Behind The Trauma

RCM, Learning Reps

Childbirth & Trauma:

Social/Medical Model

21st June 2019

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Overview presentation

- Not all trauma is the same.
- Society plays a (large) role in coping.
- We can look at childbirth through different lenses (medical/social model).
- Media sensationalise birth.
- What does this mean for practice?

Two kinds of Trauma

Studies show people exposed to human-generated traumatic events have higher risk of developing Posttraumatic Stress Disorder (PTSD) than those exposed to other kinds of events.

(Charuvastra & Cloitre Annu Rev Psychol 2008;59: 301–28)

Partners & Trauma

- Men's and women's responses following childbirth are strongly interlinked. Men's acute trauma symptoms predicted their partner's subsequent symptoms of posttraumatic stress.

(Iles *et al*. J Anxiety Disord. 2011;25(4):520-30)

PTSD = Gender

- Controlling for type of trauma, rates of PTSD are generally twice as high for women as for men.

(Charuvastra & Cloitre Annu Rev Psychol 2008;59: 301–28)

PTSD = Social I

PTSD links mental health symptoms while attributing psychological consequences to social causes as opposed to those rooted in individual's psyche (» psychoanalysis) or neurophysiology (» diagnostic psychiatry).

PTSD = Social II

PTSD suggests that the social world must be “cured” for individual to be healthy.

Medical or Social Model

Definition medical model of childbirth:

"pregnancy is only safe in retrospect";

Definition based on social model would be:

"childbirth is in principle a normal physiological event, which only need (medical) intervention in a 'few' cases".

Medicalisation I

Moving from a more social model to a more medical one = ‘medicalisation’

“Defining a problem in medical terms, usually as an illness or disorder, or using a medical intervention to treat it.”

(Conrad 2005, p. 3).

Models of Childbirth

Pregnancy

"….straddles the boundary between illness and health: the status 'pregnant' is unclear in this regard and women perceive that others are not sure whether to treat them as ill or well."

Comaroff, J. (1977) Conflicting paradigms of pregnancy: Managing ambiguity in antenatal encounters, In. Davis, A, Horobin G. (eds.) *Medical encounters: The experience of illness & treatment.* London: Croom Helm page 116.

Bournemouth University

Midwifery 26 (2010) 488–496

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

Risk, theory, social and medical models: A critical analysis of the concept of risk in maternity care

Helen MacKenzie Bryers, RN, RM, BA, MM, PhD (Head of Midwifery, Honorary Research Fellow)[a,b,*], Edwin van Teijlingen, MA, MEd, PhD (Professor of Maternity and Perinatal Health)[c]

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Table 1
Accepted notions of social and medical models of childbirth.
Sources: Van Teijlingen (2005), Walsh and Newburn (2002), Porter (2000).

Social model	Medical model
Physiological/natural – *pregnancy & birth as 'normal' natural life event; all will be well until something goes wrong*	**Scientific** – *pregnancy and birth can only be normal after the event when nothing has gone wrong*
Art – *intuitive, holistic*	
Social – *family and community orientated; health and social care should not be considered separately*	**Medical** –*aims to reduce maternal and infant mortality; to cure rather than prevent*
Holistic approach – *acknowledgement of link between social structures and health care to attain state of well-being*	**Medically-led** – *professional in charge of pregnancy*
Qualitative – *importance of a 'good' experience for women and their family*	**Control** – *birth in hospital enabled medical staff to be in control of the birth*
Subjective	**Interventionist**–doing things to 'help' women
Spiritual – *part of wider culture*	**Quantitative** – *task orientated; 'checking – such as observations',*
	Objective
	Treat the problem – *treatment of the disease (pregnancy) rather than care of the whole; anticipate problems*
Intuitive – *rely on experience, relationships and instinct as to what is right or wrong*	
Environment – central to model	**Environment** – peripheral to the model
Local community focus/environment – *central to model: women give birth at home or in local community, supported by friends and family; her choice*	**Centralised hospital maternity services** – *birth in hospital seen as the safe option*
Feminine – women-centred *respect & empower; women feels in control*	**Masculine** – *paternalistic, empowerment of the medical profession*
Outcome – *aims at live healthy mother, baby and satisfaction of mother/family*	**Outcome** – *aims at live healthy mother and baby*

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Treat the problem – *treatment of the disease (pregnancy) rather than care of the whole; anticipate problems*

Environment – peripheral to the model
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Obstetric model of practice

Practice is related to statistical notions of risk → solutions to improve mortality & morbidity statistics.

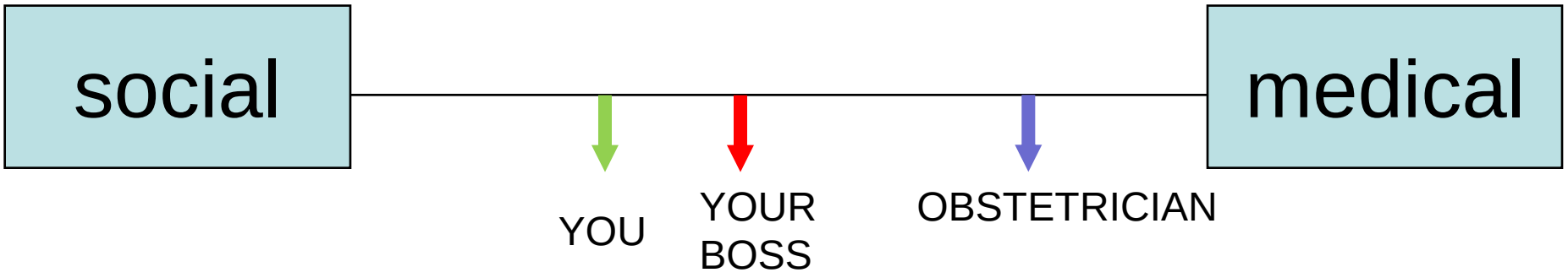
‘High risk' pregnancy on basis of statistical, rather than individual considerations.

Midwifery model of practice

Pregnancy is a normal event in women's life cycle; require some special attention e.g. antenatal, perinatal & postnatal care; but often no more than minimal monitoring, advice & support.

Medical ↔ Social Model

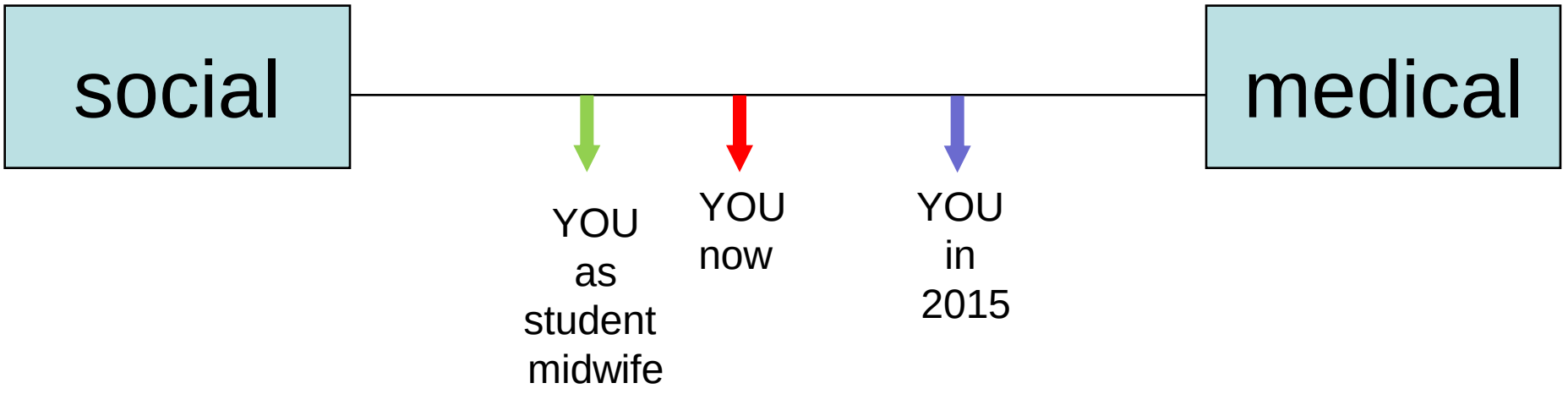
Polarised Continuum of Practice?



People / units ‘fit’ somewhere in between two extreme ends of a continuum.

Medical ↔ Social Model

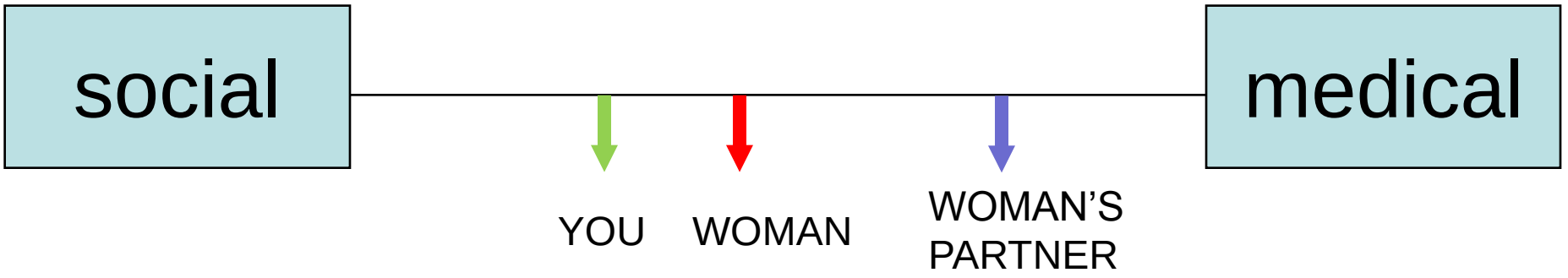
Polarised Continuum of Practice?



People can move along the spectrum

Medical ↔ Social Model

Polarised Continuum of Practice?



It may help your work if you can place were other people, women, colleagues, policy-makers fit on the continuum.

Continuum of working practices

Working practices are normally:

neither fixed: all working practice is somewhere in between two extreme ends of a continuum;

nor static: individual practitioners or whole maternity units can change their working practice over time.

Ideological level

Note ideology always colours what one 'sees', thus how one experiences, approaches and describes a particular birth, antenatal visit, etc.

- Freedom fighter = terrorist

Ideological level

- Assertions / claims are being made but cannot be proven, and which derive their appeal from ideological commitments.

Medical model: example

Working with medical model tends to focus on directly intended functions of technology used for monitoring fetal growth, rather than on the fact that this technology can also be used to bring pressure to bear on pregnant women.

Social model: Example

Childbirth is physiological process.

A woman having a baby is not just biological status, but often also change in social roles, e.g. 'becoming a mother', and social status (e.g. lower income, giving up a job, greater financial dependency on partner, parents, social welfare benefits).

Medical model ‘promotes’ risk

Medical model stresses ***risk*** element & claims that medicine (obstetrics-led care based in large hospital) can best improve chances of a positive outcome.

Medical model 'promotes' risk

"Medical definitions of risk require that childbirth be accompanied by medical technology, monitoring & often intervention"

(DeVries, 1996).

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Risk-society is characterised by over-monitoring of populations & individuals 'caused' by availability of information systems.

↓

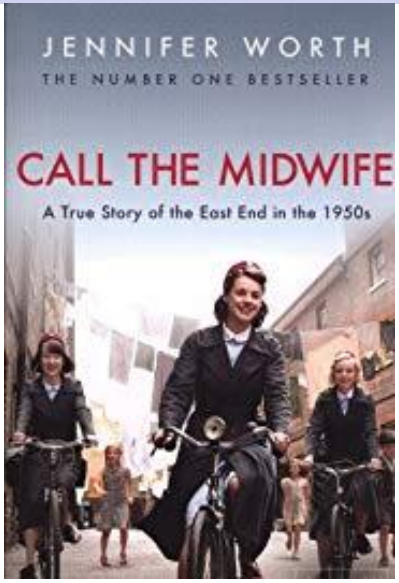
The more information we have, the more we worry and the more we 'create' further risks.

Our world is risk averse. McDonald's has warnings on coffee cups that these may contain hot liquids (Cain, 2007).

Role of the media

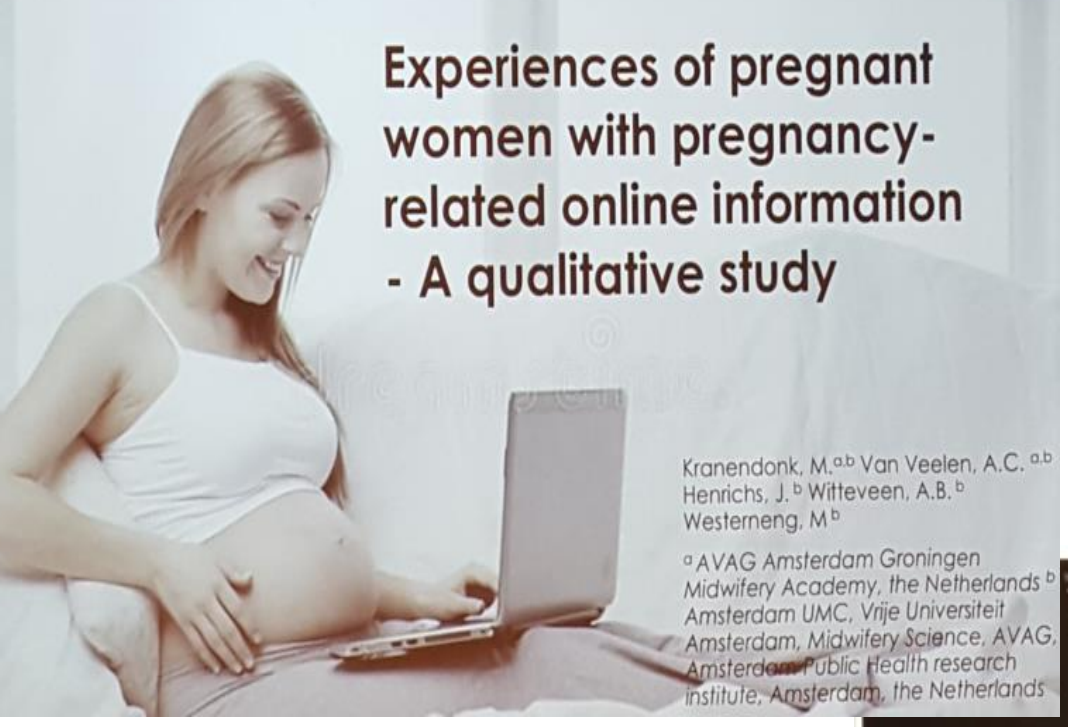
In 21st century most information the ‘general population’ has on everyday topics is from media, be it Brexit, global warming or childbirth.

One Born Every Minute



Ik Word Moeder - TV serie

Deze 5 delige tv-serie werd in februari 2015 uitgezonden en herhaald in de week voor Moederdag. In de laatste aflevering zien we hoe moeders in Oeganda bevallen. Tanja Jess en Anousha Nzume reisden mee naar Oeganda om te kijken wat Cordaid Memisa doet om moedersterfte terug te dringen.



Experiences of pregnant women with pregnancy-related online information - A qualitative study

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Henrichs, J. [b] Witteveen, A.B. [b]
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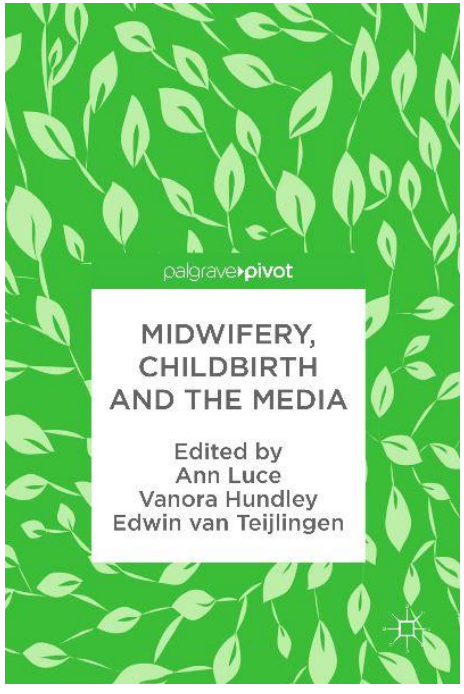

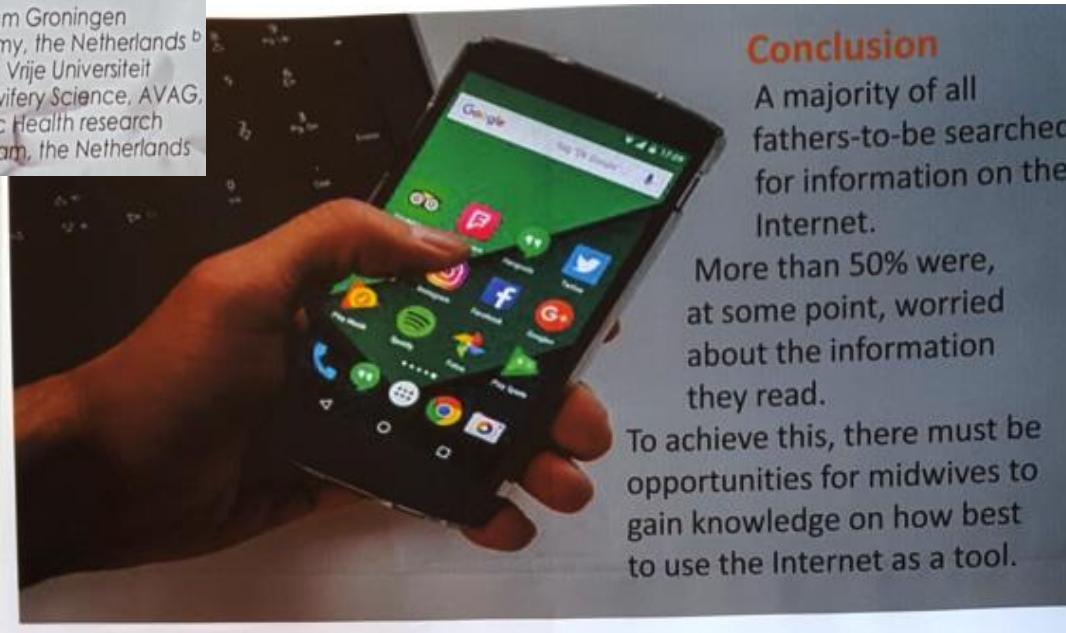

Conclusion

A majority of all fathers-to-be searched for information on the Internet.

More than 50% were, at some point, worried about the information they read.

To achieve this, there must be opportunities for midwives to gain knowledge on how best to use the Internet as a tool.

Background

On the one hand, Internet use during pregnancy offers opportunity to get access to information quickly and easily as well as to share apprehensions and doubts with others. On the other hand, information can be confusing, overwhelming and makes it difficult for prospective parents to judge if information is trustworthy.

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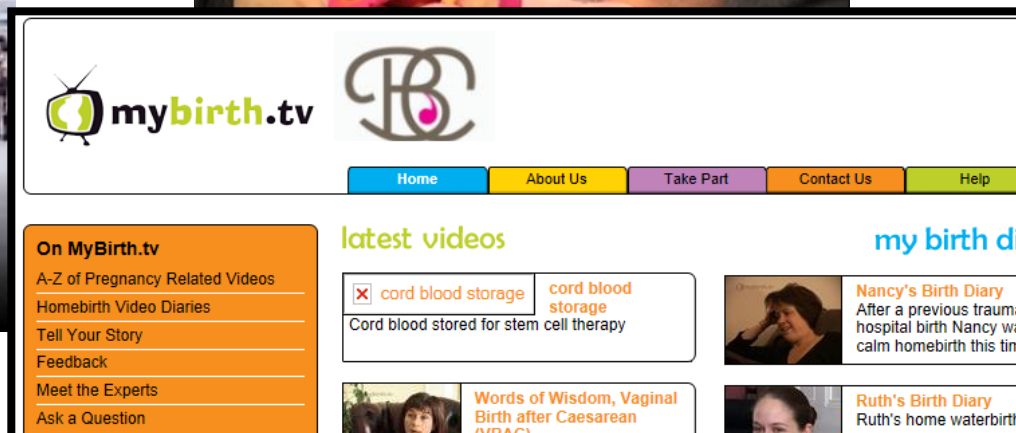
Most women & men of childbearing age will not have seen a birth (until their own) other than through mass media (film, TV, YouTube, sex educ. video at school).



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McIntyre *et al. BMC Pregnancy and Childbirth* 2011, **11**:47
http://www.biomedcentral.com/1471-2393/11/47

BMC Pregnancy & Childbirth

RESEARCH ARTICLE Open Access

Shaping public opinion on the issue of childbirth; a critical analysis of articles published in an Australian newspaper

Meredith J McIntyre[1*], Karen Francis[2] and Ysanne Chapman[3]

Abstract

Background: The Australian government has announced a major program of reform with the move to primary maternity care, a program of change that appears to be at odds with current general public perceptions regarding how maternity care is delivered.

Conclusions: The general public are presented with a conflict, caught between the need for changes that come with the primary maternity model of care and fear that these change will undermine safe standards. The discourse; 'Australia is one of the safest countries in which to give birth or be born, what is must be best', represents the situation where despite major deficiencies in the system the general public may be too fearful of the consequences to consider a move away from reliance on traditional medical-led maternity care.

FEAR!

Contents lists available at ScienceDirect

Midwifery

journal homepage: www.elsevier.com/midw

Why are young Canadians afraid of birth? A survey study of childbirth fear and birth preferences among Canadian University students

Kathrin Stoll, PhD (Postdoctoral Fellow)[a,*], Wendy Hall, RN, PhD (Professor)[b], Patricia Janssen, PhD (Professor)[c], Elaine Carty, CNM, SciD (h.c) (Professor)[a]

Authors found: “Fear of birth scores were highest among students who reported that the media had shaped their attitudes towards pregnancy & birth.”
“Exposure to pregnancy and birth information via media (was) significantly associated with a preference for CS.”
Thus even students (better educated than general public) were heavily influenced by mass media!!

Normal birth does not make "good" TV

BUT media can't been seen to be dull/normal'!

More likely to see traumatic portrayal of events,

i.e. **medical model** in media:

1. Selective reporting/portrayal of trauma & drama instead of normality;
2. Fear more than happiness.

Models matter!

How we define ‘risk’ re. birth determines how society organises its maternity system:

- what is generally seen as safest/ best place of birth;
- who the most appropriate maternity care provider is.

Why is this important?

- Understanding which model someone adheres to helps to understand their perspective/ likely view on the issue.
- How one regards birth will determine the kind of intervention (action) one thinks is going to be effective!

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Childbirth:
Trauma & Media

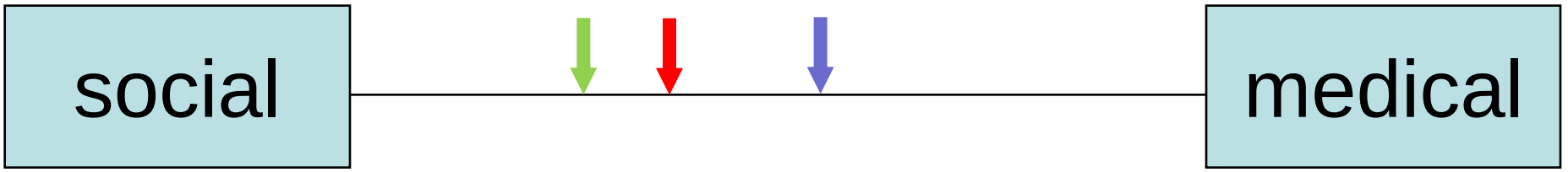
- No wonder we expect trauma as the media do not portray normal childbirth. Media highlight odd events, celebrity childbirth, things going wrong, trauma, blue lights, etc.

Message for practice

Consider where you fit on the spectrum / continuum of social-medical model. Consider how others ‘see’ pregnancy & childbirth. Ask yourself: “Where do they fit on the model? You can use their language to address their issues.

Medical ↔ Social Model

Polarised Continuum of Practice?



Where do you fit?

Where does your sister fit?

Where does ……etc.

THANK YOU!

Social & medical models of childbirth

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