EMDR RESEARCH FOUNDATION

CLINICAL NEWSLETTER

EMDR therapy with PTSD sufferers after Childbirth Trauma
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This is a monthly e-newsletter created primarily for EMDR researchers and trained clinicians. The purpose of it is to promote continued dialogue regarding the efficacy and current developments with EMDR therapy and its use with a variety of populations.

This month we are sharing with you current information on the current status of EMDR therapy with PTSD sufferers after Childbirth Trauma. We are hoping you find it useful and informative.

As the EMDR Research Foundation Board of Directors works to create more research opportunities for our community, we hope you join the conversation with your suggestions for upcoming newsletters.

Sincerely,
Wendy J. Freitag, Ph.D.
EMDR Research Foundation

EMDR therapy with PTSD sufferers after Childbirth Trauma

According to PATTCh (Prevention and Treatment of Traumatic Childbirth), "Between 25 and 34 per cent of women report that their births were traumatic. A birth is said to be traumatic when the individual (mother, father, or other witness) believes the mother's or her baby's life was in danger, or that a serious threat to the mother's or her baby's physical or emotional integrity existed." Following the birth, some of these women go on to develop PTSD. PATTCh reports that the incidence of PTSD in this population varies from 1.5 to 9% of all births. http://pattch.org/resource-guide/traumatic-births-and-

ptsd-definition-and-statistics/

According to an article in the Huffington Post, Postpartum Support International determined that about 9% of new mothers experience PTSD. Whatever the actual data, we are describing a substantial number of women who are suffering. And, if they are suffering, so will their new born baby and the rest of their family. This is another situation where PTSD is a family affair.

Below are a few studies relevant to EMDR therapy and Childbirth Trauma. These studies indicate the potential and the recognition that more research is necessary. You can donate now to help fund more research in this vital area of study.

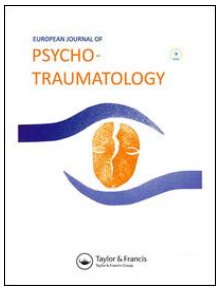
Stramrood, C. A., van der Velde, J., Doornbos, B., Marieke Paarlberg, K., Weijmar Schultz, W. C. M., & van Pampus, M. G. (2012,March). The patient observer: Eye-movement desensitization and reprocessing for the treatment of posttraumatic stress following childbirth. Birth, 39(1), 70-76. http://dx.doi.org/10.1111/j.1523-536X.2011.00517.x

Background: No standard intervention with proved effectiveness is available for women with posttraumatic stress following childbirth because of insufficient research. The objective of this paper was to evaluate the possibility of using eye-movement desensitization and reprocessing treatment for women with symptoms of posttraumatic stress disorder following childbirth. The treatment is internationally recognized as one of the interventions of choice for the condition, but little is known about its effects in women who experienced the delivery as traumatic.

Methods: Three women suffering from posttraumatic stress symptoms following the birth of their first child were treated with eye-movement desensitization and reprocessing during their next pregnancy. Patient A developed posttraumatic stress symptoms following the lengthy labor of her first child that ended in an emergency cesarean section after unsuccessful vacuum extraction. Patient B suffered a second degree vaginal rupture, resulting in pain and inability to engage in sexual intercourse for years. Patient C developed severe preeclampsia postpartum requiring intravenous treatment.

Results: Patients received eye-movement desensitization and reprocessing treatment during their second pregnancy, using the standard protocol. The treatment resulted in fewer posttraumatic stress symptoms and more confidence about their pregnancy and upcoming delivery compared with before the treatment. Despite delivery complications in Patient A (secondary cesarean section due to insufficient engaging of the fetal head); Patient B (second degree vaginal rupture, this time without subsequent dyspareunia); and Patient C (postpartum hemorrhage, postpartum hypertension requiring intravenous treatment), all three women looked back positively at the second delivery experience.

Conclusions: Treatment with eye-movement desensitization and reprocessing reduced posttraumatic stress symptoms in these three women. They were all sufficiently confident to attempt vaginal birth rather than demanding an elective cesarean section. We advocate a large-scale, randomized controlled trial involving women with postpartum posttraumatic stress disorder to evaluate the effect of eye-movement desensitization and reprocessing in this patient group.



Baas, M. A. M., Stramsrood, C. A. I., Dijksman, L. M., de Jongh, A., & van Pampus, M. G. (2017). The OptiMUM-study: EMDR therapy in pregnant women with posttraumatic stress disorder after previous childbirth and pregnant women with fear of childbirth: Design of a multicentre randomized controlled trial. European Journal of Psychotraumatology, 8, 1. http://dx.doi.org/10.1080/20008198.2017.1293315

Background: Approximately 3% of women develop posttraumatic stress disorder (PTSD) after giving birth, and 7.5% of pregnant women show a pathological fear of childbirth (FoC). FoC or childbirth-related PTSD during (a subsequent) pregnancy can lead to a request for an elective caesarean section as well as adverse obstetrical and neonatal outcomes. For PTSD in general, and several subtypes of specific phobia, eye movement desensitization and reprocessing (EMDR) therapy has been proven effective, but little is known about the effects of applying EMDR during pregnancy.

Objective: To describe the protocol of the OptiMUM-study. The main aim of the study is to determine whether EMDR therapy is an effective and safe treatment for pregnant women with childbirth-related PTSD or FoC. In addition, the cost-effectiveness of this approach will be analysed.

Method: The single-blind OptiMUM-study consists of two two-armed randomized controlled trials (RCTs) with overlapping design. In several hospitals and community midwifery practices in Amsterdam, the Netherlands, all eligible pregnant women with a gestational age between eight and 20 weeks will be administered the Wijma delivery expectations questionnaire (WDEQ) to asses FoC. Multiparous women will also receive the PTSD checklist for DSM-5 (PCL-5) to screen for possible PTSD. The clinician administered PTSD scale (CAPS-5) will be used for assessing PTSD according to DSM-5 in women scoring above the PCL-5 cut-off value. Fifty women with childbirth-related PTSD and 120 women with FoC will be randomly allocated to either EMDR therapy carried out by a psychologist or care-as-usual. Women currently undergoing psychological treatment or women younger than 18 years will not be included. Primary outcome measures are severity of childbirth-related PTSD or FoC symptoms. Secondary outcomes are percentage of PTSD diagnoses, percentage caesarean sections, subjective childbirth experience, obstetrical and neonatal complications, and health care costs.

Results: The results are meant to provide more insight about the safety and possible effectiveness of EMDR therapy during pregnancy for women with PTSD or FoC. Conclusion: This study is the first RCT studying efficacy and safety of EMDR in pregnant women with PTSD after childbirth or Fear of Childbirth.

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van Duren-Gelderloos, M., & Bakker, E. (2015). Is EMDR effective for women with posttraumatic stress symptoms after childbirth? *European Health Psychologist* 17(S), 873. http://www.ehps.net/ehp/index.php/contents/article/view/1339/0

Background: Negative delivery experiences can result in psychological disorders like postpartum depression, anxiety, psychosis and posttraumatic stress disorder (PTSD). Eye movement desensitisation and reprocessing (EMDR) has been shown to be effective in reducing symptoms of PTSD in several target groups. Our research aims to study the effectiveness of EMDR treatment in women with posttraumatic stress symptoms as a

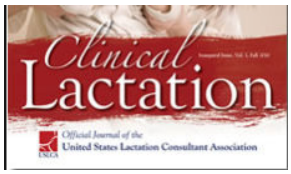
result of childbirth. Methods: Women treated with EMDR for traumatic obstetric experiences (n= 26, mean age 30,9) completed questionnaires with measures of PTSD (Dutch Impact of Event scale), anxiety (STAI), depression (SCL-90) and Quality of Life (RAND36) before the treatment (T1) and immediately after the treatment (T2).

Findings: Preliminary results show significant differences between T1 and T2 for the Dutch Impact of Event scale, STAI and the subscale depression of the SCL-90 ($p<0.001$). Both mental health and social function scores on RAND36 were improved after the treatment ($p<0.05$). Discussion: The findings indicate that EMDR significantly decreases symptoms of PTSD, anxiety, depression and increases mental health and social functioning in women with traumatic birth experiences.

Lapp, L. K., Agbokou, C., Peretti, C.-S., & Ferreri,F. (2015). Management of post traumatic stress disorder after childbirth: a review. *Journal of Psychosomatic Obstetrics& Gynecology*, *31*(3), 113-122. http://dx.doi.org/10.3109/0167482X.2010.503330

Abstract: Prevalence and risk factors for the development of post traumatic stress disorder (PTSD) after childbirth is well described in the literature. However, its management and treatment has only begun to be investigated. The aim of this article is to describe the studies that examine the effects of interventions on PTSD after childbirth. MedLine, PILOTS, CINAHL and ISI Web of Science databases were systematically searched for randomised controlled trials, pilot studies and case studies using key words related to PTSD, childbirth, treatment and intervention. The reference lists of the retrieved articles were also used to supplement the search. A total of nine studies were retrieved. Seven studies that examined debriefing or counselling were identified; six randomised controlled trials and one pilot study. Also found were one case report describing the effects of cognitive behavioural therapy (CBT) on two women, and one pilot study of eye movement desensitisation and reprocessing (EMDR). Overall, there is limited evidence concerning the management of women with PTSD after childbirth. The results agree with the findings from the non-childbirth related literature: debriefing and counselling are inconclusively effective while CBT and EMDR may improve PTSD status but require investigation in controlled trials before conclusions could be drawn.

Kendall-Tackett, K. (2014). Intervention for mothers who have experienced childbirth-related trauma and posttraumatic stress disorder. *Clinical Lactation,* 5(2), 56-61. https://doi.org/10.1891/2158-0782.5.2.56



Abstract: Lactation consultants may be one of the first healthcare providers who see mothers following a difficult birth. As such, they can be key sources of support and information for mothers at this critical time. Several aspects of the International Board Certified Lactation Consultant's (IBCLC) scope of practice can fit within trauma-informed care, including helping mothers identify possible trauma symptoms and posttraumatic stress disorder (PTSD), and addressing breastfeeding issues that may be sequelae of a traumatic birth. IBCLCs can inform mothers about their treatment options and refer them to additional sources of support. This article describes breastfeeding issues that might arise in the wake of a traumatic

birth and summarizes evidence-based treatment options for PTSD so that IBCLCs can share this information with mothers.

Additionally, the case consultation question (on use of EMDR therapy with pregnant women) is available full text/free:

Forgash, C., Leeds, A., Stramrood, C. A., & Robbins, A. (2013). Case consultation: Traumatized pregnant woman. *Journal of EMDR Practice and Research,* 7(1), 45-49. https://doi.org/10.1891/1933-3196.7.1.45

Abstract: .... In this article, Amy Robbins, a certified eye movement desensitization and reprocessing (EMDR) therapist from Atlanta, Georgia, briefly describes a challenging case in which a pregnant woman seeks treatment for trauma suffered in a tornado. The clinician asks if it is advisable to provide EMDR treatment and what concerns she should be aware of. The first expert, Carol Forgash, provides some general information about pregnancy and psychotherapy and outlines considerations, concerns, and contraindications for proceeding with EMDR. She recommends that if treatment is chosen, the therapist proceed with a recent trauma protocol to specifically target the traumatic memories of the recent tornado. The second expert, Andrew Leeds, comments on the absence of randomized controlled trials (RCTs) or other scientific reports exploring the safety of EMDR treatment of pregnant women. He states that pregnant women with symptoms of posttraumatic stress should understand that there is a high probability that EMDR will improve maternal quality of life and that the risks of adverse effects on stability of pregnancy are probably low, but that these remain unknown. The third expert, Claire Stramrood, explains that the few case studies that evaluated EMDR during pregnancy have found positive effects but pertained to women with posttraumatic stress disorder (PTSD) following childbirth. She asserts that once obstetricians have been consulted, women have been informed about possible risks and benefits, and, given their informed consent, they should be able to choose to commence EMDR therapy during pregnancy.

The information provided above indicates a great deal of promise using EMDR therapy with women with childbirth PTSD. However, the RCTs are not there. Donate now to increase our funding ability.

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