

Unmet Birth Expectations: Maternity Care's Role in Maternal Mental Health

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Introduction

- Maternal suicide is the leading cause of direct deaths within the first-year post-childbirth in the U.K.
- 45% of women report birth-related psychological distress, including trauma symptoms (Ayers et al., 2016)
- Unmet birth expectations are a risk factor for poor maternal mental health, including postnatal PTSD (Webb et al., 2021)



Aims

- Explore the lived experience of first-time mothers with unmet birth expectations

Methods

- *Qualitative design* using reflexive thematic analysis (Braun & Clarke, 2021)
- *Participants*: 21 first-time mothers in the U.K.; gave birth within past 12 months; self-identified unmet birth expectations; 18-44 years; recruited via Family Hubs nationwide
- *Data collection*: online semi-structured interviews; comprehensive ethical safeguards

Results

Following inductive analysis, five key themes were generated:

1) The Mirage of Informed Choice

Antenatal education promoted “natural” birth ideals while concealing the many realities of birth.

“I just wish that people would use the word painful because it is...I think they do us a disservice by not saying that because it's like lying to you.” Bethan

2) Hierarchical Birth Environments

Institutional birth spaces created a two-tier system: comfortable, homely spaces for “low-risk”, while “high risk” women, or those needing analgesic pain relief, could not access these spaces.

“It's almost like there's a reward for having a straightforward, nice easy birth.” Molly

3) Ruptured Support

Institutional visiting policies resulted in women left alone and unsupported; this was overwhelming.

“I was so tired. I just kept crying the whole time. And then I was left with a baby and they're like, look after this child.” Mia



4) Silenced in Suffering

Women experienced a paradox of being told, antenatally, to self-advocate but were then dismissed and ignored when in pain. This was experienced as dehumanising.

“I'm in agony and you can see some of the staff literally eye rolling because I'm screaming in pain...I feel like I'm ashamed of the fact that I'm in pain...I think I came out of my birthing experience completely dehumanised. To the point where I won't intentionally have another baby. I just don't want to go through it again.” Ruth

5) The Power of Psychological Safety

Compassionate care transformed potentially traumatic experiences into manageable, positive experiences.

“The midwife explained every step of the way...they were doing everything extra slowly and extra carefully and double checking and triple checking. And I think that has put us at ease slightly because we knew what was happening.” Maria

Conclusion

- Birth trauma emerges from interpersonal and institutional betrayal
- Relational care buffers trauma, even during complex births
- Birth trauma is a structural issue requiring systemic transformation



What's needed?

- Trauma-informed care training
- Abandon ideological messaging
- Pro-active pain management
- Include psychological safety metrics



References

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