South Australian Perinatal Practice Guidelines

Women in distress after a traumatic birth experience (management of)

Introduction

- Research shows that feeling traumatised by a birthing experience is not uncommon and that trauma symptoms can develop [1,2,3,4]
- The birth does not have to be abnormal in the clinician's view for women to feel traumatised [2,5]
- For some women childbirth is not fulfilling and becomes one of the most traumatic experiences of their lives [6]
- Posttraumatic Stress Disorder (PTSD) occurs in 2-3 % of women after childbirth with up to 25 % developing some symptoms of this condition [1,2,7,8,9,10]
- The experience of extreme pain, loss of control and fear of death for themselves or their child puts women at greater risk [2,7,8,9,11,12,13]

Literature review

- A history of previous trauma predisposes women to experience further trauma or distress during the perinatal period. Previous trauma may include domestic violence, childhood sexual abuse, rape, and migrant trauma [14]. Follow link to chapter 32 Sexual abuse in childhood
- Other predisposing factors to trauma include:
    - Lack of social support
    - Poor coping strategies
    - Feelings of powerlessness
    - Extreme pain
    - Unexpected outcomes of labour and birth including ill or stillborn infant
    - Perception of hostile or uncaring staff
    - Loss of control
    - Medical interventions
    - Lack of information
    - Past traumatic birth [1,2,7,8,9,10,13,15,16,17,18,19,20,21,22,23]
- The distress of a traumatic birth can affect a woman's ability to breast feed and bond with her child [13]
- PTSD is an under-recognised complication of childbirth [5] and is often incorrectly treated [28]

Symptoms

Psychological distress following childbirth may manifest itself in any of the following ways

- Appearing dazed
- Reduced conscious state
- Agitated or overactive
- Withdrawn

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- Autonomic anxiety symptoms – increased heart rate, palpitations, sweating, jelly legs, "butterflies in stomach" and dry mouth
- Some amnesia – blocked memories
- Disorientated
- Depressed

These symptoms can be a precursor to the more severe PTSD [28]

Symptoms of PTSD

- Flashbacks, depersonalisation, hypervigilance [5,13]
- Nightmares [5]
- Emotionally numbed [24]
- Intrusive memories, depression
- Anxiety, bonding difficulties
- Fear of sexual intimacy, avoidance of pregnancy or normal vaginal birth [5,16,27]

Treatment

Debriefing

Background information …

"…A structured intervention that is intended to act as primary prevention to mitigate, or at least inhibit acute stress reactions…" [3]

Developed to reduce traumatic reactions for people experiencing trauma

It is rare that women don't want to talk about their birth experience

How a woman perceives her birth has an impact on her need to debrief [25]

Women who experience any difficulties in regards to pregnancy labour and birth should be offered the opportunity to talk about and review their experience. This shouldn't be forced, just offered. Evidence suggests that providing women with opportunity to make sense of their birth experience strengthens them psychologically [29]

Components of debriefing

- Listen empathically
- Identify and report any problems within the service
- Provide feedback to staff involved

(Why debrief) The benefits for the woman are to …

- Decrease mental distress
- Acknowledge grief and loss
- Educate
- Provide health promotion
- Help with memory gaps
- Understand medical aspects of interventions
- Talk about unmet expectations
- Reconstruct the whole birth story
- Evoke an emotional response

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The benefits for the organisation are …

- Risk management – decreases formal complaints

Health care professional's role

Postpartum care of current birth

- Encourage discussion of birth experience
  - Accoucher or appropriately experienced health professional should explain and discuss the events of the labour and birth. This should be done in terms that the woman can understand.
  - Encourage articulation of the birth experience by the woman as she requires.
  - A clear summary of the discussion and explanations given to the woman should be documented in the case notes.

Ongoing postpartum care

- Empathetic care
- Early recognition of signs and symptoms of distress
  - Anger
  - Persistent vague pain
  - Failure to interact with baby
- Refer to appropriate specialised care – perinatal mental health team or social work and counselling services
- Rule out postnatal depression
- Consider postnatal review appointment at 4-6 weeks to provide time for any further clarification of the birth experience

Subsequent pregnancy

Antepartum

- Thorough history taking
- Carefully discuss and document mode of birth / pain relief / maternal requests for next birth
- Watch for avoidant behaviour
- Aim for continuity model of care and carer
- Consider consultant review
- Gain knowledge from routine screening about psychiatric history including depression, anxiety, trauma or previous / current PTSD
- Throughout antenatal care, previous labour and birth may need to be revisited
- Refer for counselling as needed

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Intrapartum

- Maximise the woman's control in labour by
  - Providing adequate information
  - Involve in decision making
  - Provide adequate information of all procedures and gain the woman's permission (verbal consent) before proceeding
  - Stop procedure if woman requests this
- Pain control as a preventative strategy
- Being alert to what situations may lead to trauma
- Encourage the woman to articulate her experiences

Postpartum

Care the same as for postpartum care of current birth, plus …

- Discuss events of this birth and ensure psychological well being is maintained
- Refer for counselling as needed
- **A positive birth experience following a traumatic one can have a therapeutic effect** [13,28]

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Appendix 1 - Key elements of counselling

Strategy	Intervention
Therapeutic connection between midwife and woman	Show kindness; affirm competence of the woman, simple non-threatening open questions about the birth, attentive listening and acceptance of the woman's perspective
Accept and work with women's perceptions	Prompt the woman to tell her own story, listen with encouragement but not interruption
Support the expression of feelings	Encourage expression of feelings by open questions, actively listening, reflecting back the woman's concerns
Filling in the missing pieces	Clarify misunderstandings, offer information, answer questions realistically and factually, ask questions about key aspects to check understanding. Do not defend or justify care provided
Connect the event with emotions and behaviours	Ask questions to determine if the woman is connecting current emotions and behaviour with the traumatic event(s). Acknowledge and validate grief and loss. Gently challenge and counter distorted thinking such as self-blame and a sense of inadequacy. Encourage the woman to see that inappropriate or hasty decisions may be a reaction to the birth
Review the labour management	Ask if the woman felt anything should have been done differently during labour. Offer new or more generous or accurate perceptions of the event. Realistically postulate how certain courses of action may have resulted in a more positive outcome. Acknowledge uncertainty
Enhance social support	Initiate discussion about existing support networks. Talk about ways to receive additional emotional support. Help the woman understand that her usual support people may be struggling with their own issues
Reinforce positive approaches to coping	Reinforce comments by women that reflect a clearer understanding of the situation, plan for the way forward or outline positive action to overcome distress. Counter oblique defeatist statements
Explore solutions	Support women to explore and decide upon potential solutions, e.g. support group(s), further one-to-one counselling, seeking specific information, accessing the complaint system

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Abbreviations

et al.	And others
PTSD	Posttraumatic stress disorder
KEMH	King Edward Memorial Hospital
BMJ	British Medical Journal

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