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Brief Report:
The Partus Stress Reaction: A Neglected Etiological Factor in Postpartum Psychiatric Disorders

Among the factors leading to the development of postpartum psychiatric disorders, little attention has been paid to the experience of the delivery itself as a contributing factor (e.g., Metz et al., 1988). The cause of postparturn depression or psychosis is usually sought in premorbid personality, the subjective experience of the pregnancy, and mother-child attachment after the delivery (e.g., Gitlin and Pasnau, 1989). While childbirth is quite a stressful experience for most women, delivery rarely overwhelms existing coping mechanisms to cause long-term psychological changes. The existing literature has not documented cases in which the stress of childbirth itself was sufficiently severe to precipitate posttraumatic symptomatology. However, the following cases illustrate how recurrent intrusive recollections, numbing, dissociation, and other apparently trauma-related symptoms may occur in response to complicated deliveries that involved no direct threat to the life of mother or child.

Case Reports

Case 1. A 24-year-old woman was seen 2 weeks after the premature delivery of twins, complaining of crying spells, irritability, and recurrent nightmares about the delivery. She described herself as living in a dream-like state and as feeling emotionally detached from her children. She had a history of spontaneous abortions. Because of premature uterine contractions, she had been hospitalized since the 19th week of her pregnancy. When labor started, she went into panic which ceased when she went into a dissociative state. Afterward, she was amnestic for most of the delivery. She denied delusions, hallucinations, anxiety, depression, or prior psychiatric symptoms.

Case 2. A 36-year-old married woman without previous psychiatric history complained about sleep disturbances, nightmares, irritability, and guilt feelings about her inability to bond to her only child, 1 year after delivery. She felt detached from her environment. She had a long history of infertility, an ectopic pregnancy, two spontaneous abortions, and toxemia during this pregnancy. When labor started and failed to progress satisfactorily, she became afraid that her child would die. She initially panicked and then went into a dissociative state which had persisted. She was amnestic for most of the delivery and avoided hospital visits, which precipitated a recurrence of her panic attacks.

Case 3. A 28-year old woman complained of emotional numbing, sleep disturbances, anxiety, and intrusive thoughts and nightmares since the delivery of her twins 2 years before. She had a long history of infertility and had been confined to bed for the last months of her pregnancy because of hydramnion. During this time, she had recurrent thoughts that her abdomen would rupture and she would lose her twins. When labor started, she developed a panic reaction which ceased when she felt like she had left her body and hovered over her abdomen like a ghost. Back on the ward, she was restless and complained of frightening intrusive memories about the delivery. She denied symptoms of panic, anxiety, or dissociation until this delivery.

Discussion

These three women all had histories of infertility and complicated pregnancies. They all had feared that they would lose their babies and had become panic-stricken in anticipation of what they thought would be an inevitably disastrous outcome. Panic ceased when they dissociated from both their subjective physical experience and from contact with their surroundings. They all continued to experience dissociative phenomena, intrusive recollections about some aspects of the delivery, and amnesia about others, and they all failed to meaningfully attach to their children.

The reactions described here conform to the criteria for the proposed DSM-IV category of brief reactive dissociative disorder (BRDD; Spiegel and Spitzer, 1991). In analogy to the best studied example of BRDD, the combat stress reaction (Solomon et al., 1989), we propose to call the dissociative response to childbirth a partus stress reaction (PSR). Aside from not meeting criterion A (exposure to a stressor outside of usual human experience), two of these women eventually developed full-blown posttraurnatic stress disorder. While childbirth itself is a stressful experience well within the range of ordinary human experiences, the complicated obstetrical histories of these women set the stage for the subjective interpretation of these deliveries as extraordinarily stressful. The progression from initial panic to a dissociative reaction and the persistence of elements of both postpartum suggest a relationship between panic and dissociation and supports reports of internal biological shifts as patient's progress from one condition to the next in the context of traumatizing experiences (van der Kolk et al., 1989).

PSR should be differentiated from the so-called postpartum blues or maternity blues (Harding, 1989). Those symptoms occur in about 50% to 80% of the postpartum mothers and start between 2 and 4 days after delivery, never lasting longer than 2 weeks. In contrast, the dissociative symptoms of PSR start during the delivery, last for weeks or months, and prevent these mothers from actively participating in the delivery and, over time, from developing a positive mother-child attachment.

References

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