

Helping to Heal Invisible Hurts: The Impact of In-utero Stress & Trauma

Trauma Informed Care has become the cornerstone of foster or adoptive parent education, and understandably so. Understanding trauma is paramount to understanding the needs of the child you are caring for. But what if the child in your care came to you immediately or shortly after birth? Your newborn hasn't suffered "abuse or neglect." She came to you with a trauma-free slate. You are the only caregiver she has ever known, and you've loved and nurtured her with great dedication from day one.

But then you start to notice things . . . she doesn't make eye contact during feedings, but some babies don't, right? As a toddler, she seems aggressive with other kids, but that's why it's called the "terrible twos," right? She starts school and you start getting daily calls. She always seems angry. She has trouble making friends. She's anxious and depressed. Where are you going wrong? You love her with everything in you, yet she's displaying behaviors of a child who has suffered trauma. It just doesn't make sense.

Maybe your newborn was exposed to trauma after all?

Now more than ever, science is helping us to

understand that stress *during pregnancy* affects the baby in both immediate and long term ways. Just as we've come to understand that drug or alcohol consumption during pregnancy impacts the developing fetus, we also need to understand the impact of emotional states, such as fear, during pregnancy. Studies have found that, as early as the second trimester, a baby can respond favorably to a mother's singing or with stress to the parents' arguing. Sonograms taken while parents yell at each other have shown babies' bodies "flinching in agitation."

Simply put, what mom experiences during pregnancy produces the biological chemicals in which the baby lives and grows.

Even under the best of circumstances, a pregnant woman can experience stress and anxiety. There are the normal stressors of a first-time pregnancy. What will labor be like? What if the baby isn't born healthy? But then there are a variety of other more extreme stressors. What if the pregnancy was unplanned or unwanted? There may be prolonged or repeated heated disagreements over what to do about the pregnancy. What if the mother is holding anger and resentment about carrying a child she does not want? What if she is fearful the father will leave?



Continued on page 2

What if the pregnancy triggers her own deeply rooted, unresolved childhood trauma? Then there may be financial stressors. What if she is afraid that she can't afford to properly care for her child? What if she is dealing with domestic violence? Maybe she's experiencing physical, as well as emotional trauma. There may be stressors related to drug or alcohol addiction. Perhaps mom suffers a loss and is grieving during her pregnancy.

Any of these stressors can cause the body to go into "fight or flight" mode. This tells the body it is in danger and sends out cortisol and other stress hormones, which are shared with the baby. If this happens on a consistent enough basis, it can result in trauma to the unborn child. This trauma is then stored deep in the child's cells (memory) and can be reflected in future emotional and physical health.

Studies have shown that in-utero stress can result in:

- Preterm delivery
- Low birth weight
- Attachment issues
- Anxiety
- Depression
- Learning disabilities
- Problems with attention
- Problems with emotional regulation
- Low self-esteem
- Conduct disorders

There is, of course, no going back in time. However, there are some ways that you might help to heal or counteract trauma that occurred before your child was even born. Following are some suggestions.

- Be aware. "Trauma Informed Care" applies even if you are the foster or adoptive parent to an infant. Take advantage of every opportunity to learn

more about in-utero trauma as it relates to your child. Did you know that recent studies suggest a fetus is capable of processing rejection in the womb, which can, in turn, impact a child's ability to form attachments? Gaining a greater understanding of in-utero trauma can be beneficial for all involved.

- Gather as much family history as possible. Find out all you can about the birth mother's pregnancy. Was she battling addiction? Domestic violence? Homelessness? All these stressors could have had a considerable impact on the child you are now caring for. Having this information may also provide helpful insights into identifying and addressing issues that might arise.
- Share any information you have concerning birth mom's pregnancy or delivery with your child's pediatrician (e.g., mom received no prenatal care, baby experienced prenatal drug exposure, baby was premature). Make him or her aware of anything out of the ordinary occurring with your baby, such as excessive fussiness, lack of eye contact, extreme sensitivity to sensory stimulus, or extreme difficulty in calming. If you don't feel your pediatrician is responsive to your concerns, you may want to seek out a pediatrician experienced in working with children who have experienced trauma and loss.
- Seek out early interventions, such as birth-to-three programs, attachment therapy, play therapy, or neuroplasticity therapies. A child's brain develops rapidly during the first five years of life, especially the first three years. The earlier the intervention the better; however, it is never too late to get help.

Continued on page 3



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- Connect with other foster and adoptive families. An experienced peer group can be an invaluable source of information and support. Connecting with other foster and adoptive families can also serve as a reminder that you are not alone, which can be a great comfort during a difficult time.
- Work collaboratively with birth parents toward a shared goal of healing for the child, wherever possible. While clear boundaries need to be established, parents can learn from one another and exchange information that benefits everyone, most of all the child. Positive connections between parents also helps decrease childhood trauma, and increases the child's sense of security and well-being.

Perhaps the most important thing you can do to help lessen the effects of in-utero trauma is to provide the child in your care with a safe, secure, nurturing home environment. Doing so can help create new pathways in the brain and new memories to be stored in his or her cells. The more aware we are as parents, and the more willing we are to seek out early interventions, the better equipped our children will be to lead happy, healthy lives.



Resources

- [The Adopted Child: Trauma and Its Impact](#)
- [Can Your Stress Affect Your Fetus?](#)
- [Sharing Mother's Stress in the Womb Leaves Children Prone to Depression](#)
- [Baby in Womb—Intelligent and Learning](#)



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