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PTSD, risk factors, and expectations among women having a baby: A two-wave longitudinal study

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The aim of the study was to evaluate the incidence of chronic post-traumatic stress disorder (PTSD) after childbirth in relation to pre-partum variables (personality characteristics, anamnestic risk factors) and intra-partum obstetrical and neonatal variables. Since expectations before an event could modify the perceptions, reactions, and satisfaction afterward, the representations of the idealized delivery were carefully analyzed. Moreover, the real and desired help perception from physicians and family members were separately considered during pregnancy and after delivery in relation to PTSD. Method. The study was carried out submitting a questionnaire to pregnant women twice: firstly when women were in their 38<<42 gestational week (Time 1) and secondly after 3/6 months from childbirth (Time 2). 93 women were recruited at a University City Hospital in Milano, Italy. PTSD subscales, depression, and anxiety levels were also assessed. Results. 2.4% of women had a complete PTSD, while 32.1% of them resulted having one or two positive subscales of symptoms: 15.5% (N=13) had a positive intrusion subscale, 25.0% (N=21) had a positive arousal subscale, while only 3.6% (N=3) had a positive avoidance subscale. Pre-delivery depression influences PTSD, but only for the intrusion subscale. Pre-delivery physical risk factors are linked to PTSD on the avoidance subscale. At Time 2 depression and PTSD are often present simultaneously. Given the high percentage of healthy newborns, intra-partum obstetrical variables do not seem to influence PTSD. High trait anxiety is distinctively coexisting with a specific expected delivery and a "deception" in desired and real support from professionals. Conclusions. Childbirth is a risk condition for PTSD, depression during pregnancy influences the intrusion subscale, while having physical problems influences arousal subscale. Expectations and support are modulated by the anxiety levels and they are not directly related to chronic PTSD.

Keywords: post-traumatic stress disorder; risk factors; childbirth expectations; depression; anxiety; help perception

Post-traumatic symptoms after childbirth: What should we offer?

Judith Alder, Werner Stadlmayr, Sibil Tschudin, Johannes Bitzer

Most studies on post-traumatic stress symptoms after childbirth have focused on prevalence of and looked at etiological factors and predictors. While most authors agree that around 1.5% of the

women develop post-traumatic stress disorder (PTSD) and significantly more present with post-traumatic stress symptoms, the studies still lack a proper diagnosis using diagnostic interviews to validate the enhanced stress scores found in questionnaires. Also, some relevant predicting factors such as pre-existing psychopathology and dissociation during labor have not been investigated so far. Mostly, however, research on counseling strategies for women with post-traumatic symptoms after childbirth has been neglected. While most women remain in a mother-child unit during the first days after birth, there is a unique opportunity to systematically assess birth experience in this setting and screen for women at risk for developing trauma symptoms. This article presents a multilevel counseling approach including postnatal counseling and counseling in a subsequent pregnancy.

Keywords: post-traumatic stress disorder, childbirth, counseling

The longitudinal course of post-traumatic stress after childbirth

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Post-traumatic stress was assessed in early and late pregnancy, and 1, 4, 7, and 11 months postpartum by means of questionnaires among 1224 women. Thirty-seven women (3%) had post-traumatic stress (meeting criteria B, C, and D for PTSD) at least once within 1-11 months postpartum. In pregnancy, depression, severe fear of childbirth, "pre"-traumatic stress, previous counseling related to pregnancy/childbirth, and self-reported previous psychological problems were associated with an increased risk of having post-traumatic stress within 1-11 months postpartum. Sum-scores of post-traumatic stress did not decrease over time among women who at least once had post-traumatic stress (criteria B, C, and D) within 1-11 months postpartum. Women with post-traumatic stress also showed a decrease in perceived social support over time postpartum.

Keywords: post-traumatic stress, longitudinal course, depression, risk factors, pregnancy, postpartum

Relational factors in psychopathological responses to childbirth

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Childbirth can represent for women the time of greatest vulnerability experience, often associated with being out of control, loneliness or sadness. One hundred and sixty women who had 'normal' births were assessed within 48 hours on potential predictive measures and at 3–6 months post-partum for PTSD. Symptoms of depression, anxiety, perceived and desired support by family members, friends, medical personnel were also assessed. t-Test and chi-square were used to analyze differences between 'risk group' and 'non-risk group'. Few women (1.25%) showed questionnaire responses suggesting clinically significant levels on PTSD; other women (28.75%) reported clinically significant symptoms for at least one subscale. Being at the first delivery experience, together with perceptions of low levels of support from family members and medical personnel, were found to be related to experience of post-traumatic stress symptoms. Anxiety for the child and previous depression are also related to such symptoms. Moreover, anxiety and depression are related to a difficult recognition of the support received, as well as to the desire for more support, in the care of the newborn, from medical professionals.

Keywords: relations, psychopathology, childbirth