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Review article

Postnatal post-traumatic stress: An integrative review

Madeleine Simpson^{a,*}, Virginia Schmied^a, Cathy Dickson^a, Hannah Grace Dahlen^{a,b}

^a School of Nursing and Midwifery, Western Sydney University, Locked Bag 1797, Penrith, 2751 NSW, Australia

^b Ingham Institute, Liverpool, NSW, Australia

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ABSTRACT

Problem: Post-traumatic stress disorder and post-traumatic stress symptoms following birth occur amongst a small proportion of women but can lead to poor maternal mental health, impairment in mother-infant bonding and relationship stress. This integrative review aims to examine the associated risk factors and women's own experiences of postnatal post-traumatic stress in order to better understand this phenomenon.

Method: Fifty three articles were included and critically reviewed using the relevant Critical Appraisal Skills Program checklists or Strengthening the Reporting of Observational studies in Epidemiology assessment tool.

Findings: Risk factors for postnatal post-traumatic stress symptoms and disorder include factors arising before pregnancy, during the antenatal period, in labour and birth and in the postnatal period. Potential protective factors against postnatal post-traumatic stress have been identified in a few studies. The development of postnatal post-traumatic stress can lead to negative outcomes for women, infants and families.

Discussion: Risk factors for post-traumatic stress symptoms and disorder are potentially identifiable pre-pregnancy and during the antenatal, intrapartum and postnatal periods. Potential protective factors have been identified however they are presently under researched. Predictive models for postnatal post-traumatic stress disorder development have been proposed, however further investigation is required to test such models in a variety of settings.

Conclusions: Postnatal post-traumatic stress symptoms and disorder have been shown to negatively impact the lives of childbearing women. Further investigation into methods and models for identifying women at risk of developing postnatal post-traumatic stress following childbirth is required in order to improve outcomes for this population of women.

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Statement of significance

Problem or issue

Women who develop post-traumatic stress symptoms or disorder after birth experience negative outcomes in terms of their own health and mother infant bonding.

What is already known

Individual studies have reported a range of risk factors for developing postnatal post-traumatic stress

symptoms and disorder but less is known about protective factors.

What this paper adds

This paper collates the findings of quantitative and qualitative research on postnatal post-traumatic stress symptoms and disorder, identifying factors that contribute to the development of post-traumatic stress symptoms and disorder, as well as a limited number of factors that are potentially protective.

1. Introduction

The birth of a child is often a joyful, celebrated event for women and their families. However, for some women, the birth experience

* Corresponding author.

E-mail addresses: 15073831@student.westernsydney.edu.au (M. Simpson), h.dahlen@westernsydney.edu.au (H.G. Dahlen).

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leaves them traumatised, which can lead to negative outcomes such as difficulty bonding with and breastfeeding their newborn, developing postnatal depression, parenting stress, disruption to personal relationships and post traumatic stress (PTS) symptoms, with a small proportion of women meeting the full diagnostic criteria for post traumatic stress disorder (PTSD).^{1,2} PTSD is defined as the development of a certain cluster of symptoms, such as persistent, involuntary and intrusive memories, avoidance of stimuli, recurrent distressing dreams, dissociative reactions, altered mood state and intense or prolonged psychological distress following exposure to a traumatic event that represents an actual or perceived threat to the life of an individual.³ In order to be diagnosed with PTSD, an individual must meet particular criteria as set out in the Diagnostic and Statistic Manual of Mental Health Disorders (DSM). The most recent version of the DSM, the fifth edition (DSM-V) requires individuals over the age of six to meet the following criteria in order to be diagnosed with PTSD: exposure to actual or threatened death, serious injury or sexual violence (criterion A); presence of intrusive symptoms associated with the traumatic event/s (criterion B); persistent avoidance of stimuli

associated with the traumatic event/s (Criterion C); negative alterations in cognition and mood related to the traumatic event/s (Criterion D); significant alteration in arousal and reactivity (Criterion E). The duration of criteria B to E must be greater than one month (Criterion F); the disturbance must cause clinically significant distress or impairment in functionality (Criterion G) and the disturbance must not be attributed to effects of any substance or other medical condition (Criterion H).³

The development of postnatal PTSD is a particularly poor psychological outcome for women and has been reported as occurring in 1.7–9% of women in the postnatal period.^{4–6} Postnatal PTS symptoms and PTSD (PTS/D) have been shown to have a negative impact on the lives of women and on infant development in terms of mental health outcomes, breastfeeding and mother-infant bonding.^{7,8} Additionally, PTS/D can have a negative impact on relationships between women and their partners.⁹ Therefore, further investigation into the development of postnatal PTS/D is warranted to better understand why some women experience birth as such a traumatic event that they subsequently develop PTS/D. The aim of this integrative review is to examine the risk and

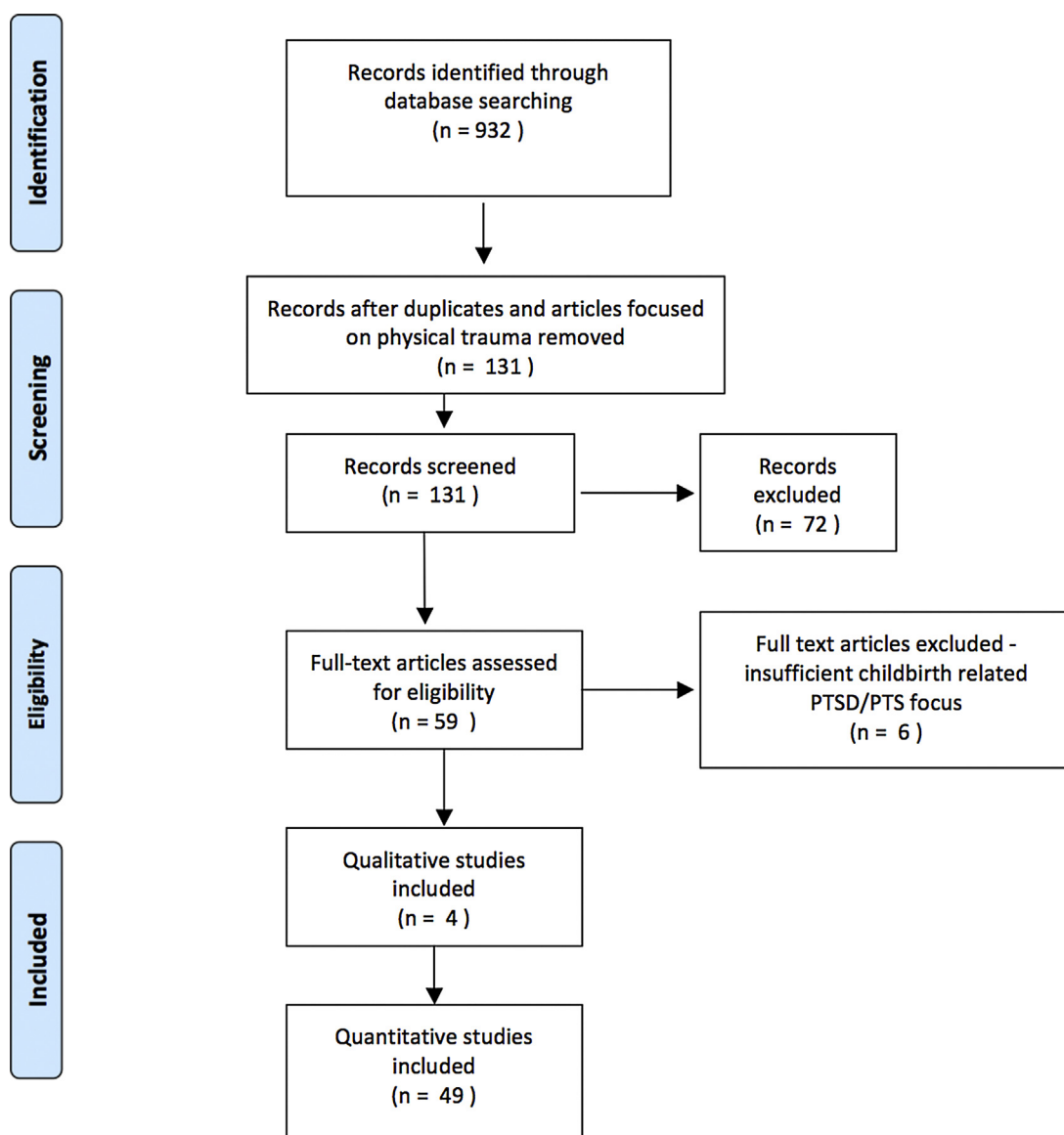


Fig. 1.

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