How to Help Women at Risk for Acute Stress Disorder After Childbirth

MICHELLE FLAUM HALL

When most women enter the hospital to give birth, they do so with the hope that they'll emerge from the experience healthy and with positive memories. Unfortunately, an increasing number of women in the United States experience severe acute maternal morbidity (SAMM), potentially depriving them of their physical, psychological and spiritual well-being for years. According to the Centers for Disease Control and Prevention (CDC, 2014), there was a 26 percent increase in the SAMM rate in the United States in 2010 to 2011 over the previous 2-year period, and the condition affects more than 50,000 annually (CDC, 2014).

Traumatic Childbirth and ASD

Labeled "near miss" by the World Health Organization (Say, Pattinson, & Gülmezoglu, 2004), SAMM can have devastating consequences for women, including the development of acute

Abstract For some women, childbirth is a traumatic experience that results in significant mental and emotional distress. Whether owing to birth complications, postpartum events such as hemorrhage or pre-existing risk factors such as past history of sexual abuse or rape, the emotional effects of childbirth trauma can lead to acute stress disorder (ASD). To provide the best care for women after childbirth, it's imperative that nurses be able to identify signs of ASD and intervene appropriately. There are many things nurses can do to help women in what could be the most vulnerable time of their lives. DOI: 10.1111/1751-486X.12157

Keywords acute stress disorder | childbirth trauma | posttraumatic stress disorder | severe acute maternal morbidity

Photo © monkeybusinessimages / thinkstockphotos.com

© 2014, AWHONN

stress disorder (ASD) and possibly posttraumatic stress disorder (PTSD). *The Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (*DSM-5*; American Psychiatric Association [APA], 2013) outlines the criteria for ASD, beginning with the first criterion that a person must be exposed to actual or threatened death or serious injury. For many women, giving birth fits this standard--especially for one who is near miss or who "survives and can be interviewed and followed up to get a clearer description of the events surrounding her illness" (Mantel, Buchmann, Rees, & Pattison, 1998, p. 986).

An increasing number of women in the United States experience severe acute maternal morbidity (SAMM), potentially depriving them of their physical, psychological and spiritual well-being for years

While some women can experience a medically "normal" childbirth as traumatic, women who experience birth traumas, such as emergency cesarean, postpartum hemorrhage and/or other complications regarding the health of the baby, are at an even greater risk of having a traumatic stress response following childbirth (Engelhard, van den Hout, & Arntz, 2001). There have been several studies examining the prevalence of PTSD following childbirth, with rates ranging from 1.7 percent to 9 percent of women meeting the full criteria for the disorder up to 6 months postpartum (Beck, 2004a, 2004b; Beck, Gable, Sakala, & Declercq, 2011; Czarnocka & Slade, 2000; Engelhard et al., 2001; Menage, 1993; Wijma, Söderquist, & Wijma, 1997).

Fewer studies have examined the prevalence and experience of ASD, which often precedes PTSD and can be diagnosed between 2 days and 4 weeks following a traumatic experience. One study worth noting found that 33 percent of the 499 participants reported having experienced a traumatic birthing event and experiencing at least three trauma symptoms between 4 and 6 weeks postpartum, whereas 5.6 percent met the full criteria for "acute" PTSD (Creedy, Shochet, & Horsfall, 2000). In their summative remarks, the authors state that PTSD "after childbirth is a poorly recognized phenomenon," and recommend "a serious review of intrusive obstetric intervention during labor and delivery, and the care provided to birthing women" (p. 104).

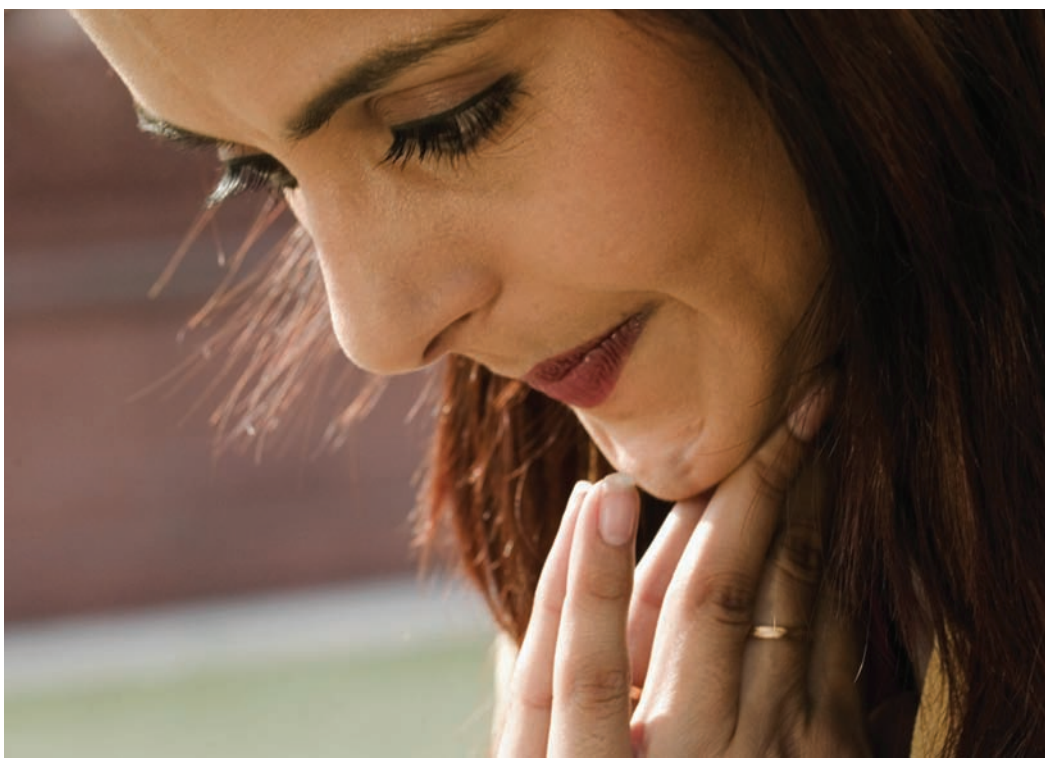

Photo © Medioimages / Photodisc

Michelle Flaum Hall, EdD, LPCC-S, is an assistant professor in the Department of Counseling at Xavier University in Cincinnati, OH. The author reports no conflicts of interest or relevant financial relationships. Address correspondence to: hallm4@xavier.edu.

Download English Version:

https://daneshyari.com/en/article/2634363

Download Persian Version:

https://daneshyari.com/article/2634363

Daneshyari.com