

## PTSD Raises Risk Of Lower Birth Weight Babies And Shorter Pregnancies

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New studies from the University of Michigan, published today in *BJOG: An International Journal of Obstetrics and Gynaecology*, revealed that women who suffer from post traumatic stress disorder (PTSD) are more inclined to have smaller babies and deliver prematurely.

The research also identified a strong connection between low birth weight and shorter gestation to women with PTSD who suffered abuse in their childhood.

PTSD can develop following traumatic events which the woman may have witnessed or been subjected to, such as war, disaster, an abusive childhood, rape, battering, or a car crash. African American women and women with low sociodemographic status are more likely to have higher rates of PTSD during their pregnancy.

During their studies from August 2005 to March 2008, the University of Michigan researchers looked at 839 women, of which 41% were African American.

Women who suffered with PTSD during their pregnancy delivered babies weighing half a pound less than women that were traumatized but did not develop PTSD, and almost half a pound less than women who were not exposed to trauma at all. Women whose PTSD was due to childhood abuse were linked to a higher risk of giving birth to low weight babies.

The researchers also examined race as a potential risk factor for PTSD. They found that African American women are at no greater risk of onset PTSD than other women, however they are four times more likely during their pregnancy to remain affected by the disorder.

Julia Seng, A Research Associate Professor from the Insitute for Research on Women & Gender and Associate Professor of Nursing at the University of Michigan said :



*"Preterm birth can cause serious health problems for babies. An African American infant in Michigan is 70 percent more likely to be born prematurely than an infant of any other race. Therefor PTSD, which is treatable and affects African Americans more widely, may be an additional explanation for adverse perinatal outcomes.*

*It is essential that outcomes are improved in this high risk group of women. Maternity care needs to take traumatic stress into account with awareness being raised amongst health workers."*

The women who took part in the research study were assigned to one of three follow-up groups:

- Women who did not encounter trauma
- Women who did encounter trauma but did not get affected by PTSD
- Women who had suffered PTSD

In order to conclude its impact, the groups were also divided into groups with the women who did and didn't suffer child abuse.

The group of women who suffered from PTSD had more childhood abuse, substance use and recent intimate partner violence than the other groups. Proper prenatal care in such cases was also less likely to have occurred.

Their PTSD may have been reactivated or prolonged because they had less treatment and more exposure to trauma during their lifetime. They also tended to be younger when they got pregnant, meaning they would have had less time between any abuse and their pregnancy. The highest rate of adequate prenatal care and those who had the fewest sociodemographic disadvantages were the trauma exposed resilient group.

Having concluded that PTSD was associated with abuse, it may explain the reason for some of the perinatal outcomes, notably in African Americans in the United States and those with low socioeconomic

status.

The investigators believe that pregnant women should be screened for PTSD and depression right at the start of their pregnancy.

John Thorp, *BJOG* Deputy-Editor-In-Chief added:

*"Women with post traumatic stress disorder need specialized care and screening is essential to ensure the best outcome for mother and baby.*

*Raising awareness will help health workers identify those women at risk and provide the relevant support during the antenatal period."*

*"Post-traumatic stress disorder, child abuse history, birthweight and gestational age: a prospective cohort study"*

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