Birth Trauma

Dr Sarah Finnis
Consultant Clinical Psychologist
Obstetrics and Gynaecology
Hillingdon Hospital

Plan

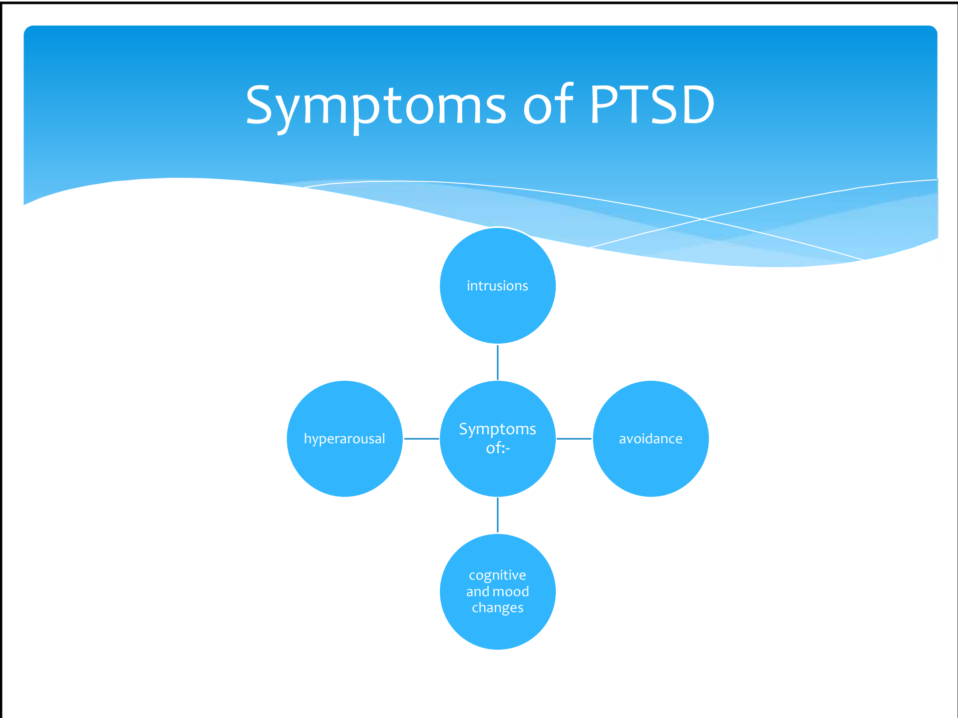
* What is a traumatic birth?
* Prevalence
* Formulation
* Implications
* Prevention

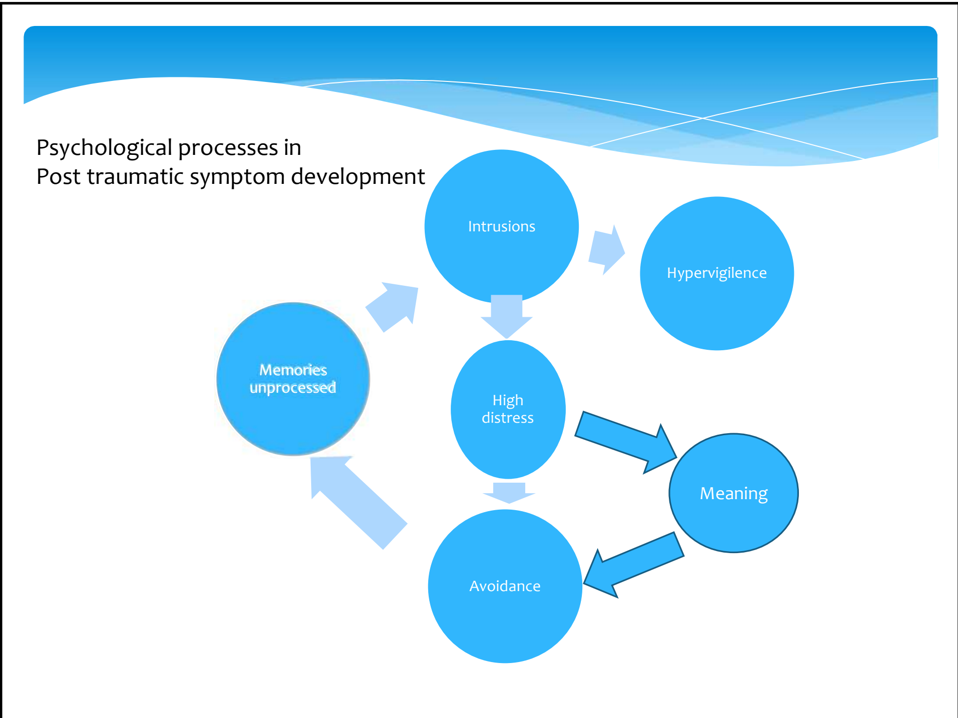
PTSD

- 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.


Symptoms of PTSD
intrusions
hyperarousal
Symptoms of:-
avoidance
cognitive and mood changes


Psychological processes in
Post traumatic symptom development
Intrusions
Hypervigilence
Memories unprocessed
High distress
Meaning
Avoidance

Prevalence

- In UK 19.7% of women fulfil criterion A for a traumatic birth [7]
- 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) [2,8]
- 15.7 –18.5% of women in high risk groups develop full PTSD (CI 10.55 –30.41) [2,8]

- 7Ayers, Harris, Sawyer, Parfitt& Ford. J Affect Disord 2009; 199:200-04. 8 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	Obstetric Intervention	21.6
36%	Pain	14.4
Infant related events	Complications with baby	23.0
27.4%	Separation from baby	4.4
Interpersonal events	Being Ignored	11.0
36.6%	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?

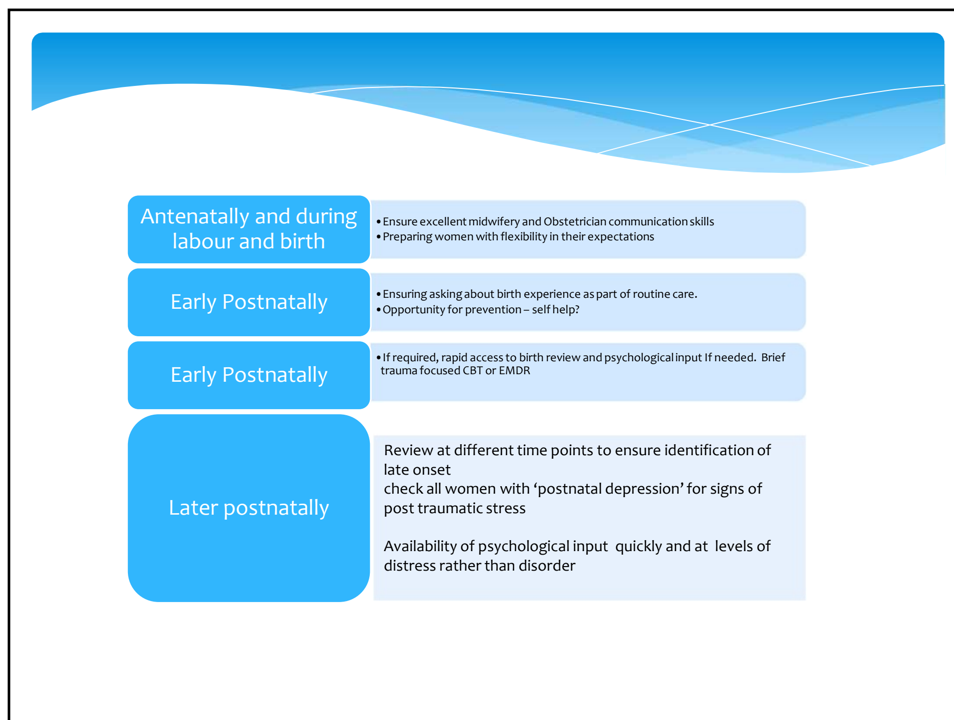
Importance of support

- 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 Disord2009;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

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