



## An Integrative Study of Postnatal Post-Traumatic Stress

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### DESCRIPTION

While only a tiny percentage of women experience post-traumatic stress disorder or symptoms after giving birth, it can contribute to poor maternal mental health, impaired mother-infant attachment, and relationship difficulties. In order to better understand postnatal post-traumatic stress, this integrative review will look at the associated risk factors as well as women's own experiences with it. The Critical Appraisal Skills Program checklists or the Strengthening the Reporting of Observational Studies in Epidemiology evaluation tool were used to critically review articles.

Factors that arise before pregnancy, throughout the antenatal period, during labour and birth, and after the birth are all risk factors for postnatal post-traumatic stress symptoms and disorder. Several research have discovered possible protective factors against postnatal post-traumatic stress. Women, infants, and families may suffer unfavourable consequences as a result of postnatal post-traumatic stress [1].

### POST-TRAUMATIC STRESS

Pregnancy, as well as the prenatal, intrapartum, and postnatal phases, are all potential risk factors for post-traumatic stress symptoms and disorder. Potential protective factors have been discovered, although they are still being studied. Predictive models for the development of postnatal posttraumatic stress disorder have been developed, but further research is needed to test such models in a range of situations.

Postnatal post-traumatic stress symptoms and disorder have been demonstrated to have a negative impact on the lives of women who are pregnant or have recently given birth. In order to enhance outcomes for this group of women, more research into methods and models for identifying women who are at risk

of developing postnatal post-traumatic stress after childbirth is needed.

For many women and their families, the birth of a child is a joyful, celebratory event. However, some women are traumatised by their birth experience, which can result in negative outcomes such as difficulty bonding with and breastfeeding their new-born, postnatal depression, parenting stress, personal relationship disruption, and posttraumatic stress (PTS) symptoms, with only a small percentage of women meeting the full diagnostic criteria for posttraumatic stress disorder (PTSD). Following exposure to a traumatic event that represents an actual or perceived threat to an individual's life, PTSD is defined as the development of a specific cluster of symptoms, such as persistent, involuntary, and intrusive memories, avoidance of stimuli, recurrent distressing dreams, dissociative reactions, altered mood state, and intense or prolonged psychological distress [2]. An individual must meet specific criteria outlined in the Diagnostic and Statistical Manual of Mental Health Disorders in order to be diagnosed with PTSD (DSM) [3].

Individuals over the age of six must meet the following criteria to be diagnosed with PTSD, according to the most recent version of the DSM, the fifth edition (DSM-V): exposure to actual or threatened death, serious injury, or sexual violence (criterion A); intrusive symptoms associated with the traumatic event/s (criterion B); persistent avoidance of stimuli associated with the traumatic event/s (criterion C); negative changes in cognition and mood related to the traumatic event/s (criterion D); significant changes in arousal and reactivity (criterion E); significant changes in arousal and reactivity (criterion F); significant (Criterion E). Criteria B to E must last for more than one month (Criterion F); the disturbance must produce clinically substantial distress or impairment in functionality (Criterion G); and the disturbance must not be caused by the

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effects of any substance or other medical condition (Criterion H) (Criterion H) [4,5].

Postnatal PTSD is a particularly bad psychological result for women, and it has been claimed that it affects 1.7–9% of women in the postpartum period. In terms of mental health outcomes, breastfeeding, and mother-infant bonding, postnatal PTS symptoms and PTSD (PTS/D) have been found to have a negative impact on women's life and infant development. PTS/D can also have a negative impact on women's relationships with their partners [6].

## CONCLUSION

Finally, there are a few suggestions that should be mentioned. To begin, predictive models for postnatal PTS/D, which include maternal, obstetric, and cognitive behavioural risk factors, should be tested in future research in order to effectively identify women who may be at risk of developing PTSD and send them to suitable care models. Second, more research into acceptable models of pregnancy care, treatments, and treatment strategies is needed to lessen the detrimental impacts of postnatal PTS/D.

## CONFLICT OF INTEREST

None.

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