



# PAST TRAUMATIC LIFE EVENTS AND POSTPARTUM PTSD

Dr. Anna Suarez, Maria Anikeeva, Victoria Yureva, and Dr. Vera Yakupova




## Disturbing statistics

- Depending on the country and diagnostic tools, between 3.1% to 43% of women develop postpartum posttraumatic stress disorder (PP-PTSD) following childbirth
- In Russia we consistently see that 15-20% of women have clinically significant symptoms of PP-PTSD



# Symptoms of PP-PTSD

- Re-experiencing childbirth through nightmares, flashbacks, and intrusive memories
  - Avoiding stimuli associated with the traumatic event, e.g. visiting the doctor
  - Hyperarousal
  - Negative cognitions and mood
  - Significant impairment and distress
- 



## Risk factors for PP-PTSD: Intrapartum

- Obstetric emergencies and infant complications
- Medical interventions
- Preterm birth
- Instrumental birth with forceps or a vacuum
- Emergency caesarean birth
- Obstetric violence
- Insufficient support

# Risk factors for PP-PTSD: Postpartum

- Maternal and neonatal complications
- Hospital readmission
- Postpartum depression
- Women's dissatisfaction with social support



# Risk factors for PP-PTSD: Antepartum

- History of psychiatric disorders
- Depression and poor physical health during pregnancy
- Previous traumatic experiences





# History of trauma and childbirth

- Among women who developed PP-PTSD, 30.2% reported experiencing sexual abuse during their childhood
- Women with a history of sexual assault or childhood sexual abuse are more likely to develop PP-PTSD
- Limited evidence of the effects of previous traumatic childbirth on subsequent risk of PP-PTSD
- No previous studies in Russia



# Aims of our study

To investigate the association of PP-PTSD symptoms and perceived traumatic birth experience in a Russian sample with past experience of:

- Physical assault
- Sexual assault
- Child abuse
- Previous traumatic birth experience
- Cumulative traumatic experience





# Methods

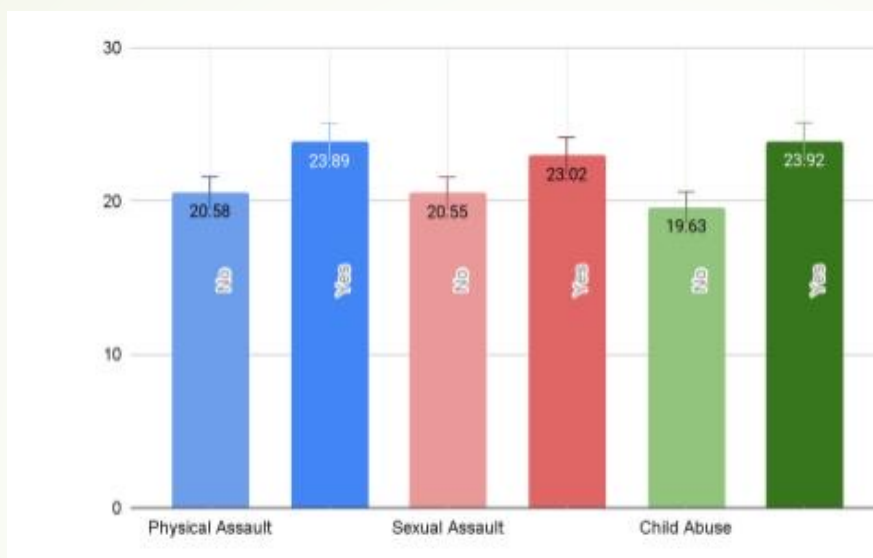
- Inclusion criteria: 18+ years old, gave birth within the previous 12 months in Russia, and can read in Russian
- Filled in web-based survey
- Demographic & obstetric information
- List of past traumatic events
- Perceived traumatic birth (0-not traumatic, 10-extremely traumatic)
- City Birth Trauma Scale (CBiTS)
- Covariates: maternal age at the time of childbirth, level of education, marital status, socioeconomic status (SES), and previously diagnosed mental disorders as well as gestational age at birth, parity, time since the childbirth, and mode of birth

## Sample description (N = 2,579)

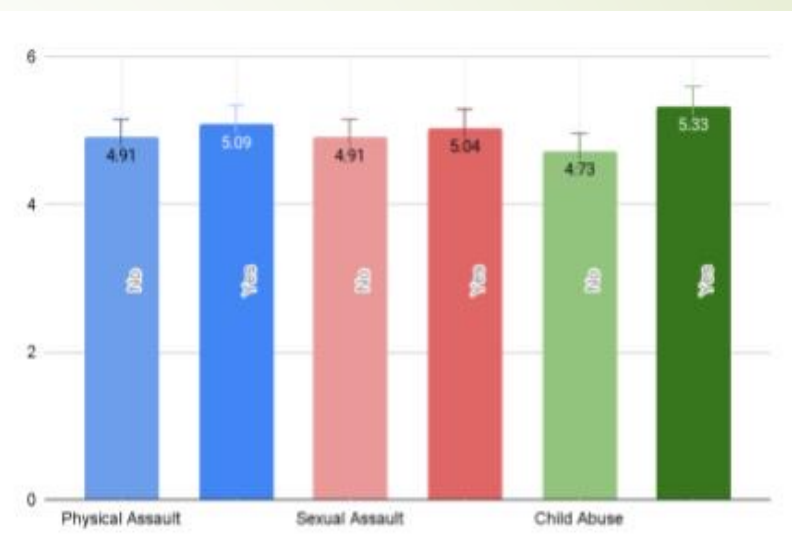
	N	%
<b>Clinically significant PP-PTSD symptoms</b>	528	20.5%
<b>Traumatic experience of previous childbirth (yes)</b>	515	20%
<b>Perinatal loss experience (yes)</b>	596	23.1%
<b>Physical Assault (yes)</b>	205	7.9%
<b>Sexual Assault (yes)</b>	281	10.9%
<b>Child abuse (yes)</b>	426	16.5%
<b>No previous trauma</b>	1,191	46.2%

# Results (1)

PP-PTSD symptoms (CBITS scores)



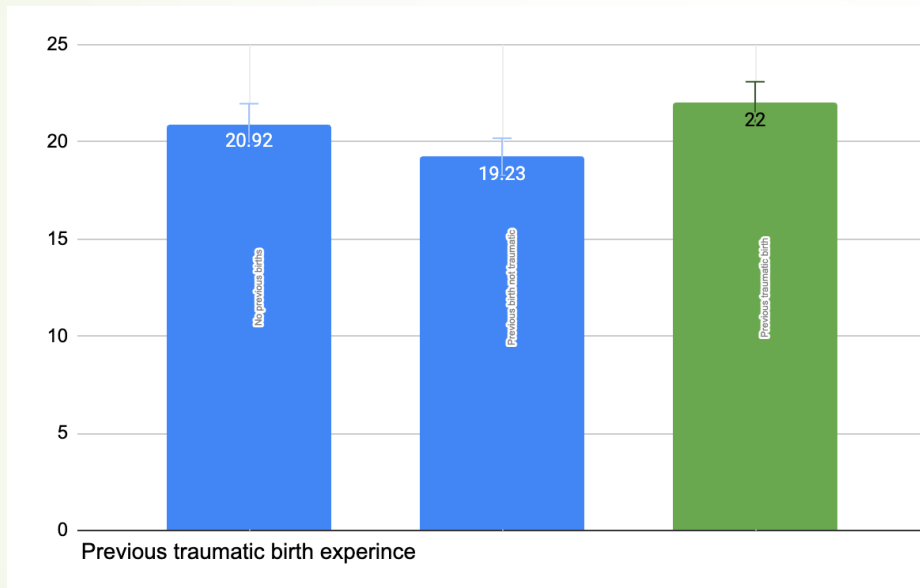
Perceived traumatic birth



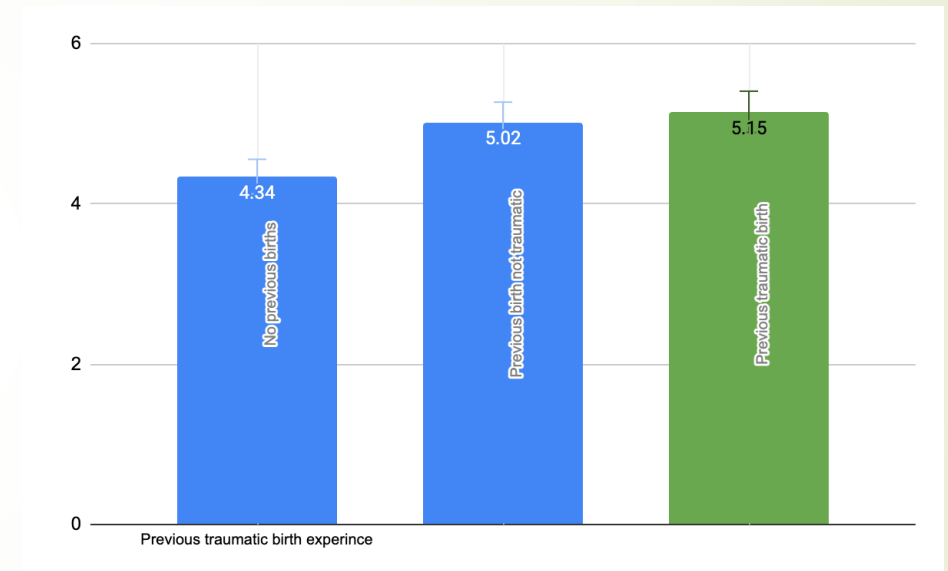
- PP-PTSD symptoms were higher among women who previously experienced physical ( $F=22.02, p<0.001$ ) and sexual ( $F=15.98, p<0.001$ ) assault and child abuse ( $F=69.25, p<0.001$ ), with only associations with child abuse ( $F=21.14, p<0.001$ ) remaining significant for perceived traumatic birth experience
- Cumulative traumatic experiences were significantly associated with both PP-PTSD symptoms ( $B=1.88, p<0.001$ ) and the perceived traumatic birth experience ( $B=0.18, p<0.001$ )

## Results (2)

PP-PTSD symptoms (CBITS scores)



Perceived traumatic birth



- PP-PTSD symptoms were lowest for those who gave birth previously and that experience was not traumatic; they were, on average, more than 1.5 points higher for those who gave birth for the first time, and the highest among the participants with previous traumatic birth experience ( $F=10.04$ ,  $p<0.001$ )

# Discussion

- Support the line of thought that PP-PTSD is pre-existing PTSD which is reactivated by childbirth
- Subjective perception of birth as traumatic may be rather related to the events of labour and birth
- Prolonged maternal childhood abuse may lead to neuroendocrine abnormalities which contribute to birth complications and increase risks for both
- Possible indication that the previous traumatic birth is not a risk factor, but rather a positive childbirth is a protective factor against PP-PTSD after following births





## Future directions and implications

- The project is ongoing
- Next step: are there objective differences in childbirth experiences of women with and without a history of trauma
- High importance of collecting information about women's past experiences during pregnancy
- Clear need for trauma awareness training for healthcare providers
- Trauma-informed practices during childbirth may help prevent PP-PTSD

# Acknowledgements



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Do not hesitate to contact if you have any questions:

[anna.suarez.fig@gmail.com](mailto:anna.suarez.fig@gmail.com)