

PTSD AND THE BIRTH EXPERIENCE

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PSYCHOLOGICAL DIAGNOSIS SURROUNDING/FOLLOWING BIRTH

- Postpartum Psychosis
- Postpartum Depression
- Bipolar 2
- Postpartum Anxiety
 - Postpartum Obsessive Compulsive Disorder (OCD)
 - Panic Disorder with Postpartum Onset
 - PTSD due to Childbirth


PTS, PTSD OR CTSD

Only **20%** of those who experience trauma develop PTSD and even fewer develop CPTSD. (PTSD Alliance)


- Post Traumatic Stress (PTS)
- Post Traumatic Stress Disorder (PTSD)
- Complex Traumatic Stress Disorder (CTSD)

25%-30% Subclinical PTSD Symptoms
 1.5%-6% Postpartum PTSD
 ***If my math is correct, the birth trauma numbers support the 20% statistic.


PTSD SYMPTOMS



Hypervigilance



Re-experiencing



Avoidance

Negative Cognitions

PTSD VS CTSD

PTSD	Complex PTSD
* Literature on war-related trauma	* Literature on child sexual abuse
* Isolated traumatic events	* Multiple traumatic events, chronic trauma
* Trauma source not usually an intimate relationship	* Trauma source includes intimate relationships
* Examples: War-related trauma, natural disasters, single rape (adult), physical injury	* Example: Child abuse and/or neglect (physical, sexual, emotional, spiritual or combinations), domestic violence
* Relatively short term	* Long-term therapy

PRE-EXISTING

- Previous Trauma (Especially Sexual Trauma)
- Previous Psychological Diagnosis (Especially Anxiety)
- First Pregnancy/Delivery
- Complications in Pregnancy

INTRAPARTUM

- High Level of Medical Intervention
- Dissociative Experience
- Lack of Perceived Support
- Concern for Life of Self or Baby
- Negative Cognitions Surrounding Birth Events

DEREALIZATION

- "Cloudy Surroundings"
- Temporary Loss of Sensation
- Those around you (or things around you) seem distorted or not real.

DEPERSONALIZATION

- Watching a Movie
- "Auto-Writing"
- Out of Body Experience

BREAK

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COMMON THEMES

- Lack of Care
- Lack of Communication
- Feeling Powerless
- Only the Baby's Life Matters

RESILIENCY FACTORS

- Developmental History.
 - Belief System.
 - Prior Experience.
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- Preparation for expected stress. (Debatable in Birth Trauma)
 - Successful fight or flight response. (Having a Voice, Control)
 - Internal Resources. (Encourage them)
 - External Support. (Hospital Staff and Volunteers)

BESSEL VAN DER KOLK, 1998

"If it is true that at the core of our traumatized and neglected patients' disorganization is the problem that they cannot analyze what is going on when they re-experience the physical sensations of past trauma, but that these sensations just produce intense emotions without being able to modulate them, then our therapy needs to consist of helping people to stay in their bodies and to understand these bodily sensations."

SAFETY WITHIN THE HELPING RELATIONSHIP

Core Experiences (Herman, 1997)

- Disempowerment
- Disconnection with Others

SAFETY WITHIN THE HELPING RELATIONSHIP

Developing Rapport

- Empathy
 - Don't let repetition jade you.
 - Hypochondria concerns.
- Respect (Unconditional Positive Regard)
- Authenticity
- Offer choices whenever possible.
- "Safe" people can be dangerous.

SAFETY WITHIN THE HELPING RELATIONSHIP

Remaining a Safe Person

- Boundaries – Know when to hold and when to fold.
- Beware of Power Differential
- Be Aware of Touch
- Protect Confidentiality
- Communicate Clearly

SAFETY FROM SELF & SYMPTOMS

Basic Medical Care →

Restoration of Biological Rhythms (eating, sleeping)

→ Reduction of Intrusive Symptoms

SAFETY FROM SELF & SYMPTOMS

Other Tools

- Grounding
- Internal Place (Safe Place?)
- Stop Judging Emotions
- Education of Symptoms
- Log Symptoms and How Addressed (Reinforce Healthy/Adaptive Choices)
- Medication
- Relaxation vs Hard Exercise (Large Muscle Movement)
- Social Supports

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VALIDATION

PDEQ

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