



The perinatal period: trauma and families

This tip sheet provides some information about trauma during the perinatal period. The perinatal period generally refers to the time during a woman's pregnancy, delivery and the first 12 months after the baby is born. This resource talks about the types of potentially traumatic events that are common at this time, their prevalence, and the impacts on the mother, her partner, her infant and other family members.

There is growing evidence about what can be done to help women and their families during this important life transition. The perinatal period provides an opportune time to provide help in order to disrupt the potential transmission of difficulties for the next generation.

Trauma and adversity

There is strong evidence that mothers who have experienced potentially traumatic events during their lifetime are at greater risk of a range of mental health problems during the perinatal period, including depression, anxiety and substance abuse disorders.

In order to understand more about how trauma impacts on individuals, it can be helpful to know how one traumatic experience can be different from another. Broadly speaking, trauma is separated in to two categories: single incident trauma and repeated or multiple traumas. Single incident traumas include single events such as car accidents, natural disasters, or one-off physical or sexual assault. Multiple or repeated traumas tend to be prolonged and interpersonal in nature, for example, child neglect; physical, emotional or sexual abuse. These multiple and repeated traumas tend to be more damaging to a child's social, physical and cognitive development and emotional regulation systems.

Family adversity, such as parental mental illness, substance abuse, poverty, divorce and witnessing domestic violence have also been shown to impact on children's outcomes. However, it is also important to note that many children exposed to potentially traumatic

events will be resilient, that is, they will maintain healthy levels of functioning despite the traumatic experience. Individual characteristics, such as personality characteristics and coping abilities, as well as positive aspects of the child's family and social environment have been shown to buffer against the effects of trauma and adversity.

Potentially traumatic events and vulnerability

Motherhood is generally considered to be a positive experience that is associated with feelings of joy, fulfilment and overwhelming love for one's baby. However, for some women, it can become a negative and re-traumatising experience. For instance, individuals who have experienced childhood trauma may have greater difficulties regulating their emotions, increasing their vulnerability to mental health problems during times of stress.

Once exposed to a traumatic event, the risk of experiencing further traumas is substantially higher. For example, women with childhood history of abuse can be more at risk of further abuse experiences such as intimate partner violence. These women show significantly higher rates of perinatal depression, anxiety and posttraumatic stress disorder (PTSD). For women who have PTSD related to childhood abuse, the process of preparing to become a parent can carry complex feelings and may worsen their anxiety or other posttraumatic stress symptoms.

Routine antenatal care or invasive procedures can trigger posttraumatic stress symptoms in women with a history of sexual abuse. Pregnancy also brings with it many potentially traumatic events (which may precipitate PTSD) including unexpected medical intervention, severe pain, or threat of death. If we consider the example of a painful, complicated and prolonged labour, we know that it is not whether the labour was prolonged or complicated, rather it is the mother's perception of the



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experience which contributes to the development of trauma symptoms.

The mothers' social context can also play an important role in her experience during pregnancy and after birth. Factors such as poor communication with delivery staff, low levels of emotional support and poor partner support are all risk factors for PTSD. Mothers may also experience traumatic loss due to miscarriage, stillbirth, abortion or early neonatal death.

Traumatic events can also occur after childbirth, such as when a vulnerable newborn needs admission to a neonatal intensive care unit.

In sum, research has revealed that childhood maltreatment, lifetime traumatic experiences, pregnancy stressors, re-traumatising labour experiences, postpartum events and poor social support can contribute to the development of significant mental health problems in mothers.

Posttraumatic stress disorder symptoms during pregnancy and postpartum

PTSD has been found to be more prevalent in the perinatal period than in general samples of women (6-8% vs. 4-5%; Seng et. al., 2010), highlighting this period as a time of greater vulnerability. Research has shown that PTSD as a consequence of childbirth occurs in 1.5% - 6% of deliveries (Ayers, 2007; Alder et. al. 2006). Considerably more women develop sub-clinical symptoms or severe anxiety, with an Australian study finding a prevalence rate of 10.5% in postnatal mothers (White et. al., 2006).

Research has suggested that PTSD symptoms during the perinatal period are likely to be due to an exacerbation of pre-existing PTSD. For example, Seng and colleagues (2009) found that mothers with a history of childhood maltreatment (eg severe neglect, physical, emotional or sexual abuse) have a 12-fold risk of developing PTSD in

pregnancy. We also know that mental health conditions in pregnancy predict postpartum mental health; for example, antenatal depression is associated with postnatal depression and antenatal PTSD is associated with greater risk of postnatal PTSD. Once established, it can become a chronic condition with spontaneous remission of childbirth related PTSD uncommon in the first 6 - 12 postnatal months.

It is also common for people who experience PTSD to have other co-morbid difficulties such as depression, anxiety and substance abuse. This can also lead to further vulnerabilities for the individual as well as for their family and children. When a mother is experiencing multiple difficulties, there is a significant chance that these will impact on her whole family - her partner and her children.

Consequences

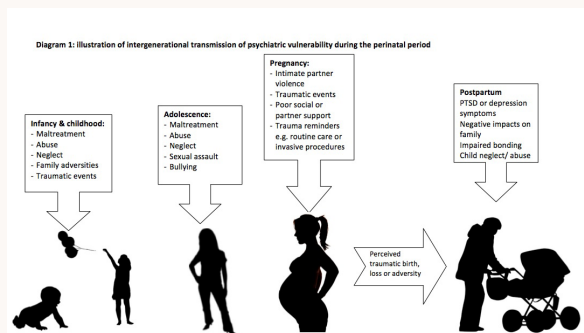
Posttraumatic stress symptoms during pregnancy can negatively impact on the child even prior to its birth. PTSD during pregnancy has been associated with lower birth weight, premature birth, and adverse neonatal and neurodevelopmental child outcomes. However, it is not clear whether this is directly due to PTSD symptoms or other factors that may be present such as, co-morbid depression or substance abuse.

The symptoms of PTSD can be so debilitating that it can adversely impact the mother's relationship with her infant, partner and other family members. For example, the symptoms of PTSD (recurrent nightmares, flashbacks, intrusive recollections, hyperarousal and emotional numbing) can understandably interfere with the mothers' attunement and bond with her infant. The mother may feel fearful of the baby, fear harm to the baby, or find it difficult to soothe or settle her child due to her own symptoms.

Avoidance is a key posttraumatic stress symptom and this may extend to avoidance of the baby, of sexual activity,

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even postponing or avoiding future childbearing. Parent's past or current trauma experiences can affect their ability to protect and nurture their child, further raising the child's lifetime risk of psychiatric vulnerability (see Diagram 1).



Other evidence highlighting the intergenerational impacts of trauma stems from research into the damaging consequences of forcible separation of Indigenous children. For example, the offspring of Indigenous mothers who were forcibly separated from their natural family were over twice as likely to be at high risk of clinically significant emotional or behavioural difficulties when compared with those from intact families.

What we know about the impact of trauma in the perinatal period highlights the imperative need for prevention strategies and early identification of at risk families. Early recognition of trauma signs and symptoms, ideally in pregnancy, can lead to effective treatment for the mother and potentially interrupt the pattern of intergenerational transmission of maltreatment and psychiatric vulnerability for the infant.

For more information:

» earlytraumagrief.anu.edu.au

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