Childbirth Trauma and Fathers Mental Health

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Paternal Mental Health & Traumatic Childbirth

- Paternal mental health is important for the development of infants during the perinatal period
- One in twenty newborns are diagnosed with Postnatal Depression
- 12% experience clinically significant symptoms of PTSD after a traumatic childbirth

For the purposes of this study, the individuals perception of trauma was used, as trauma is in the eyes of the beholder

The aim?
- What predicts PTSD-like symptoms and depression in fathers subsequent to experiencing childbirth trauma

Why This Research?
- Woman-centred care during the entire birthing experience is vital
- Men are being left behind and often experience a myriad of mental health issues
- This research will inform health care teams of the importance of the father throughout the birthing period

10 fathers (11.5%) met the DSM-5 criteria for a provisional diagnosis of PTSD.
17.9% suffered moderate to extremely severe depression.
Fathers were 3x more likely to experience clinical levels of anxiety compared to other Australian fathers.

Qualitative Results

“Standing on the Sideline”
- “You just had no idea what was going on you just sort of standing on the sidelines watching and trying to understand... probably more powerless more than anything”

Major Theme One: Witnessing Trauma – Unknown Territory
- “It was like she was getting attacked by a shark... she was (demonstrates) thrashing around and that was them pulling the baby out through the caesarean scar section so it was pretty intense”

- Being unprepared
- “I think we went to two or three sessions... However all without a hitch you know? So yeah, we were prepared. But we were prepared for a smooth birth”
- Out of control
- “It’s like you have your legs and arms tied up behind your back and you have been thrown overboard and slowly sinking to the bottom of the ocean but all you can do is wiggle around”
- Not knowing
- “The trauma stems from his prematurity and the complications/unknowns surrounding that”

Major Theme Two: The Aftermath – Dealing With It
- “Putting on that brave, it’s all going to be okay front”

- The impact
- “It was unbelievable stressful and all the weight of that really took me to a fairly dark place where I kind of withdrew from the rest of the world really”

- Getting past it
- “My partner got offered counseling and pnd drugs after she left hospital... the nurse on staff at the time just said to me... well you’ll need a beer after this night... no serious are u ok... do u need anything... do u have any question type remarks... that was it”

- “So I had the stress and the weight of that, as well as the whole birth trauma experience the whole aftermath of that. So, for me I was probably because I didn’t really want to confront the whole situation I just threw myself more and more into work so I was probably doing about 70 hours a week. So I was tired and stressed through working.”

Qualitative Results (Cont.)

Quantitative Results

% of Fathers with Clinically Significant Levels of PTSD Clusters

- Re-experiencing
- Avoidance
- Alterations of Cognitions & Mood
- Hyperarousal

Quantitative Results (Cont.)

Simultaneous linear regressions indicated that PTSD was significantly predicted by:
- Self-blame
- Self-distruction
- Current depression scores
- Depression was significantly predicted by:
- Hyperarousal
- Instrumental support
- Denial
- Partner relationship quality
- Avoidance

References


