# 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 pharmalogic studies were identified.

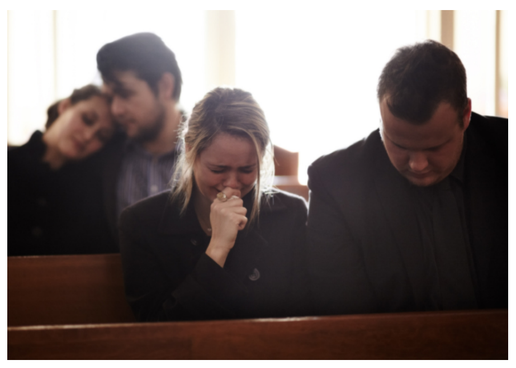
## Conclusion:

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.