AIMS For a better birth...

Mental health and pregnancy - Phoebe's story

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By Phoebe Howe

In early 2016, I was diagnosed with Emotionally Unstable Personality Disorder (EUPD, formally known as Borderline Personality Disorder) by a Psychiatrist after a tumultuous childhood and numerous symptoms impacting my daily life. That day, I was prescribed both an antipsychotic and strong sedative to manage these symptoms, and the next year or so was a whirlwind of side effects and emotional ups and downs.

Fast forward to August 2017, a breakdown in my long-term relationship led to me attempting to take my own life with the aforementioned prescriptions. After a stay in hospital, I left with – what felt like – my life in pieces and no support.

By the end of the month, I was still mentally fragile, nauseous, and dizzy. I turned to Google, concerned I was experiencing longer term effects of the overdose, but was instead prompted to take a pregnancy test. Not thinking much of it, my breath caught when the two lines were revealed. With the relationship breakdown still unbearably fresh, there was no way I could be pregnant. My next thought – how far along am I? Have I harmed my baby?

I called the doctors, in tears, to ask for advice, and was given an appointment that afternoon. Feeling scared and small, I cried as the Doctor coolly asked me to calm down. I was, on reflection, desperate for someone to tell me it would all be okay. Instead, with the pregnancy confirmed, when I asked if my baby

was going to be okay after the overdose, I was told, with a shrug, that if the baby wasn't viable, it would pass. The Doctor proceeded to take me off my current antidepressants and told me to take folic acid, before reminding me to call to book in for a scan if I had not miscarried within the next couple of weeks.

The wait felt torturous and I was terrified, hurt and angry. I felt heavily judged by the Doctor and as if I had no right to want the baby that may be growing inside me. Now off my medication and in emotional limbo, the day of the scan couldn't come soon enough. Shaking, the wait for my name to be called was almost unbearable. I practically leapt from my seat, holding back tears as the sonographer led me and my partner into a side room.

Heart racing, I felt completely unprepared for whichever news I was about to receive.

"And there's your baby".

The sonographer directed my gaze to the small ultrasound screen. There she was. It was at that moment that I knew I wasn't living for myself anymore. I was living for that tiny little baby on the screen.

From then on, I was on cloud nine, with the majority of my pregnancy uneventful. I wasn't offered any mental health support following my hospital stay and the news of my pregnancy, and I didn't ask for any. I felt great, mentally. It felt like I had been given a reason to exist and, other than some physical discomfort, everything was smooth sailing. On reflection, I believe that the lack of any kind of 'check-ins' from any kind of services, alongside the general stability in mood, lulled me into what I can only now describe as a false sense of security. I felt fine, and was genuinely starting to believe that maybe pregnancy hormones had 'cured' me and my emotional dysregulation. What I didn't realise, or expect, was for this to all come crashing down.

At 37 weeks, I visited the hospital due to reduced movements. After a scan, I was told I had 'low waters' and 'needed to be induced' the following day. Up until this point, I had a very clear vision of my labour – in a birth pool in the midwife led unit (MLU) – which included as little intervention as possible. However, my focus was my baby, and I adapted to the change of plan well. My induction process was a painful, draining experience that ultimately resulted in an emergency caesarean under general anaesthetic. Once I came to and finally got to hold my baby, I was in a haze of hormones, anaesthesia, and nothing felt real.

The following days in hospital were unpleasant. I couldn't pick up my baby due to the caesarean, and response to the call bell was slow. I had declined a blood transfusion and felt like I was being treated like a 'difficult patient'. I had no feeding support, and had a negative experience with a midwife feeding my baby formula milk, leading my mental health to decline – I felt like I had 'failed' my birth and was now failing at feeding my baby. Once discharged, I sought support for breastfeeding and began to, what felt like, regain some control.

However, what I now know as birth trauma was tormenting me daily, and I fell into a dark depression. I struggled to bond with my baby and process the birth, so I reached out to my midwife, who booked me

into a 'birth afterthoughts' session. This was a meeting with a midwife to go through my notes from labour and discuss the birth, and I wanted to use the opportunity to express how I wish things had gone differently, and suggest ways that my experience could have been improved. The meeting was ultimately a beneficial experience. I was able to ask questions and fill in some of the blanks resulting from the anaesthesia. However, when I expressed concerns over some of my care, I felt gaslit. My decisions were thrown back at me in defence of some of those made by my consultants and obstetricians. I left feeling small and sad.

The coming months were hard. I was struggling with depression and prescribed a low dose of breastfeeding-friendly medication, though I didn't get to see my regular doctor. Ultimately, I struggled this way until my daughter turned around one and a half, at which point I had been enrolled into a specific EUPD intensive therapy programme. I was put back on regular medication when she was two, once we had finished breastfeeding. Today, she is a week shy of six, and I am in a great, stable place mentally, although I do still carry my birth trauma and find my experience hard to talk about. Alongside my day job, I work as a doula, empowering and advocating for clients to voice their preferences, wishes, and concerns. I believe this role has wholly transpired from my own experiences with labour, birth, and the postpartum period. I am passionate about the rights of birthing people and the support new parents receive.

My recommendations based on my experience would be that:

- All pregnant individuals with pre-existing moderate to severe mental health concerns should be assigned a designated midwife, with extensive relevant training. This continuity of care should continue to 8 weeks postpartum, whereby handover to relevant local services would commence if deemed necessary. Recently, the Royal Berkshire Hospital has introduced a 'neurodiversity passport',[1] and a similar provision to this could be a beneficial addition to maternity care.
- Emotive language in healthcare settings needs to be addressed. I experienced this multiple times during the end of pregnancy, labour and immediately after birth. I felt pressured to make decisions based on language that felt coercive, that if I didn't make a certain decision, I was taking responsibility for any subsequent outcomes. Informed consent is imperative and I believe the use of emotive/coercive language is not conducive to this.[2]
- If a new parent is unable to pick up, hold, or feed their baby following birth, a dedicated healthcare assistant (HCA) should be assigned to them until they are able to do it themselves. Newborn babies feed frequently, little and often, and latching a crying baby is difficult.[3] Preserving the contact between parent and baby should be a priority.

Author Bio: Mum of one living in Berkshire. Phoebe works as an early years music teacher, doula, and

breastfeeding counsellor.

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1 NHS Berkshire Healthcare (no date) *Neurodiversity Passport*. Available at: www.berkshirehealthcare.nhs.uk/about-us/equality-diversity-and-inclusion/neurodiversity-passport/#:~:text=The%20Neurodiversity%20Passport%20has%20been,can%20do%20to%20support%20you.

2 AIMS (2023) *Birth Space – Supportive or Coercive?* Available at: www.aims.org.uk/journal/item/birthplace-language-coercive (Accessed 6 April 2024)

3 NCT (2021) *How often should I breastfeed my baby?* Available at: www.nct.org.uk/baby-toddler/feeding/early-days/how-often-should-i-breastfeed-my-baby (Accessed 6 April 2024)