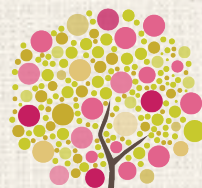


The Impact of Prenatal Stress and Traumatic Childbirth on Maternal & Child Wellbeing

June 13, 2022

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Clinical Director

Maternal Mental Health NOW



MATERNAL MENTAL HEALTH NOW

supporting the well-being of growing families

Objectives

- Participants will be able to describe prenatal stress and traumatic birth
- Participants will be able to identify ways that trauma and stress affect the wellbeing of the birthing person and impact their mental health
- Participants will learn how home visitors can support families struggling with prenatal stress and childbirth trauma

IT'S OKAY TO NOT BE OKAY

Providing new families safe harbor from the storms

140,000 

are born in LA County every year.

Giving birth during racial unrest and the COVID-19 pandemic may come with heightened levels of fear and anxiety. And with a record wildfire season on the west coast, families and hospital systems are strained in ways that could not have been anticipated. These stresses, along with feelings of isolation and depression may present additional risks for traumatic birth experiences.

PTSD Secondary to Birth Trauma

3-6% birthing people meet diagnostic criteria for PTSD but 30% perceive childbirth as traumatic (Grekin & O'Hara, 2014)



RISK FACTORS MAY INCLUDE

- Emergency cesarean birth or obstetric intervention
- Premature or high risk infant
- Mental health diagnosis
- History of trauma
- Pregnancy loss
- Degrading experience (can include racism/microaggression)
- Perceived inadequate care

Education and Resources:

Maternal Mental Health NOW provides education and various resources to help families, mental health and health care providers identify signs, symptoms and risk factors.

- [Safe and Sacred Pregnancy: Black Mamas Glowing Through COVID-19](#) (Online Support Group)
- [Taking Care of Mama in English and Spanish](#) (Online Support Group)
- [My Care App - Emotional Wellness Self-Help Tool](#)
- [Maternal Mental Health: Miscarriage, Stillbirth & Infant Death Online Course](#)
- [Brittany Patterson's birth story](#)

As we enter 2021...

we have our work cut out for us. Looking ahead, Maternal Mental Health NOW is committed to continuing to connect families in need to culturally appropriate and informed perinatal mental health resources in quick fashion.

We thank...

our many collaborators and partners that support these resources and are helping to mitigate some of the challenges experienced during pregnancy and the postpartum period:



Together, we can provide a safe harbor for our families.

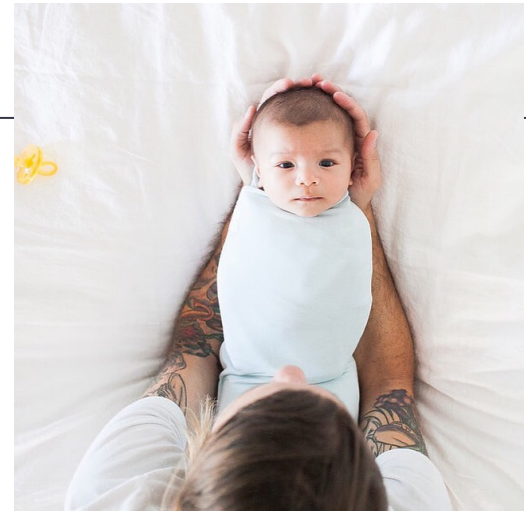
MAKE A GIFT TODAY!

PREVALENCE

PTSD AND SELF-IDENTIFIED TRAUMA

Prevalence

- Meeting Diagnostic Criteria
 - *Acute Stress*
 - *Posttraumatic Stress*
 - *PTSD*
- Different levels at different times (Alcorn, et al. 2010)
 - *3.6% at 4-6 weeks*
 - *6.3% at 12 weeks*
 - *BUT 46% express their birth as traumatic - Posttraumatic Stress*
- Listening to Mothers PP survey (Beck, et al. 2011)
 - *14% "It was the worst experience of my life.", up to 9% full criteria*



Prevalence Outside US

- Netherlands Stamrood Study (Stamrood, et al. 2011)
 - *907 Women surveyed*
 - *Only 1% PTSD, Only 9% say traumatic birth*
- Iranian Study (Modarres, et al. 2012)
 - *400 Women surveyed*
 - *218 say traumatic birth, 1% PTSD*
- Sweden Study (Soderquist, et al. 2009)
 - *1224 Women surveyed*
 - *1.3% PTSD at 1 month postpartum*

RISK FACTORS

HISTORY REPEATS ITSELF

Risk Factors

Traumatized
by healthcare
providers

Perinatal
Illness and
Loss

Mental
Health in
Pregnancy

History of
Sexual
Trauma

Ethnicity

Risk: Traumatized by Healthcare Providers

- Feel dehumanized
- Not cared for...
- Intruded on
- Others invited to watch without permission
 - *Teaching hospital, additional support staff*
- Feel powerless, out of control, helpless, not informed
- Make decisions just to get trauma to stop
 - *Epidural, monitoring, C-section, et al.*

Risk: Ethnicity

- Listening to Mothers Survey
 - *26% Black Mothers had POST TRAUMATIC STRESS*
- Seng, et al. 2011 – National study
 - *Black women 4x more likely to meet PTSD criteria*
 - *SES controlled for...*
 - *Explained by higher ACE score – exposure to trauma*
 - *May be indicator for birth weight*

RACIAL MICROAGGRESSIONS



BIPOC Families



- Black infants are 2x more likely to die by the age of 1 and Black birthing people are 4x more likely than any other ethnic group to die or be injured in birth
 - Only 5% of births in CA - disproportionate
- Highest rate of depression, higher rates of homelessness
 - 1:5 in CA experience PMADs
 - 1:3 Black women experience symptoms
- *Allostatic load* - “weathering”



→ Doula projects in LA County in pursuit of birth equity and advocacy

Sources: Los Angeles Mommy and Baby Project (LAMB), 2016-2017

CHCF Almanac, 2019

Risk: Perinatal Loss and Illness

- Loss around anxiety
- Fear and anxiety about health baby, healthy mom
- Impacts subsequent pregnancies, birth
- Mom and Dad have very similar rates
- The magnitude of illness correlates to mother's symptoms - NICU (Feeley, et al. 2011)

Risk: Mental Health History

- Anxiety in pregnancy
- Anxiety about the birth experience
- History of trauma – trauma begets trauma – ACE Score
- History of depression
- Psychosocial history – family of origin

Risk: History of Sexual Trauma

- Sexual assault victims 3 times as likely to have PTSD
- Sense that trauma is repeated
- Physical experience
- Dehumanized experience
- Lack of trauma-informed care
- Intimate partner violence
- Substance use history
- Childhood abuse and neglect

Risk: COVID 19

- Isolation
- Increased Fear
- Financial Strain – work from home
- Decreased access to medical care
- Worries about hospital protocols
- Concerns about “long Covid”
- Fears re:vaccination or no access for babies
- Political conflicts
- Who can visit
- Baby showers



Additional Risk: Birth Interventions and Impact

- Pregnancy health concerns (gestational diabetes, hyperemesis gravidarum, pre-eclampsia, etc.)
- Prior fertility challenges and miscarriages/stillbirths
- Epidurals
- Postpartum Hemorrhage
- Postpartum Surgery
- Use of forceps, episiotomy, 3rd degree tears etc.
- Emergency Cesarean Section

Kendall-Tacket, et al (2015)

POST TRAUMATIC STRESS DISORDER

DIAGNOSIS

DSM-V CRITERIA

- Anxiety disorder that develops in reaction to physical injury or severe mental or emotional distress such as...life threatening events
- Direct or indirect exposure to a traumatic event, followed by symptoms in four categories:
 - Intrusion
 - Avoidance
 - Negative changes in thoughts and mood
 - Changes in arousal and reactivity

Causes of Perinatal Trauma Response

- **May be caused by birth trauma (subjective experience)**
 - hyperemesis gravidarum
 - emergency cesarean
 - NICU environment
 - instrumental delivery
- **Labor and delivery may also trigger earlier life trauma**
 - breast/chest/bodyfeeding awareness
 - impacts bonding

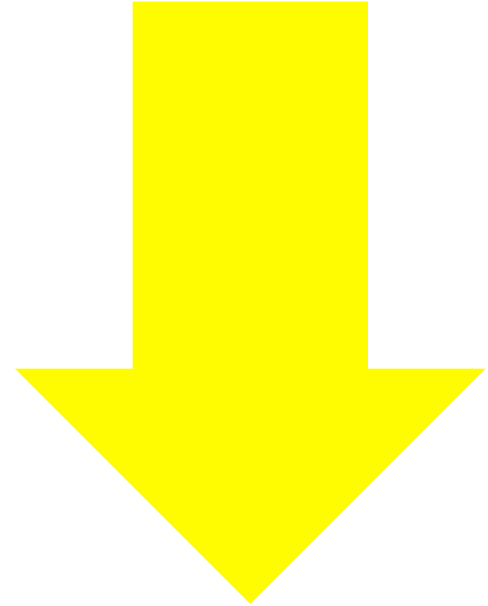
TOKOPHOBIA – extreme fear of childbirth. This condition causes some people to go to excessive measures to avoid getting pregnant.

Birth Trauma and PTSD Symptoms

- How it presents
 - *Disconnected from feelings, loss of interest, detached, hopeless*
 - *Hyper-vigilance, hyper-arousal, physiological symptoms*
 - *Negative mood, irritable, blaming self and others, sense of doom*
 - *Inability to sleep, nightmares*
 - *Avoidance of healthcare providers, missed appointments*
 - *Avoidance of baby, disconnection*
 - *Reexperiencing, flashbacks, et al – lots of triggers, media*
 - *Sensory reminders (images, sounds, smells etc.)*

The Three Es

- EVENT
 - *What was the event?*
 - *TRAUMA IS IN THE EYE OF THE BEHOLDER*
- EXPERIENCE in the actual moment
- EFFECTS afterward
 - Distress outlives the event



IMPACT

WHO AND IN WHAT WAYS

Impact of Birth Trauma

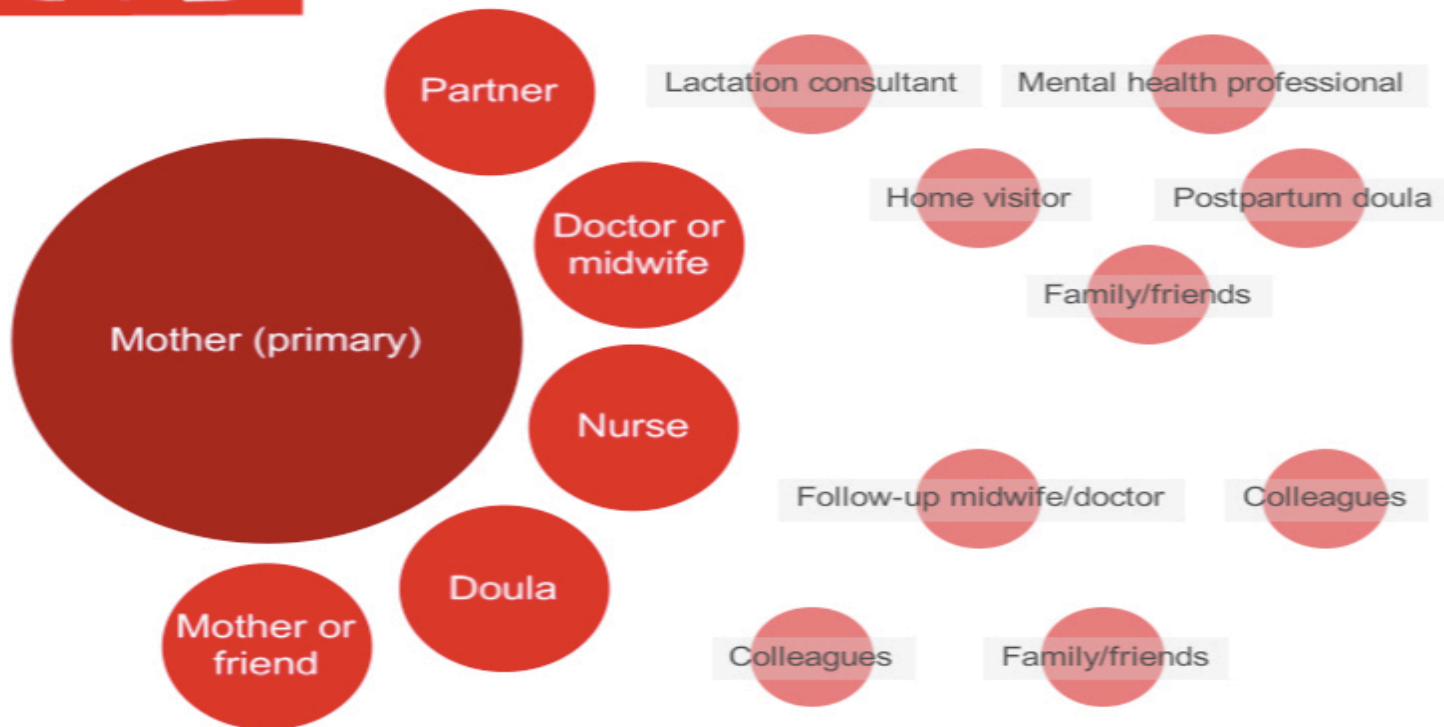
- Shift in world view
- Change in Relationships
 - *With partner*
 - *With family*
 - *With breastfeeding*
 - *With care provider*
- Bonding – Impact on Attachment
 - *With baby*
 - *With partner*



Whose Trauma Is It?



Whose Trauma Is It?



"MAN UP"
"YOU JUST NEED A DRINK"
"SUCK IT UP & GET OVER IT"
"DON'T TALK ABOUT THAT"
"BE A MAN"

"LOSER"
"I DON'T WANT TO HEAR ABOUT YOUR FEELINGS"
"MEN DON'T GET DEPRESSED"
"YOU'RE TOO SOFT"
"THERAPY IS FOR THE WEAK"



"I DON'T WANT TO HEAR ABOUT YOUR FEELINGS"
"MEN DON'T GET DEPRESSED"
"YOU'RE TOO SOFT"

"BUZZ KILL"
"JUST SLEEP IT OFF"
"GIRLS WANT A TOUGH GUY"

MENTAL
HEALTH AWARENESS

BREAK THE STIGMA

@WONDER-DOODLES

Whose Trauma Is It? Fetus, Infant, Children

- Intergenerational transmission of trauma
- Epigenetics
- Unavailable parent, depressed parent, anxious parent = traumatized child
 - *May not feel safe*
 - *May not feel understood or cared for*
 - *May manifest similar symptoms of “fear and anxiety” as parent*
- REPAIR IS POSSIBLE

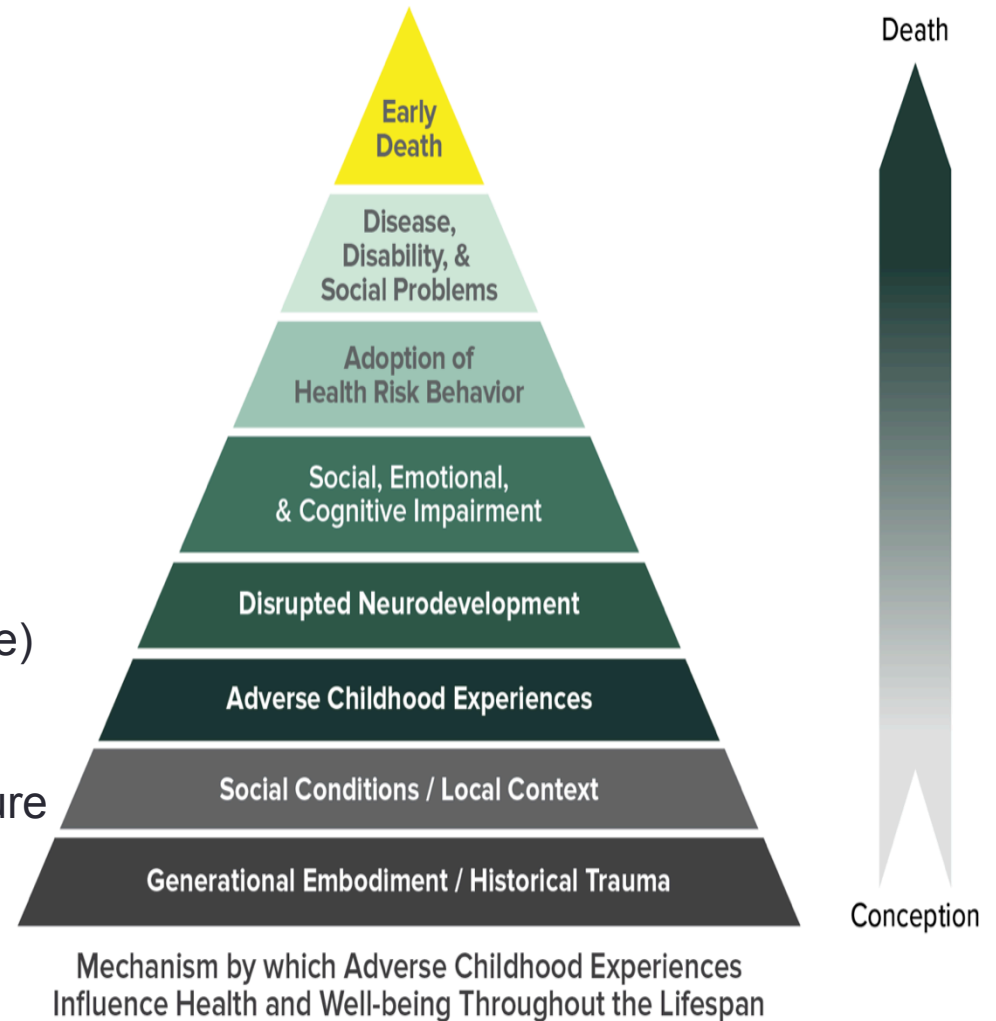
Vicarious Trauma

- 35% of L&D nurses meet criteria (Beck, et al. 2012)
 - *With a PTSD dx, what is the impact of this high number?*
- The 'why' - feeling of nurse or care provider towards system
 - *Helplessness, numbing*
- "I felt like an accomplice to a crime" (Kendall-Tacket, 2015)
- *Compassion fatigue*



Adverse Childhood Events (ACEs)

- CDC and Kaiser Permanente
 - San Diego
- ACE Score
 - 10 Types of Trauma
 - Abuse
 - Household Challenges
 - Neglect
- Higher score means greater implications for physical and emotional well being (chronic disease) and risk for early death in adults
- Toxic stress changes brain architecture



INTERVENTION

HOME VISITOR TIPS AND TOOLS

Caring for Someone who Experienced a Traumatic Birth

- Psychotherapy
 - CBT, group therapy, IPT, Dyadic, Couples, ERP
 - Building tools for “control” (choice, support, validation)
 - How determining risk factors may impact choice
 - *Managing narrative of birth trauma*
 - Engaging larger system of care
 - *Case management role*
 - Mitigating your own traumatic response or trigger
 - Questions and Discussion
-

Trauma Informed Care

- Consent & safety - humility
 - Informing and educating
 - Curiosity and compassion, collaboration
 - Empowering
 - Protective Factors, peer support
 - Involving community resources
 - Awareness of our OWN biases
 - Listening without judgment
 - *To your client*
 - *To yourself and your instincts*
-
- Trauma impacts the greater system



Can we Reduce Traumatic Birth?

- Identify issues or fears prior to childbirth
 - Inform what to expect
 - Care providers (family, doula, home visitor)
 - Brainstorm code word for suffering and action plan
- Psychoeducation re: impact and symptomology of trauma
- Accept client perception of trauma, hear her before reframing
- Openly acknowledge trauma postpartum
- Action plan for treatment, continued therapy, support group

Source: 2015 Simkin

TIPS

- **ASSESS**

- *As clinicians what do we notice?*
- *How does the birthing person or partner present?*
- *What symptoms do they share?*

- **ACKNOWLEDGE**

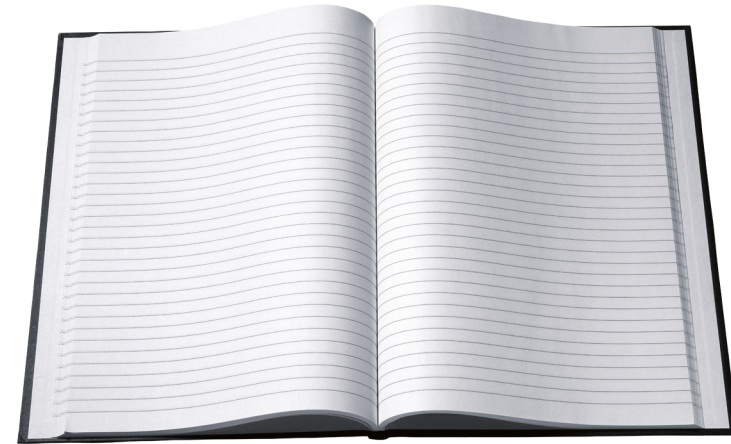
- *You don't have to take RESPONSIBILITY
but acknowledgement helps*

- **AVOID ASSUMPTIONS**



Telling the Birth Story

- Start at the beginning and do not correct!
- Acknowledge trauma was real
- Acknowledge pain and distress she feels
- Remind her/him that their story matters
- Explore unmet expectations of birth experience
- Acknowledge grief and loss of unmet expectations
- Assist in facilitating grieving of those expectations



TOOLS

- Mycare.mmhnow.org

- Birth preferences vs birth plan

<https://www.marchofdimes.org/materials/March-of-Dimes-Birth-Plan-2020.pdf>

- IPT – who is in your support network?
 - Whole body interventions include physical health education
 - Exercise
 - Nutrition education and access
 - Faith
 - Sleep hygiene
-

Maternal Mental Health NOW App



SPEAK UP WHEN YOU'RE DOWN

6 THINGS EVERY NEW MOM & MOM-TO-BE SHOULD KNOW ABOUT MATERNAL DEPRESSION



For caring support and resources contact
2-1-1 or
1.800.944.4773

Postpartum Support International
or contact your healthcare provider

MaternalMentalHealthNow.org
Maternal Mental Health Now

1

Maternal depression is common.

It is, the number one complication of pregnancy. In the US, 15% to 20% of new moms, or about 1 million women each year experience perinatal mood and anxiety disorders, and some studies suggest that number may be even higher.

YOU ARE NOT ALONE.

Maternal depression can affect any woman regardless of age, income, culture, or education.

2

You might experience some of these symptoms.

- Feelings of sadness.
- Mood swings: highs and lows, feeling overwhelmed.
- Difficulty concentrating.
- Lack of interest in things you used to enjoy.
- Changes in sleeping and eating habits.
- Panic attacks, nervousness, and anxiety.
- Excessive worry about your baby.
- Thoughts of harming yourself or your baby.
- Fearing that you can't take care of your baby.
- Feelings of guilt and inadequacy.
- Difficulty accepting motherhood.
- Irrational thinking, seeing or hearing things that aren't there.

Some of the ways women describe their feelings include:

*I want to cry all the time.
I feel like I'm on an emotional roller coaster.
I will never feel like myself again.
I don't think my baby likes me.
Everything feels like an effort.*

3

Symptoms can appear any time during pregnancy, and up to the child's first year.

Baby Blues, a normal adjustment period after birth, usually lasts from 2 to 3 weeks. If you have any of the listed symptoms, they have stayed the same or gotten

MaternalMentalHealthNow.org
Maternal Mental Health Now

4

You did nothing to cause this.

You are not a weak or bad person. You have a common, treatable illness. Research shows that there are a variety of risk factors that may impact how you are feeling, including your medical history, how your body processes certain hormones, the level of stress you are experiencing, and how much help you have with your baby. What we do know is, **THIS IS NOT YOUR FAULT.**

5

The sooner you get treatment, the better.

You deserve to be healthy, and your baby needs a healthy mom in order to thrive. Don't wait to reach out for **HELP**. It is available. Recent studies show that your baby's well-being and development are directly tied to your physical and emotional health.

6

There is help for you.

There comes a time in every woman's life when she needs help. **NOW** is the time to reach out to a caring professional who is knowledgeable about perinatal depression who can help you through this time of crisis. He or she can understand the pain you are experiencing and guide you on the road to recovery. Contact 2-1-1 or Postpartum Support International, 1.800.944.4773 or www.postpartum.net, for referrals and support near you.



Los Angeles Community Child Abuse Council
www.childabusecouncil.org



MATERNAL MENTAL HEALTH NOW
www.maternalmentalhealthnow.org

Adapted from Postpartum Progress, www.postpartumprogress.com, where you can find out more on childbirth-related mental illness.

Printing generously provided by
the Los Angeles Community Child Abuse Council



MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

Maternal Mental Health NOW Resource Directory

www.directory.maternalmentalhealthnow.org

MATERNAL MENTAL HEALTH RESOURCE DIRECTORY Find Providers in LA County

Search by location

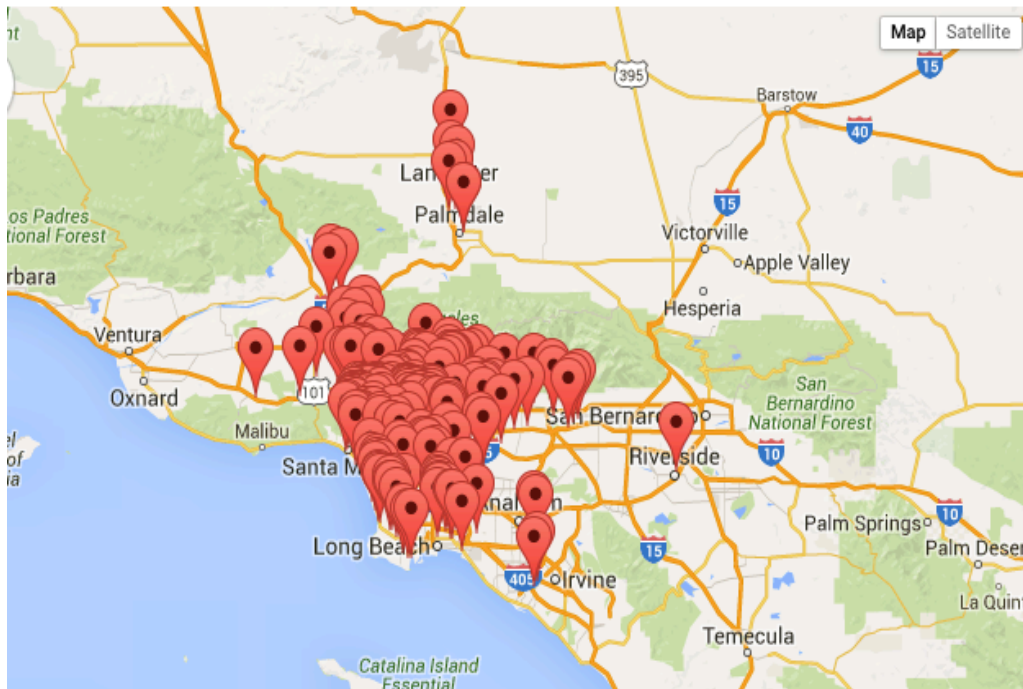


within

5 miles

Advanced Options ▾

[search](#) [clear search](#)



[link: http://directory.maternalmentalhealthnow.org](http://directory.maternalmentalhealthnow.org) | [pdf](#)

Individuals and organizations listed in this directory are for informational purposes only. The Los Angeles County Perinatal Mental Health Task Force does not guarantee the quality of services of any of those individuals or organizations.

Displaying 21 of 21 results



AltaMed Health Services Adolescent Family Life Program

P

512 So. Indiana Street Los Angeles, CA 90063
323-307-0182 | [Website](#)

Services: Individual Psychotherapy, Home Visiting, Case Management, and Family/Dyad (parent and baby) Therapy



AltaMed Health Services Adolescent Family Life Program - Long Beach

P

711 E. Wardlow Road, Suite 203 Long Beach, CA 90805

MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

CASE STUDIES

REAL STORIES

Case Examples

- “They were laughing and talking as they cut me open – it’s like I was just some slab of meat.”
- “Every time the monitor dropped, I was convinced I would lose her. Everyone was rushing in and I thought I was going to die too.”
- “They were so mean, they were yelling at me. I was so scared. I felt like this bad kid.”
- “Every time the nurse wiped, it hurt, and I felt myself floating – I just wanted her to stop and when I asked her, she just ignored me.”

PILAR's Story

- Pilar

THANK YOU!

www.MaternalMentalHealthNOW.org

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