

Mode of delivery and traumatic birth experience: The role of the midwife

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Dear Editor,

Labor and childbirth should be a great experience with positive memories and emotions. However, there are many women who experience their childbirth as a negative or even traumatic experience. Stress factors during labor can be a really life-threatening situation or a situation that is experienced as threatening, such as loss of control, loss of dignity, a hostile or negative environment, and generally situations where women feel fear, loss of control, and terror¹⁻³. Various studies show that about 10.5–30% of women after birth recognize their childbirth as traumatic^{1,2}, and 1.5% to 6% appear with Post Traumatic Stress Disorder (PTSD)^{2,3}. The partners of the women can also have PTSD as witnesses of a traumatic birth³. Studies refer as basic risk factor for PTSD postpartum, the mode of delivery and women's subjective birth experience⁴.

Women who gave birth vaginally with forceps or have unplanned or emergency caesareans, report the poorest health and wellbeing after birth. Caesarean section is also related to greater intensity and duration of pain, even one year after a caesarean than normal delivery⁵. The quality of daily life postpartum in women with vaginal deliveries is better regarding movement, self-care, sense of pain, daily activities and sense of discomfort, 30 days or even one year after labor compared to women that underwent a caesarean⁶. Also, caesarean is related to greater possibility of stress symptoms one year after labor, compared to vaginal delivery⁷. It seems that maternal satisfaction is greater after normal deliveries⁸.

Midwives have an essential role to play regarding birth process and birth experience. Studies, regarding the presence of a midwife during labor, show that the constant presence of a midwife increases the sense of control in decision-making, increases the rates of vaginal deliveries, reduces the labor duration and the rates of hemorrhage of 3rd stage. Also, the constant presence of a midwife during labor in low risk pregnancies, increases the sense of satisfaction during labor and postpartum period. Constant midwifery care increases the rates of initiation and continuation of breastfeeding too⁸⁻¹⁰.

Midwives should try to create a trusting and more personal relationship with the women during pregnancy. It seems that women who feel secure, support, calmness, interest, guidance, reassured and relief from their midwife, have more positive birth experience even if they deliver with caesarean section¹⁰.

Midwives have to evaluate and redefine the mode of provision of care constantly, as the birth experience influences not only the woman but her partner, the couple, the relationship with the child, and the whole family.

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