POSTTRAUMATIC STRESS FOLLOWING PREGNANCY AND CHILDBIRTH

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Posttraumatic stress following pregnancy and childbirth

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Posttraumatic stress following pregnancy and childbirth

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SCOPE OF THE THESIS
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Psychological problems in women during pregnancy and after childbirth are common. Approximately 10% of women experience a major depressive episode during pregnancy or postpartum\(^1,7\), 12% meet the diagnostic criteria for an anxiety disorder\(^3\), 7.5% have severe fear of childbirth\(^4,5\), and 1-2% develop a posttraumatic stress disorder (PTSD) following childbirth\(^6\). These conditions affect not only the women involved but may also impair secure attachment of the infant and affect the partner relationship.\(^7\)

PTSD is an anxiety disorder that can develop following confrontation with a traumatic stressor. Its most characteristic symptoms are re-experiencing the event, avoidance of stimuli associated with the event, emotional numbing and hyperarousal\(^8\). PTSD commonly co-occurs with major depressive disorder\(^9,10\), and is often seen in conjunction with postpartum depression (PPD) in the population of puerperal women.\(^11,12\) Over the past decade-and-a-half, increasing attention has been devoted to childbirth as a possible traumatic event.\(^13,14\)

This thesis contains the results of 2 large studies on PTSD following childbirth carried out in the Netherlands, and a pilot-study on a possible treatment for the condition.

The study “Hoe bevalt het”, was conducted at 2 general hospitals (Gelre Teaching Hospital Apeldoorn, Amphia Hospital Breda), the University Medical Center Groningen and 4 local midwifery practices. Aims of the study were to evaluate the prevalence of and risk factors for posttraumatic stress following childbirth in The Netherlands, and to compare instruments used to measure PTSD following childbirth.

The study “Hypertension as Predictor for PTSD” (HAPP) was conducted at the University Medical Center Groningen in collaboration with a local midwifery practice, and evaluated the prevalence of and risk factors for PTSD and depression following pregnancies complicated by preeclampsia (PE) or preterm premature rupture of membranes (PPROM), as compared to uneventful pregnancies.

A pilot study regarding the effects of eye-movement desensitization and reprocessing (EMDR) for the treatment of posttraumatic stress following childbirth was conducted, involving 3 women with a traumatic childbirth experience who were in their second pregnancy at the time of treatment.
Aims

- To evaluate instruments used to assess posttraumatic stress disorder (PTSD) following childbirth with both quantitative (reliability analysis and factor analysis) and qualitative (comparison of operationalization) techniques.
- To determine the prevalence of and to identify risk factors for posttraumatic stress (disorder) following childbirth
  - in home and hospital settings in The Netherlands
  - in women who conceived after fertility treatment
  - in women whose pregnancy was complicated by preeclampsia (PE) or preterm premature rupture of membranes (PPROM)
- To establish whether eye-movement desensitization and reprocessing (EMDR) could be an effective treatment for posttraumatic stress following childbirth

Chapter 2 provides an overview of psychiatric disorders with characteristics specific to the peripartum period, in order to place the topic of this thesis, PTSD following childbirth, in a context with other psychiatric disorders. A comprehensive overview of the main characteristics of major depressive disorder, bipolar disorder, puerperal psychosis, obsessive-compulsive disorder, fear of childbirth, PTSD will be provided, including diagnostic tools, prevalence, risk factors, possible consequences, treatment options and prevention strategies.

Chapter 3 critically evaluates two instruments used for measuring posttraumatic stress disorder (PTSD) following childbirth: the Traumatic Event Scale-B (TES-B) and the PTSD Symptom Scale-Self Report (PSS-SR). The two instruments were compared with both quantitative (reliability analysis and factor analysis) and qualitative (comparison of operationalization) techniques.

Chapter 4 presents the results of a study on the prevalence of and risk factors for posttraumatic stress following childbirth in the population of childbearing women in The Netherlands, with an emphasis on potential differences in obstetric complication and intervention rates between the homelike and hospital settings.

Chapter 5 compares the postpartum prevalence of PTSD, anxiety and depression in 32 women who conceived through medically assisted conception and 396 women who conceived naturally.

Chapter 6 presents the results of a prospective longitudinal study on the prevalence of and risk factors for PTSD and depression in women with preeclampsia (PE) and preterm premature rupture of membranes (PPROM), as compared to women with uneventful pregnancies.
Chapter 7 describes the prevalence and risk factors for PTSD and depression in the partners of women with PE, PPROM and uncomplicated pregnancies, with an emphasis on the relationship between symptoms in men and women.

Chapter 8 evaluates eye-movement desensitization and reprocessing (EMDR) treatment for women with PTSD symptoms following childbirth. Three women suffering from PTSD symptoms following the birth of their first child were treated with EMDR during their next pregnancy.

Chapter 9 provides recommendations and suggestions for clinical practice and future research on posttraumatic stress following childbirth related to the conclusions of this thesis.

Chapter 10 and 11 summarize the findings of this thesis in English and Dutch, respectively.
REFERENCES


