

PERCEIVED SOCIAL SUPPORT, POST-TRAUMATIC STRESS DISORDER (PTSD), AND COMPLEX PTSD (CPTSD), IN WOMEN DURING THE PERINATAL PERIOD: IMPLICATIONS FOR TREATMENT



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Conclusions: Building on emerging evidence in the wider PTSD/CPTSD literature, the findings implicate perceived social support as a potential target for treatment for women presenting with post-traumatic stress symptoms during pregnancy and postpartum. Treatments that can engage and mobilise social support, particularly from family and friends may be beneficial.

Introductions:

Symptoms of post-traumatic stress may develop or be reactivated in the perinatal period and may impact on the wellbeing of the mother and infant, if left untreated. The more complex symptoms, known as the 'Disturbances in Self Organisation' (DSO), may be reactivated due to feelings of disempowerment and fear following loss of bodily control^{1,2}.

The evidence for a consensus regarding the treatment of PTSD in the perinatal period is limited, and it does not exist for CPTSD. Understanding factors associated with PTSD and CPTSD is therefore important, to identify targets for treatment. Perceived social support is an important risk factor for PTSD and has recently been found to be associated more strongly with CPTSD³, though the relationship has not been examined with women in the perinatal period, until now.

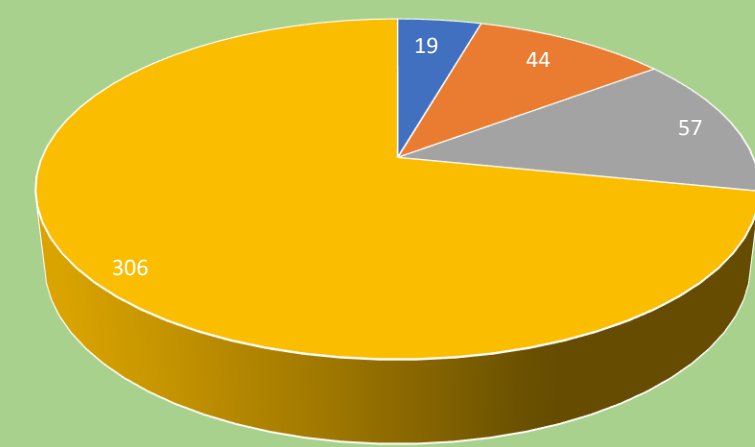
Methodology:

Design: This study was a cross-sectional examination of **426 participants** in the perinatal period recruited to the Welsh-Government funded Mental Wellbeing, Mental Health & Life Experiences (MWMHLE) study.

Measures: We measured perceived social support (Multidimensional Scale of Perceived Social Support (**MSPSS**)), post-traumatic stress (the International Trauma Questionnaire (**ITQ**)), and depression (**PHQ-9**).

Analysis: **linear and logistic regression** to examine perceived social support from friends, family, and a significant other and the likelihood of presenting with clinical levels of post-traumatic stress, and how perceived social support related to each of the symptom clusters of PTSD/CPTSD according to the eleventh edition of the International Classification of Diseases (ICD-11).

Results:



■ PTSD ■ CPTSD ■ DSO-only ■ sub-clinical

19 participants (4.5%) presented with PTSD, 44 (10.3%) with CPTSD, and 57 (13.4%) with DSO-only symptoms, the remaining 306 (71.8%) with sub-clinical levels of post-traumatic stress symptoms.

Perceived social support was 4.64 (SD = 1.20) for the clinical group, significantly lower than that found for the sub-clinical group, which was 5.69 (SD = 1.10); $t(424) = -8.69, p < 0.001$.

Higher levels of perceived social support from **family** (OR = 0.66, $p < 0.001$), and from **friends** (OR = 0.75, $p < 0.001$), were associated with a lower likelihood of presenting with clinical levels of post-traumatic stress.

Lower levels of perceived social support were associated with the ICD-11 PTSD and CPTSD symptom clusters of a **persistent sense of current threat** and **disturbances in relationships**, and with **depressive**

Variable	Beta	p-value
ICD-11 PTSD Re-experiencing in the here and now (Re)	0.07	0.28
ICD-11 PTSD Avoidance of traumatic reminders (Av)	-0.06	0.31
ICD-11 PTSD persistent sense of current Threat (Th)	-0.13	0.03
ICD-11 DSO Affect Dysregulation (AD)	0.05	0.47
ICD-11 DSO Negative Self Concept (NSC)	-0.01	0.88
ICD-11 DSO Disturbances in Relationships (DR)	-0.38	< 0.001
Employment status (employed vs unemployed)	-0.02	0.70
Marital / partnership status (married or in a partnership vs single)	-0.07	0.95
PHQ-9 Depressive symptoms mean total	-0.18	0.01

Multiple regression analyses for ICD-11 PTSD/DSO symptom clusters, demographics, and baseline depression as correlates of perceived social support [ICD-11 - eleventh edition of the International Classification of Diseases; PHQ-9: Patient Health Questionnaire-9.]

Points of discussion:

- A mother and their infant may come in to contact with a network of physical and mental health professionals during the perinatal period, offering opportunities to access psychological intervention and to mobilise psychosocial support.
- Participants were exposed to a range of trauma types, mostly interpersonal. Previous studies may have underestimated post-traumatic stress in the perinatal period by including only childbirth trauma⁴.
- Fewer participants presented with PTSD (4.5%), than CPTSD (10.3%), and a further substantial group (13.4%) presented with clinical levels of the DSO complex symptoms, albeit not meeting diagnostic criteria for PTSD/CPTSD. Theories of attachment may be important when considering this group presenting with emotional dysregulation, low self-esteem, and relationship difficulties. Dysfunctional attachment may be a key feature of more complex presentations of PTSD⁵, mediated by adult socio-interpersonal factors including reduced social support⁶.

Limitations:

The study was cross-sectional, the sample was predominantly white (96.9%), married/partnered (94.4%), and employed (90.6%). Longitudinal studies with culturally diverse samples are needed.

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