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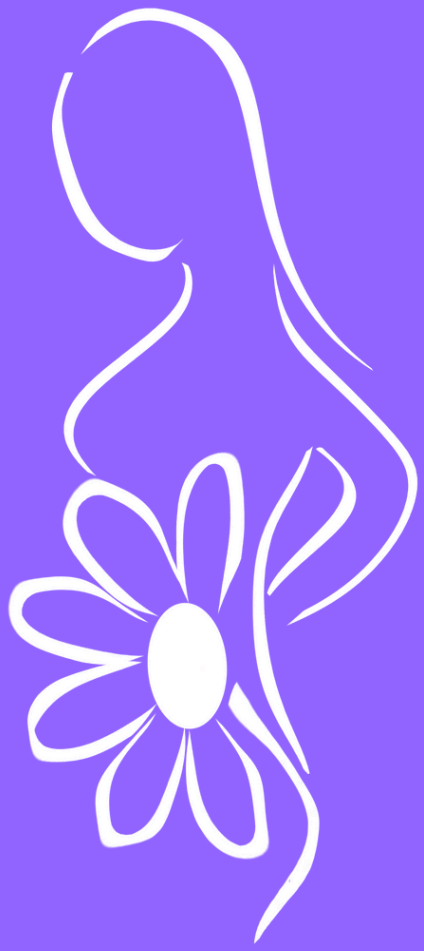
# Birthing alongside fear



How to prepare for birth when you are afraid.

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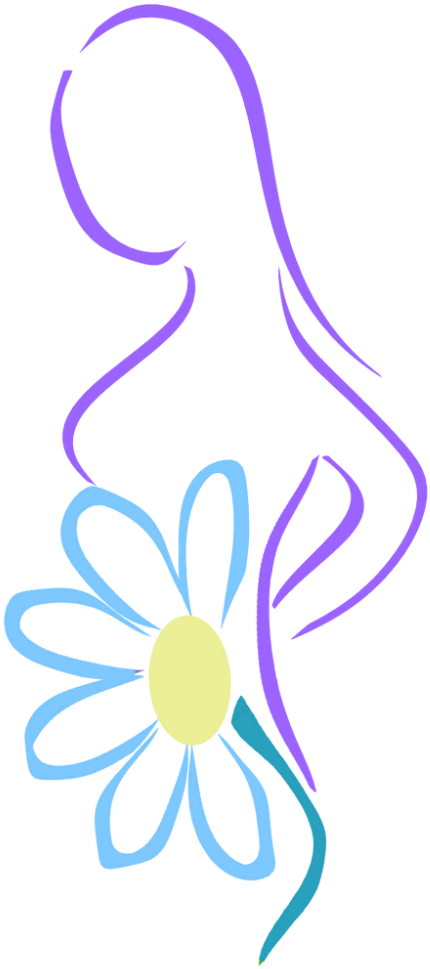


**With thanks to those who collaborated and gave feedback including:**

- Lived Experience Ambassadors Group for Essex Perinatal Mental Health Service
- Maternity staff from Mid South Essex NHS Foundation Trust
- B3: Bumps, Birth and Belonging Group

# Contents



This self-help workbook is designed to help those suffering with fears of birthing. It can be used alone, alongside professional support, or the support of friends and family.

**How to use this workbook:**
This workbook is separated into a number of sections – you may wish to work through them slowly one at a time at your own pace. It is important to take time to think about all aspects even those that feel uncomfortable.

**Health warning: This workbook contains birthing language and imagery. If this is likely to trigger your anxiety we would recommend you seek support to work through this information slowly.**

# Understanding fears of childbirth

## What is fear of childbirth?

It is common to worry about childbirth when you are pregnant. We can understand these fears on a sliding scale from ordinary fears that many women and birthing people may experience up to very intense fears of childbirth, known as **tokophobia**.

| No fear | Natural fears of childbirth | Increasing fears of childbirth | Severe fears of childbirth |
|---|---|---|---|

It is very common to avoid something you are fearful of, it is our brain's threat system responding to the fear and trying to protect us by avoiding it. For some people with more severe tokophobia this avoidance may prevent them from becoming pregnant regardless of whether they want children or not.

Most people with tokophobia who do become pregnant will find it difficult to think about labour and birth, which can include finding it too distressing or overwhelming to attend midwifery appointments or antenatal classes. However, this can also prevent them from accessing information that may help reduce their fears as well as prevent them from being able to feel supported by others.

Tokophobia can also develop following a birthing experience and in these cases may be referred to as secondary tokophobia. This is sometimes also referred to as post traumatic stress disorder or birth trauma. Just because a person has already birthed once, does not mean these fears are any less valid and it is just as important for people to access support and talk to others about their feelings.

Occasionally tokophobia may be defined as either primary or secondary tokophobia.

**Primary:** Fears which are longstanding, often present since childhood.

**Secondary:** Fears which have developed following a difficult or traumatic experience, often but not limited to childbirth experience.

Some fears of birthing may also relate to other mental health difficulties or personal circumstances. Go to the "Is this booklet for me?" section for more information.

# Understanding fears of childbirth

## What can a fear of childbirth feel like?

### Intense anxiety

This may predate pregnancy but can also begin or intensify upon confirmation of pregnancy.

This anxiety can significantly increase in the last trimester. Anxiety symptoms can include poor sleep, increased heart rate, tension, panic and difficulties relaxing.

### Feelings about pregnancy

You may experience difficult emotions about being pregnant such as feeling regret, guilt and shame.

Some people can also feel disgusted or repulsed by pregnancy and birthing.

### Thoughts to end pregnancy

Thoughts about ending the pregnancy, even if pregnancy was planned and wanted.

### Difficulties bonding

Struggling to bond with the unborn baby.

This can include difficulties acknowledging the growing bump or imagining baby.

### Isolation

Feeling isolated, alone, misunderstood and different from other pregnant people.

### Intrusive Symptoms

Intrusive thoughts/images/memories about previous trauma; including previous traumatic birth(s).

### Avoidance

You may have avoided becoming pregnant for a long time.

Avoiding thinking about or planning the birth. It may be difficult to think beyond the birth itself and therefore difficult to physically and mentally prepare for the postnatal period.

Avoiding antenatal education and/or midwifery appointments.

# Is this booklet for me?

This booklet was developed with the intentions of supporting those who have tokophobia as described in the previous section.

However, there are many additional reasons why people may have fears of birthing that may or may not be consistent with tokophobia.

For example, people could have a fear birthing due to:

Pre-existing mental health experiences that may of become triggered by pregnancy, birthing or hospital settings. Examples may include (but not limited to):

- Having a fear of needles
- Having a fear of illness or sickness
- Having a fear of leaving the home or safe space
- Obsessive Compulsive Disorder
- Previous historical trauma and/or PTSD
- Having a fear of hospitals or medical settings.

Fears (or past experiences) of your circumstances not being understood or met by staff; or the support offered being impacted by:

- Culture and race
- Neurodiversity
- LGBTQIA+
- Sensory impairments
- Disabilities

Fear of becoming a mother / parent.

Physical Health:
This could be pre-existing health conditions (which may or may not be exacerbated by pregnancy) or new diagnoses made in pregnancy.

Previous experiences of miscarriage or baby loss.

Hearing birthing stories from relatives or in the media.

Some people may not know the reasons why they are fearful of birthing, but know that they have an intense fear.

This booklet may be useful to anyone with fears of birthing. The techniques and tips described in this booklet are designed to help manage and tolerate fears regardless of their origin.

This booklet is not intended to replace birth preferences that may be completed as part of the usual maternity process. It can be used to help inform this process by helping you to consider emotional wellbeing alongside physical and medical preferences.

# How can maternity services help me?

Every hospital will differ in terms of the support it can provide but some things to consider with your midwife are:

## Tell your midwife about your fear

Perhaps the most important point of them all. Your midwife will have supported many people with varying fears of childbirth and will know which other professionals are available to support you. Many people have felt very alone with their fears and surprised to hear that others have had similar fears or that there is a recognised name for their experience (tokophobia), but your midwife will know all about it.

If your fear is too intense for you to use the words needed to explain it, perhaps you could write it down/draw it or take a trusted friend or family member with you to explain on your behalf.

If you do not feel safe or comfortable to discuss your fears with your midwife, consider if there are other professionals you feel more able to talk to such as other maternity staff. Many maternity departments will have specialist midwives who support those who have additional physical or emotional health needs alongside pregnancy.

**Sticker system / alert system**

Ask your midwife if a sticker system or electronic alert system is used at your birthing hospital. Many hospitals have a specific coloured sticker / stamp or electronic alert that can be added to your maternity notes for the purpose of quickly informing other professionals about your fear.

## Touring maternity services

It is natural to be fearful of situations which are unknown and, unless you have previous experience of birth, maternity services are likely to be unknown. Many hospitals will offer an in-person or virtual tour of maternity units to help it feel less unfamiliar to you and to help you picture what it will be like when your labour begins.

# How can maternity services help me?

## Discuss your birthing preference

National guidance states that people have a choice about how they wish to birth their baby. This choice needs to consider all physical and mental health risks and can be explored with the consultant obstetrician and consultant midwife.

NICE Guidance: Caesarean birth states:

"Offer all pregnant women information and support to enable them to make informed decisions about childbirth."

## Increase understanding about previous traumatic birth/experiences (if applicable)

If your fears relate to a previous traumatic birth, most hospitals have a specific service (often known as birth reflections) set up to offer an appointment to help you understand more about what happened. This may also be applicable for those whose fears originate from difficult medical experiences or miscarriage.

Some of these services may recommend therapy in addition to birth reflection if they feel it is appropriate after meeting with you.

Difficult healthcare experiences can also include having had a challenging experience with a healthcare professional, perhaps not feeling heard or felt mistreated by them. These interpersonal experiences can have just as much impact as traumatic physical experiences and are important to acknowledge.

Some women and birthing people with significant fears of birthing may prefer to have a caesarean section and feel this will reduce the level of fear. However, this is not always the case and may depend on the individual nature of the fear.

# How can I help myself?

## Is knowledge powerful?

For some people their fears stem from a fear of the unknown or a fear that their body may not be capable of birthing. Becoming knowledgeable about what your body does, and why, during the process of growing and delivering a baby can help some people to feel more reassured or in control. This knowledge could come from antenatal or hypnobirthing classes.

If your fear makes you avoid these classes, perhaps discuss with your midwife if there is another way for you to access this information in a less anxiety-provoking manner. This could be in a one-to-one setting.

You could also source knowledge from other formats such as books, websites, and podcasts/videos. Listed below are some resources that others have found helpful (there are some additional resources on the last page of this booklet also):

**Birthing resources:**

- The Positive Birth Book by Milli Hill
- The Hypnobirthing Handbook: An illustrated handbook by Linda McNeill
- There are lots of hypnobirthing podcasts and online courses available.

**Understanding pregnancy:**

- NHS resource for week by week pregnancy **www.nhs.uk/pregnancy/week-by-week/**
- What to Expect When You're Expecting by Heidi Murkoff **www.whattoexpect.com**

**Labour Pains:**

- A public information website providing unbiased information on pain relief choices during labour. **www.labourpains.org**

**BUMPS – Best use of medicines in pregnancy:**

- Evidence-based information about use of medications in pregnancy. **www.medicinesinpregnancy.org**

**Podcasts:**

Tips to find a podcast:

- Look for those created by individuals from a reputable source.
- Look for UK based podcasts as they will be relevant to UK healthcare settings.
- Ask your midwife or others you know for recommendations.
- Only listen to those which feel comfortable for you.

**TED Talk:**

- A new way to think about the transition to motherhood - Alexandra Sacks. A talk about becoming a mother. **www.youtube.com/watch?v=jOsX_HnJtHU**

# How can I help myself?

You can speak to your midwife about local resources.

These resources are intended to be a starting point or a guide for what is going to be most helpful for you. If a resource feels tricky or overwhelming you may want to seek some support from a trusted person.

## Who is best to help support you?

Take time to think about who might be the best person to have as your birth partner(s) – some hospitals may allow you to have more than one birth partner but there is likely to be some circumstances where only one birth partner is allowed such as for a caesarean section (your midwife can advise you on this).

When you are afraid of birthing, it is ideal to have someone with you who is understanding of your fears, able to keep you calm and likely to be your best advocate. The person who fulfils all these qualities for you may not always be baby's father or co-parent.

## What if I have no-one to be a birthing partner?

Some people may not have anyone close to them that could support them as a birthing partner, or perhaps the person they would choose needs to care for other children during the birth. Some people may also prefer to have health professionals rather than friends or family as their birthing partner. If this is the case, it is worth mentioning this to your midwife in the antenatal period so that plans can be made as to how best to support you in birth.

If you have no-one available to be a birthing partner you can also contact organisations such as Doulas UK (doula.org.uk). A Doula is a trained professional who supports women and birthing people through pregnancy, labour, birth and sometimes in the early postnatal period. There is a small number of NHS employed doulas as well as funding support for those who meet criteria. Your midwife will be aware of what local support is accessible if needed.

# Birth options and preferences

## How to express your preferences

Writing down your wishes will help staff to understand your fears, your needs and your birth preferences. It can also help you to feel more in control.

It is important to recognise that the decisions you make at this stage can only be considered as **preferences**.

Whilst midwifes would love to facilitate every preference, these may not always be possible. If changes happen to arise it may also be helpful to consider alternatives for your preferences.

Many people with fear of birthing may express a preference to have a caesarean section. Expressing your preferences is just as important in these circumstances as there are still many preferences you can ask for in how you want to be cared for and ways in which staff can support your birthing experience.

If you feel unable to do this work by yourself or with the support of family or friends, then psychological therapies services can also support you with this.

The following pages have some ideas but these may not be applicable to everyone. It is useful to think about your fear with a maternity professional so they can help you to consider your options and advise on what support may be available in your area.

✎ *Use the writing spaces in this booklet to jot down anything you wish to check out with your maternity professional or reminders for things you want to pack and take with you for the birth.*

# Birth options and preferences

## Considering my personal history and background


Every single person will have a different personal history, set of circumstances and journey to parenthood.

Sometimes the experiences we have had in our life or our personal characteristics may have an impact upon how we feel about events such as pregnancy, labour and birthing.

Examples can include neurodiversity (whether diagnosed or not), experiences of trauma, experiences of loss, cultural backgrounds, your fertility journey and previous experiences of healthcare.

**"As a black woman the thought of pregnancy always terrified me – I've heard so many stories of things that have gone wrong for the women in my family."**

**"I saw lots of difficult things at work, some of them took place in hospitals. Every time I went to a hospital the smell, the noise would take me back to those times."**

**"I am an autistic person and I hate being touched so the thought of examinations or being hugged terrifies me."**

**"As a lesbian couple there are two mums in the birthing room...people don't always see that."**

Being able to recognise your own personal background, and considering the impact of this, can help you to think in more detail about your birthing preferences. Sometimes experiences may directly contribute to fears of birthing but our experiences can also help to clarify our strengths, which we can then consider how to include in birth preferences.

✎ *My personal circumstances (use the following pages to think in more details.).*

# Birth options and preferences

## Labour and birthing

Telling staff that you are fearful of birthing is a vital step.

Being transparent and open about how you feel will enable staff to help you have the best birth possible. This can be difficult when you are afraid so perhaps others can support you with this or you might have it written down in advance.

There can be lots of reasons why people fear childbirth so, if you feel comfortable to do so, it's best to provide a brief statement about what you are fearful of. This does not need to go into detail about why you fear it unless you feel this would be useful for them (e.g. perhaps if relating to previous birth experiences or other difficult healthcare experiences).

It may feel difficult to write down your fears if they relate to how you will treated by health professionals but doing so can help staff to support you in the best way possible and be more aware of situations you might find tricky.

**Some examples of statements are:**

"I am afraid of being in pain", "I have a fear of needles", "I find hospitals scary", "I am scared my body is not capable of birthing", "My previous birth was traumatic", "I am frightened about being left alone", "I am afraid my cultural background will be misunderstood", "I am afraid of losing my privacy", "I'm terrified of birth but I don't know why".

✎ *Make notes here about your fears to discuss with professionals:*

✎ *Once you have identified your fears, then you can think about what may increase or help reduce fears:*

# Birth options and preferences

## Labour and birthing environment

**Your environment can help how you feel during labour.**

Think about what will make you feel relaxed and calm during birth. This includes lighting, music, scents and comforting items such as a blanket, pillows, and pictures.

Make sure these item(s) are safe for a hospital – e.g. swap out candles for battery-operated tea lights (many modern ones still flicker to imitate candlelight). If a diffuser is not allowed in your maternity unit then pillow / room sprays or aromatherapy roll-ons may be a substitute. It can be useful to start using calming or soothing techniques during pregnancy to help you become more familiar with them. If you struggle with this, the next sections has some ideas to get you started.

If you have had any previous difficult hospital experiences it can be useful to think about whether any elements of hospital rooms may make you more anxious (e.g. monitors etc.) and to ask whether these can be removed or positioned out of your eye-line. If you had a previous difficult birth you may even find it helpful to think about how you can make the room feel different to your last birth (particularly if the hospital is the same). Ideas may include different clothing, blankets, music, scents or even a photograph of your older child.

Don't forget to think about who you feel comfortable with in the room – many maternity units will have student midwives as part of their training but it is your choice as to how much you would want them to be present or involved.

Remember, even if you have a caesarean, you can still ask for ways to make the environment calm e.g. putting on your music and staff talking in quiet voices.

✎ *What environment helps me to relax?*

✎ *What environmental factors might be stressful for me?*

✎ *How do I feel about who is in the room?*

# Birth options and preferences

## Activating your soothing system

When we face situations that bring a great deal of stress and anxiety, it activates the threat system in our bodies (i.e. fight or flight response). This makes it difficult to think clearly and logically. However, when the soothing system kicks in, this will have a calming effect on the threat system, allowing us to think clearly again.

Our soothing system can be activated by using calming exercises and by using our senses. Calming exercises might be physical ones such as breathing exercises or meditation, or can utilise our imagination. Our imagination is a powerful tool which can have a direct impact upon our bodies – if you think in detail about your favourite food, you are likely to salivate or even become hungry!

**Using your five senses:**

Enjoying favourite flavours or experiencing strong flavours (such as mint, lemon) can be soothing. Try to savour the taste by being in the moment.

Soothing smells may include favourite perfumes, essential oils, scented candles or wax melts. Many aromatherapy oils are available in roll-on form for your wrists making them easily transportable. The sense of smell and taste are closely linked so favourite foods might activate both.

Think about surrounding yourself with objects, photos, and videos that bring a sense of joy or calmness. It may also be something that gives you a sense of connection. These could be everyday items, photos of loved ones / memories, or objects you plan to give your baby.

Using sound to soothe could include a playlist of favourite songs or calming music, recordings of relaxation exercises or audio books. You may also choose soothing phrases or affirmations you can tell yourself or your birthing partner(s) can say to you.

For some, a massage may feel soothing during labour (remember to use pregnancy safe essential oils). There are lots of different massage techniques to help during the different stages of labour. Other soothing touches might be comfort objects (this may be an object you plan to give to baby once they arrive or could be something you already own). Having warm or cold objects can also activate our sense of touch and be experienced as soothing, for example a warm bath. You might want to use favourite bath products to also activate your sense of smell.

It is important to practice activating our soothing system. The more we practice, the stronger our skills become and therefore the easier it is to use them during times of stress. You may find this helpful to start practising some calming exercises and using your senses during your pregnancy.

Once you identify the best ways to activate your soothing system, you can then think about which of these can adapt to birthing. You may wish to explore this with your midwife so they can help support you best.

# Birth options and preferences

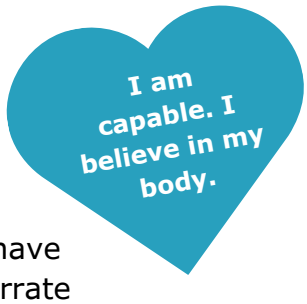
## Using affirmations



**What are affirmations?**

Affirmations are phrases which offer emotional support and encouragement. These may be positive, soothing, grounding or empowering. Sometimes they may be fact-based and other times they may encourage use of your imagination. Your affirmations are personal to you, what works for one person may not work in the same way for another. However, some examples are on this page.

**How can I use them during pregnancy and birthing?**




Affirmations are more effective if you have practiced them throughout pregnancy as this helps you to get into a positive mindset.

During birthing there are lots of ways to use affirmations. You can have them recorded to listen to or have birthing partners or midwives narrate them. You can have them written on cards, post-it notes or posters (you may be able to put these around the birthing room). You could have the same post-it notes on your bathroom mirror or fridge throughout pregnancy.


Having affirmations saved on your phone (e.g. notes app, audio recording, photo, screenshot etc.) means they are portable and likely to always be with you.

✎ *What are my affirmations?*

✎ *How will I use these?*

# Birth options and preferences

## Maternity staff during labour

**How would you like maternity staff to work with you?**

Some people's fears can be eased by having a plan about how they will be supported by maternity staff during labour. For example, some people feel less alone if they are supported by consistent staff members where possible and if staff members clearly explain to them why they are leaving a room and when they will return, and perhaps how to call them back sooner if needed.

Other people may feel more in control if they have agreed in advance with staff members how they will communicate if they need a procedure or intervention to stop. This could be a word or a hand gesture.

If your anxiety makes you feel jumpy and on edge it can be useful to ask staff to avoid being behind you unless they have made you aware of their presence beforehand.

It is worth thinking about how you feel about being touched by others – for some people a touch can be soothing and calming, but for others they might find this difficult for many reasons. Letting staff know your preferences about touch helps them know how best to support you.

Finally, think about how you can let staff know you are anxious and what they can do to support you in that moment. Do you become very quiet and withdrawn when anxious? Or are you talkative and fidgety? Do you have any calming techniques or soothing strategies that they can remind you to use or help you with?

✎ *How would you like staff to communicate with you?*

✎ *Do you have preferences about touch or where staff stand in the room?*

✎ *What might staff notice if you become anxious and what you like them to do to help you?*

# Birth options and preferences

## Being supported with examinations

It is important to remember that all examinations should always be done with your consent. It is possible to request to minimise the number of examinations where appropriate to do so – e.g. if labour appears to be progressing well and there are no concerns about you or baby.

**You also have the right to decline examinations if you wish and this will be respected by staff.**

Examinations are often tricky for those with fears of childbirth for multiple reasons. You may wish to develop a plan for how you will cope with examinations if you are fearful of them. This can include things for you to do, your birth partner(s) to support you with and requests for how staff can support you.

Some ideas include:

- Using relaxation techniques before / during examinations. If you are concerned about pain you could also ask about pain relief such as gas and air.
- Having as much notice as possible to prepare for an examination. Or the opposite, reducing the time before an examination to prevent over-thinking.
- Having support from your birth partner(s) – if your birth partner would be supportive to you during examinations, you could ask if an examination can wait until they are present. This may not always be possible but professionals cannot consider it if you don't ask.
- Having less people in the room for examinations if you worry about dignity or feeling exposed. A sheet can also be used to cover you during examinations.
- If fears relate to being out of control, think about how you may feel more in control with examinations? Having stop / go signals with the professional conducting examinations, asking them to talk you through what they are doing as they do it or even guiding their hand are some ideas people have previously used.
- How would you like to be supported after examinations? Examinations will use some kind of lubricant gel to make them more comfortable for you so it's useful to think about how you want to clean up afterwards and whether you want to do this yourself or have staff help you.

# Birth options and preferences

## Other birth preferences

Don’t forget other practical aspects of labour and delivery that are important birth preferences to consider.

This includes:

- Pain relief options
- Positions for labour and birthing
- Cord cutting
- Placenta delivery
- Skin-to-skin (including immediate and/or after baby has been dried)
- Vitamin K for baby
- Feeding preferences
- Managing any additional physical health needs including long-term conditions.

✎ *Make notes here*

# Birth options and preferences

## Postnatal care

Don’t forget to think about postnatal care in your personalised care planning. There are many aspects of your care after baby is born that are worth spending a little time considering.

**Feeding baby**

How you feed your baby is always your choice and staff will support you with all feeding methods. Skin-to-skin contact with baby is beneficial regardless of feeding method as it releases hormones that help with bonding and calming baby.

If you are unsure about which feeding method you would like to try, your midwife can support you to explore the options. You may find it useful to prepare for both breast/chest and bottle feeding if you are unsure.

You are always free to change your mind after birth.

✎ *My feeding preferences*

If you have chosen to breastfeed/chestfeed your baby, there is support available on the ward and once you go home.

Breastfeeding/chestfeeding is a natural process but is also a new skill that both parent and baby are learning, and this means it can be difficult for some at first.

Your labour and delivery can also sometimes affect milk supply or whether you and baby feel ready for this. Staff are there to support you and baby with this process. Some people may choose to combine bottle and breastfeeding/chestfeeding, with either formula or expressed milk via pumping.

✎ *Make a note here of local feeding support services available in your area:*

*(Ask your midwife or health visitor if you are not sure)*

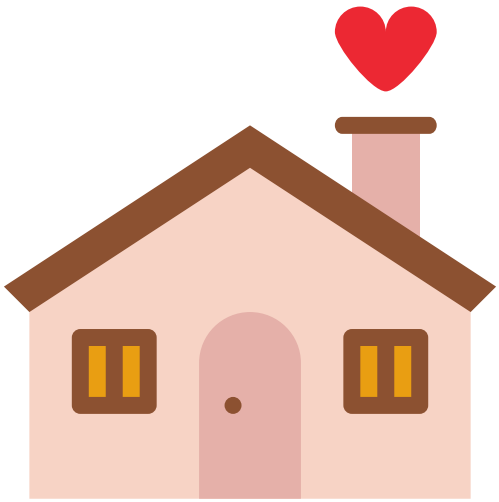
# Birth options and preferences

## Postnatal care

**Going home**

The time spent in hospital after delivery can vary for lots of reasons and is dependent on both birthing parent and baby's health. Your midwife is the best person to ask about when you can leave. You might be very keen to go home but it is important that you feel physically and emotionally ready to do so.

When you are ready to go home, try to ask any questions you have about the labour / birth before you leave the hospital as hospital staff will be able to access your records more easily.



It can be worth asking for the details for feeding support before you go home just in case you need these.

If you forget, or don't feel able to ask questions before you leave, most hospitals have a birth reflections service where you have the opportunity to review your medical notes with a maternity professional to gain understanding about decisions that were made or situations that happened. Your health visitor or midwife will be able to refer you.

✎ *Things to help you feel ready when going home*

# Postnatal care

**Staying in hospital**

Sometimes an extended stay in hospital may be needed for either you or your baby's wellbeing. Think about how you might manage this if it happens. If your birth preferences included environmental changes, think about how these can be transferred to the postnatal ward.

Postnatal wards are often busier and you are likely to see other parents and babies. It is worth considering if other parents or babies would trigger any of your fears, including how you might manage hearing birth stories. It can sometimes be possible to have a private room which might help with some of these difficulties but this cannot be guaranteed.

Hospitals will have different rules around visitors on the postnatal ward but it's worth thinking about who you would like to visit you on the ward depending on how you feel or how the birth was.

✎ *Postnatal preferences in hospital*

# Birth options and preferences

## What if things don’t go to plan?

Although it is difficult to think about things not going to plan when you are fearful, birthing is unpredictable. This is why we refer to birth planning as **birth preferences**, as things can change.

There can be times that a caesarean wasn’t on your birth preferences but may still be needed, perhaps as an emergency but not always (for example if baby is breech).

It is worth considering in advance which aspects of your birth preferences you still wish to be followed if a caesarean is needed – for example for staff to communicate in a certain way, where possible to change the environment (can monitors be out of your eye-line for example?) or to request your own music.

There can be other reasons you may also need to go to theatre and this can impact your birth preferences as you cannot take certain items into a theatre environment and you’ll likely be able to only have one birth partner.

If theatre or caesarean has been necessary, you can still request skin-to-skin after birth provided both you and baby are well enough. You can also request for baby to remain in your view.

When things don't go to plan it's understandable that this may increase anxiety levels but it is worth reminding yourself that wherever you are, many of your soothing techniques will travel with you. For example breathing exercises are accessible anywhere and you can always tune into your five senses (see activating your soothing system for more detail).

✎ *How might my birth preferences be adjusted if changes occurred?*

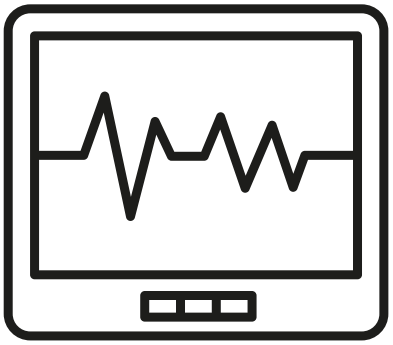
✎ *Which of my soothing system strategies are most helpful to me?*

✎ *How might my birth preferences adapt to a theatre environment?*

# Birth options and preferences

## What if things don’t go to plan?

During labour, monitoring can sometimes mean that staff might suddenly rush into the room when you aren’t expecting it, and this can be scary. In this moment you may feel out of control but it is important to remember that you still have choice and control over many aspects of the situation. Think about in advance who can advocate for you if you don’t feel able to do that for yourself. Also, remember the staff looking after you are trained in managing these situations.

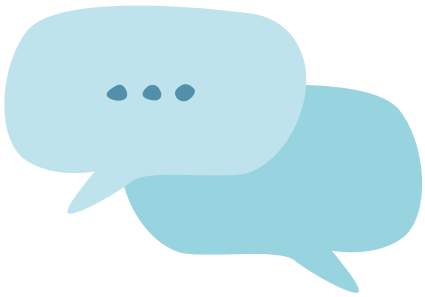


Sometimes there may be a need to be separated from baby after birth. This can be brief for checks or tests or for longer if they require the specialist support of the neonatal unit. It is useful to think with your birth partner about whether they go with baby or stay with you, especially if immediately after birth.

## What’s next?

If you need additional support after your birthing experience, you might also consider talking therapies.

Talking therapies are available for anyone impacted by the experience - this includes both parents and birthing partners.



If you wish to be referred speak to your GP, midwife, scan the QR code or visit

**nhs.uk/service-search/mental-health/find-an-NHS-talking-therapies-service/**

# The non-birthing partners experience

## How can my birth partner support me?

As mentioned previously it is ideal to have someone with you who is understanding of your fears, able to keep you calm and likely to be your best advocate. You may find it helpful for your birth partner to read this workbook to help them understand your fears better as well as know what your individual birthing preferences are.

✎ *Who do I want to be my birthing partner and why?*

It can be useful to think in advance how your birth partner can best support you. Do you need someone to support you in soothing exercises? Do you need someone who can advocate for you? Does your birthing partner know where everything is in your hospital bag? Do you want your birth partner to cut the cord?

You may wish to consider having a section on your birth preferences which identifies ways in which your birth partner can support you as this will allow maternity staff to support them too.

✎ *How can my birth partner support me?*

# The non-birthing partners experience

## Support for the non-birthing person

Sometimes it might be the non-birthing person who has a fear of childbirth or other fears that might be triggered by the birthing process. This person may or may not be your birth partner.

This workbook may also be helpful for them to consider the support they may need, particularly if they wish to be a birthing partner. They could use the box below to write down their preferences.

It can be helpful to share with midwifery staff the preferences of any non-birthing person who may be present at the birth. For example how involved they wish to be in supporting you.

It can help to let maternity staff know how everyone would like to be addressed and their relationship to baby – for example: Dad, Mum, parent.

✎ *What support or preferences would I like as the non-birthing person?*

Partners may also struggle with their own mental wellbeing, either during pregnancy or the postnatal period.

Support is available for partners too through local NHS talking therapies (see page 25). Some local areas may also have specific support available for partners, LGBTQIA+ families, pregnancy following loss, different cultural backgrounds and diversity.

Speak to your midwife or health visitor to find out what is available in your area.

# Additional resources

Searching the internet for support when you have fears can be difficult - knowing where to start or perhaps worrying about what you may find. Some of the websites listed below could still be upsetting or difficult and you may want to look at them with some support.

PANDAS Foundation offer support to all parents affected by perinatal mental health illness.

Free helpline number:
0808 1961 776
**pandasfoundation.org.uk**

Tommy's

Tommy's charity has a lot of information on their website about all aspects of pregnancy including a section on tokophobia and stories from individuals experiencing tokophobia.

Tommy's midwife helpline:
0800 0147 800 or midwife@tommys.org
**tommys.org/pregnancy-information/im-pregnant/mental-wellbeing/tokophobia-fear-giving-birth**

Make Birth Better works to reduce birth trauma and improve care through awareness, training, and support for parents and professionals.

**makebirthbetter.org/**

An association providing support for families to achieve the birth they want.

**aims.org.uk**

A charity providing information on your human rights during pregnancy and childbirth.
**birthrights.org.uk**

The Birth Trauma Association provides support for parents that have experienced birth trauma.

Peer support helpline: 0203 621 6338
Private Facebook group also available
**birthtraumaassociation.org**

This website contains useful information if you are having a planned (elective) caesarean/ c-section. **rcog.org.uk/for-the-public/browse-our-patient-information/considering-a-caesarean-birth/**

National guidance regarding caesarean births. **nice.org.uk/guidance/ng192**

# Additional resources

## Do you want to read more?

If you would like to read more and gain a deeper understanding into your fears here are some books that you may find useful:

- **Break Free from Maternal Anxiety: *A self-help guide for pregnancy, birth and the first postnatal year.*** By Fiona Challacombe, Catherine Green and Victoria Bream
  - This book includes chapters on phobias in pregnancy, anxiety about pregnancy and birth, coping with traumatic experiences during pregnancy and after birth as well as adjustment to motherhood.

- **Why Birth Trauma Matters** by Emma Svanberg
  - Useful for those who have experienced a traumatic birth and helping to understand this experience, the impact it can have and how it is possible to begin to move on.
  - Part of the "Why it matters" series for essential evidence based guides to pregnancy, birth and parenting.

- **The Compassionate Mind Approach To Postnatal Depression: *Using Compassion Focused Therapy to Enhance Mood, Confidence and Bonding.*** By Michelle Cree.
  - A practical self-help book for new mothers and mothers-to-be, including experiences of anxiety, depression and bonding issues. Helps you to develop the skills to make a profound difference to how to view yourself, your baby and others around you.

Please do remember that there are services available to help individuals with their fears. You can self-refer to NHS talking therapies service. Scan the QR code for more information.

**nhs.uk/service-search/mental-health/find-an-NHS-talking-therapies-service/**

Alternatively, you can talk with your GP, midwife or health visitor about referral to specialist perinatal mental health services if appropriate.

This is a guided self–help workbook for those experiencing fears of birthing. It can be used alone, or alongside professional support or the support of family and friends.

**Patient Advice and Liaison (PALS)**
If you have any concerns or need advice about accessing NHS services, you can speak in confidence to PALS on 0800 085 7935 or you can email epunft.pals@nhs.net

This leaflet can be produced in large print, CD, Braille and other languages on request.

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