My personal Views on Pregnancy, Childbirth, and Parenthood

My Personal Thoughts

Note: This is probably the page / portion of your binder that you are going to have to spend the most time on in terms of changing what I've written because… obviously, this portion is unique to YOU.

Note 2: My only recommendation for you is to have a this-is-not-up-for-discussion tone lingering behind the words in your written statement.

// My Example:

My long-standing beliefs about pregnancy, childbirth, and parenthood are overwhelmingly and unremittingly negative. Pregnancy and childbirth are particularly unappealing to me for an ever-growing list of factors which are mentioned throughout this binder.

While I have never been pregnant, I can say with absolute certainty that were I ever to become pregnant, it would be accidental despite my best efforts and I would abort as soon as possible. I have the addresses and phone numbers of the Planned Parenthood in my current city as well as the one in my hometown saved in my permanent contact list. Additionally, I have trusted friends who have agreed to drive me to and from an abortion appointment should the situation arise.

I have discussed my feelings about pregnancy with every partner I have had and, although I am a strong believer in "my body, my choice", I have made sure that each partner has understood abortion is the **ONLY** choice if I were to accidentally fall pregnant. If a hypothetical partner were to disagree with my decision, they would immediately cease to be my partner – end of story.

I want to stress that my negative feelings toward pregnancy, childbirth, and parenthood are solidified for life. **As an adult it is my right to make the informed and deliberate decision to never become a mother nor parent**, and no amount of pressure from family, friends, and even strangers will change that. My beliefs are undaunted by social pressure and pushback because they are part of my core identity.

My personal Views on Pregnancy, Childbirth, and Parenthood

The Negative Physical Effects

I have spent a substantial amount of time independently researching pregnancy, childbirth, and parenthood over the past couple of years; I can confidently say that I am much more knowledgeable and informed about these subjects than the average adult. I don't ever intend to experience the negative effects caused by pregnancy and childbirth, and I am disappointed by both the downplaying/silencing of these negative effects and by the lack of readily available information - not only in popular culture, but in school, in the local community, and often at home.

While some of the negative effects of pregnancy and childbirth may only last for a few months, *there is no doctor on Earth who can guarantee a woman won't have lasting damage for years after childbirth or possibly even for life*. Although there are surgical procedures that can improve or even correct some of these issues, continuous surgery is in itself traumatic, as well as time consuming and costly.

Negative Physical Effects of Pregnancy

The negative physical effects of pregnancy include but are not limited to:

Perineal tears **-** A spontaneous (unintended) laceration of the skin and other soft tissue structures which, in women, separate the vagina from the anus. Perineal tears mainly occur in women as a result of vaginal childbirth, which strains the perineum. Tears vary widely in severity. A 2008 study found that over **85% of women having a vaginal birth sustain some form of perineal trauma, and 60-70% receive stitches** (Kettle, Tohill). First and second degree tears rarely cause long-term problems. Among women who experience a third or fourth degree tear, 60-80% are asymptomatic after 12 months (Toglia). Faecal incontinence, faecal urgency, chronic perineal pain and dyspareunia occur in a minority of patients, but **may be permanent** (RJ Fernando, AH Sultan, C Kettle, S Radley, Jones P, PM Obrien). The symptoms associated with perineal tear are not always due to the tear itself, since there are often other injuries, such as avulsion of pelvic floor muscles, that are not evident on examination. Episiotomy-also known as perineotomy, is a surgical incision of the perineum and the posterior vaginal wall generally done by a midwife or obstetrician during second stage of labor to quickly enlarge the opening for the baby to pass through. The incision, which can be done at a 90 degree angle from the vulva towards the anus or at an angle from the posterior end of the vulva (medio-lateral episiotomy), is performed under local anesthetic (pudendal anesthesia), and is sutured after delivery. Its routine use is no longer recommended. Despite this it is one of the most common medical procedures performed on women. In the United States, as of 2012, it was performed in 12% of vaginal births (PubMed). Having an episiotomy may increase perineal pain during postpartum recovery, resulting in trouble defecating, particularly in midline episiotomies. In addition it may complicate sexual intercourse by making it painful and replacing erectile tissues in the vulva with scar tissue (Signorello,. Harlow, Chekos, Repke).

***Dyspareunia* -** painful sexual intercourse due to medical or psychological causes. The pain can primarily be on the external surface of the genitalia, or deeper in the pelvis upon deep pressure against the cervix. A common cause of this pain for women comes from trauma to the pelvis from childbirth. 338/1234 **(27.4%) women reported dyspareunia in the year following their pregnancy,** in a 2015 study (McDonald, Gartland, Small, Brown). Prevalence of pelvic pain was similar between women who delivered vaginally and by cesarean. Among women who have delivered vaginally, those who experienced at least one forcep delivery and women who delivered at least one baby ≥4kg vaginally reported a higher rate of dyspareunia. Perineal trauma was not associated with dyspareunia. Forceps delivery and a vaginal delivery of a baby ≥4kg are associated with dyspareunia 6–11 years after vaginal birth. Vaginal birth is not associated with a higher rate of pelvic pain when compared to cesarean delivery. (Blomquist, Mcdermott, Handa).

Diastasis rect

In pregnant or postpartum women, the condition is caused by the stretching of the rectus abdominis by the growing uterus. It is more common in women that have had more than one child due to repeated episodes of stretching. When the defect occurs during pregnancy, the uterus can sometimes be seen bulging through the abdominal wall beneath the skin. Women are more susceptible to develop diastasis recti when over the age of 35, high birth weight of child, multiple birth pregnancy, and multiple pregnancies. Additional causes can be attributed to excessive abdominal exercises after the first trimester of pregnancy (Harms).

Typically the separation of the abdominal muscles will lessen within the first 8 weeks after childbirth, however the connective tissue remains stretched for many postpartum women. The weakening of the abdominal muscles and the reduced force transmission from the stretched linea alba may also make it difficult to lift objects, and cause lower back pain. Additional complications can manifest in weakened pelvic alignment and altered posture (Engelhardt). In extreme cases, diastasis recti is corrected during the cosmetic surgery procedure known as an abdominoplasty by creating a plication or folding of the linea alba and suturing together. This creates a tighter abdominal wall (Palanivelu).

***Urinary Incontinence and Back Pain* -** From 1,574 women with singleton pregnancies included in the study, 1,212 **(77%) experienced Back Pain**, 773 **(49%) Urinary Incontinence**, and 620 **(40%) both BP and UI**. From the 821 women reporting impairment of daily tasks due to BP, 199 (24 %) were moderately and 90 (11%) severely affected with the remainder, 532 (64%) being mildly affected. From 267 women with functional impairment due to UI, 52 (19%) reported moderately to severe impairment in their ability to perform daily tasks. Obesity and parity were risk factors for impairment of daily functioning due to BP, whereas obesity and vaginal delivery increased the risk of moderate to severe impairment due to UI. BP and UI are common occurrences 1 year after childbirth. Maternal performance of daily tasks and women's health and quality of life are more often impaired due to BP than UI. This study brought new

evidence of the risk factors that predict severity and impact of these conditions on women functioning at 12 months postpartum. (Mannion, Vinturache, McDonald, Tough)

Death **-** Bearing a child is still one of the most dangerous things a woman can do. It's the **sixth most common cause of death among women age 20-34 in the United States**. If you look at the warning on a packet of birth control pills, you'll notice that at most ages the risk of death from taking the pills is less than if you don't take them—that's because they're so good at preventing pregnancy, and pregnancy kills. The risk flips only after age 35 because birth control causes strokes (Heron). Why this is important - A generic answer to all of these problems is to simply do Kegels. A 2015 study showed that about 1 in 4 women are unable to do a Kegel correctly, and for some women, pelvic floor muscles may be too tight, not too weak, and need to be lengthened, not strengthened. Plus, many women's problems can't be solved with Kegels alone (Padma).

Additional Reasons to Avoid Pregnancy:

Birth Trauma **-** birth trauma is indicative of Post Traumatic Stress Disorder (PTSD) that occurs after childbirth. This also includes women who may not meet the clinical criteria for PTSD but who have some of the symptoms of the disorder. PTSD is the term for a set of normal reactions to a traumatic, scary or bad experience. It is a disorder that can occur following the experience or witnessing of life-threatening events. People tend to recognize these as things like military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. However, a traumatic experience can be any experience involving the threat of death or serious injury to an individual or another person close to them (e.g. their baby) so it is now understood that Post Traumatic Stress Disorder can be a consequence of a traumatic birth (Birth Trauma Association). **Between 25%- 34 % of women report that their births were traumatic**. A birth is said to be traumatic when the individual (mother, father, or other witness believes the mother's or her baby's life was in danger, or that a serious threat to the mother's or her baby's physical or emotional integrity existed (Simkin).

Characteristic features of PTSD include:

- An experience involving the threat of death or serious injury to an individual or another person close to them (e.g. their baby).
- A response of intense fear, helplessness or horror to that experience.
- The persistent re-experiencing of the event by way of recurrent intrusive memories, flashbacks and nightmares. The individual will usually feel distressed, anxious or panicky when exposed to things which remind them of the event.

- Avoidance of anything that reminds them of the trauma. This can include talking about it, although sometimes women may go through a stage of talking of their traumatic experience a lot so that it obsesses them at times.
- Bad memories and the need to avoid any reminders of the trauma, will often result in difficulties with sleeping and concentrating. Sufferers may also feel angry, irritable suffer from panic attacks, and be hyper vigilant (feel jumpy or on their guard all the time).
- Functional impairment such as significant distress in social, occupational or other areas of functioning PTSD is a normal response to a traumatic experience. The re-experiencing of the event with flashbacks accompanied by genuine anxiety and fear are beyond the sufferer's control. They are the mind's way of trying to make sense of an extremely scary experience and are not a sign individual 'weakness' or inability to cope (Birth Trauma Association).

Who gets Birth Trauma

It is clear that some women experience events during childbirth (as well as in pregnancy or immediately after birth) that would traumatize any normal person. For other women, it is not always the sensational or dramatic events that trigger childbirth trauma but other factors such as loss of control, loss of dignity, the hostile or difficult attitudes of the people around them, feelings of not being heard or the absence of informed consent to medical procedures. Research into the area is limited and, to date, it has largely focused on the importance of the type of delivery.

It is clear however, that there are risk factors for Post Natal PTSD which include a very complicated mix of objective (e.g. the type of delivery) and subjective (e.g. feelings of loss of control) factors. They include:

- Lengthy labor or short and very painful labor
- Induction
- Poor pain relief
- Feelings of loss of control
- High levels of medical intervention
- Traumatic or emergency deliveries, e.g. emergency caesarean section
- Impersonal treatment or problems with the staff attitudes
- Not being listened to
- Lack of information or explanation
- Lack of privacy and dignity
- Fear for baby's safety
- Stillbirth
- Birth of a damaged baby (a disability resulting from birth trauma)
- Baby’s stay in SCBU/NICU
- Poor postnatal care
- Previous trauma (for example, in childhood, with a previous birth or domestic violence)

In addition, many women who do not have PTSD, suffer from some of the symptoms of PTSD after undergoing difficult birth experiences and this can cause them genuine and long-lasting distress. These women are also in need of support (Birth Trauma Association).

Most women who have had a traumatic birth do not develop PTSD. **Studies report rates of PTSD after childbirth, as varying between 1.5% and 9% of all births**. The differences among study findings are partly explained by differences in study designs, assessment tools, study populations, usual maternity care practices and caregiver attitudes Those who had traumatic births but are not diagnosed with PTSD have fewer symptoms of the disorder or a duration of symptoms for less than a month. These women are referred to variously as having Post-Traumatic Stress Symptoms (PTSS), Post-Traumatic Stress Effects, (PTSE), or Partial Post-Traumatic Stress Disorder (PPTSD).All these terms refer to a less severe manifestation of birth trauma, meaning they had some symptoms of PTSD, but not enough to qualify for the diagnosis (Simkin).

***Isn't this just Post Natal Depression?*:**

No. PTSD can overlap with Post Natal Depression (PND) as some of the symptoms are the same, but, the two illnesses are distinct and need to be treated individually. Unfortunately, because awareness of this issue is generally poor, many women are wrongly diagnosed with Post Natal Depression and are prescribed treatment that may do little, or nothing, to help their situation. Women tell us that they are frequently told by their health care professionals that they should try and 'move on' with their lives or that they should just be grateful that they have a healthy baby. Unfortunately, this type of reaction shows a gross misunderstanding of the nature of Post Natal PTSD and may actually exacerbate the feelings of guilt and isolation that women already feel. Women may then end up with prescriptions for anti-depressants, simply because doctors do not understand the disorder (Birth Trauma Association).