

The Psychological Impact of Birth Trauma

LONDON TRAUMA SPECIALISTS


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Overview of the Webinar

- Birth Trauma
- Understanding PTSD
- How to Recognise PTSD
- The Impact of PTSD
- Treatment and Symptom Management
- Resources

Birth Trauma



What do we mean by 'Birth Trauma?'

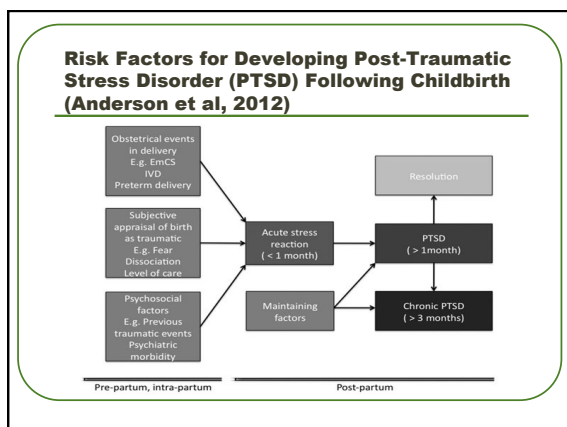
- There is no consistent definition of a "traumatic birth" and no systematic way to assess birth trauma.
- Beck and Watson (2008) define birth trauma as '*actual or threatened injury or death to the mother or her baby*'
- Women may also perceive their birthing experience to be traumatic as a result of intervention during the process, the mode of birth (caesarean or vaginal) and the way they are treated by healthcare professionals (Allen 1998).
- Thompson and Downe (2008) state that women who have an apparently normal birth with no interventions may also perceive it as traumatic.
- Birth trauma is perceived to be in the '*eye of the beholder*' (Beck, 2004)

The Prevalence of Dissatisfaction and Trauma Following Childbirth

- In a study of Swedish and Australian birthing women, Waldenstrom et al. (2004) found that 5–7% continued to be dissatisfied with their birth experience after 2–4 months.
- Reports of dissatisfaction with the birth experience are frequently linked with descriptions of complicated, negative or traumatic birth experiences (Waldenstrom et al. 2004, Dahlen et al. 2010).
- Soet et al. (2003) in the United Kingdom (UK) suggest that up to 34% of women report the birth as traumatic
- An Australian study showed one in three women continued to experience trauma symptoms at 4–6 weeks after a traumatic birth (Creedy et al. 2000).

The Prevalence of PTSD Following Childbirth

- There is increasing recognition that, for some women, traumatic birth can lead to post-traumatic stress disorder (PTSD) (Beck 2004, Ayers 2007).
- Large population-based studies from Australia and the UK indicate that between 1% and 6% of women will develop symptoms of PTSD following childbirth (Creedy et al. 2000, Ayers & Pickering 2001).
- Women experiencing PTSD related to childbirth report that they feared for their lives or the lives of their babies, or that they would experience physical damage during the birth (Anderson & McGuinness 2008).



- Risk Factors for Developing Post-Traumatic Stress Disorder (PTSD) Following Childbirth (Anderson et al, 2012)**
- **Obstetrical Events in Delivery**
 - Emergency c-section
 - Instrumental delivery
 - **Subjective Appraisal of the Birth as Traumatic**
 - Negative emotions or experience of distress
 - Loss of control
 - Perinatal dissociation
 - Low coping skills
 - **Psychosocial Factors**
 - Past Traumatic Experiences
 - Psychiatric Morbidity

- Women's Perceptions and Experiences of a Traumatic Birth – Key Themes (Elmir et al, 2010)**
- Feeling invisible and Out of control
 - No involvement in key decisions about the birth
 - Feeling powerless
 - Not being treated humanely
 - Not asked for consent for people to watch/intervene
 - Feeling degraded or violated – *'like a piece of meat'*
 - Feeling trapped
 - A *'Rollercoaster of emotions'* - anxiety, panic, low mood

Case Example - Rowena

- Low Pelvic Bone
- Ventouse attempted 5+ times
- Episiotomy
- Emergency c-section
- Felt invisible, out of control, powerless
- No involvement in decisions made
- Examined by people who didn't introduce themselves
- Huge amounts of pain afterwards & no pain relief
- Criticism from midwives: *'that's the lady who hasn't seen her baby..'*
- Lack of empathy and pressure to walk un-assisted
- Baby in ICU with fractured skull but client not told for over 24 hours

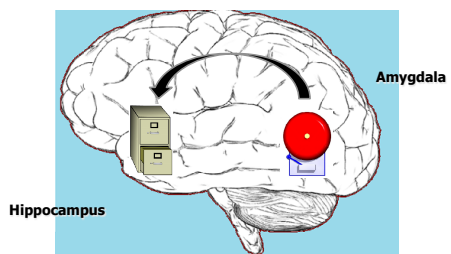
Understanding PTSD



Post Traumatic Stress Disorder (PTSD) DSM-V (American Psychiatric Association)

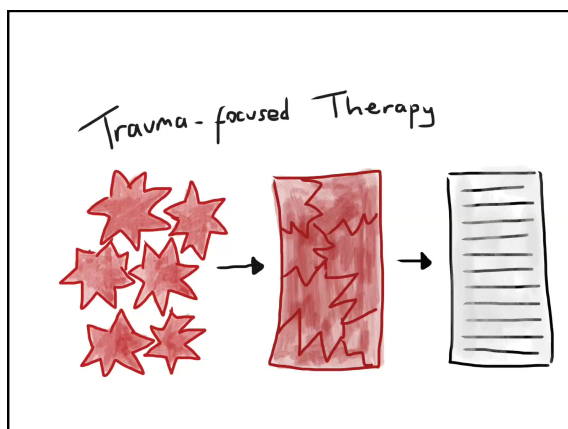
- A. The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence
- B. Persistent re-experiencing
- C. Persistent avoidance of stimuli associated with trauma
- D. Negative Alterations in Cognition and Mood
- E. Alterations in Arousal and Reactivity
- F. Duration >1month
- G. Disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

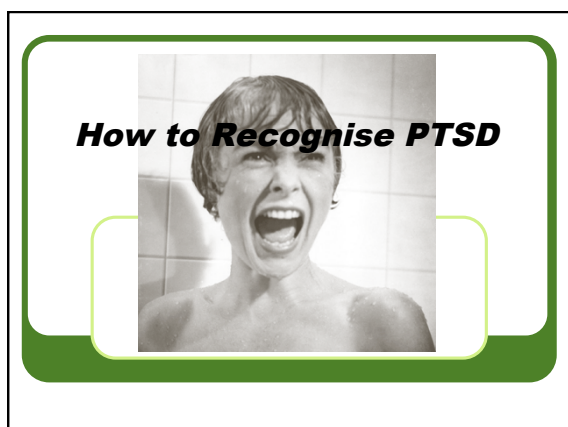
The Dual Representation Theory of PTSD (Brewin, Dalgleish & Joseph, 1996)

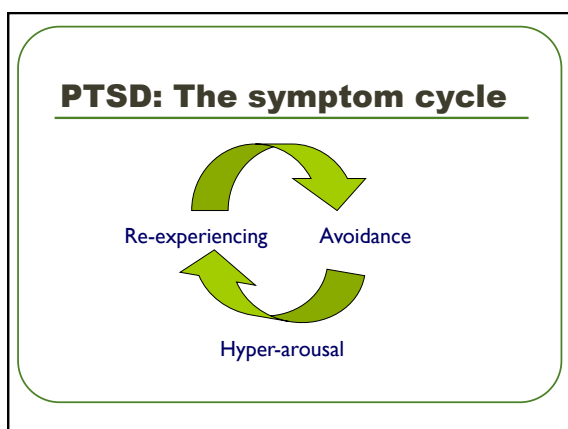


PTSD & The Brain

- | ■ Normal memory | ■ Traumatic Memory |
|------------------------------|----------------------------|
| • Based in Hippocampus | • Based in Amygdala |
| • Organised | • Not organised |
| • Controlled retrieval | • Fragmented |
| • Verbally accessible memory | • No time tag |
| • Time tagged | • Frozen in time |
| • Updated by new information | • Spews out involuntarily |
| | • Situationally accessible |







Re-experiencing

"flashbacks" – visual, auditory, sensations; nightmares; emotions; physiological sensations



FEAR I'm going to die
Heart Racing, Sweating, Tension



I'M NOT SAFE
'It's happening again NOW'

Rowena - Re-experiencing



Images
Memory of baby in the incubator, photograph of her daughter: jaundiced and covered in tubes with an eye mask – 'like something out of a horror movie'

Auditory
During blood being taken from the baby's heel – "we can't get blood anywhere else"

Emotions
Helplessness, guilt, fear – 'I'm not the mother I wanted to be' 'Why didn't I know?'

Rowena - Avoidance



In hospital - seeing/holding her baby ('I was numb, in shock, exhausted, traumatised'), asking questions about what had happened → resulting in high levels of guilt later on

Afterwards – Talking about the birth with other people, looking at photographs, videos, paperwork from hospital, seeing people who might ask about what happened, going out with her daughter → resulting in social isolation and low mood

Hyperarousal

"A state of increased psychological and physiological tension marked by such effects as reduced pain tolerance, anxiety, exaggeration of startle responses, insomnia, fatigue and accentuation of personality traits." It has also been described as a chronic state of fight or flight.

Rowena - Hyperarousal



High levels of fear and anxiety re harm coming to her daughter

- Never leaving her to sleep alone
- Not leaving her with other people
- Not sending her to nursery
- Being selective about activities outside the house (significant reduction)

→ Resulting in a significant impact on her mood, social and occupational functioning

Trauma – “the box on the shelf”



For Rowena...

...this was literal. There was a box on the shelf at home which contained artefacts from the hospital, including the eye mask and piece of skin

More generally...

...It's a good metaphor for trauma. “The monster under the bed”, “the alligator in the box”

Rowena – How could we have seen the signs?

In Hospital

- A reluctance to see/hold/bond with/feed her baby (due to high levels of fear, shock and confusion)
- Not asking questions about what had happened

Afterwards

- High levels of anxiety & hypervigilance to danger
- Social Isolation
- Not talking to close friends and families
- Not attending baby groups
- Fear of being separate from her baby/little girl
- A lack of emotional affect (seeming cut off/distant)

The Consequences of Post Natal PTSD: The Research

- ◆ Depression
- ◆ An increased incidence of alcohol and other substance abuse.
- ◆ Profound problems for a woman's relationship with her baby (Henry, 1993) e.g. problems with breast feeding and bonding.
- ◆ Sexual avoidance
- ◆ Tokophobia (fear of childbirth)
- ◆ Requests for otherwise unnecessary elective caesarean sections in subsequent pregnancies
- ◆ Over-vigilance and anxiety about a child's health (Creedy)
- ◆ Relationship breakdown
- ◆ The impact on a woman's family and the child's development
- ◆ Avoidance of future medical care

The Consequences of Post Natal PTSD: Personal Accounts

"When it was new and fresh it was, it was quite hard to sort of think about and cope with. And...I'd spend a lot of time crying after I'd had a dream like that... And then that would start him [baby] off crying obviously... That picture up there – that was taken the day he was born. Literally a couple of hours later. And it still sends shivers down my spine. I mean, it – everyone goes 'oh, cute little baby' and everything, but to me it just makes me think about how horrible I felt that day"

'I didn't trust any of the people afterwards, any of the sort of health professionals... because of the fear of postnatal depression and the taboo of social services and having your children taking away from you I wasn't going to admit anything to anyone. So I suffered in silence a long time because of that' (Iles & Pote, 2015)

The Impact of Post-natal PTSD on the Mother & Baby Relationship

'That's exactly how I didn't want her to arrive... and it manifested itself very badly later on with me bonding with her... there was a massive barrier there between me and her to start with' (Iles & Pote, 2015)

- At two years after the birth:
 - Higher levels of parenting stress
 - Perception of difficulty interacting with infant
 - Perception of child as difficult (McDonald et al, 2011)
- Possible impacts on attachment & breastfeeding (Beck & Watson, 2008)

How might Post-natal PTSD Impact on Infant Sleep?

- High levels of anxiety & hypervigilance to danger / fear of harm coming to the baby
- A reluctance to see/hold/bond with the baby (due to high levels of fear, shock and confusion)
- Difficulties in leaving the baby to sleep alone
- Regularly checking to see if the baby is still alive
- Social isolation so not sharing difficulties with infant sleep/asking for help
- Mother's disrupted sleep due to nightmares & hyperarousal (e.g. being jumpy or easily startled)
- Lack of patience with baby due to high stress levels & lack of sleep
- Feelings of frustration and anger towards baby
- Difficulties resting and recuperating due to social isolation and avoidance of other people

The Problems Health Professionals Face

- There are high expectations placed on mothers of newborn babies – *"enjoy this magical time", "you're so lucky"*
- The clients with PTSD are avoidant of contact with others, due to high levels of fear but also shame related to how they believe they are perceived (negatively) by others
- Clients with PTSD commonly feel guilty about things they are or aren't doing with their babies and so aren't always open with health professionals
- One negative comment can result in a client retreating and not seeking help again
- Often it's about asking the right questions or normalising the ways in which these clients are feeling
- Overlap with Post-Natal Depression

It's all about the questions you ask...

- Are your memories of the birth of your baby more vivid than normal memories?
- Do you feel overwhelmed/distressed/frightened when you are reminded of the birth?
- Are you trying hard not to think or talk about the birth of your baby?
- Do you wake up at night feeling frightened?
- Are you feeling more panicky and vigilant to danger than usual? (nb. Some normal changes post childbirth)
- How do you feel when your baby cries?
- Do you feel able to talk to anyone honestly about how you're feeling or are you too worried/anxious/ashamed?

Treatment and Symptom Management



NICE Guidelines for PTSD (2005)

The NICE Guidelines recommend that:

- Practical, social and emotional support be offered in the immediate post-incident care and 'watchful waiting' should be implemented for 1 month
- Trauma-focused cognitive behaviour therapy (CBT) or eye movement desensitisation and reprocessing (EMDR) should be offered for severe PTSD present after 1 month
- Non-trauma focused interventions (such as relaxation or non-directive therapy) that do not address traumatic memories should not be routinely offered

Grounding

"Visiting the past in therapy should be done while people are biologically speaking, firmly rooted in the present and feeling as calm, safe and grounded as possible. "Grounded" means that you can feel your butt in your chair, see light coming through the window, feel the tension in your calves, and hear the wind stirring in the tree outside." (Van De Kolk)

Symptom Management – "Grounding" Techniques

Grounding Objects
Grounding Smells
Grounding Images
Grounding Statements

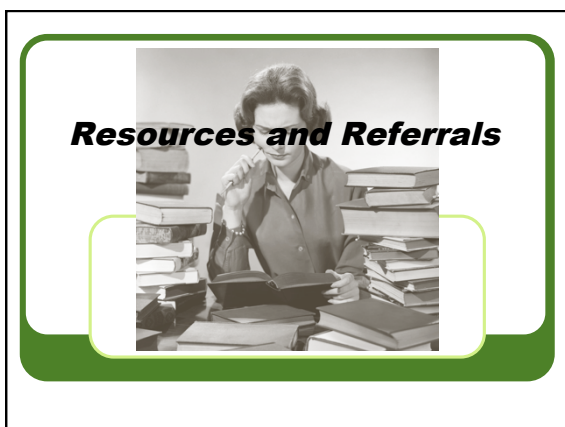
I'M SAFE
I survived

Psychological Intervention: Symptom Management

- Grounding Techniques

FEAR I'm going to die
Heart Racing, Sweating, Tension
I'M NOT SAFE
'It's happening again NOW'

I am safe
I have survived
I am here in 2016, in my bedroom
It's not happening anymore
I am not in danger, this is just a memory



Trauma-focused Therapy

- ◆ Investigate whether there is any specialist psychological support/therapy available linked to the maternity unit (ideally in a different building)
- ◆ Write to GP/encourage client to contact GP & request a referral for trauma-focused Cognitive Behaviour Therapy (CBT) or EMDR (see NICE guidelines)
- ◆ If available, ask for referral to a specialist PTSD/trauma service
- ◆ If unable to find a trauma specialist through the NHS and/or the waiting list is too long, look for a private trauma specialist. In the UK:
<http://www.birthtraumaassociation.org.uk/counsellors.htm>

Useful Resources

- ◆ A comprehensive list of leading articles related to birth trauma and post-natal PTSD can be found on the Birth Trauma Association Website:
<http://www.birthtraumaassociation.org.uk/research.htm>
- ◆ American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th Ed.). Washington D. C.: American Psychiatric Association.
- ◆ National Institute for Clinical Excellence (2005). Post-traumatic stress disorder (PTSD): The management of PTSD in adults and children in primary and secondary care. (Available at: <http://guidance.nice.org.uk/CG26>).
- ◆ Online self-help PTSD guide:
<http://www.moodjuice.scot.nhs.uk/posttrauma.asp>

Useful References

- Ayers, S., Wright, D. B., & Wells, N. (2007). Symptoms of post-traumatic stress disorder in couples after birth: Association with the couple's relationship and parent-baby bond. *Journal of Reproductive and Infant Psychology*, 25(1), 40-50.
- Grekin, R., & O'Hara, M. W. (2014). Prevalence and risk factors of postpartum posttraumatic stress disorder: A meta-analysis. *Clinical Psychology Review*, 34, 389-401.
- Iles, J., Slade, P., & Spiby, H. (2011). Posttraumatic stress symptoms and postpartum depression in couples after childbirth: The role of partner support and attachment. *Journal of Anxiety Disorders*, 25(4), 520-530.
- McDonald S, Slade P & Spiby H, 2011, Post-traumatic stress symptoms, parenting stress and maternal-child relations following childbirth at two years postpartum, *Journal of Psychosomatic Obstetrics and Gynecology*, vol. 32, no. 3, pp. 141-146.
- Parfitt, Y. M., & Ayers, S. (2009). The effect of post-natal symptoms of post-traumatic stress and depression on the couple's relationship and parent-baby bond. *Journal of Reproductive and Infant Psychology*, 27(2), 127-142.
- Soet, J. E., Brack, G. A., & Dilorio, C. (2003). Prevalence and predictors of women's experience of psychological trauma during childbirth. *Birth*, 30(1), 36-46

Thank you!

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