Reducing Post-traumatic stress disorder (PTSD) and Complicated Grief (CG) after Stillbirth (SB): a Logic Model-informed Research Agenda

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Objective:

1. Construct a logic model (LM) review and analysis and action plan for perinatal PTSD/CG
2. Inform personal, family, medical provider, payor, policymaker and community means to prevent and reduce severity of PTSD/CG

Background:

PTSD and CG are poorly studied during and after pregnancy.

Methods:

We used available electronic resources (PubMed, Google, Medline, others) to identify and analyze available research using the search terms "PTSD" and "complicated grief," 1970's to the present.

Results:

1. PTSD in more common than clinically recognized (birth @4%).
2. Perinatal loss (4-7%)
3. Over 600 controlled trials regarding PTSD treatment were identified and included supportive, psychologic and physiologic, behavioral treatments.
4. Complicated grief remains little studied.

Discussion:

1. PTSD and CG appear more common than recognized by clinicians.
2. Cognitive and behavioral approaches most commonly applied in non pregnancy-associated circumstances.
3. Few carefully controlled trials (Cochrane Analysis) or pharmalogical studies were identified.

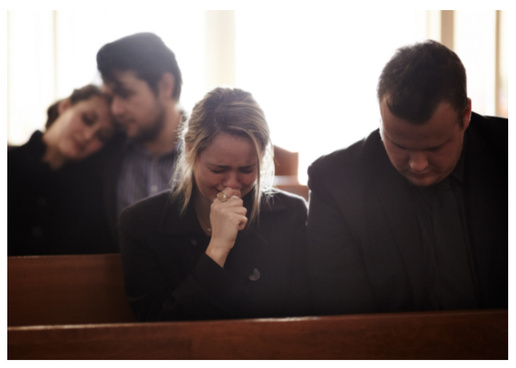
Conclusion:

1. Research as to preventing and treating PTSD/CG in reproductive care is urgently needed.
2. Logic Model-informed approaches and risk remain to be identified for patients, providers, families, and communities.

"There is no greater agony than bearing an untold story inside you"

Losses – miscarriages, neonatal death, stillborn, selective termination, elective abortion – are all frequent exacerbating factors for postpartum anxiety and depression (Freeman, 2011).

"The prevalence of PTSD in pregnant women with a prior pregnancy related complication is considerable."
Forray, A., et al. (2009). Prevalence of post-traumatic stress disorder pregnant women with prior pregnancy complications. The Journal of Maternal-Fetal & Neonatal Medicine: 22(6), 522-527.



"There is no time stamp on trauma"

Patient Health Questionnaire-2 (PHQ-2)

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003;41:1284-92.

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past **two weeks.** The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a "first-step" approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

PHQ-2 score obtained by adding score for each question (total points)

Interpretation:

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cutpoint when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

Suggestions

- Need minority representation in studies
- Enroll in registries
- Avoid re-exposure
- Avoid stimuli
- Periodic Breslau Short Screening Scale
- Life course narratives, outcomes

"KNOWLEDGE OF TRAUMA-INFORMED CARE AND EPIGENETIC EFFECTS requires personal, family, political, and historical mandates for benefiting DEVELOPMENTAL PROGRESS AND SKILLS for every child and family."
– James A. McGregor, MDCM

References:

Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. Medical Care. 2003;41:1284-92.

Yonkers KA, Smith MV, Forray A, et al. Pregnant Women With Posttraumatic Stress Disorder and Risk of Preterm Birth. *JAMA Psychiatry.* 2014;71(8):897–904. doi:10.1001/jamapsychiatry 2014.558.