

April 10, 2007

Dear Editor,

The article in your November/December 2006 journal entitled, “The anniversary of birth trauma: Failure to rescue” immediately caught my attention. As a current neonatal intensive care unit (NICU) nurse and Pediatric Nurse Practitioner (PNP) student, the research being conducted to validate posttraumatic stress disorder (PTSD) in women after a birth trauma is critical for medical professionals that interact with families who have undergone traumatic experiences related specifically to the birth and care of a child.

After researching the topic to find what other studies had been conducted, I was pleased to see that although still a relatively new area of interest in research, several qualitative and quantitative studies had been conducted to confirm that in fact PTSD does seem to occur in some women following a traumatic pregnancy (Reynolds, 1997; Côté-Arsenault, 2003; Ayers, & Pickering, 2001).

I did however, have two concerns with the way in which this particular study was conducted. My first concern was the use of the Trauma and Birth Stress (TABS) organization’s website in order to generate participants. While I applaud the resource for families experiencing PTSD, I am somewhat concerned that using such a narrow sample of the population could skew results even to the qualitative study. I know that Beck (2004) used the same source for her sample in the study *Birth trauma: In the eyes of the beholder*. I would like to see a qualitative study that included perspectives from women who had not had the support of TABS in their experience of PTSD. I am curious as to whether or not their perspective of their experiences looks different. It is my opinion that the TABS resource may glorify or dull the details of such experiences.

My other concern relates to families that were not included in this study but may be important to future studies. I would be interested to know the experiences of families undergoing PTSD while their child is in the NICU. I feel that perhaps an anniversary of the event could occur with the child's monthly birthdays and memories of the traumatic incident could be worsened with the reality that the child is still in the NICU following the event.

While researching PTSD I found another group of parents that could be of interest. A mother on the Mental Health Sanctuary website had shared her story as a part of "Ask the therapist." The woman recalled her difficulties with breastfeeding due to her insufficient milk supply. The mother wrote that her son was constantly crying and she finally took him to the emergency room. The cause of the irritable infant was dehydration due to her lack of milk production without supplementation. She revealed that her "failure" was brought back up again when her second child had colic and now again when her children are upset. The mother stated,

"After a switch to formula everything was fine and things went well. I have always felt inadequate about my inability to provide enough milk for my kids however.... why do I still shut-down when they cry? If they cry for a reason, i.e., they bumped their head; it doesn't bother me I can fix it with a kiss. -but when they are fussy and crying for no reason I can't deal with it  
(Mental Health Sanctuary, 2007, Ask the therapist section)"

I would be interested in a qualitative study involving mothers and fathers with similar incidences of PTSD. As a future PNP, I would like to be able to better recognize these families and understand the most appropriate ways to provide assistance. Thank-you again for a thought-provoking article.

## References

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Sincerely,

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