



City Research Online

City, University of London Institutional Repository

Citation: Ayers, S., Bond, R. & Wijma, K. (2013). Risk factors for PTSD after birth in a normal population: A meta-analysis. *Journal of Reproductive and Infant Psychology*, 31(3), e1-e31. doi: 10.1080/02646838.2014.892345

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/15487/>

Link to published version: <https://doi.org/10.1080/02646838.2014.892345>

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Risk factors for PTSD after birth in a normal population: A meta-analysis

Prof Susan Ayers, Centre for Maternal and Child Health Research, City University London,

UK. Email: Susan.Ayers.1@city.ac.uk

Dr Rod Bond, School of Psychology, University of Sussex, UK

Prof Klaas Wijma, Linkoping University, Sweden

Abstract

Evidence suggests that a proportion of women report posttraumatic stress disorder (PTSD) after childbirth, with between 1 and 3% of women developing the disorder as a direct result of birth (Alcorn, O'Donovan, Patrick, Creedy, & Devilly). A range of factors are associated with postpartum PTSD, including prepartum, birth and postpartum factors. This meta-analysis synthesizes research on posttraumatic stress symptoms after childbirth in order to identify key vulnerability and risk factors. **Method:** A systematic search was carried out on databases (PsychInfo, PubMed, Scopus and Web of Science) using PTSD terms (posttraumatic stress, post-traumatic stress, trauma*, PTSD) crossed with childbirth-related terms (birth, pregnancy, partum, postpartum, prenatal, postnatal, stillbirth, miscarriage, gestation, partus, labour). Studies were included if they reported primary research examining factors associated with birth-related PTSD symptoms. PTSD had to be measured at least one month after birth to avoid confusion with acute stress disorder symptoms. Research on specific populations was excluded e.g. teenagers, pregnancy loss or stillbirth. **Results:** Of the 792 records screened, 48 papers reporting results of 43 research studies fulfilled inclusion criteria (N=20,372). Key vulnerability and risk factors were subjective birth experience, particularly negative emotions during birth, a fear of childbirth, and a history of PTSD or depression. Postpartum PTSD was highly comorbid with concurrent symptoms of depression. **Conclusion:** Identification of vulnerability and risk factors for postpartum PTSD is critical

for appropriate screening and prevention. Future research needs to examine the interaction between vulnerability and risk factors, as proposed by theoretical frameworks of postpartum PTSD (Ayers 2004; Slade 2006).