ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 02 | February - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

IS CHILDBEARING A TRAUMATIC EVENT FOR WOMEN?

Public Health

Nada Pop-Jordanova Macedonian Academy of Sciences and Arts, Skopje, North Macedonia

ABSTRACT

The psychological birth trauma is a universal phenomenon in childbearing women. The influences could extend in a wide range, which includes the mothers' health, mother-infant relationship or partner relationship. The purpose of this research was to evaluate collected data from several obstetric clinics in Macedonia, as well as for primary paediatric settings related to 'Birth Trauma' in order to review especially women with symptoms of post-traumatic stress disorder (PTSD) following childbirth. The results confirmed that the birth trauma is not rare phenomena in our country, as well. Symptoms correlated with PTSD were present as unpleasant memories, anxiety, panic, traying not remember delivery, self-accusation, negative emotions, alienation, irritation/aggression, self-destruction, impulsiveness, problems with concentration, and sleeping problems. These results alarm that the better understanding this vulnerable period of women's life is necessary.

KEYWORDS

childbearing, women, stress, PTSD.

1.INTRODUCTION

The postpartum period represents a major transition in the lives of many women, with an increased risk for the emergence of psychopathology including depression and PTSD.

In this context, traumatic childbirth is an international public health problem because it is supposed that currently up to 45% of new mothers have reported such an experience. International rates of PTSD due to birth trauma range between 1.5 and 9 percent of all births [1, 2].

The purpose of this research was to evaluate collected data from several obstetric clinics in Macedonia, as well as for primary paediatric settings related to 'Birth Trauma' in order to review women with symptoms of post-traumatic stress disorder (PTSD) following childbirth.

The research was prospective (from January 2021 to December 2022). The psychological instrument used named Intersect Questionnaire, is composed of 59 questions grouped in VIII parts.

The questionnaire is obtained from Centre for Maternal and Child Health Research 'City', University of London. **A** descriptive phenomenological approach was adopted as a main.

2. RESULTS

We obtained 371 fulfilled valuable questionnaires, in which 100% women confirmed the age over 16 years and free will for participation. Main demographic data are presented on Table 1.

Table 1. Main demographic data

Main age	29,99± 4,96 years	Minimum 17 Maximum 49		
Ethnicity	Macedonian 57,68%	Minorities (Albanian, Turk, Roma) 10,24%	Not sure 19,95%	No answer 12,13%
Place of living	Big city 47,71%	Small city 34,23%	Village 11,59%	No answer 6,47%
Educational level	Primary school 4,24%	Secondary school 37,47%	High level education 52,29%	No answer 5,93%
Economic status (income)	Below average 5,39%	Average 73,32%	Over average 13,75%	No answer 7,55%
Marriage status	Married 87,60%	Living with a partner 5,66%	Divorced 0,54%	Widow 0,27%
Number of born children	One 92,72%	Tweens 4,85%		
Gestation period	37,62 weeks (± 3,73)	min. 30- max.42 weeks		
Delivery mode	Vaginal 50,13%	Caesarea 49,87%		
Complication for mother	Minor 22,10%	Major 2,70%		
Complications for babies	Minor 22,10%	Major 2,70%		

At the question 'Do you think that yourself or your baby will be seriously traumatised during delivery?' negatively answered 327 (88,14%) and positively 40 (10,78%) of examinees. Regarding to the fear for possible death (mother/baby) only 34 (9,16%) of mothers answered positively.

Table 2 presents symptoms which can be associated with possible PTSD in mothers.

Table 2. Symptoms associated with possible PTSD

Symptom	Neither	Onetime	2-4 time	Over 5 time
Repeated unpleasant memories for delivery	251 (67,65%)	65 (17,52%)	34 (9,16%)	10 (2,70%)
Anxiety related to delivery	254 (68,46%)	63 (16,98%)	32 (8,63%)	10 (2,70%)
Trying do not remember delivery	303 (81,67%)	28 (7,55%)	28 (7,55%)	15 (4,04%)
Do not remember detail of delivery	274 (73,85%)	48 (12,94%)	24 (6,47%)	13 (3,50%)
Accuse yourself/ others for delivery events	314 (84,64%)	26 (7,01%)	10 (2,70%)	8 (2,16%)
Negative emotions related to delivery (fear, anger, shame)	280 (75,47%)	43 (11,59%)	23 (6,20%)	7 (1,89%)
No interest for usual activities	250 (67,39%)	61 (16,44%)	37 (9,97%)	7 (1,89%)
Alienated for other people	268 (72,24%)	43 (11,59%)	31 (8,36%)	16 (4,31%)
Feel irritated/aggressive	280 (75,47%)	51 (13,75%)	21 (5,66%)	7 (1,89%)
Self-destructive	319 (85,98%)	19 (5,12%)	13 (3,50%)	7 (1,89%)
Feel anxious/nervous	195 (52,56%)	98 (26,42%)	51 (13,75%)	15 (4,04%)
Impulsiveness	226 (60,92%)	67 (18,06%)	48 (12,94%)	16 (4,31%)
Problems with concentration	240 (64,69%)	68 (18,33%)	38 (10,24%)	12 (3,23%)
Sleeping problems	243 (65,50%)	61 (16,44%)	34 (9,16%)	17 (4,58%)

Previous traumatic experiences (serious illness in family member, physical/sexual abuse, natural disasters, accidents) confirmed 45%

participants. However, previous psychological/psychiatric problems confirmed only 3,23%, but anyone needed medical/pharmacological aid.

3. DISCUSSION

The unique feminine privilege in all the living world is to give life to a baby. Even the happiest, this event could be the trigger for traumatic experiences for the mother herself. Being ignored for a long time these conditions are increasingly coming into focus, especially in the field of obstetrics and public health.

Axioms related to birth trauma are firstly presented by Beck [3, 4, 5] and are cited as follows:

- Traumatic birth can be considered as an extreme traumatic stressor that can lead to PTSD.
- Posttraumatic stress symptoms are a result of traumatic childbirth and can vary in intensity and duration.
- Traumatic childbirth can have long-term, chronic consequences.
- Traumatic childbirth can have stinging tentacles that can lash out at obstetrical clinicians and significant others who were present at the birth.
- Posttraumatic stress symptoms can interfere with mother–infant interaction.
- Traumatic birth can negatively affect a mother's breastfeeding experience.
- At the anniversary of a traumatic birth, posttraumatic stress symptoms can flair up.
- Subsequent childbirth after a previous birth trauma is an anxiety-filled time for mothers.
- Not all subsequent childbirths after a previous birth trauma are healing.

As mentioned before, published studies report rates of PTSD after childbirth as varying between 1.5 and 9 percent of all births. Those who have a traumatic delivery but are not diagnosed with PTSD have fewer symptoms of the disorder or the duration of their symptoms is less than a month. These women are referred to variously as having Post-Traumatic Stress Symptoms (PTSS), Post-Traumatic Stress Effects, (PTSE), or Partial Post-Traumatic Stress Disorder (PPTSD) [6].

Trauma during pregnancy is commonly viewed as benign for the new born when the delivery occurs normally. Our study revisits that point of view: 88,14% of women think that themselves and the baby were not be seriously traumatised. The perception about traumatism during delivery was ranged in the scale from 0 to 10. Perceived range of trauma during delivery was noted as minimal in 32,61% of examinees, but there are some women who ranged the delivery as more traumatic (more than range of 5/10).

Symptoms associated with possible PTSD present in mothers were: unpleasant memories (2,7%), anxiety (38,54%), panic (6,47%), traying do not remember delivery (4,04%), self-accusation (2,16%), negative emotions (1,89%), alienation (4,31%), irritation/aggression (1,89%), self-destruction (1,89%), impulsiveness (4,31%), problems with concentration (3,23%), and sleeping problems (21,88%).

According graduation of unpleasant symptoms 46,90% of women went through the delivery practically unscathed, but the labour was graduated as too long in 11,32%, and only 10,24% felled out of control during labour. Additionally, majority of women confirmed that medical staff was encouraging for them, and delivery room were hygienic and clean. In this context, the follow up is necessary and some psychological intervention must be available.

In a study of Williamson E. et all. (2021) the prevalence of PTSD after child-birth has been estimated to be around 3% for women meeting full diagnostic criteria and up to 9% for sub-threshold symptoms. Zhang K. et all. (2020) showed that the social and health system could prevent psychological harm during birth and promote maternal health by measures of pain management, thoughtful attention, adequate caring, and prenatal preparation.

In a recent study of Chan SJ. et all. (2020) it was suggested that childbirth is an independent stressor capable of evoking PTSD in mothers. Analysis reveals the importance of antepartum and birth-related risk factors above and beyond child outcomes.

Sommerlad S. et all., (2021) showed that childbirth-related post-traumatic stress disorder occurs in 3-7% of all pregnancies and about 35% of women after preterm birth meet the criteria for acute stress reaction. Known risk factors are trait anxiety and pain intensity, whereas planned delivery mode, medical support, and positive childbirth experience are protective factors.

It is interesting that changes to the birth experience due to the COVID-19 pandemic have small but persistent effects on depressive and PTSD symptoms. [11, 12]

Prenatal exposure to maternal depression increases the risk for emotional and behavioural disorders in children. In this context, Roos A.et all. (2022) confirmed widespread white matter alterations in 2-3-year-old children with prenatal exposure to depression which are consistent with neuroimaging findings in adults with major depression. Further, these novel associations of altered white matter integrity with cognitive development in depression-exposed children are suggesting that these neuroimaging findings may have early functional impact.

4. CONCLUSION

The presented results confirmed that the birth trauma is not rare phenomena in our country, as well. Symptoms correlated with PTSD were present as unpleasant memories, anxiety, panic, traying not remember delivery, self-accusation, negative emotions, alienation, irritation/aggression, self-destruction, impulsiveness, problems with concentration, and sleeping problems. These results alarm that the better understanding this vulnerable period of women's life is necessary.

REFERENCES

[1] Yildiz PD, Ayers S, Phillips L. The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis. J Affect Disord. 2017 Jan 15;208:634-645.

[2] Szalay S, (2011). Post-Traumatic Stress Disorder after Childbirth in an Out-of-Hospital Birth Population. Presentation at Annual Conference of Midwives Association of Washington State, Seattle, Washington (unpublished).

[3] Beck CT, Indman P. (2005). The many faces of postpartum depression. *J Obstet Gynecol Neonatal Nurs;* 34(5):569-76.

[4] Beck, C. T. (2004a). Birth trauma: In the eye of the beholder. *Nursing Research*, 53,28–35.

[5] Beck, C. T. (2004b). Post-traumatic stress disorder due to childbirth: The aftermath. *Nursing Research*, 53, 216–224.

[6] Breslau N, Lucia V, Davis G. (2004). Partial PTSD versus full PTSD: an empirical examination of associated impairment. *Psychological Medicine;* 34(7): 1205-1214.

[7] Williamson E, Pipeva A, Brodrick A, Saradjian A, Slade P. The birth trauma psychological therapy service: An audit of outcomes. Midwifery. 2021 Nov; 102: 103099. doi: 10.1016/j.midw.2021.103099. Epub 2021 Jul 13. PMID: 34293486.

[8] Zhang K, Dai L, Wu M, Zeng T, Yuan M, Chen Y. Women's experience of psychological birth trauma in China: a qualitative study. BMC Pregnancy Childbirth. 2020 Oct 27;20(1):651. doi: 10.1186/s12884-020-03342-8. PMID: 33109113; PMCID: PMC7590597.

[9] Chan SJ, Ein-Dor T, Mayopoulos PA, Mesa MM, Sunda RM, McCarthy BF, Kaimal AJ, Dekel S. Risk factors for developing posttraumatic stress disorder following childbirth. Psychiatry Res. 2020 Aug;290:113090. doi: 10.1016/j.psychres.2020.113090. Epub 2020 May 22. PMID: 32480118.

[10] Sommerlad S, Schermelleh-Engel K, La Rosa VL, Louwen F, Oddo-Sommerfeld S. Trait anxiety and unplanned delivery mode enhance the risk for childbirth-related post-traumatic stress disorder symptoms in women with and without risk of preterm birth: A multi sample path analysis. PLoS One. 2021 Aug 31;16(8):e0256681. doi: 10.1371/journal.pone.0256681. PMID: 34464408; PMCID: PMC8407573.

[11] Liu CH, Koire A, Erdei C, Mittal L. Unexpected changes in birth experiences during the COVID-19 pandemic: Implications for maternal mental health. Arch Gynecol Obstet. 2021 Nov 1:1–11. doi: 10.1007/s00404-021-06310-5. Epub ahead of print. PMID: 34724569; PMCID: PMC8558094.

[12] Horsch A, Lalor J, Downe S. Moral and mental health challenges faced by maternity staff during the COVID-19 pandemic. Psychol Trauma. 2020 Aug;12(S1):S141-S142. doi: 10.1037/tra0000629. Epub 2020 Jun 1. PMID: 32478557.

[13] Roos A, Wedderburn CJ, Fouche JP, Joshi SH, Narr KL, Woods RP, Zar HJ, Stein DJ, Donald KA. Prenatal depression exposure alters white matter integrity and neurodevelopment in early childhood. Brain Imaging Behav. 2022 Jun;16(3):1324-1336. doi: 10.1007/s11682-021-00616-3. Epub 2022 Jan 9. PMID: 35000066; PMCID: PMC9107412.