PTSD following Pregnancy Loss
Stillbirth Summit 2019
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International Research on PTSD following Stillbirth

• Higher RR of PTSD than depression
• Full PTSD 12% - 15%
• Partial PTSD 25% - 30%
• Estimates that 75% of women experience trauma symptoms after pregnancy loss
• Significant poorly understood racial disparities

Foray et al. 2009
PTSD Working Definition

- Exposure to traumatic event
- Symptoms of re-experiencing
- Symptoms of avoidance
- Symptoms of increased arousal

Time distortion in pregnancy and childbirth

- Medical time
- Clock time
- Sense of time
- Movement toward the imagined future
- Revising the already “lived” future
- Starting over; falling behind
- Monitor continued gestation
- Disruption in transition to parenthood
- Context of perinatal mental health
- Underpinnings of grief and attachment

Parenting Before Birth

[Images of pregnancy and newborns]
Everything Changed .......
What does the trauma look like?
Protective Factors

- Care at the time of loss
- Joint decision-making about intervention
- Congruence and confrontation
- Time with the baby
- Cause of death

Gold 2016
Hutti 2017
Possible Screening

Screening Tools

- Edinburgh Postnatal Depression Scale
- PHQ-2 / PHQ-9
- Intensity of Events Scale
- Perinatal Grief Intensity Scale

Psychotherapy Interventions

- CBT
- EMDR
- Interpersonal Psychotherapy (IPT)
- Guided Imagery
- Narrative Approaches
Couple assisted narrative approach

- Telling the story
- Drawing the story
Relationship Building

- Intuitive versus instrumental emotional regulation
- Partner-oriented self-regulation
- Communication skills
- Identify underlying conflicts
- Range of intimacy
Pregnancy After Traumatic Birth

85% of women experience PAL within 18 mos.

Cushioning (Cote-Arsenault)

- Anticipatory guidance
- Early identification and intervention
- Medical management includes mental health management
- TLC approach to care
Summary

- Psychological outcome of pregnancy loss involves a triad of concepts: transition to parenthood, perinatal mental health, transition to parenthood.
- Caregivers MUST anticipate and prepare the parents for predictable trauma symptoms.
- Quality care is integrated and patient centered.
- Prioritize self-care.