Up to one third of women perceive childbirth as traumatic and some may as a consequence develop postpartum posttraumatic stress disorder (ppPTSD). ppPTSD is a highly distressing condition with symptoms of re-experiencing, avoidance, negative cognitions and mood, hyperarousal, as well as social and professional dysfunction. In community samples, ppPTSD affects between 3–4 % of women after birth and around 16–19 % of women in high-risk groups, e.g., emergency cesarean section (ECS). Some evidence shows the intergenerational transfer of perinatal trauma-related consequences. For example, two large prospective cohort studies found associations between maternal ppPTSD symptoms and infant troubled sleep at 2 years¹ and poor child social–emotional development at 2 years². However, evidence-based early interventions to reduce maternal intrusive traumatic memories to prevent the development of ppPTSD, and thus the transfer of trauma-related consequences onto the future generation are lacking. Results from a proof-of-principle randomised controlled study (NCT02502513) showing that the number of intrusive traumatic memories mothers experience after ECS could be reduced by a brief computerized cognitive intervention protocol carried out in the early aftermath of traumatic childbirth will be presented³. This represents a first step in the development of an early and potentially universal intervention to prevent postnatal PTSD symptoms after traumatic childbirth. A subsequent multi-center double-blind randomized controlled trial Swiss TrAumatic biRth Trial (START; NCT03576586) is now testing whether this early intervention may benefit both mother and child and investigating the underlying physiological mechanisms of the intergenerational transfer of trauma.

References