South Australian Perinatal Practice Guideline

Managing women in distress after a traumatic birth experience

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

Explanation of the aboriginal artwork:
The aboriginal artwork used symbolises the connection to country and the circle shape shows the strong relationships amongst families and the aboriginal culture. The horse shoe shape design shown in front of the generic statement symbolises a woman and those enclosing a smaller horse shoe shape depicts a pregnant women. The smaller horse shoe shape in this instance represents the unborn child. The artwork shown before the specific statements within the document symbolises a footprint and demonstrates the need to move forward together in unison.

Australian Aboriginal Culture is the oldest living culture in the world yet Aboriginal people continue to experience the poorest health outcomes when compared to non-Aboriginal Australians. In South Australia, Aboriginal women are 2-5 times more likely to die in childbirth and their babies are 2-3 times more likely to be of low birth weight. The accumulative effects of stress, low socio economic status, exposure to violence, historical trauma, culturally unsafe and discriminatory health services and health systems are all major contributors to the disparities in Aboriginal maternal and birthing outcomes. Despite these unacceptable statistics the birth of an Aboriginal baby is a celebration of life and an important cultural event bringing family together in celebration, obligation and responsibility. The diversity between Aboriginal cultures, language and practices differ greatly and so it is imperative that perinatal services prepare to respectively manage Aboriginal protocol and provide a culturally positive health care experience for Aboriginal people to ensure the best maternal, neonatal and child health outcomes.

Purpose and Scope of PPG

This guideline provides clinicians with information on preventing, identifying and treating women who experience birth as traumatic or who are at increased risk of doing so. It includes predisposing factors, symptoms of psychological distress and post-traumatic stress disorder and components of debriefing.

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Summary of Practice Recommendations

Birth trauma can intensify into Post Traumatic Stress Disorder (PTSD) unless identified and treated early.

A history of previous trauma predisposes women to experience birth as traumatic.

Informed decision-making by the woman in labour reduces the likelihood of the woman perceiving birth as traumatic.

Postnatal debriefing provides women with the opportunity to make sense of their birth experience and strengthens them psychologically.

Early recognition of signs and symptoms of distress, with referral to appropriate care services is essential.

A positive birth experience following a traumatic one can have a therapeutic effect.

Abbreviations

et al.	And others
BMJ	British Medical Journal
KEMH	King Edward Memorial Hospital
PTSD	Post-traumatic stress disorder

Managing women in distress after a traumatic birth experience

Introduction

- Research shows that feeling traumatised by a birthing experience is not uncommon and that trauma symptoms can develop[1,2,3,4]
- 1 in 3 women experience birth trauma[2,5, 6, 7]
- This can intensify into Post Traumatic Stress Disorder (PTSD) unless identified and treated early[6,8, 9]
- PTSD occurs in 2-3 % of women after childbirth with up to 25 % developing some symptoms of this condition[1,2,5,12-14]
- The birth does not have to be 'abnormal' in the clinician's view for women to feel traumatised[2,10]
- For some women childbirth is not fulfilling and becomes one of the most traumatic experiences of their lives[11]
- The experience of extreme pain, loss of control and fear of death for themselves or their child puts women at greater risk[2, 5, 9, 12,13,15,16]

Background

- A history of previous trauma predisposes women to experience further trauma or distress during the perinatal period. Previous trauma may include domestic violence, childhood sexual abuse, rape, and migrant trauma.[17] For further information refer to *Sexual Abuse in Childhood* PPG available at www.sahealth.sa.gov.au/perinatal.
- Women who have experienced childhood sexual abuse are 12 times more likely to experience childbirth as traumatic[5]
- Other predisposing factors to trauma include:
    - Lack of social support
    - Poor coping strategies
    - Feelings of powerlessness
    - Extreme pain
    - Unexpected outcomes of labour and birth including ill or stillborn infant
    - Perception of hostile or uncaring staff
    - Loss of control
    - Medical interventions
    - Lack of information
    - Past traumatic birth[1,2,5,6,12 – 14,16 - 24]
- The distress of a traumatic birth can affect a woman's ability to breast feed and bond with her child[16]
- PTSD is an under-recognised complication of childbirth[10] and is often incorrectly diagnosed and treated[25]
- Midwives who have learned counselling skills feel more confident to deliver counselling interventions[26]

Symptoms

Psychological distress following childbirth may manifest itself in any of the following ways

> Appearing dazed
> Reduced conscious state
> Agitated or overactive
> Withdrawn
> Autonomic anxiety symptoms – increased heart rate, palpitations, sweating, jelly legs, "butterflies in stomach" and dry mouth
> Some amnesia – blocked memories
> Disorientated
> Depressed

These symptoms can be a precursor to the more severe PTSD[25]

PTSD

Post-Traumatic Stress Disorder is a form of anxiety disorder. It can develop after vicarious exposure to, or the experience of a traumatic event

Symptoms of PTSD

> Flashbacks, depersonalisation, hypervigilance [10, 16]
> Nightmares [10]
> Emotionally numbed [26]
> Intrusive memories, depression
> Anxiety
> Bonding difficulties
> Fear of sexual intimacy
> Avoidance of normal vaginal birth or future pregnancy[10, 18, 27]
> Increased psychological arousal
> Avoidant of baby [2]

Preventative measures

> Maximise the woman's control in labour
> Provide adequate information
> Inform woman of all procedures
> Involve the woman in the decision making

Treatment

Debriefing

Background information:

- "…A structured intervention that is intended to act as primary prevention to mitigate, or at least inhibit acute stress reactions…" [3]
- Developed to reduce traumatic reactions for people experiencing trauma
- It is rare that women don't want to talk about their birth experience thus reluctance to do so might indicate trauma
- How a woman perceives her birth has an impact on her need to debrief [29]
- Women who experience any difficulties in regards to pregnancy labour and birth should be offered the opportunity to talk about and review their experience. This shouldn't be forced, just offered. Evidence suggests that providing women with the opportunity to make sense of their birth experience strengthens them psychologically[30]

Components of debriefing include:

- Listen empathically
- Identify and report any problems within the service
- Provide feedback to staff involved

(Why debrief) The benefits for the woman are to:

- Decrease mental distress
- Acknowledge grief and loss
- Educate
- Provide health promotion
- Help with memory gaps
- Understand medical aspects of interventions
- Talk about unmet expectations
- Reconstruct the whole birth story
- Evoke an emotional response

The benefits for the organisation include Risk management – decreases formal complaints

Health care professional's role

Postpartum care of current birth

- Encourage discussion of birth experience
    - Accoucher or appropriately experienced health professional should explain and discuss the events of the labour and birth. This should be done in terms that the woman can understand
    - Encourage articulation of the birth experience by the woman as she requires
    - A clear summary of the discussion and explanations given to the woman should be documented in the case notes

Ongoing postpartum care

- Empathetic care
- Early recognition of signs and symptoms of distress
    - Anger
    - Persistent vague pain
    - Failure to interact with baby
- Refer to appropriate specialised care – perinatal mental health team or social work and counselling services
- Rule out postnatal depression
- Consider postnatal review appointment at 4-6 weeks to provide time for any further clarification of the birth experience

Subsequent pregnancy

Antepartum

- Thorough history taking
- Carefully discuss and document mode of birth / pain relief / maternal requests for next birth
- Watch for avoidant behaviour
- Aim for continuity model of care and carer
- Consider consultant review
- Gain knowledge from routine screening about psychiatric history including depression, anxiety, trauma or previous / current PTSD
- Throughout antenatal care, previous labour and birth may need to be revisited
- Refer for counselling as needed

Intrapartum

- Maximise the woman's control in labour by
    - Providing adequate information
    - Involve in decision making
    - Provide adequate information of all procedures and gain the woman's permission (verbal consent) before proceeding
    - Stop procedure if woman requests this
- Pain control as a preventative strategy
- Being alert to what situations may lead to trauma
- Encourage the woman to articulate her experiences

Postpartum

Care the same as for postpartum care of current birth, plus …

- Discuss events of this birth and ensure psychological wellbeing is maintained
- Refer for counselling as needed

A positive birth experience following a traumatic one can have a therapeutic effect[16,25]

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Appendix: Key elements of counselling

Strategy	Intervention
Therapeutic connection between midwife and woman	Show kindness; affirm competence of the woman, simple non-threatening open questions about the birth, attentive listening and acceptance of the woman's perspective
Accept and work with women's perceptions	Prompt the woman to tell her own story, listen with encouragement but not interruption
Support the expression of feelings	Encourage expression of feelings by open questions, actively listening, reflecting back the woman's concerns
Filling in the missing pieces	Clarify misunderstandings, offer information, answer questions realistically and factually, ask questions about key aspects to check understanding. Do not defend or justify care provided
Connect the event with emotions and behaviours	Ask questions to determine if the woman is connecting current emotions and behaviour with the traumatic event(s). Acknowledge and validate grief and loss. Gently challenge and counter distorted thinking such as self-blame and a sense of inadequacy. Encourage the woman to see that inappropriate or hasty decisions may be a reaction to the birth
Review the labour management	Ask if the woman felt anything should have been done differently during labour. Offer new or more generous or accurate perceptions of the event. Realistically postulate how certain courses of action may have resulted in a more positive outcome. Acknowledge uncertainty
Enhance social support	Initiate discussion about existing support networks. Talk about ways to receive additional emotional support. Help the woman understand that her usual support people may be struggling with their own issues
Reinforce positive approaches to coping	Reinforce comments by women that reflect a clearer understanding of the situation, plan for the way forward or outline positive action to overcome distress. Counter oblique defeatist statements
Explore solutions	Support women to explore and decide upon potential solutions, e.g. support group(s), further one-to-one counselling, seeking specific information, accessing the complaint system

Adapted from: Gamble J, Creedy D. A counselling model for postpartum women after distressing birth experiences. Midwifery 2009; 25: 21-30.

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