CONSEGUENZE PSICOLOGICHE DELL'EMORRAGIA POST PARTUM

Review della recente letteratura

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Psicologia Perinatale

BMC Pregnancy Childbirth. 2016 Apr 15;16:80. doi: 10.1186/s12884-016-0870-7

Women and their birth partners' experiences following a primary postpartum haemorrhage: a qualitative study

Dunning T[1], Harris JM[2], Sandall J[3]

Abstract

BACKGROUND:
Postpartum haemorrhage (PPH) is a common obstetric complication. Rates of PPH are increasing in a number of developed countries. This is concerning as PPH is recognised as a leading cause of maternal morbidity and mortality which includes psychological and emotional distress. There is limited understanding of the emotional impact of PPH experienced by women and their birth partners. This study qualitatively describes the experiences of women and their birth partners who experienced a primary PPH.
METHODS:
Semi-structured interview study. Couples were recruited via maximum variation sampling, which, by purposive sampling drew participants from three groups depending on the degree of PPH: minor (500-1000 ml), moderate (1000-2000 ml) and severe (>2000 ml). Interviews took place from 4 to 14 months post birth, and data were analysed via Framework analysis.
RESULTS:
In this qualitative study, 11 women and six partners were interviewed. Data were organised into four interrelated themes; Control, Communication, Consequence, Competence. Just over half of the women and their birth partners were unaware they had a PPH, and would have preferred more information either at the time or in the postnatal period. The findings suggest that birth partners also required more information, especially if separated from their partner during the PPH.
CONCLUSIONS:
This study provides valuable insights into women's reports of their feelings and experiences during and after a PPH, and how their partners feel having observed a PPH. This study suggests that women who have had a PPH of any volume would like more information. Further investigations into the timings, methods and effectiveness of discussions following a PPH are recommended.

fonte: http://www.ncbi.nlm.nih.gov/pubmed/27009951

Women and their birth partners' experiences following a primary postpartum haemorrhage: a qualitative study (Regno Unito)

L'emorragia post-partum ha delle conseguenze anche sulla la vita psichica ed emotiva delle donne e dei loro partner.
La comprensione dell'impatto psicologico di questa esperienza è limitata.
Molte delle donne dello studio, e i loro partner, non erano a conoscenza di quello che stava succedendo e che c'era una emorragia post-partum in corso. Lo studio ci informa che avrebbero voluto ricevere maggiori informazioni sia al momento che nel periodo postnatale.

Nan Fang Yi Ke Da Xue Xue Bao. 2006 Aug;26(8):1203-4

Association of psychological factors with post-partum hemorrhage and labor duration

Mei ZX[1], Huang M. Author information: [1]Department of Obstetrics and Gynecology, Third Affiliated Hospital, Sun Yat-sen University, Guangzhou 510630, China

Abstract

OBJECTIVE: To investigate the impact of psychological factors on post-partum hemorrhage and labor duration.

METHODS: A questionnaire-based investigation was conducted in 180 healthy single-fetus spontaneous delivery primigravida to understand their psychological status and related factors, and the duration of labor and postpartum hemorrhage were recorded.

RESULTS: Anxiety and depression were common in pregnant women and positively related to age, profession, education and social support. The scores of SAS and SDS of postpartum hemorrhage-free group were significantly lower than those in postpartum hemorrhagegroup, and the duration of first and the second stage was significantly longer in women with high SAS and SDS score than in those with lower scores.

CONCLUSIONS: The mental health status of pregnant women may vary significantly depending on the social community they belong to. Anxiety and depression may increase the risk of postpartum hemorrhage and prolonged labor, so that psychological counseling can be of importance to improve the care in the department of obstetrics.

Fonte: http://www.ncbi.nlm.nih.gov/pubmed/16939922

Association of psychological factors with post-partum hemorrhage and labor duration (Cina)

La consulenza psicologica può essere importante per migliorare la cura nel reparto di ostetricia.

Eur J Obstet Gynecol Reprod Biol. 2015 Oct;193:140-3. doi: 10.1016/j.ejogrb.2015.07.020. Epub 2015 Aug 7.

Emotional impact of severe post-partum haemorrhage on women and their partners: an observational, case-matched, prospective, single-centre pilot study

Rodriguez A[1], Downe C[2], Gallart E[3], Varela G[4], Barranquero E[5], Metgarze A[6]

Abstract

OBJECTIVE:
This observational, matched-control, prospective, single-centre study sought to estimate the emotional impact of post-partum haemorrhage (PPH) on women and their partners, including its influences on post-traumatic stress disorder (PTSD), postpartum depression and the mother/child relationship.
STUDY DESIGN:
All consecutive women who were admitted for PPH from December 2010 through December 2011 and their partners were screened for eligibility. Emotional impact was assessed using three self-reported questionnaires (Impact of Event Scale-Revised to assess PTSD, Edinburgh Post Natal Depression Scale to assess post-natal depression and Mother-Infant Bonding Scale to assess the relationship between mother and child). Each PPH patient was matched with a control woman for whom the delivery was not complicated by PPH.
CONCLUSION:
PPH is associated with a high incidence of PTSD-related symptoms in both women and their partners. PTSD in the context of PPH is likely an under-recognised phenomenon by health care professionals.

Fonte: http://www.ncbi.nlm.nih.gov/pubmed/26298809

Emotional impact of severe post-partum haemorrhage on women and their partners: an observational, case-matched, prospective, single-centre pilot study (Francia)

L'emorragia post-partum è associata all'insorgenza di sintomi da Post-Traumatic Stress Disorder (PTSD) che non sempre vengono identificati dal personale sanitario. Rispetto al gruppo di controllo, le donne che avevano fatto esperienza di una emorragia post partum, e i loro partner:
- Avevano maggiore probabilità di riferire sintomi di PTDS;
- Avevano minore probabilità di riferire sintomi di depressione postnatale;
- Non mostravano una differenza significativa nella relazione con il bebè.

Gynecol Obstet Fertil. 2015 Dec;43(12):773-9. doi: 10.1016/j.gyobfe.2015.10.010. Epub 2015 Dec 1.

Emergency hysterectomy for life-threatening postpartum haemorrhage: Risk factors and psychological impact

Michaud D[1], Rodriguez A[2], Downe S[3], Rosagarcia M[4], Schuurmans P[5], Barranquero E[6], Metgarze A[7], Goyet S[8]

Abstract

BACKGROUND:
Emergency postpartum hysterectomy (EPH) is usually considered the final resort for the management of postpartum hemorrhage (PPH). The aim of this observational study was to identify the risk factors for EPH, to evaluate the ability of EPH to stop bleeding and, finally, to estimate its psychological impact.
METHODS:
This was a retrospective analysis of postpartum hysterectomy in all patients with PPH admitted between 2004 and 2011 to Lariboisière Hospital. We compared women for whom EPH was successful and those who required an advanced interventional procedure (AIP) to stop the bleeding despite hysterectomy. We also evaluated the severe PPH (SPPH) score in this particular setting. The psychological impact of emergency hysterectomy was also assessed.
RESULTS:
A total of 44 hysterectomies were performed among 869 cases of PPH. Twenty were successful, while an additional AIP was required in 22 others (50%). Prothrombin time<50% and a shorter interval between the onset of PPH and hysterectomy were independently associated with the need for an additional AIP. The area under the ROC curve of the SPPH score to predict the need for another AIP was 0.738 (95% confidence interval 0.540-0.748). Furthermore, 64% of the hysterectomized patients suffered from post-traumatic stress disorder.
CONCLUSION:
Failure of postpartum hysterectomy to control bleeding was frequent, and it was associated with persistence of coagulopathy. Hysterectomy in this context had important psychological impacts.
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Fonte: http://www.ncbi.nlm.nih.gov/pubmed/26597488

Emergency hysterectomy for life-threatening postpartum haemorrhage: Risk factors and psychological impact (Francia)

É stato valutato l'impatto psicologico nelle donne che hanno subito una isterectomia d'urgenza nel post-partum. Il 64% delle donne isterectomizzate ha manfestato sintomi da Disturbo Post Traumatico da Stress (PTSD).

PLoS One. 2016 Jan 25;11(1):e0144274. doi: 10.1371/journal.pone.0144274. eCollection 2016

Delineating the Association between Heavy Postpartum Haemorrhage and Postpartum Depression

Eclamposa P[1], Rubio M[1], Lofthag J[1], Hanegbi U[1], Karlsson L[1,2], Hogberg U[1], Wikstrom AK[1], Skalkidou A[1]

Abstract

OBJECTIVES: To explore the association between postpartum haemorrhage (PPH) and postpartum depression (PPD), taking into account the role of postpartum anaemia, delivery experience and psychiatric history.

METHODS: A nested cohort study (n = 446), based on two population-based cohorts in Uppsala, Sweden. Exposed individuals were defined as having a bleeding of ≥ 1000 ml (n = 196) at delivery, and non-exposed individuals as having bleeding of <650 ml (n = 250). Logistic regression models with PPD symptoms (Edinburgh Postnatal Depression scale (EPDS) score ≥ 12) as the outcome variable and PPH, anaemia, experience of delivery, mood during pregnancy and other confounders as exposure variables were undertaken. Path analysis using Structural Equation Modeling was also conducted.

RESULTS: There was no association between PPH and PPD symptoms. A positive association was shown between anaemia at discharge from the maternity ward and the development of PPD symptoms, even after controlling for plausible confounders (OR = 2.29, 95%CI = 1.15–4.58). Path analysis revealed significant roles for anaemia at discharge, negative self-reported delivery experience, depressed mood during pregnancy and postpartum stressors in increasing the risk for PPD.

CONCLUSION: This study proposes important roles for postpartum anaemia, negative experience of delivery and mood during pregnancy in explaining the development of depressive symptoms after PPH.

Fonte: http://www.ncbi.nlm.nih.gov/pubmed/26807799

Delineating the Association between Heavy Postpartum Haemorrhage and Postpartum Depression (Svezia)

Non è stata osservata una associazione tra PPH e PPD. Una connessione è stata dimostrata tra la presenza di anemia alla dimissione dal reparto maternità e l'insorgere dei sintomi di PPD, anche dopo controlli per altre possibili concause. L'analisi del percorso ha rivelato un ruolo significativo dell'anemia al momento della dimissione, di esperienze negative durante il parto, di depressione durante la gravidanza e di fattori di stress dopo il parto nell'incremento del rischio di insorgenza di PPD.
Questo studio suggerisce ruoli significativi di anemia post-partum, di esperienze negative durante il parto, e dello stato d'animo durante a gravidanza nel motivare l'insorgenza di sintomi depressivi in seguito a emorragia post partum.

Int Breastfeed J. 2010 May 27;5:5. doi: 10.1186/1746-4358-5-5.

Women's breastfeeding experiences following a significant primary postpartum haemorrhage: A multicentre cohort study

Thompson JF[1], Heard AJ, Roberts CL, Ellwood DA

Abstract

BACKGROUND:
Postpartum haemorrhage (PPH) is a significant and increasing contributor to maternal mortality and morbidity. Following a PPH, women may have difficulties initiating and sustaining breastfeeding, although little has been published on this issue. The aim of this study was to describe breastfeeding experiences in a cohort of women following a significant PPH.
METHODS:
This is a descriptive study based on quantitative and qualitative data collected via questionnaires completed in the first week postpartum and at two and four months postpartum, by 206 women participating in a multicentre study of women's experiences of a significant primary postpartum haemorrhage (blood loss of 1500 ml, or more in the 24 hours following childbirth, and/or a peripartum fall in haemoglobin (Hb) concentration to 7g/dL or less, or of >= 4g/dL).
RESULTS:
Among women with a significant PPH, 63% fully breastfed their babies from birth, whereas 85% said they had hoped to do so ($p < 0.001$). Only 52% of mothers who intended to either fully or partially breastfeed were able to give their baby the opportunity to suckle within an hour of the birth. Delays were longer in women with greater estimated blood loss and women with the longest delays in breastfeeding were less likely to initiate full breastfeeding. 70% of women with PPH of < 2000 mL were fully breastfeeding in the first postpartum week, whereas less than 50% of those with blood loss >= 3000 mL were able to do so. Overall, 58% of women with significant PPH were fully breastfeeding at two and 45% at four months postpartum. In qualitative data, three major themes were identified: 1) Difficulty initiating or sustaining breastfeeding, 2) Need for education and support, and 3) Emotional sequelae.
CONCLUSIONS:
Following a significant PPH, women with greater blood loss are less likely to initiate and sustain full breastfeeding and this may be related, in part, to delays in initial contact with their baby as a consequence of the PPH. These findings have implications for postnatal care as these women may require greater support, education and assistance in initiating and sustaining breastfeeding. In particular, enabling the opportunity for the newborn to suckle as soon as is practicable should be encouraged.

Midwifery. 2012 Dec;28(6):791-9. doi: 10.1016/j.midw.2011.12.012. Epub 2012 Feb 25. http://www.ncbi.nlm.nih.gov/pubmed/20504372

Women's breastfeeding experiences following a significant primary postpartum haemorrhage: A multicentre cohort study (Australia)

L' allattamento al seno in seguito ad episodi di PPH è un tema non ancora ampiamente studiato. Le donne con maggiore perdita ematica hanno minore probabilità di iniziare e mantenere l'allattamento. Il contatto iniziale con il bebè viene ritardato come conseguenza della PPH. In caso di PPH le donne necessitano di un maggiore sostegno. Necessità di promuovere, sostenere e incoraggiare l'allattamento al seno in particolare consentendo al neonato di attaccarsi al seno non appena possibile.

Midwifery. 2012 Dec;28(6):791-9. doi: 10.1016/j.midw.2011.12.012. Epub 2012 Feb 25.

Information-hungry and disempowered: a qualitative study of women and their partners' experiences of severe postpartum haemorrhage

Snowdon C[1], Elbourne D, Forsey M, Alfirevic Z

Abstract

OBJECTIVE: to explore how severe postpartum haemorrhage (PPH) and its management is experienced by women and their partners, and how they later view events.

DESIGN: interpretive phenomenological qualitative study with semi-structured interviews.

SETTING: in-depth interviews were conducted in participants' homes and focused on experiences of PPH in hospital and post-discharge.

PARTICIPANTS: nine women who had experienced severe PPH and six partners.

FINDINGS: this study demonstrates the stressful and emotional nature of severe PPH and extends the literature by considering partners' perspectives. Women and men had different experiences and information needs, but interviewees often shared a common desire for help to understand past events. A dominant theme of communication difficulties, and two subthemes, disempowerment and information-deprivation arose strongly from the data. Communication difficulties were understandable during the emergency but were frustrating and upsetting in postpartum care and the longer term.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: research is needed to develop better communication and supportive strategies, which might avoid the sense of disempowerment in this potentially vulnerable population. Different information and support needs for women and men should be considered whatever policies are implemented.

Fonte: http://www.ncbi.nlm.nih.gov/pubmed/22368036

Information-hungry and disempowered: a qualitative study of women and their partners' experiences of severe postpartum haemorrhage (Regno Unito)

Impatto emotivo dell'emorragia post-partum nella vita delle donne e dei loro partner.
Necessità di maggiori informazioni durante l'emergenza e nel periodo immediatamente successivo all'episodio di PPH.
Senso di frustrazione e di impotenza nel lungo termine, sperimentata da entrambi i partner.

Women Birth. 2014 Dec;27(4):250-3. doi: 10.1016/j.wombi.2014.06.004. Epub 2014 Aug 10.

Effects of skin-to-skin contact and breastfeeding at birth on the incidence of PPH: A physiologically based theory

Ibeyon A[1], Fahy K[2], Hastie C[3]

Abstract

BACKGROUND:
The importance of optimising maternal-baby psychophysiology has been integrated into contemporary midwifery theories but not in the detail required to really understand the underpinning biological basis.

METHOD:
The functioning of the autonomic nervous system, as it relates to the uterus is reviewed. The physiology of myometrial cell contraction and relaxation is outlined. The main focus is on the factors that affect the availability and uptake of oxytocin and adrenaline/noradrenaline in the myometrial cells. These are the two key neuro-hormones, active in the 3rd and 4th stages of labour, that affect uterine contraction and retraction and therefore determine whether the woman will have an atonic PPH or not.

DISCUSSION:
The discussion explains and predicts the physiological functioning of the uterus during the 3rd and 4th stages of labour when skin-to-skin contact and breastfeeding occurs and when it does not.

CONCLUSION:
This biologically based theory hypothesises that to achieve and maintain eutony and eulochia, midwives and birthing women should ensure early, prolonged and undisturbed skin-to-skin contact for mother and baby at birth including easy access for spontaneous breastfeeding.

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Fonte: http://www.ncbi.nlm.nih.gov/pubmed/25113818

Effects of skin-to-skin contact and breastfeeding at birth on the incidence of PPH: A physiologically based theory (Australia)

L'importanza di un precoce contatto pelle a pelle e della suzione al seno per favorire il rilascio di osstitocina, che facilita la contrazione dell'utero, durante la terza e la quarta fase del travaglio.

Midwifery. 2015 Nov;31(11):1110-7. doi: 10.1016/j.midw.2015.07.008. Epub 2015 Jul 29.

Does skin-to-skin contact and breast feeding at birth affect the rate of primary postpartum haemorrhage: Results of a cohort study

Ibeyon A[1], Fahy K[2], Rolfe M[3], Bleicher V[4], Hastie C[5]

Abstract

OBJECTIVE: to examine the effect of skin-to-skin contact and breast feeding within 30 minutes of birth, on the rate of primary postpartum haemorrhage (PPH) in a sample of women who were at mixed-risk of PPH.
DESIGN: Mretrospective cohort study.
SETTING: two obstetric units plus a freestanding birth centre in New South Wales (NSW) Australia.
PARTICIPANTS: after excluding women (n=3671) who did not have opportunity for skin to skin and breast feeding, I analysed birth records (n=7546) for the calendar years 2009 and 2010. Records were accessed via the electronic data base Obstelnfx.
INTERVENTION: skin to skin contact and breast feeding within 30 minutes of birth.
MEASURES: outcome measure was PPH i.e. blood loss of 500ml or more estimated at birth. Data was analysed using descriptive statistics and logistic regression (unadjusted and adjusted).
FINDINGS: after adjustment for covariates, women who did not have skin to skin and breast feeding were almost twice as likely to have aPPH compared to women who had both skin to skin contact and breast feeding (aOR 0.55, 95% CI 0.41-0.72, p=0.001). This apparently protective effect of skin to skin and breast feeding on PPH held true in sub-analyses for both women at 'lower' (OR 0.22, 95% CI 0.17-0.30, p<0.001) and 'higher' risk (OR 0.37 95% CI 0.24-0.57), p<0.001. KEY CONCLUSIONS AND IMPLICATION FOR PRACTICE: this study suggests that skin to skin contact and breastfeeding immediately after birth may be effective in reducing PPH rates for women at any level of risk of PPH. The greatest effect was for women at lower risk of PPH. The explanation is that pronurturance promotes endogenous oxytocin release. Childbearing women should be educated and supported to have pronurturance during third and fourth stages of labour.

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Fonte: http://www.ncbi.nlm.nih.gov/pubmed/26277824

Does skin-to-skin contact and breast feeding at birth affect the rate of primary postpartum haemorrhage: Results of a cohort study (Australia)

I risultati di questo studio suggeriscono che il contatto pelle a pelle e l'allattamento al seno subito dopo la nascita possono essere efficaci nel ridurre l'emorragia post-partum.

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