

How can something that happened years ago still affect me so much?



MODULE 1

Introducing Trauma and Childbearing

Goals Of Module 1

- ✓ See how past traumatic events affect women during and after pregnancy
- ✓ Learn about posttraumatic stress reactions
- ✓ Be more aware of intense emotions and reactions to what people do or say. They may relate more to past traumatic experiences than what's going on now.



Is it going to affect my baby's life too, since it's affecting me?

What Is Trauma?

A traumatic experience is an awful event or ongoing situation. Such experiences can make people feel very scared or helpless. Even afraid for their lives.

People may also feel upset or confused by such events. That's even more true if they're too young to understand how bad things are. Traumatic experiences include being abused or molested. Surviving a bad accident or becoming very sick may also cause people to feel this way. Being attacked or living in a war zone can also be traumatic.

We, the authors, use the word "trauma" to describe mind-body responses to events that come up or last long after the events are over. Some people who survive experiences like this may find ways to get past them and be okay. But the bad feelings may remain for a long time. When these responses stay too long, they can cause distress. That's also true if they're too intense. Trauma can get in the way of performing work or family roles. It can even lead to posttraumatic stress disorder (PTSD).

Why Focus on Trauma and the Childbearing Year?

Not all women who survive trauma will get PTSD. A woman's genes may play a role in her chances of having PTSD. However, having to deal with a lot of other kinds of stress can make PTSD more likely.

Pregnancy and being a new mother can be hard for any woman. It can be harder for trauma survivors. And it can be hardest for survivors of childhood trauma or sexual trauma.



Normal events can make a woman feel out of control of her body. Doctor and midwife visits can do that, for instance. Feeling the baby move inside can do so too.

Feeling out of control can remind a woman of past traumatic events. We call something that reminds people of such events a “trigger.” People who are “triggered” may even feel like the traumatic event is going on all over again. This is like a “flashback” where the body and mind react as though that event’s happening now.

Women may also be worried about how to take care of the baby. Knowing there will be a little boy or girl to take care of, keep safe and be gentle with can be really scary. It can be even scarier for women who didn’t have a good “mum” role model growing up. Worries about being a “good-enough mum” can also trigger trauma memories or a sense of feeling out of control.

Some of the things women do to deal with trauma-related reactions are not good during pregnancy. **Smoking, drinking, or using drugs is bad for the baby. Some women work and exercise all the time to try to forget their feelings. That’s also not good for the baby.** Sometimes it can feel like there isn’t a good way to cope.



Some women come from families where someone was abusive. Sometimes they aren't in contact with the family anymore. Or, at least they're not in contact as much as other mothers-to-be. So they don't get as much help for all the challenges they face. Or they don't have the kind of help they want from family. They have to come up with different people to support them.

What will you learn with this course? Mums who have survived trauma (we call them “survivor mums”) will go through different things. Each mum will have different needs. And each mum will find her own way to deal with these problems. This workbook will help you by providing you with information and new skills, such as:

- How to manage PTSD reactions
 - How to deal with strong emotions better
 - How to have less stress in relationships with midwives and your baby
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In each module, there will be a short amount of reading. The reading will contain sections introduced with a question mark. These sections will include questions you'll be invited to answer in the space provided.



Other sections will be marked with a “pause button.” These sections will ask you to “pause and consider” the questions provided as you participate in the *SMC*. These are questions to think about. There's no need to write anything down.

The reading will be followed by the “story” of a survivor mum. These stories will show you how PTSD can cause problems. You'll see how these problems play out for the woman in each story. Sometimes they'll play out all at once. At other times, they'll play out in ways that can seem tangled up together. The stories will give you time to think about how you would handle a similar problem.



Starting now, we'll be introducing you to some of the main points and skills you'll be learning as you work through these modules.



What Are Posttraumatic Stress Reactions?

Doctors, midwives, nurses, home visitors, social workers, and other health care workers know that trauma can have a wide range of effects on people. One way of talking about these effects is to describe them by using the term **Posttraumatic Stress Disorder** or **PTSD**.

We'll look at PTSD quite a bit more in the next module. But for now, the key thing to know is this. There are four reactions that go together. And once they start, each reaction has a way of keeping the others going.

1. A reminder of the trauma or trigger can cause bad memories, nightmares or flashbacks. These experiences can make it feel like the bad event is happening all over again.
2. These feelings can be hard. They can lead people to avoid reminders or feel numb about them.
3. Certain beliefs about oneself can result from having traumatic experiences. Thinking that you're not a good person is one such belief. Having the feeling that things are never quite right is another. People can feel shame or blame themselves for everything that happens. They can believe that the whole world is always dangerous. Beliefs like these can have a lasting effect on the quality of their lives.
4. Both the mind and the body can feel like the event's happening all over again. This can cause a person to feel constantly on alert for danger or on edge.

The *Survivor Mums' Companion* course (or "*SMC*" for short) mainly focuses on PTSD. But some people also dissociate when they feel very

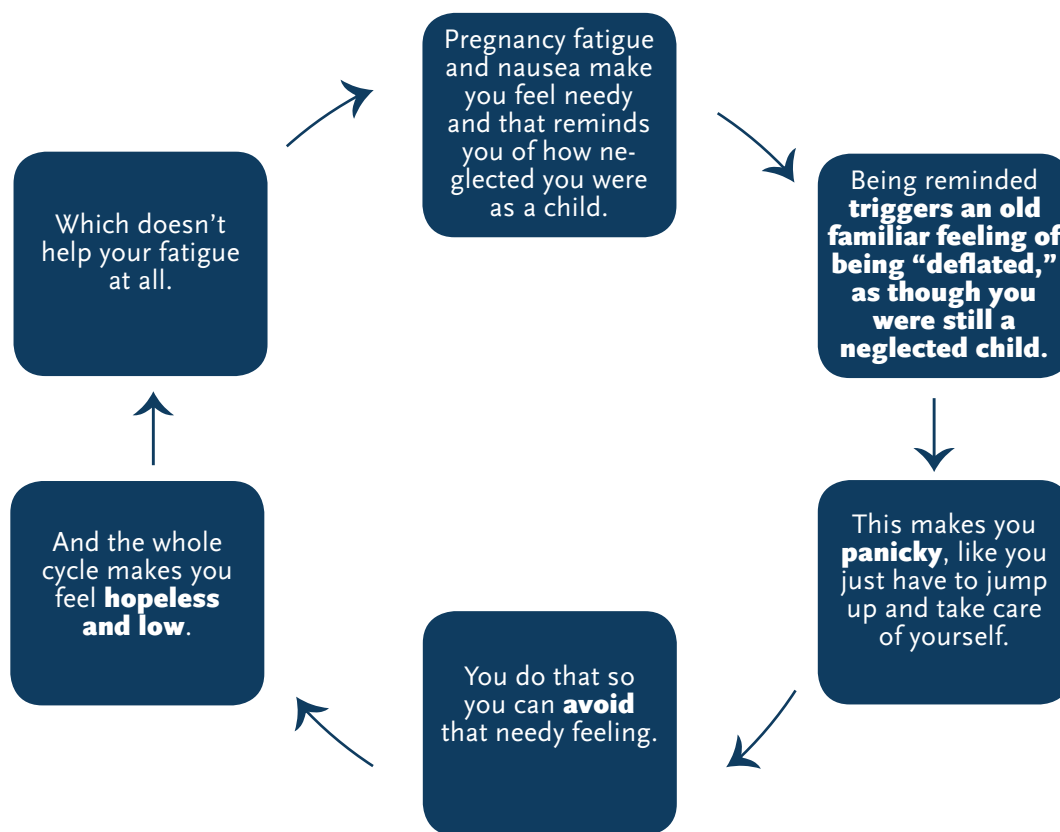


stressed. This means that things feel unreal to them. They may feel like they are outside their own body or watching from a distance. This lets them feel like they are far away from the frightening experience, both mentally **and** emotionally.

PTSD can be mild or severe. In some people, it starts right after the trauma but goes away. In other people, it doesn't go away completely. It may get better or worse over time. Sometimes a person seems to get better, even for years. Then a new stressful situation brings the feelings and reactions connected with it back.

PTSD can happen after any overwhelming event. Examples of these, as we mentioned earlier, include assault, combat or other war-related conditions. Other examples include accidents and natural disasters. Cancer and other serious illnesses can also lead to PTSD.

Example of a PTSD reaction scenario:



Survivors of childhood abuse and sexual trauma also are at risk for PTSD. Especially when the abusive person was a parent or other adult. And even if the situation may have seemed more confusing than traumatic.

When abuse occurs in childhood, effects can surface years later. These effects can be hard to see. That's because they can seem more like part of someone's personality than an effect of childhood abuse.

Pregnancy can trigger all of the PTSD reactions we've described. It's hard to avoid triggers in pregnancy. Intimate examinations or worries about giving birth can be triggers. So can worries about being a mum. The extra stress of pregnancy can make coping with PTSD harder.

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How are you doing? This has been a lot of information to take in all at once. It may fit with your experience. If so, you may be having mixed feelings about that. During the whole *SMC* course, we'll insert sections like this in each module. Sections that invite you to check in with yourself, to ask yourself how you're doing.

We'll include some questions in these sections too. They're there to help you think about your own experience. They're also meant to help you see how the information you've just read may or may not apply to you.

These are good spots to ask yourself how distressed or upset you feel. Therapists call this your "subjective units of distress" or "SUD" score.

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What's that??? Let us explain. That's a "0" to "10" measuring scale. Zero "0" means that you're feeling no distress at the moment. Ten "10" means that right now you're experiencing the worst distress you can imagine. Feeling some distress is fine. It means that you probably can make use of the information we've presented. Too much distress, though... might be, well...too much.

You can talk to your tutor about how you're doing during your meeting. You can bring up your distress score and see what the tutor thinks. It sometimes might be better to skip the questions that apply the information to you.



If that's better, you can just focus on learning the information. Then you can practise problem solving, using the stories at the end of each module as a guide. You might even decide the *SMC* is too much for you right now. Or you may just need more support to keep working on it. Your tutor can help you decide which approach is right for you.

For now, here are some questions for you to check in with yourself if you want to:

- Are there things about pregnancy, giving birth or becoming a mum that might be triggers for you?
 - Have you noticed yourself be triggered by anything in particular?
 - Are you doing okay? Does it seem okay to keep going?
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What Is Emotion Regulation?



When children are little, they learn how to feel and express their feelings. Hopefully, they feel and express things in ways that fit with what's happening. Their main caregiver's response helps them learn this. In early infancy, it's quite a physical process. It's called **Emotion Regulation**.

Children learn from their parents how to do this (from their main caregiver, which is usually their mum).

- They learn to fuss so their parent comes to change and make them comfortable.
- They learn how to get angry, and then let the angry feeling go away.
- They might cry because they hurt, but when they are comforted, that makes it better.
- They might feel upset when a loved one goes away. But they learn that the loved person will return, and that they will be happy and connected once again.



Parents are meant to help children learn how to express and control these strong feelings. But some parents don't know how to do that themselves. So they won't know how to teach their child how to do so.

And what's worse, the new parents may lose control and hurt the child. They aren't able to regulate the emotions and sensations new parents feel. These include the fatigue, frustration or on-edge feelings that go along with PTSD.

There are two types of emotion regulation challenges for adults who have survived childhood abuse:

1. Emotions that feel too strong

People who find it hard to control their feelings might become upset or overreact easily. These feelings can be out of proportion to what happened. They can last longer than they might do for other people. When these emotions are strong, people want to do things in order to cope. Pregnancy is a challenge. That's because most of these ways of coping are bad for the baby:

- Over-exercising
- Over-eating
- Over-working
- Having risky sex
- Drinking alcohol
- Using drugs
- Smoking
- Hurting oneself



2. Feeling numb



Some people have an emotion regulation problem that goes the other way. They feel numb because they have turned off their emotions to cope. But this type of coping is not a great way to go. That's because it's "all or nothing" coping.

Feeling numb prevents such people from having "bad feelings" like sadness, anger or fear. That might sound okay. But numb is numb. It's all or nothing. Numbness blocks good feelings too, like happiness, hope or pride. Feeling numb is similar to the dissociating we'll discuss later. Being able to mentally "go away" when stressed can help a person cope. Especially during a traumatic experience that triggers PTSD reactions. But using numbing or dissociation as ways to cope does more. It also stops someone from having good feelings too. That can leave anyone feeling just as out of control as ever.

In pregnancy, good feelings are really helpful. That's also true after the baby's born. Feelings of joy, pride and feeling connected to the baby are all good feelings. They can help when fatigue, frustration or doubt drain a person's energy.



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How about you? It's easy to see how feeling worried about labour could be hard to handle. And how getting angry at a baby who won't stop crying could feel overwhelming. Even meeting your new baby after giving birth might feel too intense. This may be even more true if you aren't used to strong emotions, or if there isn't anyone around to share such powerful feelings with you.

- What strong feelings have you had since you've been pregnant?

- What have you needed to do to cope with them? Do you feel numb about any of them?

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What's Interpersonal Reactivity?

People who've had traumatic childhood experiences can have problems in adult relationships. It's easy to see why.

They might find it hard to form happy and healthy relationships. This is especially true if those who were supposed to care about them hurt them instead.

Having to depend on a parent or caregiver who causes harm is confusing. That confusion can last into adult relationships. It can be hard to be sure what people really mean. It's also hard to know what they want and what they're willing and able to give. Sometimes children abused by caregivers can't judge whether a person's trustworthy. Some survivors can't tell when someone isn't treating them well. Others find it hard to trust that other people ever have good intentions.

When new relationships start, it makes sense to wonder if one will get hurt all over again. This can be protective. It's hard to assume the best of people when feeling vulnerable. In a new relationship, there's a desire and hope for things to go well. But when a difference of opinion or needs first surfaces, it can seem safer to assume that things are going poorly. Even if that's not really the case. This can make for rocky interpersonal situations **and** relationships.

During pregnancy, some relationships are very important. So much so that any woman might feel a bit concerned about having them go well. One is the relationship with one's midwife. This one can be a challenge because there's a need to depend on her. The other is with the baby. It's good to start reading the baby's cues and cries as accurately as possible right away. But that's not easy. And if you have a partner, there's a lot of adjusting going on. So feeling close and figuring it all out may not be a smooth process.





How are things going for you so far?

- What is your sense of how relationships go for you?
- How are things going in your working relationship with your midwife or doctor so far?
- Are you feeling overwhelmed with information?

This first module has given you a LOT of information. It's just an introduction to what we'll spend time on during the rest of the course. Here's a summary of the points we've made so far:

- We explained how traumatic experiences in childhood can affect you during pregnancy. Especially if such experiences happened in your family. They can also affect you afterward, when you're just learning to be a mum.
- We outlined a wide range of ways these traumatic experiences can show up. We also pointed out that you may have a lot of these long-term effects or very few. Every survivor is different.
- We started to explain about PTSD reactions—each one on its own, and then how they all can go together.
- We talked about how babies usually learn from their parents how to have emotions that match what's going on. That, as you know, is called emotion regulation. If this didn't happen well, your emotions can feel too strong. Or numbness can set in.
- We also mentioned the confusion you may feel if a caregiver hurt you in childhood. Such confusion can last into adulthood. This can make relationships a challenge because it's hard to know when to trust. Worry about that can make it hard to read communication signals. This can matter a lot in key relationships.



The next section is a story or set of stories about women who are **Survivor Mums**. The stories reflect the real experiences of women we have worked with over the years. But we combined them into fictional “characters.” The purpose of the stories or vignettes is to help you use what you learn. Putting yourself in their place will give you a low-stress chance to build your skill. Then you can apply the information and practise the skill for yourself if you want.

We’ll look at each skill in detail in the modules to come. For now, though, we just want to tell you what names we have given to them. There are three skills:

1. Reaction skills (for PTSD)
2. Calming skills (for too-strong emotions)
3. Interpretation skills (for thinking about what another person might be trying to tell you)



Alexei's Story

Things to Think About

As you read Alexei's story, try to think about what you learned in Module 1. Focus on these questions:

- What past traumatic event is affecting Alexei?
- What PTSD reaction is Alexei having to her pregnancy?
- What kinds of emotional reactions is she having? What kinds of interpersonal ones?

Alexei is a 36-year-old woman, pregnant for the first time. She and her husband have been married for 12 years. But she's put off having children until now. She wasn't sure she'd be a great mum because of how she was raised. She was sexually abused many times by her stepdad when she was little. After a while she told her mum about the abuse. But her mum didn't do anything.

She ran away from home at 16 and still avoids her mum and stepdad as much as she can. She used drugs as a teenager because she felt so numb. Yet, she sometimes had strong feelings too. She avoided men when she could, but after a long time she married a wonderful coworker.

It took Alexei a long time to be able to trust Jim as a lover. Now she can't help having worried thoughts about whether she can trust him as a dad. She knows this probably isn't fair. Jim is a good man, and he's very excited about being a dad. She wishes she could share in his happy feelings of becoming a parent. But she can't get past feeling that something bad could happen.

Since she first felt the baby move a month ago, she's been very uncomfortable. Friends tell her she has a 'glow' about her, but she doesn't feel this way at all. In fact, she's had a growing worry about



the pregnancy since early on. She feels like her body's not her own. She even feels kind of sick, even though she wasn't sick earlier in the pregnancy. She wonders if it's hormones, but it seems more like fear or dread. It's worse when the baby moves. It makes her think about her lower body, which she still doesn't see as her own.

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Questions

These questions will help you get to know yourself better. You can use these to talk to your tutor about any worries you have.

If answering a question is too hard or upsets you, just write down a few notes or skip the question.

You don't need to talk about all the questions in this module with your tutor. You can pick the ones most important to you. If you want to, you can also talk about some with a friend or your partner.

1. What do you see as the issues facing Alexei? What would you suggest to her?

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2. Do you notice any similar feelings? Feelings which may be from past experiences in your life?

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3. Is anything like that happening in your pregnancy? If so, what have you tried so far to cope with it? Is it working?

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Serena's Story

Things to Think About

As you read Serena's story, think about what you learned about in Module 1.

- How does Serena seem to cope with emotions?
- What do you think would be helpful to her right now?

Serena is a 26-year-old woman pregnant for the first time. She and her partner Ray planned this pregnancy. They wanted to make sure that she'd have the baby after she graduated from college. She has a great job lined up for when she finishes in the fall. They're setting up a nursery. Since planning for her pregnancy, she's tried to eat better and exercise. She's been feeling pretty much in control so far.

Her pregnancy started to show a few weeks ago. Since then, people have been saying how happy and excited she must be. She knows she doesn't feel those feelings. She's starting to feel out of control and distant from other people.

The last time she felt like this was during her first year of college. Right after a guy she was dating forced her to have sex. She smoked when she was feeling really stressed out after that night. She'd had some short-term therapy after the assault. For a while she stopped school and just worked. Recently she was able to carry on with her studies. Then she met Ray, who's very supportive of her.

But these days, she's started smoking again a few times when stressed. She finds herself feeling distant from Ray now. Serena's becoming more and more worried about both giving birth and becoming a mother. She wakes up worrying at night. She can't seem to stop herself from feeling bad about herself. She's ashamed of needing to smoke. She smokes in secret when she feels like this.



Questions

1. What coping ideas might help Serena when she can't sleep and wants to smoke?

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2. What ways do you use to cope with too-strong emotions in your pregnancy?

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Molly's Story

Things to Think About

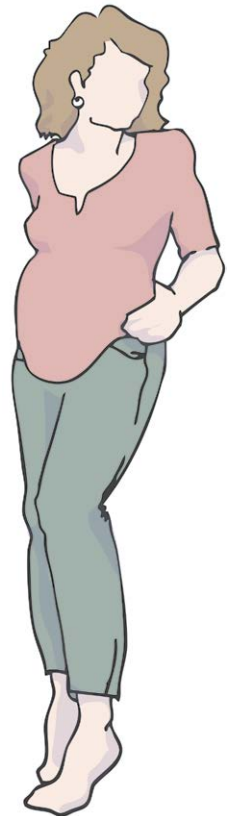
As you read Molly's story, think about what you learned in Module 1 and ask yourself:

- What might Molly have needed or hoped to hear from the nurse during the visit?
- Are there other ways Molly could make sense of what the nurse was saying?

Molly's seen a counsellor for several years because she has depression. Molly's mental health problems began when she was sexually abused by her grandfather. That happened when she was a child. She's talked about this in her counselling sessions. Molly has used an antidepressant for the last year. It's meant to help her cope as she makes progress with her counselling. Molly's married and this is her first baby. She's very happy to be pregnant for the first time.

During Molly's first prenatal visit, the midwife asks Molly if she's ever been a victim of abuse. Molly shares that she's a survivor of childhood abuse. She also says that she sees a counsellor for trauma. She adds that she's taking an antidepressant. The midwife seems uncomfortable at hearing this. She explains that Molly will need to see the prenatal mental health team. The midwife tells Molly that the team may say that her medication needs to be changed or stopped during her pregnancy. The midwife then asks if Molly will continue to see her counsellor.

Molly leaves this first visit feeling that she might want a different midwife. She's angry with this one. That's because the midwife made her feel "different" and already a bad mother. Just for taking antidepressants and needing a counsellor! Molly is happy with her antidepressant. But she's worried that things might get out of her control.



Questions

1. What do you think was going through the midwife's mind in this story? **Especially** when Molly told her about her abuse and mental health history?

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2. Molly wants to avoid another exchange that makes her feel bad. What suggestions would you have for Molly as she seeks care for her pregnancy?

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3. Have you had any situations like Molly so far? Think about how things are going with your midwife or doctor.

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Contacting Your Tutor

Please use the space below to make some notes for your in-person meeting or telephone call with your tutor. Try to think about:

- Are there any things from your work on this that you're particularly excited to talk about?
- What more explanation, or help practising, would you like?
- Which parts of the story do you most want to focus on?
- Do you want to talk about how this applies to you—or just to the character?
- Is there any trauma-related help you need right now that you want to discuss?

Notes

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Checking In With Yourself: Module 1

(Fill in, circle, or check your choice as needed. Do this **after** your tutor session.)

1. How well do you think you learned each topic?:

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You've thought about how your trauma history affects you now.

Solidly	Enough for now	Just a little bit	Skipped: not important	Skipped: too stressful
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You've a general idea about PTSD and about terms to discuss it.

Solidly	Enough for now	Just a little bit	Skipped: not important	Skipped: too stressful
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.....
You're able to notice trauma-related feelings in the stories.

Solidly	Enough for now	Just a little bit	Skipped: not importantl	Skipped: too stressful
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You're able to notice trauma-related interpersonal issues in the stories.

Solidly	Enough for now	Just a little bit	Skipped: not importantl	Skipped: too stressful
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2. How intense was this module for you?

NOTE: Please fill in the blank with your rating of distress on a scale of 0 to 10, where 10 is the worst distress you can imagine.

Rating at the beginning of the session: _____

Peak Rating: _____

Rating at the end of the session: _____





3. Did you make any plans for the next week to look at needs you have?

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4. Did you agree to practise anything this week?

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5. How would you rate your tutor session?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

6. How would you rate this module's content?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great

7. How did your learning go during this module?

Really bad 1 2 3 4 5 6 7 8 9 10 Really great





8. How confident or sure are you of your skill?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

9. Which of the following is a way that past trauma can affect you during and after pregnancy?

- a. Distrust of maternity care providers
- b. Stress or flashbacks during vaginal exams
- c. Worries about being a good-enough parent
- d. Any or all of the above
- e. We skipped this part.
- f. We just touched on this, so I don't really know.

10. How sure are you that you could recognise potential places, people or events that might remind you of your traumatic incident?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure





11. Which of the following defines the word “trigger,” as it’s used in this workbook?

- a. Something that will make somebody be abusive
- b. Something that reminds you of the traumatic experience
- c. Something that makes you feel like the abuse is happening all over again
- d. Both b and c
- e. None of the above
- f. We skipped this part.
- g. We just touched on this, so I don’t really know.

12. How sure are you that you would know if you were being “triggered?”

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

13. Numbing emotions is usually an all-or-nothing experience. You turn off the good emotions, as well as the strong, bad emotions.

- a. True
- b. False
- c. We skipped this part.
- d. We just touched on this, so I don’t really know.





14. How sure are you that you could notice if your emotions were numbered?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

15. You often start out feeling good about a new health care relationship. But it always seems like there's conflict or embarrassment, and you end up trying to switch to someone new. This sort of pattern means:

- a. You have poor people skills.
- b. They have poor people skills.
- c. You're uncertain how caregivers are going to treat you. So you read a little bit of conflict or awkwardness as a warning sign.
- d. We skipped this part.
- e. We just touched on this, so I don't really know.

16. How sure are you that you'd notice if you were bringing abuse-related worries into current relationships?

Not at all sure 1 2 3 4 5 6 7 8 9 10 Very sure

