



HEALTH PROFESSIONAL RESOURCE

PSYCHOLOGICAL BIRTH-RELATED TRAUMA

During the Postpartum Period

We encourage you to explore this resource and gain valuable insights on birth-related trauma risk factors, common PTSD symptoms, and the importance of trauma-informed care in clinical practice. Enhance your expertise and provide exceptional support to birthing individuals and their loved ones.



Post Traumatic Stress Disorder (PTSD) during the postpartum period, refers to PTSD or symptoms of trauma as a result of the birth experience.

Birth-related trauma can be defined as any trauma or injury, whether physical or psychological, sustained at any time in connection with pregnancy, labour and birth.

Anyone can experience birth-related trauma, including:

- women/people giving birth
- fathers and non-birthing parents
- friends or family supporting the birth.
- others witnessing a birth, including you.

Whilst not all people with birth-related trauma will go on to develop PTSD, Early recognition and treatment of birth-related trauma can reduce the risk of this occurring.

Important Statistics

- 33% of Australian women experience a traumatic birth.
- 25% of women experience some PTSD symptoms.
- 3-6% of women meet the diagnostic criteria for PTSD, with many going undiagnosed.
- 70% of Australian adults have experienced a traumatic event at least once in their lives.
- 28.5% of the Australian population (16-65) have experienced child sexual abuse. Research shows that a history of sexual assault is associated with the onset of PTSD following childbirth, suggesting an increased risk for maternal psychiatric morbidity among women with previous trauma.³
- Women in high-risk groups are at more risk of PTSD, with one study showing an average prevalence of 18.95% in pregnancy and 18.5% after birth. High risk individuals include those belonging to marginalised groups, such as same-sex couples, people with learning or physical disabilities, and migrant families.
- Birth-related post-traumatic stress disorder can occur in up to 15% of birthing parents in the first six months postpartum.
- One study found that 74.9% of bereaved parents experienced PTSD symptoms, with mothers at higher risk than fathers.
- 60% of NICU parents experience symptoms of PTSD.



Birth as a possible traumatic event, can be confusing because, unlike other traumatic experiences such as war or sexual assault, society tends to perceive birth as a positive event.

This can make it difficult for people to reconcile traumatic birth experiences, which can create barriers to seeking help. Birth-related trauma and PTSD can manifest and evolve differently in different people, and it isn't always identifiable at the time of birth or immediately after. Some people delay seeking treatment until their symptoms become overwhelming. Others may not recognise their trauma until they are trying to conceive or are pregnant after a traumatic birth.

Risk factors for birth-related trauma and PTSD

Many factors can influence whether a person finds their birth experience traumatic. Examples of factors that may contribute to psychological trauma include:

- Fear for oneself, their baby or partner
- Feeling out of control, coerced or forced into making decisions about care
- Procedures performed without informed consent
- Emergency interventions, for example, emergency caesarean or instrumental delivery
- Issues with pain relief
- Feeling not being listened to or respected e.g. having concerns dismissed and feeling judged or criticised
- Feeling alone or unsupported by their partner or care provider
- Long difficult labour or a very quick delivery
- Separation from baby (mum or baby needing to be in a higher level of care e.g. ICU/NICU or HDU/special care)
- A premature baby
- Not feeling informed
- Any other shocking or unexpected experiences during birth.

The experience of trauma can be influenced by various social factors, including the support individuals receive.

We encourage health professionals to ask about the birth experience during routinely and clearly planned de-briefing services, as recognising early responses to a traumatic birth and providing advice and support helps to reduce the risk of a parent developing PTSD during the postpartum period.

Further risk of PTSD in the postpartum period can occur if there is experience of:

- Complications affecting mum or baby during pregnancy, birth or postpartum
- Previous perinatal loss such as stillbirth or miscarriage
- Depression during or after pregnancy, or other history of mental health condition(s)
- History of trauma such as sexual assault or abuse
- Low levels of emotional or practical support during birth or postpartum.



It's important that all clinicians maintain a trauma-informed approach. You may be working with people with a prior trauma history. Empathetic and compassionate care is vital when working with families in the perinatal period to help prevent further trauma. Be mindful of the language you use and how you communicate; what is normal or standard to you can potentially be triggering for impacted individuals.

Key principles of trauma-informed care (Cuthbert & Seng, 2015):

- Safety:** patients feel both physically and emotionally safe
- Trustworthiness:** patients have clear expectations about what treatments will involve, who will provide services and how care will be provided
- Collaboration:** shared decision-making and power between the patient and clinician in collaborative treatment planning
- Choice:** an individualised approach to care focussed on informing patients on treatment options to enable choice
- Empowerment:** using a patient's strengths to empower them in the development of their treatment
- Respect for diversity:** care provided is respectful of and delivered in a way that is sensitive to cultural, historical and gender issues.

REMEMBER
LANGUAGE
MATTERS

It is vital we foster empathetic and compassionate care when working with families in the perinatal period to help prevent further trauma. Be mindful of the language you use and how you communicate; what is normal or standard to you can potentially be triggering for impacted individuals.

PTSD Symptoms

PTSD is different from postpartum depression. Birth-related trauma can cause depressive symptoms, but it's not the same as postnatal depression; they require a different and more specialised treatment approach.

PTSD symptoms can present differently for different people, and not all trauma symptoms meet the criteria for a diagnosis of PTSD. There are four main clusters of symptoms of PTSD. A diagnosis requires symptoms from all four clusters experienced for at least one month. These are:

Re-experiencing the traumatic event

- Intrusive and fearful memories of labour, birth and the immediate period following birth
- Flashbacks or nightmares
- Feeling distressed, anxious or panicked by 'triggers' (reminders) of the birth

Negative thoughts and feelings

- Negative thoughts about oneself, others and the world as a direct result of the birth
- Feelings of anger at those who were in the room during birth
- A sense of overwhelming guilt or shame
- Difficulty remembering important parts of the birth
- Feeling detached from others and difficulty maintaining relationships
- Lack of interest in activities that were previously enjoyed
- Lack of positive emotion

Avoidance behaviours

- Trying to avoid thinking or talking about the birth
- Using strategies to distract or numb oneself
- Avoiding places, people or activities that remind oneself of the birth

Feeling a heightened sense of threat

- Being easily startled (fearful)
- Feeling alert or on guard
- Impulsive and reckless behaviour e.g. driving dangerously, drinking or using drugs without concern for the consequences
- Difficulty with sleep (not related to baby) and concentration
- Increased irritability or anger outbursts

If you suspect a person is experiencing trauma, here are some ways you can help

- Provide an opportunity for the person to share their experience with you
- Acknowledge their distress and validate their feelings
- Ensure that their questions and feelings are documented so they aren't forced to retell their story
- Signpost to Perinatal support services
- Help establish feelings of safety by providing privacy (where possible)
- Ensure good levels of communication with care providers
- Ensure that physical wellbeing is followed up
- Listen to and believe what they say

What to do right now

- Don't assume the nature of the birth experience based on the clinical notes; ask gently and routinely about the birth experience
- Check in on the father and/or non-birthing parent
- Consider using a dedicated and validated questionnaire to screen for perinatal trauma, such as the City Trauma Scale (Ayers *et al.*, 2018).
- If appropriate, refer parents to the hospital midwife liaison or social work department
- Encourage them to speak to their GP to get a mental health plan.

Fostering holistic healing

In the realm of healthcare, embracing a multidisciplinary approach can often be the optimal strategy for addressing an individual's situation. It is of utmost importance to ensure that validation and an opportunity for individuals to create a robust support network is offered, whichever approach is employed.

It is also crucial for healthcare professionals to prioritise self-care and extend the same level of care to their colleagues—familiarisation with the symptoms of PTSD and remaining cognisant of any behaviours that may trigger such trauma.

Treatment for PTSD following the birth experience

PTSD treatment is usually provided through collaborative efforts between a patient's GP and their mental health professional/s. Current treatment guidelines emphasise counselling techniques aimed at addressing trauma memories, such as trauma-focused cognitive-behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR). Additionally, antidepressant medications, specifically selective serotonin reuptake inhibitors (SSRIs), are commonly prescribed to manage symptoms of depression and anxiety.

The management of PTSD requires a comprehensive and holistic approach. Individuals affected by this condition also experience physical manifestations of distress within their bodies. It is important to recognise that the impact of trauma extends beyond the confines of the brain and affects the very core of their cellular makeup.



References

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