**TOPIC: In Support of Increasing Awareness to Prevent PTSD Following Childbirth**

**SUBMITTED BY: San Diego State University**

**AUTHORS: Devon Vandewiele**

WHEREAS, “Evidence suggests that childbirth is an event that could be psychologically traumatic, leading to the development of post-traumatic stress disorder (PTSD) and subsyndromal PTSD” (Alcorn, O’Donovan, Patrick, Creedy, & Devilly, 2010); and

WHEREAS, “For some women a traumatic birth also involves perceiving if their birthing experience as dehumanizing and stripping them of their dignity. After a traumatic childbirth 2% to 21% of women meet the diagnostic criteria for PTSD” (Beck & Watson, 2010); and

WHEREAS, there are a number of “events or characteristics that may precede the development of PTSD after childbirth, including: pain during childbirth, increased intervention, unfriendly or unreceptive hospital personnel, lack of control over labor or birth, lack of information about procedures as they are performed or what is occurring during labor or birth, lack of consent to procedures or events, lack of a support person, cesarean section, still birth or sick baby” (Zauderer, 2014); and

WHEREAS, according to, Vossbeck-Elsebusch, Freisfeld and Ehring (2014), “25-30% of women experience PTSD symptoms at a subclinical level and/or meet criteria for partial PTSD shortly after having given birth to a child and 1.5-6% even develop full blown PTSD”; and

WHEREAS, “Women with untreated PTSD may begin to self-medicate, which may lead to alcohol and drug abuse, eating disorders, compulsive eating, gambling, compulsive spending, psychosomatic illnesses, homicidal or suicidal behavior, phobias, panic disorders, depression or depressive symptoms, dissociation symptoms, and/or fainting spells” (Zauderer, 2014); and

WHEREAS “Mothers who meet either partial or full criteria for PTSD after childbirth have been found to view their infants as more difficult, less easily soothed, and more apt to be distressed, with potentially important negative implications for mother-infant attachment” (Shaw et al., 2013); therefore be it

RESOLVED, that the California Nursing Students' Association (CNSA) encourage its constituents to increase awareness of childbirth related PTSD and encourage preventative interventions associated with nursing modifiable PTSD risk factors by honoring woman's preferences in labor, providing information about procedures during the delivery process and emotional support for the family; and be it further

RESOLVED, that the CNSA publish an article about this topic in the *Range of Motion* magazine, if feasible; and be it further

RESOLVED, that the CNSA send a copy of this resolution to the American Nurse’s Association California, Association of California Nurse Leaders, the Nurse Alliance of California, the California Board of Registered Nursing, University of California San Diego Medical Center (Hillcrest), Sharp Mary Birch Hospital for Women and Newborns, Sharp Chula Vista Hospital, Palomar Medical Center, Kaiser Permanente, San Diego Medical Center and Naval Medical Center San Diego, Scripps Mercy Hospital San Diego, Marin General Hospital, Kaiser Permanente San Francisco, California Pacific Medical Center, UCSF Birthing Center, San Francisco General Hospital, St Luke’s Women’s Center all others deemed appropriate by the CNSA Board of Directors.

References

Alcorn, K., O'donovan, A., Patrick, J., Creedy, D., & Devilly, G. (2010). A prospective longitudinal study of the prevalence of post-traumatic stress disorder resulting from childbirth events. *Psychological Medicine,* *40*, 1849-1859.

Beck, C., & Watson, S. (2010). Subsequent Childbirth After a Previous Traumatic Birth. *Nursing Research,* *59*(4), 241-249.

Shaw, R., Sweester, C., John, N., Lilo, E., Corcoran, J., Jo, B., ... Horwitz, S. (2013). Prevention of Postpartum Traumatic Stress in Mothers with Preterm Infants: Manual Development and Evaluation. *Issues in Mental Health Nursing,* *34*, 578-586. Retrieved September 16, 2014.

Vossbeck-Elsebusch, A., Freisfeld, C., & Ehring, T. (2014). Predictors of posttraumatic stress symptoms following childbirth. *BMC Psychiatry,* 1-10.

Zauderer, C. (2014). PTSD after childbirth: Early detection and treatment. *The Nurse Practitioner,* *39*(3), 36-41.

Abstract

Post traumatic stress disorder (PTSD) is a extreme reaction to a traumatic event and when it occurs after childbirth it is a result of an extremely difficult or traumatic birthing experience. PTSD can be triggered by interventions performed while the woman is in labor such as the use of forceps, poor communication from healthcare team, unexplained procedures and a cesarean birth. The purpose of this resolution is to increase the awareness of how labor related PTSD can be prevented. Studies have shown that there are many different factors that can cause PTSD after the birth of a child and by educating the future Nurses of California we can work to prevent situations in the healthcare setting that can trigger PTSD amongst laboring women.

Estimated Cost of Implementation

Document size 2 pages photocopy costs $ .10/page x 2 pages = $ .20/copy x 17 mailings=$ 3.40

Postage Costs $ .49/mailing x 17 mailings= $8.33

Envelope Costs $.10/envelope x 17 envelopes= $1.70

Total Cost $13.43