

Case 1

Referral

Sally, aged 29, was referred to the Specialist Clinical psychology Service (Obs and Gynae) by the Community Perinatal Nurse in the PMHT team. She had been assessed on the Postnatal Ward by the PMHT because she was very distressed, crying daily and unable to sleep following a traumatic birth and had been subsequently followed up by the nurse and prescribed an antidepressant because she was very anxious and depressed. She was seen by the clinical psychologist 6 months after the birth of her son.

She scored 19 on the PHQ (no risk to self) and 18 on the GAD and on the IES 67 (Impact of Events Scale Revised (cut-off is 33)).

Sally felt she had been “robbed” of the pleasure of having a baby. She felt she should feel very happy because she had longed for baby but as she didn't it left her thinking there was something wrong with her and feeling sad and anxious. She found it hard to establish a bond with her son and to feel a mother. Sally found it difficult to do daily living tasks but did not feel she could tell anyone because her father had said she was now a mother and so had to be a mother. Sally believed she had done “everything right” when she was pregnant and yet had had a traumatic birth. Sally felt “punished” for trying so hard to have a baby and felt jealous and bitter that others had an easier birth experience. Sally had nightmares about the birth, along with intrusive thoughts about the pain she experienced.

Antenatal care, Labour, birth and postnatal care.

Sally conceived via IVF. She was on a high risk pathway because of her BMI which was >35. Sally was booked for an induction at 39⁵/40 weeks. Sally was feeling very anxious. She waited all day until the induction started at 10pm with a pessary. Her husband was unable to stay with her through the night. Sally felt very scared during the night and spent a great deal of time crying alone. The next day the induction moved onto using a gel. Sally felt vulnerable because the curtain around her bed was left open and she found the staff “rude” and “not nice”. She had a painful procedure to move the cervix forward and was told she had to cope with it. Sally was given ‘gas and air’ to help with managing the pain.

Sally was moved to the labour ward and given an epidural. Her husband was with her but fainted during this procedure. The staff did not seem to know how to hang the syntocin drip and Sally felt very unsafe. Sally continued to feel pain and was given gas and air to help.

Sally dilated to 10cm. Her baby was monitored using a fetal head monitor. During the second stage of labour Sally pushed for an hour and then was told she had to “get her baby out”. A ventouse was tried but was unsuccessful. Sally was moved to the theatre for a C-section. There was then a change of staff. Sally's epidural was topped up but when she said she could still feel pain she was told it was because of her BMI.

Sally could feel “everything” when the C-section started and was in overwhelming pain. Sally was given a GA and her husband was asked to leave immediately. Sally lost 800ml blood and her oxygen levels were low. Her baby had been breach. When Sally came round she saw her husband but no baby. Sally was terrified and thought her baby had died. Sally felt she could not breathe. Sally's husband reassured her that their baby was well. It was nearly three hours later that Sally was able to meet her baby.

Sally was in a great deal of pain and so had to watch whilst her husband did ‘skin to skin’ and look after their baby. She felt helpless. Sally had wanted to establish breast feeding but because of the pain was not able to do so and so felt guilty and a failure. All the time she was moving in and out of consciousness.

On the postnatal ward, Sally had a few episodes of urinary incontinence after her catheter was removed but was unable to clear it up and had no help. Her discharge plan was changed a couple of times delaying her discharge and when this happened Sally had a 'breakdown' and cried uncontrollably. Overall, Sally did not feel cared for by staff.

Sally went on to develop an infection in her scar. It delayed her physical recovery which took over 3 months. Sally was not followed up postnatally by staff and was left feeling forgotten about and that her life didn't matter. She thought that she did not get "the dream".

Following Sally's birth experience she did not think she could have another baby because she felt terrified she would have the same experience and because she had felt unsafe in the hospital and uncared for. She believed that she had caused the problem in theatre because she had "freaked out".

Relevant Background History

Sally is one of eight (2 full older siblings and 5 half siblings and 1 step sibling) and believed everyone had babies.

Lives in the house she was born in.

Father left family home when young – Sally felt responsible. Mother very distressed. Sally described having an out of body experience.

Mother did not want the children and focussed on own relationships. Siblings brought her up.

"Teased" at primary school because of height.

Was an angry teenager and difficult to manage feelings.

Turning point in life Uni.

Sally and her husband planned to have a large family.

Sally and husband had tried for 3 years to conceive. Investigated and issue with sperm. Felt very depressed.

Woke up during egg retrieval.

Was very ill during IVF and so embryos frozen.

Family belief system – 'you get on with it' and need to 'man up'.

Always need a plan. Struggles with uncertainty. Needs to feel in control.

Feels judged by others and is very self-critical.

Questions

What factors would have led Sally to be vulnerable to developing symptoms of PTSD?

What should be considered in her antenatal/postnatal care in a future pregnancy? Who would need to be involved?

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