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 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 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.

Patient Health Questionnaire-2 (PHQ-2)
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?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
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<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

**“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.”**

**“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: