

# Perinatal Posttraumatic Stress Disorder (PTSD)

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# Perinatal PTSD

**Common:** prevalence 4-6%; higher rates 1-6 months postpartum; 18% if risk factors for PTSD; rates of PTSD are as high as 24 % for women from racial minority groups, teens, and those of lower socioeconomic status

## Risk factors

*Subjective experience of childbirth* (negative emotions or experience of labor, loss of control, fear of childbirth for self and/or baby)

*Maternal mental health* (prenatal depression, perinatal anxiety, postpartum depression)

*Trauma history and PTSD* (previous traumatic events, childhood sexual trauma, prenatal PTSD, previous traumatic birth experience)

*Delivery mode and complications* (emergency C-section, complications with pregnancy and/or baby)

## Screening

PTSD Checklist Civilian (PCL-5): 20-item self-report checklist of PTSD symptoms (based closely on the DSM-5 criteria), cutoff score between 31-33 indicative of probable PTSD, used in the perinatal population but not specifically validated

Screen for comorbidities: depression (highly comorbid), anxiety, substance use

## Assessing DSM-5 criteria for PTSD

Traumatic event/Trauma exposure  
Duration >1 month, Distress/Impairment

### Symptom criteria

≥1 intrusion (flashbacks, nightmares) *and*  
≥ 1 avoidance (trauma reminders) *and*  
≥ 2 cognitions/mood (detachment, anhedonia, negative emotions) *and*  
≥2 arousal (hypervigilance, sleep difficulties)

## Risks of untreated PTSD

**Risks to mother:** avoidance of prenatal care and postpartum checks, postpartum depression, substance use, preterm labor, fear of childbirth (tokophobia), pregnancy complications (preeclampsia, gestational diabetes)

**Risks to fetus:** lower birth weight, preterm birth, negative impact on mother-infant bonding, lower rates of breastfeeding

## Guidelines for management of perinatal PTSD (if PCL-5>33 and/or clinical diagnosis of PTSD)

First-line evidence-based therapies: SSRIs, Trauma-focused psychotherapies (TFPT)

Initiate SSRI if TFPT not available, not preferred or not appropriate

Other interventions: education, Imagery rehearsal therapy (IRT), CBT-I, non trauma-focused therapy, social support

## Evidence-based trauma-focused psychotherapies:

all effective in reducing PTSD symptoms

- Exposure therapy (ET): effective in postpartum women regardless of whether birth was objectively traumatic
- Trauma-Focused Cognitive Behavioral Therapy (TFCBT): effective for women at risk for experiencing a traumatic birth
- Eye Movement Desensitization and Reprocessing (EMDR): could be especially effective for hyperarousal symptoms

## Perinatal PTSD (Continued)

**Avoid starting prazosin** (adjunctive agent for PTSD-related nightmares) **during pregnancy and lactation:**

- Few reports of prazosin use for hypertension treatment during pregnancy
- No human data in pregnancy; based on experimental animal studies, therapy during pregnancy with prazosin is not expected to increase the risk of congenital anomalies
- No reports examining effects of prazosin during lactation; the manufacturer has reported that “one mother excreted at most 3% of the dose into her breastmilk.”
- Case report of a fetal demise attributable to maternal hypotension and caused by an increased dose of prazosin
- If prazosin is essential to maintain psychiatric stability it is very important to inform the woman about the risks and benefits of this medication; greater bioavailability and slower elimination in pregnant women; lower dose than usual if prescribed during pregnancy; very close monitoring of blood pressure

**Pharmacological treatment:**

- SSRIs (sertraline, fluoxetine)
- Venlafaxine
- See medication table in Perinatal Depression Care Guide for information about SSRIs, venlafaxine

**Interventions not effective:**

debriefing, counseling,  
trazodone, benzodiazepines

# Perinatal PTSD Resources

## **Review Articles:**

Cirino NH, Knapp JM. Perinatal Posttraumatic Stress Disorder: A Review of Risk Factors, Diagnosis, and Treatment. *Obstet Gynecol Surv.* 2019 Jun;74(6):369-376.

Davidson AD, Bhat A, Chu F, Rice JN, Nduom NA, Cowley DS. A systematic review of the use of prazosin in pregnancy and lactation. *Gen Hosp Psychiatry.* 2021 Jul-Aug;71:134-136.

## **PTSD Checklist for DSM-5 (PCL-5):**

<https://istss.org/clinical-resources/assessing-trauma/ptsd-checklist-dsm-5>