

One Reason why a Woman may Dread Birth

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“It was like being abused all over again”. That’s what birth was like for Tracy, who had been sexually abused as a child. It took place in a high tech hospital, where she was harpooned to electronic equipment, with staff talking about her as if she did not exist as a person, and there was a failed vacuum extraction and a forceps delivery. She told me how “a gaggle of student doctors” stood staring at her vagina and she felt like a “piece of meat”, poked, prodded and cut.

It does not have to be like this. Doctors and midwives can help women gain new confidence in their bodies. For vaginal birth can be a healing experience. But this often does not happen. Instead, the abuse is re-enacted.

Emma was gang raped 8 years ago. She wanted as natural a birth as possible, but her labour was artificially accelerated with drugs, she was tied to an electronic fetal monitor, and a screw was inserted into her baby’s scalp to monitor blood gasses. Then she was cut and had a forceps delivery. They told her it was only “lift-out” forceps since she didn’t push well enough, because she had an epidural. She said, “I don’t believe any of this was necessary. It was just that one thing led to another. I wish I’d stayed at home longer so they couldn’t have rushed me. I felt so relieved that it was all over that I said, “Thank you” but later I thought, ‘Why did I do that? Did it have to happen that way?’ I feel cheated.”

Any woman who is treated without respect and consideration, unable to make choices and be in control over what is done to her, may feel that birth is like rape. But for a survivor of sexual abuse it is a re-enactment of violence – and not only birth, but each vaginal examination and every time her genitals are handled and penetrated.

Sometimes a woman has pushed to the back of her mind abuse experienced as a child. But she is emotionally overwhelmed when she has to lie in the same position, is examined by a doctor, or attached to equipment which makes it impossible to move. Then it comes flooding back.

We do not know how many women experience sexual abuse. One in 10 is a commonly quoted figure, based on research evidence. Thousands of women face a birth in which medical interventions are performed against their will by somebody who has power over them in a way that recreates the previous trauma.

In childbirth doctors and hospital staff, however friendly, are powerful, backed by the authority of an institution through which a woman merely passes as a patient. Doctors and midwives get little or no training to help them become sensitive to this and to understand what is happening when a woman panics during labour or when the baby's head presses against her perineum. They do not know how to react, and either ignore it, offer reassurance, or give drugs for pain relief.

Pain-relieving drugs do not eradicate this distress, because it is not just a matter of pain. A woman may have effective epidural anaesthesia and be pain-free, but still feel violated. One woman who had been repeatedly raped by her step-father between the

ages of five and 12, said, “It wasn’t the pain. It was being trapped, my legs splayed out, and them doing things to me.”

In childbirth our bodies’ usual boundaries are invaded, and care-givers take it for granted. The more intrusive the management, the more these boundaries are attacked; a woman’s genitals are exposed, she lies down in the “victim” position, while staff stand around her. She is attached to tubes, monitors, blood-pressure cuffs and other restraints. A midwife may notice that she is tense and try to coax her to “relax”, to “let go”, even to “trust your body” and “open up”. But it is almost impossible to do this because in the past her body has betrayed her and someone in authority who was in a position of trust exploited her.

Having a woman obstetrician is no guarantee of a good birth experience. It may be tempting to put faith in her simply because she is a woman, and then feel terribly let down. A woman may store resentment against her mother because she allowed abuse to continue, or in some way blamed the child for attracting sexual attention. So it doesn’t automatically follow that if the person in a position of power is female everything will be OK.

Some women opt for an elective caesarean section. They hope that in this way they can be in control. In fact, there is a chance that they surrender control over their bodies still further. It works well for some women, and can be healing. But for others it is catastrophic.

Jade decided to have a caesarean and told me, “It was easier to be a body on a slab than a woman.” But she haemorrhaged, the scar was slow to heal and she had a

massive pelvic infection. She is now pregnant again and this time has decided she wants a home birth, but is finding it difficult to organise because she is now in a “high risk” category, with the slight but definite additional risk of a ruptured uterus, problems with a placenta that separates before it should or sticks fast when it should separate, and haemorrhage.

Giving birth is part of a woman’s psychosexual life. It is not separate from other things she does with her body and experiences through it. Every pregnant woman, whether or not she has been abused, should be able to plan ahead, be ready for the intense physicality of birth and the often overwhelming emotions, and have care-givers who treat her with respect and give the support she needs.