AIMS For a better birth...

Birth trauma: When birth feels like rape

AIMS Journal, 2025, Vol 37, No 1



Image source

By Jacqueline Edwards

I'm lying on the bed, legs spread wide, bright lights shining on my genitals while surrounded by a group of strangers. A sheet has been placed over my abdomen and thighs but the most private parts of my body are still on display to anyone at the end of the room. There's already one man standing between my legs when I notice another at the opposite wall staring at me. No one has told me why he's there or why he's looking in my direction but I already know. Unfortunately for me this is the third time I've birthed a baby in this way, and although no one has explained the reason for his presence, I know that he has a role here. I wonder what a first time mum would be thinking about him being here or what I thought during my first birth? He seems embarrassed, like I've caught him looking at me and turns his head away. Logically I know that he's not looking at 'me' he's preparing to help my baby when she's born, should she need it. But in my heightened state of awareness that labour caused, I'm hypersensitive to everything that's happening in the room, including people's feelings, including the paediatrician's embarrassment.

The next thing I'm aware of is throwing my head back in agony and screaming, really screaming out with the pain. There are midwives either side of me but it's the one on my right hand side that I notice the most. She's wearing a dark blue top and has dark hair. Her mouth is so close to my ear that I can feel her breath as she repeats my name over and over. She's telling me to stop screaming, that I have to listen to the doctor's instructions. I feel like I'm being told off for making such a fuss. But it really, really hurts, I tell her. In my fear and pain I've grabbed hold of the neck of her uniform, like a person drowning would grab at anything near enough to save them. At that point it feels like she is more 'with doctor' than 'with

woman'. In the months and years that follow, while in the depths of PTSD and PND,[1] this exact scene will play over and over in my mind. No matter how much I try to rationalise it my body has experienced this part of my birth in particular as a rape. It contains all the elements that, in any other setting, would be considered a sexual assault. I am almost tethered to a bed with a belt round my middle and my legs up in stirrups. Birth workers call this 'lithotomy'; maybe this helps them to sanitise and detach from how it feels to the women who are experiencing it. Most women just tell it how it is; our legs are in stirrups. In theory I could rip the belt off me and take my legs out of the stirrups, even walk out of the room. But everyone knows that's not going to happen. I've consented to this happening even though most of us don't have a clue what we are consenting to at the time.

Hands and instruments are placed inside my vagina, I'm cut to open me further. The pain is excruciating, far worse than anything that came before up to this point. People are watching, encouraging and allowing this process to happen. After my baby is born, another attempt is made to cut me/us - this time my baby's cord, but thankfully I have the wherewithal to stop the doctor just in time. One of the midwives also speaks out to stop the doctor; finally it feels like someone is trying to protect me.

The mood in the room lightens now that my baby has been born. The midwife who shouted at me to be quiet apologises and I tell her it's ok, more to make her feel better; but it's not ok, it never will be. I've never felt so betrayed by a woman who was supposed to be my advocate. But the assault is not over even now. The doctor, in his rush to complete the 'process' pulls too hard on my baby's cord and snaps it, leaving the placenta inside me. More pain follows in the attempts to get it out but at least someone had handed me the Entonox at this point, unlike earlier when I needed it just as much, probably more. Thankfully, by the time this man has his hand inside my uterus I'm unconscious. But my body knows, my body experienced it, even if my conscious mind didn't, and it really does keep the score.

To those of you who are birth workers, most of you will have experienced this birth from the other side of the bed. Some of you, hopefully not many, from my side. But watching and participating in this type of birth and experiencing it personally are completely different.

It doesn't matter how much I try to rationalise or sanitise the experience as being a legitimate medical procedure that I consented to, on a cellular level my body experienced it as a violent, sexual attack. That might be hard for some to hear but unfortunately for me, and countless other women, it's our reality. And I won't sugar-coat it to make it sound more palatable to others. In the months afterwards, on several occasions, my fingers hover over the phone numbers of rape support organisations. But in the end I just couldn't do it. I felt like it would be taking time and resources away from women who had experienced a 'real' rape.

I'm single at the time of the birth and have been since, but the thought of being sexually intimate with a man is still, well, unthinkable. I know from talking to other women who were in established relationships at the time of the birth, that the relationship broke down as a result. Partners often don't understand why the woman can't just get over it and why sex is such a huge issue afterwards. And I am one of the lucky ones who was 'only' left with emotional wounds. It's unbearable hearing stories from women damaged by

instruments used during birth in the support groups; often permanent, life-changing damage.

The first smear that I needed after my first baby was born this way didn't happen. My body tensed up so much that the nurse couldn't insert the speculum. I never had any issues with smears prior to my first birth experience; now I have to go to a hospital and be sedated to get through one.

So I guess the question is what can be done about it? What could have been different about my birth experience so that it didn't traumatise and leave me feeling like I had been assaulted? And the honest answer is that I really don't know. A few things come to mind that could have softened it, but I think that it's the intrinsic nature of this type of birth that causes women to experience it as I did.

Of course it goes without saying that instruments should only be used to assist a baby's birth when absolutely necessary and no other option exists. But we all know that obstetrics is a highly defensive area of medicine and interventions are common, often done on a just-in-case basis. This is what happened to me with my last baby's birth which makes it all the harder to accept and process.

I strongly feel that if appropriate pain relief had been in place at the time of my baby's birth that this would have mitigated some of the damage. The part of my story where I was screaming out with the pain was when the doctor was attaching the suction cup to my baby's head. Everyone in that room would have known how painful that experience can be for a woman, yet no one spoke out. It wasn't until I had started screaming and had been told to be quiet that I was handed the Entonox which did help a little. But by then the trauma had already happened, the damage caused and the scene imprinted in my memory forever.

I have since gone over and over both the RCOG and NICE[2] guidelines and have even shown my notes to a consultant obstetrician. Because of the position of my baby I should have been offered a spinal anaesthetic or at the very least a pudendal block. I was offered nothing. Without going into details, my baby was not in distress and there would have been time to allow appropriate pain relief to be in place. A doula once said to me that the only time she sees women scream in labour is during instrumental births done without any pain relief. It's barbaric and unimaginable in any other area of medicine in the 21st century, yet some obstetricians think it's ok, obviously.

Maybe if the lighting in the room had been different so that I could have felt more of a sense of privacy and dignity, which I felt was totally lacking. Was it not possible to just have bright lights at the end of the bed, enough so that the doctor can see what they are doing, but low lighting in the rest of the room? Or at least have the lights lowered at the time of birth as I believe sometimes happens during a C-section. And/or after the birth if, like in my case, baby is fine and doesn't need any attention. The doctor could still use a spotlight if any suturing is needed. Maybe there are good reasons why this is not possible, or is it that no one has thought about how the lighting affects women birthing like that?

Could the resuscitaire and paediatrician have been at the side of the room, out of my view, instead of directly opposite my open legs? Close enough to have immediate access to the baby if needed but in a place that affords the birthing woman a bit more dignity. This one at least I know is possible because I've heard that in some units this is the case. At least somewhere, someone has thought of the birthing

woman.

Could the midwife have reflected on her practice and found a way to help women in extreme pain to calm down without resorting to shouting at them? Could the other midwives in the room have found the courage to challenge the doctor when he didn't provide any form of pain relief, not even gas and air, against all national guidelines, before commencing an extremely painful medical procedure?

Given that I was birthing alone amongst strangers, could someone have comforted me, held my hand and shown me some compassion? Could they have protected my emotional safety by telling me that the doctor couldn't do this alone, that I was the one that was birthing my baby and how amazing I'd done to get that far. The intense feelings of failure and worthlessness might not have felt quite so bad if those words had been spoken to me at the time.

If only the mentality of the staff working on the labour ward was different. If it shifted from a place of control to cooperation. On my notes a midwife had written "Jacqui is 'refusing' a VE".[3] What I was actually doing was not consenting to something that was being offered. But the fact that it's written in that way says it all. And I don't actually blame the midwife; she's as much shaped by the system as the families accessing it.

On notes from a previous birth the doctor has written "She pushed my arm away!! Is being very uncooperative." This was written after I had to push his hand out of my body during an extremely painful vaginal exam that he wouldn't stop doing. This is another example of maternity staff believing that they have complete control over a woman's body simply because she has entered their territory, and it's terrifying. The doctor really did put those exclamation marks in his notes after he had stormed out of the room. It's like he couldn't believe that a woman in labour had said no to him, that it wasn't ok to put his hand in my vagina and cause me so much pain. This controlling attitude is real and practitioners are not even trying to hide it when it's blatantly written in our notes. So is it any wonder that some of us experience birth as a rape when maternity staff believe that they have the right to unfettered access to our vaginas? Even when we say no.

And lastly, if only there was a system in place afterwards that cared for women who had experienced a traumatic birth. If I was given as much care in the 9 months afterwards as I was before. It felt like, as long as the end result was a live baby and mother then that was it, job done, boxes ticked. During the birth it felt like the focus was disproportionately on my baby's wellbeing and that this justified doing anything and everything to me, no matter what the consequences and how devastating the results. A midwife friend told me that the baby's wellbeing will always be put before the woman's during labour. But there was no need for her to tell me that, I already knew. So at the very least the system should try to compensate for this after the event by looking after the mother, because we really do matter a lot too.

And how would I be feeling now if these things had happened? Of course I can't answer that question because I simply don't know. But I suspect that they would have helped to mitigate the pain, both physical and emotional, that I experienced.

Although the physical act of a vaginal birth is the same in every case in that a baby moves down the birth canal and is born through the vagina, the individual experience of it can vary hugely. It's like the difference between making love and being raped. While the mechanics of the act are the same, the experiences are worlds apart. Unfortunately for me, my experience was the latter.

My reasons for writing this are varied. Partly it's in the hope of helping me to heal and move on, something that I've not been able to do so far despite years of therapy of various kinds. While I'm no longer so distressed and depressed that I don't want to be alive, I still think about aspects of my last birth every day, more than four years on. Not all day every day, but still every day.

But probably the main reason is because I hope that, by sharing my experiences, positive changes can be made to improve things for those coming after me. I believe that it's so important that healthcare professionals understand their impact on the whole person, not just the bits they are tasked with treating. I feel that obstetricians in particular need to see us as a whole person with feelings, dignity and a memory and not just a vagina and a womb. We are not just a vessel in which the baby resides; we are a person and we matter too. As much as you may think you understand how something feels, unless you have experienced it yourself, you really don't. I can appreciate that it must be difficult to remain compassionate while working on a labour ward and witnessing women in extreme pain on a daily basis, over many years, but it's so important that birth workers don't become immune to women's suffering, don't become desensitised to their pain and develop compassion fatigue. If they do, then it's probably time for them to leave the profession.

I wish that there was something like restorative justice in maternity services. A space where a woman could share with those who were present at her birth how their words and actions affected her both, at the time and in the longer term.

In my case I would tell them how the room set up had made me feel totally exposed and taken away my dignity. How performing a non-emergency medical procedure without any form of pain relief, and the subsequent extreme pain which that caused, had contributed to PTSD and PND in the weeks, months and years that followed. How being shouted at by a midwife for screaming out with the pain that this procedure caused, left me feeling ashamed, weak, like I was making a fuss over nothing. How, even though all the national guidelines said that I should have had a spinal anaesthetic in place for this procedure, and the doctor had failed in his duty of care, it was somehow my fault for vocalising his failings.

I would tell the doctor that what I needed most was a bit of time, in a low lit room, for my body to re-establish labour after stalling during the ambulance ride to the hospital. That my body works a bit slower than the average woman's during the second stage and to have a bit more patience. That I didn't need interventions at that stage but would have accepted them, even been thankful for them, if they had become necessary. I would tell him to familiarise himself and follow the RCOG guidelines on pain relief for instrumental births. That his failure to follow guidelines caused me immense, unnecessary suffering, both at the time and in the years that followed when I revisited the pain in my mind, over and over again. To think beyond my body as being a problem to be solved and to see me as a whole person with feelings,

both physical and emotional. I would tell him how I wished that all obstetricians were trained in trauma informed care and cared about a woman's mental health as much as her physical health. I would tell him to imagine how that birth would feel to his wife, his sister or daughter.

I would tell the health care professionals how even going to my local supermarket caused me intense anxiety because the staff were wearing uniforms and any uniform reminded me of the hospital staff. That even now, many years later, the sight and sound of an ambulance causes my stomach to knot. The ambulance itself isn't the issue, but it reminds me of the vehicle that took me to them, to the people and place that caused my trauma.

I would tell them how this just-in-case intervention which was not based on clinical need had left me feeling like a failure and that someone else had birthed my baby for me. That no amount of rationalising about the fact that I had actually done 90+% of the work could take away the feeling that I had failed to birth my baby.

I would tell them that, even after years of therapy of various kinds, the trauma still lives on in me. How something that, in their eyes, was nothing, just a normal part of their working day, almost destroyed me totally. That even though I might not remember their names, I will never forget their words and how they affected me. That I will probably remember this birth as an old lady, even if I develop dementia and forget almost everything else.

I would tell the staff that I spoke with afterwards, during birth debriefs, that although I am not medically trained, I knew when they were lying to me. That this wasn't my first birth experience and that I had learned a lot over the years. That getting access to our notes is easy, as is getting someone independent to read through them and explain what happened. That the process which is supposed to help women understand what was done to them and why, is little more than an arse-covering exercise for their colleagues and themselves. That in their intense fear of admitting that someone might have made a mistake, their refusal to say sorry compounds and prolongs our suffering, traumatising us again. I would tell them how I now distrust all maternity staff even though I have friends who are midwives.

I feel like the hospital system of birth in general, but obstetrics in particular, has the potential to cause a huge amount of damage to women. It feels to me like the fear of litigation is making interventions more and more likely to happen when they are not medically necessary, as happened in my case. So many women have said to me that they felt like a slab of meat on a table when they were in labour and that the excuse of things being in their baby's best interests was used over and over as justification for interventions that were not necessary.

Obstetrics seems to have little to no understanding of women's emotional safety, and even their physical safety comes after their baby's. While it goes without saying that we all want a live, healthy baby, that shouldn't mean that we have to suffer anything and everything to achieve that. Mother's physical and mental health is so important given that we are the ones who are going to be providing most of the care for these babies afterwards. Our babies are precious but so are we.

I know that there are some fantastic midwives and doctors out there often working under incredibly challenging circumstances and they are often as powerless to change things as the families accessing their services. It's the system in general that's the issue. The medicalised hospital birthing model that is so terrified of litigation that it often intervenes at the drop of a hat, with no thought of the damage this is causing to women, as long as a live baby is removed from her as quickly as possible.

I was never afraid of birth; I don't think that birth is inherently frightening or traumatising. It's what's done to women during the process that often terrifies us. I'd always planned to have home births, even before I was pregnant with my first baby as I instinctively knew that hospitals aren't a good place for most women to give birth. I was often told how 'brave' I was for wanting to birth at home but honestly, after knowing and experiencing what is often done to women birthing in hospitals, the ones who choose to go there are truly the 'brave' ones.

At a time when 1 in 3 women describe their births as traumatic and suicide is the biggest killer of women in the 12 months after they have given birth, something needs to change. When women are choosing major surgery, sometimes during their first pregnancies, rather than risking the potential horrors inflicted on them during a vaginal birth, something needs to change. And possibly saddest of all, when women don't even trust midwives with their bodies during home births and are increasingly turning to freebirthing as a result, something needs to change. Things have gone horribly wrong in a system that was designed to serve women and babies.

I don't know what the answer is or how to put it right. I don't work in that system; I am just another woman, one of countless, who was unlucky enough to have been caught up in the brutality of it. I wish that more women would speak out about their birth experiences yet at the same time totally understand why they don't. Most are too traumatised to revisit their birth experience, or are told that everything that was done to them was necessary to ensure their baby was born alive and healthy. Sometimes that's true; often it's not. So I suppose now is the time for me to finish my story and hand it out to the world. Hopefully, even if only in a tiny way, it will help to change something, somewhere for someone.



Author Bio: Jacqueline is a mother to 5 children and one grandchild. She practices attachment parenting

and home educates. Jacqueline is passionate about the benefits of breastfeeding and used to work as a breastfeeding support worker; she is also passionate about helping to improve women's experience of instrumental birth and is keen to hear from others who feel the same. jacquiedwards2006@yahoo.co.uk

---

1 PTSD stands for Post Traumatic Stress Disorder. PND stands for Postnatal Depression

2 RCOG stands for the Royal College of Obstetricians and Gynaecologists. NICE stands for the National Institute of Health and Care Excellence.

3 VE stands for Vaginal Examination