

Evidence Search Service

Results of your search request

Traumatic birth support programmes

If you would like any further help or to request the full text of any article, please contact Malcolm Cater or knowledgeservices@dudley.gov.uk

Please acknowledge Knowledge Services in any resulting paper or presentation.

Sources searched: Psychinfo, Medline, Embase, Cinahl, Google

Time taken: 12 hours

Date Range: 2014 -2022

Other Limits: UK only

Search terms and notes: "birth trauma" OR "traumatic birth" OR PTSD OR "post traumatic stress disorder" AND support OR "support programme*" OR counselling OR therap* OR Rewind

Search requested by:	
Email:	
Required by:	
Searched by:	Malcolm Cater
Email:	malcolm.cater@dudley.gov.uk
Tel:	01384 816159
Date(s) search carried out:	21-27/04/2022

Results

The results of your search are displayed on the following pages. Some results may provide live links directly to the articles. These may not be highlighted/underlined but should still be active. If these are not present and you require access to the full text of the article, please contact Knowledge Services and we will try and source the text for you.

Disclaimer: It is recommended that you check the references for their relevance and that they are critically appraised before being applied to a clinical decision. Please be aware that published journal articles will have been peer reviewed, however, other evidence such as pre-prints, reports and other grey literature may not have been through this process.

Section 1

These are general articles for context and background information.

Section 2

This section contains examples of services offered. It appears that there are three types of treatment available for birth trauma.

- 1) CBT (Cognitive Behavioural Therapy)
- 2) EMDR (Eye Movement Desensitization and Reprocessing) 3) 3 Step Rewind

Section 3

Articles on the Rewind programme, which appears to be controversial. It is not approved by NICE, but has been implemented by several NHS Trusts. Often used in conjunction with hypnotherapy, there is little evidence on this form of treatment.

Knowledge Services 01384

816173

knowledgeservices@dudley.gov.uk

A good practice guide to support implementation of trauma-informed care in the perinatal period

Author The Centre for Early Child Development (Blackpool, UK) **Date** 2021

URL <https://www.england.nhs.uk/wp-content/uploads/2021/02/BBS-TIC-V8.pdf>

A qualitative study exploring the experience of psychotherapists working with birth trauma

Author Elizabeth Gough

Author Vaitsa Giannouli

Abstract As many as 45% of women experience birth trauma. Psychotherapists' knowledgeable insights are largely absent in literature, and therefore the objective of this research is to gain a comprehensive understanding of how psychotherapists in the UK experience the therapeutic process when working with women who have experienced a traumatic birth. Interpretive Phenomenological Analysis (IPA) was employed to examine the data coming from psychotherapists working with birth trauma. Three ostensible areas of focus were revealed: i) Hearing the story: discovering the altered-self, ii) Working with the story: enabling redemption of the altered-self, and iii) Professional challenges and the wider story: advocating for the altered-self. Birth trauma commonly leads to an altered sense of self, intertwined with a perception of loss regarding the birth experience and autonomy. Working with the client's birth story, to enable redemption and restore reasoning, is integral to the therapeutic process. Stabilisation and consideration of the presence of the baby are also significant. Integrating approaches produces positive outcomes. There is a purported gap in NHS services, professionals either lacking knowledge and misdiagnosing, or being limited by the emphasis placed on Cognitive Behavioural Therapy. For the therapeutic process consider: the sense of loss associated with the birth; working with the client's birth story to enable redemption and restore reasoning; the impact of the presence of the baby and the need for stabilisation; birth trauma as unique. For frontline health professionals: implementing existing screening protocols and undergoing training to recognise birth trauma may reduce misdiagnosis.

Date 2021-1-14

Library Catalog PubMed Central

URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7859966/>

Accessed 21/04/2022, 12:30:08

Extra PMID: 33553791 PMCID: PMC7859966

Volume 8

Publication Health Psychology Research

DOI 10.4081/hpr.2020.9178

Issue 3

Journal Abbr Health Psychol Res

A systematic review of midwife-led interventions to address post partum posttraumatic stress

Author Nicole Borg Cunen

Author Jenny McNeill

Author Karen Murray

Abstract **OBJECTIVE:** to systematically identify interventions that midwives could introduce to address post-traumatic stress in women following childbirth. **METHODS:** a search strategy was developed and relevant papers were identified from databases including Cinahl, Cochrane Library, EMBASE, Maternity and Infant Care, MEDLINE, PsycINFO, and Web of Science. Key search terms used were post-traumatic stress, post partum, intervention, controlled trial and review. Papers eligible for inclusion were primary studies and reviews of research published from 2002-2012, focusing on interventions which could be implemented by midwives for the prevention and/or management of PTSD. For primary studies, RCTs, controlled clinical trials, and cohort studies with a control group were eligible. Eligible reviews were those with a specified search strategy and inclusion/exclusion criteria. Methodological quality was assessed using recognised frameworks. **FINDINGS:** six primary studies and eight reviews were eligible for inclusion. The majority of included studies or reviews focused on debriefing and/or counselling interventions; however the results were not consistent due to significant variation in methodological quality and use of dissimilar interventions. Two of the reviews considered the general management of post partum PTSD and one broadly covered anxiety during pregnancy and the post partum, incorporating a section on PTSD. The majority of women reported that the opportunity to discuss their childbirth experience was subjectively beneficial. **CONCLUSIONS AND IMPLICATIONS FOR PRACTICE:** no evidence-based midwifery interventions were identified from this systematic review that can be recommended for introduction into practice to address PTSD. It is recommended that future research in this area should incorporate standardised interventions with similar outcome measures to facilitate synthesis of results. Further research on interventions used in non-maternity populations is needed in order to confirm their usefulness in addressing post partum PTSD.

Date 2014-02

Library Catalog PubMed

Extra PMID: 24238899

Volume 30

Publication Midwifery

DOI 10.1016/j.midw.2013.09.003

Issue 2

Journal Abbr Midwifery

Afterbirth support provision for women following a traumatic/distressing birth: Survey of NHS hospital trusts in England

Author Gill Thomson

Author Charlotte Garrett

Abstract **OBJECTIVE:** Despite recommendations within postnatal care guidelines, many National Health Service (NHS) hospital trusts in the UK provide an afterbirth, debriefing type service for women who have had a traumatic/distressing birth. Currently there are a lack of insights into what, how, and when this support is provided. The aim of this study was to explore afterbirth provision for women who have had a traumatic/distressing birth in NHS hospital trusts in England. **DESIGN:** An online survey comprising forced choice and open text comments was disseminated via direct email and social media to NHS hospital trusts in England. Questions explored the types of support provided, when the support was offered, how and when the

service was promoted to women, funding issues, and the role/training of service providers. **PARTICIPANTS:** Fifty-nine respondents completed the survey, with responses from 54 different NHS hospital trusts from all geographic regions in England (40% of all trusts) included. **FINDINGS:** While the numbers of women accessing afterbirth services varied, this was often associated with a lack of dedicated funding (~52%), and poor recording mechanisms. Some 83.3% of services had evolved based on women's needs rather than wider research/literature. Midwives are commonly the sole provider of afterbirth services (59.3%) and in 40.7% of cases the professionals who provide afterbirth support had received no specific training. In only 51.9% of trusts were 'all' women routinely given information about the service, and women were more likely to self-refer (79.6%) rather than be referred via routine screening (11.1%) or obstetric criteria (27.8%). Almost all services offered flexible access (92.6%) and many offered multiple contacts (70.3%). While most services enabled women to discuss and review their birth, only 55.6% furnished women with information on birth trauma. Approximately 89% of services referred women to specialist provision (i.e. mental health) as needed, although directing support within personal (63%) or wider support (55.6%) networks was less evident. **CONCLUSIONS/IMPLICATIONS FOR PRACTICE:** While women want, and value opportunities to discuss the birth with a maternity professional following a traumatic/difficult birth, evidence suggests that resource provision is insufficient, hampered by a lack of funding, publicity, and recording systems. While further research is needed, funds to establish a well-resourced, evidence-based and wellpromoted service should be prioritised.

Date 2019-04
Library Catalog PubMed
Extra PMID: 30690201
Volume 71
Publication Midwifery
DOI <https://pubmed.ncbi.nlm.nih.gov/30690201/>
Journal Abbr Midwifery

Birth trauma: the mediating effects of perceived support | British Journal of Midwifery

URL <https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2020.28.10.724> **Accessed** 26/04/2022, 15:29:35

Early psychological interventions for prevention and treatment of post-traumatic stress disorder (PTSD) and post-traumatic stress symptoms in post-partum women: A systematic review and meta-analysis

Author P. G. Taylor Miller
Author M. Sinclair
Author P. Gillen
Author J. E. M. McCullough
Author P. W. Miller
Author D. P. Farrell

Author P. F. Slater

Author E. Shapiro

Author P. Klaus

AbstractBackground Pre-term or full-term childbirth can be experienced as physically or psychologically traumatic. Cumulative and trans-generational effects of traumatic stress on both psychological and physical health indicate the ethical requirement to investigate appropriate preventative treatment for stress symptoms in women following a routine traumatic experience such as childbirth. Objective The objective of this review was to investigate the effectiveness of early psychological interventions in reducing or preventing post-traumatic stress symptoms and post-traumatic stress disorder in post-partum women within twelve weeks of a traumatic birth. Methods Randomised controlled trials and pilot studies of psychological interventions preventing or reducing post-traumatic stress symptoms or PTSD, that included women who had experienced a traumatic birth, were identified in a search of Cochrane Central Register of Randomised Controlled Trials, MEDLINE, Embase, Psychinfo, PILOTS, CINAHL and Proquest Dissertations databases. One author performed database searches, verified results with a subject librarian, extracted study details and data. Five authors appraised extracted data and agreed upon risk of bias. Analysis was completed with Rev Man 5 software and quality of findings were rated according to Grading of Recommendation, Assessment, Development, and Evaluation. Results Eleven studies were identified that evaluated the effectiveness of a range of early psychological interventions. There was firm evidence to suggest that midwifery or clinician led early psychological interventions administered within 72 hours following traumatic childbirth are more effective than usual care in reducing traumatic stress symptoms in women at 4–6 weeks. Further studies of high methodological quality that include longer follow up of 6–12 months are required in order to substantiate the evidence of the effectiveness of specific face to face and online early psychological intervention modalities in preventing the effects of stress symptoms and PTSD in women following a traumatic birth before introduction to routine care and practice. Prospero registration CRD42020202576, https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=202576

Date 2021-11-24

Library CatalogPubMed Central

URL <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8612536/>

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Extra PMID: 34818326 PMCID: PMC8612536

Volume 16

PublicationPLoS ONE

DOI 10.1371/journal.pone.0258170

Issue 11

Journal Abbr PLoS One

Health care practitioners' views of the support women, partners, and the couple relationship require for birth trauma: current practice and potential improvements

Author Amy Delicate

Author Susan Ayers

Author Sarah McMullen

Abstract AIM: To examine health care practitioners' views of the support women, partners, and the couple relationship require when affected by birth trauma, barriers to gaining such support, and potential improvements. BACKGROUND: Ongoing distress following psychologically traumatic childbirth, also known as birth trauma, can affect women, partners, and the couple relationship. Birth trauma can lead to post traumatic stress symptoms (PTSS) or disorder (PTSD). Whilst there is a clear system of care for a PTSD diagnosis, support for the more prevalent experience of birth trauma is not welldefined. METHOD: An online survey of health care practitioners' views of the support parents require for birth trauma, barriers to accessing support, and potential improvements. Practitioners were recruited in 2018 and the sample for the results presented in the article ranged from 95 to 110. RESULTS: Practitioners reported differing needs of support for women, partners, and the couple as a unit. There was correlation between practitioners reporting having the skills and knowledge to support couples and feeling confident in giving support. The support most commonly offered by practitioners to reduce the impact on the couple relationship was listening to the couple. However practitioners perceived the most effective support was referral to a debriefing service. Practitioners observed several barriers to both providing support and parents accessing support, and improvements to birth trauma support were suggested. CONCLUSIONS: Practitioners indicate that some women, partners, and the couple as a unit require support with birth trauma and that barriers exist to accessing effective support. The support that is currently provided often conflicts with practitioners' perception of what is most effective. Practitioners indicate a need to improve the identification of parents who need support with birth trauma, and more suitable services to support them.

Date 2020-10-02

Library Catalog PubMed

Extra PMID: 33004100 PMCID: PMC7576522

Volume 21

Publication Primary Health Care Research & Development

DOI 10.1017/S1463423620000407

Journal Abbr Prim Health Care Res Dev

Longitudinal trajectories of post-traumatic stress disorder (PTSD) after birth and associated risk factors

Author Pelin Dikmen-Yildiz

Author Susan Ayers

Author Louise Phillips

Abstract **BACKGROUND:** Although longitudinal trajectories of post-traumatic stress disorder (PTSD) are well-established in general trauma populations, very little is known about the trajectories of birth-related PTSD. This study aimed to identify trajectories of birth-related PTSD; determine factors associated with each trajectory; and identify women more likely to develop birth-related PTSD. **METHOD:** 226 women who had traumatic childbirth according to DSM-IV criterion A were drawn from a community sample of 950 women. Measures were taken of PTSD, affective symptoms, fear of childbirth and social support in pregnancy, 4-6 weeks and 6-months postpartum. Information on some obstetric and psychosocial factors were also prospectively obtained. **RESULTS:** Four trajectories were identified: resilience (61.9%), recovery (18.5%), chronic-PTSD (13.7%) and delayed-PTSD (5.8%). Resilience was consistently distinguished from other PTSD trajectories by less affective symptoms at 4-6 weeks postpartum. Poor satisfaction with health professionals was associated with chronic-PTSD and delayed-PTSD. When affective symptoms at 4-6 weeks postpartum were removed from the model, less social support and higher fear of childbirth 4-6 weeks after birth predicted chronic and recovery trajectories; whereas experience of further trauma and low levels of satisfaction with health professionals were predictive of chronic-PTSD and delayed-PTSD, compared to resilience. Additional variables associated with different trajectories included antenatal affective symptoms, caesarean-section, preterm birth and receiving professional help. **LIMITATIONS:** Use of self-report measures, use of DSM-IV criteria for PTSD diagnosis, and no follow-up beyond six months are the main limitations of this study. **CONCLUSION:** Identified factors may inform preventive and treatment interventions for women with traumatic birth experiences.

Date 2018-03-15
Library Catalog PubMed
Extra PMID: 29331697
Volume 229
Publication Journal of Affective Disorders
DOI 10.1016/j.jad.2017.12.074
Journal Abbr J Affect Disord

Support during birth interacts with prior trauma and birth intervention to predict postnatal post-traumatic stress symptoms

Author Elizabeth Ford

Author Susan Ayers

Abstract Background: Many women experience childbirth as traumatic and 2% develop posttraumatic stress disorder. This study examined the role of health practitioner support and personal control during birth as predictors of post-traumatic stress (PTS) symptoms, adjusting for vulnerability factors of prior trauma, depression, control beliefs and birth intervention. It also investigated interactions between support, prior trauma and birth intervention and their association with PTS symptoms. Methods: A prospective longitudinal survey of 138 women recruited from UK NHS maternity clinics. Measures were taken in pregnancy, 3 weeks and 3 months after the birth. Results: Support and control during birth were not predictive of postnatal PTS symptoms. However, support was predictive of PTS symptoms in a subset of women with prior trauma ($\beta = -0.41$, $R^2 = 16\%$) at both 3-weeks and 3-months postpartum. The interaction of birth intervention and support was associated with PTS symptoms 3 months after birth, the relationship between support and PTS symptoms was stronger in women experiencing more intervention. Conclusions: Low support from health practitioners is predictive of postnatal PTS symptoms in women who have a history of trauma. Longer term effects of low support on postnatal PTS symptoms are also found in women who had more intervention during birth.

Date 2011-12-01

Library Catalog Taylor and Francis+NEJM

URL <https://doi.org/10.1080/08870446.2010.533770>

Accessed 27/04/2022, 12:05:18

Extra Publisher: Routledge _eprint: <https://doi.org/10.1080/08870446.2010.533770> PMID: 21598181

Volume 26

Publication Psychology & Health

DOI 10.1080/08870446.2010.533770

Issue 12

Supporting mothers with post-traumatic stress disorder | British Journal of Midwifery

URL <https://www.magonlinelibrary.com/doi/abs/10.12968/bjom.2021.29.1.8> **Accessed** 26/04/2022, 15:22:35

The birth trauma psychological therapy service: An audit of outcomes

Author Emma Williamson

Author Anne Pipeva

Author Ali Brodrick

Author Adam Saradjian

Author Pauline Slade

Abstract Objective: To evaluate routinely collected service data from a 'Birth Trauma' psychology clinic integrated into maternity services, in order to review effectiveness for women with symptoms of Post-Traumatic Stress Disorder (PTSD) following childbirth. Background: Prevalence of PTSD after child-birth has been estimated to be around 3% for women meeting full diagnostic criteria and up to 9% for sub-threshold symptoms. This can occur even in response to deliveries considered to be medically straightforward. NICE guidelines (2018) recommend psychological therapy as a first line treatment for symptoms of PTSD. Methods: The sample included 114 women referred post-natally for psychological assessment and intervention following a traumatic birth experience. Measures were routinely administered as part of initial assessment (T1) and at completion of intervention (T2). Data from these measures were collated and analyzed using a series of paired sample t tests. Following assessment 101 women were taken on for psychological intervention and of these, 74 completed both T1 and T2 measures. Results: There were highly significant reductions across all measures of PTSD, anxiety and negative mood symptoms. The treatment effect sizes were very large. Mean total score on a measure of PTSD symptomatology was no longer clinically significant following interventions. Conclusion: This evaluation suggests an integrated Birth Trauma psychology clinic using a small number of contact sessions is a highly efficient and effective model of care for women experiencing symptoms of PTSD following childbirth.

Date 2021-11-01

Library Catalog ScienceDirect

URL <https://www.sciencedirect.com/science/article/pii/S0266613821001790>

Accessed 25/04/2022, 11:42:23

Volume 102

Publication Midwifery

DOI 10.1016/j.midw.2021.103099

Journal Abbr Midwifery

Understanding psychological traumatic birth experiences: A literature review.

Author Madeleine Simpson

Author Christine Catling

Abstract Background: Traumatic birth experiences can cause postnatal mental health disturbance, fear of childbirth in subsequent pregnancies and disruption to mother-infant bonding, leading to impaired child development. Some women may develop postnatal Post Traumatic Stress Disorder, which is a particularly undesirable outcome. This paper aimed to gain a better understanding of factors contributing to birth trauma, and the efficacy of interventions that exist in the literature.; Methods: A literature search was undertaken in April 2015. Articles were limited to systematic reviews or original research of either high to moderate scientific quality. A total of 21 articles were included in this literature review.; Findings: Women with previous mental health disorders were more prone to experiencing birth as a traumatic event. Other risk factors included obstetric emergencies and neonatal complications. Poor Quality of Provider Interactions was identified as a major risk factor for experiencing birth trauma. Evidence is inconclusive on the best treatment for Post Traumatic Stress Disorder; however midwifery-led antenatal and postnatal interventions, such as early identification of risk factors for birth trauma and postnatal counselling showed benefit.; Conclusion: Risk factors for birth trauma need to be addressed prior to birth.

Consideration needs to be taken regarding quality provider interactions and education for maternity care providers on the value of positive interactions with women. Further research is required into the benefits of early identification of risk factors for birth trauma, improving Quality of Provider Interactions and how midwifery-led interventions and continuity of midwifery carer models could help reduce the number of women experiencing birth trauma. (Copyright © 2015 Australian College of Midwives. Published by Elsevier Ltd. All rights reserved.)

Date 2016-06
Archive MEDLINE
Loc. in Archive 26563636
Library Catalog EBSCOhost
URL <https://pubmed.ncbi.nlm.nih.gov/26563636/>
Extra Place: Netherlands Publisher: Elsevier
Volume 29
Publication Women and birth : journal of the Australian College of Midwives
DOI 10.1016/j.wombi.2015.10.009
Issue 3
Journal Abbr Women and birth : journal of the Australian College of Midwives

Birth Trauma Service

Abstract Introducing OCEAN - A New Service For People With Experience of Birth Trauma **URL**
<https://www.elft.nhs.uk/news/birth-trauma-service>

Accessed 21/04/2022, 16:24:28

Website Title East London NHS Foundation Trust

Birth-Trauma-Resolution-Final-06.2019.pdf

URL <https://www.enherts-tr.nhs.uk/content/uploads/2019/10/Birth-Trauma-Resolution-Final-06.2019.pdf>

Accessed 21/04/2022, 16:21:19

OCEAN - For People Who Have Experienced Birth Loss and/or Birth Trauma in East London

URL <https://technology-trust-news.org/1TXQ-7TDZB-913DA523DD1DB20CEILM97B7E100316FB7102E/cr.aspx>

Accessed 25/04/2022, 11:43:41

Reproductive Trauma Service

Abstract In the UK, perinatal mental health difficulties (problems which occur during pregnancy or in the first year following the birth of a child) affect up to one in five women and one in ten men during

URL <https://www.healthierlsc.co.uk/MentalHealthSupport-1/reproductive-trauma-service>

Accessed 25/04/2022, 12:09:36

Website Title Lancashire and South Cumbria Health and Care Partnership

STRAWB2 (Stress and Wellbeing After Childbirth): a randomised controlled trial of targeted self-help materials to prevent post-traumatic stress disorder following childbirth

Author P Slade

Author H West

Author G Thomson

Author S Lane

Author H Spiby

Author Rt Edwards

Author Jm Charles

Author C Garrett

Author B Flanagan

Author M Treadwell

Author E Hayden

Author A Weeks

Abstract Objectives To test whether providing psychological self-help materials would significantly lower the incidence of post-traumatic stress disorder (PTSD) at 6–12 weeks postnatally. Design Open-label randomised controlled trial, with blinded outcome assessment. Setting Community midwifery services in two National Health Service (NHS) trusts in the North West. Sample A cohort of 2419 women receiving normal NHS postnatal care. Methods Midwives screened women for traumatic birth experience; 678 women who screened positively (28.1%) were randomly allocated to self-help with usual care (n = 336) or to usual care alone (n = 342). The self-help materials were a leaflet and online film designed to prevent the development of PTSD after trauma exposure through explaining how to manage early psychological responses. Main outcome measure The primary outcome was a composite of diagnostic and subdiagnostic PTSD at 6–12 weeks postnatally using the gold-standard Clinician-Administered PTSD Scale (CAPS-5) interview. Results Of the 678 women correctly randomised plus the nine women randomised in error, 478 (70.5%) were followed up. Diagnostic or subdiagnostic PTSD rates at follow-up did not differ between groups who received self-help (26.7%, 65/243) or usual care alone (26.2%, 64/244) (intention-to-treat analysis: RR 1.02, 95% CI 0.68–1.53). Findings remained consistent in the per-protocol analysis (RR 1.04, 95% CI 0.85–1.27). Women viewed the materials very positively. There were no adverse effects. Health economic microcosting indicated implementation would be very low cost. Conclusions Many women experience a traumatic birth and risk developing PTSD, but self-help strategies without professional support are insufficient and should not be routinely introduced. Tweetable abstract Self-help information alone does not reduce the number of women developing PTSD after a traumatic childbirth.

Date 2020

Library Catalog Wiley Online Library

URL <https://onlinelibrary.wiley.com/doi/abs/10.1111/1471-0528.16163>

Accessed 27/04/2022, 14:51:32

Extra _eprint: <https://onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.16163>

Volume 127

Publication BJOG: An International Journal of Obstetrics & Gynaecology

DOI 10.1111/1471-0528.16163

Issue 7

Support Options for Birth Trauma — Chelsea and Westminster Hospital NHS Foundation Trust

URL <https://www.chelwest.nhs.uk/your-visit/patient-leaflets/womens-services/supportoptions-for-birth-trauma> **Accessed** 21/04/2022, 16:24:51

Therapies for Birth Trauma | AIMS

URL <https://www.aims.org.uk/journal/item/cbt-emdr>

Accessed 21/04/2022, 16:03:59

Which Birth Trauma Therapy Is Right For Me?

Author Catherine Cooper

Abstract Find the right birth trauma healing therapy for you. Many people who have experienced a traumatic birth are left with feelings of overwhelm, severe anxiety and in some cases PTSD. If these traumas aren't resolved they can permeate and interrupt lives and that can be devastating.

Date 2021-08-23T18:50:23+00:00

URL <https://trustbirth.co.uk/birth-trauma-resolution/which-birth-trauma-therapy/>

Accessed 21/04/2022, 15:43:09

Blog Title TrustBirth - Catherine Cooper

Women's Experiences of the Coping With Birth Trauma:A Psychoeducational Group Support Program

Author Nicola-Jade Roberts

Author Julie Jomeen

Author Gill Thomson

Abstract **OBJECTIVE** Between 20%-50% of women experience birth as traumatic, with negative impacts for women, infants and families. Currently, there is a lack of evidence into supportive interventions to ameliorate women's adverse responses following a traumatic birth. In North-West UK, a 6-week psychoeducation group support program (Coping with Birth Trauma [CwBT]) was developed and delivered by two trained therapists. The course aimed to facilitate women's understanding of trauma, and to provide coping strategies; additional speakers were also invited to discuss specialist issues. The aim of this evaluation was to explore women's experiences and perceptions of the CwBT, and to identify recommendations for course development.

METHODS Following university ethics approval, all the women who had attended a CwBT course (*n* = 3) were invited to take part in a telephone interview. Eight women out of a possible sample of 16 agreed to participate. Thematic analysis was used to analyse the interview data.

RESULTS Two themes and associated sub-themes describe the social, cognitive and instrumental components of the CwBT course ("Creating a difference") and how the course facilitated growth and help-seeking behaviors ("Growth and renewal"). The final theme "complaints and recommendations" details critical reflections and suggestions for course development. Recommendations included speakers from different therapeutic backgrounds and more opportunities for contact with women at different stages of their trauma journey.

CONCLUSIONS Overall, the course was well received with positive implications for health, wellbeing and family functioning. Further and large-scale studies to assess its effectiveness are needed.

Date 2021-09-07

Library Catalog connect.springerpub.com

URL <https://connect.springerpub.com/content/sgrijc/11/3/112>

Accessed 25/04/2022, 13:21:45

Extra Publisher: Springer Section: Articles

Volume 11

Publication International Journal of Childbirth

DOI 10.1891/IJCBIRTH-D-20-00042
Issue 3

Exclusive: Trusts offering controversial trauma 'treatment' to new mums

Author Alison Moore 11 November 2020

Abstract Several NHS trusts are offering a 'treatment' for birth trauma which uses a technique which lies outside national guidelines and which is criticised by specialists as potentially causing 'more harm than good'.

URL <https://www.hsj.co.uk/quality-and-performance/exclusive-trusts-offering-controversialtrauma-treatment-to-new-mums/7028761.article>

Accessed 21/04/2022, 15:56:07

Website Title Health Service Journal

Human givens rewind trauma treatment: description and conceptualisation

Author Shona Adams

Author Steven Allan

Abstract Purpose Human Givens (HG) Rewind technique is a graded trauma-focused exposure treatment for post-traumatic stress disorder and trauma. The purpose of this paper is threefold: first, to describe the technique; second, to provide an outline of its potential benefits; and third, to present some preliminary evidence.

Design/methodology/approach This paper provides an overview of HG therapy and describes the stages of HG Rewind trauma treatment and its potential benefits.

Similarities and differences between Rewind and other Cognitive Behavioural Therapy techniques are explored. Possible underlying mechanisms are discussed.

Findings Preliminary evidence suggests that Rewind could be a promising trauma treatment technique and that HG therapy might be cost effective. The findings highlight the need for further research and a randomised controlled trial (RCT) on Rewind is warranted.

Practical implications During the rewind technique, the trauma does not need to be discussed in detail, making treatment potentially more accessible for shame-based traumas. Multiple traumas may be treated in one session, making it possible for treatment to potentially be completed in fewer sessions.

Social implications This UK-based treatment may be cost effective and make treatment more accessible for people who do not want to discuss details of their trauma.

Originality/value This is the first description of HG Rewind in the peer-reviewed literature. Alternative explanations for mechanisms underlying this trauma treatment are also presented.

Date 2019-01-01

Library Catalog Emerald Insight

URL <https://doi.org/10.1108/MHRJ-06-2018-0016>

Accessed 27/04/2022, 11:55:49

Extra Publisher: Emerald Publishing Limited

Volume 24

Publication Mental Health Review Journal

DOI 10.1108/MHRJ-06-2018-0016

Issue 2

Muss' Rewind treatment for trauma: description and multi-site pilot study

Author Shona Adams

Author Steven Allan

Abstract **BACKGROUND:** Rewind is a brief trauma-focussed imaginal exposure treatment for posttraumatic stress disorder (PTSD), however evidence for this treatment is limited. **AIM:** The aim of this paper was to provide preliminary evidence of its efficacy in the treatment of PTSD symptoms. **METHOD:** A practice-based pre-post treatment design with an intention-to-treat analysis was used. Sixty three people were treated with Rewind in three separate services. Participants were assessed using the Impact of Events Scale (IES) prior to treatment and were re-assessed at a two-week follow-up. All participants who scored above 25 on the IES were included and there were no other exclusion criteria. **RESULTS:** There was an overall data capture rate of 95%. After treatment, 55 (87%) participants were below the IES clinical cut-off and, other than three participants with missing data, all participants showed reliable improvement using the IES Reliable Change Index. **CONCLUSION:** These preliminary findings suggest that Muss' Rewind may offer a useful treatment for PTSD symptoms. Rewind may be cost-effective, given the number of sessions that were required and the relative effectiveness of newly trained therapists in delivering the therapy. Despite methodological limitations, these results suggest that a randomised controlled trial is warranted.

Date 2018-10

Library Catalog PubMed

Extra PMID: 30346217

Volume 27

Publication Journal of Mental Health (Abingdon, England)

DOI 10.1080/09638237.2018.1487539

Issue 5

Journal Abbr J Ment Health

Post-traumatic stress disorder managed successfully with hypnosis and the rewind technique: two cases in obstetric patients

Author P. M. Slater

Abstract Two obstetric patients presenting with post-traumatic stress disorder in the antenatal period are discussed. The first patient had previously had an unexpected stillborn delivered by emergency caesarean section under general anaesthesia. She developed post-traumatic stress disorder and presented for repeat caesarean section in her subsequent pregnancy, suffering flashbacks and severe anxiety. Following antenatal preparation with hypnosis and a psychological method called the rewind technique, she had a repeat caesarean section under spinal anaesthesia, successfully managing her anxiety. The second patient suffered post-traumatic stress disorder symptoms after developing puerperal psychosis during the birth of her first child. Before the birth of her second child, she was taught self-hypnosis, which she used during labour in which she had an uneventful water birth. These cases illustrate the potential value of hypnosis and alternative psychological approaches in managing women with severe antenatal anxiety.

Date 2015-08

Library Catalog PubMed

Extra PMID: 26162981

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The effectiveness of Human Givens Rewind treatment for trauma

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Abstract This preliminary study is the first controlled study of Rewind, and the overall HG therapy was more effective than control treatment sessions and was equivalent to the top quartile of services. Purpose Rewind is a trauma-focussed exposure technique that is part of Human Givens (HG) therapy. However, there have been no controlled studies examining the effectiveness or acceptability of Rewind, and a previous study comparing HG therapy outcomes with cognitive behaviour therapy (CBT) benchmarks has yet to be replicated. The paper aims to address these issues.

Design/methodology/approach This preliminary investigation used an observational, quasi-experimental design. Using both between-subject and within-subject designs, the outcome measures of those who had Rewind in the second session and participants who had treatment-as-usual (TAU) in the second session followed by Rewind in the third session were compared. Pre-post treatment scores were used to evaluate the overall HG therapy and to compare with benchmarks. Findings Rewind was more effective than control treatment sessions, with 40 per cent recovered and 57 per cent having reliably improved or recovered after the Rewind treatment session. Rewind sessions were rated as acceptable as other treatment sessions. The effect size of HG therapy was above the CBT Clinical Outcomes in Routine Evaluation Outcome-10 (CORE-10) benchmark of 1.22. The recovery rate for treatment completers was 63 per cent, with 91 per cent recovered or reliably improved and was equivalent to the top quartile of services. Practical implications Rewind is a promising alternative trauma treatment, as people need not discuss details of the trauma, multiple traumas can be treated in one session and fewer treatment sessions may be needed. Originality/value There are few HG studies reported in the peer-reviewed literature. This preliminary study is the first controlled study of Rewind. The findings are also in line with previous research on HG therapy.

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The reconsolidation using rewind study (RETURN): trial protocol

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Abstract Background: An increasing body of research highlights reconsolidation-based therapies as emerging treatments for post-traumatic stress disorder (PTSD). The Rewind Technique is a non-pharmacological reconsolidation-based therapy with

promising early results, which now requires evaluation through an RCT. Objectives: This is a preliminary efficacy RCT to determine if the Rewind Technique is likely to be a good candidate to test against usual care in a future pragmatic efficacy RCT. Methods: 40 participants will be randomised to receive either the Rewind Technique immediately, or after an 8 week wait. The primary outcome will be PTSD symptom severity as measured by the Clinician-Administered PTSD Scale for DSM5 (CAPS-5) at 8 and 16 weeks post-randomisation. Secondary outcome measures include the PTSD Checklist (PCL-5), International Trauma Questionnaire (ITQ), Patient Health Questionnaire (PHQ-9), the General Anxiety Disorder-7 (GAD-7), Insomnia Severity Index, the Euro-QoL-5D (EQ5D-5 L), the prominence of reexperiencing specific symptoms (CAPS-5) and an intervention acceptability questionnaire to measure tolerability of the intervention. Conclusions: This study will be the first RCT to assess the Rewind Technique. Using a cross-over methodology we hope to rigorously assess the efficacy and tolerability of Rewind using pragmatic inclusion criteria. Potential challenges include participant recruitment and retention. Trial registration: ISRCTN91345822

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