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Prevalence and risk factors of postpartum posttraumatic stress disorder: A meta-analysis

Rebecca Grekin *, Michael W. O'Hara

Department of Psychology, University of Iowa, 11 Seashore Hall E, Iowa City, IA 52246, United States

HIGHLIGHTS

- We computed prevalence and risk factors of postpartum PTSD through meta-analysis.
- Results were based on 78 studies, all of which reported prevalence or risk factors.
- Prevalence of postpartum PTSD was 3.1% in community and 15.7 in at-risk samples.
- Risk factors in community samples included depression and labor experiences.
- Risk factors in at-risk samples included depression and infant complications.

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ABSTRACT

Research has demonstrated that women develop postpartum PTSD. Prevalence of postpartum PTSD has ranged from 1% to 30%, and many risk factors have been identified as predictors of postpartum PTSD. While qualitative reviews have identified patterns of risk, the lack of quantitative reviews prevents the field from identifying specific risk factors and making a single estimate of the prevalence of postpartum PTSD. The current meta-analysis investigated prevalence and risk factors of postpartum PTSD, both due to childbirth and other events, among community and targeted samples. Prevalence of postpartum PTSD in community samples was estimated to be 3.1% and in at-risk samples at 15.7%. Important risk factors in community samples included current depression, labor experiences such as interactions with medical staff, as well as a history of psychopathology. In at-risk samples, impactful risk factors included current depression and infant complications. Further research should investigate how attitudes towards pregnancy and childbirth may interact with women's experiences during delivery. Additionally, studies need to begin to evaluate possible long-term effects that these symptoms may have on women and their families.

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* Corresponding author. Tel.: +1 319 335 0308.
E-mail address: rebecca-grekin@uiowa.edu (R. Grekin).

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1. Introduction

Recent research suggests that childbirth may be a significant cause of PTSD in women (Cigoli, Gilli, & Saita, 2006; Garthus-Niegel, von Soest, Vollrath, & Ebergard-Gran, 2013; Goutaudier, Sejourne, Rousset, Lami, & Chabrol, 2012; Seng et al., 2013; Verreault et al., 2012). Studies have reported prevalence rates ranging from 1 to 30% of postpartum women. Additionally, research has identified numerous risk factors that increase the likelihood of PTSD in the postpartum period, including past trauma and psychological problems, low social support, and traumatic birth experience. Although several qualitative reviews have been published regarding this phenomenon (Andersen, Melvaer, Videbech, Lamont, & Joergensen, 2012; Olde, van der Hart, Kleber, & van Son, 2006), no quantitative reviews exist, which makes it difficult to estimate a definitive prevalence of the disorder and identify the strength and significance of risk factors and correlates of postpartum PTSD. Therefore, in the current study, a meta-analysis was conducted to determine risk factors and prevalence of postpartum PTSD to gain a more accurate understanding of the disorder. Additionally, factors such as type of sample and traumatic stressor were distinguished to present more detailed information as to how these risk factors and prevalence rates may vary.

Although studies of postpartum PTSD have illuminated and drawn attention to this phenomenon, PTSD presents a complex and unique area of research in relation to other disorders, particularly in the postpartum period. This complexity is due to the “stressor” criterion, which has been a requirement for a PTSD diagnosis since it first appeared in the DSM-III (American Psychiatric Association, 1980). A vast majority of postpartum PTSD research has occurred in the past twenty years and, therefore, has utilized the stressor criterion as defined by the DSM-IV and DSM-IV-TR (American Psychiatric Association, 1994, 2000). In DSM-IV and DSM-IV-TR, criterion A was defined as “the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” and “the person's response involved intense fear, helplessness, or horror” (APA, 2000).

In research focusing on PTSD in the postpartum period, two groups have emerged in regards to the stressor criterion. The first group includes women who identify childbirth as traumatic and subsequently develop PTSD symptoms due to this experience. Within this group, women often will have had unexpected interventions during labor and delivery such as emergency cesarean sections or vacuum assisted vaginal deliveries. In other cases, women may have felt a loss of control, felt that they were not fully informed about the process of childbirth or may have experienced extreme pain and subsequently label childbirth as traumatic. In these cases, women may develop PTSD symptoms that are specifically related to childbirth. For example, symptoms might include nightmares about the childbirth or a mother's reluctance to engage with her infant or bring her infant to the hospital where she delivered.

The second group consists of postpartum women who identify previous traumatic events that are not related to the perinatal period as the cause of PTSD symptoms, events like childhood sexual abuse, rape or physical assault. Among these women it is likely that PTSD symptoms were present before childbirth and simply continued into the postpartum period. It is also possible that the symptoms had resolved but were retriggered following childbirth.

Investigators have not consistently distinguished among these different paths to PTSD in the postpartum period. Indeed, many studies fail to clearly identify the stressor criterion and investigators simply assume that PTSD symptoms are due to childbirth because the symptoms are measured after childbirth. For example, two recent reviews of postpartum PTSD have not made this distinction (Andersen et al., 2012; Olde et al., 2006). The qualitative reviews include studies that do not clearly define the stressor criterion, or actually define the stressor as something other than childbirth, but frame their reviews as evaluating risk factors for PTSD due to childbirth. Beyond the failure to distinguish between the actual stressor leading to PTSD in the postpartum period, reviews also have failed to distinguish between different types of study samples. Specifically, while some studies recruited community samples, other studies recruited samples that are considered “at-risk” due to a variety of factors such as maternal psychiatric history, history of trauma and perinatal risk. The failure to consider both of these distinctions in reviews of the postpartum PTSD literature leads to imprecise estimates of PTSD prevalence and may lead to misidentification of important risk factors for PTSD in community and “at-risk” samples of pregnant/postpartum women.

The aim of the current meta-analysis is to establish a more accurate picture of PTSD that occurs in the postpartum period by distinguishing between sample type (at-risk versus community samples) and stressor criterion (PTSD due to childbirth and PTSD not necessarily due to childbirth) through separate analyses of the different sample types and use of a stressor criterion moderator. A variety of pre-existing risk factors were evaluated, including patient history and demographics, marital status and history of trauma. Also, specific factors associated with pregnancy and childbirth were examined, such as infant and maternal complications, as well as pain during delivery. In addition, subjective factors such as social support and quality of interactions with medical staff, also were evaluated as possible risk factors for postpartum PTSD. Prevalence estimates were collected from all studies that met inclusion criteria and combined to make overall prevalence estimates within targeted and community samples.

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