The Causes and Consequences of Childbirth-Related PTSD

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Can childbirth cause PTSD?
How might this affect a woman immediately after birth and long-term?
Could a traumatic birth lead to breastfeeding cessation?
What can we do to help?

A. The person exposed to the following events:
- Death or threatened death
- Actual or threatened serious injury
- Actual or threatened sexual violation

B. Re-experiencing symptoms
One or more of the following symptoms:
- Recurrent involuntary, and intrusive memories of the traumatic event
- Recurring nightmares
- Flashbacks (dissociative reactions)

The person experienced events by:
- Directly experiencing the event
- Witnessing the event
- Learning that the event happened to a close relative or friend
- Experiencing repeated or extreme exposure to aversive details of the events

DSM-5 PTSD Diagnostic Criteria

Friedman et al. 2011, Dep Anxiety, 28: 750-760
Intense or prolonged psychological distress at exposure to thing that resemble the traumatic event(s)

Marked physiological reactions to reminders of the traumatic events

C. Avoidance Behavior (one symptom)
- Avoidance of thoughts, feelings or conversations associated with the stressor
- Avoidance of activities, places, or people associated with the stressor

D. Negative changes in beliefs and mood; Began or worsened after the traumatic events

Three or more of the following symptoms:
- Inability to remember an important aspect of the traumatic event(s)
- Persistent and exaggerated negative expectations about one’s self, others, or the world (“I am permanently ruined”)
- Persistent distorted blame of self or others about the cause or consequences of the traumatic event

Pervasive negative emotional state, e.g., fear, horror, anger, guilt, or shame
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Persistent inability to experience positive emotions

E. Changes in arousal and reactivity Began or worsened after the traumatic event
Three or more of the following symptoms:

- Irritable, angry, or aggressive behavior
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance (e.g., difficulty falling asleep or staying asleep, or restless sleep)

Duration criteria: PTSD may be diagnosed at any time after the traumatic event, except during the first month.

Impairment criteria: Must cause significant impairment in daily life.

How common is PTSD after childbirth?

- Listening to Mothers II Survey (1,373 mothers online, 200 phone interviews)
- 6 month follow-up (859 online, 44 telephone)
- 9% met PTSD diagnostic criteria, 18% scored above the cutoff for PTSD

The most commons symptoms women reported were in the arousal subscale:

- 14% reported difficulty falling asleep
- 11% were irritable or angry
- 8% found it difficult to concentrate five or more times per week

“In these two national surveys mothers did speak out loudly and clearly about posttraumatic stress symptoms they were suffering. The high percentage of mothers with elevated posttraumatic stress symptoms is a sobering statistic.”
Prospetive study of 933 pregnant women
- Followed at 4-6 weeks, 12, 24 weeks
- 3.6% women met PTSD criteria at 4-6 weeks, 6.3% at 12 weeks, 5.8% at 24 weeks
- 45.5% reported a “traumatic” birth according to DSM-IV criteria

Rates of clinically significant depression, with no PTSD
- 66%, 4-6 weeks
- 47%, 12 weeks
- 57%, 24 weeks
- Clinically significant state anxiety
  - 74%, 4-6 weeks
  - 58%, 12 weeks
  - 63%, 24 weeks

Community (N=502) and Online sample (N=921)
- 2.5% of community sample met full PTSD criteria
- 21% of women in online sample
- PTSD predicted by
  - Parity
  - Delivery type
  - Interaction of sexual trauma and delivery type
  - Sexual trauma rates: 23%, community, 33% internet
  - 56% to 59% reported previous traumatic events

Prospective study of 1,224, 12-20 and 32 weeks gestation, 1 month pp in Sweden
- 1.3% had PTSD at one month
- Strongest predictors are depression in early pregnancy, severe fear of childbirth, and stress in later pregnancy

Study of 907 women in the Netherlands
- PTSD 1.2%, 9% identified their birth as traumatic
- No differences in PTSD between home- and hospital deliveries after controlling for complications and interventions

23% had clinically significant anxiety, 14% had clinically significant depression
- C-section rate 15-17%, instrumental deliveries, 9-10%
- Women who delivered in secondary or tertiary care were more likely to describe their births as traumatic (12%) vs women who delivered in primary care (3%)
Study in Iran of 400 women
- 218 reported traumatic births 6-8 weeks pp
- 20% had postpartum PTSD
- Risk factors included
  - Gestational age at delivery
  - Number of prenatal care visits
  - Pregnancy complications
  - Pregnancy intervals
  - Labor duration
  - Mode of delivery

Modarres et al. BMC Pregnancy Childbirth 2012; 12: 88

What is mothers’ lived experience of traumatic childbirth?

Centrality of the Event

- Extent to which a highly negative event has become central to a person’s identity, life story, and understanding of the world
- Critically related to PTSD symptomatology

Bernsen & Rubin, 2006 Behav Res Ther, 44: 219-233

When traumatic events form reference points for organizing of less salient experiences, the outcome is likely to be harmful
- Will influence attribution of meaning to other more mundane events
- Generate expectations for future events
- Persistent theme paves the way for internal, global, and stable attributions

Bernsen & Rubin, 2006 Behav Res Ther, 44: 219-233

This event has become a reference point for the way I understand the world
- I feel that this event has become a central part of my life story

Bernsen & Rubin, 2006 Behav Res Ther, 44: 219-233

I believe that people who haven’t experienced this type of event, have a different way of looking upon themselves than I have

Bernsen & Rubin, 2006 Behav Res Ther, 44: 219-233
This event permanently changed my life
If this event had not happened to me, I would be a different person today
I often think about the effects this event will have on my future


Qualitative study of mothers with PTS (N=25) and mothers without PTS (N=25)
Women with PTS reported more panic, anger, thoughts of death, mental defeat, and dissociation during birth
After birth, they reported fewer strategies that focused on the present, more painful memories, intrusive memories, and rumination, than women without symptoms

Ayers, Birth 2007; 34(3): 253-263

Qualitative study of 6 mothers with clinically significant PTSD, 7 months to 18 years after the event
3 with vaginal births, 3 emergency cesareans
Women reported changes in physical well-being, mood and behavior
Negative effects on their partners, including dysfunction, disagreements and blame for events of birth
Mother-infant bond was negatively affected


“That thing that clicked in my head, it sounds funny, but I can still feel it... I suppose if you're taken to a certain point, you'll never come back from there again... I do feel very different and that constantly reminds me.”

“A just kept thinking about it all the time and I felt like I had some sort of car crash or something, I kept getting flashbacks all the time and I found it really upsetting.”

“A have... anxiety about her since she's been born but I'm never apart from her. I wouldn't leave her with anybody.”

“I felt such a failure at actually giving birth that I was determined that I was going to do everything else.”

The findings show that thoughts of death are not always in response to objectively life-threatening situations. Women can be frightened that they might die without any medical reason or trigger.

"In god’s name why are you giving me a baby… I’m dying, why would I want a baby? I had no connection between… that it was my baby… the baby had one eye open, one closed, and he looked at me and there was this scowl on his face as if to say, ‘where am I and in god’s name don’t tell me you’re my mother.’"

The women who had traumatic births described rejecting behavior towards their babies immediately after birth. Many reported eventually bonding with their babies in 1 to 5 years:
- Most had avoidant or over-anxious attachments with their infant.

Impact of Traumatic Childbirth on Breastfeeding

National survey of 5,332 women in England at 3 mos pp:
- Women who had forceps-assisted and unplanned cesareans had the poorest health and well-being.
- Women who had forceps deliveries had the highest rates of PTSD, depression, and anxiety.
- Breastfeeding difficulties more common in forceps-delivery and unplanned cesareans.

“Women traumatized during childbirth often felt like victims of rape: violated and stripped of their dignity.
- Hypervigilance is one of the clusters of symptoms of posttraumatic stress.
- Some women became vigilant about protecting their bodies from being violated yet again.
- This hypervigilance focused on their breasts and hindered their breastfeeding.”


Ayers, Birth 2007; 34(3): 233-263


Beck, Qual Health Res 2011; 21(3): 301-311
The impact of birth trauma on mothers' breastfeeding experiences can lead women down two strikingly different paths:
- One can propel women into persevering in breastfeeding.
- The other can lead to distressing impediments that curtailed women's breastfeeding attempts.

"The flashbacks to the birth were terrible. I wanted to forget about it and the pain, so stopping breastfeeding would get me a bit closer to my ‘normal’ self again."

Beck, Qual Health Res 2011; 21(3): 301-311

"I had flashbacks to the birth every time I would feed him. When he was put on me in the hospital, he wasn’t breathing and he was blue. I kept picturing this; and could still feel what it was like. Breastfeeding him was a similar position as to the way he was put on me."

Beck, Qual Health Res 2011; 21(3): 301-311

"I hated breastfeeding because it hurt to try and sit to do it. I couldn’t seem to manage lying down. I was cheated out of breastfeeding. I feel that I have been cheated out of something exceptional."

Beck & Watson, Nurs Res 2008; 57(4): 228-236

"The first 5 months of my baby’s life (before I got help) are a virtual blank. I dutifully nursed him every 2-3 hours on demand, but I rarely made eye contact with him and dumped him in his crib as soon as I was done. I thought that if it were not for breastfeeding, I could go the whole day without interacting with him at all."

Beck & Watson, Nurs Res 2008; 57(4): 228-236

Breastfeeding provided an opportunity for some women to overcome the trauma of their birth experiences and prove their ‘success’ as mothers.

“Breastfeeding was a timeout from the pain in my head. It was a “current reality” — a way to cling onto some “real life,” whereas all the trauma that continued to live on in my head belonged to the past, even though I couldn’t seem to keep it there.”


“Breastfeeding became my focus for overcoming the birth and proving to everyone else and mostly to myself that there was something that I could do right. It was part of my crusade, so to speak, to prove myself as a mother”


- Study of Urban Guatemalan women (N=136)
- Cortisol measured before and after birth
- Higher cortisol levels were related to delayed onset of lactation

Grajeda & Perez-Escamilla / *Nur* 2002; 132: 3055-3060

“My body’s ability to produce milk, and so the sustenance to keep my baby alive also helped to restore my faith in my body, which at some core level, I felt had really let me down, due to a terrible pregnancy, labor and birth. It helped build my confidence in my body and as a mother. It helped me heal and feel connected to my baby.”


Risk Factors for Traumatic Birth

- Sudden
- Dangerous
- Overwhelming

PTSD Conceptualization
Danger
- Overwhelming fear
- Helplessness
- Loss of control
Perceived level of care
Power and control


Listening to Mothers Survey II
Factors that increased risk of posttraumatic symptoms
- Low partner support
- Postpartum depression symptoms
- More physical problems since birth

Beck et al., Birth 2011; 38(3): 216-227

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Longitudinal study of 138 women in U.K.
- Low support from HCPs during labor predicts PTS postpartum in women with a history of trauma
- Women who had more interventions during birth show longer-term effects of low support during labor

Ford & Ayers, Psych Health 2011; 26(12), 1553-1570

Qualitative study from Sweden comparing 42 women with PTS following birth to women with no PTS
- Women with PTS reported
  - Nervous or non-interested midwives
  - Intense fear and feelings of shame during delivery
  - Lack of postnatal follow-up,
  - Long-term postpartum fatigue
  - Inadequate help from partners
  - One third feared for their babies’ lives

Tham et al. Sexual Reprod Health 2010; 1: 175-180

Meta-ethnography 10 qualitative studies
- Found that women are often traumatized as a result of the actions or inactions of midwives, nurses and doctors
- The care received was sometimes experienced as dehumanizing, disrespectful and uncaring


Women were more likely to describe their births negatively if they felt “invisible and out of control”
- They used phrases such as “barbaric,” “intrusive,” “horrible,” “inhumane,” and “degrading”
- Women were also distressed when large numbers of people were invited to watch the birth without their consent

Women felt out of control, powerless, vulnerable, and unable to make informed decisions about their care. They felt betrayed. Some agreed to procedures, such as epidurals and vacuum extractions, in an attempt to end the trauma they were experiencing.

- Study of 36 couples who experienced perinatal loss
- Prior perinatal loss increases risk for PTSD, depression, and anxiety with a subsequent birth
- Levels of depression, anxiety and PTS decreased from third trimester to 8 mos postpartum
  - However PTSD remained in the moderate range throughout
  - PTS associated with depression at each time point
  - Mothers and fathers had similar rates of PTS


Study of 21 mothers of VLBW infants in Quebec, Canada
- Mothers were assessed when babies were 6 months corrected age
- 23% were in clinical range for PTSD
- Severity of illness in infant related to the mothers’ symptoms

Feeley et al. App Nurs Res 2011; 24: 114-117

Study from Montreal of 308 women at 25-40 wks gestation, 4-6 wks, 3 and 6 mos pp
- Women who had anxiety in pregnancy and history of sexual trauma were more likely to develop PTSD after childbirth
  - 5.6% met full criteria, an additional 12% met partial criteria
  - Sexual abuse survivors were three times more likely to develop PTSD following birth


- Study of 837 pregnant women in Israel
- Compared 3 groups of women
  - CSA survivors
  - Women who experienced other types of trauma and no CSA
  - Women with no trauma history
- Overall, no increase in birth trauma for CSA survivors
- But higher intrusion and arousal symptoms in CSA survivors


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  - 18% had some PTS
  - Black mothers had the highest rates (26%)
  - Hispanic mothers (14%)


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National survey of 1,581 pregnant women (709 Black)
- More lifetime PTSD and trauma exposure for Black women
- Current prevalence of PTSD was 4 times higher for Black women
  - Rates did not differ by SES
  - Explained by greater trauma exposure


Prospective, 3-cohort study 839 women
- Women with PTSD during pregnancy had an average birth weight that was 283 g less than non-exposed women
- PTSD subsequent to child abuse was strongly associated with adverse outcomes
- PTSD was a stronger predictor of birthweight for African Americans

Seng et al. BJOG 2011; 118(11): 1329-1339

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Random sample of 464 L&D nurses from AWHONN
- 35% of L&D nurses reported moderate-to-severe secondary trauma from being exposed to traumatic births
  - 10% high secondary traumatic stress
  - 14% severe secondary traumatic stress

Beck & Gable, JOGNN 2012; 41(6): 747-760

Six themes related to vicariously traumatic births
- Magnifying the exposure to traumatic births
- Struggling to maintain a professional role while dealing with traumatized patients
- Agonizing over what should have been
- Mitigating the aftermath of exposure to traumatic births
- Haunted by secondary traumatic stress symptoms
- Considering foregoing careers in L&D to survive

Beck & Gable, JOGNN 2012; 41(6): 747-760

Agonizing over what should have been done
- Felt powerless because person in authority was causing unnecessary trauma
- Felt frustrated and angry at physician for not listening
- Feel like I failed my patient
- I should have tried to stop the physician
- My patient was counting on me to protect her

Beck & Gable, JOGNN 2012; 41(6): 747-760
“The physician violated her. A perfect delivery turned violent. I felt like an accomplice to a crime. The doctor treated her like a piece of dirt. After the birth of the baby, he proceeded to put his hand inside her practically halfway up his arm to start pulling the placenta out….I felt like I was watching a rape.”

Beck & Gable, JOGNN 2012; 41(6): 747-760

“Traumatic deliveries are much easier to handle and cope with when they are unavoidable. What causes the anxiety and stress to nursing staff is when they feel powerless and helpless because another person in authority is causing unnecessary trauma to the patient and infant.”

Beck & Gable, JOGNN 2012; 41(6): 747-760

“Whenever I hear a patient screaming I will flashback to a patient who had an unmedicated (not even local) cesarean section and to the wailing of a mother when we were coding her baby in the delivery room. I feel like I will never get these sounds/images out of my head even though they occurred more than 10 years ago”

Beck & Gable, JOGNN 2012; 41(6): 747-760

Posttraumatic Growth

The individual has not only survived, but has experienced positive changes that are viewed as important, and that go beyond what was the previous status quo

Six domains of posttraumatic growth:
- Greater appreciation of life
- Changed sense of priorities
- Warmer, more intimate relationships
- A greater sense of personal strength
- Recognition of new possibilities or paths for one’s life
- Spiritual development

What Can We Do to Help?

- Recognize trauma symptoms
  - If in doubt, ask
  - But numbing symptoms may cause to claim that nothing is wrong
  - Give moms a chance to talk about their births
  - Open the door to future conversations

- Symptoms you might observe
  - Recoiling when baby is placed on them (especially skin-to-skin)
  - Mother looks detached from current surroundings
  - Mother determined to breastfeed at all costs
  - Or mother too overwhelmed to try

- Expect possible delay in lactogenesis II
  - Cortisol levels may be too high or too low
  - Both would be problematic
  - Be proactive about possible delay
  - Involve the mother in the plan and let her know what is happening

Mothers’ trauma is compounded when HCPs handle her breasts without asking and/or shove their babies to their breasts
- Can also lead to breast refusal
Empathize with the mother while helping her connect with her baby

“I know you’ve been through a really hard time. And I’d like to talk with you about that. But right now your baby needs you. Is there something I can do for you to make you more comfortable?”

Refer moms to other sources of help

- Eye-movement desensitization and reprocessing (EMDR), www.emdr.org
- Journaling, Writing to Heal
- Cognitive therapy
- What does this experience mean for the mother’s identity, her ability to mother, her body’s competence, her future?
- Considering starting a support group for mothers

Case study with 3 women who had high degree of trauma with first birth

Used EMDR during second pregnancy

Treatment with EMDR reduced PTS

They were all sufficiently confident to attempt vaginal birth rather than opting for an elective cesarean

Address any breastfeeding problems promptly, especially pain

- Emphasize the mother’s competence

If a mom is too overwhelmed to breastfeed, work with her to find other ways to connect with her baby

- Skin-to-skin, if not too overwhelming
- Infant massage
- Mother-infant coaching

Take care of yourself if you are exposed to birth trauma

- Be alert for possible signs of compassion fatigue and burnout
- Talk about your experiences
- Get support
- Journal
- If necessary, take action

www.UppityScienceChick.com
www.BreastfeedingMadeSimple.com
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