The Role of the Caregiver in Post-Traumatic Stress Disorder (PTSD) Following Cesarean Section

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Introduction

Although typically perceived as a joyful time, the process of childbirth can be highly traumatic. Unforeseen events in child birth can result in an emergent cesarean section (C-section). Unfortunately, research has shown that the experience of C-section is often linked to the development of Post Traumatic Stress Disorder (PTSD) in the postpartum period[1,2]. While the development of PTSD is influenced by many factors often times the role of the caregiver is highly influential. The role and the relationship between the mother and the caregiver has been shown to significantly influence the birth experience and the perception of birth as traumatic.[2,3]

Background/Significance

- As many as 43% of mothers view their birth experience as traumatic [3]
- C-sections are currently the most common surgical procedure in the United States affecting 1 in 3 women[6]
- Recent research has shown that between 3-9% of mothers develop PTSD following childbirth. That correlates to roughly 118,000 to 153,000 women each year [4,5]
- C-sections are associated with higher rates of developing PTSD in the postpartum period [4,5,7]
- Health Policy Project and White Ribbon Alliance have initiated the Respectful Maternity Care Charter, which is founded on the idea that respectful maternity care is a fundamental right [8]
- The International Federation of Gynecology and Obstetrics (FIGO) states that every woman has the right to a positive birth experience and supportive care. FIGO states birth environments have a significant impact on a mother's health delivery outcomes and ability to care for her newborn infant [9]

Effects of PTSD:

- Fear of future pregnancy [7,10]
- Avoiding prenatal care in future pregnancies[11]
- Long term mental effects resulting in decreased functional ability[7]
- Decreased maternal and infant bonding [7,10]
- Decreased breastfeeding rate [7]
- Impaired or damaged relationships [10]
- Significant negative impact on self-esteem and self-efficacy [7, 10]

Purpose

The purpose of this poster is to identify factors that indicate a woman is at risk for developing PTSD in the postpartum period and to recommend assessment tools and interventions to decrease the development of PTSD following cesarean section.

Literature Review

Search Terms

Cesarean Section
Postpartum PTSD
Continuous Support
Traumatic childbirth

Databases

Cochrane Library
PsychINFO
CINAHL
PubMed
Medline
Google Scholar

Tomsis (2018)[1]
Harris, R. (2012)[2]
Grekin, R. (2014)[3]
Garthus-Niegel, S. (2017)[4]
Simpson, M. (2017)[7]
Bryanton, J. (2008)[10]
Baas, M. (2017)[11]
Shahar, G. (2015)[12]
Beck, C. (2011)[13]
Bohren, M. (2017)[14]
Kewei, S. (2017)[15]
Noyman-Veksler, G. (2015)[16]
Reed, R. (2017)[17]
Meades, R. (2011)[18]

Evidence based research has shown a strong correlation between cesarean section and increased rates of PTSD postpartum. The review of literature identified multiple risk factors such as lack of support, lack of control, and poor communication. Additionally, current research has shown that the risk for developing PTSD is significantly impacted by the care provider. Unfortunately, cesarean sections are frequently viewed as routine interventions and its effect on mother's mental and emotional well being is at times forgotten. The unexpected nature of child birth combined with poor care can lead mothers to viewing their birth experience as traumatic. This subsequently can result in the development of PTSD postpartum.

Symptoms

- **Avoidance**:
  - Avoiding places, activities, people, feelings, or thoughts that are reminders of the experience
  - Memory loss of the event
- **Arousal** :
  - Difficulty sleeping
  - Irritability
  - Difficulty concentrating
- **Intrusion**:
  - Flashbacks
  - Nightmares

Key Findings

Risk Factors:

- **Patient Related:** Previous trauma, pre-existing mental health disorder, fear of birth, diminished coping skills, primipara[1,3,7,12]
- **Care Related:** Feelings of hopelessness, humiliation, shock, feeling violated and dehumanized during labor. Absence of information regarding the procedure. Lack of choices and non-involvement in decisions making process[1,7]
- **Situational:** Low social support, uncontrolled pain during labor, not breastfeeding as long as planned postpartum, perception of birth events as being life threatening for mother or child, and self blame for the procedure[1,7]

Assessments:

- **The Posttraumatic Stress Disorder Symptom Scale-Self Report (PSS-SR).** 17 item scale aimed at identifying symptoms of PTSD in accordance with DSM-IV diagnostic criteria[11, 13]
- **The Modified Questionnaire Measuring Attitudes About Labor and Delivery (QMAALD).** 29-item questionnaire specifically made for birth by C-section on a 5-point, Likert-type scale[10]

Recommendations

- Mothers undergoing C-section should receive continuous nursing support starting from the time a C-section is indicated, extending through the procedure, and into the postpartum period[2, 7, 10, 14, 15, 16]
- Training for care providers on how to adequately support and care for patients undergoing C-section to provide respectful and quality care[17]
- Educate all mothers of the possibility of an emergency C-section and what to expect in the event it occurs[10]
- Screening after C-section for events during labor or symptoms that could contribute to the development of PTSD [3, 11, 13]
- Uninterrupted skin-to-skin or immediate breastfeeding following surgery[7]
- Constant communication and option giving during the process of C-section to increase the mother's awareness and perception of control[3, 10]
- Pain control during and after labor[1]
- Counseling and debriefing has been found to be beneficial in some cases, but efficacy in treating postpartum PTSD is controversial and requires additional research [18]

The development of PTSD following C-section is a topic that has yet to be fully understood. Further research is needed to identify effective prevention and treatment strategies for mothers at risk of developing PTSD in order to better support this population.

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