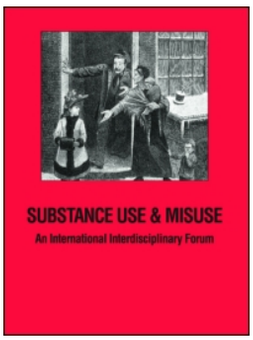

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NOTE

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ABSTRACT

Objective: The present study evaluates the traumatic perception of the birth phenomenon in women with substance-use disorders (SUD) and to investigate the effects of psychoeducation on this perception. *Material and Methods*: The study was conducted between January and July 2017, and involved 60 women with SUD who were divided into two groups: intervention ($n = 30$) and control ($n = 30$). The study was carried out using the semi-experimental "pre-post test matched group model," and the Traumatic Perception of Birth Psychoeducation Program (TPBPP) was applied. *Results*: Traumatic birth perception was found to be decreased after TPBPP was applied in four modules to women with SUD. *Conclusion*: TPBPP is an effective psychoeducation model in the reduction of the traumatic perception of birth in women with SUD.

KEYWORDS

Traumatic perception of birth; woman; substance use disorder

Introduction

Substance-use disorder (SUD) develops as a result of a complex interaction between genetic, biologic, psychological, psycho-cultural, and environmental factors (Kaplan & Sadock, 2016). The number of women with SUD has been increasing worldwide, and it is becoming a major health problem (United Nations Office on Drugs and Crime, 2016).

The majority of studies carried out on patients diagnosed with SUD point to a history of trauma as one of the most significant risk factors, with a strong association identified between exposure to trauma and development of SUD in women (Simpson & Miller, 2002). Sexual and physical abuse during childhood, and domestic violence traumas are closely associated with the initiation and continuation of substance use (Agrawal, Gardner, Prescott, & Kendler, 2005; Hawke, Jainchill, & De Leon, 2000). In a study carried out in Australia involving 615 patients undergoing opiate treatment, 92 percent had a history of trauma and 41 percent were diagnosed with lifelong Posttraumatic Stress Disorder (PTSD), indicating that patients with SUD have an increased risk of exposure to trauma during their lifetime (Mills, Teesson, Ross, & Peters, 2006). Studies suggest that women with SUD believe that they can cope with posttraumatic depression and anxiety or treat themselves in this way (Grayson & Nolen-Hoeksema, 2005; Kendler et al., 2000; Schuck & Widom, 2001; Testa, Livingston, & Leonard, 2003). While SUD have been found to increase the risk of exposure to trauma, traumatic events also increase the risk of SUD (Cigoli, Gilli, & Saita, 2006; El-Bassel, Gilbert, Wu, Go, & Hill, 2005).

This also increases the risk of PTSD (Volpicelli, Balaraman, Hahn, Wallace, & Bux, 1999). Trauma history in the past such as childhood trauma history, sexual harassment, partner violence, and negative experiences that the women experience during prenatal and labor/childbirth may cause women to have childbirth trauma and PTSD (Beck, 2004; Simkin, 2011). Evidence confirms widely the relationship between the aforementioned factors and postpartum PTSD (Cigoli et al., 2006; Cohen, Ansara, Schei, Stuckless, & Stewart, 2004; Creedy, Shochet, & Horsfall, 2000; Söderquist, Wijma, & Wijma, 2002). The link between PTSD and substance use in women is well established (Khoury, Tang, Bradley, Cubells, & Ressler, 2010; Mandavia, Robinson, Bradley, Ressler, & Powers, 2016). However, this association has not been well studied during pregnancy. However, the relationship between past traumatic experiences and birth trauma has not been examined. A very limited amount of data is available, yet the findings are consistent with

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trauma (Gamble and Creedy, 2009). In a study involving 346 women with SUD and PTSD aimed at reducing unprotected sexual intercourse, Hien, Campbell, Ruglass, Hu, and Killeen (2010) investigated the effects of two sets of psychotherapy interventions. The participants were subjected to a psychoeducational intervention that consisted of 12 sessions in which issues affecting women's health were discussed (woman's anatomy, sexual health, pregnancy and birth, nutrition, diabetes, etc.), and the results of the study indicated that education in women's health was effective in reducing the symptoms of PTSD. The educational intervention program was also found to be effective in providing women with important information on their own health (Hien et al., 2010).

Giving birth is a significant and potentially traumatic event in a woman's life. The PBPP intervention was developed within the context of midwifery practices. Supporting the findings of previous studies, this study underlines the important role played by midwives in reducing high levels of traumatic birth perception and helping women with trauma. In women with a fear of traumatic birth, psychoeducation provides clinical benefits in terms of the current birth and future expectations of pregnancy (Fenwick, 2015). The results of this study are consistent with those of previous studies, indicating that TPBPP can be considered an effective tool, although there is a need for additional studies on this topic.

Conclusion

As the pretests performed on the intervention and control groups prior to psychoeducation identified no significant differences between two groups, it demonstrated that both groups had high levels of traumatic birth perception. This perception was found to decrease in the intervention group after the application of TPBPP in four modules, from which it can be concluded that TPBPP is an effective psychoeducation model in reducing the traumatic perception of birth in women with SUD.

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