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BMJ Open

A Scoping Review of the use of Eye Movement Desensitisation and Reprocessing in the Treatment of Birth Trauma.

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SCOPING REVIEW PROTOCOL

TITLE

A Scoping Review of the use of Eye Movement Desensitisation and Reprocessing in the Treatment of Birth Trauma.

Word Count: 2066

Authors details:

The following scoping review protocol has been complete as part of Susan O'Donovan's Doctorate in Clinical Psychology at the University of Limerick.

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ABSTRACT

Introduction

A traumatic childbirth can have severe negative effects on the mental health of the mother and can negatively impact the child and partner. Eye Movement Desensitisation and Reprocessing (EMDR) is a psychological intervention used to treat symptoms of trauma. The National Institute for Health and Care Excellence (NICE) guidelines for antenatal and postnatal mental health recommends that Trauma Focused Cognitive Behavioural Therapy or EMDR should be offered to women who suffer from PTSD resulting from a traumatic birth. However, the use of EMDR for birth trauma has not been clearly outlined in the literature.

Objectives

The aim of this scoping review is to explore the extent of the currently available research and to identify knowledge gaps in the use of EMDR for treating birth trauma.

Methods and Analysis

The PRISMA- ScR guidelines will be followed to provide a comprehensive scoping review of the use of EMDR for birth trauma. Several databases will be searched such as Psychinfo, Pubmed, the Cochrane Library, Embase and Scopus from the date the database was developed, until approximately August 2026. Grey literature sources will also be searched and searches will be limited to include studies written in the English language. Two

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independent researchers will screen and extract data from both quantitative and qualitative studies, which meet the inclusion criteria. Data will be analysed in a descriptive and thematic manner. Data extraction may include study characteristics, data collection procedures, outcomes and results. Findings will be presented in tabular and narrative formats.

Ethics and Dissemination

Ethical Approval is not necessary for this review, as only secondary data will be used. It is expected that the review will be disseminated at psychological conferences and in relevant journal articles.

Registration details: This scoping review protocol has been registered on Open Science Framework. The registration DOI is: <https://doi.org/10.17605/OSF.IO/UJZ52> (1)

Key Words or Phrases: Eye Movement Desensitization Reprocessing; Stress disorders, Post Traumatic; Parturition; PTSD related childbirth; Birth Trauma; Traumatic Birth.

ARTICLE SUMMARY

Strengths and Limitations of this study:

- A strength of this review is that it will include a comprehensive search strategy using several major databases and grey literature to ensure inclusion of all relevant research in the area of the use of EMDR for birth trauma.
- This review will build upon previous research that has focused on the use of EMDR, by synthesising the research regarding the application of EMDR to birth trauma specifically.
- By including both qualitative and quantitative research this review aims to capture a wide range of studies.
- A limitation to this review is the language restriction, which will only allow the inclusion of research written in the English language.
- Another limitation to this review may be the heterogeneity of study designs and outcomes. Due to the broad nature of this review, studies may vary in different characteristics such as symptom severity, follow-up duration and outcome measures, which may limit comparability.

INTRODUCTION

EMDR is a structured, empirically validated, therapeutic intervention, used to treat trauma and other negative experiences. There are eight phases of EMDR, which include recalling images, thoughts, emotions and bodily sensations associated with traumatic events, while receiving bilateral stimulation. The theoretical framework that informed the development of EMDR is the Adaptive Information Processing Model. This model theorises that due to the high levels of stress experienced during a traumatic event, the memory of this event is stored along with the emotions, beliefs and physical sensations that were experienced at the time of the trauma. It is theorised that reprocessing these memories from episodic memory to explicit and semantic memory systems can improve symptoms of trauma. This involves recollecting past traumatic memories to incorporate them into a more positive emotional and cognitive framework. EMDR uses dual attention, which involves focusing on the traumatic memory

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and rhythmic bilateral stimulation simultaneously, which activates information processing (2).

A traumatic birth has been defined as ‘a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/ or long-term negative impacts on a woman's health and wellbeing’(3). The prevalence rates of birth trauma in an Irish sample is 18% (4). Post-traumatic stress disorder (PTSD) includes symptoms such as re-experiencing traumas, avoidance of trauma reminders, hypervigilance, dissociation and alterations in mood and cognitions (5). Childbirth related PTSD can involve nightmares and re-experiencing of the birthing experience, which may be triggered by postpartum check-ups. This may lead to an avoidance of necessary postpartum care. Childbirth related PTSD may also impact the mother’s relationship with her partner and lead to hyper-vigilant monitoring of the baby (6). Other negative consequences of birth trauma can include fear of subsequent births and stress in later pregnancies, breastfeeding difficulties, low infant birth weight, difficulties with attachment and cognitive difficulties for the child (7). Skin to skin contact may be a protective factor against developing PTSD, however, this may be difficult to facilitate during traumatic births, resulting in a lack of skin to skin contact for the mother and baby (8). The NICE guidelines for antenatal and postnatal mental health recommends that Trauma Focused Cognitive Behavioural Therapy or EMDR should be offered to women who suffer from PTSD resulting from a traumatic birth (9).

There have been several systematic reviews conducted, which have reviewed research related to psychological interventions for birth trauma, and have included EMDR interventions as described in (7), (10), (11) and (12). However, these reviews found a limited numbers of studies where EMDR was the primary intervention. A scoping review (13) of the clinical effectiveness of psychological interventions to reduce PTSD symptoms following childbirth and a meta-synthesis of facilitators and barriers to accessing psychological care, included only one study related to EMDR. The authors explain that a number of other studies were found during their search process, however, these studies did not meet their inclusion criteria. They recommended that further research should address this gap in the literature. Similarly, a recent scoping review (14) evaluated psychological interventions for traumatic childbirth. They did not include EMDR in their review, however, they described it as a promising treatment intervention and recommended that it be explored in future research for birth trauma. A systematic review and meta-analysis (15) of clinical trials, which evaluated interventions that aimed to prevent or treat PTSD following childbirth, included four studies related to EMDR. However, their inclusion criteria was limited to only including clinical trials. Therefore, while the reviews in the current literature indicate promising results of EMDR as a treatment for birth trauma, they only include a limited amount of studies. Furthermore, there appears to be a gap in the literature for a scoping review focusing on the available literature regarding EMDR as a treatment for birth trauma.

A preliminary search of MEDLINE, The Cochrane Database of Systematic Reviews and JBI Evidence Synthesis was conducted and no current or underway systematic reviews or scoping reviews on the topic were identified.

Objectives

The main objective of this scoping review is to explore the extent of the currently available research and to identify knowledge gaps regarding the use of EMDR in the treatment for birth trauma. This aim of this review is to answer the research question: what does the existing literature show about the use of EMDR as a psychological treatment for birth trauma?

METHODS and ANALYSIS

The methodology of this review will follow the Joanna Briggs Institute Manual for Evidence Synthesis methodology for scoping reviews (16). The Preferred Reporting Items for Systematic reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) (17) will be utilised to report the scoping review.

Eligibility criteria

The following inclusion and exclusion criteria were developed with the aim to address the research question while allowing for a wide scope of the literature related to this area. Two independent researchers will screen and select studies based on the inclusion and exclusion criteria. Any disagreement between them over the eligibility of particular studies will be resolved through discussion with a third reviewer.

Inclusion

- Participants are any individuals, including women or partners who have experienced birth trauma.
- The concept is EMDR as a therapeutic intervention for birth trauma.
- The context is any setting where EMDR was facilitated including online or in person, in clinical or community based settings.
- Research that includes individuals who have experienced birth trauma with comorbid mental health difficulties will be included, once there are outcomes related to trauma available.
- Any research design will be included, incorporating both qualitative and quantitative research.

Exclusion

- Research that focuses on EMDR for other mental health difficulties where trauma is not mentioned.
- Research regarding EMDR treatment for other types of trauma that is not related to childbirth.
- Research where EMDR was not the treatment intervention for birth trauma.
- Research not written in the English language

Information Sources and Search Strategy

The search strategy was developed by Susan O'Donovan. The PRESS Checklist (18) was utilised when creating this search strategy. The search strategy was also discussed with the Health Research Methods Librarian at the University of Limerick.

Two researchers will independently conduct a scoping literature search in Psychinfo, PubMed, Embase, The Cochrane Library, and Scopus from the date the database was developed until approximately August 2026. Grey literature will also be considered for inclusion in this scoping review using possible databases such as Proquest and OpenGrey. The reference lists of included papers will also be reviewed to search for any further relevant studies. Covidence (19) will be used to manage the data. The search terms include; EMDR, Trauma and Birth.

The following is an example of a full search strategy for PubMed:

((("Eye Movement Desensitization Reprocessing"[MeSH Terms] OR "eye movement desensiti* reprocess*"[Title/Abstract] OR "Eye Movement Desensiti* Therap*"[Title/Abstract] OR "EMDR"[Title/Abstract]))

AND

((("stress disorders, post traumatic"[MeSH Terms] OR "post traumatic stress disorder*"[Title/Abstract] OR "posttraumatic stress disorder*"[Title/Abstract] OR "post traumatic stress disorder*"[Title/Abstract] OR "post-traumatic stress disorder"[Title/Abstract] OR "PTSD"[Title/Abstract] OR "trauma*"))))

AND

((("Parturition"[Mesh] OR "pregnancy" [Mesh] OR "pregnant people" [Mesh]) OR ("Parturition"[Title/Abstract] OR "childbirth"[Title/Abstract] OR "Birth"[Title/Abstract] OR "labor"[Title/Abstract] OR "labour"[Title/Abstract] OR "postnatal"[Title/Abstract] OR "birth-related"[Title/Abstract] OR "birth related"[Title/Abstract]) OR "pregnan*"[Title/Abstract]))

Study Records:

This scoping review will consider quantitative studies such as randomized controlled trials, non-randomized controlled trials, pre and post studies, prospective and retrospective cohort studies and case studies. Qualitative studies will also be considered that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory and ethnography.

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews (16). A pilot screening process will be conducted before study selection occurs. This stage is to ensure that the inclusion and exclusion criteria are feasible and are identifying appropriate studies. This stage is to identify potential difficulties in the screening process so amendments can be made before full screening occurs. A random sample of studies will be chosen from the database after applying the search string. Two independent reviewers will screen the title and abstract of these papers and decide if they meet the inclusion criteria or not. The reviewers will compare their findings to ensure consistency. If any discrepancies occur they will be discussed and criteria may need to be altered to ensure clarity for full scale screening. Any outcomes of the pilot study will be documented. Covidence (19) will be used to manage the data.

The study selection process will be completed in three phases.

1. Title and abstracts will be screened

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Two independent researchers will screen titles and abstracts which are identified from the database searches and grey literature, based on the inclusion criteria as outlined above. Included studies will be imported to Covidence (19) and duplicates will be removed. Each reviewer will label each study as 'include' 'exclude' or 'maybe'. Studies labelled 'include' and 'maybe' will be screened at the full-text screening stage.

2. Full-Text screening

Two independent researchers will review the full-text documents to ensure each study meets the inclusion criteria. Any study which is excluded at this stage will be reported.

3. Conflict resolution

Any disagreement between the two independent researchers over the eligibility of particular studies will be resolved through discussion with a third reviewer.

A data extraction form will be developed, which includes the rules for data extraction. The form will be reviewed by the research team and piloted using a small sample of studies. The form will be revised due to the outcome of this pilot to ensure it is fit for purpose.

Missing data will be documented, where possible. The research team will endeavour to access missing data through contact with the corresponding author where feasible and if available.

Data Items:

Two independent reviewers will extract data using Covidence (19) and compare their data extraction. Any discrepancies will be resolved with a third reviewer.

Where the data allows, the proposed data extraction headings for the review paper may include: authors, year of publication, origin / country of origin, aims / purpose, methods, outcome measures used including primary outcomes and secondary outcomes, intervention delivery / duration, results reported, sample size, session numbers, controls, co-morbidities, key findings relating to the scoping review, and limitations.

Primary outcomes of this review will include the use of EMDR for birth trauma, as defined above. Secondary outcomes may be included such as changes in comorbid difficulties. Primary outcomes will be prioritised, and secondary outcomes may be included to add further information to the review.

Data Synthesis:

Data cleaning will be conducted prior to data synthesis. This will be done by the two independent reviewers, by cross referencing data with the original paper, double checking entries and removing duplicates or irrelevant information on Covidence (19). Both reviewers will ensure data is stored consistently. Any changes made during data cleaning will be documented.

The Preferred Reporting Items for Scoping reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) (17) will be utilised to report the scoping review. Data will be analysed in a descriptive and thematic manner to provide a comprehensive understanding of the research addressing the use of EMDR for birth trauma. Results will summarise the

characteristics of each study including the details of the EMDR intervention and results reported, which will be presented in this review in both tabular and narrative formats.

ETHICS AND DISSEMINATION

Ethical approval will not be required for this review as only secondary data is being reviewed. This review will be written with the aim to be disseminated in relevant journal articles and at psychological conferences.

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AUTHOR STATEMENT

This protocol was written by Susan O'Donovan and reviewed by Dr Ruth Melia.

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CONFLICTS OF INTERESTS STATEMENT

No known conflicts of interest exist for this review. This review will contribute towards Susan O’Donovan’s doctoral thesis, which is a requirement for the Doctorate in Clinical Psychology at The University of Limerick.

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A Scoping Review Protocol of the use of Eye Movement Desensitisation and Reprocessing in the Treatment of Birth Trauma.

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Secondary Subject Heading:	Obstetrics and gynaecology, Evidence based practice
Keywords:	Postpartum Women < Postpartum Period, MENTAL HEALTH, Psychosocial Intervention, Psychological Stress < Stress, Psychological, PSYCHIATRY, Midwifery

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SCOPING REVIEW PROTOCOL

TITLE

A Scoping Review Protocol of the use of Eye Movement Desensitisation and Reprocessing in the Treatment of Birth Trauma.

Word Count: 2225

Authors details:

The following scoping review protocol has been complete as part of Susan O’Donovan’s Doctorate in Clinical Psychology at the University of Limerick.

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ABSTRACT

Introduction

A traumatic childbirth can have severe negative effects on the mental health of the mother and can negatively impact the child and partner. Eye Movement Desensitisation and Reprocessing (EMDR) is a psychological intervention used to treat symptoms of trauma. The National Institute for Health and Care Excellence (NICE) guidelines for antenatal and postnatal mental health recommends that Trauma Focused Cognitive Behavioural Therapy or EMDR should be offered to women who suffer from PTSD resulting from a traumatic birth. However, the use of EMDR for birth trauma has not been clearly outlined in the literature.

Objectives

The aim of this scoping review is to explore the extent of the currently available research and to identify knowledge gaps in the use of EMDR for treating birth trauma.

Methods and Analysis

The PRISMA- ScR guidelines will be followed to provide a comprehensive scoping review of the use of EMDR for birth trauma. Several databases will be searched such as Psychinfo, Pubmed, the Cochrane Library, Embase, Scopus and CINAHL, from the date the database was developed, until approximately August 2026. Grey literature sources will also be

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searched and searches will be limited to include studies written in the English language. Two researchers will independently screen and extract data from both quantitative and qualitative studies, which meet the inclusion criteria. Data will be analysed in a descriptive and thematic manner. Data extraction may include study characteristics, data collection procedures, outcomes and results. Findings will be presented in tabular and narrative formats.

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Key Words or Phrases: Eye Movement Desensitization Reprocessing; Stress disorders, Post Traumatic; Parturition; PTSD related childbirth; Birth Trauma; Traumatic Birth.

ARTICLE SUMMARY

Strengths and Limitations of this study:

- A strength of this review is that it will include a comprehensive search strategy using several major databases and grey literature to ensure inclusion of all relevant research in the area of the use of EMDR for birth trauma.
- This review will build upon previous research that has focused on the use of EMDR, by synthesising the research regarding the application of EMDR to birth trauma specifically.
- By including both qualitative and quantitative research this review aims to capture a wide range of studies.
- A limitation to this review is the language restriction, which will only allow the inclusion of research written in the English language.
- Another limitation to this review may be the heterogeneity of study designs and outcomes. Due to the broad nature of this review, studies may vary in different characteristics such as symptom severity, follow-up duration and outcome measures, which may limit comparability.

INTRODUCTION

EMDR is a structured, empirically validated, therapeutic intervention, used to treat trauma and other negative experiences. There are eight phases of EMDR, which include recalling images, thoughts, emotions and bodily sensations associated with traumatic events, while receiving bilateral stimulation. The theoretical framework that informed the development of EMDR is the Adaptive Information Processing Model. This model theorises that due to the high levels of stress experienced during a traumatic event, the memory of this event is stored along with the emotions, beliefs and physical sensations that were experienced at the time of the trauma. It is theorised that reprocessing these memories from episodic memory to explicit and semantic memory systems can improve symptoms of trauma. This involves recollecting past traumatic memories to incorporate them into a more positive emotional and cognitive framework. EMDR uses dual attention, which involves focusing on the traumatic memory

and rhythmic bilateral stimulation simultaneously, which activates information processing [2]. With over 30 randomised controlled trials, there is a large evidence base indicating the efficacy of EMDR for the treatment of Post Traumatic Stress Disorder (PTSD) [3], as well as recommendations for the use of EMDR in the treatment of PTSD in the National Institute for Health and Care Excellence (NICE) clinical guidelines [4].

A traumatic birth has been defined as ‘a woman's experience of interactions and/or events directly related to childbirth that caused overwhelming distressing emotions and reactions; leading to short and/ or long-term negative impacts on a woman's health and wellbeing’[5]. Research has reported a wide range in the prevalence rates of birth trauma from approximately 4%-50% [6-8], with an Irish sample being 18% [9]. Post-traumatic stress disorder (PTSD), differs from birth trauma, as it is classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to include specific symptoms such as re-experiencing traumas, avoidance of trauma reminders, hypervigilance, dissociation and alterations in mood and cognitions [10]. When PTSD stems from a traumatic childbirth, this can involve nightmares and re-experiencing of the birthing experience, which may be triggered by postpartum check-ups. This may lead to an avoidance of necessary postpartum care. Childbirth-related PTSD may also impact the mother’s relationship with her partner and lead to hyper-vigilant monitoring of the baby [11]. Other negative consequences of birth trauma can include fear of subsequent births and stress in later pregnancies, breastfeeding difficulties, low infant birth weight, difficulties with attachment and cognitive difficulties for the child [12]. Skin to skin contact may be a protective factor against developing PTSD, however, this may be difficult to facilitate during traumatic births, resulting in a lack of skin to skin contact for the mother and baby [13]. A systematic review which summarised the prevalence rates of childbirth-related PTSD found that 4.7% of mothers and 1.2% of fathers met the threshold for childbirth-related PTSD. This study also found that 12.3% of mothers and 1.3% of fathers experienced post traumatic stress symptoms (PTSS) which were subthreshold to the PTSD criteria [14]. The NICE guidelines for antenatal and postnatal mental health recommends that Trauma Focused Cognitive Behavioural Therapy or EMDR should be offered to women who suffer from PTSD resulting from a traumatic birth [15].

There have been several systematic reviews conducted, which have reviewed research related to psychological interventions for birth trauma, and have included EMDR interventions as described in [12], [16], [17] and [18]. However, these reviews found a limited number of studies where EMDR was the primary intervention. A scoping review [19] of the clinical effectiveness of psychological interventions to reduce PTSD symptoms following childbirth and a meta-synthesis of facilitators and barriers to accessing psychological care, included only one study related to EMDR. The authors explain that a number of other studies were found during their search process, however, these studies did not meet their inclusion criteria. They recommended that further research should address this gap in the literature. Similarly, a recent scoping review [20] evaluated psychological interventions for traumatic childbirth. They did not include EMDR in their review, however, they described it as a promising treatment intervention and recommended that it be explored in future research for birth trauma. A systematic review and meta-analysis [21] of clinical trials, which evaluated interventions that aimed to prevent or treat PTSD following childbirth, included four studies related to EMDR. However, their inclusion criteria was limited to only including clinical trials. Therefore, while the reviews in the current literature indicate promising results of

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EMDR as a treatment for birth trauma, they only include a limited amount of studies. Furthermore, there appears to be a gap in the literature for a scoping review focusing on the available literature regarding EMDR as a treatment for birth trauma.

A preliminary search of MEDLINE, The Cochrane Database of Systematic Reviews and JBI Evidence Synthesis was conducted and no current or underway systematic reviews or scoping reviews on the topic were identified.

Objectives

The main objective of this scoping review is to explore the extent of the currently available research and to identify knowledge gaps regarding the use of EMDR in the treatment for birth trauma. This aim of this review is to answer the research question: what does the existing literature show about the use of EMDR as a psychological treatment for birth trauma?

METHODS and ANALYSIS

The methodology of this review will follow the Joanna Briggs Institute Manual for Evidence Synthesis methodology for scoping reviews [22]. The Preferred Reporting Items for Systematic reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) [23] will be utilised to report the scoping review.

Eligibility criteria

The following inclusion and exclusion criteria were developed with the aim to address the research question while allowing for a wide scope of the literature related to this area. Two independent researchers will screen and select studies based on the inclusion and exclusion criteria. Any disagreement between them over the eligibility of particular studies will be resolved through discussion with a third reviewer.

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- Participants are any individuals, including women or partners who have experienced birth trauma.
- The concept is EMDR as a therapeutic intervention for birth trauma.
- The context is any setting where EMDR was facilitated including online or in person, in clinical or community based settings.
- Research that includes individuals who have experienced birth trauma with comorbid mental health difficulties will be included, once there are outcomes related to trauma available.
- Any research design will be included, incorporating both qualitative and quantitative research.

Exclusion

- Research that focuses on EMDR for other mental health difficulties where trauma is not mentioned.
- Research regarding EMDR treatment for other types of trauma that is not related to childbirth.
- Research where EMDR was not the treatment intervention for birth trauma.

- Research not written in the English language

Information Sources and Search Strategy

The PRESS Checklist [24] was utilised when creating this search strategy. The search strategy was also discussed with the Health Research Methods Librarian at the University of Limerick.

SO'D will conduct a scoping literature search in Psychinfo, PubMed, Embase, The Cochrane Library, Scopus and CINAHL from the date the database was developed until approximately August 2026. Grey literature will also be considered for inclusion in this scoping review using possible databases such as Proquest and OpenGrey. The reference lists of included papers will also be reviewed to search for any further relevant studies. Covidence [25] will be used to manage the data. The search terms include; EMDR, Trauma and Birth.

The following is an example of a full search strategy for PubMed:

((("Eye Movement Desensitization Reprocessing"[MeSH Terms] OR "eye movement desensiti* reprocess*"[Title/Abstract] OR "Eye Movement Desensiti* Therap*"[Title/Abstract] OR "EMDR"[Title/Abstract]))

AND

((("stress disorders, post traumatic"[MeSH Terms] OR "post traumatic stress disorder*"[Title/Abstract] OR "posttraumatic stress disorder*"[Title/Abstract] OR "post traumatic stress disorder*"[Title/Abstract] OR "post-traumatic stress disorder"[Title/Abstract] OR "PTSD"[Title/Abstract] OR "trauma*")))

AND

((("Parturition"[Mesh] OR "pregnancy" [Mesh] OR "pregnant people" [Mesh]) OR ("Parturition"[Title/Abstract] OR "childbirth"[Title/Abstract] OR "Birth"[Title/Abstract] OR "labor"[Title/Abstract] OR "labour"[Title/Abstract] OR "postnatal"[Title/Abstract] OR "birth-related"[Title/Abstract] OR "birth related"[Title/Abstract]) OR "pregnan*"[Title/Abstract])))

Study Records:

This scoping review will consider quantitative studies such as randomized controlled trials, non-randomized controlled trials, pre and post studies, prospective and retrospective cohort studies and case studies. Qualitative studies will also be considered that focus on qualitative data including, but not limited to, designs such as phenomenology, grounded theory and ethnography.

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews [22]. A pilot screening process will be conducted before study selection occurs. This stage is to ensure that the inclusion and exclusion criteria are feasible and are identifying appropriate studies. This stage is to identify potential difficulties in the screening process so amendments can be made before full screening occurs. A random sample of studies will be chosen from the database after applying the search string. Two reviewers will independently screen the title and abstract of these papers and decide if they meet the

inclusion criteria or not. The reviewers will compare their findings to ensure consistency. If any discrepancies occur they will be discussed and criteria may need to be altered to ensure clarity for full scale screening. Any outcomes of the pilot study will be documented. Covidence [25] will be used to manage the data.

The study selection process will be completed in three phases.

1. Title and abstracts will be screened

SO'D and LW will independently screen titles and abstracts which are identified from the database searches and grey literature, based on the inclusion criteria as outlined above. Included studies will be imported to Covidence [25] and duplicates will be removed. Each reviewer will label each study as 'include' 'exclude' or 'maybe'. Studies labelled 'include' and 'maybe' will be screened at the full-text screening stage.

2. Full-Text screening

SO'D and LW will independently review the full-text documents to ensure each study meets the inclusion criteria. Any study which is excluded at this stage will be reported.

3. Conflict resolution

Any disagreement between the two researchers over the eligibility of particular studies will be resolved through discussion with a third reviewer, RM.

A data extraction form will be developed, which includes the rules for data extraction. The form will be reviewed by the research team and piloted using a small sample of studies. The form will be revised due to the outcome of this pilot to ensure it is fit for purpose.

Missing data will be documented, where possible. The research team will endeavour to access missing data through contact with the corresponding author where feasible and if available.

Data Items:

SO'D and LW will independently extract data using Covidence [25] and compare their data extraction. Any discrepancies will be resolved with a third reviewer, RM.

Where the data allows, the proposed data extraction headings for the review paper may include: authors, year of publication, origin / country of origin, aims / purpose, methods, outcome measures used including primary outcomes and secondary outcomes, intervention delivery / duration, results reported, sample size, session numbers, controls, co-morbidities, key findings relating to the scoping review, and limitations.

Primary outcomes of this review will include the use of EMDR for birth trauma, as defined above. Secondary outcomes may be included such as changes in comorbid difficulties. Primary outcomes will be prioritised, and secondary outcomes may be included to add further information to the review.

Data Synthesis:

Data cleaning will be conducted prior to data synthesis. This will be done by SO'D and LW, by cross referencing data with the original paper, double checking entries and removing

duplicates or irrelevant information on Covidence [25]. Both reviewers will ensure data is stored consistently. Any changes made during data cleaning will be documented.

The Preferred Reporting Items for Scoping reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) [23] will be utilised to report the scoping review. Data will be analysed in a descriptive and thematic manner to provide a comprehensive understanding of the research addressing the use of EMDR for birth trauma. Results will summarise the characteristics of each study including the details of the EMDR intervention and results reported, which will be presented in this review in both tabular and narrative formats.

PATIENT AND PUBLIC INVOLVEMENT:

Patients or the public were not involved in the design, or conduct, or reporting, or dissemination plans of our research.

ETHICS AND DISSEMINATION

Ethical approval will not be required for this review as only secondary data is being reviewed. This review will be written with the aim to be disseminated in relevant journal articles and at psychological conferences.

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AUTHOR STATEMENT

SO'D developed this scoping review protocol. RM critically reviewed this protocol. LW will be the second reviewer in this scoping review and will screen and extract data. SO'D is the guarantor of this review.

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CONFLICTS OF INTERESTS STATEMENT

No known conflicts of interest exist for this review. This review will contribute towards SO'D's doctoral thesis, which is a requirement for the Doctorate in Clinical Psychology at The University of Limerick.

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