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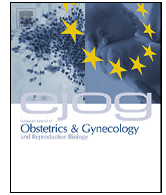

Review article

Posttraumatic stress disorder related to postpartum haemorrhage: A systematic review

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ABSTRACT

In some cases childbirth leads to negative psychological responses such as posttraumatic stress disorder (PTSD). Postpartum hemorrhage (PPH) is a common and major complication of childbirth, which occasionally requires emergency hysterectomy in severe cases. Patients often describe these complications as a traumatic experience. It is unknown whether PPH is a risk factor for developing PTSD. In this systematic review we summarize the current knowledge about the association between PPH with or without emergency hysterectomy and posttraumatic stress symptoms or PTSD. If PPH is a risk factor for PTSD, this will allow adequate preventive measures with the aim to reduce the long-term effects and socioeconomic problems associated with PTSD. To conduct this review MEDLINE, EMBASE, Web of Science, ClinicalTrials.gov, Cochrane Central Register of Controlled Trials, Cochrane Library and PsycINFO databases were searched for publications between January 1986 and October 2017. Manuscripts evaluating the association between PPH and peripartum emergency hysterectomy and PTSD or posttraumatic stress symptoms were included. Fifty-two articles met the criteria for full-text review. Seven articles were included in this review. Five studies focused on the association between PPH and PTSD and two studies evaluated the association between emergency hysterectomy and PTSD. Three studies found no association between PPH and PTSD. Two studies reported a higher risk of developing PTSD or posttraumatic stress symptoms after PPH. Two studies reported a higher risk of developing PTSD after emergency hysterectomy. Meta-analysis was not possible due to the heterogeneity of these studies. Based on the results of these studies there may be an association between PPH and PTSD. Secondly, it seems likely that an association exists between emergency postpartum hysterectomy and PTSD, but the strength of this conclusion is limited by the small amount of studies included.

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Abbreviations: PTSD, posttraumatic stress disorder; PPH, postpartum hemorrhage; DSM-IV, DSM-5 Diagnostic and Statistical Manual of Mental Disorder-Fifth Edition; IES (-R), Impact of Event Scales (revised); TES-B, Traumatic Event Scale; PCL, PTSD Checklist for DSM-IV; PSS, Posttraumatic Stress Disorder Symptom Scale.

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Introduction

Although childbirth is a joyful event for most women, for some women it leads to negative psychological responses such as posttraumatic stress disorder (PTSD). PTSD is a trauma- and stressor-related disorder an individual may develop in response to experiencing one or more traumatic events [1]. According to the Diagnostic and Statistical Manual of Mental Disorder-Fifth Edition (DSM-5), PTSD is characterized by reliving experiences of the traumatic event (criterion B), avoidance of reminders of the trauma (criterion C), negative thoughts and mood (criterion D) and hyperarousal (criterion E). The symptoms persist for at least one month (criterion F) and lead to considerable social, occupational, and interpersonal dysfunction (criterion G) [2]. In a number of studies, one-third of women appraised childbirth as traumatic [3–5]. Prevalence rates in the literature show that 0·9–4·6% of women suffer from PTSD related to childbirth in American, European and Australasian populations [6,7]. Postpartum PTSD has a negative impact on relationships between women and their partners and the new-born and might affect child behaviour and development [8–13].Negative birth experience may result in postponing or avoiding future childbearing, or requests for elective caesarean sections as an attempt to avoid re-traumatization by vaginal childbirth [12,13]. Requests for termination of an unplanned pregnancy and sterilization to avoid childbirth after a previous traumatic delivery have also been described previously [14]. Thus, postpartum PTSD is an important public health issue considering the number of births worldwide.

Possible risk factors for developing PTSD or posttraumatic stress symptoms related to childbirth are studied widely. Recently, a meta-analysis of 50 studies involving 21,429 women from 15 countries found risk factors to be divided in pre-birth vulnerability (depression in pregnancy, fear of childbirth, a history of PTSD), risk factors during birth (negative subjective birth experiences, lack of support, assisted vaginal or caesarean birth, dissociation during labor, complications) and risk factors after birth (poor coping and stress) [6].[6] Several studies have described maternal and neonatal complications during pregnancy and labor as predictors for development of maternal PTSD and posttraumatic stress symptoms [15,16].

Whenever childbirth is complicated with blood loss of 500 mL or more within 24 h after birth it is classified as postpartum hemorrhage (PPH) [17]. In 0·1–0·3 per 1000 deliveries emergency hysterectomy is needed as a treatment for PPH [18,19].

Although the physical maternal morbidity due to PPH with or without emergency hysterectomy has extensively been investigated, PTSD due to PPH has rarely been studied.

Given that the global incidence of PPH is estimated to be between 1% –5% of all deliveries [20,21] it is of paramount importance to know whether women experiencing PPH are at risk for developing posttraumatic stress symptoms or PTSD.

Based on our clinical experience and several qualitative studies, patients often describe PPH as a condition in which a traumatic feeling of powerlessness and the fear of slowly bleeding to death takes over [15,22]. If emergency hysterectomy is necessitated to control hemorrhage, this often is described by patients and their partners as very traumatic and of high emotional impact [23].

In a study performed by Sentilhes et al. [15], two-thirds of the participants reported to have negative memories of the childbirth and PPH, the main reported memory being a fear of dying. Regarding future pregnancy, 20·6% of the women decided not to become pregnant again due to fear of a recurrence of PPH. Of the 15 women who became pregnant again and had full term pregnancies, 60% reported intense anxiety throughout pregnancy [15]. In a study performed by Elmir et al. [23], results showed that women who underwent an emergency hysterectomy following severe PPH were likely to suffer from flashbacks and nightmares about ongoing bleeding, to have depressed feelings and intrusive thoughts and images of childbirth [23]. Results of these studies report on symptoms following PPH which may be present during PTSD, but the authors did not assess PTSD as an outcome.

If PPH is identified as a risk factor for PTSD, this allows identification of at-risk patients and adequate preventive measures with the aim to reduce the long-term effects and social and economic problems associated with PTSD. In this systematic review we summarize the current knowledge about the association between PPH with or without emergency hysterectomy and posttraumatic stress symptoms or PTSD.

Materials and methods

This review was completed using PRISMA guidelines [24].A systematic search was carried out by a librarian with systematic review experience, using computerized databases MEDLINE (PubMed), EMBASE, Web of Science, ClinicalTrials.gov, Cochrane Central Register of Controlled Trials, Cochrane Library, Directory of Open Access Journals and PsycINFO (Appendix A). Articles were identified with the use of a combination of the following text words and associated database specific MeSH terms: “Postpartum Period” or “Postnatal”, “Post-Traumatic Stress disorder” or “Post-Traumatic stress symptoms”, “Postpartum Hemorrhage” or “Postpartum Bleeding”, with no restrictions in language, from the inception of each database to October 2017. Authors TZ and MS reviewed each citation and abstract independently using a standardized data abstraction form, in duplicate. Exclusion criteria consisted of: 1) case report, letter, conference abstract, commentary and 2) no peer review. Full-text articles were retrieved as needed to determine eligibility criteria. After discussion, consensus was reached among the reviewers in all cases.

Results

The literature search yielded 1651 articles. After eliminating duplicates a total of 1099 references were identified. Of the 1099 reviewed, 1047 were removed after abstract review because they did not meet inclusion criteria. In total 52 articles were included for full-text review. Of the 52 full-text articles, 45 were removed based on the exclusion criteria (Fig. 1). Therefore, we report on five studies regarding PTSD following PPH, which are summarized in Table 1, and two studies regarding PTSD following postpartum hysterectomy as a treatment of PPH, which are summarized in Table 2. Due to heterogeneity of study designs, methods and results of the included citations we concluded that performing a meta-analysis would not be feasible.

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