TREATMENT FOR WOMEN EXPERIENCING SYMPTOMS OF POSTPARTUM POSTTRAUMATIC STRESS DISORDER AND TRAINING FOR THEIR MEDICAL PROVIDERS: A GRANT PROJECT

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May 2019
INTRODUCTION

- Women considered to be at high risk of developing postpartum posttraumatic stress disorder (PTSD) include those who have experienced a previous traumatic birth, women with severe fear of giving birth, women with a history of sexual and/or physical abuse, women with severe pregnancy complications, and women carrying fetuses diagnosed with fetal anomalies (Yildiz, Ayers, & Phillips, 2017).

- Based on a meta-analysis of 28 studies, Yildiz et al. (2017) reported that the prevalence rate of clinical postpartum PTSD was 4%.

- A review of qualitative studies (n=10) concluded that women experiencing PTSD as a result of traumatic childbirth report symptoms including disrupted relationships, reoccurring nightmares about childbirth, and feeling out of control (Elmir, Schmied, Wilkes, & Jackson, 2010).

- The purpose of this project was to develop a grant proposal to create a program for women experiencing symptoms of postpartum PTSD in Long Beach, California. Part one of the program includes the provision of education, training, and resources to medical professionals to assist them in identifying women at risk for or experiencing symptoms of postpartum PTSD. Part two of the program includes the provision of supportive counseling, using evidenced based treatment approaches, to women experiencing postpartum PTSD.
Social workers are uniquely positioned to help women experiencing symptoms of postpartum PTSD and the medical providers who care for with them.

Social workers are trained in the concepts of integrated health and understand that physical and mental health are related and best treated holistically.

As highly educated professionals, social workers are equipped to interface with medical providers.

As caring and compassionate professionals, social workers are equipped to empathetically handle sensitive topics and vulnerable people.
Women from historically marginalized communities are more likely to experience postpartum PTSD symptoms.

Anderson’s (2011) study of 112 adolescents who gave birth found that 49% of respondents reported moderate to severe trauma.

African American women are at an increased risk of postpartum PTSD. One study concluded that African American women (n =1577) experienced PTSD symptoms in pregnancy at a rate four times greater than non-African American women (Seng, Köhn-Wood, McPherson, & Sperlich, 2011).

Another study examined the cumulative trauma experienced by African American women (n =150) and determined that increased cumulative trauma was related to higher levels of postpartum PTSD (Hauff, Fry-McComish, & Chiodo, 2016).

Additionally, a study of 319 women found that low income women are at increased risk for postpartum PTSD, though the researchers did not explore the reasons income effects postpartum PTSD (Muzik et al., 2016).

Thus, this project has multicultural relevance.
The intended target population for the treatment portion of the project is women in Long Beach, California who have given birth within the last year and are experiencing symptoms of postpartum PTSD. Services will be aimed towards members of the community most vulnerable to postpartum PTSD - low income women, non-white women, adolescents, and survivors of sexual violence and interpersonal violence.

The target population for the medical provider training component of the project will be medical professionals working in perinatal care in Long Beach, California, including obstetricians, nurses, midwives, and pediatricians.

To fund this project the writer researched, identified, and evaluated multiple funding sources. Federal, state, county, and city grants were explored in addition to private grant options. Grants from the W.K. Kellogg Foundation, the Atlas Family Foundation, and the California Health Care Foundation were all considered.

Funding sources were evaluated based on the mission and funding priorities of the potential source and goodness of fit with the proposed project. Research was also conducted to determine whether potential funding sources were open to receiving unsolicited grant requests.
The California Health Care Foundation (www.chcf.org) was found to be the best potential funding source for this project. The California Health Care Foundation focuses on improving access to health care for all Californians and making sure all Californians are provided with high quality health care regardless of their income level.

A needs assessment was conducted to gather information on the needs of both the potential clients and the medical providers who will participate in the program. A thorough literature review of both qualitative and quantitative research was reviewed to better understand the needs of women who experience postpartum PTSD and their evidence-based treatment options. Additionally, interviews were conducted with a registered nurse and a pediatrician to better understand the needs of medical providers.

The total projected budget for this three-year project is $536,111 with $500,011 coming from grant funding and $36,100 coming from in-kind donations.
Populations served:
- Women who have given birth within the last year and are experiencing symptoms of postpartum PTSD
- Medical providers who serve women during the perinatal time period.

Program goals and objectives:

**Goal 1:** Provide medical professionals with knowledge, confidence, and tools to identify women who are experiencing postpartum PTSD and make referrals to the Postpartum PTSD Recovery Program.

**Objective 1:** 90% of medical providers who attend the Postpartum PTSD Recovery Program’s training will report they feel somewhat or very confident they have the knowledge and tools to identify patients who may be experiencing postpartum PTSD and make an appropriate referral.

**Goal 2:** Provide individualized, evidence-based treatment for women who are experiencing symptoms of postpartum PTSD to reduce their postpartum PTSD symptoms.

**Objective 2:** 90% of clients will demonstrate a significant reduction in postpartum PTSD symptoms as measured on the City Birth Trauma Scale (Ayers, Wright, & Thornton, 2018).

**Goal 3:** Provide culturally competent services to women who are low income and from traditionally underserved populations.

**Objective 3.1:** 95% of clients will report they felt their culture was very valued by the staff at Postpartum PTSD Recovery Program.

**Objective 3.2:** 70% of client population will self-identify as low income, non-white, and/or adolescent.
Program evaluation

- Postpartum PTSD Recovery Program’s medical training portion will be evaluated based on the objective:
  - 90% of medical providers who attend the Postpartum PTSD Recovery Program’s training will report they feel “somewhat” or “very” confident they have the knowledge and tools to identify patients who may be experiencing postpartum PTSD and make an appropriate referral. This will be determined by a voluntary, anonymous survey that will be completed following each medical provider training session.

- Postpartum PTSD Recovery Program’s client treatment portion will be evaluated based on the objectives:
  - (1) 90% of clients will demonstrate a significant reduction in postpartum PTSD symptoms using a pretest-posttest design as measured by City Birth Trauma Scale (Ayers, Wright, & Thornton, 2018).
  - (2) 95% of clients will report they felt their culture were very valued by the staff at Postpartum PTSD Recovery Program as measured by an anonymous program evaluation completed upon leaving or completing the Postpartum PTSD Recovery Program.
  - (3) 70% of client population will self-identify as low income, non-white, and/or adolescent based on demographic data collected during a client’s initial intake session.
IMPLICATIONS FOR SOCIAL WORK

- This project values the dignity and worth of the person by providing evidenced based care for women experiencing symptoms of postpartum PTSD.

- This project also values social work competence by providing prospective clients with high quality treatment from educated and trained mental health clinicians.

- This project demonstrates the value of social work integrity through the responsible and ethical use of available resources and potential funding.

- Social workers are committed to serving underserved populations. Postpartum women are an underserved, vulnerable group in general, but certain segments of the population are particularly vulnerable including low income women, non-white women, and adolescents. This project seeks to serve these women in a way that will positively impact them, their children, their families, and the broader community.
REFERENCES


