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Postpartum PTSD Symptoms: The Role of Fear of Childbirth and Peritraumatic Distress

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Why focusing on childbirth ?

- Giving birth → Important event in a woman's life
 - Joy
 - Fulfillment

- Positive event? Yes, but might lead to
 - Negative emotions
 - Poor psychological adaptation
 - Psychiatric disorders

Austin & Priest, 2005; Goutaudier et al., 2012; O'hara & Swain,1996

Childbirth, a frightening event?

- Fear of childbirth has gained growing attention
- 6-10% of all pregnant women would be fearful
- 6% of women would suffer from an intense fear of childbirth

- Fear of childbirth is related to
 - Obstetric complications
 - Emotional imbalance after childbirth
 - Possible psychiatric disorders in postpartum

Areskog et al.,1981; Geissbueler & Eberhard, 2002; Söderquist et al.,2006; Wijma et al.,1997

Psychiatric disorders in the postpartum period

- Baby blues
 - 30% to 75% of mothers
 - Onset : within a few days of childbirth, symptoms remit within days
- Postpartum depression
 - Quite common
 - Up to 20% of mothers
- Many studies on mood disorders
 - Anxiety disorders have received less attention
 - Results are inconsistent

O'Hara,1995; O'Hara & Swain,1996; Ross & McLean, 2006; Wardrop & Popadiuk, 2013

Childbirth a traumatic event?

- 30% of women would describe childbirth as traumatic
- DSM-IV → Included childbirth as a potential traumatic event
 - Recognition of postpartum PTSD has emerged recently
 - Research is on the rise
 - Longitudinal studies → still lacking
- Difficult delivery
 - Increased risk for PTSD symptoms
 - BUT “regular ” delivery might lead to PTSD symptoms

APA, 1994; Creddey et al., 2000; Goutaudier et al., 2011; Goutaudier et al., 2012; Soet et al., 2003

Postpartum PTSD: an overview

- Rates vary across studies
 - 0.1 to 5.6% at 6 weeks postpartum
 - Decrease to 1.5% at 6 months after childbirth
 - 22.6 to 30% of mothers present at least 3 PTSD symptoms 4-8 weeks postpartum
 - Impact of postpartum PTSD on
 - Mother-infant attachment
 - Subsequent infant development
- Importance of focusing on postpartum PTSD

Czarnocka et al., 2000; Goutaudier et al. 2012; Van Son et al., 2005; Woodruff-Borden, 2002

Postpartum PTSD: an overview

Predictive factors for developing postpartum PTSD symptoms

- Same as general trauma literature
 - Personality characteristics (i.e. trait anxiety)
 - Previous traumatic events
 - Lack of social support
- Factors specific to childbirth
 - Negative attitudes on the part of healthcare professionals
 - Postpartum depressive symptoms
 - Emergency cesarean section

Creedy et al., 2002; Keogh et al., 2002; Moczygemba et al., 2000; Soet al., 2003

Research rationale

- Studies on fear of childbirth and postpartum PTSD tend to develop
 - Cross-sectional
 - Lack of longitudinal studies
- General trauma literature → special attention has been paid to immediate reactions occurring during the trauma
 - Peritraumatic dissociation
 - Peritraumatic distress

Boudou et al., 2007; Bui et al., 2010; Goutaudier et al. 2012; Wijma et al.,1997

Research rationale

- Lack of research on peritraumatic reactions in the perinatal field
 - Few studies on peritraumatic distress / PTSD symptoms
 - No longitudinal study on anticipatory fear of childbirth / peritraumatic reactions / PTSD symptoms

→ Importance of focusing on these factors

Boudou et al., 2007; Goutaudier et al. 2012; Wijma et al., 1997

Objectives

- To examine the association between peritraumatic distress and anticipatory fear of childbirth, and their ability to predict postpartum PTSD symptoms.
 - a) Association between anticipatory fear of childbirth and peritraumatic distress at childbirth
 - b) Association between anticipatory fear of childbirth, peritraumatic distress and postpartum PTSD symptoms
 - c) Anticipatory fear of childbirth and peritraumatic distress at delivery
→ Predictors of the intensity of postpartum PTSD symptoms

Methods

Participants :

- Enrollment : public clinic (Toulouse, South of France)
- During the pre-delivery consultation
- At 35 weeks' gestation

Inclusion criteria:

- Over 18
- Speaking French fluently

Exclusion criteria:

- High risk pregnancy

Instruments

Fear of Birth Scale

- Fear of Childbirth (total score 21-84)
- 21 Likert-type items (*e.g. I'm feeling afraid*)

Peritraumatic Distress Inventory

- Peritraumatic Distress (total score 0-52)
- 13 Likert-type items (*e.g. I felt I might pass out*)

Impact of Event Scale-Revised

- PTSD symptoms (total score 0-88)
- 22 Likert-type items (*e.g. Pictures about delivery popped into my mind*)

Beland et al., 2012; Brunet et al., 2001; Brunet et al., 2003; Jehel et al., 2005; Weiss & Marmar, 1997

Procedure

Time 1

35 weeks' gestation

- Demographics Questionnaire
- Fear of childbirth

Time 2

2-3 days postpartum

- Obstetrics Questionnaire
- Peritraumatic Distress

Time 3

6 weeks postpartum

- Postpartum PTSD symptoms

Preliminary results

$n = 39$

Mean age = 32.8 ($SD = 4.6$) years

Mean weeks' gestation: 35.7 ($SD = 1.2$)

Mean IES-R score: 7.6 ($SD = 9.3$)

One participant scored above cut-off for probably PTSD (>35) 2.5% of the sample

Preliminary results

Hypothesis 1:

Association between anticipatory fear of childbirth and peritraumatic distress at childbirth

Results:

Peritraumatic distress was positively correlated with anticipatory fear of childbirth ($r = .37$; $p < .05$)

Preliminary results

Hypothesis 2:

Association between anticipatory fear of childbirth, peritraumatic distress and PTSD symptoms

Results:

The intensity of postpartum PTSD symptoms was positively correlated with

Anticipatory fear of childbirth ($r = .54; p < .05$)

Peritraumatic distress ($r = .34; p < .05$)

Preliminary results

Hypothesis 3:

Anticipatory fear of childbirth and peritraumatic distress at delivery → Predict the intensity of postpartum PTSD symptoms

Results:

$F(2,36) = 8.95, p = .0007, \text{Adjusted } R^2 = .29$

$\beta = 0.11, p = .43$ for peritraumatic distress

$\beta = 0.52, p = .001$ for anticipatory fear of childbirth

Interpretation

Peritraumatic distress → not a predictor of the intensity of postpartum PTSD symptoms

Anticipatory fear of childbirth predicts above and beyond peritraumatic distress

Such fear → vulnerability to stress symptoms → postpartum emotional disorders ?

Removal of A2 criterion → relevant regarding postpartum PTSD?

Anticipatory fear of childbirth → important factor

What to do with anticipatory fear of childbirth?

Programs focusing on anticipatory fear of childbirth

→ Prevent peritraumatic distress and PTSDsx from developing

- Self Efficacy Psycho Educative Group Therapy

- 1) Psycho-education about anxiety / relaxation

- 2) Psycho-education about the fear, stages of delivery

- 3) Informing about birth process and pain relief (midwives)

→ Enhance feelings of safety and ability dealing with the fear

Treatment of postpartum PTSD symptoms

Interventions for postpartum PTSD : during pregnancy and the postpartum period

➤ *During pregnancy :*

- Screening anticipatory fear of childbirth
- Women at risk for developing postpartum PTSD symptoms

➤ *Post delivery :*

EMDR and CBT

- Efficacy on anxiety disorders and postpartum PTSD

Ayers, 2007; Chabrol, 2006; Gamble, 2005; Iles, 2011; Sandström, 2008

Treatment of postpartum PTSD symptoms

“Advice” intervention

→ 2 sessions: 72h and 4-6 weeks' postpartum

- Better understanding of the event, decrease irrational beliefs
- Talking about traumatic birth : decrease postpartum PTSDsx

Couple therapy

- Why? Negative impact of postpartum PTSD on fathers and marital relationship
- Couple therapy: Increase efficacy of maternal individual therapy

Ayers, 2007; Chabrol, 2006; Gamble, 2005; Iles, 2011; Sandström, 2008

Limitations

- Small sample size so far
- PTSD symptoms → self report questionnaire, not clinical interview
- Postpartum PTSD? Another trauma?
- Some PTSD symptoms (sleep interference, irritability) overlap with experiences that may be normal or expected in the postpartum period

Direction for future studies

- Longitudinal studies
- Examining long-term impact of postpartum PTSD on:
 - Mother
 - Child
 - Family
- Focusing on DSM-5 criteria D (negative alterations in cognitions and mood: persistent and distorted blame of self)
 - Important criterion in the perinatal field?

Thank you for your attention !