Perinatal PTSD

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General Disclosures

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Speaker Disclosures

- **PAL for Moms phone consultation line for providers**

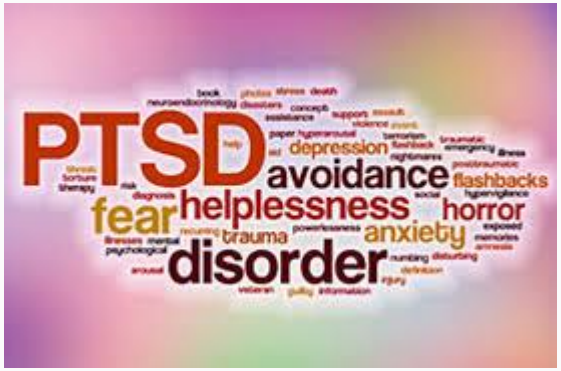
  State of Washington Health Care Authority

  206-685-2924 or 1-877-PAL4MOM, M-F 9-5

Learning Objectives

- Gain knowledge about trauma in the perinatal setting
- Describe screening and treatment options for perinatal PTSD
- **Describe the evidence for a rational approach to the treatment of perinatal PTSD**

Perinatal PTSD



- **PTSD affects approximately 10% of women during their lifetimes**
- **PTSD is common during pregnancy and after birth (prevalence between 4% and 6%, increases between 1-6 months postpartum)**
- **Prevalence PTSD in community samples**
  - **3.3% in pregnancy**
  - **4% after birth**
- **Prevalence PTSD in high risk samples (with risk factors for PTSD)**
  - **18.9% before birth**
  - **18.5 % after birth**

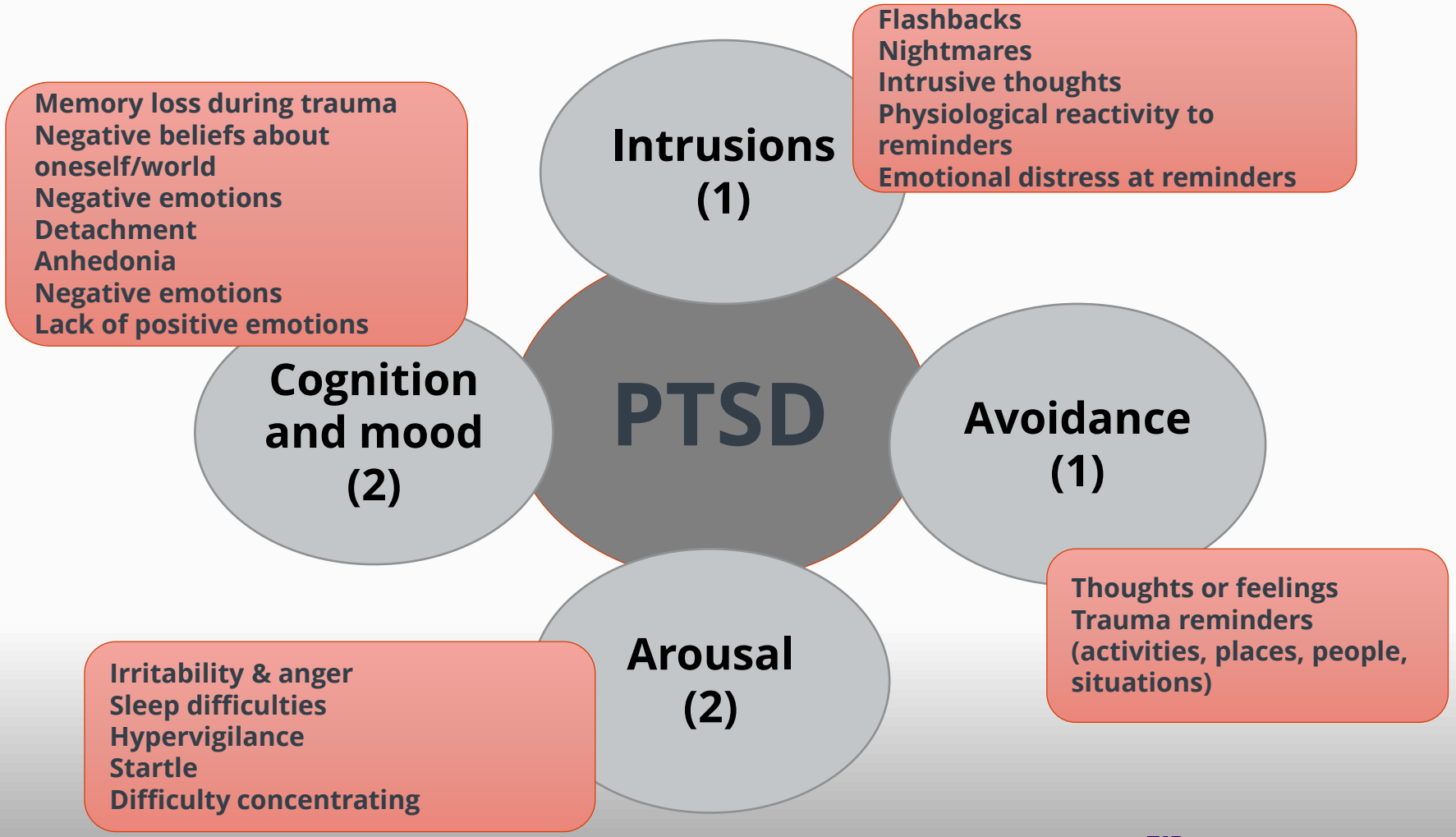
Yildiz et al, 2017

Perinatal PTSD

- **Pre-existing PTSD**
  - **unresolved and amplification of PTSD symptoms prior to pregnancy**
  - **re-triggered by events during pregnancy / childbirth**
    - **obstetric exams, genital exposure/touch, milk-ejection reflex**
- **PTSD in pregnancy**
  - **Interpersonal violence, accidents, natural disasters**
  - **complications in pregnancy**
- **New PTSD (induced by the childbirth experience)**
  - **difficult or traumatic birth (ex. preterm delivery, emergency C-section)**
  - **subjective distress during delivery (negative emotions, dissociation, perceived lack of support)**
  - **perinatal loss, infant complications**
  - **perceived lack of support during birth**

Cirino et al, 2019; Ayers et al, 2016

PTSD



Case

- Jane is a 27-year-old G2P1 at 32 weeks gestation. Since Jane learned she was pregnant, she has been very anxious about the delivery.
- She becomes distressed when pregnancy is discussed and pictures herself in excruciating pain during labor. She often misses her prenatal care appointments and refuses to plan for delivery. She wants to "be knocked out" for the entire delivery. She reports poor sleep, low mood, and anxiety.
- She has had two depressive episodes in the past and was diagnosed with PTSD secondary to childhood sexual abuse.
- **Which risk factors for PTSD can you identify?**

Perinatal PTSD and risk factors

OBSTETRIC delivery mode and complications	Maternal mental health	Social	Subjective experience of childbirth	Trauma history and PTSD
• Emergency C-section • Preeclampsia • H/o of postpartum hemorrhage • Instrumental delivery • Long labor duration • Preterm birth • Infant complications, perinatal loss	• Prenatal depression • Postpartum depression • Perinatal anxiety • History of psychological problems	• Low social support prior to pregnancy, during pregnancy, and during delivery -staff -partner -family	• **Negative delivery experience** • Fear of childbirth for self and/or baby • Loss of control during delivery • Perinatal dissociation • Pain in labor • Unexpectedness of procedures	• Previous traumatic events • Childhood sexual trauma (major risk factor) • Prenatal PTSD • Previous traumatic birth experience • PTSD during pregnancy is a strong predictor of PP-PTSD

Cirino et al, 2019; Dekel et al, 2016

Risks of untreated perinatal PTSD

- **Maladaptive coping (i.e., substance use d/o)**
- **Avoidance of postpartum checks or prenatal care**
- **Fear of subsequent pregnancy and childbirth (tokophobia)**
- **Lower rates of breastfeeding**
- **Lower birth weight, increased risk preterm birth**
- **Negative impact on mother–infant bonding and infant development**
- **Poor social–emotional development child at 2 years**

Cook et al, 2018; Cirino et al, 2019; Yonkers et al, 2014

How do we recognize trauma in the perinatal setting?

- Little or no prenatal care due to fear of obstetric procedures
- Extreme sensitivity about bodily exposure
- Recoiling when touched during obstetric examinations
- Depressed mood, anger/irritability
- Hypervigilance with regards to the baby
- Detachment from the baby and others
- Unexplained somatic symptoms
- Maladaptive reactions during labor and delivery
    - Fetal position, hides under covers, speaks in a childlike voice
    - Disoriented to time and place (dissociation)
    - Brings detailed lists of exactly how the labor and delivery should go

Miller et al, 2003; Cirino et al, 2019

Screening

- **PTSD Checklist Civilian (PCL-C)**
  - **20-item self-report**
  - **screening, provisional diagnosis, monitoring symptom change**
  - **cut-point score for diagnosis=33**
  - **used in the perinatal population but not specifically validated**

- **Perinatal Posttraumatic Stress Disorder Questionnaire (PPSDQ/PPQ)**
  - **specific diagnostic tool for perinatal PTSD, not widely used**
  - **14-item, self-reported questionnaire**
  - **score > 19= clinically significant distress from trauma that merits initiation of treatment**

Cirino et al, 2019

PCL-5

Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

In the past month, how much were you bothered by:	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing, and unwanted memories of the stressful experience?	0	1	2	3	4
2. Repeated, disturbing dreams of the stressful experience?	0	1	2	3	4
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4. Feeling very upset when something reminded you of the stressful experience?	0	1	2	3	4
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?	0	1	2	3	4
6. Avoiding memories, thoughts, or feelings related to the stressful experience?	0	1	2	3	4
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8. Trouble remembering important parts of the stressful experience?	0	1	2	3	4
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10. Blaming yourself or someone else for the stressful experience or what happened after it?	0	1	2	3	4
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12. Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13. Feeling distant or cut off from other people?	0	1	2	3	4
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15. Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16. Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17. Being "superalert" or watchful or on guard?	0	1	2	3	4
18. Feeling jumpy or easily startled?	0	1	2	3	4
19. Having difficulty concentrating?	0	1	2	3	4
20. Trouble falling or staying asleep?	0	1	2	3	4

Treatment Perinatal PTSD

- **Limited evidence treatment for perinatal PTSD**
- **Few studies, small size, no RTCs**
- **<u>Evidence-based trauma-focused psychotherapies</u>**
  - **Exposure Therapy (ET)**
  - **Trauma-Focused Cognitive Behavioral Therapy (TFCBT)**
  - **Eye Movement Desensitization and Reprocessing (EMDR)**
  - **All interventions effective in reducing PTSD symptoms both in short (up to 3 months) and medium term (3–6 months)**
  - **It is unclear which modality is superior for low risk vs high risk groups**
- **<u>Pharmacotherapy</u>**
  - **No SSRIs approved for perinatal PTSD**
  - **SSRIs (sertraline, fluoxetine)**
  - **Venlafaxine**

Furuta et al, 2018; Cirino et al, 2019; Bernardy et al, 2017

Trauma-focused psychotherapies

- **Exposure Therapy**
  - **reduction in PTSD symptoms through expressive writing therapy**
  - **particularly effective in postpartum women in the medium term (i.e., 3- 6 month) , regardless of whether birth was objectively traumatic**

- **Trauma-Focused Cognitive Behavioral Therapy (TFCBT)**
  - **mainstay treatment of non-childbirth-related PTSD**
  - **effective particularly for women at high risk of experiencing a traumatic birth**

- **Eye Movement Desensitization and Reprocessing (EMDR)**
  - improvement in PTSD symptoms in the short term
  - some evidence may work best with hyperarousal symptoms

Cirino et al, 2019

Other treatment modalities

- **Imagery rehearsal therapy (IRT)**
  - **time-limited, cognitive-behavioral intervention**
  - **effective for posttraumatic nightmares in RCTs, open-label trials, and case studies**
  - **reduction in nightmare frequency and improvement in sleep quality and PTSD symptoms**
  - **largest trial of IRT with only female participants (N = 168) sexual assault survivors**

- **CBT-I**
  - **large body of research supporting its efficacy**

Kobayashi at al, 2018; Escamilla et al, 2012; Krakow et al, 2000

What do we know about Prazosin?

Pregnancy

- **Few reports of prazosin use in the treatment of hypertension during pregnancy**
- **Experimental animal studies: not expected to increase the risk of congenital malformations**
- **One case report of fetal malformation and death**

- **Avoid starting prazosin during pregnancy**
- **If pregnant while stable on prazosin**
  - risk/benefit analysis, detailed documentation informed consent
  - blood pressure must be closely monitored to avoid maternal hypotension
  - pregnant patients may require a lower dose than usual (greater bioavailability and slower elimination in pregnant women)

Lactation

- **No data available**
- **Avoid using prazosin, alternate drug/treatment modality may be preferred**
- **Lactmed, Reprotox**

Interventions not effective for PTSD

- **Debriefing**
- **Trazodone**
- **Benzodiazepines**
  - **PTSD is a risk factors for substance use!**
  - **Worse psychotherapy outcomes, worse symptom severity**
- **Propranolol**
  - **Limited data in pregnancy and lactation**
  - **Intrauterine growth restriction**
  - **Neonatal apnea, respiratory distress, bradycardia and hypoglycemia**
  - **Low levels in milk, bradycardia, sedation in 2 infants exposed to other drugs**

Thorsness et al, 2018; Cirino et al, 2019

Case

- Jane is a 27-year-old G2P1 at 32 weeks gestation. Since Jane learned she was pregnant, she has been very anxious about the delivery.
- She becomes distressed when pregnancy is discussed and pictures herself in excruciating pain during labor. She often misses her prenatal care appointments and refuses to plan for delivery. She wants to "be knocked out" for the entire delivery. She reports poor sleep, low mood, and anxiety.
- She has had two depressive episodes in the past and was diagnosed with PTSD secondary to childhood sexual abuse.

- What would you recommend ?

Guidelines management of perinatal PTSD

- **Clinical assessment**
  - risk history, traumatic birth, childbirth complications
  - PTSD symptoms
  - assess for comorbid depression and anxiety
  - safety assessment

- **Administer PCL-5, clinical interview**
  - **<u>If PCL-5>33 or clinical diagnosis PTSD</u>**
    - **educate about PTSD**
    - **discuss treatment options**
    - **refer to trauma focused psychotherapy (TFPT)**
    - **if TFPT not available or not preferred, initiate SSRI**
    - **social support**

Trauma and Breastfeeding

- PTSD is associated with
  - not initiating breastfeeding
  - less likelihood of continuation to 12 months
- Breastfeeding can trigger flashbacks and frightening emotions

- Explain the normal sensations associated with breastfeeding
- Women can express breast milk and use bottle at first until ready
- Substitute bottle feeding if nighttime feedings are difficult

Garthus-Nigel et al. The influence of postpartum PTSD on breastfeeding. A longitudinal population-based study. Birth. 2018 Jun;45 (2):193-201

Trauma-informed care practices for women with a history of trauma

- Create a trusting environment that fosters disclosure
- Clear communication about their history between prenatal care providers and the labor and delivery team
- Control over who was present in the labor room at the time of cervical examinations
- Provide clear explanations of how and why each examination or procedure needs to be done
- Provider language during exams to be trauma sensitive
- Control over the exposure of their bodies during labor
- Having a choice over male health providers
- Highlight the role of breastfeeding in establishing positive bodily connections
- Remain cognizant that some women with a history of sexual trauma may choose not to breastfeed

Sobel, Lauren et all. Pregnancy and Childbirth After Sexual Trauma, Obstetrics & Gynecology: December 2018 - Volume 132 - Issue 6 - p 1461-1468

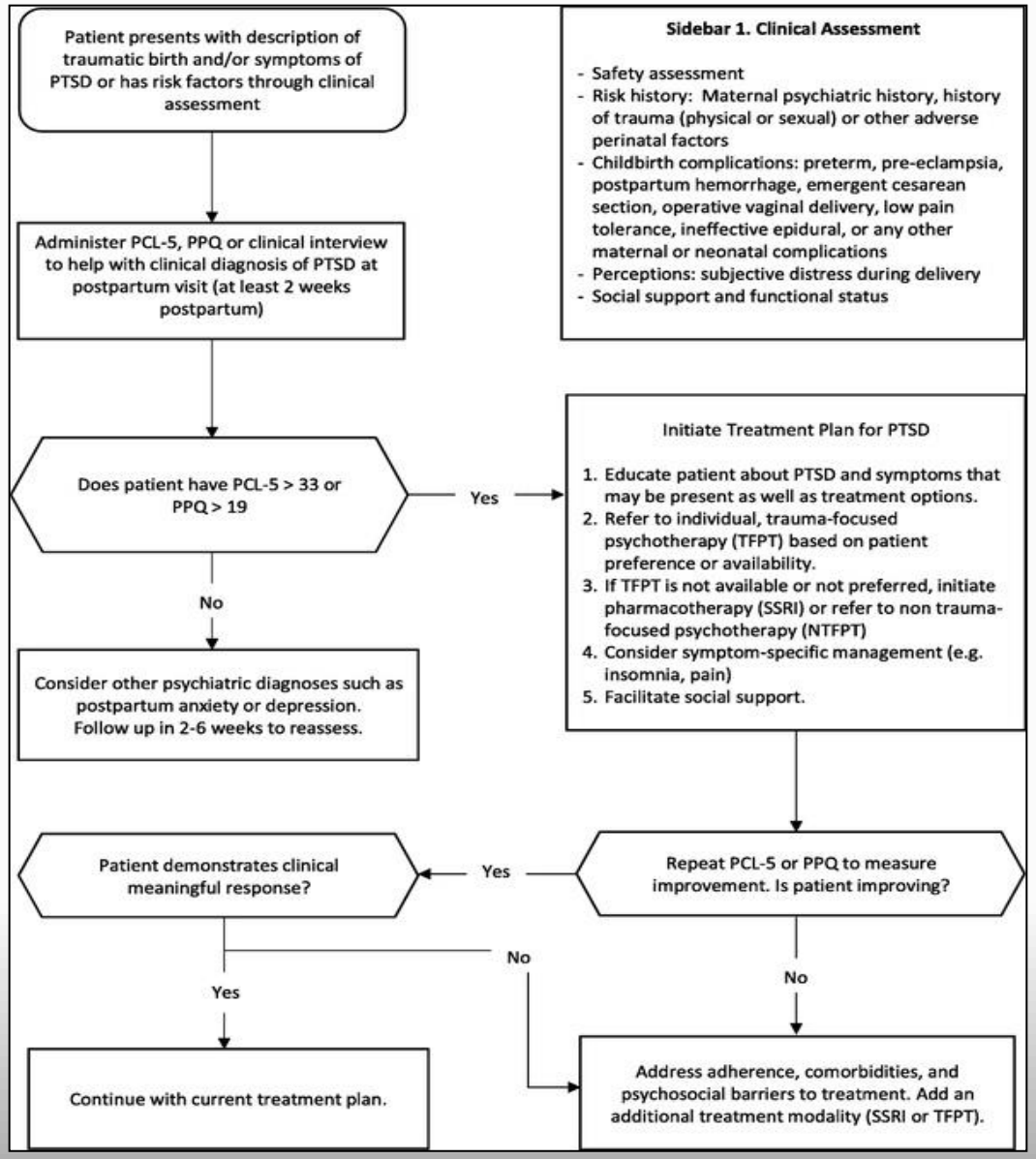
Take home points perinatal PTSD

- Untreated perinatal PTSD has significant adverse maternal-infant outcomes
- Screen with PTSD Checklist Civilian (PCL-C) or Perinatal Posttraumatic Stress Disorder Questionnaire (PPSDQ/PPQ)
- Treatment with first-line evidence–based therapies
  - SSRIs
  - Trauma-focused psychotherapies
- Identifying a treatment modality that is most appropriate and available to a woman diagnosed with P-PTSD is key to effective treatment

Harborview Abuse and Trauma Center

- Offers services for children and adults who have experienced any kind of trauma
- Phone: 206-744-1600

FIG. 2



Perinatal Posttraumatic Stress Disorder: A Review of Risk Factors, Diagnosis, and Treatment.
Cirino, Nicole; Knapp, Jacqueline

Obstetrical & Gynecological Survey. 74(6):369-376, June 2019.
DOI: 10.1097/OGX.0000000000000680

FIG. 2 . Algorithm for the assessment and treatment of PTSD for the obstetrician-gynecologist.

Questions/Contact Information

- **Feel free to contact me at: croicu@uw.edu**

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