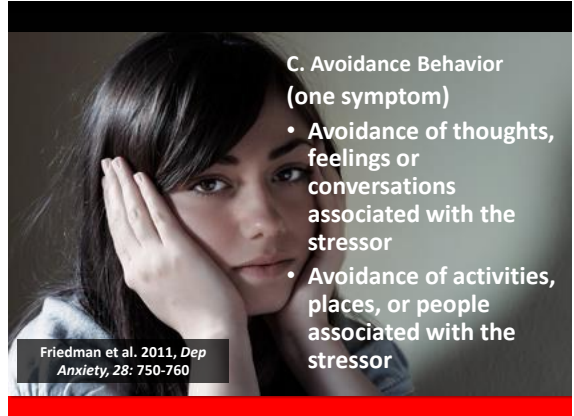


- Intense or prolonged psychological distress at exposure to thing that resemble the traumatic event(s)
- Marked physiological reactions to reminders of the traumatic events



### C. Avoidance Behavior (one symptom)

- Avoidance of thoughts, feelings or conversations associated with the stressor
- Avoidance of activities, places, or people associated with the stressor

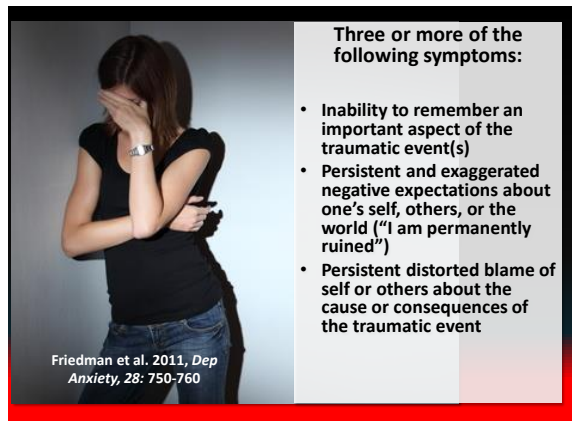


### D. Negative changes in beliefs and mood; Began or worsened after the traumatic events



### Three or more of the following symptoms:

- Inability to remember an important aspect of the traumatic event(s)
- Persistent and exaggerated negative expectations about one's self, others, or the world ("I am permanently ruined")
- Persistent distorted blame of self or others about the cause or consequences of the traumatic event

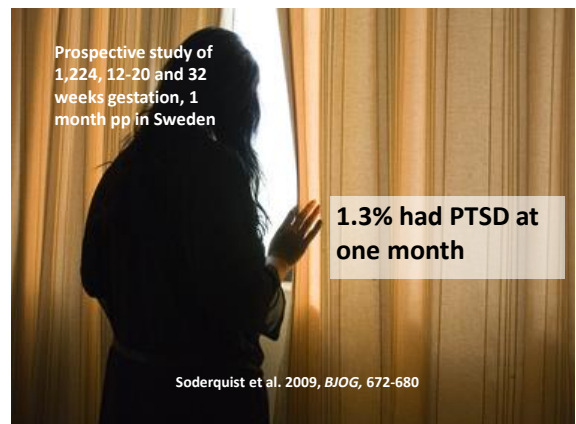
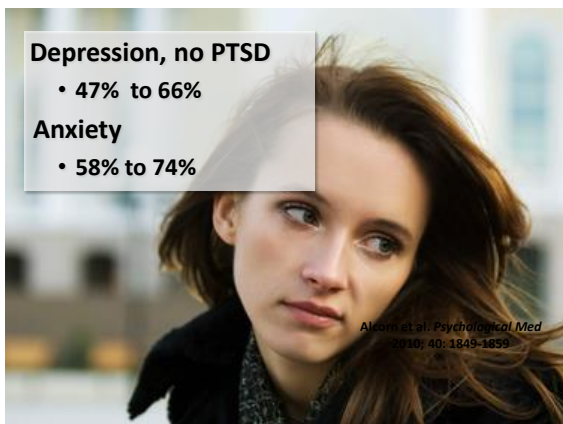
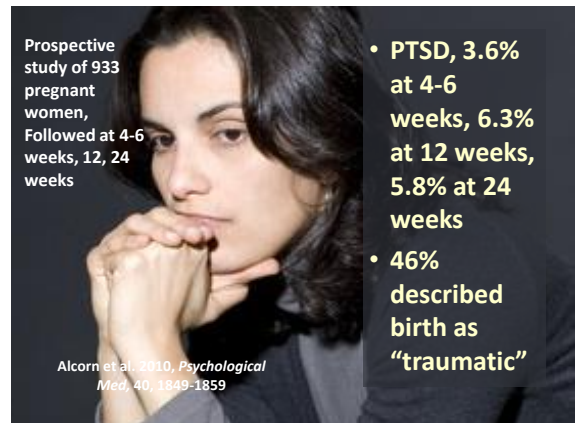
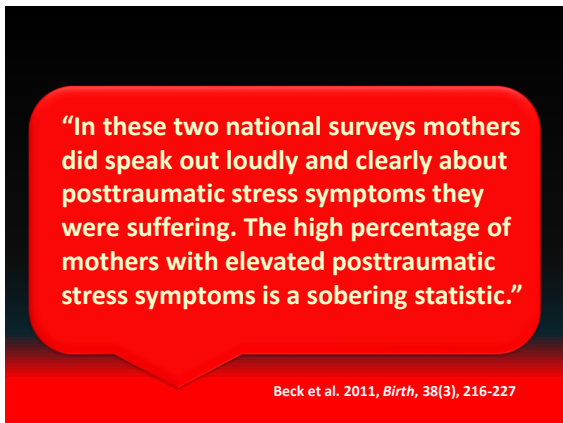


- Pervasive negative emotional state, e.g., fear, horror, anger, guilt, or shame
- Markedly diminished interest or participation in significant activities
- Feeling of detachment or estrangement from others
- Persistent inability to experience positive emotions



### E. Changes in arousal and reactivity Began or worsened after the traumatic event





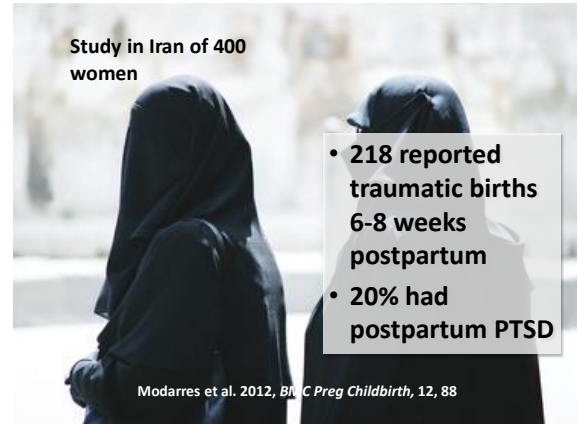




**Study of 907 women in the Netherlands**

- PTSD 1.2%
- 9% identified their birth as traumatic

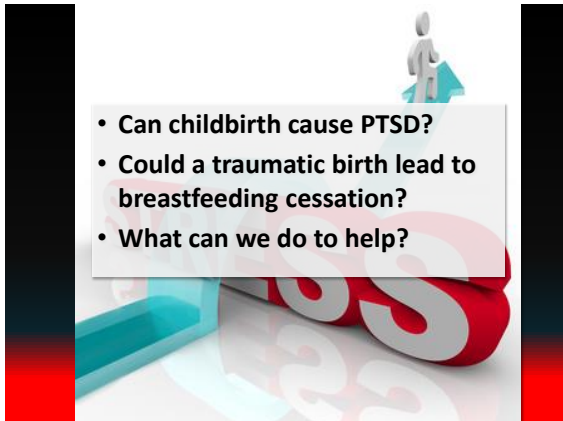
Stramrood et al. 2011, *J Psychosom Ob Gyn*, 32(2), 88-97



**Study in Iran of 400 women**

- 218 reported traumatic births 6-8 weeks postpartum
- 20% had postpartum PTSD

Modarres et al. 2012, *BMJ C Preg Childbirth*, 12, 88



- Can childbirth cause PTSD?
- Could a traumatic birth lead to breastfeeding cessation?
- What can we do to help?



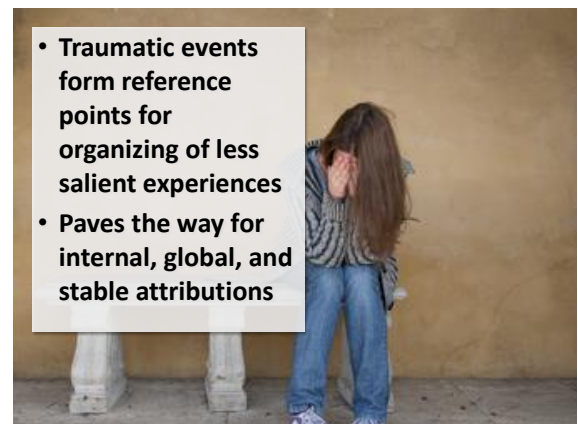
**What is mothers' lived experience of traumatic childbirth?**




**Centrality of the Event**

- Highly negative event has become central to a person's identity, life story, and understanding of the world
- Related to PTSD symptomatology

Berntsen & Rubin, 2006 *Behav Res Ther*, 44: 219-233

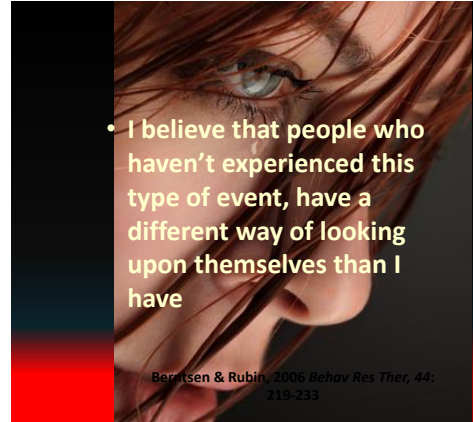


- Traumatic events form reference points for organizing of less salient experiences
- Paves the way for internal, global, and stable attributions




- This event has become a reference point for the way I understand the world
- I feel that this event has become a central part of my life story

Berntsen & Rubin, 2006 *Behav Res Ther*, 44: 219-233



- I believe that people who haven't experienced this type of event, have a different way of looking upon themselves than I have

Berntsen & Rubin, 2006 *Behav Res Ther*, 44: 219-233



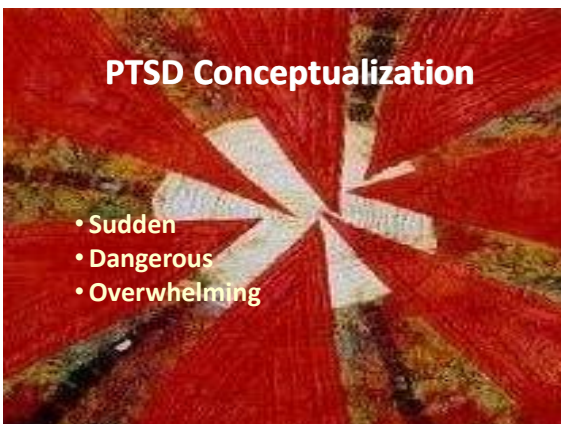
- This event permanently changed my life
- If this event had not happened to me, I would be a different person today
- I often think about the effects this event will have on my future

Berntsen & Rubin, 2006 *Behav Res Ther*, 44: 219-233

### Risk Factors for Traumatic Birth



### PTSD Conceptualization



- Sudden
- Dangerous
- Overwhelming



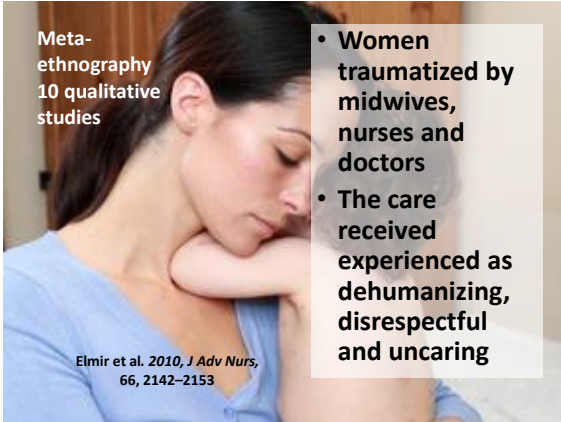
- Danger
  - Overwhelming fear
  - Helplessness
  - Loss of control
- Perceived level of care
- Power and control

Beck, *Nurs Res* 2004, 53, 216-224;  
Kendall-Tackett, *Depression in new mothers*, 2<sup>nd</sup> Ed., London: Routledge

Meta-ethnography  
10 qualitative studies

- Women traumatized by midwives, nurses and doctors
- The care received experienced as dehumanizing, disrespectful and uncaring

Elmir et al. 2010, *J Adv Nurs*, 66, 2142–2153



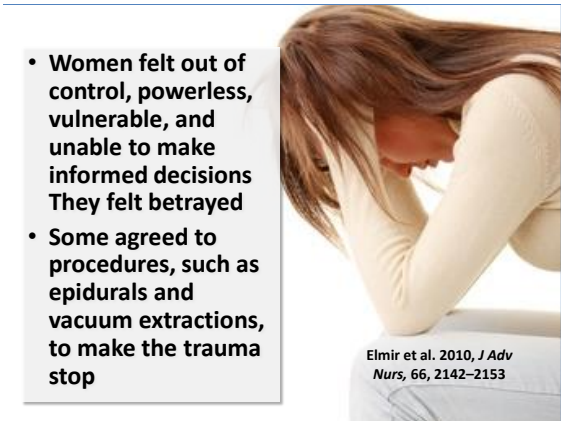
- More negative if they felt “invisible and out of control”
- Used phrases, such as “barbaric,” “intrusive,” “horrific,” “inhumane,” and “degrading”
- Also distressed when large numbers of people were invited to watch the birth without their consent

Elmir et al. *J Adv Nurs* 2010;66:2142–2153



- Women felt out of control, powerless, vulnerable, and unable to make informed decisions They felt betrayed
- Some agreed to procedures, such as epidurals and vacuum extractions, to make the trauma stop

Elmir et al. 2010, *J Adv Nurs*, 66, 2142–2153



Perinatal loss increases risk for PTSD, depression, and anxiety with a subsequent birth

- PTSD remained in the moderate range throughout
- Mothers and fathers had similar rates of PTS

Armstrong et al. 2009, *JOGNN* 38, 654-666



Study of 21 mothers of VLBW infants in Quebec, Canada, Mothers were assessed when babies were 6 months corrected age

- 23% were in clinical range for PTSD
- Severity of illness in infant related to the mothers' symptoms

Feeley et al. 2011, *App Nurs Res*, 24, 114-117

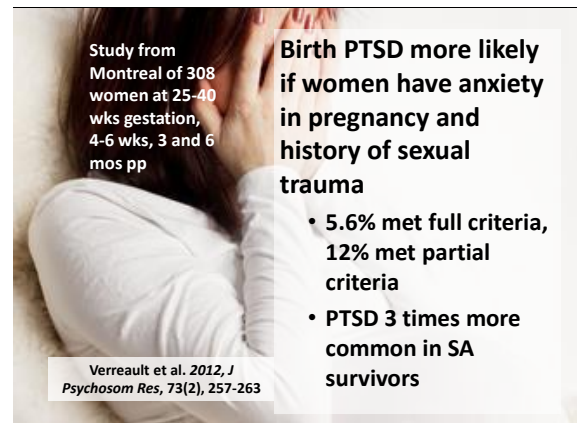


Study from Montreal of 308 women at 25–40 wks gestation, 4–6 wks, 3 and 6 mos pp

Birth PTSD more likely if women have anxiety in pregnancy and history of sexual trauma

- 5.6% met full criteria, 12% met partial criteria
- PTSD 3 times more common in SA survivors

Verreault et al. 2012, *J Psychosom Res*, 73(2), 257-263





### Listening to Mothers Survey II

- 26% of Black mothers had PTS

Declercq et al. 2008. *New mothers speak out.*

National  
survey of  
1,581  
pregnant  
women  
(709 Black)

Current  
prevalence of  
PTSD was 4  
times higher for  
Black women

- Rates did not differ by SES
- Explained by greater trauma exposure

Seng et al. 2011, *Arch Womens Ment Health*, 14(4), 295-306

Prospective,  
3-cohort study  
839 women

- PTSD+ lowered birthweight an average of 283 g
- PTSD was a stronger predictor of birthweight for African Americans

Seng et al. 2011, *BJOG* 118, 1329-1339

### Impact of Traumatic Childbirth on Breastfeeding



5,332 mothers  
in the UK

More breastfeeding  
problems at 3 months  
following forceps-assisted  
and unplanned cesarean  
births

Rowlands & Redshaw 2012,  
*BMC Preg Childbirth*, 12, 128

- “Women traumatized during childbirth often felt like victims of rape: violated and stripped of their dignity
- Some women became vigilant about protecting their bodies from being violated yet again
- This hypervigilance focused on their breasts and hindered their breastfeeding”

Beck 2011, *Qual Health Res*, 21(3), 301-311

**"The flashbacks to the birth were terrible. I wanted to forget about it and the pain, so stopping breastfeeding would get me a bit closer to my 'normal' self again."**

Beck 2011, *Qual Health Res*, 21(3), 301-311

**"I had flashbacks to the birth every time I would feed him.**

**When he was put on me in the hospital, he wasn't breathing and he was blue. I kept picturing this; and could still feel what it was like.**

**Breastfeeding him was a similar position as to the way he was put on me."**

Beck 2011, *Qual Health Res*, 21(3), 301-311

**"I hated breastfeeding because it hurt to try and sit to do it. I couldn't seem to manage lying down. I was cheated out of breastfeeding. I feel that I have been cheated out of something exceptional."**

Beck & Watson 2008, *Nurs Res*, 57(4), 228-236

**"The first 5 months of my baby's life (before I got help) are a virtual blank. I dutifully nursed him every 2-3 hours on demand, but I rarely made eye contact with him and dumped him in his crib as soon as I was done. I thought that if it were not for breastfeeding, I could go the whole day without interacting with him at all."**

Beck & Watson 2008, *Nurs Res*, 57(4), 228-236

**Breastfeeding made helped women overcome their experiences and prove their 'success' as mothers**

Elmir et al. 2010, *J Adv Nurs*, 66, 2142-2153

**"Breastfeeding was a timeout from the pain in my head. It was a "current reality"—a way to cling onto some "real life," whereas all the trauma that continued to live on in my head belonged to the past, even though I couldn't seem to keep it there."**

Beck 2011, *Qual Health Res*, 21(3), 301-311



"Breastfeeding became my focus for overcoming the birth and proving to everyone else and mostly to myself that there was something that I could do right. It was part of my crusade, so to speak, to prove myself as a mother"

Beck & Watson 2008, *Nurs Res*, 57(4), 228-236

Study of  
Urban  
Guatemala  
n women  
(N=136)

Higher cortisol levels  
were related to  
delayed onset of  
lactation

Grajeda & Perez-Escamilla 2002, *J*  
Nutr 132: 2855-2860

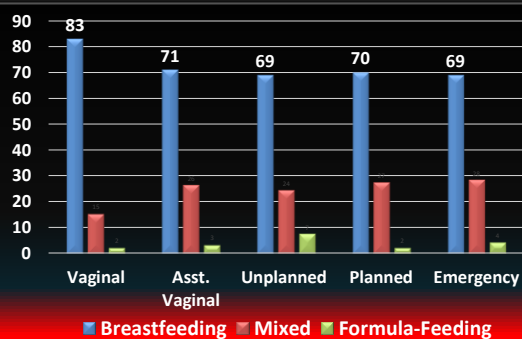
"My body's ability to produce milk, and so the sustenance to keep my baby alive also helped to restore my faith in my body, which at some core level, I felt had really let me down, due to a terrible pregnancy, labor and birth.

It helped build my confidence in my body and as a mother. It helped me heal and feel connected to my baby."

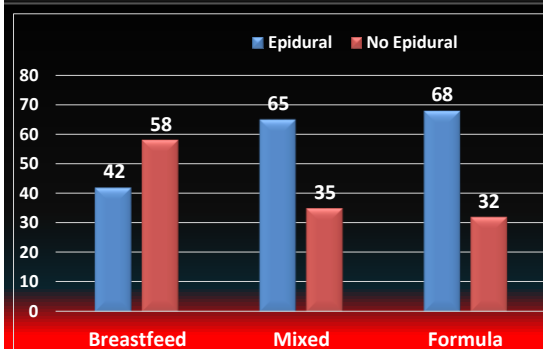
Beck & Watson 2008, *Nurs Res*, 57(4), 228-236

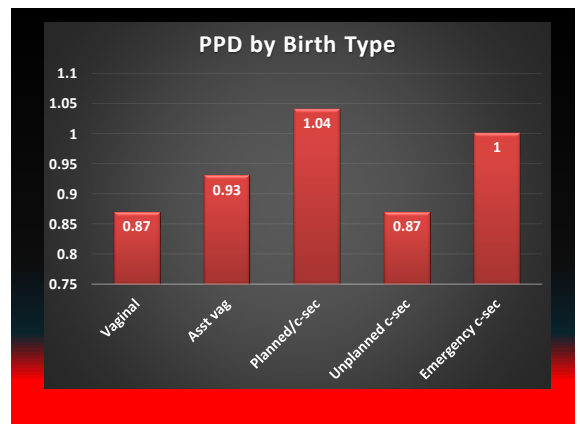
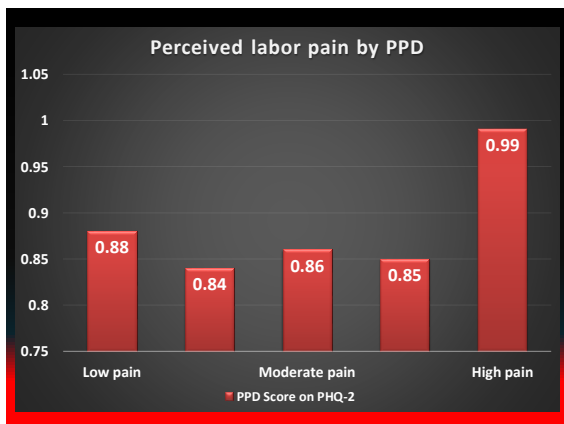
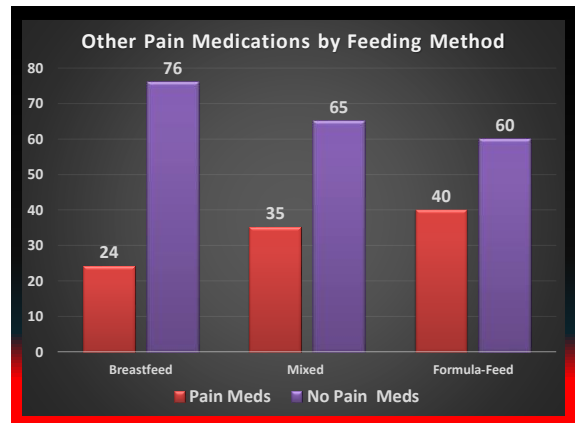
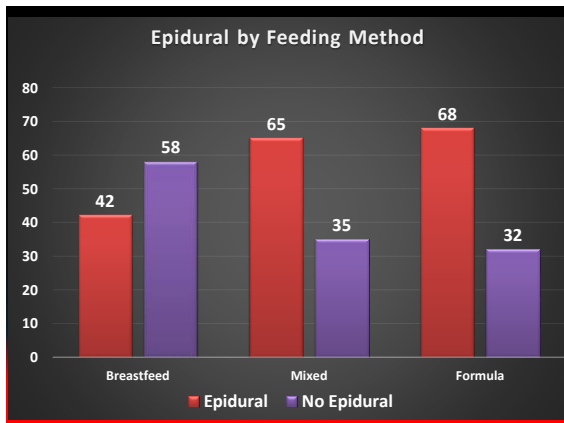
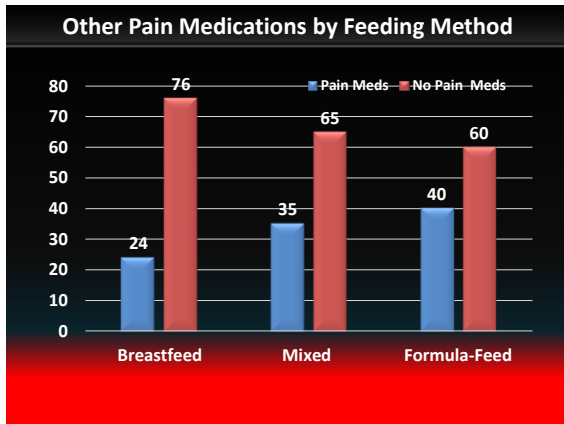
Survey of  
Mothers'  
Sleep and  
Fatigue

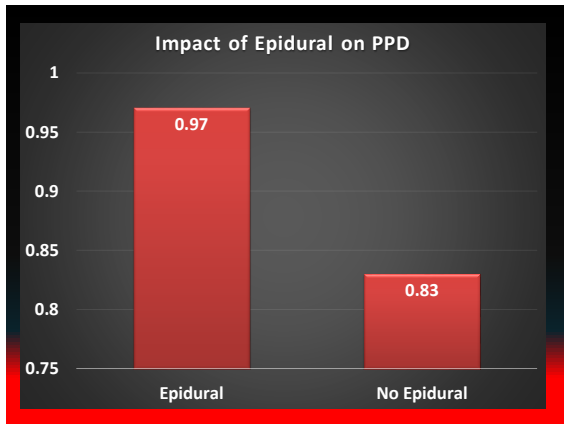
Feeding Method by Delivery Type



Epidural by Feeding Method







- Significantly related to depressive symptoms
  - Epidurals
  - Postpartum hemorrhage
  - Postpartum surgery
- Even after controlling for
  - All other birth interventions
  - Number of hours in labor
  - Income
  - Education
  - History of depression
  - History of sexual assault
  - Current anxiety
  - Current anger/irritability

Kendall-Tackett et al. 2015, in press, *Clin Lact*, 6(3)



Random sample of 464 L&D nurses from AWHONN

**35% of L&D nurses reported moderate-to-severe secondary trauma from being exposed to traumatic births**

- 10% high STS
- 14% severe STS

Beck & Gable 2012, *JOGNN* 41(6), 747-760

### Themes related to vicariously traumatic births

- Magnifying the exposure to traumatic births
- Struggling to maintain a professional role while dealing with traumatized patients
- Agonizing over what should have been
- Mitigating the aftermath of exposure to traumatic births
- Haunted by secondary traumatic stress symptoms
- Considering foregoing careers in L&D to survive

Beck & Gable, *JOGNN* 2012; 41(6), 747-760

### Agonizing over what should have been done

- Felt powerless because person in authority was causing unnecessary trauma
- Felt frustrated and angry at physician for not listening
- Feel like I failed my patient
- I should have tried to stop the physician
- My patient was counting on me to protect her

Beck & Gable, *JOGNN* 2012; 41(6): 747-760



"The physician violated her. A perfect delivery turned violent. I felt like an accomplice to a crime. The doctor treated her like a piece of dirt. After the birth of the baby, he proceeded to put his hand inside her practically halfway up his arm to start pulling the placenta out....I felt like I was watching a rape."

Beck & Gable, *JOGNN* 2012; 41(6): 747-760

"Traumatic deliveries are much easier to handle and cope with when they are unavoidable. What causes the anxiety and stress to nursing staff is when they feel powerless and helpless because another person in authority is causing unnecessary trauma to the patient and infant."

Beck & Gable, *JOGNN* 2012; 41(6): 747-760

"Whenever I hear a patient screaming I will flashback to a patient who had an unmedicated (not even local) cesarean section and to the wailing of a mother when we were coding her baby in the delivery room. I feel like I will never get these sounds/images out of my head even though they occurred more than 10 years ago"

Beck & Gable, *JOGNN* 2012; 41(6): 747-760



What Can We Do to Help?



#### Recognize trauma symptoms

- Numbing symptoms may cause to claim that nothing is wrong
- Give moms a chance to talk about their births
- Open the door to future conversations



#### Symptoms you might observe

- Recoiling when baby is placed on them (especially skin-to-skin)
- Mother looks detached
- Mother determined to breastfeed at all costs
- Or mother too overwhelmed to try

