

# Birth Trauma

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## Plan

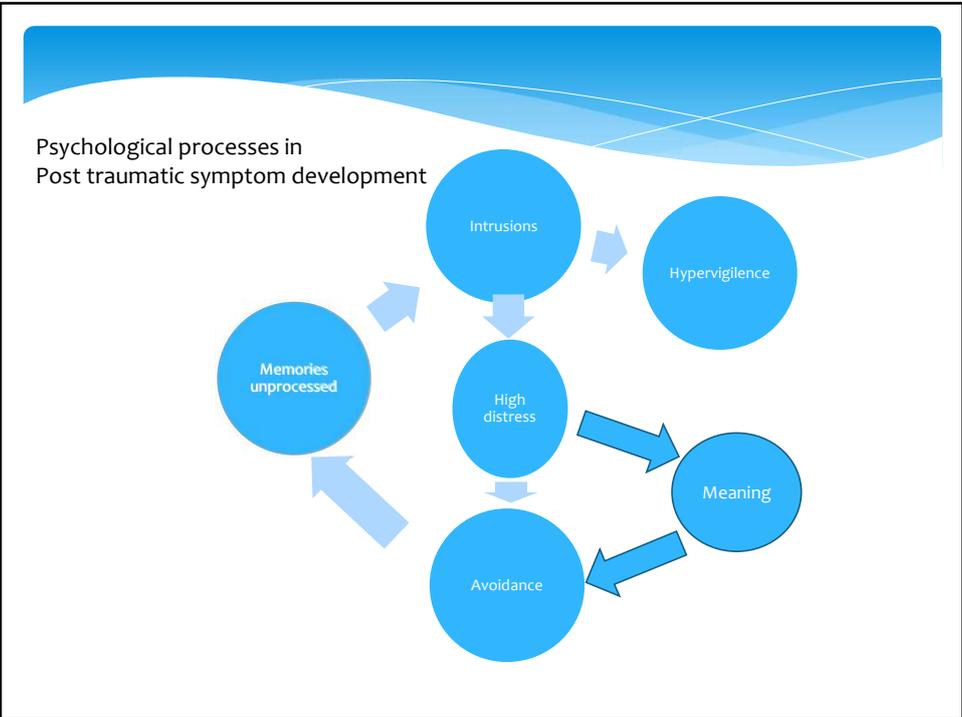
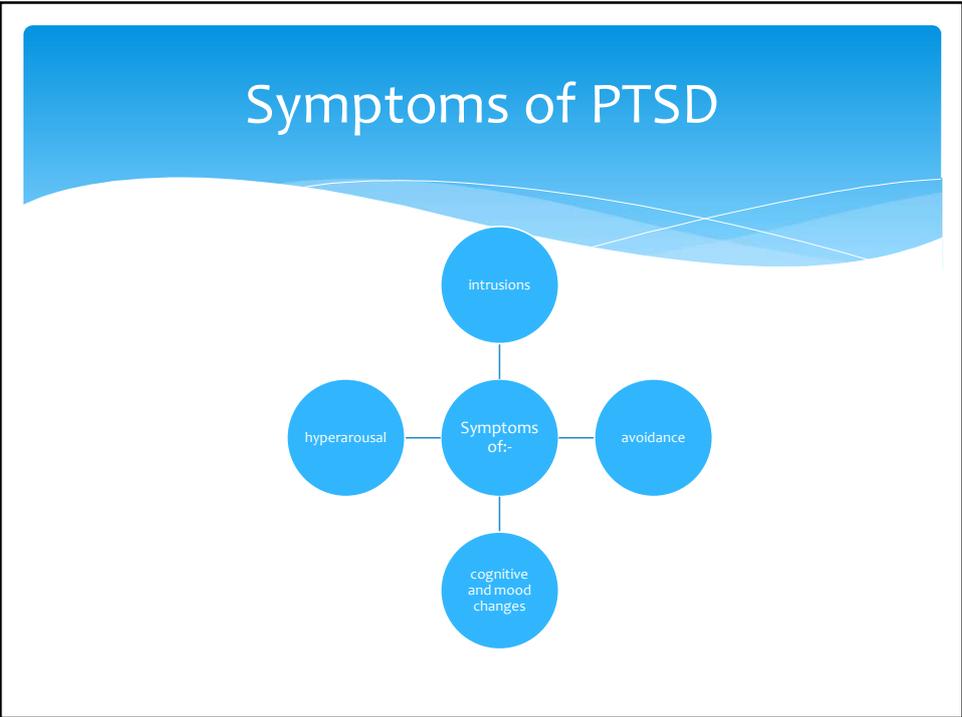
- \* What is a traumatic birth?
- \* Prevalence
- \* Formulation
- \* Implications
- \* Prevention

## PTSD

- \* Definitions
- \* a Trauma is defined as :
  - \* An event or series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening - SAMHA
  - \* *psychological response to exposure to an event incorporating threatened death or serious injury.*
  - \* *the response causes clinically significant distress or impairment in the individual's social interactions, capacity to work or in other important areas of functioning.*

## Relating to birth.

- \* PTSD is a specific diagnosis drawing on DSM-5 or ICD-10 criteria.
- \* This is used, assuming a clear perinatal stressor –**antenatal, birth or postnatal** (eg being told the fetus has a problem; a forceps delivery; haemorrhaging; developing a serious infection)
- \* Birth trauma is any subset of perinatally-related trauma symptoms which do not meet DSM or ICD criteria as above AND affect the functioning and day to day life of an individual
- \* Appraisal of event is best predictor of trauma.



## Prevalence

- \* In UK 19.7% of women fulfil criterion A for a traumatic birth <sup>7</sup>
- \* Reviews and meta-analysis show: 3.17% to 4.05% of women develop full PTSD as a result of birth (CI 3.69 –8.46) <sup>2,8</sup>
- \* 15.7 –18.5% of women in high risk groups develop full PTSD (CI 10.55 –30.41) <sup>2,8</sup>

\* <sup>7</sup>Ayers, Harris, Sawyer, Parfitt & Ford. J Affect Disord 2009; 199:200-04. <sup>8</sup> Grekin & O'Hara. ClinPsycholReview 2014; 34:389-401.

## Prevalence



- \* Around 30% of women experience childbirth as traumatic



- \* At 6 weeks postnatal:
  - \* 3% have full PTSD, and
  - \* 6% additionally have partial PTSD

## The nature of trauma events

- \* Childbirth is qualitatively different from other traumatic stressors in many ways
- \* Expected
- \* Viewed by society as positive
- \* Expectations of response positive
- \* Involves at least 2 :mother and baby(and partner)
- \* Healthcare professionals and places often associated with trauma
- \* Severe pain
- \* Use opioids and gas and air- perception frequently affected
- \* Expectations and desire to have more children force women back to the trauma
- \* Symptoms complicated by normal postnatal factors

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## TOWARDS AN UNDERSTANDING OF CAUSATION: USING THE FORMULATION TRIAD ( BASED ON SLADE 2006) TO IDENTIFY PREDICTORS

Predisposing/  
vulnerability  
factors



Precipitating  
factors



Maintaining  
factors

## 1.PREDISPOSING/VULNERABILITY FACTORS PRE PREGNANCY AND PREGNANCY

- \* History of /current psychological difficulties- particularly depression
- \* History of sexual abuse
- \* Pre existing response to other trauma
- \* High Fear of Childbirth
- \* High trait anxiety
- \* Younger age

## 2.PRECIPITATING FACTORS : PERINATAL FACTORS

### PERCEPTUAL FACTORS

- \* High Fear for self/baby
- \* Low control
- \* Lack of support from partner
- \* Lack of support from staff
- \* Feeling poorly informed
- \* Gap between expectation and experience
- \* Severe pain

### OBSTETRIC FACTORS

- \* Emergency Caesarean
- \* Instrumental Delivery

### COGNITIVE PROCESSING FACTORS

- \* Dissociation

## Worst moments of birth –the Hotspot study

	Content of 'hotspots'	%
Obstetric events 36%	Obstetric Intervention	21.6
	Pain	14.4
Infant related events 27.4%	Complications with baby	23.0
	Separation from baby	4.4
Interpersonal events 36.6%	Being Ignored	11.0
	Lack of support	10.4
	Poor communication with staff	9.7
	Being abandoned	4.6
	Put under pressure	0.9

### 3. MAINTAINING FACTORS ( POSTNATAL)

Low social support (Iles Slade and Spiby 2011)

Avoidant or catastrophising responses to normal cognitive and perceptual experiences ( Briddon Slade & Isaac 2014 and also non perinatal work)

## Implications of PTSD after childbirth for Others

### Impact on partner :

- \* Hidden and ignored unvalidated (Etheridge and Slade 2016)
- \* Elmir and Schmed (2016) – metasynthesis of men’s experiences at potentially traumatic births *the unfolding crisis*, *‘stripped of my role: powerless and helpless’*, *‘craving information’* and *‘scarring the relationship’*.
- \* Linkage between partner symptom levels ( Iles et al 2011)

### For Couples’ Relationship :

Systematic review and meta synthesis ( Delicate et al 2018) suggest negative effect on couples’ relationship : themes of negative emotions. Lack of understanding and support, loss of intimacy, strained and strengthened relationships

## Implications of maternal PTSD For the Infant/Child

- \* Systematic review : Cook et al 2017
- \* Mother infant interaction, mother infant relationship and child development – evidence is limited and contradictory
- \* Potential mechanisms ?

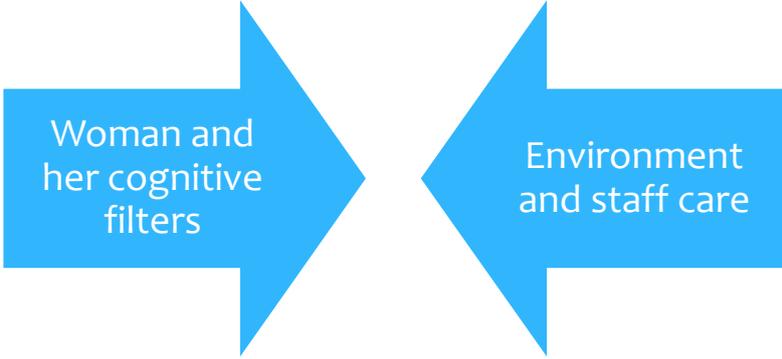
## Preventing perception of trauma

- \* Prevention high levels of fear, helplessness, horror
- \* What aspects of care?

## Importance of support

- \* Research shows positive support is:
  - \* important in quality of birth experience
  - \* buffers against traumatic birth events
- \* Neutral and negative support may have a similarly negative impact on women
- \* Prospective studies show that support is particularly important for women with previous histories of trauma/abuse or who have intervention during birth
- \* Adult attachment might influence how women respond to birth events
- \* Ford & Ayers *J Anxiety Disord* 2009;23:260-8. Ford & Ayers *PsycholHealth* 2011;26:1553-70. Ayers et al *J Affect Dis* 2014;155:295-8
- \* Meta ethnographic study (Elmir et al 2010) of 10 qualitative studies of traumatic birth- aspects of care and the experience
- \* Aspects related to care
  - \* feeling invisible and out of control
  - \* to be treated humanely

## Experience of care in childbirth as an interaction

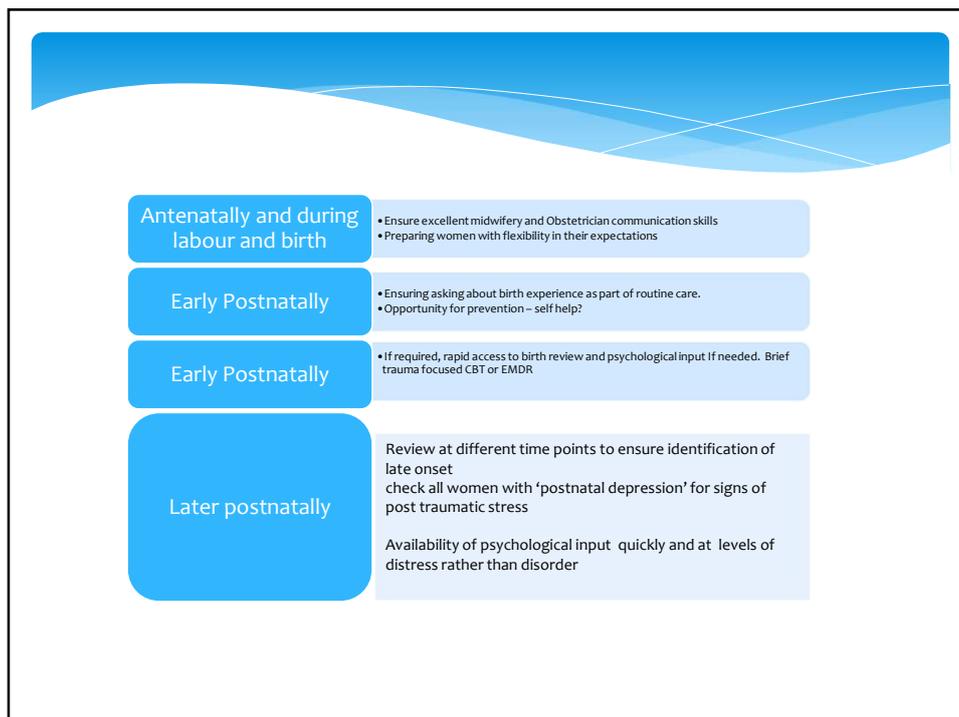


Woman and  
her cognitive  
filters

Environment  
and staff care

## Secondary prevention: can we identify those 'at higher risk'

- \* In pregnancy - prior traumatic responses, previous psychological problems, attachment issues
- \* Postnatally : Women who have experienced childbirth as traumatic- questions about how experienced this as routine care. Emergency CS or instrumental birth?
- \* Acute symptoms have some predictive power for post traumatic stress Iles et al in childbirth and non childbirth situations ( Iles et al 2011 and Brewin et al 2003.)



Pan-London Perinatal Mental Health  
Networks Fear of Childbirth (Tokophobia)  
and Traumatic Experience of Childbirth: Best  
Practice Toolkit – find it on the  
[HealthyLondon.org](http://HealthyLondon.org)