



Childbirth Kingston

Birth Reflection Tool

Information for Clinicians

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What is the Birth Reflection Tool?

This resource provides a **structured, trauma-informed, non-clinical way** for birthers, support persons, and witnesses of birth to reflect on the birth experience and undergo written birth debriefing. The resource was created with **empathy** and **accessibility in mind**, and is **community-driven!**

The tool is organized into three simple steps:

- **Build the Facts**
- **Share the Feelings**
- **Write the Story**



Each step helps users thoughtfully reflect on their birth experience in a guided process.

Why is this Birth Reflection Tool Important?

Reflecting on the birth experience helps you process emotions, understand what happened, and recognize your role.

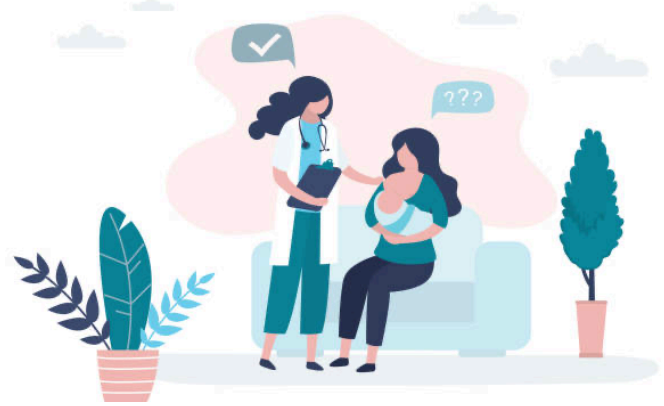
Birth can be joyful, intense, or challenging, and reflection supports emotional well-being, mental health, and personal growth.

This tool provides a safe way to **explore feelings, validate experiences**, and gain insight as a **coping strategy**.



What is Birth Debriefing?

Birth debriefing offers birthers, support persons, and witnesses a **safe, supportive space** to reflect on the birth experience. It helps you understand **what happened** and explore your **feelings** from your **own perspective**.



HOW IT WORKS: 3 Steps

1. Building the Facts

Record what happened during the birth, including key moments and your role.



2. Share the Feelings

Reflect on the emotions you experienced during and after the birth.



3. Write the Story

Combine facts and feelings to create your personal birth story, helping you process and understand the experience.



Birth debriefing involves discussing the birth from the person's **perspective** and **validating** their **feelings**.

It is **NOT** justifying the rationale behind why providers performed certain tasks or interventions, as this may make the persons sharing their experience feel **dismissed**.



When should the Birth Reflection Tool be used?

This reflection tool can be used by anyone who has:



- **Given birth**
- **Acted as a support person during birth**
- **Witnessed birth**

There are separate Birth Reflection Tools for birthers, support persons, and witnesses, so you can **choose** the one that fits your role!

It can be used for **positive, negative, or traumatic** perceptions of the birth experience. It's truly for anyone involved in a birth who wants to reflect on the experience from their **own perspective!**

How should the Birth Reflection Tool be used?



This reflection tool is designed to **draw out your emotions** and support deep, meaningful reflection on the birth experience. To get the most out of it, the questions must be completed in the **order** they appear.

How this Process Works?

- Complete **"The Facts"** first → outline what happened
- Then move to **"The Feelings"** → explore the emotions connected to those events
- Finally, **write the birth story** once both sections are complete



Deep reflection takes time, so the questions are **NOT** meant to be finished in a single day.

Processing emotions fully works best when the reflection is spread out over a longer period.

Tips for Deep Reflection

- Answer **one question per day** to give yourself space to process.
- Set aside a dedicated reflection time or complete questions whenever it fits your schedule.
- The most important part: **keep returning to the process** and allow yourself to feel whatever comes up.



How can I tell which Birth Reflection Tool applies to my client/patient?



Birth Reflection Tool for *Birthers*: This should be provided to birthers who wish to reflect on *their own* experience of giving birth.

Birth Reflection Tool for *Support Persons*: This should be provided to people who were personally emotionally invested and supported their loved one through the Birth. Support persons may include partners, family members, or friends.

Birth Reflection Tool for *Witnesses of Birth*: This should be provided to people who saw and/or supported birth but do not have any personal emotional connection to the Birth. Witnesses of birth may include Doulas, nurses, obstetricians, and midwives, among others who support the Birth.



If you are providing the Birth Reflection Tool to your clients/patients and are unsure which one may apply to them. You can read through the Birth Reflection Tool questions together and determine which one to provide based on which question the person resonates with the most!



What does the Community Think?



Findings from Focus Groups



1

Expressed a desire and need to reflect on the birth experience, whether these experiences were positive or negative

2

Lack of support and coping resources available within the community to allow for processing of the birth experience



Why is the Birth Reflection Tool Necessary?

Inadequate processing of the birth experience Buendicho & Allen, 2025)



Literature Review

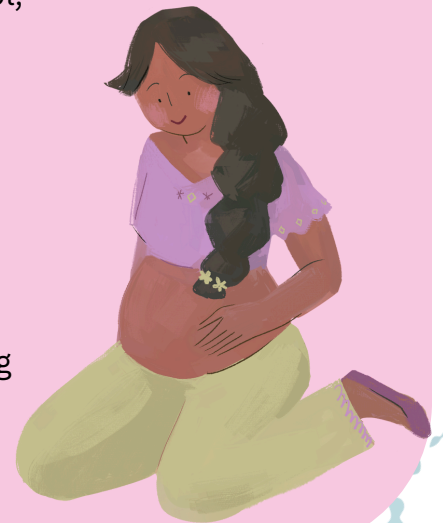


What have researchers found related to birth, reflection, and postpartum support?



What are the Types of Childbirth Experiences?

- Childbirth is viewed as a life-changing milestone event, and can be a positive or a negative experience (Karlsdottir & Leap, 2025).
- **Positive childbirth experience:** “an experience [where the] interactions and events directly related to childbirth can make women feel supported, in control, safe, and respected... and may have short and/or long-term positive impacts on a woman’s psychosocial well-being” (Leinweber et al., 2022a, p. 362).
- **Negative childbirth experience:** may result from “a lack of control, disrespectful treatment, or traumatic events during childbirth” (Karlsdottir & Leap, 2025, p. 1).
 - A negative childbirth experience is linked to perceptions of childbirth trauma (Bagherinia et al., 2025; Kranenburg et al., 2023).
- **Traumatic childbirth experience:** the maternal “experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/or long-term negative impacts on a woman’s health and wellbeing” (Leinweber et al., 2022b, p. 687).



Statistics on Birth Trauma

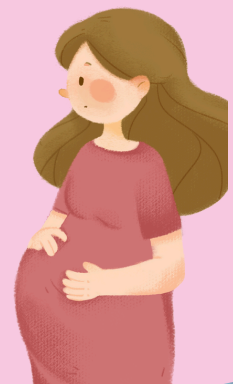


- **33% of birthing individuals perceived the experience as traumatic** (Baptie et al., 2021; Ozcalik & Aksay, 2024), and **“about 6% develop[ed] post-traumatic stress disorder [PTSD] following childbirth”** (Buendicho & Allen, 2025, p. 1).
- **“1% of... partners develop [PTSD]”** (Ayers et al., 2024, p. 362) following a traumatic childbirth experience.

Risk Factors for Perceptions of Traumatic Childbirth Experiences



- **Fear, obstetric complications and interventions, lack of autonomy and support, concern for the mother’s or neonate’s health, perceptions of helplessness** (Buendicho & Allen, 2025; Freestun et al., 2025; Kirmizigul et al., 2025; Perera et al., 2023; Sun et al., 2023; Thomson & Nowland, 2024; Viirman et al., 2023)
- **Emergency Cesarean birth** (Ertan et al., 2021)
- **Past birth experiences that were perceived “as ‘difficult’”** (Topcu & Aktas, 2021, p. 201)
- **Lack of maternal trust with healthcare providers, specifically midwives and obstetricians** (Greenfield et al., 2022)
- **Obstetric violence, where the birther’s autonomy is minimized** (Ozer & Guler, 2025).
- **Lack of adequate pain relief measures are linked to feelings of powerlessness and increased risk of birth trauma** (Thomson & Nowland, 2024)
- **Lack of preparedness, self-blame, and lack of control** (Ketley et al., 2024).
- **“A history of mental health conditions and high-perceived stress”** (Nagle et al., 2022, p. 2)
- **Disrespectful care interactions** (Nagle et al., 2022)
- **Previous trauma experienced by the birthing person or their partner** (Ertan et al., 2021)
- **Racism and discrimination** (Dmowska et al., 2023)





Consequences of Traumatic Childbirth Experiences

- **“Post-traumatic stress disorder, depression and hyperarousal, [as well as] anger and isolation”** (Freestun et al., 2025, p. 5)
- **“Panic, grief, anger, anxiety... and even suicidal thoughts”** (Sun et al., 2023, p. 10).
- **Disruptions in maternal-infant attachment** (Freestun et al., 2025)
- **Breastfeeding difficulties** (Oscalik & Aksay, 2024; Sun et al., 2023; Thomson & Nowland, 2024; Viirman et al., 2023)
- **Birth trauma may influence decisions to become pregnant in the future** (Freestun et al., 2025; Sun et al., 2023)
- **May impact familial relationships, including “couples’ emotional and sexual relationship”** (Sun et al., 2023, p. 10)
- **Ongoing negative perceptions of the birth experience is linked to difficulties with adjusting to motherhood, disruptions in daily routines, and reduced psychosocial well-being** (Ozcalik & Aksay, 2024)

There are various short and long-term consequences of birth trauma for the birther and their support persons (Ayers et al., 2024; Freestun et al., 2025; Kranenburg et al., 2023; Nagle et al., 2022; Ozcalik & Aksay, 2024; Thomson & Nowland, 2024; Viirman et al., 2023), emphasizing the need for ongoing support (Norman et al., 2025).



Importance of Support in Processing the Birth Experience

“80% [of women] expressed a desire to discuss their birth experiences, yet only 26% underwent [birth debriefing], and 64.4% were unaware of its specifics” (Buendicho & Allen, 2025, p. 1).

- **Postnatal debriefing, otherwise known as birth debriefing, may include written reflection or verbal discussion, which can promote “greater emotional validation”** (Buendicho & Allen, 2025, p. 6).
- **Postpartum support, such as validation, is helpful in processing the experience of birth trauma** (Ketley et al., 2024). This includes sharing stories with others who underwent similar experiences while also validating one another’s emotions, as well as practicing self-compassion and acknowledging the trauma (Ketley et al., 2024).
- Demirci et al. (2024) discussed the **benefits of postpartum debriefing such as promoting maternal well-being and “mak[ing] sense of their birth experience”** (p. 1).
- Perera et al. (2023) identified **“[t]he ‘healing’ impact of social support [and t]he importance of validating perinatal experiences”** (p. 6).
- Simkin (1992) highlighted the **long-lasting impact of the childbirth experience on a woman’s life, as “a woman’s first birth experience has the potential for permanent positive or negative impact on her personal development”** (p. 72). In many cases, birthers also remember whether their healthcare team members, specifically nurses and physicians, provided supportive and respectful care (Simkins, 1992).

Childbirth experiences may be impacted by “cultural, social, and environmental contexts and societal policies” (Bagherinia et al., 2025, p. 2). This emphasizes the need for compassionate, trauma-informed, and family-centred maternal care, as well as identification of risk factors for birth trauma, adequate postnatal support, and promotion of healing from birth trauma (Ayers et al., 2024; Buendicho & Allen, 2025; Demirci et al., 2024; Greenfield et al., 2022).

References

- Ayers, S., Horsch, A., Garthus-Neigel, S., Nieuwenhuijze, M., Bogaerts, A., Hartmann, K., Karlsdottir, S. I., Oosterman, M., Tecitli, G., Turner, J. D., & Lalor, J. (2024). Traumatic birth and childbirth-related post-traumatic stress disorder: International expert consensus recommendations for practice, policy, and research. *Women and Birth*, 37(2), 362-367. <https://doi-org.proxy.queensu.ca/10.1016/j.wombi.2023.11.006>
- Bagherinia, M., Haseli, A., Bagherinia, E., Mansouri, N., Dolatian, M., & Mahmoodi, Z. (2025). Prevalence of negative birth experience: A systematic review and meta-analysis. *BMC Pregnancy and Childbirth*, 25(1), Article 157. <https://doi.org/10.1186/s12884-025-07269-w>
- Baptie, G., Januario, E. M., & Norman, A. (2021). Empowered or powerless? Contributing factors to women's appraisal of traumatic childbirth. *British Journal of Midwifery*, 29(12), 674-682. <https://10.12968/bjom.2021.29.12.674>
- Buendicho, A., & Allen, K. (2025). Perceptions of birth and wellbeing after birth debriefing among women who describe their birth as traumatic. *Midwifery*, 141(1), Article 104267. <https://doi-org.proxy.queensu.ca/10.1016/j.midw.2024.104267>
- Demirci, A. D., Orus, M., & Kabukcuoglu, K. (2024). "I need to make sense of my birth experience": A descriptive qualitative study of postnatal women's opinions, and expectations about postnatal debriefing. *Midwifery*, 131(1), Article 103955. <https://doi.org/10.1016/j.midw.2024.103955>
- Dmowska, A., Fielding-Singh, P., Halpern, J., & Prata, N. (2023). The intersection of traumatic childbirth and obstetric racism: A qualitative racism. *Birth*, 51(1), 209-217. <https://doi.org/10.1111/birt.12774>
- Ertan, D., Hungary, C., Burlacu, E., Sterle, A., & El-Hage, W. (2021). Post-traumatic stress disorder following childbirth. *BMC Psychiatry*, 21(1), Article 155. <https://doi.org/10.1186/s12888-021-03158-6>
- Freestun, M., Midwife, K. G., O'Brien, C., & Midwife, C. N. (2025). The conceptualisation and evolution of psychological birth trauma in the absence of identifiable risk factors: A scoping review. *Sexual & Reproductive Healthcare*, 44(1), Article 101084. <https://doi.org/10.1016/j.srhc.2025.101084>

References (Continued)

- Greenfield, M., Jomeen, J., & Glover, L. (2022). 'After last time, would you trust them?' – Rebuilding trust in midwives after a traumatic birth. *Midwifery*, 113(1), Article 103435. <https://doi-org.proxy.queensu.ca/10.1016/j.midw.2022.103435>
- Karlsdottir, S. I., & Leap, N. (2025). The importance of promoting positive childbirth experiences for women: A perspective paper. *Frontiers Global Women's Health*, 6(1), Article 1599249. <https://doi.org/10.3389/fgwh.2025.1599249>
- Ketley, R., Darwin, Z., Masterson, C., & McGowan, L. (2024). Women's experience of post-traumatic growth following a traumatic birth: An interpretive phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 42(1), 126-137. <https://doi-org.proxy.queensu.ca/10.1080/02646838.2022.2070608>
- Kirmizigul, E. I., Damsarsan, S., Yavuz, N. S., & Golbasi, Z. (2025). Determination of women's perception of traumatic birth and influencing factors. *Health Care for Women International*, 46(9), 1030-1046. <https://doi-org.proxy.queensu.ca/10.1080/07399332.2025.2454587>
- Kranenburg, L., Lambregtse-van den Berg, M., & Stramrood, C. (2023). Traumatic childbirth experience and childbirth-related post-traumatic stress disorder (PTSD): A contemporary overview. *International Journal of Environmental Research and Public Health*, 20(4), Article 2775. <https://doi.org/10.3390/ijerph20042775>
- Leinweber, J., Fontein-Kulpers, Y., Karlsdottir, S. I., Ekstrom-Bergstrom, A., Nilsson, C., Stramrood, C., & Thomson, G. (2022a). Developing a woman-centered, inclusive definition of positive childbirth experiences: A discussion paper. *Birth*, 50(2), 362-383. <https://doi.org/10.1111/birt.12666>
- Leinweber, J., Fontein-Kuipers, Y., Thomson, G., Karlsdottir, S. I., Nilsson, C., Ekstrom-Bergstrom, A., Olza, I., Hadjigeorgiou, E., & Stramrood, C. (2022b). Developing a woman-centred, inclusive definition of traumatic childbirth experiences: A discussion paper. *Birth*, 49(1), 687-696. <https://doi.org/10.1111/birt.12634>
- Nagle, U., Naughton, S., Ayers, S., Cooley, S., Duffy, R. M., & Dikmen-Yildiz, P. (2022). A survey of perceived traumatic birth experiences in an Irish maternity sample – prevalence, risk factors, and follow up. *Midwifery*, 113(1), Article 103419. <https://doi-org.proxy.queensu.ca/10.1016/j.midw.2022.103419>

References (Continued)

Norman, A., Allen, B., Fraser, M., & Baptie, G. (2025). 'Just one more feed': The impact of traumatic birth on breastfeeding. *British Journal of Midwifery*, 33(2), 84-91. <https://doi-org.proxy.queensu.ca/10.12968/bjom.2024.0091>

Ozcalik, H. B., & Aksay, Y. E. (2024). The relationship between maternal functioning and birth memory and trauma. *Midwifery*, 132(1), Article 103974. <https://doi-org.proxy.queensu.ca/10.1016/j.midw.2024.103974>

Ozer, E., & Guler, D. S. (2025). "Invisible wounds of childbirth"; women's experiences of obstetric violence: A phenomenological qualitative study. *Reproductive Health*, 22(1), Article 148. <https://10.3389/fgwh.2025.1599249>

Perera, E., Chou, S., Cousins, N., Mota, N., & Reynolds, K. (2023). Women's experiences of trauma, the psychosocial impact and health service needs during the perinatal period. *BMC Pregnancy and Childbirth*, 23(1), Article 197. <https://doi.org/10.1186/s12884-023-05509-5>

Simkin, P. (1992). Just another day in a woman's life? Part II: Nature and consistency of women's long-term memories of their first birth experiences. *Birth*, 19(2), 64-81. <https://doi.org/10.1111/j.1523-536X.1992.tb00382.x>

Sun, X., Fan, X., Cong, S., Wang, R., Sha, L., Xie, H., Han, J., Zhu, Z., & Zhang, A. (2023). Psychological birth trauma: A concept analysis. *Frontiers in Psychology*, 13(1), Article 1065612. <https://10.3389/fpsyg.2022.1065612>

Topcu, T. Y., & Aktas, S. (2021). An investigation of the relationship between health literacy levels of pregnant women and their perceptions of traumatic childbirth. *Social Work in Public Health*, 37(2), 195-207. <https://doi-org.proxy.queensu.ca/10.1080/19371918.2021.1986450>

Thomson, G., & Nowland, R. (2024). A rapid evidence review of postnatal listening services for women following a traumatic or negative childbirth experience. *Midwifery*, 139(1), Article 104185. <https://doi.org/10.1016/j.midw.2024.104185>

Viirman, F., Engstrom, A. H., Sjomark, J., Hesselman, S., Poromaa, I. S., Ljungman, L., Svanberg, A. S., & Wikman, A. (2023). Negative childbirth experience in relation to mode of birth and events during labour: A mixed methods study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 282(1), 146-154. <https://doi.org/10.1016/j.ejogrb.2023.01.031>