TRAUMA-INFORMED COUNSELLING FOR MENTAL HEALTH OF NURSING MOTHERS AFTER CHILDBIRTH TRAUMA IN NIGERIA

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Abstract

Mental health is a state of well-being in which every individual realises his or her potential, copes with the normal stress of life, works productively, and fruitfully, and can make contributions to his or her community. Mental health may be a mirage for nursing mothers who have suffered trauma after birth. Birth trauma is otherwise known as Post-traumatic Stress Disorder (PTSD) after childbirth is distress experienced by nursing mothers during or after childbirth. While trauma can be physical through birth injury, it can also be emotional and psychological. It can be how a nursing mother feels after the delivery experience. For some nursing mothers, birthing trauma is triggered by circumstances other than exciting or dramatic occurrences, such as loss of control, loss of dignity, unfriendly attitudes of those around them, feelings of not being heard, or the lack of informed consent to medical procedures. Long labour or short and painful labour, induction, poor pain relief, high levels of medical intervention, forceps births, emergency caesarean section, problems with staff attitude, lack of information or explanation, lack of privacy and dignity, fear for the baby's safety, stillbirth, the birth of a baby with a disability as a result of a traumatic birth, baby's stay in the Special Care Unit or Neonatal Intensive Care, baby's stay in the special care unit or neonatal intensive Although some of the symptoms of birth trauma and Postpartum Depression (PPD) are similar, the two illnesses are unique and must be treated separately. Unfortunately, many nursing mothers are mistakenly labelled with PPD and given medicine that may or may not assist their situation. Nursing women are frequently advised to move on with their life or to be grateful for their healthy children. This may exacerbate their existing emotions of guilt and solitude. Because the illness is not widely understood or diagnosed, nursing women may end up with antidepressant prescriptions rather than therapy. Suggestions were proffered on how the use of trauma-informed counselling can help nursing mothers who had gone through childbirth trauma cope adequately to achieve optimal mental health.

Keywords: Childbirth trauma, Mental Health, Nursing Mothers and Trauma-Informed Counselling

Introduction

A common cause of childbirth trauma challenges is apathy towards maternal mental health. It may be a widespread and open health problem among Nigerian nursing mothers. Seeking ways to anticipate, reduce the frequency of events, and devise strategies for dealing with them when they occur may be a good indicator of the recognition of human rights in healthcare. Mental health is a state of well-being in which each individual recognises his or her claim potential, adapts to everyday life, works profitably and productively, and can create commitments to his or her community. For a nursing mother who has experienced birth trauma, mental health may be an illusion.

Disturbed mental health in pregnant women during the postpartum period can alter a nursing mother's sense of self-worth and disrupt family connections (Fenech& Thomson, 2014; Tiez, Zietlow & Reck, 2014). To provide optimal psychosocial outcomes, it is critical to understand how interpersonal factors influence a nursing mother's trauma participation (Reed, Sharman & Inglis, 2017). Trauma-induced counselling is comparable to what the World Health Organisation (WHO) refers to as 'Quality of Care for Pregnant and Nursing Mothers,' a major cover with the 'responsible caregiving' (Kleber, 2019). After a traumatic conveyance, trauma-informed counselling can assist nursing mothers in achieving stable mental health.

There is a growing body of writing on trauma. As informed and culturally competent care are essential components of advancing health value, an appropriate strategy to form use of trauma-informed interventions is required (Han, Mill operator, Nkimbeng, Budhathoki, Mikhael, Streams, Gray, Trimble, Chow& Wilson, 2021)

What is trauma?

Trauma is defined as "the result of an event, series of events, or set of circumstances that an individual experiences as physically or sincerely destructive or life-threatening, with long-term negative effects on the individual's working and mental, physical, social, passionate, or spiritual well-being" (SAMHSA, 2014). The following are the key characteristics of trauma: Event: The event is genuine or a risk that will include elements of mental or physical (substantial) harm, death, and/or child abuse.

Experience: Recognised unmistakable occurrence, meaning, and disturbance effects: The immediate or conceded, short-term or long-term consequences (Breuer, Cink, Geisler, Hillstrom, Ice, Kreuser, Mazurkevicz, Schommer & Bass, 2019). Trauma can take many forms, and its impact varies depending on the person's life circumstances and environment (Kleber, 2019). Domestic violence, assault, war, torture, and natural disasters are a few of the most common types of trauma (Effiom, Abuo & Bassey, 2021).

In a similar vein, the According to the Substance Abuse and Mental Health Services Administration (SAMHSA) in the United States of America, person trauma occurs when a person experiences an event, a series of events, or a set of circumstances that are physically or sincerely destructive or life-threatening, and have long-term negative effects on the individual's working and mental, physical, social, enthusiastic, or spiritual well-being.

Trauma can range from experiencing destitution and segregation, disregard or mistreatment, to combat or torment. There is no right or wrong way to involve trauma, according to Han, et al.

Birth Trauma Explained

The term Post-Traumatic Stress Disorder (PTSD) refers to the effects of birth trauma. It, too, alluded to nursing mothers who have a few PTSD side effects, but not enough to warrant a full diagnosis, which may have interfered with the mother's typical reaction to the birth push (Beck, 2004). PTSD was first identified in Vietnam War veterans, and most people still believe it is a condition that only soldiers suffer from. PTSD can develop as a result of any stressful event, such as being in a car accident, being sexually abused, or experiencing difficult childbirth. It can also happen to people who have witnessed a heinous event, such as witnessing another person being brutally murdered (Halperin, Sarid, & Cwikel, 2015).

This is frequently why a few life partners who witness conveyance, as well as a few birthing specialists, experience PTSD after witnessing a traumatic birth. Postpartum mental health issues, including counting sadness and post-traumatic stretch clutter, are associated with traumatic birth involvement (Alcorn, O'Donovan, Patrick, Creedy, & Devilly, 2010; De Schepper, Vercauteren, Tersago, Jacquemyn, Raes & Franck, 2016). According to a study conducted in the United States, the rate of birth trauma is 34%; 34.3 % of those who experienced trauma had a few PTSD symptoms, and 5.7% were completely symptomatic (Soet, Brack & DiIorio, 2003). In the same vein, Modarres, Afrasiabi, Rahnama, and Montazeri (2012) discovered that a higher proportion of nursing mothers (54.5 %) in Iran described their birth experiences as traumatic.

Symptoms of Birth Trauma (Postpartum PTSD)

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) and the American Psychiatric Association Publication (2013), laid the groundwork for recognising birth trauma. The following are the four primary indicators:

1. Moodiness and despondency ("negative cognition" in restorative terms). Feeling guilty and accusing oneself of a traumatic birth experience. In addition, the nursing mother may have difficulty recalling details of the birth experience.
2. You can relive the traumatic event through flashbacks, nightmares, or intrusive memories. These may cause anxiety and distress in the nursing mother.
3. Nursing mothers are likely to avoid anything that reminds them of their ordeal. This could include denying them access to the healing centre to which they were transported, or avoiding a crowd of other nursing mothers and their unborn children.
4. Feeling fretful and overly cautious: This means that such nursing mothers are constantly on guard, crabby, and nervous. They are terrified that something terrible will happen to them or their children.
5. Not everyone who has been involved in a traumatic event suffers from PTSD, but many do. It could be a completely normal reaction and not a sign of weakness. It is also fully automated. The brain filters show a difference between the brains of people with PTSD and those without. Regardless of what others say, PTSD cannot be cured by "pulling oneself together" or "focusing on the positive" (Olde, Van der Hart, Kleber & van Son, 2006; Parfitt & Ayers, 2009). Several nursing mothers are exposed to situations that would harm a normal person during childbirth (as well as during pregnancy or shortly after birth) (Baker, Choi, Henshaw & Tree, 2005; Beck & Watson, 2010).

Other factors, such as loss of control, nobility, the unfriendly attitudes of those around them, feelings

of not being heard, or the lack of informed consent to therapeutic methods, cause childbirth trauma in other nursing mothers (Taheri, Taghizadeh&Jafari, 2020; O'Connor, Senger, Henninger, Coppola &Gaynes, 2019).

Factors Contributing to Childbirth Trauma

The severity of this illness, as well as the factors that may put a woman at risk of developing postpartum posttraumatic stress disorder (PP-PTSD) symptoms related to childbirth, are unknown (Beck, 2004). However, according to the American Psychological Association (APA), some factors may contribute to the occurrence of birthing stress:

1. Long labours or short, excruciating labours
2. As a result of a traumatic birth, a baby is born with a disability.
3. Medical intervention at a high level
4. Induction
5. Ineffective pain relief
6. Feelings of powerlessness
7. Forceps are used to deliver babies.
8. Caesarean sections in an emergency
9. Impersonal treatment or a skewed attitude among the staff
10. Not being paid attention to
11. A lack of knowledge or explanation
12. A baby born with a disability as a result of a traumatic birth
13. Privacy and dignity are violated.
14. apprehension about the baby's safety (for example, in childhood, with a previous birth or domestic violence)
15. People who witness a traumatic delivery experience in a partner may be traumatised as well.

Nursing mothers who have been affected by birth trauma often have nowhere to turn for help, because other mothers who have not had traumatic births may find it difficult to comprehend the effects of a traumatic birth. This may make fatalities depressed and disappointed, as they often believe they are weaker in some way than other nursing mothers, because they are unable to ignore their birth involvement. As a result, they may feel a great deal of guilt. Although only a few people are aware of this, the nature of birth trauma makes it impossible to stop thinking about the birth event all of the time (Beck & Watson, 2010).

The desire for vengeance can be ruthless, causing friendships and family relationships to deteriorate. O'Hara and McCabe (2013) found that early mother-baby holding issues can harm a child's social, emotional, and mental development. More so, the experience of a traumatic birth can have an impact on a woman's future choices, with many nursing mothers finding themselves torn between their desire for more children and their assurance to avoid another pregnancy. They may also lose interest in sex, and these issues can put a significant strain on relationships. A few nursing mothers also keep a safe distance from any restorative intervention that reminds them of their childbirth experience.

Others are most concerned about the difficulties they face in raising their children, whom they see as a constant reminder of the trauma they have endured (Beck & Watson, 2010). Trauma is extremely common; as a result, it is extremely important to take trauma into account when determining

treatment. Trauma's effects can be complicated to manage. This is usually when trauma-informed treatment is used. Trauma-informed counselling aims to alleviate this confinement by providing much-needed support to nursing mothers and demonstrating to them that their problems can be resolved through treatment.

Meaning of Trauma-Informed Counselling (TIC)

Trauma-Informed Counselling (TIC) is a method of counselling that assumes a person's trauma history is more likely than not. Trauma-Informed Counselling recognises the presence of trauma signs and the role trauma can play in a person's life. It can help nursing mothers who are dealing with the after effects of childbirth trauma feel more hopeful about their treatment.

Trauma-Informed Counselling understands this, and instead of taking steps that will unintentionally re-traumatise the client, it considers the prevalent nature of trauma and advances situations of healing and recovery. The term "trauma-informed" was coined by Harris and Fallot (2001) to refer to social, behavioural, and mental health administrations that take into account the possibility that clients have had a few traumatic experiences.

Trauma-Informed Counseling understands and considers the nature of trauma and advances situations of healing and recovery rather than taking steps that unintentionally re-traumatize the client. The term "trauma-informed" was coined by Harris and Fallot (2001) to refer to social, behavioural, and mental health administrations that take into account the possibility that clients have experienced some form of trauma in the past. Trauma-Informed Counselling is unique in that it treats each client as if he or she has been through a traumatic experience. It also acknowledges the proximity of trauma side effects and the role trauma may play in a person's life. It could be a shift in perspective from what's wrong with the client to what happened to him.

It's about shifting the general focus of counselling away from the issue approach. Instead of focusing on changing a nursing mother's thoughts or behaviour, trauma-informed directing seeks to understand how she responds to and adjusts to the experiences she has had. A trauma-informed counsellor helps clients understand why they behave the way they do by emphasising the genuine significance of basic self-care, deep breathing, good eating, and exercise, all of which can be found in a wellness centre daily, which is "the most ideal way to combat the traumatic impact and incitement" (Meyers, 2017).

Trauma-informed counselling necessitates the application of abilities that every advocate should already possess. These abilities include:

1. Being empathic with the customer.
2. Being open-minded is referred to as open-mindedness.
3. Non-judgmental means not passing judgment.
4. Consistency (is particularly important)
   i. Sticking to one's guns
5. Neither over-reacting nor underreacting is an option.
6. Good addressing skills to engage the nursing mother in a genuine conversation without causing the client to freeze or re-traumatize her.

Trauma-informed counselling, in particular, presents important concepts that counsellors can use, such as:

1. Become trauma aware and learn about the impact and consequences of traumatic encounters on individuals, families, and communities.
2. Evaluate and begin using appropriate trauma-related screening and assessment tools.
3. Use a collaborative, strengths-based approach to implement intercessions, increasing the value of trauma survivors' flexibility.
4. Become familiar with the Centre's standards and refine them so that they reflect trauma-informed counselling.
5. Anticipate the need for trauma-informed treatment planning techniques to assist the client in their recovery.
6. Why reduce the risk of re-traumatisation as a result of implementing techniques, tactics, and mediations with nursing mothers, including other women who have experienced trauma or are exposed to auxiliary trauma.
7. Assess and develop trauma-informed mental health awareness for nursing mothers.

Core Principles of Trauma-Informed Counselling

Security, choice, collaboration, reliability, and strengthening are the five guiding Standards of trauma-informed therapy, according to Hales, Kusmaul, and Nochajski (2017). The first and most important stage in providing trauma-informed treatment is to ensure that an individual's physical and emotional security is met; however, the individual must also have confidence in the provider. There are some basic trauma-informed counselling guidelines that all counsellors should be aware of (Knight, 2019). These include:

1. Psychological First Aid (PFA) is a research-based method founded on the concept of human adaptability. PFA has been shown to reduce stress symptoms and aid in a speedy recovery from a traumatic event, natural disaster, public health crisis, or even an individual emergency.
2. Grounding strategies: this is a tool that can help a person get rid of flashbacks, unpleasant memories, and bad or difficult sensations. These techniques may aid you in refocusing on what is happening within the display minute and diverting your attention away from what you are experiencing. In any scenario, the use of establishing tactics can help you make space for uncomfortable feelings, but they're most helpful if you're dealing with: anxiety, post-traumatic push clutter, separation, self-harm inclinations, traumatic recollections and substance use clutter.
3. Relaxation methods: Those include refocusing your attention on something calming and increasing your body's attentiveness. Relaxation techniques are a fantastic way to help with stretch management. Unwinding is not the same as intellectual peace or engaging in a pastime. Unwinding is a technique for reducing the impact of stress on your mind and body. Unwinding techniques can help you adapt to everyday stretching, as well as push connected to various health concerns such as heart infection and pain.
4. Psychological training about the brain and the effect of trauma on the brain is something that all counsellors require; noticing that essentially controlling the impacts of trauma can be colossally accommodating for numerous clients. The Counsellor can offer assistance to the client to construct adapting abilities.
5. Nursing mothers can learn to require profound breathing, which is the quickest, easiest, and

most persuasive technique to control feelings, but they should be aware that this strategy is not one-size-fits-all.

6. Some people prefer to count their breaths in for three or four beats, hold their breath for another three or four beats, and then slowly breathe out for six to eight beats. However, some customers find it unpleasant to concentrate on the tally (Webber & Mascari, 2018). In certain situations, both the counsellor and the client should focus on breathing in and out.
7. The nursing mother can take slow, deep breaths in and twice as slow, slow breaths out, recognizing that the moderate breath out relaxes the apprehensive framework and reduces the level of physical disturbance.

Suggestions for Trauma-Informed Care Counselling techniques to assist Breastfeeding Mothers

1. Counsellors should be proactive in their approach to assisting women who have had birthing trauma (Knight, 2018; Meyers, 2017): Do not ask a nursing mother if she had a terrible labour experience or if she was ignored in the delivery room. Instead, ask them questions based on their behaviour to avoid triggering the awful visions that are playing out in their heads.
2. Have you ever witnessed a violent or disturbing occurrence that bothered youfi'
3. Assist the nursing mother in feeling in control of what she discloses, when she discloses it, and how much she discloses.
4. The counsellor should not make the mistake of assuming that he or she requires all of the information and then pressuring the nursing mother to provide it.
5. When questions are asked incorrectly, a nursing mother can be re-traumatised; thus the counsellor must be aware of this. Instead, inquire about how they felt about the incident and whether they believe it has anything to do with their current problems.
6. Nursing mothers should also feel like they have a say in the counselling process.
7. Even if the counsellor has no way of knowing whether a nursing mother has experienced trauma, the counsellor should be in charge of what happens in the consultation session.
8. Allow the nursing mother to choose where she would like to sit.
9. Inquire if the nursing mothers are at ease.
10. Allow nursing mothers to refuse to answer any question that makes them feel uncomfortable, as well as to take pauses at any moment throughout the therapeutic session, if they get uncomfortable.
11. Furthermore, Webber and Mascari (2018) stated that establishing security is the most important and, often, the most time-consuming aspect of treatment. It's far preferable to avoid rushing into reprocessing by assuming that the nursing mother must reprocess.

More so, it is nice for the Counsellor to require note that in case the nursing mother's essential adapting expertise is taken absent, no matter how maladaptive it may be, the nursing mother could be cleared out with nothing to alleviate herself when her feelings run tall, unless she is instructed more beneficial adapting aptitudes.

Conclusion

It was discovered that some nursing mothers experience thrilling or sensational events that cause childbirth trauma, such as loss of control, loss of nobility, the threatening state of mind of those around them, feelings of not being heard, or the nonappearance of educated assent to therapeutic strategies.

Long or short and painful work, acceptance, insufficient pain relief, high levels of therapeutic intervention, forceps births, crisis caesarean section, indifferent treatment or issues with staff state of mind, need for data or clarification, need for security and respect, fear for the baby's security, stillbirth, and the birth of a child with a disability caused by trauma are all factors that increase the likelihood of birth trauma.

The study concluded with strategies that advocates may use to help nursing women who have experienced childbirth trauma adapt and improve their mental health.

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