Beyond the Epidural: Addressing Psychological Birth Trauma in Anaesthesia

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Introduction

Psychological birth trauma is an increasingly prevalent and unrecognised outcome of childbirth. It has short and long-term implications for maternal mental health, infant bonding and future pregnancies. Statistics show that up to 1 in 2 women suffer from birth trauma, with over 12% experiencing post-traumatic stress symptoms postnatally[1]. Three overarching themes contributing to psychological birth trauma were identified: personal failure, failure of others and threat to maternal and/or fetal life.

Definitions

Birth Trauma, by one commonly used definition, is a term used to describe distressing experiences occurring during the labour and delivery process that involves actual or threatened serious injury to the mother or her infant. The woman may experience intense fear, helplessness, loss of control, and danger[2]. Reported prevalence is as high as 45%[3].

Communication

Communication time and time again is mentioned as an indicator of patient experience. Ensuring clear explanations, emotional support and shared decision making are essential in reducing risk of trauma. Other factors that have shown reduction are continuity of care, can we try and ensure that the same anaesthetist pre-assesses the patient as anaesthetises?

Shared Decision Making

Research suggests that autonomy and respectful perinatal care are important predictors of women's emotional outcomes after birth[4]. Conversely, loss of autonomy during childbirth is one of the strongest predictors of psychological birth trauma[4].
Support from a doula or private midwife during childbirth was associated with higher birth satisfaction overall, which may indirectly reduce the risk of post-partum PTSD[5]. Feeling respected by members of the MDT has a high association with reduced risk of trauma.

Mode of Delivery

A recent systematic review revealed that emergency caesarean cause negative childbirth experiences and this is a much higher risk than those who had a vaginal birth[6]. Instrumental delivery is also associated with increased psychological distress. This isn't necessarily due to the surgical procedure but the associated urgency of the situation, perceived loss of control and post-operative pain[7]. As anaesthetists we are frequently involved in operative deliveries and we need to ensure patients and their partners feel informed, can keep a sense of control and we need to ensure our communication in these urgent settings is exemplary.
Interestingly emergency cesarean section have a higher trauma risk compared to elective cesarean section, elective cesarean section has similar PTSD rates to that of vaginal deliveries[8]. Partner presence improves the mother's satisfaction . We need to ensure our theatres are arranged to optimise partner positioning throughout.

Debrief

A recent Australian study found that while 33.7% of women reported traumatic birth experiences and 80% expressed a desire to discuss their birth experiences, only 26% of women underwent birth debriefing, with most remaining unaware of what it entailed[9]. This demonstrates the importance of having immediate and delayed debriefing available for all women.

Pain Relief and Anaesthesia

General anaesthesia (GA) is associated with 54% increased odds of post partum depression compared to regional anaesthesia for emergency operative deliveries[10]. However, planned GA has a much lower risk of traumatic experience demonstrating that expectation is so important in labour and delivery. The reasons for emergency GA having a higher risk are shown to be an unexpected delay in maternal-infant bonding, postpartum pain and dissatisfaction with anaesthetic care.
Unanticipated perception of pain causes and prolonmged waits for pain relief increased risk of trauma[6]. Can we make more robust systems to correct poorly working epidurals to ensure pain relief is optimal.

Conclusion

While obstetric emergencies may be unavoidable, traumatic outcomes are not. By fostering a supportive, communicative and respectful environment, anaesthetists can play a pivotal role in reducing psychological birth trauma.

Further Education

The Perinatal Mental Health Programme is an online module designed by NHS England to educate the workforce caring for patients with perinatal mental health issues and help build core skills and competencies in this domain (NHS England and Elearning for Healthcare, 2025). This programme includes a newly designed module on birth trauma, along with modules on perinatal mental health and developing a skills competency framework.

References

1. O'Donovan A, Alcorn KL, Patrick JC, Creedy DK, Dawe S, Devilly GJ. Predicting posttraumatic stress disorder after childbirth. *Midwifery.* 2014;30:935-41. doi: 10.1016/j.midw.2014.03.011.
2. Beck, C.T. (2004) Birth trauma: In the eye of the beholder. Nursing Research, 53(1), pp. 28–35. doi:10.1097/00006199-200401000-00005
3. Beck, C.T., Watson, S. and Gable, R.K. (2018) Traumatic childbirth and its aftermath: Is there anything positive? The Journal of Perinatal Education, 27(3), pp. 175–184. doi:10.1891/1058-1243.27.3.175.
4. Lathan, E.C., Britt, A., Ravi, M., Ash, M.J., McAfee, E., Wallace, S., Johnson, C.B. II, Woods-Jaeger, B., Powers, A. and Michopoulos, V. (2023) 'When reproduction is no longer autonomous: Feeling respected by maternity care providers moderates the association between autonomy in decision making and birth-related trauma symptoms in a community sample of postpartum Black women', *Journal of Trauma & Dissociation*, 24(4), pp. 520–537. Available at: https://doi.org/10.1080/15299732.2023.2212406 (Accessed: 5 January 2026).
5. Suarez, A. and Yakupova, V. (2023) Past traumatic life events, postpartum PTSD, and the role of labor support. International Journal of Environmental Research and Public Health, 20(11), 6048. doi:10.3390/ijerph20116048.
6. Chabbert, M., Panagiotou, D. and Wendland, J. (2020) Predictive factors of women's subjective perception of childbirth experience: A systematic review. Journal of Reproductive and Infant Psychology, 38(1), pp. 1–24. doi:10.1080/02646838.2019.1649913
7. Ormsby, S.M., Keedle, H. and Dahlen, H.G. (2024) Women's reflections on induction of labour and birthing interventions and what they would do differently next time: A content analysis. Midwifery, 140, 104201. doi:10.1016/j.midw.2024.104201.
8. Yildiz, P.D., Ayers, S. and Phillips, L. (2017) The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis. Journal of Affective Disorders, 208, pp. 634–645. doi:10.1016/j.jad.2016.10.009.
9. Buendicho, A.L. and Allen, K. (2024) 'Perceptions of birth and wellbeing after birth debriefing among women who describe their birth as traumatic', *Midwifery*, 141, article 104267. Available at: https://doi.org/10.1016/j.midw.2024.104267 (Accessed: 5 January 2026).
10. Guglielminotti, J. and Li, G. (2020) '*Exposure to general anesthesia for cesarean delivery and odds of severe postpartum depression requiring hospitalization*', *Anesthesia & Analgesia*, 131(5), p. 1. https://doi.org/10.1213/ane.0000000000004663