

# Postpartum Post-Traumatic Stress Disorder (P-PTSD)

by **Maressa Brown**+ Medically Reviewed by **Jennifer Wu, M.D., F.A.C.O.G.** on April 26, 2021

Monet Nicole



Postpartum post-traumatic stress disorder (P-PTSD) is a mood disorder that affects anywhere from 3 to 16 percent of new moms. Here are P-PTSD symptoms to watch out for, plus how it's diagnosed and treated.

---

## IN THIS ARTICLE

- [What is postpartum PTSD? ↓](#)
- [What causes postpartum PTSD? ↓](#)
- [What are the symptoms of postpartum PTSD? ↓](#)
- [How is P-PTSD different from PPD? ↓](#)
- [What are the risk factors for postpartum PTSD? ↓](#)
- [How is postpartum PTSD treated? ↓](#)

---

Becoming a new mom is often a time of great joy. But even in the best of circumstances, parenting can be overwhelming.

It's not unusual for new parents to have moments when they feel stressed, sad and anxious. Nor is it surprising that they feel that way — being a parent certainly has its challenges! But sometimes these postpartum ups and downs go beyond what's expected or normal.

Thankfully, a lot of attention has been given to postpartum mood disorders such as [postpartum depression \(PPD\)](#), but not all new moms who experience difficulty in the transition to parenthood suffer from PPD. There are other mood disorders that can take their toll in the postpartum period, including postpartum post-traumatic stress disorder (P-PTSD).

## What is postpartum PTSD?

P-PTSD is not a well-known postpartum mood disorder, but for the new moms who suffer from it, the condition is very real and unsettling. And it can impact the way they experience motherhood and care for their new baby.

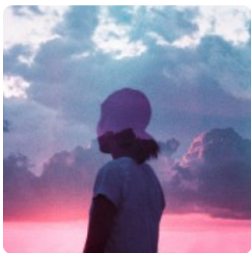
For most women, the safe delivery of a healthy baby is a moment remembered with great happiness. But not every new mom's birth experience is a joyful one. In fact, more than a third of recently delivered moms describe their birth as traumatic, and the American College of Obstetricians and Gynecologists (ACOG) estimate that 3 to 16 percent [display severe traumatic stress responses](#) in the postpartum period.

Like war veterans who suffer from PTSD — intrusive memories and flashbacks after suffering traumatic experiences on the battlefield — moms with P-PTSD look at their childbirth experience as a source of pain and anxiety and suffer from very similar post-traumatic symptoms.

## What causes postpartum PTSD?

P-PTSD is triggered by a traumatic event or events — real or perceived — during pregnancy, labor, delivery or postpartum.

## Read This Next



Postpartum  
Depression (PPD)



Postpartum Anxiety  
Postpartum  
Insomnia

---

A mom-to-be may experience as traumatic her severe morning sickness, fertility treatments or serious pregnancy complications. Some women might experience trauma during childbirth if their labor was long and painful, if there was a cord prolapse, shoulder dystocia, a severe tear, hemorrhage or an emergency C-section.

Trauma can come from a home birth that resulted in a transfer to a hospital because of complications. Or, it could

be from a planned hospital delivery that ended up occurring unexpectedly at home.

Postpartum trauma might include a premature baby, a baby who needs to be in the NICU, breastfeeding difficulties, or worse, a stillbirth or loss of a child early on. Often the trauma is an emotional one: feelings of being powerless, of not being listened to, of not having adequate support during childbirth.

Clearly, not all moms who experience complications during pregnancy and/or delivery will view the events as traumatic, but those who develop P-PTSD do.

Experts say that a lot of the psychology behind P-PTSD has to do with expectations. Often moms-to-be have expectations of having a perfect pregnancy or a perfect delivery, with their exact wishes spelled out precisely in their birth plans and without a recognition that things don't always go as planned. And while many women do end up with the pregnancies and births they had hoped for, there are also unexpected events (serious or minor) that may catch some women off guard.

So when a mom-to-be's water breaks unexpectedly, for instance, and a whirlwind follows — a rush to the hospital, medications to halt or start contractions, an emergency C-section, a newborn's stay in the NICU — a woman's expectations might be shattered, and she may have difficulty coming to terms with all that occurred.

## What are the symptoms of postpartum PTSD?

Some signs of P-PTSD can include:

- **Intrusive thoughts.** P-PTSD can leave a new mom with disturbing, intrusive flashbacks and terrifying nightmares that vividly replay (and possibly magnify) the traumatic birth.
- **Avoidance behaviors.** P-PTSD sufferers may display avoidance behaviors — distancing themselves from and avoiding anything that would remind them of the traumatic event, whether it be the baby, any doctors or medical personnel, or even thoughts about childbirth. New moms with P-PTSD tend to struggle as well with a painful isolation from the world of motherhood.
- **Detachment.** Moms with P-PTSD may feel detached from their babies and from others.
- **Anxiety and panic attacks.** This might include an exaggerated startle response, or moms might feel like they are constantly living on edge or on guard.

People with P-PTSD may also feel depressed or have difficulty sleeping.

It's important to understand that while these symptoms are unsettling and unpleasant, they are also the very normal responses to trauma and part of trauma recovery.

## How is P-PTSD different from PPD?

Because P-PTSD is often not included in the standard screening for postpartum mood disturbances, and because many women with P-PTSD also exhibit signs of depression, many are misdiagnosed as having PPD.

Though the conditions overlap and PPD can exacerbate P-PTSD (or vice versa), they are quite different. P-PTSD happens as the result of a trauma or perceived trauma, while PPD happens because of hormonal changes in a woman's body after delivery.

It's important that you and the medical professionals you turn to for help are able to distinguish between the two so that you can seek the most effective treatment plan.

## What are the risk factors for postpartum PTSD?

Not every new mom who has had a complicated pregnancy or childbirth will develop P-PTSD. But there are some

women who are more susceptible to it.

You may have a greater risk of psychological difficulties postpartum if:

- You have a history of depression, anxiety, another mental health condition or prior trauma (a sexual assault, for instance, or a terrible car accident).
- You are extremely fearful about childbirth.
- You have a history of infertility. Some studies suggest that women who have gone through fertility treatments also have higher risk of P-PTSD.

## How is postpartum PTSD treated?

The good news is that P-PTSD is treatable, so if you're experiencing any symptoms, don't wait to seek professional help. You are not alone, and the symptoms you are experiencing are understandable for someone who has gone through a traumatic experience. And you are not to blame — you did nothing wrong.

You can find the support you need that will help you overcome the challenges you're facing now and accept the reality of what happened to you.

P-PTSD can be treated with the following — either in combination or as a single treatment:

- **Therapy (psychotherapy, cognitive behavioral therapy or group therapy, for instance):** Therapy can help a new mom to re-process the traumatic experience(s) and gain a better understanding of why she developed the reaction that she did. Therapy also helps to reframe the experience in a better light.
- **Eye movement desensitization and reprocessing therapy (EMDR):** This involves bringing distressing memories to mind, while a therapist uses an external stimulus such as tapping on the knee or guiding your eye movements. The tapping helps the brain remember it is in the present, not in the world of flashbacks, and trains the brain to reinterpret the memories and keep them in the past. Positive memories are identified and eye movements are linked to those positive memories. This can reduce the lingering effects of the traumatic memories, while also helping in the development of effective coping strategies.
- **Alternative medicine (CAM) therapies.** This might include hypnosis or acupuncture.
- **Medication.** Practitioners may suggest anti-anxiety medications or antidepressants on a short term basis to provide a break from the intensity of the situation.

Without treatment, new moms suffering from P-PTSD are less likely to receive follow-up medical care, less likely to breastfeed (because of self-doubt or lack of confidence, because it is too painful a reminder of childbirth or because of low milk supply), and more likely to have challenges bonding with and caring for their newborns.

They are also less likely to have subsequent births and more likely to experience sexual dysfunction and relationship problems.

Even with professional help, be sure, too, to tap into your network of support — even if you feel detached from them. Your partner, your family, your friends may not completely understand what you're going through, but they do want the very best for you and will do anything to help you get through this trying time. Finding a sympathetic listening ear — whether a friend or an online buddy — can also help in the healing process.

Remember, you did an incredible thing bringing your baby into this world, and if it was traumatic for you, you have every right to feel injured and hurt without also feeling guilt about these emotions. Let yourself feel what you need to feel, and over time, with the right professional help and support, you will feel okay again.

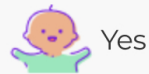
The following resources offer more information and support if you (or someone you know) is suffering from P-PTSD.

- [Postpartum Support International](#)
- [Solace for Mothers Online Community](#)

From the What to Expect editorial team and [Heidi Murkoff](#), author of *What to Expect When You're Expecting*. What to Expect follows strict reporting guidelines and uses only credible sources, such as peer-reviewed studies, academic research institutions and highly respected health organizations. Learn how we keep our content accurate and up-to-date by reading our [medical review and editorial policy](#).

View Sources +

Was this article helpful?



Yes



No

### Related Topics

[Postpartum Health & Care](#)

[First Year](#)

[First Year Groups](#)

### Go to Your Baby's Age

Weeks

**0-1**

Week

**2**

Week

**3**

Week

**4**

Week

**5**

Week

**6**

Week

**7**

Month

**> 2**

Advertisement

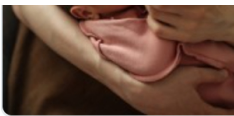
### Trending On What to Expect



#### The COVID-19 Vaccine For Infants, Toddlers And Young Children



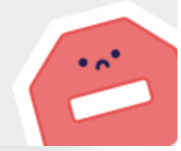
#### How To Create A Night Shift System When You Have A



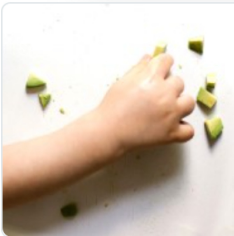
## Newborn

⚠️ You can't see this cool content because you have ad block enabled.

Please whitelist our site to get all the best deals and offers from our partners.



## When Do Babies Start Laughing?



## Baby-Led Weaning



## What Happens In The '4th Trimester' (And Is It A Real Thing)?

### Follow us on



Find advice, support and good company (and some stuff just for fun).

[What to Expect Apps](#)

[Popular Topics](#)

[About Us](#)

[Contact Us](#)

[Press Center](#)

[Advertise With Us](#)

[About Heidi Murkoff](#)

[Accessibility](#)

[What to Expect Project](#)

[Medical Review Policy](#)

[What to Expect Bookstore](#)

[Advertising Policy](#)

[Do Not Sell My Personal Information](#)

[Help](#)

[AdChoices](#)

[Feedback](#)



The educational health content on What To Expect is [reviewed by our medical review board and team of experts](#) to be up-to-date and in line with the latest evidence-based medical information and accepted health guidelines, including the medically reviewed What to Expect books by Heidi Murkoff. This educational content is not medical or diagnostic advice. Use of this site is subject to our [terms of use](#) and [privacy policy](#). © 2022 Everyday Health, Inc