




## PREGNANCY AND CHILDBIRTH TRAUMA IN NIGERIAN MOTHERS' X (AUTO) BIOGRAPHICAL NARRATIVES

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**Abstract.** Pregnancy and childbirth bring significant biological and physiological changes for women, often accompanied by trauma. Anita Vams' tweet on November 23, 2022, inspired many mothers to share their own narratives of pregnancy and childbirth under a common theme. While much has been celebrated about the joys of motherhood in Nigeria, the traumatic aspects and life-threatening changes women face are often overlooked. This study explores why Nigerian mothers have begun to share their traumatic childbirth experiences, challenging the dominant narrative of joy. Utilizing trauma theory, the research examines the collective narratives shared on X, analyzing qualitative data through a critical framework. Findings reveal that contributors to Vams' thread recount life-threatening experiences and bodily changes, utilizing autobiographical storytelling as a form of therapy and healing. This collective sharing serves as a survival technique for women navigating the complexities of childbirth trauma.

**Keywords:** *Pregnancy, childbirth, trauma, (auto) biography, motherhood.*

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### 1. Introduction

In this paper, we discuss the significance of shared digital storytelling in women's prenatal and postnatal experiences as a form of bonding and therapy. @a\_\_venita's tweet on pregnancy and childbirth trauma, along with her collaborative narrators, contextualizes social media trauma narratives and the use of X affordances for autobiographical storytelling. These narratives allow Nigerian netizens to process their traumatic experiences. Page (2018) states, "stories remain a pervasive genre that people use to make sense of the world around them", a sentiment echoed in the narratives of women who have faced traumatic pregnancies. Page adds, "shared stories involve many tellers" (2018), reflecting how shared trauma emphasizes collective experiences.

Digital media has transformed storytelling; Patil (2023) notes, "A digital story is a short multimedia narrative that combines text, images, audio and/or video to convey a message" (1). Unlike traditional narratives, digital media offers innovative storytelling tools, empowering creators and audiences alike. Julian Hopkins states, "People connect

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with other people through digital media”, influencing how they integrate their socio-cultural environment with their identity (2). The geolocation features of social media enhance these connections. Ololade Faniyi notes that women utilize social media to bring their grievances to the forefront of the internet (51). @a\_\_venita’s tweet exemplifies how personal and collective trauma is contextualized through X affordances. Prominent storytelling tools on X include hashtags and threaded conversations, which enable users to craft and share narratives. Virmani et al. (2017) observe that hashtags classify tweet content by topic (787), allowing storytellers to reach wider audiences and foster community engagement. Yeku (2018) argues that netizens participate in public debate to challenge normative cultural and political norms (218). The threaded structure of conversations on Twitter allows for interactivity, enabling users to build multi-part narratives in real-time. Castro-Martínez and Díaz-Morilla (2021) state, “The threads of this social network allow for the interactivity of the reading users” (82). This collaborative storytelling challenges traditional notions of authorship, as narratives intertwine individual and collective voices. Yeku write that social media facilitates a discursive interplay (218), which Anita Vams (@a\_vanta) and her co-authors utilized in sharing their experiences of pregnancy and childbirth trauma on X.

Before this tweet, Nigerian women had already been using X (formerly known as Twitter) for identity creation and resistance. Wunipi Fatimata Mohammed observes that “Conversations on feminist activism in Africa have been amplified by new media affordances” (2). An example is the #BringBackOurGirls campaign in 2014, which illustrates feminist hashtag activism in Nigeria. Chelsey Smith refers to this as a technology of hope, stating, “Twitter serves as a powerful public space for minorities and marginalized voices” (4). X empowers Nigerian women to challenge child subjugation and question broader issues of exploitation. Faniyi says that contemporary feminist activism in Nigeria has adopted hashtag activism (1), evident in the redomestication of Tarana Burke’s #MeToo to #ChurchToo in 2019, highlighting shared testimonies of sexual violence in churches. Dosekun (2023) points out that women leverage digital media to publicize their typically silenced experiences (1430). In 2020, Nigerian feminists repurposed #EndSARS to #NotAllSARS to address male narratives surrounding rape, demonstrating the power of traumatic autobiographical storytelling.

Faniyi believes women are repurposing Twitter for counter-narratives on issues affecting them that are often absent in mainstream media (111). Traumatic autobiographical storytelling serves as a medium for healing. Shoorab et al. (2019) observe that “emotional recovery after birth trauma is defined as going on a journey from negative emotions to subjective well-being”, highlighting storytelling’s role in this healing process. The layers of trauma women experience during pregnancy and childbirth are profound, influenced by the pain and biological changes they endure. Social media collective narratives offer healing possibilities for those sharing childbirth-related trauma. These narratives create bonding and support, as highlighted by Brewster (2022): “the most popular... is one called ‘It’s My Story’”. Women do not see themselves as patients; they use their narratives for self-preservation. While these stories can alter consciousness, they also provide social support. Kaminer (2006) notes that “re-tellings of the trauma story are a standard component of most current therapeutic interventions”. Although not formal therapy, social media narratives facilitate informal healing. Manda (2019) states that storytelling in safe environments aids trauma recovery. @a\_\_venita’s thread exemplifies this, encouraging mothers to share their experiences. Wooster (2010) affirms that “personal and social health are clearly a central part of who we are”. The trauma of

pregnancy and childbirth is fluid and often silenced, making collective narratives crucial for understanding. Franklin (2012) emphasizes that “the autobiographical narrative of grief is embodied as a viable pathway to cognitive, emotional and cultural representation of grief”. Such narratives help netizens grasp the complexities of maternal trauma. Buchalter (2017) adds that creative expression offers “multiple benefits”, enhancing self-awareness and well-being. Ultimately, these stories provide a powerful means for women to document their trauma and the profound changes brought about by childbirth.

Social cultural factor aside of trauma necessitate silence with regards to pregnancy and childbirth. Kleinman (1978) observe that; “...medical systems are both social and cultural systems. That is, they are not simply systems of meaning and behavioral norms, but these meanings are attached to particular social and institutional settings” (85). Pregnancy and childbirth trauma is both a medical and culture systems and silences toward it stems from cultural practices. Obuna and Umeora (2014) and Adeniran et al. (2022) are of the view that culture affects narratives of childbirth, pain and trauma. Herman (2015), in her theorising on trauma, is of the opinion that “Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity or a close personal encounter with violence and death”. The women who contribute to @a\_venita’s thread on pregnancy and childbirth have experienced threats to life, bodily integrity and close encounters with the violence of pregnancy and childbirth and because of this trauma, they are silent. Brammer (2014, 12), accounting for childbirth trauma, submits that “labor complications that can lead to a negative birth experience...” These complications are a source of trauma for mothers and during childbirth and before childbirth, changing changes can also occur, which becomes a source of trauma as analysed in this study.

This trauma is complex, manifesting as physical, emotional and psychological pain. Doumouchsis (2017) notes that “four out of five women sustain some degree of perineal trauma during childbirth”, which can lead to serious morbidities. In @\_venita’s thread, traumatized women engage in naming and labeling their experiences. Fahs (2016) emphasizes that “the question of naming... remains as fraught with power, culture and conflict as any in critical trauma studies”. Through autobiographical narratives, women share their childbirth experiences, initiating conversations about the often-silenced pain of pregnancy. This silence leaves many unprepared for childbirth realities. Mothers sharing their stories seek restoration and healing, utilizing digital spaces to voice their experiences. The tension between silence and the desire to discuss trauma is influenced by cultural and religious beliefs. Maurice E. Stevens (2016, 21) notes that “trauma studies are interested in the way individualised effects of traumatic experience might disrupt... through the weaving of past narratives of self into contemporary stories”. Social media narratives weave collective experiences, reflecting Caruth’s (2016) idea that “for history to be a history of trauma, it means that it is referential precisely to the extent that it is not fully perceived as it occurs”. These narratives help mothers articulate their trauma and the complexities of childbirth.

## **2. Methodology**

This study employs a qualitative methodological framework to analyze data from a discursive perspective. It focuses on Anita Vams' @a\_vanta autobiographical tweet about pregnancy and childbirth from November 23, 2022. Although it was not hashtagged, the narrative garnered significant engagement, evidenced by 1,000 replies, 4,800 reposts,

8,000 likes and 1,400 bookmarks. A sample of 22 excerpts was thematically extracted from this dataset. The data were manually collected from @a\_venita's thread, applying trauma theory to analyze the (auto)biographical narrative. A simple random sampling technique was used, selecting one narrative to represent recurring traumatic childbirth experiences. The samples were chosen for their intensity and clarity in conveying autobiographical trauma, enabling an analysis of the trauma mothers endure during pregnancy and childbirth.

### 3. Limitation of this study

The netizens responding to @a\_venita's tweet from November 23, 2022, do not represent all women, particularly those who are poor, disabled or intersectionally marginalized in Nigeria. While @a\_venita's thread highlights challenges and traumas faced by women during pregnancy and childbirth, it does not encompass the experiences of all Nigerian women. Social media can provide a platform for sharing and support, but it is not always a safe environment for everyone and healing from trauma remains a complex and individualized process.

#### **The Role of Social Media as Triggers in breaking Traumatic Silence**

Social media narratives break the cultural silence surrounding pregnancy and childbirth pains. Sigurvinsdóttir et al. (2019) affirm, "The introduction of social media has also given survivors a new way of sharing their experiences" (224). This platform enables trauma disclosure, which serves as a means of identity creation within the trauma framework. According to Caruth (2016), trauma complicates communication, leaving survivors struggling to express their experiences. Şar (2022) notes, "Given that culture influences communication between clinician and patient, accurate expression of mental content...describing the experience" (95). Social media provides an alternative channel for trauma survivors. Weathers et al. (2016) state, "Twitter functions as a connective mechanism where women can understand the lived experiences of domestic violence and access a large community where information and support can be exchanged" (60). Digital spaces allow for flexible articulation of fragmented traumatic memories, enabling more authentic expression without the pressure of clinical encounters. Herman emphasizes the importance of social reconnection and agency restoration in trauma recovery. Social media helps survivors rebuild connections, share their stories and regain control over their narratives. The communal aspects of these platforms reduce isolation and empower individuals to voice their experiences, providing validation and empathy-crucial elements in Herman's trauma recovery framework. However, trauma survivors may still struggle to find the right language and cultural references online. While digital spaces offer new possibilities, they do not resolve the challenges of expressing trauma's inexpressible nature. For some, social media serves as a valuable tool for breaking silence and engaging in recovery, reflecting Caruth and Herman's theories. The brevity of @a\_venita's thread highlights the cultural and linguistic nuances in trauma communication within social media. The traumatic narrative of pregnancy and childbirth provides a medium for the narrative support of Nigerian women to bond and support themselves on X through their personal experiences of pregnancy and childbirth. This is so in the sense that religious beliefs and cultural realities of Nigeria made it such that women hardly tell their stories of pregnancy and childbirth and one of the narrators on @a\_venita's tweet about the trauma of pregnancy and childbirth. @a\_Vanita's' trauma is tied to the trauma of other

women, as seen in the autobiographical narratives of women on Twitter. She narrates thus:



@a\_vanita tweeted her personal experiences as she referred to the trauma of others, such as “nipples falling off during breastfeeding, losing teeth and hair during pregnancy and going blind”. She refers to the above as the trauma women face as a result of childbearing and she is disillusioned when she observes that “...nothing prepared me for your vagina changing shape and having an odour for weeks so that your baby can find you. All these things? What??” @a\_vanita claims that women go through a lot during pregnancy, childbirth and breast feeding, which are stages in childbirth and childcare. Social media provides a safe space for women to voice their traumatic experiences regarding pregnancy and childbirth as a premise of their social context of their traumatic experiences.

@a\_vanita experiences acts as a form of trigger that led to other traumatic narratives within the thread of her submission. This reenactment is triggered by the environment which the traumatic survivor comes in contact with. These experiences as it relate to pregnancy and childbirth can be difficult to process and can lead to a range of emotional and psychological problems as a result of culture and beliefs. Digital storytelling acts as a narrative therapy to some extent to assist Nigerian X Mothers to cope with trauma by providing a safe space to explore and understand their experiences. @zizzaJune implicates cultural silence to childbirth in Nigeria, thus,



@zizzaJune describes the trauma of childbirth, often minimized in patriarchal societies. Her mother, embodying these norms, withholds information about pregnancy's harsh realities, stating, “if I knew, I'd not want to give birth”. This withholding perpetuates intergenerational trauma through the silencing of women's experiences. @zizzaJune highlights this collective silence, noting her mother’s reluctance to discuss the pain

associated with childbirth. Her mother appears traumatized by her own experiences, contributing to this silence. @zzizaJune vows to “drum it into my daughters' ears”, aiming to break the cycle of trauma and patriarchal suppression. She believes pregnancy is “only worth it with a loving man”, framing childbirth as justifiable only through male presence, rather than as a meaningful experience for women. Rajan and Sarka (2018) observe that “online has become a space for interacting with friends, support groups and forums in attempts to cope”. Autobiographical narratives of pregnancy serve as a medium for support among those who have shared similar traumas. Trauma victims often show distressing symptoms that indicate deep pain, as seen in @zzizaJune's mother. Cultural and religious beliefs can lead mothers to experience symptoms that distract from core traumatic events, avoiding re-traumatization. @zzizaJune's mother dissociates from her pain through silence, while @zzizaJune commits to sharing her childbirth experiences with her daughters, despite the surrounding silence. She acknowledges that pregnancy and childbirth “are worth it with a loving man”, reflecting the unpredictability of these experiences. In contrast, other netizens' mothers use social media to share their stories. Twitter serves as a platform for netizens to communicate and bond through microblogging, allowing personal narratives of trauma to foster community and collective therapy. These autobiographical representations create fragmented selves, revealing inner pain and building connections with others who share similar experiences.

### Breastfeeding, Nipple care

@a\_venita's narrative of postpartum effect of pregnancy and childbirth provide a narrative trigger for other mothers in X. The autobiographical tweet did not come with a hashtag. The autobiographical part involved first observing the plight of other women before narrating her own. @t\_nemi shares some experiences @\_Vanita mentioned, but in a different form of what she refers to as:



@t\_nemi claim to have had a sad experience as a result of nipple tears and she could not breastfeed her child as a result of the tears. As such, her experience is traumatic. @\_nemi is traumatised by childbirth; childbirth overwhelms her body system and her sense of control, connection and meaning because of pain and memory, whose list is endless. The endless list is part of the fragmented narrative of truth-telling and secrecy. @a\_Venita is surprised by the changes in her body, which are quite different from what other women like @t\_nemi have experienced and she takes to her social media handle to express her grief and surprise. Social media becomes her social space and an extension of her humanity. The autobiographies tell personal stories as a means of comforting her and @a\_Venita's experience becomes a reference to the netizens' personal experiences. Odour occurs at different point in the body for women after childbirth, for instance @a\_Venita's vaginal changing odour was a location device for her baby to find her. However, @Detolah\_ claimed she experienced this concept of “odour” as a location device for a baby as she experienced the odour in her armpit. @Detolah's scrubbing in an attempt to suppress the odour could not make it go away because it is a biological process

and this is a source of discomfort for her. This odour is traumatic to @Detolah because it inconveniences her. @Detolah's experience overwhelmed her adaptation and she scrubbed and bled to stop her odour, which would later stop on its own.

### Experiences of pain - delivery and post-partum

Childbirth, often celebrated as joyous, can also be deeply traumatic for many women. Intense pain, bodily invasions and potential complications can leave lasting psychological scars. The postpartum period, marked by hormonal changes and the demands of newborn care, can further compound this trauma, leaving new mothers feeling overwhelmed and emotionally fragile. For some, memories of childbirth can trigger significant distress, including flashbacks, anxiety and post-traumatic stress disorder (PTSD). The loss of control, fear for oneself or the baby and the intensity of the experience can undermine a woman's confidence, leading to feelings of disempowerment and a disrupted sense of self. Recognizing childbirth-related trauma is crucial for providing comprehensive, trauma-informed care. By understanding the pain, fear and loss of agency during delivery and postpartum, healthcare providers can better support women in processing these experiences and finding healing. This introduction sets the stage for a deeper exploration of childbirth's traumatic aspects and the need for sensitive maternal healthcare approaches. Pregnancy also brings physical changes that can cause pain and psychological trauma, as noted by @Nwanyinma accounts for these physical changes when she submits:



@Nwanyinma accounts for the physical changes in her body as a result of pregnancy and childbirth. She claims that pregnancy disfigures her body and this becomes a source of pain and trauma. Her traumatic experiences leads to both physical and psychological pains which resulted in a medical condition of postpartum hypertension. @Fabric Merchant... brings another dimension to birth pain and the complications to the woman's body thus:



Fabric Merchan...claim that her pregnancy and childbirth made her loss a tooth during pregnancy and the VE is known as ventouse, which is a method of assisted delivery

using a vacuum device. Aside from the assisted delivery during the second stage of labour, the mother still has a mediolateral episiotomy, which, loosely translated, is cut from side to side during childbirth. She uses emojis to express her pain and to illustrate that she is still traumatised. She observed that, “8 months down the line, I can’t even say I have healed completely, though I have no pain whatsoever”. This illustrates how trauma works, which is reflected in our inability to account for it. This is the case with @Aduke, as she cannot account for her feelings and is the site of another trauma that becomes referential to hers. Herman (2015) observes that “certain identifiable experiences increase the likelihood of harm”. @Warmhoney4’s case is similar to that of @Aduke when she narrates that:

Hybrid ✨ @Warmhoney4 · 2d  
 Replying to @a\_vanita

During delivery, I had cervical laceration which the doctor said is a rare kind of tear. I bled and bled, then passed out. When i regained consciousness, I was stitched through my vaginal without anesthetics. But the Penis gender always always want to trivialize our experiences.

3 12 40

@Warmhoney4 describes a traumatic medical experience during childbirth, where she suffered a severe cervical laceration and was stitched without anesthesia. The passage highlights @Warmhoney4's inability to resist or escape the situation, as they were unconscious and vulnerable during the medical procedure. This aligns with trauma theory which states that traumatic reactions occur when action is of no avail and when neither resistance nor escape is possible, the human system of self-defence becomes overwhelmed and disorganised. In the childbirth experience, @Warmhoney4 expresses a lasting sentiment of the “penis gender” (males) trivializing their experiences, suggesting a lasting psychological and emotional impact. This indicates that the traumatic medical event during childbirth has likely resulted in changes to the narrator's cognition, emotion and memory, as described in the trauma theory. The feminist perspective further contextualizes the trauma experienced by the narrator within the broader patriarchal power structures and gender-based marginalization in which may exacerbate the lasting effects of the traumatic event.

### **Maternal bodies and maternal experiences**

Pregnancy, childbirth and motherhood are profound experiences that profoundly shape a woman's physical, emotional and psychological well-being. A woman's maternal body undergoes significant transformations during this journey, often posing unique challenges and complexities. The maternal body is the site of immense biological, hormonal and physiological changes. From the early stages of pregnancy to postpartum recovery, women's bodies adapt to accommodate the growing fetus, prepare for childbirth and facilitate the nourishment of a newborn. These bodily transformations can have far-reaching implications on a woman's sense of self, her relationships and her overall quality of life. In addition to the physical changes, maternal experiences also encompass the emotional, psychological and social aspects of motherhood. The transition to parenthood can be both exhilarating and overwhelming, as women navigate the joys and demands of caring for a child. This document will delve into the diverse narratives of maternal



experiences, highlighting the unique challenges, triumphs and coping strategies employed by mothers.



@Faridah\_Ope highlights the physical and traumatic experiences a woman endured during childbirth and the postpartum period. She faced severe tearing that extended to her anus, indicating significant damage to her pelvic floor. After suturing, the anal opening became smaller, suggesting complications from the repair. Additionally, she suffered from hemorrhoids for over six months, causing significant discomfort. The narrowing of the anal opening made bowel movements painful, requiring lubrication to alleviate the difficulty. @Faridah\_Ope’s experience illustrates the profound impact of childbirth-related trauma on a woman's physical body and daily functioning. The persistent hemorrhoids and need for lubrication demonstrate the long-lasting consequences of maternal challenges. While her expression of gratitude, “Alhamdulillah” (Praise be to God), suggests some relief, the narrative underscores the significant physical and emotional burdens she endured. In coping with her trauma, @Faridah\_Ope engages with the experiences of other mothers online, highlighting the collective trauma surrounding pregnancy and childbirth. Writers like her aim to disclose their traumatic memories as a path to healing. Pennebaker (2004) notes that “writing was a far more powerful tool for healing than anyone had ever imagined”. Through Twitter, writers can focus on their pain, sharing their stories in just 140 characters. Similarly, Obedient Daughter 1 shares her own childbirth experience. She submits that:

Replying to @a\_vanita

Someone had heart attack and went into coma while giving birth, she was in coma for 20 years before dying.

24 22 51

**OBIDIENT DAUGHTER 1** @JoyJo... · 2d ...

Replying to @a\_vanita

After giving birth I couldn't even go to toilet to do number 2, I was pressed but it wasn't forthcoming. I cried, drank oil, ate fruit, I wept, told the Doctor and they gave me one drug to insert. When I returned home from the hospital, I couldn't do number 2 again

13 3 32

**OBIDIENT DAUGHTER 1** @JoyJo... · 2d ...

I cried and begged for death. If you have ever been constipated, the feeling was constipation times 3, that day I was going crazy. I was looking for a New blade to tear my anus (I am not kidding). I called my mum that was in the office and she was crying,

The foregoing illustrates an autobiographical narrative of childbirth and the trauma some mothers face during childbirth. As a result of @Joyjo...’s constipation, she almost went mad. The “brevity” of the platform made her focus on the core of her trauma and the narratives of other women became a reference to her trauma. Daughter 1 addresses us and takes us through the journey of trauma she experienced after childbirth. @a\_vanita and other (auto)biographers become references to the site of Daughter 1's trauma. @KemzyCodes highlights her own traumatic experience during pregnancy. She writes:

**widow{anaki}** @KemzyCodes · 2d ...

This topic has so much nuances:  
I had to wear pants liners from my second trimester due to heavy discharge. Now I am breastfeeding. Never knew that breast milk smells so bad.

Women need to have these conversations more so new mothers know what to expect.

10 21 143

**Oma |SOCIAL MEDIA MARKETI...** · 2d ...

Replying to @a\_vanita

After the preeclampsia experience during my 1st pregnancy, for a Month, I could barely recall names or the things I knew before, I was constantly reminded "touch your baby, you have given birth". 2nd preg. I had an experience that felt like a Stroke I fell and my body got stiff

12 38 119

She mentions experiencing heavy discharge during pregnancy, necessitating the use of pant liners to maintain dryness. Daughter 1 is progressive in discussing her pregnancy and childbirth experiences, emphasizing the importance of conversations around these topics to prepare women. Oma recalls her struggles with preeclampsia, a serious complication characterized by high blood pressure, which poses risks to both mother and child if not managed properly. She describes suffering memory loss, making it difficult to recall names. In her second pregnancy, she experienced a stroke, highlighting the trauma of childbirth and its lasting effects. As a result, Oma rarely touches her baby and needs reminders to do so, illustrating how trauma has impacted her maternal bond. Ijele shares her physical challenges during pregnancy, including hair loss, blurry vision and hip bone shifts. After undergoing a cesarean section, she required re-stitching due to undone stitches. She nurtures such experiences alone. Delta Beauty accounts for the effect of breastfeeding on her. She notes that:



@madamololu highlights the effect of breastfeeding on her, saying that she feels dizzy after breastfeeding, plus the bites, which she thinks come with memory loss and using herself as an example, saying that she does not remember anything. Four years later, she is still traumatised by her own experience. @pelpittas references @madamololu when she says that for a couple of days, she could not remember her baby's name as a result of a loss of memory. Foundational Old Woman observe that she had a vaginal cut as a result of her vagina being too small for the baby to come out. She experienced the pain of a tear, which took two months to heal and she had to sit in hot water and salt for weeks. She could not even sit on a chair or walk well. Childbirth disfigured her both physically and psychologically, giving her hope that her next childbirth would not be like the previous one.

She observed with tears that:

**Daisy** @muthonny · 1d  
 Replying to @a\_\_vanita  
 I had no idea boob tissue could be found under the armpits. 😭😭 i gave birth and i tell you my right armpit was swollen just like the boobs. Went back to be checked and that's when i learned of it. 😭😭

2 4

She highlights breast tissue growing in her armpit. Although the event has passed, she still remembers it with tears, as indicated by the emoji she employs to narrate her experience. Caruth is of the opinion that trauma is marked by events and Daisy's tears are a marked memory of her traumatic experience, which is in reference to what other women experience during pregnancy and childbirth. Dagbana Choko also experiences changes due to pregnancy. She observes that:

**dagbana\_choko** @DChoko · 2d  
 Replying to @a\_\_vanita  
 Third trimester now&l'm seriously dealing with memory loss.Worse of it,l'm writing my exams.I get into d exam hall&my head is blank.I cried a lot cos I read for dis exams. Legs,hips pain is crazy with back pain. My sweat gland is out of this world 😭

2 3

**Nneoma nke izizi(1)** @Energy... · 2d  
 Replying to @a\_\_vanita  
 minus all the terrible things,i lost my voice had to be resutured two weeks after delivery a woman life and pain is 💔 excuse our entitlement.

3 6 33

**Dee** @SharonDoofanSam · 2d  
 My friend has a thick bass voice now. She used to have a very chicky voice, you'd think it's a dude talking

5 5 48

Although Choko is writing exams, she cannot remember anything because pregnancy has altered her system. Izizi could not express her trauma and she classified her situation as experiencing terrible things and losing her voice. Caruth (1996, 22) observes that “the trauma of the accident, its very unconsciousness, is borne by an act of departure. It is a departure that, in the full force of its historicity, remains at the same time, in some sense, absolutely opaque. Yet at the same time, this very opacity generates the surprising force of knowledge”. Izizi classified her experience as terrible and this is borne out of her pain and gives us an insight into the depth of it. Dee bears witness to her friend's loss of voice, which is synonymous with Izizi's experience. Aduke, at the point of writing, is experiencing the effects of pregnancy. She notes that:



Aduke affirms that she is dealing with memory loss after having her son and that people complain that she forgets things easily. Mrs O.J. corroborates her submission and some of Aduke's loss by saying that “forgetting things while even pregnant is something I suffered while I was pregnant with my first son”. She shares a similar narrative with Aduke. These women framing their traumatic experience in (auto)biographical narratives open us to fragments of the histories of their pregnancies and childbirths because the narrative of trauma is an unconscious one that cannot be completely told because of its changing nature. Amjeni expresses her experience during childbirth and she observes that:



She gave birth through CS and her intestine was entering her navel hole. This occurs when there is a hole in the muscles of the abdominal wall, allowing a loop of intestine or abdominal tissue to push through the muscle layer. This requires surgery to correct, including the caesarean operation. Favour talks about other forms of pain, which are:



She talks about the pain that is experienced when a mother weans her child from breast milk. Favour walks us through her pain, such as breast engorgement pain. Breast engorgement is a biological situation when the breasts become overly full and feel hard, tight and painful as a result of childbirth. Favour and Sarah's bodies and shattered minds are implicated in the foregoing. Their experiences are a product of their memories of personal histories, which are told through the framework of autobiographical narratives. Favour uses emojis to illustrate that the pain is still fresh. The "bodies" of these women narratively reveal their trauma within their (auto)biographical narratives with the structure of the thread. Sarah seems to be stuck with her trauma and even five years later, she cannot get over her experiences. Engr Mrs Linda shares the same pain of labour and observes that:

**Engr Mrs Linda** @LindaOhaji · 2d ...  
 Replying to @a\_vanita

It was both Labour pain and stitching afterwards for me... Jesus... I have never felt such pain in life before... if having fruit of the womb wasn't necessary, I would say no one should go through it... my God!

🗨️ 🔄 ❤️ 1 📤

@lindaohaji explores the trauma of childbirth from physical, socio-cultural and religious perspectives. Her description of "labour pain and stitching afterwards" conveys the immense physical agony she endured, with the exclamation "Jesus..." emphasizing the intensity of her experience. Her statement, "if having fruit of the womb wasn't necessary, I would say no one should go through it", reflects societal and cultural pressures on women to bear children. Despite the trauma, she views the "fruit of the womb" as a valuable outcome, even if the process is exceptionally painful. The invocation of "my God!" suggests a spiritual dimension to her experience, indicating that the intense pain led her to seek solace from a higher power. This reference implies she sees childbirth as divinely sanctioned, despite its challenges. @lindaohaji's autobiography illustrates the multifaceted nature of maternal trauma, where physical, socio-cultural and religious aspects intersect. The raw emotion and anguish in her words highlight the profound impact of childbirth on a woman's body, psyche and belief systems. Her narrative captures the essence of her trauma.

@Sheedah\_Kay chronicles the experiences of women who could not make it alive as a result of pregnancy and childbirth. She observes that:

**Paz** @Sheedah\_Kay · 2d ...

It's worse,  
 Everything on here x 100.  
 The comments you see, these women got to live and are able to tell their stories.  
 Some mothers are in coma as a result of a traumatic pregnancy/childbirth.  
 Some mothers are dead.

🗨️ 1 🔄 ❤️ 46 📤

@Sheedah\_Kay's opening line, "It's worse, Everything on here x100", immediately conveys that the trauma being discussed is even more severe than previously described,

suggesting a level of suffering that exceeds what can be captured in writing. She acknowledges that the stories shared come from women who have survived their traumatic experiences. However, her statement, “Some mothers are in coma as a result of a traumatic pregnancy/childbirth. Some mothers are dead”, highlights the harsh reality that not all women survive, underscoring the gravity of maternal trauma. By witnessing and acknowledging the trauma of these women, @Sheedah\_Kay becomes a witness to their suffering, which can also be a traumatic experience due to the overwhelming nature of the pain and loss involved. She emphasizes that the shared narratives represent only a fraction of the true trauma mothers face, which can lead to secondary or vicarious trauma for those who hear these stories. @Sheedah\_Kay stresses the importance of addressing maternal trauma from both the perspectives of affected individuals and witnesses. The impact of maternal trauma ripples through families and communities, affecting even those who engage with these narratives online. Addressing maternal trauma requires a multifaceted approach that considers the experiences of both mothers and witnesses. Comprehensive support, resources and mental health services are essential to mitigate long-term consequences. Her acknowledgment of the unseen stories of mothers who did not survive emphasizes the urgent need for systemic changes in maternal healthcare to prevent such tragedies and ensure the well-being of all mothers and their families, thereby balancing the narratives of pregnancy and childbirth. @D\_embassi is troubled is a man troubled by the narrative ask:



### **Secondary Traumatic experiences through witnessing**

@D\_embassi’s comments reflect male perceptions that disrupt the conversation among women, revealing societal and cultural biases around maternal experiences. The statement, “Those with positive experiences should please tweet too omooo!” prioritizes successful childbirth narratives, implying that negative or traumatic accounts are exceptions rather than the norm. This aligns with patriarchal ideals that often downplay women's struggles in reproductive health, promoting a narrative that fits societal expectations. Framing childbirth as a “miracle” further reinforces these attitudes, suggesting that women should be grateful for their experiences while overlooking the inherent risks and challenges. This perspective places the burden on women to endure difficulties without addressing systemic factors contributing to maternal trauma. @D\_embassi’s remark, “This thread is hell!” indicates a dismissive attitude toward the traumatic stories shared, reflecting a tendency to invalidate women's lived experiences when they diverge from idealized norms. Such comments silence those who have faced significant challenges, reinforcing patriarchal structures that prioritize “successful” births over painful realities. To counter these biases, it is crucial to create spaces that acknowledge and support the diverse range of maternal experiences, including traumatic ones. Dismantling patriarchal norms that perpetuate unrealistic expectations and dismissive attitudes is essential for empowering women and fostering a more inclusive and equitable approach to maternal care. @oluyosi1 is also affected by secondary trauma and she asks rhetorical questions such as:

**Yosimi** @oluyosi1 · Nov 25, 2022 ...  
 Deaf ke. Mae Una no dey fear us jare. Shea we go wan go that labor room like this.

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@oluyosi1 is negatively impacted by the trauma of pregnancy and childbirth as she reflects on whether such narratives allow readers to truly understand the labor experience. @Ribaaku echoes @oluyosi's feelings, indicating that both women have experienced secondary trauma from reading these narratives. @Ribaaku expresses her own secondary trauma with the phrase, “my chest is doing me gbim gbim”, which conveys a physical reaction to the traumatic content. The onomatopoeic “gbim gbim” suggests a pounding sensation in her chest, highlighting the physiological effects of secondary trauma. This response illustrates how trauma can transcend individual experiences, making @Ribaaku feel as if she were directly exposed to the events described. Her wish to “unsee this thread” reflects a desire to escape the overwhelming information she has encountered, underscoring her distress at the magnitude of the trauma shared. @Omoreibaby in view of what women pass through during pregnancy and childbirth, submits that:

**Big Moo** ❤️ @omoremibaby · 3d ...  
 Replying to @a\_vanita

If you are here and reading this, and you might be my future husband later so I'm just here to remind you that I don't want to ever go through this, bring child come from your house or let's go for surrogacy and if you want none of this, carry the belle yourself my Ade ori

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@Omoreibaby emphasizes secondary trauma, illustrating how one person's trauma can profoundly affect another. Her opening statement, “If you are here and reading this and you might be my future husband later”, establishes a personal connection with her potential partner. She expresses a strong aversion to childbirth, stating, “I don't want to ever go through this. Bring child come from your house or let's go for surrogacy. If you want none of this, carry the belle yourself, my Ade ori”. This emphatic rejection reflects the deep-rooted trauma she has developed from witnessing the experiences of other mothers. Her references to surrogacy and her partner carrying the pregnancy highlight her desire to avoid the physical and emotional toll of childbirth. @Omoreibaby's strong stance reveals how the trauma of others has shaped her view on motherhood, influencing her willingness to undergo the process. This situation places her prospective spouse in a sensitive position, requiring open communication, counseling and a mutual understanding of the trauma's impact on their relationship.

### **Style of @a\_vanita's collaborative autobiographical narratives**

The narrative style in @a\_vanita's autobiographical accounts, along with her collaborators in “Pregnancy and Childbirth Trauma in Nigerian Mothers' X (Auto) Biographical Narratives”, utilizes social media affordances like emojis, word-number blends and likes to enhance storytelling. Through first-person narration, women share their personal traumas related to pregnancy and childbirth, lending authenticity and emotional depth to their stories. The narratives are often fragmented and episodic,



reflecting the non-linear nature of traumatic memory and convey the intensity of their experiences through vivid descriptions, exclamations and rhetorical questions. While individual, these narratives are interconnected through the Twitter conversation, fostering a collective voice. The informal, conversational tone mirrors the social media context, with women using colloquial language and emojis, suggesting that sharing these stories serves a therapeutic purpose. The focus on physical changes and trauma during pregnancy and childbirth is prominent, as women detail their physiological struggles. Collectively, these narratives challenge societal norms and cultural silences surrounding pregnancy and childbirth, allowing women to openly discuss their experiences despite patriarchal expectations. Overall, the autobiographical style is personal, emotive and collaborative, reflecting the women's efforts to process and share their trauma.

#### **4. Conclusion**

The exploration of pregnancy and childbirth trauma through digital media has significant implications for popular culture and reproductive issues in Nigeria. Social media platforms like X have transformed how women share their experiences, fostering a collective narrative that challenges the traditional glorification of motherhood. This shift is vital in a culture where the traumatic aspects of childbirth are often silenced by societal expectations and patriarchal norms. The narratives from Nigerian mothers serve as therapy and create a communal space for healing, allowing women to validate each other's experiences and break the silence surrounding maternal trauma. Digital storytelling tools-such as emojis, hashtags and threaded conversations-enhance the emotional impact of these narratives, enabling authentic expressions of trauma that transcend traditional discourse. As women share their stories of pain and survival, they engage in critical dialogue about systemic issues affecting maternal health. This conversation aligns with broader feminist movements in Nigeria, empowering women to assert their rights and challenge cultural taboos around reproductive health. Moreover, these narratives highlight the intersectionality of trauma, showcasing the unique challenges faced by marginalized voices. By amplifying these perspectives, social media becomes a crucial tool for advocacy, promoting systemic changes in maternal healthcare and societal attitudes toward childbirth. Ultimately, the autobiographical narratives shared on platforms like X mark a cultural shift in discussions of reproductive issues in Nigeria. They provide a counter-narrative to the celebration of motherhood, addressing its traumatic realities. By creating a space for sharing and healing, these stories empower women and challenge societal norms that perpetuate silence around maternal trauma. This collective effort is essential for dismantling patriarchal structures and advocating for comprehensive maternal healthcare that acknowledges the emotional and physical challenges women face. Through digital media, these mothers break the silence surrounding childbirth trauma, paving the way for future generations to engage with their experiences openly and authentically. This transformation is crucial for fostering an environment where women feel empowered to share their stories, seek support and advocate for their rights in maternal health.

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