Childbirth-Related Posttraumatic Stress Disorder

Symptoms and Impact on Breastfeeding

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Birth is a significant life event and generally a happy one. Although labor is often challenging, it can also be empowering, with mothers experiencing elation and strength. Unfortunately, for other women, birth can be difficult, can be overwhelming, and can lead to psychological trauma. Some women may experience depression and posttraumatic stress disorder (PTSD) following their births. These effects can last for years and can cause difficulties in women's relationships with their partners and their babies. Difficult births can also negatively affect breastfeeding. This article describes the prevalence of PTSD after childbirth and summarizes the symptoms so that International Board Certified Lactation Consultants (IBCLCs) can help recognize it and refer mothers to appropriate resources.

Keywords: birth, breastfeeding, PTSD, trauma

The postpartum period can be challenging for many mothers in the U.S. New mothers often have little support and may need to return to work within weeks of giving birth. In addition, their birth experience may have also been psychologically traumatic, even leading to a diagnosis of posttraumatic stress disorder (PTSD). Many practitioners are surprised that birth can cause PTSD, a diagnosis more often associated with combat, terrorist attacks, sexual assault, or natural disasters. Unfortunately, many women's births can cause psychological trauma. Fortunately, there is much that lactation consultants can do to assist mothers who have had difficult birth. But first, the International Board Certified Lactation Consultants (IBCLCs) must recognize the signs.

Prevalence of Traumatic Birth

The prevalence is quite high in many parts of the world, including the U.S. For example, Childbirth Connections' Listening to Mothers' Survey II included a nationally representative sample of 1,573 mothers in the U.S. Nine percent of these mothers met full criteria for PTSD following their births, and an additional 18% had posttraumatic symptoms (PTS; Beck, Gable, Sakala, & Declercq, 2011). By way of comparison, the percentage of people in lower Manhattan who met the full criteria for PTSD following September 11th was 7.5% (Galea et al., 2003). What this means is that in at least one large study, the rates of full-criteria PTSD in the U.S. following childbirth are now *higher* than those following a major terrorist attack. Beck and colleagues (2011) noted the following:

> *In these two national surveys mothers did speak out loudly and clearly about posttraumatic stress symptoms they were suffering. The high percentage of mothers with elevated posttraumatic stress symptoms is a sobering statistic* (p. 226).

Alcorn, O'Donovan, Patrick, Creedy, and Devilly (2010) found a somewhat lower rate in another U.S. prospective study of 933 mothers: 3.6% of women met full criteria for PTSD at 4–6 weeks, 6.3% at 12 weeks, and 5.8% at 24 weeks. About 45% of the mothers in this study described their births as traumatic (Alcorn et al., 2010). The rate of other postpartum mood and anxiety disorders (PMADs) is quite high: The rates for depression ranged from 47% to 66% at 4–6 weeks; the rates for anxiety ranged from 58% to 74%.

Some might argue that these negative effects are unavoidable. Birth is hard—in some cases, life threatening—so we should expect at least some women will develop PTSD. To counter this argument, it's instructive to examine the rates of birth trauma in countries where birth is treated as a normal event, where there are fewer interventions, and where women have continuous labor support. Sweden is one such country, and it has a much lower rate of PTSD. In a prospective study of 1,224 Swedish mothers, 1.3% had PTSD, and 9% described their births as traumatic (Soderquist, Wijma, Thorbert, & Wijma, 2009).

Similarly, a study of 907 women in the Netherlands found that 1.2% had PTSD and 9% identified their births as traumatic—substantially lower than women in the U.S. (Stramrood et al., 2011). Some of this lower rate may be

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attributable to their lower rates of birth interventions in the Netherlands: 15%–17% of women have cesareans, and 9%–10% have instrumental deliveries.

In contrast, we would expect the rate for birth-related PTSD to be higher in a country where the status of women is generally poor. And indeed, researchers have found precisely that. In a study of 400 women in Iran, 218 reported traumatic births at 6–8 weeks postpartum, and 20% met full criteria for PTSD (Modarres, Afrasiabi, Rahnama, & Montazeri, 2012).

Diagnostic Criteria for Posttraumatic Stress Disorder

PTSD is diagnosed when someone meets the criteria established by the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013). Most people exposed to traumatic events are not diagnosed with PTSD. Some have no symptoms and are considered "resilient." Others develop depression or anxiety disorders, which can still cause difficulties, but they do not develop PTSD. Finally, others go on to develop PTSD. It is helpful for lactation consultants to recognize symptoms of trauma and its possible sequelae so they can provide information and resources to mothers. The following is a brief description of the diagnostic criteria for PTSD and a listing of possible symptoms.

Exposure to Traumatic Events

The first criterion that someone must meet before they are diagnosed with PTSD is exposure to a traumatic event. A traumatic event is defined by death or threatened death, actual or threatened injury, or actual or threatened sexual violation (Friedman, Resick, Bryant, & Brewin, 2011). Unfortunately, birth can include all of the aforementioned. During labor, women might believe that they, or their babies, might die. This can happen whether or not it is "medically true." If women believe they are in peril, there are likely to be sequelae. People can be exposed to traumatic events by directly experiencing it, by witnessing it (and this would include the experiences of partners, labor and delivery nurses, doulas, and others in attendance), or by hearing about the traumatic experience of a close friend or relative (Friedman et al., 2011).

Angela, a hospital-based IBCLC, was sexually assaulted during her second birth. She experienced symptoms for several years after it occurred, as she describes.

> *To my great disappointment, the birth of my firstborn ended in a cesarean section. The long separation afterward took a long time to heal from. When I became pregnant with my second child, I did a lot of research and decided to plan a homebirth. Unfortunately, due to some complications with the baby's heart tones, we transferred to the hospital. When I arrived, the obstetrician on call came into the room while I was having a contraction during transition. He began yelling at me that he knew that I was only there to sue him. He told me that he was going to insert the internal monitor, or he would call the attorney and make me. I was trying to tell him "Wait, no!", but he refused. He pulled my legs open and inserted the monitor. I felt extremely violated. I began having a panic attack during labor. He didn't care what I wanted; he would do what he wanted to do because he had the power.*

In addition to being exposed to a traumatic event, people need to also have symptoms in four clusters. Even if someone does not meet full criteria, she may still experience some of these symptoms, which can negatively affect her transition to motherhood.

Intrusion Symptoms

Intrusion symptoms include recurrent involuntary and intrusive memories of her birth. These can also be experienced as flashbacks or nightmares (Friedman et al., 2011; National Center for PTSD, 2014). A common statement could be something like, "Every time I close my eyes, I am reexperiencing my birth." There could also be intense or prolonged psychological distress and/or marked physiological reactions when something reminds them of their births. Angela experienced intrusion symptoms for several years after the sexual assault (described earlier) that she experienced during her birth.

> *For years after the assault, I had trouble being intimate with my husband. When we tried, I would feel trapped and panicked. I couldn't go to a doctor for a long time. I hyperventilated and nearly passed out at my first postpartum checkup. Every time I thought about the birth, my hands would shake, my breathing would get ragged, and I would end up in a panic state. Yet, I was in denial. I told myself that I was overreacting. Yes, he was unkind, but I couldn't bring myself to call it anything more sinister. Finally, when referring to my birth experience, a friend called it a sexual assault. Then things began to click for me. I finally began to see a therapist, who diagnosed me with PTSD. She taught me some coping mechanisms to enable me to begin to heal. I will never be fully healed from the sexual assault, but now I call myself a survivor. I still have to face the gut-wrenching panic attacks, especially near the anniversary of the assault. The worst part is, my child's birthday isn't the day of complete joy that it should be. It is also the day I was sexually assaulted.*

Avoidance Symptoms

After a traumatic birth, mothers may avoid things that remind them of it, such as activities, places, or people associated with their births. This can even include disengaging from their babies.

Avoidance symptoms are also common following a traumatic birth. Women may avoid everything that reminds them of their traumatic births, including not returning for medical appointments or avoiding their doctors, medical offices, and the hospital where their births occurred.

Negative Changes in Cognitions and Mood

Trauma may also bring about negative changes in mood and cognitions. Women must have three or more of the following symptoms to meet full criteria.

- An inability to remember an important aspect of the traumatic event
- A persistent or exaggerated negative expectation about themselves, others, or the world
- A persistent, distorted blame of self or others about the cause or consequences of the traumatic event. These negative beliefs can include a pervasive negative emotional state, such as fear, horror, anger, guilt, or shame.
- A markedly diminished interest and participation in significant activities
- A feeling of detachment or estrangement from others
- A persistent inability to experience positive emotions (Friedman et al., 2011; National Center for PTSD, 2014)

After Angela's birth (described earlier), she reported not remembering the doctor's name or face after her birth.

> *To this day, 6-plus years later, I do not remember the name of this doctor. I don't remember his face. Every once in a while, I will look him up online to remind myself (and then can't sleep for a couple of days after), but I quickly forget again. I have been told that this is a mild form of dissociative amnesia. I am guessing that his image and name disturbs me so greatly that my mind blocks it for protection. However, I am terrified that I will run into him unawares, now that I work in that hospital system as an IBCLC. This is why I keep looking him up.*

Negative changes in mood and cognition overlap considerably with depression and can directly impact how a woman feels about her baby and partner. Jennifer describes her self-blame for having a cesarean.

> *I feel like it was probably my own fault that that happened—that, basically, I didn't do the things I needed to do in order to give birth—and that because it is my own fault, it's wrong for me to feel bad about it and I should just suck it up and not feel sad that I failed or that there is a very real possibility that I will never get to give birth in the future either and will just end up with another C-section.*

Ayers, Eagle, and Waring (2006) found that women who had traumatic births described rejecting behavior toward their babies immediately after birth. Many reported eventually bonding with their babies *in 1–5 years*, with avoidant or overanxious attachment styles being the most common. This is a particularly concerning symptom and one that IBCLCs can gently help mothers address.

Changes in Arousal and Reactivity

This symptom cluster is perhaps one of the most characteristic of PTSD, and these symptoms must have begun or worsened after their births. Women must have three or more of the following symptoms:

- An increase in anger, irritability, or aggressive behavior
- Reckless or destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep problems, specifically difficulty falling or staying asleep, or restless sleep

Jennifer experienced a highly traumatic birth, where she almost died. She describes how it impacted her physical and mental well-being. She felt abandoned by her husband, even though she recognized that he had no choice about returning to work. She also received no help from her family of origin. Her hyperarousal symptoms compounded the normal challenges of breastfeeding and new motherhood, and her significant health problems were also exacerbated.

> *Even before we left the hospital, I was having severe anxiety and depression. I was beyond what the word "exhausted" implies . . . Add to that no sleep, baby's needs, and breastfeeding, and I was barely hanging on. I either didn't know or didn't understand that my husband had to go back to work 2 days after we got*

home from the hospital. It was not a case of him not wanting to be with us. He had to go back to work or they would have fired him. They couldn't have cared less that his wife just had a baby and that he watched his wife and baby almost die. We needed the money and he had to go. Not only did he have to work, he had to work extremely long, stressful hours. I was terrified to be away from him. I was already experiencing posttraumatic stress episodes. The anxiety was worse than it had ever been in my life. I don't know what I was afraid of, but I was scared and lonely all the time. I would panic several times an hour. My body became more depleted by the day. The headaches I had every day only got worse after delivery, and the fibromyalgia I had dealt with all my life was in a full flare. I was a wreck. I was diagnosed with hypothyroidism and rheumatoid arthritis.

My family was nowhere to be found. They didn't want to think about how scary things were. They wanted to pretend that everything was fine. I was on my own all day with a newborn. I would beg my husband not to go. He had to go. He felt guilty and was scared and confessed much later that he had been terrified I was going to die from the day I told him I was pregnant. He has always been a realist. That fear explained why he had been a checked-out jerk for most of my pregnancy. I realize now that it was ripping his heart out to see me so depressed and sick and to have to leave anyway, but he left to keep a roof over our heads. He went to a job where he was treated like crap and came home to a wife who hated him. We were both miserable.

I got around the house on my hands and knees, dragging my baby behind me on a blanket, because I didn't have the strength, and was in too much pain, to walk. I was depressed, hurting, and afraid. When my husband got home, I would hand him the baby without saying anything, and I would go lay down and cry. My husband was completely confused. I wanted a baby. I had a baby. Why was I mad at him? And why was I so sad? We weren't talking at all. He was hurt because I didn't understand that he was trying to take care of us financially, and I was hurt because he wasn't at home to take care of me physically.

Traumatic Birth and Breastfeeding

Not surprisingly, traumatic birth experiences can make breastfeeding much more difficult and possibly undermine it completely. For example, a national survey of 5,332 mothers in England at 3 months postpartum found that women who had forceps-assisted births and unplanned cesareans had the poorest health and well-being. These women also had the highest rates of posttraumatic stress symptoms and the most breastfeeding difficulties (Rowlands & Redshaw, 2012).

Beck (2011) describes how breastfeeding triggered flashbacks to a traumatic birth for some of the mothers in her study.

> *The flashbacks to the birth were terrible. I wanted to forget about it and the pain, so stopping breastfeeding would get me a bit closer to my "normal" self again* (Beck, 2011).

> *I had flashbacks to the birth every time I would feed him. When he was put on me in the hospital, he wasn't breathing and he was blue. I kept picturing this; and could still feel what it was like. Breastfeeding him was a similar position as to the way he was put on me* (Beck, 2011, p. 306).

Traumatic or difficult births can also delay in lactogenesis II. A study from Guatemala found that highly stressful birth were related to increased cortisol levels, which were related to delays in lactogenesis II by as much as several days (Grajeda & Perez-Escamilla, 2002). If IBCLCs are aware that this delay is possible, they can anticipate it and work with the mother to lessen its impact.

In contrast to the aforementioned stories, breastfeeding can also be enormously healing. With gentle assistance, breastfeeding can work even after the most difficult births. For some mothers in Elmir, Schmied, Wilkes, and Jackson's (2010) study, women reported that breastfeeding provided women an opportunity to overcome the trauma of their birth experiences and "prove" their success as mothers, as these mothers describe.

> *Breastfeeding was a timeout from the pain in my head. It was a "current reality"–a way to cling onto some "real life," whereas all the trauma that continued to live on in my head belonged to the past, even though I couldn't seem to keep it there* (Beck, 2011, p. 306).

> *Breastfeeding became my focus for overcoming the birth and proving to everyone else, and mostly myself, that there was something that I could do right. It was part of my crusade, so to speak, to prove myself as a mother* (Beck & Watson, 2008, p. 233).

> *My body's ability to produce milk, and so the sustenance to keep my baby alive, also helped to restore my faith in my body, which at some core level, I felt had really let me down, due to a terrible pregnancy, labor, and birth. It helped build my confidence in my body and as a mother. It helped me heal and feel connected to my baby* (Beck & Watson, 2008, p. 233).

Conclusions

Birth-related trauma is, unfortunately, a relatively common experience for mothers in the U.S. Breastfeeding can be both a trigger to PTSD symptoms and also a source of healing. Because of the potentially healing nature of breastfeeding, lactation consultants can be a key source of support in mothers' recovery. Lactation consultants can also be trauma informed and help mothers find other resources to aid them in their healing process (see Kendall-Tackett, 2014, for more details about resources for mothers). Perhaps, the most important message that we can give to mothers is that they *can* recover from this; a difficult beginning does not have to be the blueprint for the rest of their mothering career. And it does not have to dictate what her subsequent births will be like. Jennifer describes her process of recovery. It took a while, and she is not without her regrets. But it also strengthened her bond with her husband and helped her reach out to others.

> *Things got better, but it took years. It took 6 years for me to start working toward being functional. By the grace of God, my husband and I made it. We are best friends, and war buddies, and love each other more every day. We deserve it. My son is 11 and awesome. I am a birth and postpartum doula now, and have learned to let go of my birth pregnancy and birth victimization, and become a survivor. I'm healthy enough to support other families, in the hope they don't have to go where we went. I love my life, but it is hard to know that the story I just told is my one and only pregnancy and birth story.*

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