

# Childbirth Narratives of Women With Posttraumatic Stress Symptoms in the Postpartum Period

Elena Santoro, Elisa Stagni-Brenca, Maria G. Olivari, Emanuela Confalonieri, and Paola Di Blasio

Q8

## Correspondence

Elena Santoro, PhD,  
Dipartimento di Psicologia,  
Largo Gemelli, 1, 20123  
Milano, Italy.  
[elena.santoro1@unicatt.it](mailto:elena.santoro1@unicatt.it)

## Keywords

childbirth  
emotion  
expressive writing  
narratives  
PTSD symptoms  
PTSS  
women

## ABSTRACT

**Objective:** To examine cognitive, emotional, and perceptual differences in the childbirth narratives of women with high levels of posttraumatic stress symptoms (PTSS) compared with women with low levels of PTSS in the postpartum period.

**Design:** A cross-sectional design. Participants were retrospectively assigned to the high or low PTSS group on the basis of their scores on the Perinatal Posttraumatic Stress Disorder Questionnaire (PPQ) administered at 1 week and 3 months after childbirth.

**Setting:** Participants' homes and Internet survey.

**Participants:** Twenty-five women were included in the high PTSS group (PPQ score  $\geq 12$ ), and 25 were included in the low PTSS group (PPQ score  $\leq 1$ ).

**Methods:** Participants completed the PPQ and a writing task about the birth experience 1 week after birth and completed an online version of the PPQ 3 months after birth. Characteristics of the narratives were analyzed and compared between the two groups using the Linguistic Inquiry Word Count.

**Results:** Compared with participants with low levels of PTSS, participants with high levels of PTSS reported more negative emotions, including horrific images connected to labor and birth and fewer positive emotions. Participants with high levels of PTSS used more sensory and perceptual terms (tactile, visual, and auditory). In contrast, women with low levels of PTSS described more active participation during birth and used more future tense verbs.

**Conclusion:** Our findings suggest the aspects that are involved in the development and maintenance of PTSS after birth and may be considered for use in clinical practice to improve quality of care and women's health during the postpartum period.

JOGNN, ■, ■-■; 2018. <https://doi.org/10.1016/j.jogn.2018.02.009>

Accepted February 2018

Elena Santoro, PhD, is a collaborator in the Department of Psychology, Università Cattolica del Sacro Cuore, Research Center of Developmental and Educational Dynamics, Milano, Italy.

(Continued)

The authors report no conflict of interest or relevant financial relationships.



Childbirth is a significant life event for women and their partners, and the infant's arrival and the achievement of motherhood are usually seen as a positive. Nevertheless, there is evidence that a significant proportion, approximately 30%, of women experience childbirth as a traumatic event (Boorman, Devilly, Gamble, Creedy, & Fenwick, 2014). Estimates of the prevalence of posttraumatic stress disorder (PTSD) after childbirth range from 1% to 2% (Ayers, Joseph, Kenzie-McHarg, Slade, & Wijma, 2008) to more than 3% (Grekin & O'Hara, 2014). Furthermore, between 24% and 33% of women showed partial posttraumatic stress symptoms (PTSS) at 4 to 8 weeks postpartum (Iles, Slade, & Spiby, 2011; Zaers, Waschke, & Ehler, 2008). Even in the best possible scenario of a full-term pregnancy and a

normal birth with a healthy newborn and mother, women may suffer from PTSD (symptoms meet the threshold for diagnosis) or PTSS (symptoms do not meet the threshold for diagnosis of PTSD; Di Blasio, Camisasca, et al., 2015; Di Blasio, Miragoli, et al., 2015). Typical PTSS involve re-experiencing the traumatic event through flashbacks and nightmares, persistent avoidance of stimuli associated with the event, and increased arousal. These symptoms after childbirth can lead to poor psychological adjustment and can significantly affect women and their families, including the relationship of the father and the infant (Iles et al., 2011; Ionio & Di Blasio, 2014; Parfitt & Ayers, 2009).

Several factors are associated with PTSD after birth. Prematurity, health difficulties of mother or

## Childbirth can be a traumatic event that leads to symptoms of posttraumatic stress that can affect a woman's mental health and her relationship with her newborn.

child (Callahan & Borja, 2008), or stillbirth (Andersen, Melvaer, Videbech, Lamont, & Joergensen, 2012) have been recognized as important risk factors for PTSD. Similarly, low levels of social support during labor and birth, psychological difficulties in pregnancy, and previous traumatic experiences were identified as risk factors (Andersen et al., 2012). In their review, Andersen et al. (2012) suggested that a birth experience characterized by negative emotions and distress was the most important predictive factor for the development and persistence of PTSD in the first year after birth. Therefore, the analysis of childbirth narratives can be used to understand how women experience and process childbirth.

In previous studies, researchers addressed the narrative characteristics of reports of traumatic events in other populations, such as those experiencing war trauma (Brown et al., 2013, 2014), physical or sexual assault (Di Blasio, Miragoli, & Procaccia, 2012), and road traffic accidents (Jones, Harvey, & Brewin, 2007), but little is known about the narrative characteristics of women's childbirth experiences (Ayers, Radoš, & Balouch, 2015).

Mixed results were found with regard to the length of narratives about traumatic experiences. In some studies, traumatized individuals produced longer narratives (Beaudreau, 2007; Rullkoetter et al., 2009), and in other studies the narratives were shorter (Foa, Molnar, & Cashman, 1995; Peterson & McCabe, 1983). However, individuals with PTSD had more vivid recollections of traumatic events in terms of sensory and perceptual details (Berntsen, Willert, & Rubin, 2003; Boals & Rubin, 2011) and reported more intense and negative emotions (fear, disgust, anger, anxiety, and pain; Beaudreau, 2007; Grey & Holmes, 2008; Rubin, Dennis, & Beckham, 2011; Welton-Mitchell, McIntosh, & DePrince, 2013). Thus, difficulty in the integration of negative emotions appeared to be a direct consequence of PTSD (Foa & Riggs, 1993; van der Kolk, 1996). Furthermore, reliving the event or experiencing flashbacks of the trauma and negative emotions, such as fear, helplessness, or horror, are definitive characteristics of PTSD (Biondi, 2014). Pennebaker, Mayne, and Francis

(1997) analyzed expressive writing and identified more references to death in the trauma narratives of individuals with more severe PTSS. In their quantitative analysis, the focus on death emerged as an important indicator of psychological dis-adjustment.

In the clinical literature about traumatized individuals, cognitive appraisal in narratives (the ability to reflect on the meaning of the traumatic event) was an indicator of processing the experience in a positive way (Beaudreau, 2007). Indeed, trauma narratives of individuals successfully treated for PTSD and without active symptoms were enriched by thoughts and cognitive processes. Consistently, Pennebaker and colleagues (Pennebaker, 1997; Pennebaker et al., 1997; Pennebaker & Francis, 1996) identified the presence of cognitive processes (i.e., increased use of words associated with insightful and causal thinking) in expressive writings as indicators of more adaptive functioning. Finally, individuals with chronic PTSD showed greater disorientation in time and space in their trauma narratives. Traumatized individuals, through images and sensations, relived past experiences, even the harmful and dangerous events, as if they were happening in the present (Brewin & Holmes, 2003).

Despite the large number of studies in which researchers addressed PTSD and narrative characteristics, few researchers have specifically focused on childbirth narratives. In a meta-ethnographic review, Elmir, Schmied, Wilkes, and Jackson (2010) included 10 qualitative studies on women's perceptions and experiences of traumatic birth. Six major common themes related to traumatic or nontraumatic birth were identified: *Feeling Invisible and Out of Control*, *Being Treated Humanely*, *Feeling Trapped: The Reoccurring Nightmare of My Childbirth Experience*, *A Rollercoaster of Emotions*, *Disrupted Relationships*, and *Strength of Purpose: A Way to Succeed as a Mother*. In a qualitative study, Ayers (2007) described how women with PTSS after childbirth, compared with asymptomatic women, often reported more emotions such as panic, anger, thoughts of death, mental defeat, and dissociation during birth; fewer strategies that focused on the present; and more painful memories, intrusive memories, and rumination. Furthermore, women with histories of traumatic childbirth had fragmented memories. This result is consistent with findings of studies on other populations with PTSD (Brewin, 2011) but is in

Elisa Stagni-Brenca, PhD, is a collaborator in the Department of Psychology, Università Cattolica del Sacro Cuore, Research Center of Developmental and Educational Dynamics, Milano, Italy.

Maria G. Olivari, PhD, is a research fellow in the Department of Psychology, Università Cattolica del Sacro Cuore, Research Center of Developmental and Educational Dynamics, Milano, Italy.

Emanuela Confalonieri, PhD, is an associate professor in the Department of Psychology, Università Cattolica del Sacro Cuore, Research Center of Developmental and Educational Dynamics, Milano, Italy.

Paola Di Blasio, PhD, is a professor in the Department of Psychology, Università Cattolica del Sacro Cuore, Research Center of Developmental and Educational Dynamics, Milano, Italy.

Download English Version:

<https://daneshyari.com/en/article/8564027>

Download Persian Version:

<https://daneshyari.com/article/8564027>

[Daneshyari.com](https://daneshyari.com)