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Birth Trauma and Post-Traumatic Stress Disorder

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Events of pregnancy and birth are important

- Events of pregnancy and birth can be stressful and exacerbate or trigger mental health problems
- Complications during pregnancy or birth can be traumatic and lead to PTSD or other mental health problems in women and men.
- Subjective experiences are more important than obstetric complications ¹
- Support during birth can buffer against negative consequences of stressful or traumatic perinatal events ^{2,3}

This is an area where we can make a substantial difference to parent's experiences and emotional wellbeing

“Unbeknown to us, the ‘perfect storm’ of risk factors had gathered...” Kathryn Grant





PTSD in pregnancy

- In pregnancy approximately 3 - 4% of women have PTSD ⁴
- This can be up to 39% in high risk women, such as those with a history of abuse ⁵
- The majority of these women are not identified by services ⁶
- PTSD in pregnancy is associated with adverse outcomes of: ⁷
 - Preterm birth
 - Low birth weight
- Possible pathways are increased or dysregulated physiological stress responses and risky health behaviours ⁸

⁴ Dikmen Ylidez, Ayers, Phillips J Affect Dis 2017;15:634-45. ⁵ Seng, Low, Sperlich et al BJOG 2011;118:1329-39. ⁶ Stevens et al J Psychosom Obstet Gynaecol 2017;38:103-110. ⁷ Yonkers et al JAMA Psych 2014;71:897-904. ⁸ Seng. J Midwifery Women's Health 2002;47:337-46.



Intergenerational transmission of vulnerability

- Developmental origins of health and disease⁹
 - Barker hypothesis
 - Fetal programming hypothesis
- Stress in pregnancy associated with greater risk of a range of adverse outcomes e.g. fussy baby, poor child development, metabolic changes
- Intergenerational transmission of vulnerability to trauma observed in other populations e.g. Holocaust survivors¹⁰
- Likely to be influenced by epigenetic, parenting and environmental factors
- Stress appraisal in pregnancy associated with changes in DNA methylation in adolescent children¹¹

⁹ Wadhwa et al. Semin Reprod Med 2009;27(5):358-368. ¹⁰ Bowers & Yehuda. Neuropsychopharmacology 2016;41(1):232-244.

¹¹ Cao-Lei et al. Transl Psychiatry 2015;5:e515.



PTSD in response to traumatic birth

- In addition to women who have PTSD in pregnancy, another 4% of women report PTSD in relation to traumatic birth experiences ⁴
- This means approximately 204,000 women in the EU are affected every year
- Symptoms of PTSD are: ¹²
 - Stressor criteria
 - Symptoms of re-experiencing, avoidance and hyperarousal
 - Duration of more than 1 month
 - Disability and impairment

¹² Diagnostic & Statistical Manual, 4th edition, text revision (IV-TR), American Psychiatric Association 2000.

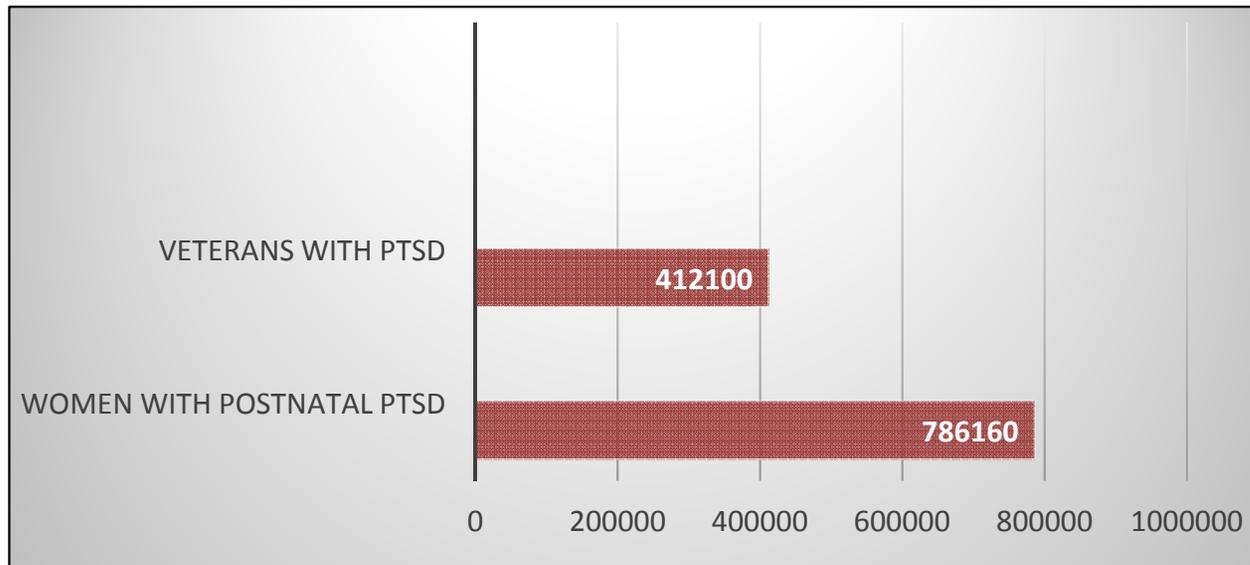


Traumatic birth

- Approximately 20% of women fulfil criterion A for a traumatic birth ¹³
- Reviews and meta-analysis show:
 - In community samples 3.17% to 4.05% of women develop PTSD as a result of birth (CI 3.69 – 8.46) ^{4,14}
 - In high risk groups 15.7 to 18.5% of women develop PTSD (CI 10.55 – 30.41) ^{4,14}

Postnatal PTSD and public health

What affects more people – PTSD in military veterans or after birth?





Unique aspects of postnatal PTSD

Childbirth is qualitatively different from other traumatic stressors in many ways:

- Culturally perceived as positive
- Connection or disconnection of baby with traumatic birth
- Potential for two people to be at risk (mother and baby)
- Healthcare professionals and places often associated with trauma
- Expectations and desire to have more children force women back to the trauma
- Symptoms complicated by normal postnatal factors



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What makes birth traumatic?



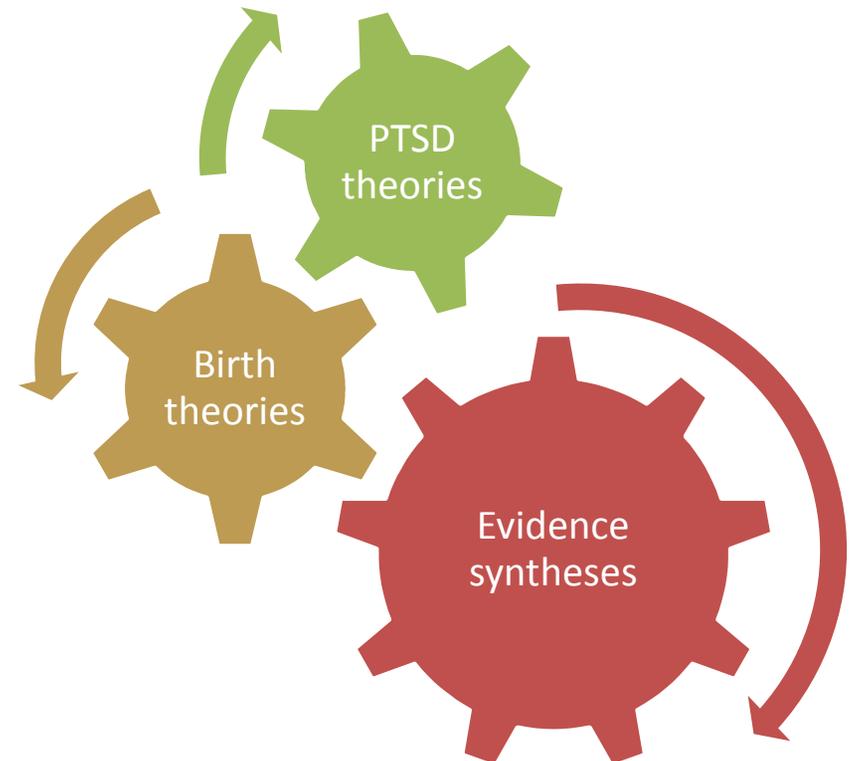


Understanding the causes of PTSD after birth

Can draw on theory and evidence to understand the causes of PTSD

Models of postnatal PTSD include:

- Predisposing, precipitating & maintaining factors ¹⁵
- Vulnerability-stress model ¹



¹⁵ Slade. J Psychosom Obstet Gynaecol. 2006; 27(2):99-105.



Theories of PTSD

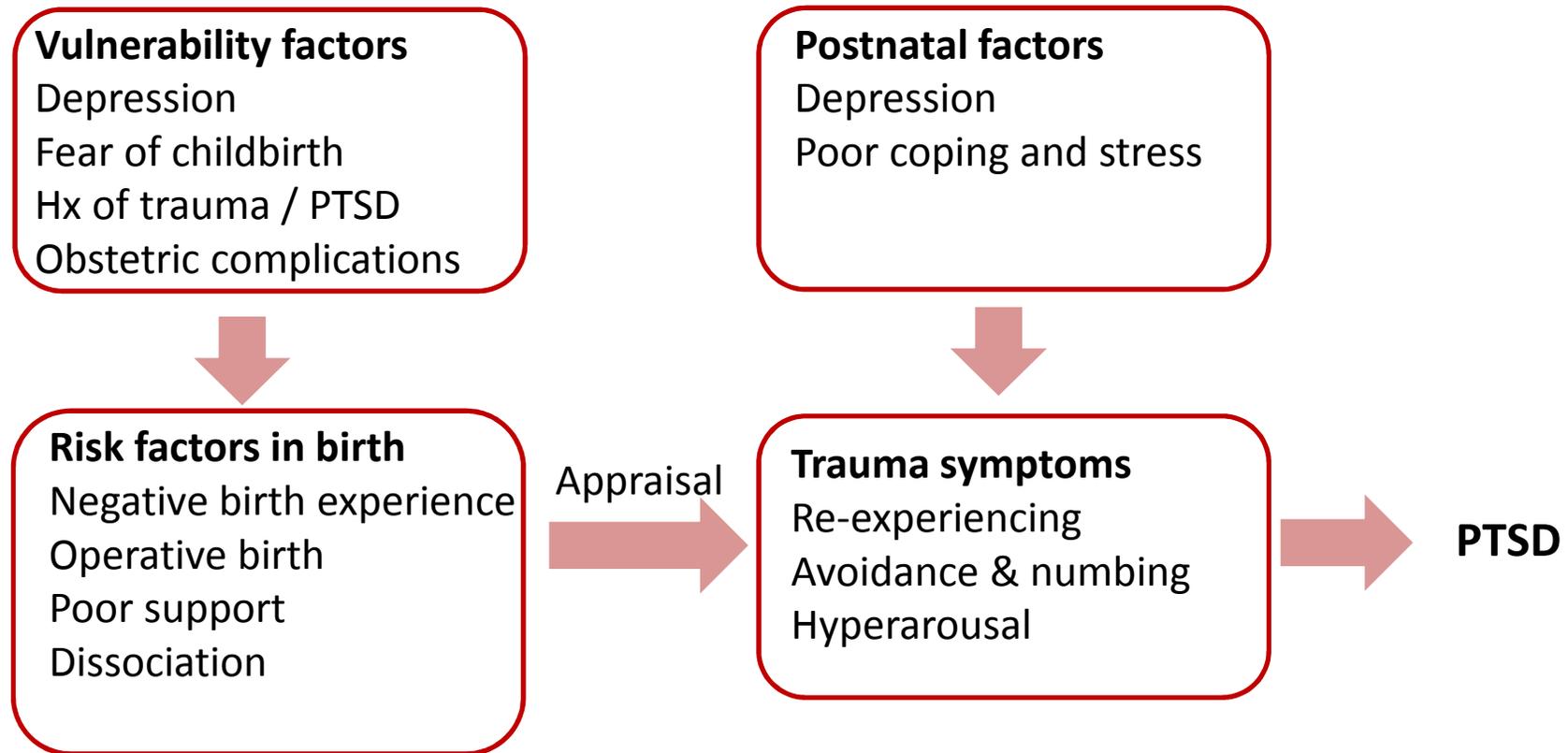
- Traumatic stress responses
e.g. Horowitz (1986)
- Information processing / cognitive models
e.g. Ehlers & Clark (2000)
- Social models
e.g. Charuvastra & Cloitre (2008)

Theories of Postpartum PTSD

- Diathesis-stress (Ayers, 2006; 2016)
- 2-dimensional theory of individual-environment interaction (Slade, 2006)
- Attachment model (Slade, 2013)



Vulnerability-stress model of postnatal PTSD



Evidence

Meta-analyses confirm prenatal and birth risk factors ^{1,14}

Vulnerability

- Depression in pregnancy
- Fear of childbirth
- History of PTSD
- Counselling for pregnancy or birth

Risk

- Subjective birth experience
- Operative birth
- Lack of support
- Dissociation

Postnatal

- Depression
- Poor coping & stress



Evidence

Meta-synthesis of qualitative studies of traumatic birth¹⁶

1. Feeling invisible and out of control
2. Feeling trapped: the recurring nightmare of childbirth
3. Being treated inhumanely
4. Rollercoaster of emotions
5. Disrupted relationships
6. Strength of purpose – finding a way to succeed as a mother



Resilience and growth

Anxiety, intrusive thoughts, flashbacks, nightmares, rumination, hopelessness



Adaptation in the context of past or present adversity, persist in the face of challenges, bouncing back

Experience positive change as a result of the crisis and experience; beyond effective coping

Psychosocial factors associated with resilience¹⁷

Childhood	Adulthood
Positive bonds with caregivers	Positive emotions, optimism
Consistent parenting	Active coping
Self-regulation of emotions	Cognitive reappraisal
Intelligence and problem-solving	Altruism
Mastery	Mastery
Positive friendships	Social support
Motivation for achievement	Facing fears
Meaning	Meaning, sense of purpose

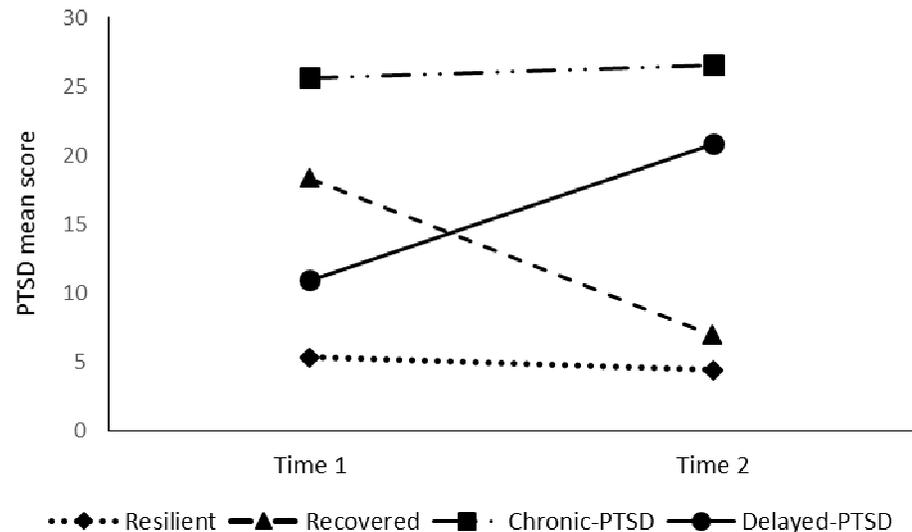


Resilience after traumatic birth¹⁸

226 women who had a traumatic birth, measures at 4-6 weeks and 6 months postpartum

Four patterns of PTSD found:

1. Resilient (62%)
2. Chronic PTSD (14%)
3. Recovered PTSD (18%)
4. Delayed PTSD (6%)



Most women were resilient (62%)



Compared to women with PTSD, women in the resilient group had:

- More support
- Less fear of birth
- Greater satisfaction with health professionals
- Less anxiety & depression

Women with delayed PTSD more likely to have:

- Caesarean births
- Preterm birth
- Further traumatic events after birth



Growth after childbirth

Experiencing positive changes in beliefs or functioning as a result of highly challenging life events or circumstances

The majority (>50%) of women report some positive growth after traumatic or difficult births: ¹⁹

1. Appreciation of life (68%)
2. Personal strength (52%)
3. Relating to others (51%)
4. New possibilities (45%)
5. Spiritual change (22%)



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The importance of others





Worst moments of birth – the Hotspot study ²⁰

	Content of hotspots	N=650 %
Obstetric events	Obstetric intervention	21.6%
36%	Pain	14.4%
Infant related events	Complications with baby	23.0%
27.4%	Separation from the 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%



Importance of support

The actions of others during stressful events are critical in how we feel and respond

Research shows support is:

- important in birth outcomes and the quality of birth experience ²¹
- buffers against traumatic birth events ³

Interpersonal trauma during birth is more likely to lead to PTSD ²²

Prospective studies show support is particularly important for women with previous histories of trauma/abuse or who have complications/intervention during birth ³



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Reducing risk and increasing resilience



Reducing risk: Women's views²³

Online survey of 2192 women asked what healthcare professionals could have done to prevent traumatic birth

Most common responses:

- Better communication/explanation (39%)
- Listen to me more (37%)
- Support me (more/better) emotionally/practically (30%)

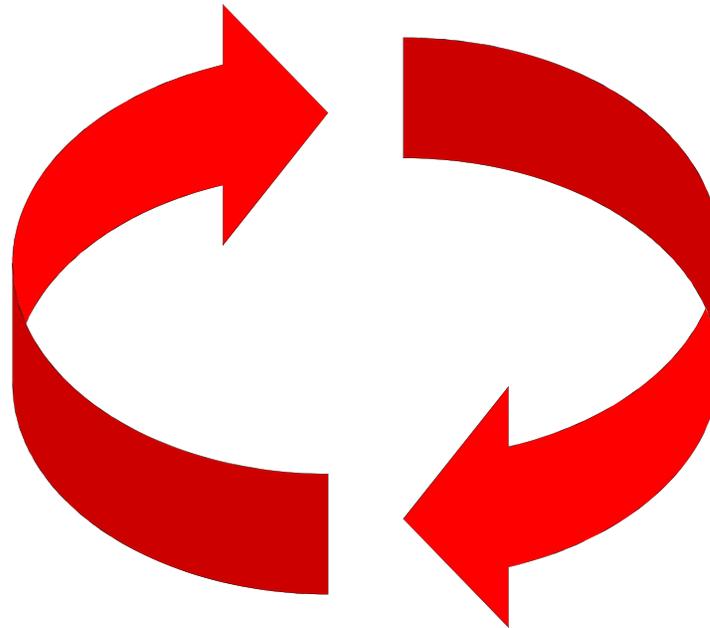
Reducing risk of birth trauma

Birth

- Support vulnerable / at risk women
- Reduce or tailor intervention

Pregnancy

- Screen for vulnerability
- Highlight notes
- Additional / specialised care for women at risk



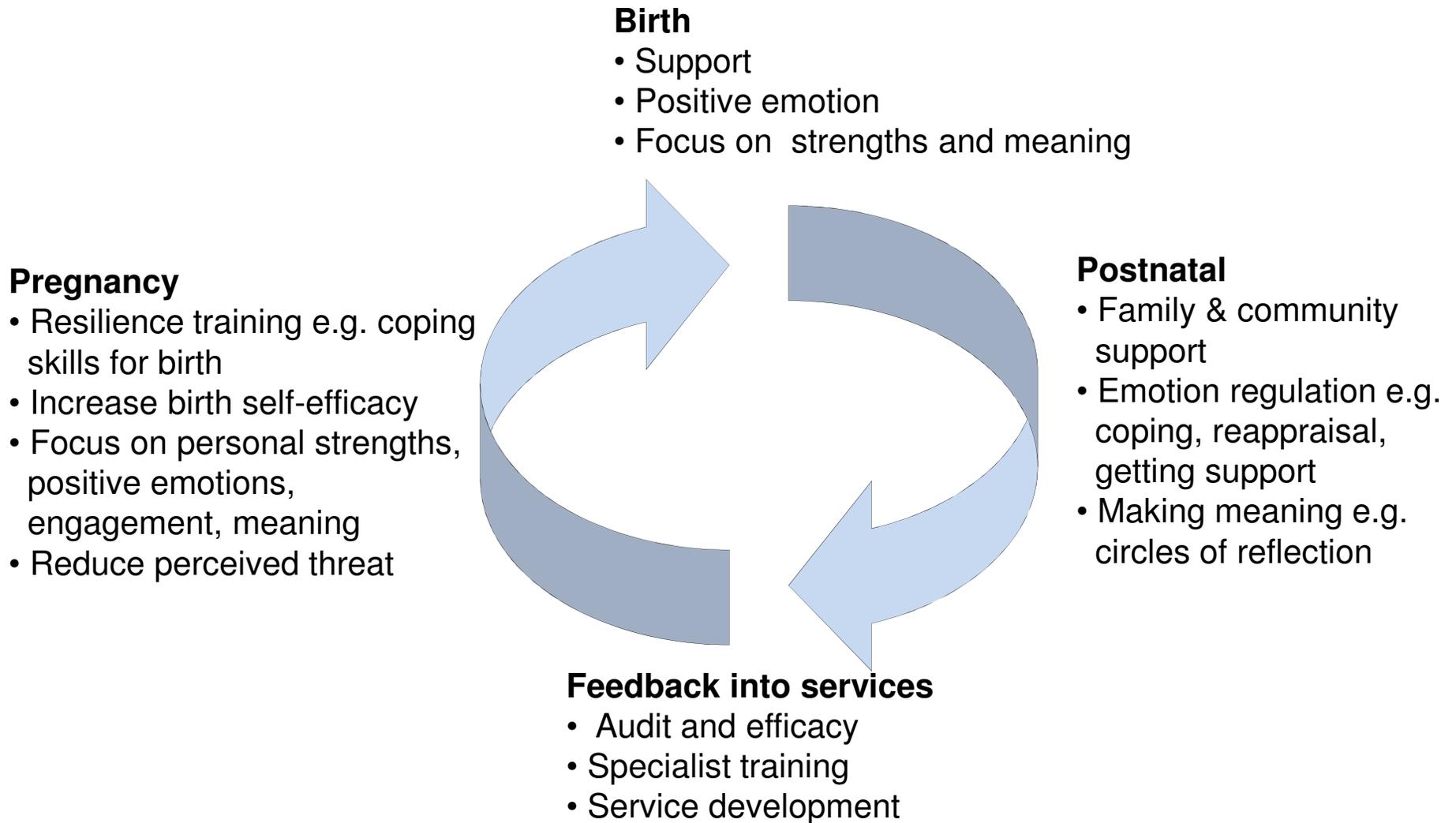
Postnatal

- Screen for psych probs
- Early intervention e.g. midwife debriefing
- Psychotherapy (CBT or EMDR)

Feedback into services

- Audit and efficacy
- Specialist training
- Service development

Increasing resilience to birth trauma





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The impact of postpartum PTSD on women and their families





Potential consequences of postpartum PTSD

- Impact on the woman: ²⁴
 - Fear of subsequent pregnancy/birth (tokophobia)
 - Sexual dysfunction (avoidance of sexual intercourse)
 - Psychological illness (comorbid depression, suicidal thoughts)
- Impact on couples: ²⁵
 - Relationship strain
 - Marital breakdown
- Impact on the infant/child:
 - Lower rates of breast feeding ²⁶
 - Poor cognitive, social and emotional development ^{27,28}



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Impact on women and their families

Cheryl Beck: the ripple effect of trauma

- Women
- Their baby
- The couple's relationship
- Future choices





Impact on couples

- Impact on relationship
- Physical relationship & sexual function
- Difficult communication
- Feeling abandoned or rejected
- Coping together

“When I was suffering with PTSD it dominated my life and therefore, by extension, our lives totally... there isn’t room for anything else in a relationship when you are going through that”

“I think when you’ve been violated to that extent you just don’t want to be touched by anybody ever again”

“I would get desperately upset if we tried to talk about it”

“When it didn’t get better we just started to take it out on each other really, and blaming each other for it”

“It can make you feel unsure if you’re kind of wanted or needed in the relationship”

“Had he not been there, how would I have explained what had happened to me? You just can’t explain the horror of that unless you were there”



Impact on the parent baby relationship

- Perceptions of the baby
- Relationship with the baby
 - Poor mother-baby relationship
 - Partner compensating
 - Anxious vs. avoidant mothering

“She wasn’t ready to come out and it just made me think she is really angry... I just think the whole thing was so unnatural that it created an unnatural child”

“I can remember thinking, you horrible thing, you’ve done this to me... you evil child”

“I hate the bond word... I didn’t bond with her, I didn’t particularly want to go near her. I’d go near her but I wouldn’t touch her”

DAD: “I know I did try to direct a lot of attention and love to [the baby] because I felt maybe [my wife] wasn’t providing that so I was trying to bridge a bit of a gap”

“I think it’s made me so overprotective of her. I don’t let her out of my sight. I don’t like other people touching her...”



Summary & conclusions

- Evidence shows ~20% of women experience birth as traumatic according to DSM-IV criteria.
- Evidence that 4% of women have PTSD in pregnancy and a further 4% of women develop PTSD as a result of traumatic birth.
- However, most women (62%) who have a traumatic birth are resilient and do not develop PTSD.
- A number of risk and resilience factors have been identified.
- Support during pregnancy, birth and postpartum is critical in terms of decreasing risk and increasing resilience.
- Need to use this evidence to prevent PTSD and enhance positive outcomes.





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Thank you

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<https://blogs.city.ac.uk/birthPTSD>