

Navigating Birth Trauma: A Scoping Review on Childbirth-Related Posttraumatic Stress Disorder and Early Relational Health in the Family

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Introduction

- Up to 45% of new mothers report experiencing a traumatic birth.
- Approximately 12% of mothers report significant levels of childbirth-related posttraumatic stress symptoms and approximately 5% meet criteria for childbirth-related posttraumatic stress disorder (CB-PTSD).
- To promote optimal development for families negatively impacted by traumatic birth experiences, research is needed to understand the potentially unique effects of CB-PTSD symptoms on early relational health in the family system.
- Current research specifically examining adverse effects of CB-PTSD symptoms on both the mother-infant relationship and co-parent relational health is limited and has produced conflicting results.

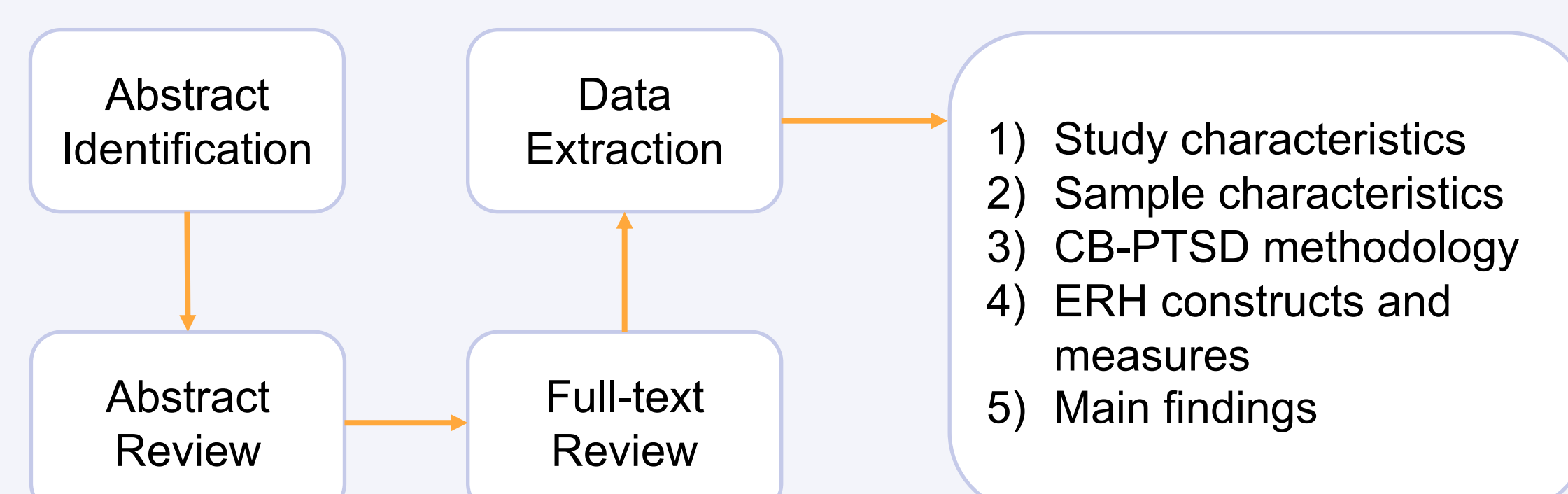
Method

Research Question: *What is the nature and extent of current knowledge regarding the effect of childbirth-related PTSD on early relational health (ERH) in the family?*

Table 1. Scoping Review Methodology

Framework	Arksey and O'Malley (2005) PRISMA-ScR
Databases	Google Scholar, PubMed, EMBASE, and CINAHL
Search Terms	Boolean strings such as "childbirth-related PTSD" OR "childbirth-evoked PTSD" AND "mother-infant relationship", OR "early relational health", OR "parent relationship", OR "parent-infant relationship"
Eligibility Criteria	<ul style="list-style-type: none"> • Written in English • Original research, peer-reviewed • Quantitative • CB-PTSD → ERH construct • Valid CB-PTSD measure • General PTSD vs. CB-PTSD

Figure 1. Analytic Approach



Results

Figure 2. PRISMA Flowchart

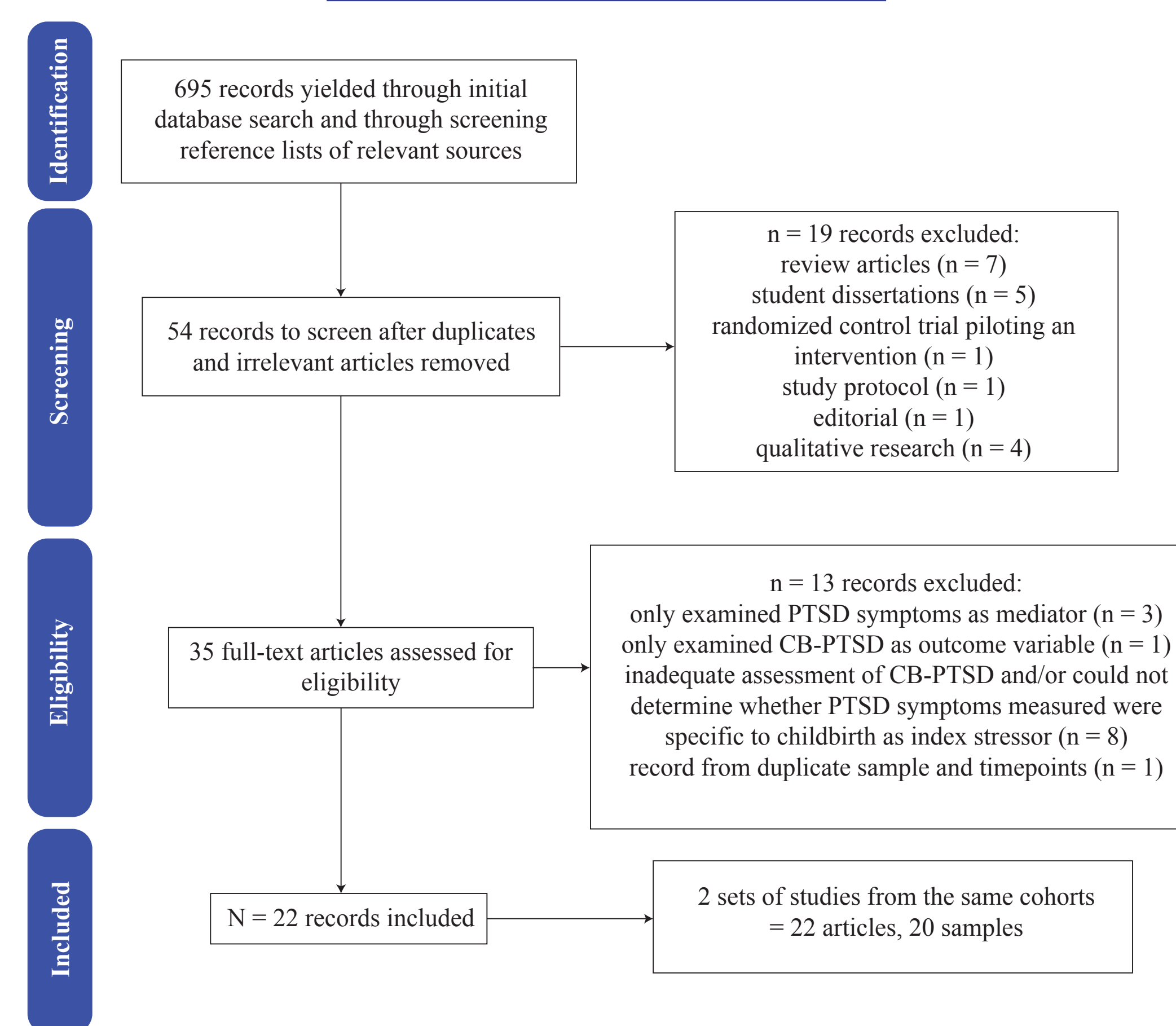


Figure 3. Sample Overview

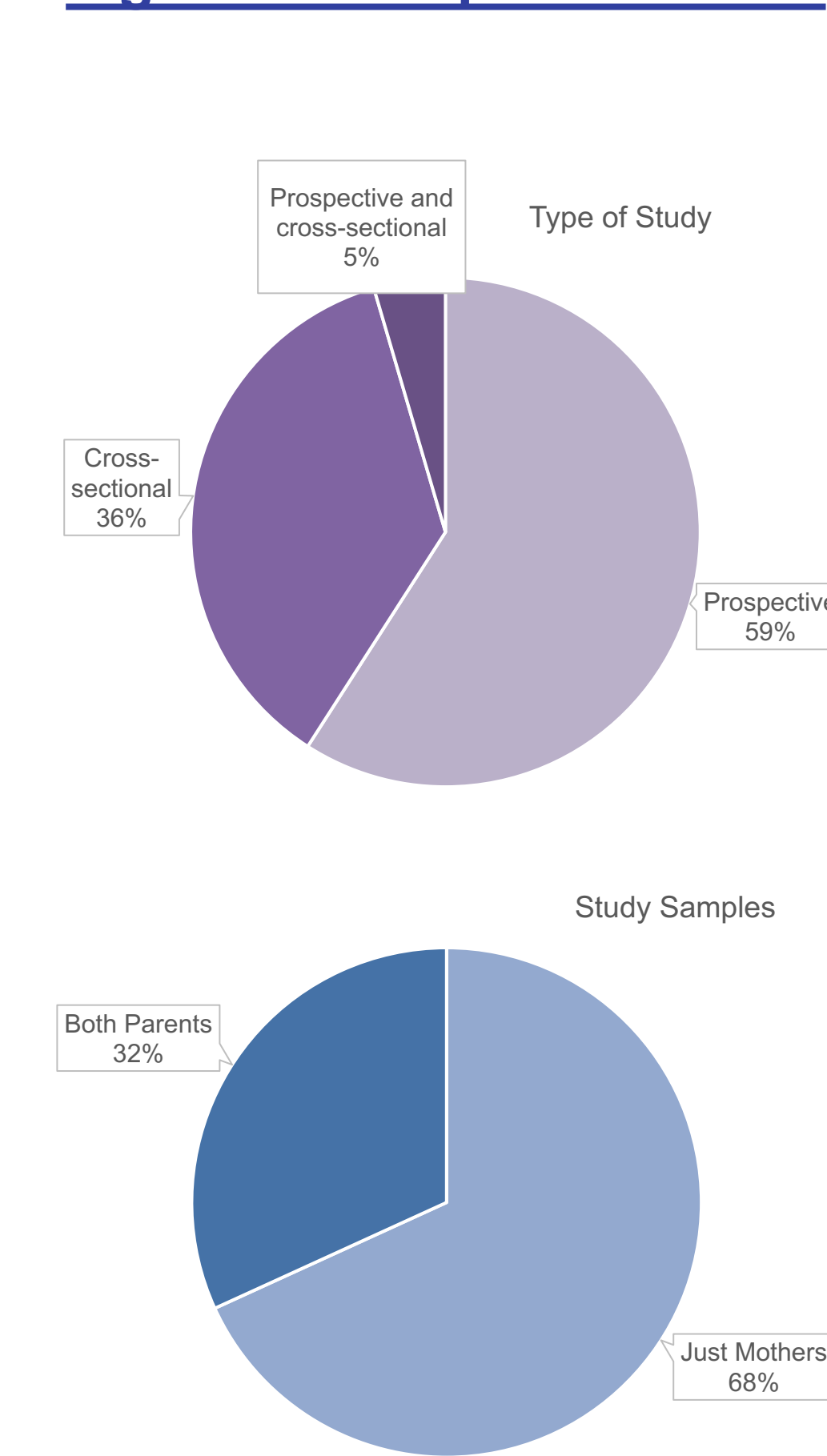


Figure 4. Number of Included Publications by Publication Year

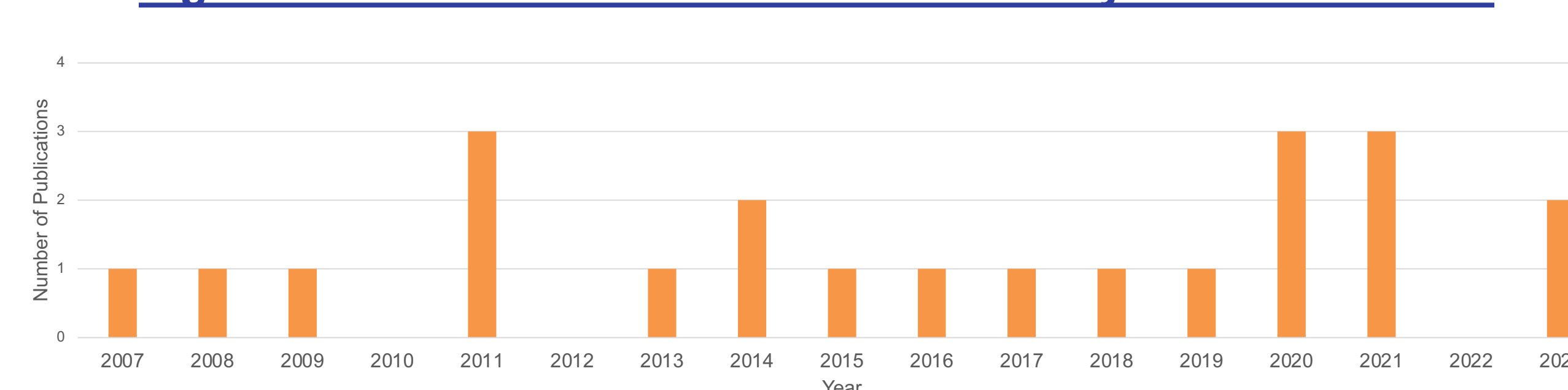
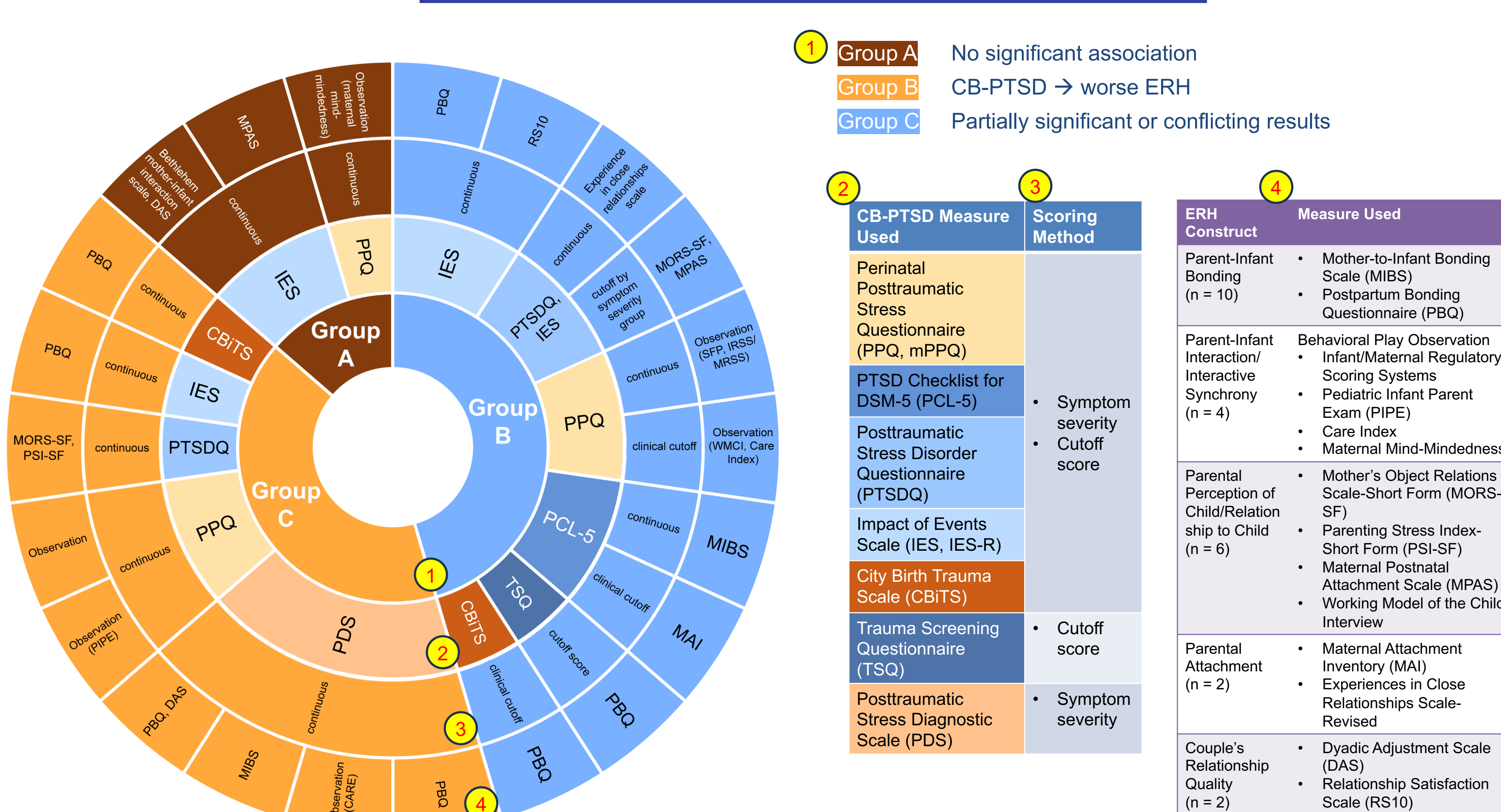


Figure 5. Study Methodology Used to Assess CB-PTSD Symptoms and Early Relational Health (ERH) by Main Outcome Group



Highlights of Findings

Sample Demographics

- Of the studies that reported race and/or ethnicity of their sample (n = 9), all were majority Non-Hispanic White
- Three reported nationality but not race/ethnicity; these were majority Swiss or European nationality
- Of the studies that reported educational attainment (n = 18), all included a sample with majority having completed secondary education or higher
- Of the studies that reported marital status (n = 19), all were majority married, in a couple, or cohabiting
- One study reported inclusion of same-sex couples
- Most samples were majority primiparous, healthy pregnancies
- Four studies included high-risk or preterm infants with NICU hospitalization

Group C Spotlight: Gaps & Conflicting Results

- Disagreement between primarily short-term vs. long-term effects on ERH
- Varying operational definitions of ERH constructs and CB-PTSD
- Conflicting findings regarding specific effects of symptom subtype/cluster
- Birth-related vs. General? Avoidance vs. arousal?
- Role of paternal symptoms is unclear
- Some studies found that CB-PTSD did not contribute to ERH separately from general psychological distress

Conclusions

- CB-PTSD symptoms may significantly impact ERH
- Findings across the literature are unclear and inconclusive
- Lack of diversity and inclusion

Recommendations for future research:

- Use more diverse and representative samples
- Use refined operationalized definitions of constructs being measured
- Consider nuances between childbirth-related posttraumatic stress symptom severity, cluster, and subtype
- More prospective, longitudinal studies are needed

For references, scan QR code:



For questions, please contact sre49@drexel.edu

