

Post Traumatic Stress Symptoms after Child Birth Frequency, Risk Factor and Effect on Quality of Life

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ABSTRACT

Aim: To estimate the frequency and risk factor for childbirth related post traumatic stress symptoms in a sample of Pakistani women, and to determine its effect on quality of life.

Methods: This was cross sectional descriptive study carried out in OPD of Military Hospital, Rawalpindi, during 3 months period from Feb 2017 to April 2017. 100 Postnatal (up to 1 year) after childbirth women were enrolled in study. Interview on a formatted questionnaire including demographic, ante-natal, Intrapartum and perinatal characteristics were obtained. Regarding post traumatic stress symptoms, childbirth experience questionnaire and Trauma event scale (Based on DSM-IV) were used.

Results: In all, 120 postnatal (up to 1 year of delivery) women were evaluated in OPD. Of these, 28 women (23.33) experienced some sort of trauma in childbirth and overall 7 women(5.8%) were found to be suffering from postpartum post traumatic stress symptoms. Among the risk factors were low educational level, neonatal stay in ICU, labor duration, and mode of delivery and staff care and partner support were important for women perceived safely.

Conclusion: Although, frequency of post traumatic stress symptoms is very high in postnatal women, yet it is important and has impact on quality of life of women. Staff care and partner support are important for women perceived safely during pregnancy and childbirth. Low physical stamina, depressed mood and loss of interest in sexual activity with husband are important factors for quality of life of women.

Keywords: Post traumatic stress disorder, depression, post natal, frequency, risk factors,

INTRODUCTION

PTSD is defined as, a reaction to an event, either personally experienced/witnessed, which involves actual or threatened death or serious injury or a threat to the physical integrity of self or others. 25-30% of women experience childbirth as distressing. PTSD affects 1.5-6% of women after childbirth³.

For the vast majority of women, giving birth has been a satisfactory and rewarding experience³, for others, it has been described as a distressing traumatic experience⁴. Childbirth related stressors are now being identified as precursors for PTSD⁵. Among women traumatic experience includes antenatal complication⁶, high level of obstetric intervention⁷, feeling of loss of control over labor⁸, inadequate pain relief⁹, poor staff care,¹⁰ lack of partner or family support¹¹, operative delivery and unattended sudden birth¹³ and neonatal complication¹⁴. Consequently, it appears in women as emotional numbing¹⁵, hyper arousal, flashbacks avoidance¹⁶. Postpartum depression can affect the way a mother bonds with her child¹⁷. Subsequently, it has long term effects on quality of life of women, as

well as, how the child develop his/her cognitive, emotional and behavioral problems¹⁸. A number of studies have been aimed out to identify the risk factors¹⁹. Labor alone is an incredibly powerful and overwhelming experience when an unexpected situation is added to it, PTSD may be resulted²⁰. The aim of our study was to identify frequency of PTSD in postnatal women, its demographic, obstetric and perinatal risk factors and subsequent effects on quality of life of women. Although, literature is limited in term of intervention research on this population, but several treatment strategies including birth trauma counseling, cognitive behavioral therapy, and interpersonal therapy have been identified as helpful. So, it is important for health care professionals to promptly identify the women and offer further treatment options to reduce the burden of PTSD.

METHODS

This was cross sectional study carried out in OPD of Military Hospital, Rawalpindi from Feb 2017 to April 2017. 100 Postnatal (up to 1 year of delivery) women were enrolled. Interview on a formatted questionnaire including demographic, obstetric and perinatal characteristics were obtained. All the interviews were private and confidential and after informed consent.

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Permission from ethical committee of Hospital was taken. Women who were already suffering from mental disorders were excluded from study. Our specially designed questionnaire was comprised of demographic features (age, parity, LCB, occupation), obstetric risk factors (Mode of delivery, pregnancy/neonatal complications). For PTDS, we included Child Birth Experience Questionnaire and trauma event scale (based on DSM-IV)- It contains three subscales namely re-experiencing avoidance, arousal with the help of series of questions, we identified women suffering from symptoms of PTSD. A score of 0 corresponds to not at all, 1 corresponds to mild and 3 correspond to moderate to severe symptoms. To find the effect on quality of life, we included 6 questions (based on physical, psychological, social, sexual health, bonding with child and tocophobia).

All data was processed in SPSS version 12 and analyzed. The demographic variables were presented as mean and standard deviation for numeric data. Descriptive statistics including Chi square were used to explore the data. For variables, P value <0.05 was considered significant.

RESULTS

In all 120 women were studied of these, 28 women (23.33%) experienced a traumatic delivery. Among those, 7 patients (5.8%) developed some symptoms of PTDS. The mean age of participants was 29.6 (SD=3.33) years. The mean number of children was 1.77 (SD=0.86), and 37.5% women experienced first childbirth.42 Women (35%) attained their primary education, while 58 women (48.3%) received secondary education. There were 33 women (27.5%) with ante-natal complications and 13 women (42.2%) had Hospital admission due to these complications. 72 women (60%) were having normal vaginal deliveries, while 33 (27.5%) had Em c-section, and 15 (12.5%) were having elective c-section.12% of women had instrumental vaginal delivery. 16 (13.33%) women had preterm delivery and 8 (7.55%) had neonatal admissions in ICU. 95 women (79.16%) were housewives in our study. Among 28 women who sustained some sort of traumatic birth related experiences, 5.8% met the criteria for PTSD. Further analysis of data showed that there were avoidance (40.1%) re-experiencing (38.2%) and increased arousal (2%) among those who suffered from post traumatic stress symptoms. regarding the childbirth experience, 22(18.33%) women were not adequately satisfied with professional support. It means there is a need of better communication and care of women during labor.

Table 1: The Demographic and obstetric characteristics:

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Age	
< 25	25 (20.83%)
25– 35	80 (66.66%)
>35	15 (12.5%)
Parity	
1	45(37.5%)
>1	75(62.5%)
Education	
Primary	42(35%)
Secondary	58(48.3%)
Higher	20(16.6%)
Employment Status	
House Wife	95(79.16%)
Employed	25(20.83%)
Ante – Natal Complications	
Yes	33(27.5%)
No	87(72.5%)
Neo – Natal Complication	
Yes	28(23.33%)
No	97(80.83%)
Mode of Delivery	
SVD	72(60%)
ELCS	15(12.5%)
EMCS	33(27.5%)

Table 2: Childbirth Experiences

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Professional Support	
Yes	98(81.66%)
No	22(18.33%)
Partner Support	
Yes	101(84.16%)
No	19(15.83%)
Participation During Labor	
Yes	88(73.33%)
No	32(26.66%)

Table 3: Effect on quality of life in women suffering from traumatic birth (n=28)

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Depression	
Yes	8(28.7%)
No	20(71.74%)
Physical activity	
Satisfactory	16(57%)
Not Satisfactory	12(13%)
Sexual Relationship with Husband	
Satisfactory	21(75%)
Not Satisfactory	7(25%)
Bonding with Child	
Satisfactory	25(89.2%)
Not Satisfactory	3(10.8%)
Tocophobia	
Yes	2(7.14%)
No	26(92.86%)

Most of the women (84.16%) have support from partner and family. 88(73.33%) women agreed that they were actively involved in procedures during labor, while 26.66% showed dissatisfaction. Effects on quality of life was determined by a series of questions. Among women who suffered from traumatic birth, 8(28.7%) experienced low mood.12(43%) of women experienced low backache and lower abdominal pain after traumatic event. 7(25%) women show dissatisfaction in sexual relationship with husband. 3(10.8%) women had inadequate bonding with child after birth. 2 women (7.14%) suffered fear from next childbirth.

DISCUSSION

Childbirth is mostly a safe procedure, but there are also very common realities that take many women off guard. The emergency C-Sections, the cascade of interventions, the common breast feeding challenges, inadequate pain relief, loss of sense of control that can occur for many women, especially those who have a prior history of trauma or abuse or baby with medical issues²¹. These things can happen no matter, how a birth was prepared and planned for women, a perception of lack of caring, poor communication, feeling of powerlessness, re-trigger of old trauma history can be significant triggers for PTSD²². There can be significant consequences for mother with postpartum PTSD if support is not put into place. It has been shown that women who suffer from PTSD are less likely to have subsequent births and follow up medical care, difficult bonding with child and sexual dysfunction and more likely to suffer from depression²³. The finding from present study indicated that 23.33% women experienced a traumatic delivery. In addition, we found that low educational level, emergency c-Section, obstetric complication, neonatal complication, inadequate communication with health care provider are important precipitating factors. In our study, we concluded that it can adversely PTSD after childbirth was first described by Bydlowski and Roual Duwal, with long ordeals during labor leading to tocophobia and recurrence of tension, nightmares and flashbacks towards the end of next pregnancy.

It appears to be of paramount importance that the information about the clinical picture of PTSD postpartum is distributed amongst doctors in order that more attention can be given to this problem. This is the only way that screening programme can become established, treatments recommended and appropriate treatment steps initiated due to heterogeneity of the presentation and reluctance of patients to speak about past trauma²³. A secondary precaution, i.e., early diagnosis, is a means for

reducing postpartum morbidity in mothers and thus minimizes health implications²⁴. Furthermore, the urgent need for treatment of PTSD and postpartum depressions must be emphasized, to prevent further serious issues like infanticide or suicide of mothers. A majority of those affected recover from traumatic events without professional help. However, social and cultural factors can be a hindrance to natural healing, and psychiatric interventions can rapidly improve symptoms. Due to complexity of PTSD, multi disciplinary expert teams play an important role.

CONCLUSION

Although, frequency of post traumatic stress symptoms is very high in postnatal women, yet it is important and has impact on quality of life of women. Staff care and partner support important for women perceived softly during pregnancy and childbirth low physical stamina, depressed mood and loss of interest in sexual activity with husband are important factor affecting long term effects on quality of life of women. Prompt picking up of women and psychological debriefing by health care provider and early involvement of multidisciplinary team is important to reduce the burden of PTSD in women.

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