

**Table 1. Descriptions of clinical trials of interventions for the prevention or treatment of childbirth-related maternal PTSD (CB-PTSD)**

First Author (Year)	Country	Study Design	Sample Size	Sample Characteristics	Sample Type	Preventative or Treatment	Treatment Modality	Intervention	Outcome Time Points	Results	Outcome Measures	Quality Score
Selkirk (2006) <sup>55</sup>	AUS	RCT	N=149	Not specified	Universal	2°	Debriefing (P)	1 session within 72h PP Control: TAU	T1: ≤48hrs PP T2: 1mo PP T3: 3mo PP	No significant Tx effect on PPD, anxiety, and parenting distress. Tx was associated with more negative traumatic birth perceptions following OB interventions. Although Tx was associated with better dyadic satisfaction and was acceptable	CB-PTSD (IES); PPD (EPDS); Anxiety (STAD); Parenting stress (PSI); Perception of the birth (POBS); Dyadic satisfaction (DAS); Feedback of debriefing (FAD)	19
Priest (2003) <sup>56</sup>	AUS	RCT	N=174	Not specified	Universal	2°	Debriefing, CIS (P)	1 session within 72hr PP Control: TAU	T1: 2mo PP T2: 6mo PP T3: 12mo PP	No significant Tx effect on CB-PTSD and PPD symptoms, although the majority of the women reported finding the Tx helpful	CB-PTSD (IES); PPD (EPDS); Psychological Interview (SADS*)	28
Kershaw (2005) <sup>58</sup>	GBR	RCT	N=319	85% White 91% Partnered Majority employed	Targeted	2°	Debriefing, CIS (P)	2 sessions at 10 days and 10wks PP Control: TAU	T1: 10 days PP T2: 10wks PP T3: 20wks PP	No positive Tx effect on CB-PTSD symptoms or FoC	CB-PTSD (IES); FoC (WDEQ)	26
Abdollahpour (2019) <sup>57</sup>	IRN	RCT	N=193	Age, M = 26 yrs	Targeted	2°	Debriefing or CBC (P)	1 debriefing or CBC session within 48hrs PP Control: TAU	T1: 4-6wks PP T2: 3mo PP	Positive debriefing Tx effect on CB-PTSD symptoms at T1. Positive CBC Tx effect on CB-PTSD symptoms at T1 and T2	CB-PTSD (IES-R)	22
Meades (2011) <sup>59</sup>	GBR	NRCT	N=80	Age, M = 34 yrs	Targeted	T	Debriefing (P)	1 session within 1.3-72.2mo PP Control: TAU.	T1: 1mo post Intervention	Positive Tx effect on CB-PTSD and negative appraisals of childbirth. No positive Tx effect on PPD	CB-PTSD (PSS-SR); PPD (EPDS); Perceived support (SOS); Negative appraisal (PTCI)	17
Jotzo (2005) <sup>60</sup>	DEU	NRCT	N=50	Age, M = 31yrs 98% Partnered	Targeted	2°	Trauma-preventative Crisis Intervention Program (P)	1 session within 5 days PP with availabilities of psychological support Control: TAU with availability of pastoral support.	T1: Post intervention	Positive Tx effect on overall CB-PTSD symptoms and as well as intrusion, avoidance, hyperarousal	CB-PTSD (IES); Peritraumatic dissociative experiences (PDEQ)	19
Shaw (2013,2014) <sup>62,63</sup>	USA	RCT	N=105	Age, M = 32yrs 61% White 96% Partnered 53% Income ≥\$100K	Targeted	2°	CBT-TF (P)	6 sessions within 1-2wks PP Control: TAU with 1 informational session. 6-mo follow-up to Shaw 2013, with the option of three additional CBT sessions (total 9 sessions)	T1: 1wk post intervention T2: 4-5wks PP T3: 6mo PP	Positive Tx effect on CB-PTSD and PPD symptoms. Anxiety symptoms in both the control and intervention groups alleviated. Tx effect remained at T3 only for women who received additional sessions	CB-PTSD (TES; DTS); Traumatic events (PSS:NICU; MINI-I*); Anxiety (BAI); PPD (BDI-II); Stress (SASRQ); PSS:NICU; Illness health Severity Index	27

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Simon (2021) <sup>64</sup>	USA	NRCT	N=19	32% White 100% Partnered 89% Employed 68% ≥ Bachelor's degree	Targeted	2°	Trauma-focused group intervention (P)	6 sessions over 3wks following preterm birth (exact PP timeframe not specified)	T1: 6wks post-intervention T2: 6mo PP	Positive Tx effect on PPD at T1 and CB-PTSD and anxiety at T2	CB-PTSD (DTS); Anxiety (BAI); PPD (BDI-II); Maternal Satisfaction Questionnaire; Fidelity Rating Scales	20
Nieminen (2016) <sup>66</sup>	SWE	RCT	N=56	Age, M = 35yrs 95% Partnered 68% Employed 80% ≥ University degree	Targeted	T	iCBT-TF (P)	8 sessions over 8-wks within ~2.8 years PP Delayed control: Tx 5mo later.	T1: 8wks post-intervention T2: Post-intervention for delayed Tx group (control)	Positive Tx effect on CB-PTSD, PPD and anxiety in Tx and delayed Tx groups. Positive Tx effect on quality of life in Tx group at T1	CB-PTSD (MINI-I*); TES; IES-R); PPD (BDI-II; PHQ-9); Anxiety (BAI); Quality of Life (QOLI; EQ5D).	26
Sjömark (2022) <sup>65</sup>	SWE	RCT	N=266	Age, M = 32yrs 98% Partnered 73% University degree	Targeted	T	iCBT-TF (P)	Part I: 6-wk online-based protocol ~2-4mo PP Part II: structured weekly therapeutic support, email-based program given over 8-wks after Part I Control: TAU	T1: 6wks post-intervention T2: 14wks post-intervention T3: 1yr post-intervention	There was no direct Tx effect on CB-PTSD at any time point between groups. Over time, both the control and intervention group experienced similar recovery trajectories and beneficial outcomes	CB-PTSD (TES); PPD (EPDS); Quality of Life (SWLS); Coping abilities (WCQ).	23
Chiorino (2020) <sup>67</sup>	ITA	RCT	N=37	Age, M = 34yrs 86% Italian 97% Partnered 62% Employed 60% ≥ University degree	Targeted	2°	EMDR (P)	1 session within 3 days PP Control: TAU with a single session of psychological supportive therapy	T1: 6wks PP T2: 3mo PP	Positive Tx effect on CB-PTSD symptoms, flashbacks, and distress at T1. Fewer symptoms reported at T2 in Tx group compared to TAU, however, no significant between group differences observed. No positive Tx effects on mother-infant-bonding or PPD	CB-PTSD (IES-R; PDEQ); PPD (EPDS); Mother-Infant-Bonding (MIBS)	25
Sandström (2008) <sup>68</sup>	SWE	Pilot NRCT	N=4	Age, M = 28yrs 100% Partnered	Targeted	T	EMDR (P)	Multiple sessions in women with previous traumatic births	T1: Post intervention T2: 1-3yrs post intervention	Positive Tx effect on reported CB-PTSD symptom reduction at T1, 75% positive Tx effect at T2 and reports of improved infant-bonding among 2 patients	CB-PTSD (TES); Data from interviews and psychotherapist notes*	13
Kranenburg (2022) <sup>69</sup>	NLD	NRCT	N=26	Age, M=32	Targeted	T	EMDR (P)	Up to 8 (mean 5) weekly sessions delivered ≥4-wks PP (mean 10-mo) in women with CB-PTSD or severe PTSD-symptoms and a comorbid mental health condition	T1: Post-intervention, time not specified	Positive Tx effect on reported CB-PTSD symptoms and among patients who met criteria for CB-PTSD diagnosis at study inclusion, all participants lost their CB-PTSD diagnoses post-intervention	CB-PTSD (PCL-5, LEC-5); Childhood Trauma (CTQ); Childbirth Perception (CPS).	19

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Di Blasio (2002) <sup>72</sup>	ITA	RCT	N=64	Age, M = 33yrs 33% ≥ High School	Universal	2°	EW (P)	1 session 2 days PP writing about thought/feelings of delivery experience Control: TAU, no writing task	T1: 48hrs PP T2: 2mo PP	Positive between group Tx effect on CB-PTSD hyperarousal and avoidance symptoms at T1; between-group avoidance and re-experiencing symptoms, but not hyperarousal, were also significantly different at T2	CB-PTSD (PPQ)	21
Di Blasio (2009) <sup>73</sup>	ITA	RCT	N=242	Age, M = 32yrs 100% Partnered 89% ≥ high school	Universal	2°	EW (P)	1 session 2 days PP writing about thought/feelings of delivery experience Control: TAU, no writing task	T1: 48hrs PP T2: 2mo PP T3: 12mo PP	Positive Tx effect maintained on CB-PTSD symptoms and on hyperarousal and avoidance symptoms at T1, no effect on intrusive symptoms. At T3, all symptoms decreased except for hyperarousal	CB-PTSD (PPQ)	22
Di Blasio (2015) <sup>74</sup>	ITA	RCT	N=176	Age, M = 32yrs 84% Partnered 78% Employed 85% ≥ High School	Universal	2°	EW (P)	1 session within 96hrs PP writing about thought/feelings of delivery experience Control: writing about daily events	T1: 96hrs PP T2: 3mo PP	Positive Tx effect on PPD symptoms (T1,T2) and on CB-PTSD symptoms (T2)	CB-PTSD (LASC; PPQ); PPD (BDI-II)	23
Di Blasio (2015) <sup>75</sup>	ITA	RCT	N=113	Age, M = 31 yrs 80% Partnered 80% Employed 86% ≥ High School	Universal	2°	EW (P)	2 sessions within 96hrs PP writing about thought/feelings of delivery experience Control: writing about daily events	T1: 3mo PP	Positive Tx effect on CB-PTSD and PPD symptoms at T1, especially for women with high-to-moderate PTS symptoms	CB-PTSD (PPQ); PPD (BDI-II); Essay Content	20
Horsch (2016) <sup>76</sup>	CHE	RCT	N=67	Age, M = 31yrs 56% Partnered	Targeted	T	EW (P)	3 writing tasks in 3 consecutive days at 3mo PP Control: TAU	T1: 4mo PP T2: 6mo PP	Positive Tx effect on CB-PTSD and PPD symptoms and overall improved mental health status at both time points	CB-PTSD (PPQ); PPD (EPDS); Mental and physical health status (SF-36); Scores of diseases (CRIB II; the Perinatal risk Inventory); Reports on intervention satisfaction.	27
Barry (2001) <sup>77</sup>	USA	RCT	N=38	Age, M = 33yrs 89% Partnered	Targeted	T	EW (P)	4 writing tasks in 4 consecutive days within 2-14 mo of infant NICU hospitalization Control: Waiting-list control	T1: Post-intervention	Positive Tx effect on CB-PTSD symptoms	CB-PTSD (SCL-90-R; IES-R).	21
Asadzadeh (2020) <sup>81</sup>	IRN	RCT	N=90	Age, M = 25yrs 40% University degree	Targeted	2°	Counseling (P)	1 session within 72hrs of delivery, 1 telephone session at 4-6wks PP Control: TAU	T1: 4-6wks PP T2: 3mo PP	Positive Tx effect on CB-PTSD, PPD, and anxiety (T1 and T2). Similar treatment effects were observed in the control group at T2, although the decrease in symptoms was not as pronounced	CB-PTSD Checklist (PCL-5); PPD (EPDS); Anxiety (HAM-A*)	24

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Gamble (2005) <sup>82</sup>	AUS	RCT	N=103	Age, M = 28yrs 93% White 85% Partnered 60% ≥ High school	Targeted	2°	Counseling (P)	1 in-person session within 72hrs of delivery + 1 telephone session at 4-6wks PP Control: TAU	T1: 4-6wks PP T2: 3mo PP	Positive Tx effect CB-PTSD, PPD, feelings of self-blame and confidence about a future pregnancy	CB-PTSD (MINI-I*); PPD (EPDS; DASS-21); Anxiety/Stress (DASS-21); Self-blame and confidence about a future pregnancy (MSSS).	23
Ryding (1998) <sup>83</sup>	SWE	RCT	N=99	Age, M = 30 yrs	Targeted	2°	Counseling (P)	3 or 4 sessions delivered during the first days to 3wks PP Control: TAU	T1: 1mo PP T2: 6mo PP	Positive Tx effect on CB-PTSD and cognitive appraisal at T1-T2. No positive Tx effect on women with the most serious stress reactions	CB-PTSD (IES); Cognitive appraisal of delivery and distress (W-DEQ; SCL)	18
Bahari (2022) <sup>80</sup>	IRN	RCT	N=166	Age, M = 27yrs 11% Employed 63% ≥ high school	Targeted	2°	Counseling (P)	2 in-person sessions at 24-48hrs and 10-15 days PP 1 telephone session 4-6wks PP Control: TAU	T1: 2mo PP	Positive Tx effect in alleviating severity of PTSD symptoms and PPD in addition to improving mother-bonding	CB-PTSD (PCL-5); PPD (EPDS); Mother-Infant Bonding (PBQ)	26
Ryding (2004) <sup>84</sup>	SWE	RCT	N=162	Age, M = 32 yrs	Targeted	T	Group Counseling (P)	2 group sessions at 1-2mo PP Control: TAU	T1: 6mo PP	No positive Tx effect on CB-PTSD, PPD, or FoC	CB-PTSD (IES); PPD (EPDS); FoC (WDEQ)	23
Abdollahpour (2016) <sup>88</sup>	IRN	RCT	N=84	Age, M = 26 yrs	Targeted	2°	Skin-to-skin Contact (B)	SSC according with 9-instantive stage magical hour protocol in the immediate post-birth period Control: TAU	T1: 2wks PP T2: 4-6wks PP T3: 3mo PP	Positive Tx effect on CB-PTSD at T1 and T3, but not T2	CB-PTSD (IES-R)	23
Borghini (2014) <sup>89</sup>	CHE	RCT	N=26	Age, M = 32 yrs	Targeted	T	Mother-Infant Attachment (P)	Infant observation at 33wks PP, clinical interview at 42wks PP, 3 sessions at 4mo PP, 1wk apart, of mother-infant free play Control: (1) TAU in mothers of preterm infants without intervention, and (2) of mothers with term infants	T1: 42wks PP T2: 4mo PP T3: 12mo PP	Positive Tx effect on CB-PTSD at all time points and increased maternal sensitivity and infant cooperation at T2 in the preterm with intervention group	PTS (PPQ); Quality of mother-child interactions (NBAS)	26
Zelkowitz (2011) <sup>90</sup>	CAN	RCT	N=121	Age, M = 31yrs 88% Partnered 6% Employed 66% ≥ Junior college Income, M = \$59K	Targeted	T	Cognitive Intervention and Mother-Infant Attachment (Cues group) (P)	6 sessions focused on teaching mothers how to cope and interact with their children ~33d ±12d PP to 6-8wks PP Control: TAU, standard infant care resources	T1: Immediate post-intervention timeframe	No positive Tx effect on levels of CB-PTSD, PPD, and anxiety	CB-PTSD (PPQ); PPD (EPDS); Anxiety (STAI); Stress (PSI)	23

Author Year	Country	Study Design	Sample Size	Sample Characteristics	Sample Type	Preventative or Treatment	Treatment Modality	Intervention	Outcome Time Points	Results	Outcome Measures	Quality Score
Schlesinger (2022) <sup>92</sup>	ISR	NRCT	N=95	Age, M = 29yrs 91% Partnered 79% Employed	Universal	1°	Visual Biofeedback (P)	1 session during labor Control: TAU, standard labor	T1: 2d PP T2: 1mo PP	Positive Tx effect on CB-PTSD symptoms via increased feelings of maternal connectedness, which was associated with reduced acute stress levels at T1. There was an indirect Tx effect between visual biofeedback and decreased CB-PTSD symptoms at T2	CB-PTSD (PLC-S); Stress (SASRQ); Fear of Childbirth (PTS-FC); Maternal attachment self-report Likert-type scale	18
Horsch (2017) <sup>93</sup>	CHE	RCT	N=56	Age, M = 33yrs 91% White 88% Partnered 64% ≥ Bachelor's degree	Targeted	2°	Visuospatial Cognitive Task (P)	1 Tetris session within 6hrs of delivery after an ECS Control: TAU	T1: 1wk PP T2: 1mo PP	Positive Tx effect on self-reported acute stress symptoms and reduction in the number of intrusive memories at T1. Significant group differences at T2 on PTSD criteria and PSD avoidance symptom	CB-PTSD (PDS); Anxiety and PPD (HADS); Distress (ASDS); Diary accounts of intrusive memories	26
Deforges (2022) <sup>94</sup>	CHE	NRCT	N=18	Age, M=33 94% Partnered 56% University degree	Targeted	T	Visuospatial Cognitive Task (P)	1 Tetris session delivered >7mo PP	T1: 1-2wks post-intervention T2: 1mo post-intervention	Greater than 50% reduction in CB-PTSD intrusive memories at T1 and T2. CB-PTSD symptom severity significantly reduced at T2 for most women (58.8%). Of the 8 women previously diagnosed with CB-PTSD, none met diagnostic criteria post-intervention	CB-PTSD (PCL-5); Diary report of intrusive memories	23
Gökçe (2016) <sup>102</sup>	TUR	NRCT	N=90	Age, M = 26yrs 61% ≥ Bachelor's degree	Universal	1°	Antenatal education (E)	4 weekly group sessions Control: TAU	T1: 6-8wks PP	Positive Tx effect on CB-PTSD, FoC, and childbirth self-efficacy	CB-PTSD (IES-R); FoC (WDEQ); Childbirth Self-efficacy Inventory	22
Slade (2020) <sup>103</sup>	UK	RCT	N=678	Age, M = 30yrs 89% White 89% Partnered	Targeted	2°	Educational self-help strategies (E)	Self-help materials to go through after delivery Control: TAU	T1: 6-12wks PP	No positive Tx effect on CB-PTSD reduction in CB-PTSD incidence rates	CB-PTSD (CAPS-5* interview); Depression and anxiety (HADS); Attachment (MPAS); Couple relationship quality (DAS4)	31
Author Year	Country	Study Design	Sample Size	Sample Characteristics	Sample Type	Preventative or Treatment	Treatment Modality	Intervention	Outcome Time Points	Results	Outcome Measures	Quality Score

Ahmadpour (2022) <sup>101</sup>	IRN	RCT	N=106	Age, M=26yrs 13% University degree	Universal	1°	Birth Plan (E)	2 sessions. Control: TAU	T1: Immediate PP T2: 4-6wks PP	Positive Tx effect on CB- PTSD symptom reduction, improved childbirth experience, less fear of delivery, and lower EPDS in  the intervention group compared to control	CB-PTSD (PSS) PPD (EPDS) FoC (W-DEQ) Childbirth Experience (CEQ 2.0; DFS ; SCIB)	26
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**Quality Scores:** Excellent (29-31); Good (22-28); Fair (17-21); Poor ( $\leq 16$ ).

**Abbreviations:**

\* = Clinician-Administered Assessment

Intervention Categories:

1°: Primary  
2°: Secondary

Intervention Types:

(B): Behavioral Intervention  
(E): Educational Intervention  
(P): Psychological Intervention

Country Abbreviations:

TUR: Turkey  
AUS: Australia  
USA: United States of America  
IRN: Iran  
SWE: Sweden  
DEU: Germany  
ITA: Italy  
UK: United Kingdom  
CAN: Canada  
CHE: Switzerland  
ISR: Israel

Additional Abbreviations:

ASDS: Acute Stress Disorder Scale  
BAI: Beck Anxiety Inventory  
BDI-II: Beck Depression Inventory-II  
CBC: Cognitive Behavioral Counseling  
CB-PTSD: Childbirth-related Post-Traumatic Stress Disorder  
CBT(-TF): Cognitive Behavioral Therapy (Trauma-Focused)  
CIS-Debriefing: Critical Incidence Stress Debriefing  
CRIB II: Clinical Risk Index for Babies  
CSE: Collective Self-Esteem Scale  
DTS: Davidson Trauma Scale  
EMDR: Eye Movement Desensitization & Processing  
EPDS: Edinburgh Postnatal Depression Scale  
EPL: Everyday Problems List  
EQ5D: EuroQol 5 Dimensions  
EW: Expressive Writing  
FoC: Fear of Childbirth  
HAM-A: Hamilton Anxiety Rating Scale  
iCBT: Internet-based CBT  
IES(-R): Impact of Events Scale (Revised)  
LASC: Los Angeles Symptoms Checklist  
M: Mean  
MFI: Multidimensional Fatigue Inventory

MIBS: Mother to Infant Bonding Scale  
MINI-I: Mini International Neuropsychiatric Interview  
MSSS: Modified Social Support Survey  
NBAS: Neonatal Behavioral Assessment Scale  
NICU: Neonatal Intensive Care Unit  
NRCT: Non-Randomized Controlled Trial  
PBQ: Postpartum Bonding Questionnaire  
PCL-5: PTSD Checklist for DSM-5  
PERI: Perinatal Risk Inventory  
PDEQ : Peritraumatic Dissociative Experiences Questionnaire  
PHQ-9: Patient Health Questionnaire  
POBS: Perception of Birth Scale  
PP: Postpartum  
PPD: Postpartum Depression  
PPQ: Perinatal Posttraumatic Stress Disorder Questionnaire  
PSI: Parenting Stress Index  
PSS: Parental Stressor Scale  
PSS-SR: PTSD Symptom Scale – Self-Report Version  
PTCI: Posttraumatic Cognitions Scale  
QOLI: Quality Of Life Inventory  
QPI: Quality of provider interactions  
RCT: Randomized Controlled Trial  
SADS-1: Schedule for Affective Disorders & Schizophrenia  
SCL: Symptoms Checklist  
SF-36: 36-Item Short Form Health Survey questionnaire  
SOS: Significant Others Scale  
SSC: Skin to Skin Contact  
STAI: State-Trait Anxiety Inventory  
T: Treatment  
TES: Traumatic Event Scale  
TES-B: Traumatic Event Scale – Delivery  
WDEQ: Wijma Delivery Expectancy Questionnaire