

## **C-44 Postpartum Depression, Peripartum Birth Trauma, and What We Can Do as Obstetric Anesthesiologists**

**Moderator(s)/Facilitator(s):** Erin Ross, D.O., Margaret O'Donoghue, M.D.

### **Objective**

***After completion of this session, the participant will be able to:***

- Assist in the management of patients with birth trauma or postpartum depression.

### **Case Stem Question**

23-year-old G2P1 with past medical history of PTSD, history of sexual trauma, and prior shoulder dystocia presents with spontaneous rupture of membranes at 38 weeks gestational age to labor and delivery triage. She is visibly uncomfortable, anxious and communication is lacking between the obstetric team, anesthesia team and the patient. She continues to state she is extremely anxious about having her baby, and reiterates that she had a traumatic experience with her previous delivery, stating she wishes to be sedated for the length of her delivery.

### **Guiding Questions for Discussion**

- 1) What are the options for anesthetic management in this patient? Are there any other questions you would like to know about the patient's history?
- 2) What would be the best strategy to explain these options to this patient? Are there any other resources to utilize?
- 3) Does anesthetic selection impact fetal and maternal outcomes? What about the way we provide care to survivors of trauma?
- 4) How do these considerations change when emergencies arise? Does mode of delivery affect birth trauma?
- 5) What are some ways to evaluate and recognize women at risk for birth trauma?
- 6) What is the brain's normal response to stress? What physiologic changes in pregnancy affect the increased risk for birth trauma?
- 7) In general, what are the leading causes of maternal mortality and how can anesthesiologists minimize them?

### **References**

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