



Helping mothers in the perinatal period

The perinatal period - the time during a woman's pregnancy, delivery and the first 12 months after a delivery - is a crucial time for both the mother and the baby. For those mothers that enter in to this time with a history of traumatic and adverse experiences, it can be especially challenging. For some individuals this can impact on:

- the mental health of the mother
- the mental health of the infant
- the mental health of the father and the quality of the relationship between the infants parents
- the quality of the bond or attachment between the parents and the infant

Whilst resilience in the face of trauma is common, providing effective help to mothers, families and infants during this time can make a significant difference to the wellbeing of the whole family.

What can be done to assist mothers affected by trauma?

Trauma and PTSD symptoms in mothers are prevalent and can negatively impact on parenting, awareness and recognition of risk factors. These are all important issues for healthcare professionals.

Health professionals can start to help by routinely enquiring about any stressful or traumatic experiences, that the mother or her partner may have experienced, recently or in the past. Sensitive enquiry into a parent's trauma history can improve awareness of a mother's unique sensitivities and how her experiences have influenced her perceptions, feelings and coping behaviours.

Many women will not necessarily initially express concern

about a traumatic experience. However, mothers with a trauma history who are experiencing difficulties in the perinatal period may present with difficulties such as:

- mood disorders
- relationship problems
- bonding or attachment difficulties
- poor sleep
- physical health complaints.

Whilst antenatal and postnatal depression screening is now more widespread in Australia, relying on depression screening to detect trauma can lead to women with posttraumatic stress disorder (PTSD) being missed or misdiagnosed as depressed.

Adding both a brief trauma history questionnaire and PTSD screening tool to routine depression screening can help to identify those experiencing PTSD or at risk of difficulties.

Most women welcome trauma-informed and PTSD - specific, integrated mental health services that are delivered via maternity care settings . For women with trauma histories, developing a sense of trust, safety, choice and collaboration is critical to their ability to engage in therapy.

A first step in working with women who present with difficulties relating to experiencing trauma is the provision of psychoeducation. Many people have not made the connection between the impact of past and recent trauma experiences and how this has led to their current reactions. Once they know more about this, it can be very validating to mothers.

In terms of specific interventions, the Australian Centre for Posttraumatic Mental Health treatment guidelines (ACPMH, 2013) proposes that non trauma-focussed



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interventions, such as stress inoculation training, emotional regulation skills and anxiety management, can be a helpful component of a broader treatment plan.

For single event trauma, such as childbirth related events, therapy that incorporates Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) has been shown to reduce both trauma and depressive symptoms. These treatments are thought to be effective because they help the individual to gradually confront the traumatic memory, organise their memories of the event(s) and challenge their unhelpful beliefs about it. Although there are no known studies involving perinatal populations, these treatments have also been shown to be successful with prolonged or complex traumas in the general population.

Caution needs to be used when women are pregnant or in crisis, as exposure therapy can sometimes result in a worsening of symptoms initially. During pregnancy, therapy can instead focus on establishing a sense of safety and helping a woman to learn skills to handle her symptoms. Understanding a woman's trauma reminders and exploring ways to prevent or cope better with them during childbirth can be very helpful. Women can also be encouraged to make a plan which details a woman's preferences and needs during the perinatal period and is then shared with family and health professionals.

Where the mother's trauma experiences are affecting her ability to parent effectively or communicate her needs with her partner or support network, there may be other appropriate interventions worth considering which can strengthen her parenting skills and the quality of her support network.

Lastly, therapists should consider strengths based approaches which recognise the many individual, family, social and community factors which increase resilience and lead to positive outcomes.

Summary of interventions to support mothers affected by trauma:

- Strong therapeutic relationship: trust, empathy, safety, choice & collaboration
- Psychoeducation regarding the link between past and present trauma experiences and symptoms
- Non trauma-focused interventions: stress management, emotion regulation, mindfulness skills training, anxiety management
- Trauma-focused cognitive behaviour therapy and other related exposure interventions at the appropriate time and with experienced clinician
- Parenting skills training: positive parenting programs, circle of security
- Interpersonal therapy or joint sessions with partner
- Development of a coordinated care plan & communication with other health professionals such as midwives, postnatal nurses, GP, obstetrician, mental health professionals.

For more information:

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