

The Effects of Postpartum PTSD on Mother-Infant Bonding

Madelyn Kelly

Department of Psychology, Milligan University

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Dr. Christine Browning

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Abstract

Bonding between mother and child is a key component of the first year of a child's life. This is a sensitive period to develop a healthy attachment style. Mothers suffering from depression can struggle to regulate their emotions, which may have an impact on their child. A traumatic birth and post-partum depression can make mothers more withdrawn, stressed, and at risk for Post Traumatic Stress Disorder (PTSD) during post-partum. While preventive measures are possible, many women still suffer from some PTSD symptoms after a highly stressful birth. Maternal post-partum PTSD may hinder bonding between mother and child and may have lasting impacts on the infant's attachment style. Three women were interviewed and asked to give their birth narrative with some including traumatic births. Women ranging in ages from 30-70 were interviewed and asked about their birth expectations, birth story, and post-partum experience. They were also asked about the type of delivery, hospital experience, and external support they received. Themes identified were high expectations regarding pregnancy, birth, and the postpartum experience, strong external support from partner and family, difficulty bonding after difficult deliveries, negative experience with medical staff, and education and agency. The pregnancies were often anxiety-provoking as women had concern for their child's well-being. Women who experienced stressful births, especially after miscarriages, were grateful for the safe arrival of their child. Preparation and education were also a helpful tool to minimize negative emotions. A main deterrent of negative effects of traumatic births is external support. A strong support system may minimize the effects of post-partum depression and PTSD, which will support healthy bonding between mother and child.

Key words: Attachment, Postpartum Depression, Postpartum PTSD

The Effects of Postpartum PTSD on Mother-Infant Bonding

Researchers have been fascinated by attachment styles in children for years. The interaction between familial relationships and the development of healthy attunement and attachment style is heavily connected. Postpartum depression and mood disorders in mothers impact the development of a connection between the infant and mother. Women with depression tend to have a more withdrawn, stressed, and critical parenting style. This style of parenting often leads to insecure attachment in infants and toddlers (Teti et al., 1995, p. 365). More anxious mothers, especially in the event of anxiety-producing births, struggle with adjusting after birth (Noyman-Veskler et al., 2015, p. 300). Stressful births paired with more neurotic personality traits can lead to lasting effects on child-mother bonding (Handelzalts et al., 2022, p. 1066). Recent data is shifting its focus to the emerging concern of post-partum Post-Traumatic Stress Disorder (PTSD) in mothers. Although post-partum PTSD is diagnosed in a low number of women, according to Polachek et al. (2012), PTSD symptoms are a common issue after a traumatic birth (p. 347). The symptoms of hyperarousal, flashbacks, and emotional numbing can all have severe ramifications for a child and the mother (Miller et al., 2021, p. 221). Symptoms paired with PTSD's high co-morbidity rate make research and action essential. This research produces hope and progress toward preventive measures, pre-screening, and the need for emotional support during both the pre and post-partum stages. Simple steps like intervention within 72 hours after birth can benefit all parties (Miller et al., 2021, p. 221). I want to conduct further research to understand the connection between PTSD and bonding and understand factors that play a role. I hypothesize that maternal post-partum PTSD will hinder bonding between mother and child and have lasting impacts on the infant's attachment style. By understanding the

factors that impact attachment and post-partum PTSD, implementation of preventive measures can limit a mother's risk and help post-partum bonding.

Method

Participant

Participants were three women who self-identified as having stressful and/or traumatic pregnancies, births, or postpartum experiences. One woman had five pregnancies, including two miscarriages and three live births. One woman had four children. The third woman had two children. The ages ranged from 30-70, and all women gave birth in the United States. These deliveries included planned Cesarean sections (one participant), vaginal delivery (one participant), and unplanned Cesarean sections (one participant).

Measures

Participants were asked to complete an informal interview either over an online platform or in-person. The interviews were loosely structured to allow freedom within the discussion, but questions were prepared to focus on bonding and postpartum PTSD and depression. Questions included: Did you feel prepared for birth? What was your birth story/stories? How was your postpartum experience? See Appendix A for the full list of interview questions. The interviews ranged from 25-45 minutes in length.

Research Questions:

1. Will traumatic and/or stressful pregnancy experiences impact bonding between a mother and her child?
2. If traumatic and/or stressful pregnancy experiences impact bonding between mother and child, what are some preventative measures that can be taken to limit negative effects?

Procedures

The sample was taken from a convenience sample of women from a local homeschool group. Women were recruited through an online messaging platform. Due to the extensiveness of the interviews, the sample was limited to three participants.

The study was approved by Milligan University's Institutional Review Board, and the study was conducted in compliance with the guidelines established. Written informed consent was recorded for all participants, and they did so voluntarily with no compensation. The interviews were semi-structured. Two of the interviews were conducted over a video call, with the last interview being conducted in person. The interviews were audio-recorded with consent from the participants, and were transcribed by a transcription app. They were then checked for accuracy by the primary researcher and then adjusted to fit the exact wording of the participants. The participants information remained anonymous within the written documentation of the interviews.

Researcher's Background, Experiences, and Biases

The primary researcher is a woman pursuing her Bachelor of Science degree in psychology. She has studied attachment theory in her courses. With regards to her biases, the primary researcher has heard a variety of differing birth experiences. A vast majority of them are positive, but some are negative.

Data Analysis

The three interviews were transcribed, studied, and from that analysis themes were identified. These themes were drawn from the women's own statements and experiences. The themes were clustered into five larger themes that are meant to encapsulate aspects of traumatic births and bonding. The interviews were read multiple times by two researchers. They

compared their findings and discussed the themes. After multiple rounds of reading and analysis, the themes were selected

Findings and Discussion

Throughout the three interviews, five key themes emerged. These themes included:

High expectations regarding pregnancy, birth, and the postpartum experience, strong external support from partner and family, difficulty bonding after difficult deliveries, negative experiences with medical staff, and education and agency.

High Expectations Regarding Pregnancy, Birth, and the Postpartum Experience

The first theme that emerged was high expectations regarding pregnancy, birth, and the postpartum experience. Participants had been told birth stories and expected their births to go a specific way. All three had planned on having vaginal deliveries, with two of the women planning on having natural births. All three women felt educated in the birth experience as two women had taken extensive classes, and one woman was studying to become a physiology professor at the time of her pregnancy. One woman considered herself naturally more controlling, thus she put a lot of pressure on herself to have a natural birth. While these expectations made all three women feel prepared, it also made them struggle when their births did not go as planned. The one woman described her desire for a natural delivery stating, “That was something that I wanted so badly. Yeah, just like to have her and to catch her up on my chest... just because I had watched so many birth videos, and it was... that was my dream... You know, and it had been for years.” She expressed her postpartum struggle due to her disappointment in needing to have a C-section. Another participant explained how her high expectations of the postpartum experience did not match up with her experience. She had

adverse postpartum depression and Obsessive-Compulsive Disorder (OCD), which made her borderline psychotic. She did not feel prepared for this and felt extremely alone and abnormal. This led to shame, fear, and a hesitancy to reach out for support. These expectations made the women feel prepared, but also placed greater stress and then disappointment on the birthing and postpartum experience.

Strong External Support from Partner and Family

Another theme identified was the impact of strong external support from a partner and the participant's family. The participants' experiences with strong external support varied with each of their births. Two of the women had familial and partner support throughout their pregnancies and felt this was beneficial to their experiences. One woman had varied levels of support throughout her different pregnancies. She had substantial support through her first pregnancy and postpartum experience which mitigated her postpartum depression. During her second birth and postpartum experience, she relocated to a new town and her husband was in his medical residency. Her second pregnancy was her hardest, and she felt extremely alone. Fortunately, she received intervention from her friends and family, which gave her the support she needed, but this was after struggling for several months. She reported that her fourth pregnancy and postpartum experience was the most positive because her mother remained in the home with her for several months after her delivery. Her education and external support provided the best outcome for her final pregnancy.

Difficulty Bonding after Difficult Deliveries

The third theme identified was difficulty bonding after having a difficult delivery. One woman remembered the hospital staff taking away her child without informing her. This caused her to feel anxiety and emotional stress. Another woman explained how she experienced sadness

after her delivery because she didn't understand why she was unable to deliver her baby without a C-section. She explained that this upset her up until her second child's delivery because she finally understood why her first delivery had complications. She always wanted a natural delivery and was disappointed when it did not go as she hoped. The last woman expressed how her deep depression made it difficult to do anything other than nurse her baby. She explained that at times all she could do was pick up the baby to nurse, and then she would put her child right back in the crib. She felt extremely disconnected from her body and life, which made it difficult to connect with her child. She stated,

It's like you're looking onto your life instead of being actually in your own body. I just felt like I was just floating in this haze...Newborns are very physical creatures, the way you bond with them is very physical... And so, because I didn't feel connected with my own body, I didn't feel connected to my baby either, because the main way you connect with the baby is through your body.

Bonding was more complicated for the women especially after an emotionally and physically long birth.

Negative Experience with Birthing Staff

A major theme that was present through all three interviews was a negative experience with birthing staff. All three women expressed some level of frustration with a midwife, nurse, or doctor, which heightened their anxiety. One participant said that when her water broke, she called her birthing instructor, and the birthing instructor made her feel extremely anxious about the delivery. She had been instructed in her classes to not go to the hospital until absolutely necessary, so this shift made her stressed. She described feeling already on the "defensive" before she had even gone into the hospital. Another woman felt that her doctor had terrible

bedside manner and did not inform her what was going on with her body. This treatment had months long ramifications and left her feeling confused after the birthing experience. Another Participant was three weeks overdue when she went to the hospital to be induced. She was induced on a Friday and nothing happened, so they did a blood test and sent her home. She heard nothing until she went to teach on Monday. Her husband called her telling her she had to go to the hospital. She was then scared and furious that the hospital waited so long to contact her, especially after a difficult miscarriage. She was scared for her child, which heightened her frustration with the medical staff.

Education and Agency

The final theme was the importance of education and agency. All three women reported awareness and education about childbirth, postpartum depression, and their own bodies as beneficial to their experiences. The majority of their negative experiences came from a lack of control and/or a lack of knowledge surrounding their pregnancy, delivery, or postpartum experience. The one participant commented that she found “being your own advocate... knowing yourself enough... what you want and what you don't want.” She went on to explain, “...that's your time and that's your time with your baby, and that's your time to have those first moments of, you know, breathing and smelling that baby and all that. So, it needs to be done on your terms, the woman's terms.”

Overall, the research supported traumatic birth experiences having a negative impact on bonding. There are some limitations to the research. Only a small group of women were interviewed. Additionally, all participants were white women who had given birth in the United States. This small sample is not completely representative of a diverse population of women and

their birthing experiences. Further research could be conducted on a more diverse group of women to gain more insight into the universal experience of birth.

Birth is an extremely tough experience on a woman's physical body and mind. However, there are proactive steps that can be taken to help minimize and mitigate the effects of postpartum PTSD and depression. It is essential to note that birth and postpartum expectations can be helpful, but women should be prepared to shift their plans in the event that unexpected challenges arise. Women can find education about themselves and the experience of motherhood helpful in preparing them, and they require the ability to advocate for themselves. It is imperative to find supportive professionals to aid throughout the entire birth experience, as well as to have support from one's family and partner. Additionally, all three women highlighted the need to remove the pressure to deliver or recover in a specific way. At the end of the day, women are grateful for their child. Women should be able to prioritize rest and recovery and have the ability to advocate for their own wants and needs. Hopefully, as more research is conducted, preventive measures can be developed to help women through traumatic births.

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Appendix A

Interview Questions

- How many children have you had?
- How old were you when you delivered your first child?
- Did your mother/someone close to you tell you about their birth experience?
- Did you have any preconceived notions about giving birth?
- Did you feel prepared for birth?
- What were your expectations regarding birth?
- Would you mind telling me about your birth story?
- How did your expectations impact your birth experience?
- How was the transition after giving birth?
- How was your hospital experience?
- Did you feel well-prepared after leaving the hospital?
- Did you have a strong support system after giving birth?
- How were the first few weeks of motherhood?
- How was your second birth experience?
- Was it better or worse? If so, how and why?