How to Help Women at Risk for Acute Stress Disorder After Childbirth

MICHELLE FLAUM HALL

When most women enter the hospital to give birth, they do so with the hope that they'll emerge from the experience healthy and with positive memories. Unfortunately, an increasing number of women in the United States experience severe acute maternal morbidity (SAMM), potentially depriving them of their physical, psychological and spiritual well-being for years. According to the Centers for Disease Control and Prevention (CDC, 2014), there was a 26 percent increase in the SAMM rate in the United States in 2010 to 2011 over the previous 2-year period, and the condition affects more than 50,000 annually (CDC, 2014).

Traumatic Childbirth and ASD

Labeled "near miss" by the World Health Organization (Say, Pattinson, & Gülmezoglu, 2004), SAMM can have devastating consequences for women, including the development of acute

Abstract For some women, childbirth is a traumatic experience that results in significant mental and emotional distress. Whether owing to birth complications, postpartum events such as hemorrhage or pre-existing risk factors such as past history of sexual abuse or rape, the emotional effects of childbirth trauma can lead to acute stress disorder (ASD). To provide the best care for women after childbirth, it's imperative that nurses be able to identify signs of ASD and intervene appropriately. There are many things nurses can do to help women in what could be the most vulnerable time of their lives. DOI: 10.1111/1751-486X.12157

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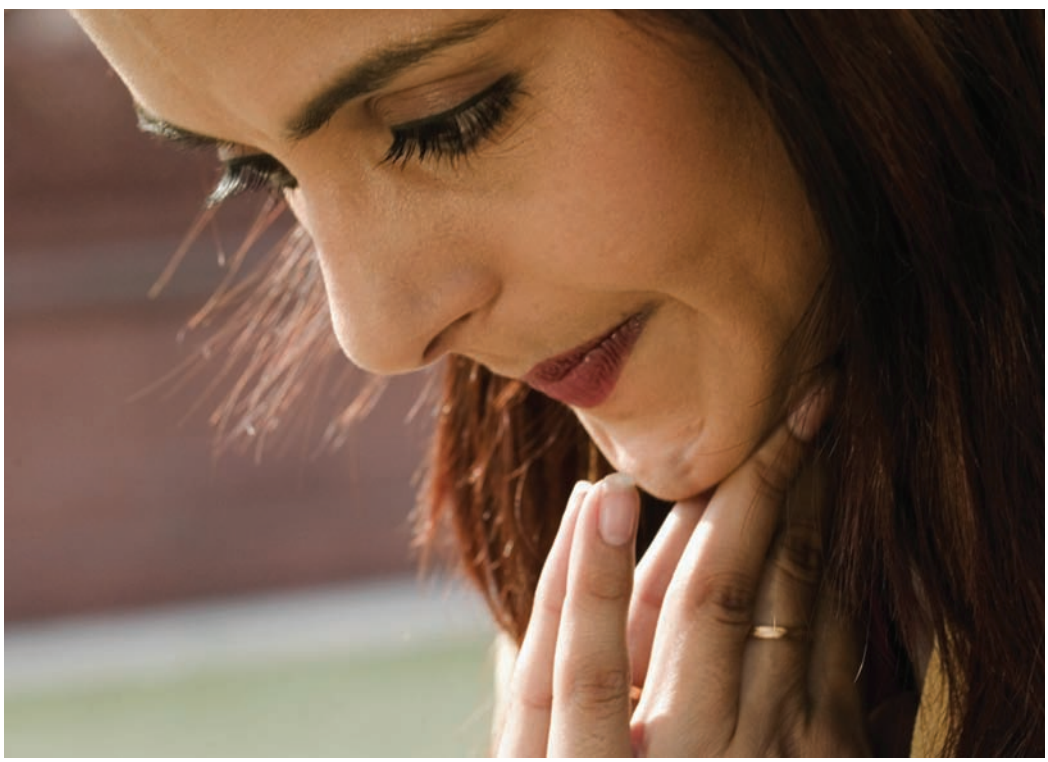
stress disorder (ASD) and possibly posttraumatic stress disorder (PTSD). *The Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (*DSM-5*; American Psychiatric Association [APA], 2013) outlines the criteria for ASD, beginning with the first criterion that a person must be exposed to actual or threatened death or serious injury. For many women, giving birth fits this standard--especially for one who is near miss or who "survives and can be interviewed and followed up to get a clearer description of the events surrounding her illness" (Mantel, Buchmann, Rees, & Pattison, 1998, p. 986).

An increasing number of women in the United States experience severe acute maternal morbidity (SAMM), potentially depriving them of their physical, psychological and spiritual well-being for years

While some women can experience a medically "normal" childbirth as traumatic, women who experience birth traumas, such as emergency cesarean, postpartum hemorrhage and/or other complications regarding the health of the baby, are at an even greater risk of having a traumatic stress response following childbirth (Engelhard, van den Hout, & Arntz, 2001). There have been several studies examining the prevalence of PTSD following childbirth, with rates ranging from 1.7 percent to 9 percent of women meeting the full criteria for the disorder up to 6 months postpartum (Beck, 2004a, 2004b; Beck, Gable, Sakala, & Declercq, 2011; Czarnocka & Slade, 2000; Engelhard et al., 2001; Menage, 1993; Wijma, Söderquist, & Wijma, 1997).

Fewer studies have examined the prevalence and experience of ASD, which often precedes PTSD and can be diagnosed between 2 days and 4 weeks following a traumatic experience. One study worth noting found that 33 percent of the 499 participants reported having experienced a traumatic birthing event and experiencing at least three trauma symptoms between 4 and 6 weeks postpartum, whereas 5.6 percent met the full criteria for "acute" PTSD (Creedy, Shochet, & Horsfall, 2000). In their summative remarks, the authors state that PTSD "after childbirth is a poorly recognized phenomenon," and recommend "a serious review of intrusive obstetric intervention during labor and delivery, and the care provided to birthing women" (p. 104).



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Box 1.

Signs of ASD and How to Respond

Symptom	Behavioral Signs	Action Steps and Cautions
Intrusion symptoms (e.g., memories, dreams, flashbacks)	A woman can re-experience the birth trauma by having *involuntary* recurrent images, thoughts, illusions, dreams/nightmares and/or flashbacks related to the event. Intrusive symptoms can contribute to sleep difficulty and can exacerbate symptoms of anxiety and depression (such as poor concentration, hypervigilance, exaggerated startle response and negative mood). Signs can include agitation upon waking and fitful sleep.	**Do:** If you suspect a woman is experiencing intrusive symptoms, consult a mental health professional. Ask the woman sensitive, open-ended questions about her current state, such as "I noticed you tossed and turned in your sleep last night. How was your sleep?" **Avoid:** Being insensitive, dismissive or judgmental. Don't say things such as "It's over, just don't think about it," or "Try to think happy thoughts before you fall asleep."
Distress with exposure to stimuli	While still in the hospital, a woman who has experienced birth trauma will be surrounded by stimuli related to the event. Signs of distress can be physical (tachycardia, perspiration) or can manifest as irritability, fear or unwillingness to comply with requests. She may show an exaggerated startle response to stimuli. Stimuli that can trigger distress include alarms with beeping or other sounds, medical instruments, medical professionals who were present during the trauma, family members who were present during the trauma, the baby, bright lights, smells and procedures.	**Do:** Recognize that she has experienced a jarring medical event and that it could have been traumatic for her. Many aspects of the hospital environment were present during her traumatic event, and she is still in this environment. Pay close attention to tachycardia as a sign of emotional distress, and ask her how she's feeling emotionally. Be sensitive and use a warm voice when providing instructions, etc. Administer the SUDS or ASDS and share results with a mental health professional. **Avoid:** Forcing any procedure, or saying things such as, "You just need to comply—it's for your own (or your baby's) good." Don't force any intervention. If a woman shows signs of significant distress, contact a mental health professional.
Negative mood	Inability to experience positive emotions. A woman may show little to no joy during time with her baby or family. She may be detached or seem numb to the events happening around her or aloof or withdrawn. Women who have experienced birth trauma can feel a flood of different and sometime conflicting emotions, such as fear, sadness, terror, guilt, disappointment, happiness, anger, elation, joy, sorrow, embarrassment and confusion. They may express these different emotions at times, or be overwhelmed by them and express nothing, seeming numb, cold or detached.	**Do:** Gently "check in" with the woman, inquiring about how she's feeling (not only physically, but emotionally). Ask her if she'd like to speak to someone about her feelings, and try to normalize this for her (sometimes a woman might refuse because she feels a stigma for talking to a counselor). A woman can benefit from verbalizing her thoughts, feelings and experiences about the trauma but only if she feels safe in doing so. **Avoid:** Saying things, such as "Cheer up!" "Put on a happy face!" or "You should be glad or grateful that you survived/your baby survived or is healthy/that the bad part is over." Also, don't give empty reassurance, such as "This is so rare—it won't happen if you decide to have another baby in the future." These only minimize the patient's feelings, and could shame her into staying silent about her inner experiences.

Box 1.

Signs of ASD and How to Respond (cont.)

Symptom	Behavioral Signs	Action Steps and Cautions
Dissociative symptoms (e.g., altered sense of reality or disturbance in memory)	When dissociation occurs, it can seem like a woman is "out of it" or spacey, dazed, robotic or confused about basic facts or her surroundings. Sometimes people lose concept of time (which can easily happen in the hospital setting). Some women might speak of an "out-of-body" experience, such as floating above one's own body or seeing the procedures happening to them. When women experience flashbacks, they may have significant distress after seeing images and react as if the event were actually occurring.	**Do:** Be calm and clear with your communication, and be accurate when adding psychosocial comments in her records. Pay attention to her behaviors and document them appropriately. Dissociative symptoms exist on a continuum: the woman can seem a little dazed, or at the extreme she can lose complete awareness of her surroundings. It's important to consult with a mental health professional immediately if you see signs of dissociation. **Avoid:** Minimizing or ignoring these symptoms, or trying to distract her from these experiences by suggesting she "Just watch TV to get your mind off of it." Don't mistake dissociation for normal, compliant or agreeable behavior, or assume that behaviors are effects of pain medication. These are serious symptoms that need to be addressed by a mental health professional.
Avoidance symptoms (e.g., avoiding distressing memories/thoughts/feelings or external reminders of the event)	Women who have experienced birth trauma might attempt to avoid any memories or discussion about the birth experience, or might try to avoid reminders of the experience. They may refuse certain procedures, parts of the hospital, people who were present during the trauma and at the extreme they may want to avoid spending time with their baby.	**Do:** Be sensitive to a woman's feelings, recognizing her current context. Stay focused on providing excellent care, and be calm and direct when requesting compliance. While it's important to be supportive, it may also be necessary to challenge her to follow her plan of care. You may need to consult with a mental health professional. **Avoid:** Forcing her to comply, or to "Face her fears" regarding specific reminders of the trauma. Statements such as "There's nothing to be afraid of!" or "You just have to do it!" aren't supportive of the woman.
Arousal symptoms Sleep disturbance	Insomnia is common following a trauma. Signs of high arousal following a birth trauma can include fitful sleep or inability to go to sleep, which can indicate nightmares or an overly active sympathetic nervous system.	**Do:** Ask her how she slept, and if she's having any problems with both the amount and the quality of her sleep. **Avoid:** Assuming that because her eyes are closed she's resting comfortably. After a birth trauma, a woman may often need to lie quietly with her eyes closed with as little stimulation as possible.
Poor concentration	Because of the intense stimulation and activation of the sympathetic nervous system that occurs during a birth trauma, a woman may have difficulty concentrating on cognitive tasks or stimuli. She might ask you to repeat information or instructions several times or seem aloof with health care professionals or family/friends.	**Do:** Be patient if you need to repeat information or instructions, recognizing her current emotional state. Ask her if she's having any difficulty concentrating and if there's anything you can do to help. Provide important instructions in writing so that she can consult them when necessary. **Avoid:** Taking it personally, or getting agitated/impatient if you have to alter your communication to meet her current needs.
Hypervigilance and exaggerated startle response	Because of a birth trauma, a woman can become hypersensitive to stimuli around her. As a result, her behaviors can become exaggerated in an attempt to detect threats in the environment. Her sympathetic nervous system was likely activated for an extended period of time during the trauma, and her instinct is to protect herself at signs of threat. A traumatized individual can react instantly to stimuli that might not bother others, such as sudden noises or movements. Signs of exaggerated startle response include jumping, flinching, shaking and accelerated heart rate in response to stimuli, such as sudden speech or movements by others, noises from hallway, alarms or beeping and physical connection.	**Do:** Keep your movements careful. If you notice hypervigilance and an exaggerated startle response in a woman, slow down your pace and be mindful of noise, bright lights and effects of physical touch. Ask her about preferences, and make accommodations if possible. This may include turning down alarms/monitors or dimming the lights. If you notice these symptoms, consult a mental health professional. **Avoid:** Doing "business as usual" when a woman is clearly negatively affected by stimulation. Don't make off-hand remarks, such as "Wow! Aren't you jumpy today!" Or any other statement that would minimize her current state. Recognize if there are patterns in tachycardia, such as a rise in heart rate during physical examinations or discussions with medical professionals.

"Maternal Near-Miss Syndrome"

Since the Creedy et al. (2000) study, we are beginning to piece together an understanding of the multifaceted impacts of SAMM, mostly through qualitative reports from women around the world. A study of 30 women in Brazil examined the "complex set of reactions" in women who experienced severe birth complications, prompting the authors to label the ASD unique to these women as "maternal near-miss syndrome" (Souza, Cecatti, Parpinelli, Krupa, & Osis, 2009, p. 149). The authors conclude that the "implementation of integrated care that encompasses the physical, psychological, social and spiritual aspects of women's health may help to alleviate the burden that maternal complications impose on millions of women around the world" (p. 158). Furthermore, it has been shown that ASD is often a precursor to PTSD (Bryant & Harvey, 1997), so from a standpoint of prevention, it's crucial that we recognize the signs of the disorder as soon as possible in order to provide the most effective care and ensure patients' psychological safety.

What Nurses Can Do

Early detection of ASD can help nurses connect women with mental health professionals while they're still in the hospital, thus giving these women the best chance to either prevent or get early treatment for subsequent PTSD. Utilizing tools, such as the Subjective Units of Distress Scale (SUDS; Wolpe, 1969) and the Acute Stress Disorder Scale (ASDS; Bryant, Moulds, & Guthrie, 2000), can provide nursing staff with useful data to assist in recognizing the signs of traumatic stress.

It's imperative that health care professionals expand their lens when analyzing instances of substandard care or missed opportunities in cases of SAMM to include the handling of the mental and emotional states of patients. While the focus of these ex post facto examinations has traditionally been to determine if the

Box 2.

General Recommendations for the Care of Women at Risk for ASD After Childbirth

Maintain empathy. Remain cognizant of the woman's experience and of the many intense emotions she may be feeling; don't patronize, sympathize or pity her.

Communicate with warmth and patience. If you recognize signs that a woman is having a traumatic stress response, be sensitive to her need for compassion and understanding.

Stay focused on her treatment. Avoid engaging in sidebar conversations with other staff members.

Minimize discomforts and harsh stimuli. If you see signs of an exaggerated startle response, try to soften or remove harsh stimuli in her environment.

Ask her how she's feeling—*emotionally.* Your focus should move beyond attempting to manage her physical discomfort and pain. Ask her if she'd like to speak with a mental health professional for emotional support.

Use resources to assess her emotional status. These include the Subjective Units of Distress Scale (SUDS) or the Acute Stress Disorder Scale (ASDS).

Be precise and descriptive when documenting about her emotional status in her chart. Do not use generic terms such as "Patient is cooperative," as this may not accurately describe her emotional state.

Pay attention to changes in her mood, and record status updates in the chart. Just as you might consistently monitor a woman's pain level and physical discomfort, monitor their emotional state as well. Tracking women's moods can provide useful data to mental health professionals so that they can intervene most effectively.

Consider that certain physical signs could be indicative of a traumatic stress response. These include tachycardia, blood pressure changes, hypervigilance, poor appetite, lack of concentration, lack of interest, disorientation and sleep disturbances.

Read psychosocial comments from previous providers to ensure good continuity of care. Take action on any possible indicators of emotional distress.

Organize a time when the woman can formally process her experience with her health care team and family members. It's imperative that a woman be given a forum to ask questions and express her thoughts and feelings. Try to minimize defensiveness and be open to hearing her story and to providing information to help her gain a better understanding of her situation.

Distribute informational resources at discharge so that women can recognize signs and symptoms of ASD, PTSD and postpartum depression. Access the National Institute of Mental Health website (www.nimh.nih.gov/) for downloadable resources and tools. Include a list of local community mental health agencies and qualified therapists (i.e., masters-level mental health counselors, psychologists and masters-level social workers), and include information about payment. Many therapists accept insurance plans, and some offer a sliding fee scale based on income or provide services pro bono in some cases.

Offer a support group for women who experience birth complications. If your facility or area has limited mental health resources, consider contacting a nearby university with graduate programs in clinical mental health counseling, psychology and/or social work. Students in these programs are required to complete lengthy internships and could provide mental health services under supervision at your facility.

Provide information regarding alternative therapies for women who have experienced birth trauma. Holistic interventions just as yoga, massage and mindfulness meditation can help women heal in mind, body and spirit.

near-miss itself could have been avoided (Mantel et al., 1998), it's also important that we scrutinize how the mental and emotional well-being of patients was or wasn't a focus of intervention.

As a mental health practitioner and woman who experienced SAMM (near-miss), I have a dual perspective on SAMM and its emotional aftereffects, which I hope can be useful to health care professionals who care for women during childbirth. To build upon a recent article, I published about my postpartum experience in a critical care unit (Hall, 2013), I've created a tool (see Box 1) for recognizing the signs of an acute traumatic stress reaction, which includes the behavioral signs of each symptom cluster of ASD and specific suggestions for how nurses can best support women.

It's important to remember that SAMM is a trauma that can be difficult, painful and potentially terrifying. Many women who have had birth traumas, such as postpartum hemorrhage, may have felt close to their own deaths. While these situations require the help and guidance of mental health professionals, there are ways that health care professionals can help support the healing of women who have experienced SAMM (see Box 2).

Conclusion

Just as with physical injuries and illnesses, traumatic stress reactions require early intervention by caring, knowledgeable and skilled health care professionals. If left unidentified and untreated, ASD can lead to PTSD, which can put women at risk for enduring emotional distress indefinitely, potentially depriving their families of a healthy, happy mother for months or years to come. There are several steps nurses and other health care professionals can take to prevent this. **NWH**

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