^[3] The subject of birth trauma observed that mothers with childbirth related post-traumatic stress struggle each day, while battling terrifying nightmares, anxiety, depression, painting isolation from the world of mother hood. Mothers have difficulty in forming healthy relationship with their child leading to poor parenting behavior.

Poor Family Relationships

^[22] Women experienced the emotions of anger, anxiety and intense depression. Anger was felt as a rage and was directed at health care providers, family members leading to poor relationship between her and her family.

Low Breast Milk Production

^[23] Stressful labour and delivery, emergency caesarean birth and psychosocial stress or pains due to childbirth are documented risk factors for delayed lacto genesis, which is the initiation of plentiful milk secretion. Mothers who had a

caesarean delivery had lower rate of oxytocin which is a critical hormone needed for successful breastfeeding [24]. With the above background, it was necessary to investigate the traumatic experiences of mothers during and after childbirth in Makurdi local Government Area.

Objective of the Study

The main objective of the study was to investigate the traumatic experiences of women during and after childbirth in Makurdi local Government Area. Specifically the study:

1. Identified the causes of trauma during labour and childbirth among women in Makurdi Metropolis.
2. Examined post traumatic experiences of women after childbirth in Makurdi Metropolis.

Research Questions

1. What are the causes of trauma during labour and childbirth among women in Makurdi Metropolis?
2. What are the post traumatic experiences of women after childbirth in Makurdi Metropolis?

Hypothesis

1. There is no significant relationship between the causes of trauma during childbirth and post traumatic experiences of women after childbirth in Makurdi Local Government Area.

Methodology

Research Design

A survey research design was used for this study to seek the opinion of mothers on post traumatic experiences of mothers after childbirth in Makurdi Local Government Area.

Population of the Study

The population of the study included all households in Makurdi Local Government Area of Benue state. (The decision to use households was because each household has at least one mother). There are 146,239 households in Makurdi Local government (National Population census 2006).

Sample and Sampling Technique

A purposive sampling procedure was used to select five council wards in Makurdi Metropolis. Yaro Yamen’s formula was used to get the sample size of 400. Eighty (80) households were selected from each of the council wards.

Instrument for Data Collection

The instrument for data collection that was used for this study was questionnaire. The items for the questionnaire were derived from the review of related literature. It was divided into two sections they are: Section A, which was titled causes of trauma during labour and childbirth.

Section B, which was titled Post traumatic experiences of mothers after childbirth. The questionnaire was constructed using likert rating scale anchored on a continuum of strongly agree (SA), Agree (A), Disagree (DA) and strongly disagree (SD) weighing was assigned to different ratings as follows: SA – (4), A - (3), DA – (2), SD – (1). A bench mark of 2.50 was used.

Method of Data Analysis

The research questions were analyzed with the use of percentages and mean, while Chi square was used to test the hypotheses of the research.

Results and Discussion

Results from the study are presented and discussed based on research questions

Table 1: Causes of traumatic experiences of mothers during labor and child birth.

S/N	Item	Mean	Remarks
1	Midwives and doctors’ negligence	3.45	Accepted
2	Giving birth in the hospital where previous trauma occurred	3.45	Accepted
3	Still birth	3.43	Accepted
4	Fear for the child's safety	3.36	Accepted
5	Lack of support from partners and caregivers	3.35	Accepted
6	Premature birth	3.18	Accepted
7	Emergency caesarean section	3.08	Accepted
8	Instrumental delivery	3.00	Accepted

Table 1 revealed that all the items on the table were accepted.

Table 2: Effects of post traumatic experiences on mothers after labour and child birth

S/ N	Item	Mean	Remarks
1	Feeling detached from other people	3.67	
2	Poor health behavior	3.63	Accepted
3	Decrease functioning in family relationship and in the society	3.60	Accepted
4	Not willing to talk about the traumatic childbirth	3.45	Accepted
5	Fear	3.39	Accepted
6	Avoiding place of trauma	3.32	Accepted
7	Suicidal thought	3.24	Accepted
8	Low breast milk production and struggling with breast feeding	3.14	Accepted
9	Avoiding sex	3.02	Accepted
10	Poor bonding between mother and babies	2.95	Accepted
11	Nightmare / Flash back	2.92	Accepted
12	Aggressive	2.81	Accepted
13	Talking too much about the traumatic experiences	2.58	Accepted

Table 2 revealed that all the items on the table were accepted.

Table 3 Ho 1: t- test for the relationship between the causes of traumatic during childbirth and post traumatic experiences of women after childbirth

Variable	N	X ² -cal	X ² -tab	df	α level	Remark
Causes of trauma during child birth	200	675.01	00	9	0.05	Significant
Post traumatic experiences	200					
Total	400					

Discussion

Table 1 revealed that there were various causes of traumatic experiences of mothers during childbirth in Makurdi Metropolis, from the highest mean rating to the lowest: midwives and doctors’ negligence (3.45), giving birth in the

hospital where the previous trauma had occurred (3.45), still birth (3.43), fear for the child’s (3.36), insufficient social support from partners and caregivers (3.35), premature birth (3.18), emergency caesarean section (3.08) and assisted or instrumental delivery (3.00). The major causes of trauma

during birth were doctor's negligence and giving birth in the hospital where previous trauma had occurred, this was in agreement with some researchers, who said that doctors' negligence can also be linked to lack of enthusiasm by doctors, so many times women went to the hospital unattended, they wait to be attended to, this have caused complications during delivery. Due to doctors or midwives' negligence mothers usually have poor health behavior. Women are more likely to get exposed to trauma if they feel out of control during birth or who have poor care and support from midwives and doctors^[12].^[25] An environment where the previous traumatic events took place is a stressor to the woman; the environment was hostile, there by producing an intense fear which made her helpless during birth

Table 2 showed that post traumatic experiences from the highest to the lowest mean were: feeling detached from other people (3.67), poor health behaviors (3.63), decrease functioning in family relationship and in the society (3.60), not willing to talk about the traumatic childbirth (3.45), fear (3.39), avoiding place of trauma (3.32), intrusive thought such as suicidal thought (3.24), low breast milk production and struggling with breastfeeding (3.14), avoiding sex with mean scores of (3.02), nightmare (2.92), flashback (2.92), aggressiveness (2.81), and talking too much about the traumatic experiences (2.58). Feeling detached from other people (3.67) was the major post traumatic experience of mothers, this was in agreement with the opinion of some researchers, who said persistent experiencing of the traumatic event e.g. efforts to avoid thoughts or conversations related to the event, feeling detached or estranged from others, e.t.c produced significant distress or functional impairment^[26].

Table 3 revealed that X^2 cal is less than the critical value ($P = .000 < 675.010$) which means that the null hypothesis is rejected, therefore there is a significant relationship between the causes of traumatic experience of mothers during childbirth and the post traumatic experiences of mothers after childbirth.

Conclusion

The findings showed that the causes of the traumatic experiences of mothers during labour and childbirth were midwives / doctors' negligence, giving birth in the hospital where the previous trauma occurred, and still birth. The post traumatic experiences of mothers after childbirth were feeling detached from people, poor health behavior, and decreased functioning in family relationship. Therefore, it was concluded that women in Makurdi Metropolis of Benue State had post traumatic experiences after child birth.

Recommendation

Based on the findings the following recommendations were made:

1. Pregnant women should be given adequate care and support during delivery by doctors, nurses, midwives and spouses/family members to prevent trauma during childbirth.
2. Hospitals in Nigeria should include child birth education during antenatal in order to help mothers cope with pains during childbirth and reduce trauma after childbirth.
3. Hospitals also need to devote more resources to debriefing sessions that would allow parents to come back and talk to the health care team about what happened, especially after a traumatic birth.
4. Governmental and Nongovernmental Organizations like the Ministry of Women's Affairs and UNICEF should

develope and evaluate an effective model for the prediction of the development of post traumatic experiences after child birth and interventions aimed at reducing the incidence of post traumatic experiences resulting from childbirth.

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