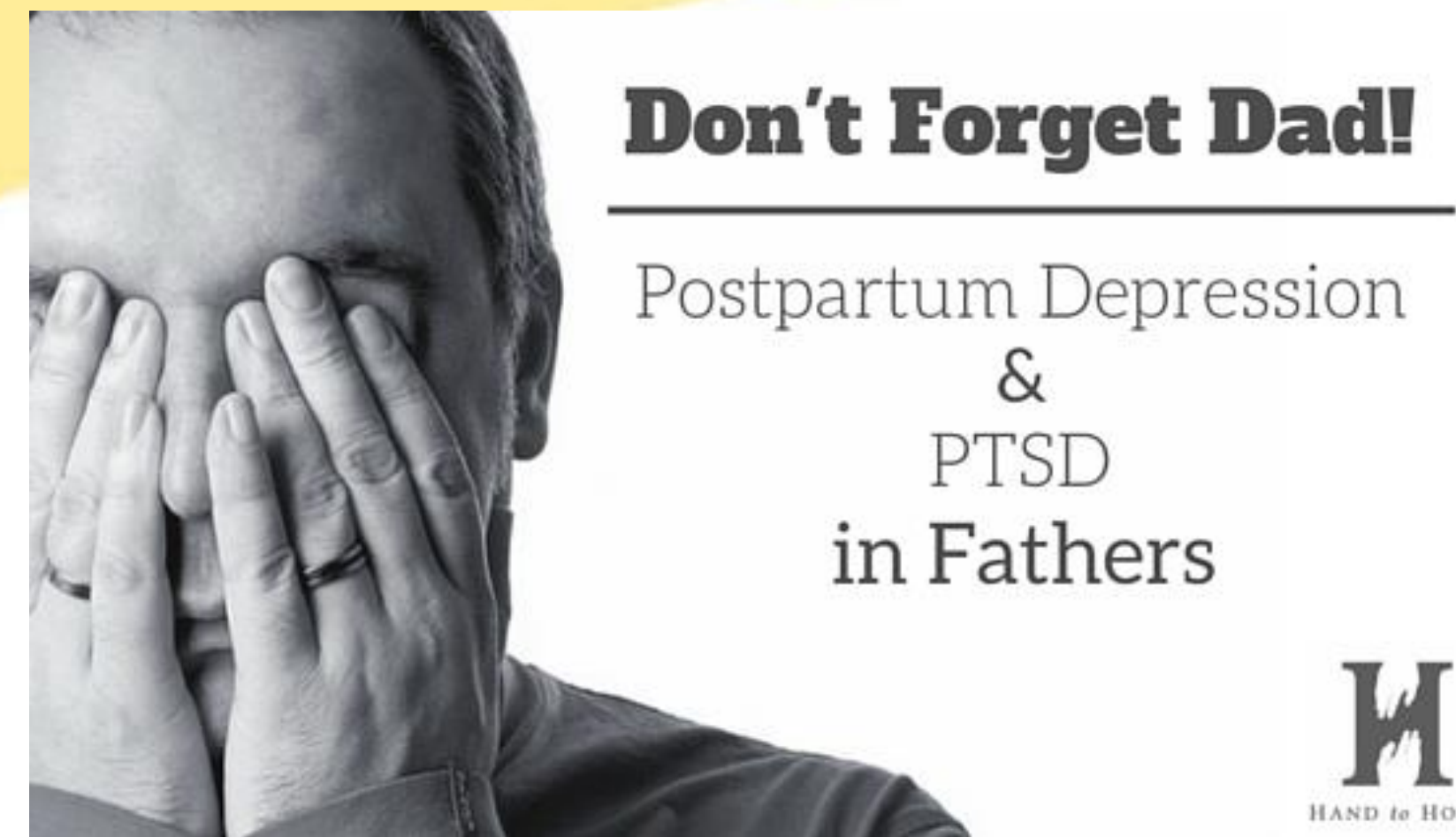


Postpartum PTSD Screenings For Both Parents: A Literature Review

Elizabeth Burnett, MSN

University of Maryland School of Nursing



UNIVERSITY of MARYLAND
SCHOOL OF NURSING



Background

- Post-traumatic stress disorder (PTSD) as prevalent as postpartum depression, especially in first time parents
- Can impact up to 30% of women with a traumatic labor (Grekin & O'Hara, 2014)
- Risk factors in postpartum period includes "past trauma and psychological problems, low social support, and traumatic birth experience" (Grekin & O'Hara, 2014, page number)
- Approximately 10% of new fathers experience symptoms of depression during the postpartum period, which is rarely if ever assessed while at the hospital with their spouses (Langdon, 2022)

PICOT Statement

In women and men ages 18-40 who are post delivery from a traumatic labor, does screening for PTSD in both parents compared to only screening the mother help detect the signs of PTSD post-delivery?

Implications for Nursing Practice

- Standardize postpartum PTSD screenings for both parents after delivery in order to detect postpartum PTSD earlier and offer interventions at an earlier time to avoid life-long symptoms.
- Identify risk factors in PTSD development for fathers (they differ from mothers) and target interventions for fathers who currently do not receive the care they may need following witnessing a traumatic delivery. (Kress et al. 2021)

Acknowledgements

Dr. Kathleen McElroy (Reader)
Tara Stoudt (Practicum Professor)
Kathryn Lamp (Advisor)

Thank you all for your support and guidance, I wouldn't have made it this far without you!

Evidence Review

Authors (Year)	Type of Study	Sample Size (n)	Level of Evidence Rating	Quality Rating	Results
Barthel, D., Göbel, A., Barkmann, C., Helle, N., & Bindt, C. (2020)	Prospective Cohort Study	n = 144 families N = 139 mothers and N = 104 fathers	II	A	A lifetime psychiatric diagnosis was assessed at T1, n = 37 (26.6%) of mothers and n = 9 (8.7%) of fathers fulfilled the diagnostic criteria.
Ertan, D., Hingray, C., Burlacu, E., Sterlé, A., & El-Hage, W. (2021)	Cross-sectional Survey	n = 980 participants; 916 mothers and 64 partners	IV	B	Women who had emergency c-sections scored the highest CBTS total scores and on CBTS birth-related subscales (p < .001, d = .791). For partners, the study found no significant results regarding CBTS total score for child loss (p = .757) or distressing childbirth (p = .203), but the differences in past trauma scores were significant (p = .027, η ² = .077)
Johansson, M., Benderix, Y., & Svensson, I. (2020)	Interpretive Phenomenological Analysis	n = 15; 10 mothers, 5 fathers	III	C	The study identified its main themes that they saw most frequently: parental feelings of inadequacy, experiencing a traumatic delivery, varying experiences of child healthcare support, loneliness/spousal relationship difficulties, and finally vulnerability due to previous trauma
Kress, V., von Soest, T., Kopp, M., Wimberger, P., & Garthus-Niegel, S. (2021)	Cohort Study "DREAM"	n = 1,146 mothers and n = 828 fathers at T1. n = 1,028 mothers and n = 698 fathers at T2.	II	C	Only few mothers (2.9%) and fathers (0.3%) reported to ever have suffered from PTSD before childbirth. More mothers (2.3%) than fathers (0.7%) showed clinically relevant PTSD symptoms.
Schobinger, E., Stuijzand, S., & Horsch, A. (2020)	Prospective Cohort Study	n = 647 participants (419 birthing mothers, 228 fathers)	II	A	8.9% of mothers and 4.4% of fathers presented symptoms of ASD at 1 week postpartum; 20.7% of mothers and 7.2% of fathers reported PTSD symptoms after 1 month, confirming hypothesized gender differences.
Winter, L., Colditz, P. B., Sanders, M. R., Boyd, R. N., Pritchard, M., Gray, P. H., Whittingham, K., Forrest, K., Leeks, R., Webb, L., Marquart, L., Taylor, K., & Macey, J. (2018).	Randomized Control Trial	n = 560 (323 mothers and 237 fathers)	I	A	A moderate or high likelihood of depression was found for 46.7% of mothers and 16.9% of fathers. Moderate to severe symptoms of PTS were reported by 38.1% of mothers and 23.7% of fathers, and higher relationship distress by 25.1% of mothers and 27% of fathers

Synthesis of Findings

- Postpartum PTSD after traumatic births affects both parents and can have lasting effects on both the parents and the child if left untreated.
- All six studies confirmed that postpartum PTSD is a real mental health issue and can be experienced by both parents but risk factors differ between mothers and fathers.
- Articles were found using PubMed and Google Scholar using the search words "postpartum PTSD", "postpartum PTSD fathers", and "postpartum PTSD interventions". After eliminating all articles published before 2017, 304 articles remained. Articles that only offered an abstract were eliminated, leaving 292 full text articles. Singling out "postpartum PTSD fathers" generated only 10 full text articles published after 2018.

The Role of the Clinical Nurse Leader

- Educate Nurses and Patients on how to administer and score the "Postpartum PTSD questionnaire"
- Implementing Lateral Integration of Care by consulting Psychiatry for patients with higher postpartum PTSD scores for both mothers and fathers
- Include fathers in this screening process by requesting their presence at all required check-ups for the mother, and offer the screenings to them as part of the standard check-up appointment process.
- Offer resources to the parents after they have been informed of potentially traumatic news such as counseling, mindfulness exercises, and evidence-based research that gives more details about what could happen next in the pregnancy that is reader-friendly to people who may not understand all medical terminology

Bibliography



← Scan Me!