

## Appendix V: A Guide to Recognizing Acute Stress Disorder in Postpartum Women in the Hospital Setting

### Introduction

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (APA, 2013) outlines the criteria for Acute Stress Disorder, beginning with the first criterion that a person must be exposed to actual or threatened death or serious injury; for many women, giving birth fits this standard. While some women can experience normal childbirth as traumatic, women who experience birth traumas such as postpartum hemorrhage and other complications are at an even greater risk of having a traumatic stress response following childbirth. In order to give postpartum women the services and support they need, it is imperative that healthcare professionals recognize the signs of Acute Stress Disorder, **note them accurately in the patient’s chart**, and enlist the help of a mental health professional immediately. Because women who have experienced birth trauma must temporarily remain in the setting in which the trauma occurred (i.e., the hospital), it is vital that professionals recognize signs of traumatic stress early and provide necessary support.

#### Signs of Acute Stress Disorder

Symptom	Behavioral Signs	Support Needed
<b>Intrusion Symptoms</b> (Memories, dreams, flashbacks)	A woman can re-experience the birth trauma by having <i>involuntary</i> recurrent images, thoughts, illusions, dreams/nightmares, and/or flashbacks related to the event. Intrusive symptoms can be a cause of sleep difficulty and can exacerbate symptoms of anxiety and depression (such as poor concentration, hyper vigilance, exaggerated startle response, and negative mood). Signs can include agitation upon waking and fitful sleep.	<p><b>Do:</b> If you suspect your patient is experiencing intrusive symptoms, consult with a mental health professional. Ask sensitive, open-ended questions about her current state, such as “I noticed you tossed and turned in your sleep last night. How was your sleep?”</p> <p><b>Avoid:</b> Being insensitive, dismissive, or judgmental. Do not say things such as “it’s over, just don’t think about it,” or “try to think happy thoughts before you fall asleep.”</p>

*Continued on next page...*

Symptom	Behavioral Signs	Support Needed
<b>Distress with Exposure to Stimuli</b>	While still in the hospital, a postpartum woman who has experienced birth trauma will be surrounded by stimuli related to the event. Signs of distress can be physical (accelerated heart rate, perspiration) or can manifest as irritability, fear, or unwillingness to comply with requests; an exaggerated startle response to stimuli can be seen. Stimuli that can trigger distress include alarms/beeping or other sounds, medical instruments, medical professionals who were present during the trauma, bright lights, smells, and procedures.	<p><b>Do:</b> Recognize that your patient has experienced a jarring medical event and that it could have been traumatic for her. Many aspects of the hospital environment were present during her traumatic event, and she is still in this environment. Be sensitive and use a warm voice when providing instructions, etc. Do not force any intervention. If patient shows signs of significant distress, contact a mental health professional.</p> <p><b>Avoid:</b> Forcing any procedure or saying things like “You just need to comply – it’s for your own (or your baby’s) good.”</p>
<b>Negative Mood</b>	Inability to experience positive emotions. The woman may show little to no joy during time with her baby or family. She may be detached or seem numb to the events happening around her; aloof; withdrawn. Women who have experienced birth trauma can feel a flood of different and sometimes conflicting emotions, including: Fear, sadness, terror, guilt, disappointment, happiness, anger, elation, joy, sorrow, embarrassment, and confusion. She may express these different emotions at times, or be overwhelmed by them and express nothing, seeming numb, cold, or detached.	<p><b>Do:</b> Gently “check in” with your patient, inquiring about how she is feeling (not only physically, but emotionally). Ask her if she would like to speak to someone about her feelings and try to normalize this for her (sometimes a woman might refuse because she feels a stigma for talking to a counselor). A woman can benefit from verbalizing her thoughts, feelings, and experiences about the trauma – if she feels safe in doing so.</p> <p><b>Avoid:</b> Do not say things like: “Cheer up!” “Put on a happy face!” or “You should be glad or grateful that you survived/your baby survived/that the bad part is over.” These only minimize the patient’s feelings and could shame her into staying silent about her inner experiences.</p>

*Continued on next page...*

Symptom	Behavioral Signs	Support Needed
<p><b>Dissociative Symptoms</b> (altered sense of reality or disturbance in memory)</p>	<p>When dissociation occurs, it can seem like your patient is “out of it” or spacey, dazed, robotic, or confused about basic facts or her surroundings. Sometimes people lose concept of time (which can easily happen in the hospital setting). Some women might speak of an “out-of-body” experience, like floating above one’s own body or seeing the procedures happening to them. When patients experience flashbacks, they may have significant distress after seeing images, reacting as if the event were actually occurring.</p>	<p><b>Do:</b> Be calm and clear with your communication and be accurate when entering psychosocial comments in her records. Pay attention to her behaviors and document them appropriately. Dissociative symptoms exist on a continuum: your patient can seem a little dazed, or at the extreme, she can lose complete awareness of her surroundings. It is important to consult with a mental health professional immediately if you see signs of dissociation.</p> <p><b>Avoid:</b> Minimizing or ignoring these symptoms or trying to distract your patient from these experience by suggesting she “just watch TV to get her mind off of it.” Do not mistake dissociation for normal, compliant, or agreeable behavior. These are serious symptoms that need to be addressed by a mental health professional.</p>
<p><b>Avoidance Symptoms</b> (Avoiding distressing memories/ thoughts/ feelings or external reminders of the event)</p>	<p>Women who have experienced birth trauma may attempt to avoid any memories or discussion about the birth experience or may try to avoid reminders of the experience. She may refuse certain procedures, parts of the hospital, people who were present during the trauma – and at the extreme – she may want to avoid spending time with the baby.</p>	<p><b>Do:</b> Be sensitive to your patient’s feelings, recognizing her current context. Stay focused on providing excellent care and be calm and direct when requesting compliance. While it is important to be supportive, it may also be necessary to challenge your patient to follow her plan of care. You may need to consult with a mental health professional.</p> <p><b>Avoid:</b> Forcing your patient to comply, or to “face her fears” regarding specific reminders of the trauma. Statements such as “There is nothing to be afraid of!” or “You just have to do it!” are not supportive of your patient.</p>

*Continued on next page...*

Symptom	Behavioral Signs	Support Needed
<b>Arousal Symptoms</b>		
Sleep Disturbance	Insomnia is common following a trauma. Signs of high arousal following a birth trauma can include fitful sleep or inability to go to sleep, which can indicate nightmares or an overly-active sympathetic nervous system.	<p><b>Do:</b> Ask her how she slept, and if she is having any problems with both the amount and the quality of her sleep.</p> <p><b>Avoid:</b> Assuming that because her eyes are closed, she is asleep. After a birth trauma, your patient may often need to lie quietly with her eyes closed – with little stimulation.</p>
Poor concentration	Because of the intense stimulation and activation of the sympathetic nervous system that occurs during a birth trauma, a woman may have difficulty concentrating on cognitive tasks or stimuli. She may ask you to repeat information or instructions several times or seem aloof with medical professionals or family/friends.	<p><b>Do:</b> Be patient if you need to repeat information or instructions, recognizing her current emotional state. Ask her if she is having any difficulty concentrating, and if there is anything you can do to help.</p> <p><b>Avoid:</b> Taking it personally or getting agitated/impatient if you have to alter your communication to meet her current needs.</p>
Hyper vigilance and Exaggerated Startle Response	Because of a birth trauma, a woman can become hypersensitive to stimuli around her. As a result, her behaviors can become exaggerated in an attempt to detect threats in the environment. Her sympathetic nervous system was likely activated for an extended period of time during the trauma, and her instinct is to protect herself at signs of threat. A traumatized individual can react instantly to stimuli that might not bother others, such as sudden noises or movements. Signs of exaggerated startle response include jumping, flinching, shaking, and accelerated heart rate in response to stimuli such as sudden speech or movements by others, noises from hallway, alarms or beeping, and physical connection.	<p><b>Do:</b> Keep your movements careful. If you notice hyper vigilance and an exaggerated startle response in your patient, you should slow down your pace and be mindful of noise, bright lights, and effects of physical touch. Ask her about preferences and make accommodations if possible. This may include turning down alarms/monitors or dimming the lights. If you notice these symptoms, consult a mental health professional.</p> <p><b>Avoid:</b> Doing “business as usual” when your patient is clearly negatively impacted by stimulation. Do not make off-hand remarks such as “Wow! Aren’t you jumpy today!” or any other statement that would minimize her current state.</p>

*Continued on next page...*

## General Suggestions

If your patient has experienced a birth trauma, she has been through a difficult, painful, and scary experience. If she experienced a postpartum hemorrhage or other serious complication, she may have felt close to her own death and feared for the wellbeing of her newborn. *While these situations require the help and guidance of a mental health professional*, there are ways that medical professionals can help support the healing of women who have experienced birth traumas.

*A few general guidelines include:*

- ▶ Maintain empathy. Remain cognizant of your patient's experience and of the many intense emotions she may be feeling;
- ▶ Communicate with warmth and patience;
- ▶ Stay focused on her treatment. Avoid engaging in sidebar conversations with other staff members;
- ▶ Minimize discomforts and harsh stimuli;
- ▶ Ask her how she is feeling – *emotionally*. Ask her if she would like to speak with someone; and
- ▶ Know the signs of Acute Stress Disorder and enlist the help of a mental health professional.

*This appendix was adapted from the Improving Health Care Response Obstetric Hemorrhage: A California Quality Improvement Toolkit, funded by the California Department of Public Health, 2015; supported by Title V funds.*

*(Used with permission of Michelle Flaum, EdD, LPCC-S, Xavier University)*