

## Case 2

Nadia is a 39 years old. She has a 6 year old son, Sam, and a 9 month old baby, Ella, when she is referred to the perinatal mental health team. She was referred by her GP due to concern about severe depression and thoughts about wanting to jump under a train.

Nadia had a difficult first pregnancy. She had endometriosis and took two years to conceive. She had gestational diabetes and polyhydramnios. Her baby was large for dates and there was a plan to induce her, but she started having contractions at 38 weeks. When she went to hospital progress was very slow – she was in hospital for over 72 hours before her baby was born. She saw several different midwives but nobody explained what was happening. The maternity unit was busy and so Nadia could not be transferred to the Birth Centre initially. She described the pain being unbearable but she had to wait a long time for an epidural. She was left on her own for a few hours and was then found to be hypoglycaemic and given Lucozade, despite saying that this would make her vomit, which it did. She has negative memories of being on a birthing stool for over an hour. Then suddenly there were at least six people in the room and “a lot of panic”. There were four unsuccessful attempts at ventouse delivery and during this time nobody topped up the epidural so Nadia could feel everything. Sam was delivered using forceps and Nadia had an episiotomy and could feel the tear extending as Sam’s head and shoulders were delivered. The cord was round his neck. Nobody explained what was happening during the delivery. Sam was taken away by the paediatricians and Nadia thought he had died. Nadia remembers the placenta being pulled out of her and that it took a long time for her to be sutured. Again, nobody explained what was happening. She could feel “something inside” her, but was not told that this was packing to stop the bleeding as she had a postpartum haemorrhage. When she eventually saw Sam and was told he was fine, he had a huge bruise from the ventouse and marks on his face from the forceps.

Nadia remained very physically unwell when she went home. She developed a wound infection, which her GP initially said did not need treatment, but she subsequently needed antibiotics. She was very low in mood, tearful and not enjoying things. She had frequent flashbacks and nightmares. Looking at Sam was one of the triggers for her flashbacks. She was afraid to go to sleep because of the nightmares. She had a lot of irrational worries, for example that she would fall down the stairs when carrying Sam. She felt she could not leave Sam as she was so worried that something terrible would happen. She was hypervigilant and watchful for things that may go wrong. Her self-care was poor initially and her husband had to cook. She struggled with breastfeeding and found it hard to bond with Sam. She and her husband argued, which was unusual.

After her postnatal check, Nadia was referred to an obstetrician and had a rectal scan which identified damage to her anal sphincter. She had a third degree tear that was missed. She subsequently had a rectal prolapse with faecal urgency and incontinence. At first she blamed her son, but then realised it was not his fault. She couldn’t let her husband to touch her for a long time.

Her GP eventually referred her for counselling when Sam was 2 years old, but she did not have a psychological intervention for the PTSD and this diagnosis was not suggested. Having counselling and having treatment for her physical health problems helped to some extent.

Nadia continued to have flashbacks and nightmares about her birth, but these became less frequent. She has avoided medical appointments and procedures and often cancels and rebooks appointments due to severe anxiety. She has avoided smear tests and other gynae procedures. She avoids pictures of tiny babies, pregnant women and has avoided walking near the hospital where

Sam was born. Her anxiety has continued and she still has an overwhelming sense of fear that something bad will happen to one of her children.

Nadia has also had a stressful time as Sam had delayed speech and some behavioural problems. Her mother has suggested that his behavioural problems are due to Nadia's parenting skills. Nadia and her husband, Dan, have very different parenting styles. Dan focuses on Sam's difficult behaviour and can be very critical and sometimes shouts. Nadia tries to understand what triggers Sam's outbursts and tries to focus on what he does well. Nadia and Dan's relationship has deteriorated. He works long hours and is not very helpful with the children and she gets frustrated if he goes out after work with friends instead of coming home to help with the children.

Nadia and Dan had always wanted three children, but she was unable to contemplate another pregnancy for a long time. She and Dan eventually decided they want a second child. The second delivery was not as traumatic, but Nadia was admitted one week before her planned elective Caesarean due to hypertension and ended up having an emergency Caesarean Section and Ella went to NICU for 2 days due to some breathing difficulties. This was not as traumatic as Sam's birth and Nadia does not have flashbacks of this birth.

Nadia's PTSD symptoms have worsened since Ella was born. She said she has got so used to them that she did not think of asking for help. She was enjoying having Ella and was pleased that Sam had extra support at school. However, she has become more depressed in the last 3 months in the context of difficulties in her relationship. She has recently started to self-harm by banging her head when she feels her husband or her parents are not listening to her. She is still able to care for her children but finds everything an effort. She feels very overwhelmed by the prospect of returning to work. She is a management consultant and was doing well at work before Sam was born but after her maternity leave her manager was unsupportive and promoted less experienced male colleagues. She no longer feels valued by her manager or her team. She also blames herself for being so stressed about work in her first pregnancy and thinks she did not prepare for the birth properly due to this.

A friend encouraged her to see her GP as she realised how depressed Nadia was, but nobody in her family had recognised how unwell she was.

*Other significant factors in the history:*

- No mental health problems before her first pregnancy.
- Relationship with her husband was good before they had children
- Her mum was always critical and made her feel she was "not good enough" as a child. She witnessed her parents arguing and felt she had to be good and not cause trouble. If she was upset her mum made her feel she was stupid for crying. Her dad was more caring.
- Her parents help with the children sometimes but Nadia ends up feeling she has to look after them as well as the children when they visit.
- Nadia has some good friends but finds it hard to see them because of Sam's difficult behaviour which can cause problems when he plays with other children.

## Questions

1. What are the factors that have contributed to Nadia's PTSD?
2. What care and treatment does she need now and in any future pregnancy?

*This case has been anonymised but is based on a real case. Please treat it as confidential. Do not copy, share or use in any other training. Thanks.*