

Professionally Speaking...
by Denise M Paul MA CT, CPLC

PTSD Following Miscarriage and Stillbirth

Post-Traumatic Stress Disorder (PTSD) is caused by the involvement in or exposure to a traumatic event. This disorder is often spoken about in reference to veterans who return from war with memories of horrific scenes of suffering and death. When a traumatic event occurs, the brain usually switches from survival mode to a state of restoration, but with PTSD the brain is unable to restore itself, leaving the survivor in a constant state of emergency.

Studies are recently emerging that show that mothers who experience miscarriage or stillbirth often suffer from PTSD. The diagnosis is made by meeting certain criteria that are outlined in the DSM-5, the Diagnostic and Statistical Manual of Mental Disorders.

The Criteria are as follows:

Criteria 1: The person was exposed to a traumatic event, such as death, threatened death, or a threatening serious injury.

The mother and father are confronted with a pregnancy that ended abruptly. Moreover, the death occurred inside the mother's body. The mother carried her baby until she experienced the pain and trauma of labor. The mother experienced the physical and emotional trauma of delivering her dead baby, and the father intensely participated in the birth of their baby, which resulted in the demise of their hopes and dreams. CRITERIA MET.

Criteria 2: The traumatic event is persistently re-experienced in one or more of the following ways: Unwanted upsetting memories, nightmares, flashbacks, emotional and physical distress.

Mothers often have recurrent distressing flashbacks of the moment they heard the words, "no heartbeat" and "I'm sorry that your baby is dead" from the doctor or nurse. Nightmares of the birth, or dreams about other family members or future babies dying are common. Mothers often experience intense psychological and physiological distress from triggers that remind her that her baby is dead. These

triggers include: hospitals, babies, pregnant women, the empty nursery, the baby section of a supermarket, etc. CRITERIA MET.

Criteria 3: Persistent avoidance of the stimuli associated with the trauma

Mothers put great effort into avoiding activities, places, or people that arouse recollections of the trauma of losing their babies. These places include: baby showers, Christenings, doctor's offices, friend's newborn babies, and just about anywhere where they might encounter a pregnant woman or a baby. Mothers have told me that they actually survey the scene of every place that they go for possible triggers. CRITERIA MET.

Criteria 4: Negative thoughts or feelings.

Mothers always report an assortment of the following things: overly negative thoughts about themselves, lack of interest in activities, feeling isolated, exaggerated blame of self or others for causing the trauma, irritability, difficulty focusing on anything but the grief, a negative affect, and difficulty sleeping. CRITERIA MET.

Criteria 5: Symptoms create significant distress or impairment of everyday functioning.

A bereaved parent's life is never the same. Family, friends, and co-workers don't understand. The trauma that you have experienced is the only thing on your mind, but the rest of the world is oblivious to your pain. Friendships are sometimes destroyed because the grieving parents are not supported in their grief. Insensitive co-workers or family members think that you should "get over it", leaving you to grieve alone. A simple trip to Target can be difficult because you cry every time you walk by the baby section. The grief of losing your baby overtakes your mind, making it difficult to concentrate on work and everyday activities. Parents often prefer to stay in the security of their own home while avoiding social activities. CRITERIA MET.

Criteria 6: Persistent symptoms of increased arousal.

Mothers often have difficulty falling or staying asleep. They can be irritable or even aggressive in behavior. They have difficulty concentrating and a heightened startle reaction. They are hypervigilant, fearing that some other trauma will hurt them. CRITERIA MET.

Criteria 7: Duration of the experience is more than one month.

I have people in my support group who have been coming for 2, 5, and even 12 years following the loss of their baby. The initial trauma isn't always felt instantly. Parents are often in shock during the first month, protecting themselves for the deep trauma that may be felt in the weeks and months to come. CRITERIA MET.

I have a feeling that many of you have experienced most of the criteria needed to confirm a PTSD diagnosis. As distressful as these preoccupations and flashbacks are, they also serve as a survival mechanism. You are reliving the experience in order, unconsciously, to gain a sense of mastery and control over an overwhelming event. Grief affects you physically, cognitively, socially, spiritually, and emotionally. Very often parents feel that they are going crazy as they feel the impact of the tremendous weight of profound grief following the death of their baby. By giving what you are experiencing a name, such as Post-Traumatic Stress Syndrome, it acknowledges that the impact of your loss is as difficult, if not more difficult, as what our veterans feel after returning from war. It is not meant to label you with a psychological disorder, it is meant to confirm that you need to be treated kindly. Hopefully, your mind and your heart will find a way to integrate your baby's loss into your lives in a meaningful way, and the trauma will eventually soften to a pain that you can live with and honor, as you keep your baby's memory alive in your heart.