Background

Research shows there is a knowledge deficit in the obstetrical field of the prevalence, symptoms, treatments, and resources related to Perinatal Postpartum Posttraumatic Stress Disorder (PP-PTSD).

It has been reported that 30% of women rate their delivery as psychologically traumatic while 25% of women report some component of clinically significant PP-PTSD symptoms. Experiencing an emergency c/s, postpartum hemorrhage, shoulder dystocia or admission of baby to NICU are all examples of situations that could potentially cause PP-PTSD.

For hospital staff, the patient may appear clinically stable with a good physical outcome after experiencing a birth trauma, but the emotional impact of these events may stay with the mother for her lifetime if left unaddressed. Most of these women go home having received little or no emotional support in the hospital and unaware of community resources available to them.

Purpose

The purpose of this study was to determine if providing a short in-service to obstetrical nursing staff on key issues surrounding perinatal birth trauma would increase their knowledge and skill level in identifying and supporting families experiencing childbirth trauma.

Methods

A 6 question pre-test and post-test was administered to the nursing staff before and after our educational in-service. The intervention consisted of a 35 minute Zoom training on the topic by our local community expert on PP-PTSD, Dr. Helen Marlo. The session was recorded to allow all staff to view.

Topics in the training included:
- What constitutes a traumatic birth?
- What are common symptoms of PP-PTSD?
- How prevalent is childbirth induced PP-PTSD?
- What are some of the perinatal and postpartum PTSD risk factors?
- How can you, as a health professional, support a traumatized woman? What resources are available to her including sliding scale options?

Results

- Average pre-test score = 44%
- Average post-test score = 91%
- Our total RN response rate was 52%. Results showed an 84% increase between pre-test and post-test results demonstrating a significant improvement in our nurse’s knowledge of prevalence, symptoms, risk factors, treatment, and resources for our patients at high risk for PP-PTSD.

Discussion

Our collective and broad experiences helped shape the training we chose to do for our nurses. Our interdisciplinary committee for this project included:

1. Representatives from our Family Birth Center nursing staff
2. Clinical Director for the Family Birth Center
3. Lactation & Prenatal Education Coordinator
4. Nurse Educator
5. Chaplain
6. Director of Care Coordination, Case Management
7. Medical Director, Family Birth Center
8. Dr. Helen Marlo, Clinical Psychologist; Professor; Founder, Mentoring Mothers Groups
9. Two patients who were willing to share their experiences of birth trauma with us.

The largest knowledge deficits as demonstrated by pre-test responses were the prevalence of PP-PTSD and what resources are available to our patients to provide support.

The greatest improvements in scores on the post-test were identifying risk factors for PP-PTSD, learning what the nurse can do to support these women, and resources available.

Staff now has a better appreciation of the purpose and value of the Mentoring Mothers groups and the importance of referring patients at high risk for PP-PTSD.

Future studies utilizing a longer training session as well as a session geared towards Obstetricians and Family Practice Physicians could amplify the results of this study.

Contact Information