

OH BABY: POSTTRAUMATIC STRESS SYMPTOMS FOLLOWING CHILDBIRTH AND THE QUALITY OF THE PARENT-BABY BOND

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PURPOSE OF RESEARCH

- To assess posttraumatic stress symptoms following childbirth and the quality of the parent-baby bond.

WHY IS THIS RELEVANT?

- Self-report survey reported 3.6% of adults in United States have PTSD (National Institute of Mental Health [NIMH], 2017)
- In 2012, 66% of households in U.S. were family households (Vespa, Lewis, & Kreider, 2013)

LOOKING BACK: LEARNING FROM THE PAST

- 71.7% of participants reported experiencing one or more symptoms of PTSD after childbirth, 33% reported experiencing three or more symptoms (Cohen, Ansara, Schei, Stuckless, & Stewart, 2004).
- 5.6% of women reported obtaining PTSD symptoms during childbirth, 1/3 of participants reported partial symptoms (McDonald, Slade, Spiby, & Iles, 2011)

LOOKING BACK: LEARNING FROM THE PAST

- Higher rates of women (22%) reported having PTSD symptoms following childbirth than men (12%) (Parfitt & Ayers, 2009).
- PTSD symptoms have a direct effect on the quality of the parent-baby bond (Parfitt & Ayers, 2009).



LOOKING BACK: LEARNING FROM THE PAST

- Women over the age of thirty five had a higher risk of operative deliveries, induced labor, and preeclampsia during pregnancy (Jolly, Sebire, Harris, Robinson, & Regan, 2000)

PARENT-BABY BOND: IT IS IMPORTANT

- Positive, nurturing bond leads to secure attachment → exploration without anxiety and great set up for success in adulthood (Eagle, 2017)
- Lack of nurturing mother-baby bond → leads to insecure attachment → predictions of BDP, including suicidal ideation and self-abusive behaviors (Lyson-Ruth, 2013)

HYPOTHESES

1. Individuals who reported experiencing 1 or more symptoms will have a poorer baby bond quality than those who do not report symptoms
2. There will be a difference of impact on the mother-baby bond than the partner-baby bond of those who reported symptoms
3. Women who are thirty five years or older, and report having PTS symptoms, will have a poorer quality of bond with the infant than mothers who report having PTS symptoms and are between the ages 18-34.

METHODS

- Correlational research design
- Quasi-Independent Variable:
 - Posttraumatic Stress symptoms (Levels: yes or no)
 - Caregiver (Levels: mother or partner)
 - Age (18-34 or 35+)
- Dependent Variable: Quality of the parent-baby bond

METHODS: PARTICIPANTS

- Sample: 78 participants recruited via Facebook
 - Gender ($M=1.85$, $SD=.364$)
 - 10 Male
 - 51 Female
 - Age range: 19-46

METHODS: MATERIALS

- Online questionnaire consisting of demographic questions, measures of parent-baby bonding, and measures of posttraumatic stress
 - City Birth Trauma Scale (Ayers, Wright, & Thorton, 2018)
 - Mother-Infant Bonding Scale (Kitamura et al., 2013)

METHODS: PROCEDURE

- Link to online questionnaire was posted on Facebook
- Participants were presented with the following information:
 - Information sheet
 - Demographic information
 - Measures of parent-baby bond
 - Measures of posttraumatic stress symptoms
- Debriefed and thanked for time

WHAT DID I FIND?

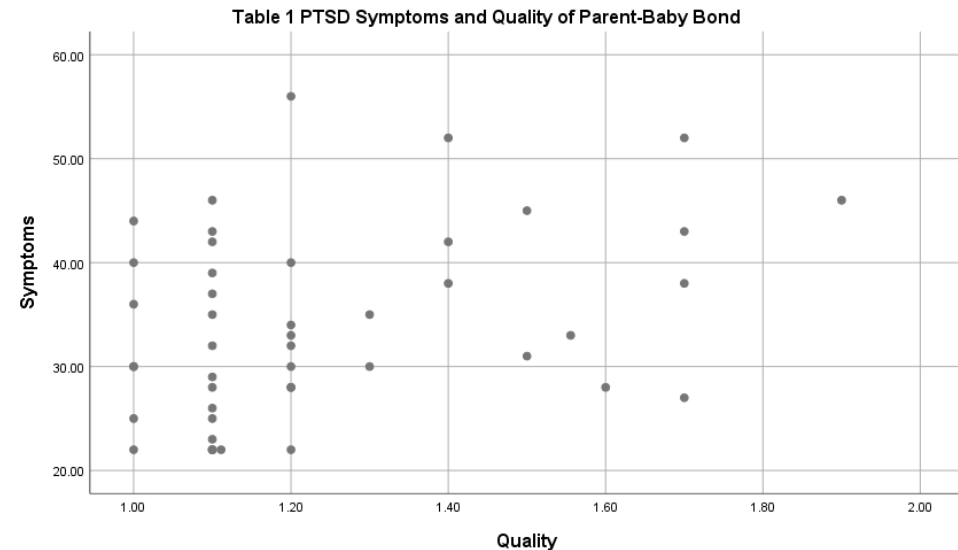


RESULTS-HYPOTHESIS 1

Correlations

		Quality	Symptoms
Quality	Pearson Correlation	1	.351**
	Sig. (1-tailed)		.008
	N	53	46
Symptoms	Pearson Correlation	.351**	1
	Sig. (1-tailed)	.008	
	N	46	46

** . Correlation is significant at the 0.01 level (1-tailed).



- Participants who reported experiencing more PTSD symptoms had a poorer baby-bond quality, $r(44) = .351, p = .008$.
 - First hypothesis was supported!

RESULTS- HYPOTHESES 2

		Correlations		Quality	Symptoms
Who gave birth?					
.	Quality	Pearson Correlation		1	.979**
		Sig. (1-tailed)			.002
		N		5	5
	Symptoms	Pearson Correlation		.979**	1
		Sig. (1-tailed)		.002	
		N		5	5
Myself	Quality	Pearson Correlation		1	.284
		Sig. (1-tailed)			.055
		N		40	33
	Symptoms	Pearson Correlation		.284	1
		Sig. (1-tailed)		.055	
		N		33	33
My partner	Quality	Pearson Correlation		1	-.069
		Sig. (1-tailed)			.435
		N		8	8
	Symptoms	Pearson Correlation		-.069	1
		Sig. (1-tailed)		.435	
		N		8	8

** . Correlation is significant at the 0.01 level (1-tailed).

- Mothers who reported experiencing PTS symptoms had a poorer quality of baby-bond, $r(31) = .28$, $p = .055$, than partners who did not give birth, $r(6) = -.07$, $p = .435$.
- Second hypotheses was also supported!

RESULTS- HYPOTHESES 3

Correlations

		Quality	Symptoms	How old were you when your child was born?
Quality	Pearson Correlation	1	.420**	.082
	Sig. (1-tailed)		.005	.300
	N	44	37	43
Symptoms	Pearson Correlation	.420**	1	-.059
	Sig. (1-tailed)	.005		.366
	N	37	37	36
How old were you when your child was born?	Pearson Correlation	.082	-.059	1
	Sig. (1-tailed)	.300	.366	
	N	43	36	43

** . Correlation is significant at the 0.01 level (1-tailed).

- There was not a relationship between age and quality of bond, $r(41) = .08$, $p = .30$. Hypothesis 3 was not supported.



LIMITATIONS

- Convenience sampling
- Online survey
- Misinterpretation of instructions



FUTURE RESEARCH

- Face-to-face questionnaire
- Random sampling
- Clarification of instructions

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QUESTIONS?