# Perinatal Mood & Anxiety Disorders





They are caused by changes in biology, psychology, hormones and environment.



## **Birth Trauma & Postpartum PTSD**

### **Birth Trauma**

A birth is said to be traumatic when the individual (mother, father, or other witness) believes or perceives that mom and/or baby are in danger of injury or death during childbirth. Women with a history of trauma have a strong chance of being retraumatized in birth. It is important to note that it is all about the individual's perception! "Trauma is in the eye of the beholder."

#### Situations that may lead to one experiencing a traumatic birth include:

- any deterring from "birth plan"
- loss of birth decisions, not just emergencies, that may include unwanted interventions/assisted birth such as forceps, C-section, vacuum, episiotomy, planned or unplanned surgeries, etc.
- staff not explaining, asking permission or prioritizing care providers agenda
- a long and/or difficult labor or delivery
- a precipitous labor
- mom not feeling heard, feeling ignored or disregarded by medical staff
- immediate whisking away of baby resulting in no immediate skin to skin
- medical issues after birth for baby and/or mother including NICU stay for baby
- mother feeling uncared for as focus shifts to baby
- difficulty or inability to breastfeed
- past trauma triggered (sexual abuse or assault)
- racial disparities in maternal and infant mortality; systemic racism that results in up to 1 in 3 Black women experiencing a PMAD instead of just 1 in 5 women

## **Postpartum PTSD**

Approximately 9% of women experience postpartum post-traumatic stress disorder (PTSD) following childbirth. Postpartum PTSD is caused by the trauma during delivery or postpartum.

#### PTSD symptoms related to birth trauma may include:

- nightmares
- intrusive thoughts or replaying of event over and over
- constant memories/flashbacks related to trauma or birth
- repetitive behaviors as a way of dealing with the trauma or birth
- emotional triggers to stimuli associated with the event (leading to avoidance of OB, pediatrician or hospital itself)
- hyperarousal such as difficulty sleeping, irritability, difficulty concentrating, exaggerated startle responses, anxiety or panic attacks
- functional impairment such as sense of unreality and detachment

DID YOU KNOW? Traumatic childbirth occurs in as many as 25-34% of all births with approximately 1/3 of those going on to develop PTSD.



Birth Trauma **increases the risk** of developing a PMAD.

## **Other Impacts of Birth Trauma**



Physical healing limitations: Stitches, infections, pain, and delayed healing



Effects to the mother baby dyad:

Increased chance of failure to thrive in baby, difficulty breastfeeding/with milk production, poor attachment and bonding



#### Emotional and psychological effect:

Anxiety, sadness/depression, PTSD or other PMAD, decreased ability to connect with body, feeling inadequate, guilt/shame, anger, embarrassment, isolation, fearfulness, decreased selfconfidence, fear of future pregnancy/birth



#### Impact on family and support relationships:

As individual withdraws or places blame on self or others, etc.

## **Therapeutic Healing Strategies**

Talk therapy with a mental health professional is the most beneficial healing strategy for processing Birth Trauma and related PSTD.

Debriefing is important for those impacted by the birth to have an opportunity to tell the story, as women who are debriefed within 72 hours of a traumatic birth are significantly more likely to get better.

Seeking out a professional that specializes in birth trauma utilizing psychotherapeutic modalities such as EMDR, Brainspotting or traditional CBT therapy is most important. (EMDR done immediately can decrease the risk of developing PTSD by 50%.)

Postpartum Support Virginia has a list of mental health professionals who specialize in treating new/expectant parents experiencing PMADs.

