

POSTNATAL POST TRAUMATIC STRESS DISORDER

WHAT IS PTSD?

PTSD is the psychological term for a set of reactions anyone may experience when something traumatic, scary or bad has happened to them. A typical PTSD sufferer fills some of these criteria:

1. Has experienced an event or events that involved the threat of death or serious injury to self or others (including the baby.)
2. Her response to this was one of intense fear, helplessness or horror.
3. The event is persistently re-experienced as: recurrent intrusive memories, flashbacks, nightmares, distress/ anxiety/ panic on exposure to cues that remind them of the event.
4. They often try to avoid anything that reminds them of the trauma (this includes talking about it, which is why so many don't seek help). They may be torn between the desire to have another child and the conviction that they could not risk exposing themselves to another traumatic event. They may try to numb the painful emotions but unfortunately all their emotions become numbed so they may feel unable to love the baby. They may even dissociate from their memories of the event and be unable to remember part or all of it.

5. Persistent increased arousal including difficulty sleeping, exaggerated startle response, difficulty concentrating, irritability or anger, and hypervigilance (being on your guard all the time).

This may start soon after the birth or be delayed for months and it can go on for years. Sufferers usually end up with a degree of depression due to their symptoms, but PTSD does not start with depression.

A traumatic experience as an adult can trigger memories of earlier or childhood trauma that went unresolved.

RISK FACTORS FOR POSTNATAL PTSD

- Managed labour.
- Induction.
- Poor pain relief.
- Feelings of loss of control.
- Unnecessary trauma.
- Traumatic delivery.
- Impersonal treatment, overly professional or judgemental attitude of the staff.
- Not being believed or listened to.
- Lack of explanations.
- Lack of attention to dignity eg. no coverings.
- Multi handling, numerous changes of staff, not being introduced, superfluous staff in room as observers.
- True obstetric emergencies.
- Invasive procedures without explanation or consent.
- Forceps/suturing without adequate pain relief.

- Prolonged latent phase - demoralisation.
- Conflicting advice.
- SCBU/NICU.
- Severe postnatal anaemia.
- Poor postnatal care.
- Old trauma.
- Unmet need to debrief.

THE IMPORTANCE OF BIRTH REVIEWING/ DEBRIEFING

After any highly emotional event, good or bad, there is a strong need to share the experience and to have one's emotions acknowledged.

Having a baby is a monumental experience in any woman's life.

Everyone needs to debrief even after the most normal of births. Those who had a stressful experience will need to talk it through many times. Friends and family may be initially sympathetic but may not understand the continuing need to talk.

Birth reporting, reviewing/ debriefing has been shown to reduce the occurrence of PND. It is also effective in reducing the severity of PTSD.

We believe all women should have the chance to talk over their birth experience in the early postnatal days, preferably with a health professional who was present for the labour and birth.

T A B S

(TRAUMA AND BIRTH STRESS)

We are a group of mothers who have in common, stressful and traumatic pregnancies or births which affected our lives negatively for months or years afterwards.

AIMS AND OBJECTIVES

- To inform and educate health professionals about how PTSD can occur, preventative measures and treatments available.
- To support women and their families who have been through a traumatic pregnancy or birth experience and to help them to get the help they need to get their lives back.
- We would like to see routine debriefing done after ALL births.

HOW WE CAN HELP

Our knowledge of PTSD comes from first-hand experience.

We wish to provide confidential and emotional support by the sharing of experiences and friendship. We also aim to help women to find the appropriate treatment they require for recovery. We are NOT trained counsellors or therapists.

WHERE TO GO FOR HELP

In seeking help you will need to find someone who will be sympathetic and understanding. You may find these options helpful:

- Maternal Mental Health
- A social worker
- Your GP
- Plunket nurse
- Trauma counsellor
- Family and Friends (although often unbiased support is needed)

NB - FOR URGENT HELP PHONE

LIFELINE

or

Your Community Mental Health Team

To contact us

See our website: <http://www.tabs.org.nz>
Or email: ptsdtabs@ihug.co.nz
Send a stamped, self-addressed envelope to:

T A B S
P.O Box 18002
Glen Innes
Auckland

BAD BIRTH EXPERIENCE?

DO YOU SUFFER FROM:

FLASHBACKS
NIGHTMARES
PANIC ATTACKS
AVOIDANCE
NUMBED EMOTIONS
DIFFICULTY SLEEPING
DIFFICULTY CONCENTRATING
IRRITABILITY OR ANGER
HYPERVIGILANCE
ETC...



T A B S

TRAUMA AND BIRTH STRESS

Supporting and educating the community