NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Posttraumatic Stress Disorder and Trauma
Traumatic Delivery
Case Discussion
Trainee Guide

Contributors
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Pre-Assessment Learning

- Dekel S, Stuebe C, Dishy G. Childbirth Induced Posttraumatic Stress Syndrome: A Systematic Review of Prevalence and Risk Factors. *Frontiers in Psychology*. 2017;8:560. doi:10.3389/fpsyg.2017.00560.

- Shlomi Polachek I, Dulitzky M, Margolis-Dorfman L, Simchen MJ. A simple model for prediction postpartum PTSD in high-risk pregnancies. Arch Womens Ment Health. 2016 Jun;19(3):483-90. Epub 2015 Sep 23.

Additional Reading (Optional)

- Yildiz, P. D., Ayers, S., & Phillips, L. (2017). The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis. *Journal of Affective Disorders,208*, 634-645. doi:10.1016/j.jad.2016.10.009

- Haagen, J. F., Moerbeek, M., Olde, E., Hart, O. V., & Kleber, R. J. (2015). PTSD after childbirth: A predictive ethological model for symptom development. *Journal of Affective Disorders,185*, 135-143. doi:10.1016/j.jad.2015.06.049

- Montgomery E. Feeling safe: a metasynthesis of the maternity care needs of women who were sexually abused in childhood. Birth. 2013 Jun;40(2):88-95. doi: 10.1111/birt.12043.

- Delicate A, Ayers S, McMullen S. A systematic review and meta-synthesis of the impact of becoming parents on the couple relationship. Midwifery. 2018 Jun;61:88-96. doi: 10.1016/j.midw.2018.02.022. Epub 2018 Mar 6.

Session

- **Introduction to Session and Case Discussion [10 minutes].**
- **Case Discussion and small group activity [40 minutes]**
- **Large Group Discussion: Take-Home Points [5 minutes]**

Learning Objectives

1. The learner will describe the prevalence and risk factors associated with postpartum PTSD secondary to traumatic deliveries.
2. The learner will formulate a postpartum case with a focus on management of PTSD.
3. The learner will appreciate the impact of postpartum PTSD on maternal health.

Case Scenario Part 1

Ms. A is a 26 yo G1P0 at 25 weeks gestation who presents to her OB office for routine prenatal care. Her pregnancy has been complicated by preeclampsia, for which she is being treated with nifedipine. During the evaluation, she reports high fear of labor and neonatal complications. She reports increase in anxiety as well as a history of previous trauma, which she does not wish to discuss further in detail.

What risk factors does Ms. A have for development of postpartum PTSD secondary to childbirth? What more information would you want to obtain? What risk factors does Ms. A for development of postpartum PTSD secondary to childbirth? What more information would you want to obtain?

Fill out Predisposing Factors below

Predisposing Factors	**Aspects of Delivery**	**Maintaining Factors**

Case Scenario Part 2

Ms. A is agreeable to a psychiatric evaluation as she hopes to decrease her anxiety overall.

Ms. A reports that this pregnancy was unplanned and father of baby has limited involvement.

Current symptoms: Ms. A reports feeling overwhelmed with multiple worries including fear of delivery, stress related to the health of her baby, worry surrounding finances, and limited support. These worries are associated with difficulty falling asleep, "butterflies in my stomach" feelings, and almost daily headaches.

Past psychiatric history: Ms. A states she has a history of sexual assault when she was 16 years old, but has never been in treatment with a therapist or psychiatrist. In the past, she has used cannabis to cope, which she stopped after she discovered she was pregnant. During her pregnancy, she has noted an increase in nightmares, re-experiencing, and anxiety with pelvic examinations.

Management: You discuss options for treatment with Ms. A including pharmacological treatment with an SSRI; her preference is to start therapy first for symptom control, citing concerns about taking a medication during pregnancy.

Case Scenario Part 3

Two weeks later, Ms. A has delivered following emergency C-section at approximately 27 weeks gestation. She presents to you for follow up five weeks postpartum and shares her daughter continues to receive medical care in the NICU. She tells you that during her C-section, she felt the staff disregarded her completely and would not explain what was going on.

How would you screen for postpartum PTSD secondary to child birth trauma?

Ms. A shares that she thought her baby was going to die during delivery and she describes a high level of distress that persisted postpartum. Prior to C-section, she experienced a high level of pain and following delivery, she required further monitoring for 4 days as she experienced acute kidney injury from complications of preeclampsia. As her baby was born prematurely, she was in the NICU for approximately a week and half for further monitoring and treatment.

She reports the following symptoms of PTSD:

- Re-experiencing: nightmares 3-4x/week
- Avoidance: did not attend the scheduled postpartum visit with her OB/GYN because the practice is located within the hospital she delivered; is considering avoiding future pregnancies due to her delivery experience
- Negative thoughts or feelings: feels something bad will happen to her baby, which has resulted in difficulty bonding and pervasive low mood
- Arousal/reactivity: frequently checks to make sure baby is safe, to the point that she is waking multiple times during the night, even when baby does not need to feed, as she is worried baby is not okay.

Describe the risk factors Ms. A has for development of persistent postpartum PTSD.

Fill out Aspects of Delivery and Maintaining Factors below

Predisposing Factors	**Aspects of Delivery**	**Maintaining Factors**
• History of trauma • Medical complications during pregnancy • High fear of labor • Current symptoms of anxiety • First child	• Emergency C-section • NICU admission • Presence of obstetrical emergency • High subjective distress • Dissociation during delivery • High pain • Sense of loss of control	• Poor supports • Negative appraisal of trauma • Thought suppression • Rumination/repetitive negative thinking

What would you recommend for treatment?