PTSD in NICU Parents
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Objectives
- Describe symptoms of Post Traumatic Stress Disorder (PTSD)
- Describe 2 characteristics of PTSD that can be specific to NICU parents
- List treatment approaches for PTSD in NICU parents

What is “Trauma?”
- “event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others”
- “The person’s response involved intense fear helplessness or horror.”

Can this apply to childbirth?
- Absolutely!
- PTSD following childbirth occurs in 1–2% of uncomplicated pregnancies/births
  - Recent study found 9% of mothers with PTSD
- Women with Pre-eclampsia (11%), PPROM (17%), Preterm delivery (26–40%) are at higher risk
- Ayers, Pickering 2001
- Beck et al 2011
- Pierrehumbert et al 2003
- Stramrood et al 2011

PTSD and Childbirth
- Associated risk factors for PTSD:
  - Operative birth or emergency delivery
  - Premature delivery
  - Pre-eclampsia
  - PPROM

What does all of this have in common?
- Loss of control.
Reproductive Story:
- Since childhood, many people have constructed their idealized version of reproduction:
  - Number of children (can be 0)
  - Age of reproduction
  - Spacing of children
  - Method of delivery

Jaffe and Diamond 2010.

Reproductive Trauma:
- Any unexpected change to that story:
  - Pregnancy itself (if undesired)
  - Infertility
  - Multiples
  - Pregnancy complications
  - Delivery complications
  - Neonatal illness

All of these changes represent:
Loss of control

Mary is a 45yo G3P2SAB2 who is referred by her OB clinic for persistent complaints of fatigue and dizziness with no clear medical cause.

She underwent 6 fresh IVF cycles, >10 transfers, 2 miscarriages before conceiving boy/girl twins in 2010.

Anxiety in first and second trimester.

Started planning a nursery and getting excited, then at 30 weeks was diagnosed with Pre-E at her prenatal visit, admitted and then delivered via C/S at 31 weeks.

Twins were in the NICU x 6 weeks total.

She is now pumping every 3 hours, including at night, to try to make enough breast milk for the twins.

She reports fatigue, anxiety (specifically with worrying about the twins' health), poor concentration, irritability and nightmares about the twins' health and time in the NICU.
Case Illustration: Mary

› Has Mary experienced any Reproductive Trauma?

Case Illustration: Tracy

› Tracy is a 29 yo G2P2 who is referred by a friend (fellow patient) after a traumatic delivery.

› Desired 2nd pregnancy complicated by short cervix found at 18-week anatomy scan, then bedrest at 20 weeks and hospitalization at 26 weeks for pre-term labor.

Case Illustration: Tracy

› At 28 weeks she began to hemorrhage and was taken for emergency c/s.

› At 1 week PP she had wound dehiscence with abscess formation that required extensive I&D, inpt hospital stay and then a wound vac for 2 months.

Case Illustration: Tracy

› Son was in the NICU for 12 weeks and continues to have repeated hospitalizations at Rady’s Children’s Hospital for respiratory infections.

› She finally presented for an appointment with psychiatry at 3 mos PP (son just discharged from the NICU).

Case Illustration: Tracy

› She reports:
  - Intrusive images of her delivery/hemorrhage, racing down the hall to the OR, and son intubated with monitors beeping
  - Images occur nearly every time she holds him
  - Poor bonding with her son
  - Inability to enjoy anything
  - Daily fear that he will die
  - Insomnia (can’t fall asleep) and nightmares
  - Irritability with her husband and 3yo daughter

Case Illustration: Tracy

› What’s most likely going on with Tracy?
Post–Traumatic Stress Disorder
- Exposure to trauma
- Reexperiencing of trauma
- Avoidance of stimuli associated with trauma and numbing of general responsiveness
- Hyperarousal

Post–Traumatic Stress Disorder
- Symptoms cause distress or disturbance in function
- Symptoms last at least one month
- Symptoms for less than one month = Acute Stress Disorder
  - Up to 75% of patients with ASD progress to PTSD (non-perinatal populations)

Post–Traumatic Stress Disorder
- Reexperiencing of trauma
  - Nightmares
  - Flashbacks
  - Psychological distress at exposure to cues that symbolize or resemble an aspect of the trauma
  - Physiological reactivity on exposure to cues

Post–Traumatic Stress Disorder
- How does “reexperiencing” manifest in NICU parents?

For Tracy:
- Cues were plentiful
  - Visits to NICU
  - Dressing changes for herself
  - Pain from her wound
  - Visits to pediatrician and hospital after son discharged from NICU
  - Home Nebulizer treatments

How does “reexperiencing” manifest in NICU parents?
- Nightmares
- Intense emotions of distress when seeing child
  - Anxiety: hyperventilating, feeling lightheaded
  - Sadness: tearfulness, hopelessness, psychomotor slowing
- Flashbacks when in NICU or holding child
- Feeling tense, tachycardic when in NICU or holding child
Post–Traumatic Stress Disorder

- Avoidance of stimuli associated with trauma and numbing of general responsiveness
  - Efforts to avoid thoughts, feelings, behavior
  - Efforts to avoid activities, places, people
  - Inability to recall aspects of trauma
  - Decreased interest in or participation in significant activities
  - Feeling detached or estranged from others
  - Restricted range of feelings
  - Sense of foreshortened future

How does “avoidance” manifest in NICU parents?

- Less visiting of child or participation in care
- Not feeling attached/bonded to child
- Inability to feel love towards child
- Avoidance of talking about child’s health
- Denial of existence of health problems
- Avoidance of talking about delivery or perinatal complications
- Not showing full range of affect/emotion
- Not visualizing bringing infant home

How does “avoidance” translate to NICU parents?

For Tracy:
- She did not feel bonded to her son
- She was unsure if she loved her son
- She stopped most self-care
- Lost interest in spending time with her 3yo
- Avoided going out of apartment unless absolutely necessary

Hyperarousal:

- Insomnia: difficulty falling or staying asleep
- Irritability, outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response

How does “hyperarousal” manifest in NICU parents?
Post–Traumatic Stress Disorder

- How does “hyperarousal” manifest in NICU parents?
  - Insomnia
  - Generalized anxiety: can’t stop worrying about the child
  - Intense fear for health of the child
  - Irritability with spouse, NICU staff, other children

Post–Traumatic Stress Disorder

- For Tracy:
  - Difficulty falling and staying asleep
  - Constant worry about her son’s health
  - Intense irritability

Case Illustration: Tracy

- She reports:
  - Intrusive images of her delivery/hemorrhage, racing down the hall to the OR, and son intubated with monitor’s beeping
  - Images occur nearly every time she holds him
  - Poor bonding with her son
  - Inability to enjoy anything
  - Daily fear that he will die
  - Insomnia (can’t fall asleep) and nightmares
  - Irritability with her husband and 3yo daughter

- Symptoms began during son’s NICU stay and intensified over the 3 mos since delivery

- What can be done to help her?
- How can NICU nurses help?

How to Help

- Identification of parents with symptoms of acute stress disorder/posttraumatic stress disorder is the first step
  - Attention to traumatic deliveries
  - Using active listening to encourage parents to
    - Discuss their delivery experience
    - Discuss their fears about child’s health
    - Allow the parents to talk, talk, talk

- View every couple as unique: talk to each couple to see how they view their experience as deviating from their Reproductive Story
- Empower the parent as much as possible in decision–making and care for child (“loss of control”)
How to Help

- De-stigmatize PTSD symptoms by asking about them in a normalizing manner:

  "Many parents who go through a difficult (pregnancy/delivery) or have a child in the NICU notice they have pictures or memories flash in their minds of the most difficult times, or they'll have nightmares. Has that happened to you?"

  "Many parents ... struggle with holding their baby or feeling connected to him/her because it reminds them of the difficult pregnancy/delivery/NICU stay. Has that happened to you?"

- Encourage the parents to take care of themselves, including sleep.

  - Breastmilk is vital to helping premature infants thrive, but sleep-deprivation can hurt parents emotionally.

    - Discuss with the mother her pumping schedule
    - Can she skip one pumping session every night, to get 6 hours in a row?
    - Is she having trouble falling asleep or staying asleep?
    - Is this an indication of a mood or anxiety disorder?

- Total score more than 19 merits referral to mental health provider

  - Can be used for parents with child in NICU for any time (elevated score indicative of ASD for those less than one month)

  - Similar to Postpartum Depression:

    - Effects on infant development
      - IQ, language
    - Effects on attachment with infant
      - Long-term effects on child's resiliency and susceptibility to anxiety and depressive disorders

    - Maternal Self-Care
      - Poor self-care often means difficulty complying with infant's care at home
      - Incr risk substance use

    - These parents are miserable.
Psychotherapy is a vital component of treatment:
- Discussion of the trauma for some women
- Placing in the context of other reproductive trauma and losses
- Use of EMDR (Eye Movement Desensitization and Reprocessing)
- Behavioral therapy: sleep hygiene, increased social support, self-care
- Cognitive Distortions: address irrational fears and worries

Some women use medication as well:
- Benzodiazepine for sleep (ok in breastfeeding) and during day
- Antidepressant (SSRI, SNRI)
- Sometimes atypical antipsychotic (Abilify, Risperdal) in low doses to reduce reexperiencing symptoms

Resources for Treatment:
- UC San Diego Maternal Mental Health Clinic
  - Start with assessment and then develop general treatment strategy
  - Seen by Psychiatrist first, but not necessarily given medications first
  - ALWAYS referred for therapy
  - Referrals: 619-543-6932
  - Feel free to refer men as well!

Resources for Parents:
- Massachusetts General Hospital:
  - Womensmentalhealth.org/posts/post-traumatic-stress-disorder-ptsd-following-childbirth
- Childbirthconnection.org
PTSD can occur following “uncomplicated” childbirth, but is even more likely to occur in parents of NICU infants.

PTSD symptoms include reexperiencing, avoidance and hyperarousal.

The “Reproductive Story” is a useful way to conceptualize patients with reproductive trauma or loss.

Nurses can help by:
- asking about parents’ emotional health
- encouraging self-care
- providing a forum for parents to discuss their fears
- screening and/or encouraging referral when needed.

De-stigmatization by a nurse can be the driving force behind a parent seeking help from a mental health professional.


Beck et al, Posttraumatic Stress Disorder in New Mothers. Results from a Two-Stage U.S. National Survey. Birth 2011; online publication.


Pierrehumbert et al. Parental post-traumatic reactions after premature birth: implications for sleeping and eating problems in the infant. Archives of Disease in Childhood 2003;88:400-404