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Researchers study a new approach to prevent post-traumatic symptoms of perinatal loss



A research team from the UAB and the Hospital Clínic de Barcelona has evaluated for the first time the feasibility and preliminary efficacy of the Eye Movement Desensitization and Reprocessing protocol (EMDR) for recent traumatic episodes, to prevent post-traumatic symptoms derived from perinatal loss. The results suggest a reduction in depressive symptoms and the intensity of grief, although studies with larger samples will be needed to confirm them.

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Researchers from the Perinatal Mental Health Unit CLÍNIC-Barcelona, the Department of Psychiatry and Clinical Psychology at Hospital Clínic de Barcelona, and the Universitat Autònoma de Barcelona, among other institutions, have published a pilot randomized controlled trial in *Frontiers in Psychiatry* to evaluate the feasibility and preliminary efficacy of the EMDR-RTEP protocol (Eye Movement Desensitization and Reprocessing – Recent Traumatic Episode Protocol) as an early intervention following perinatal loss.

EMDR is a psychotherapeutic technique used to help individuals process and overcome traumatic experiences. It works by desensitizing traumatic memories through eye

movements or other forms of bilateral stimulation, thereby facilitating the processing of traumatic information and emotional adaptation. EMDR-RTEP is a specific variant designed to address high-intensity or complex trauma.

Perinatal loss is a profoundly traumatic event that can lead to intense symptoms of grief, anxiety, depression, and post-traumatic stress. This study assessed, for the first time, the feasibility and preliminary efficacy of the EMDR-RTEP protocol as a preventive intervention for post-traumatic symptoms resulting from perinatal loss.

An open-label randomized controlled trial was conducted at Hospital Clínic de Barcelona. Forty women who had experienced perinatal loss were randomly assigned to receive either the EMDR-RTEP intervention (n=20) or treatment as usual (TAU, n=20), which consisted of psychological grief counseling and non-trauma-focused cognitive-behavioral techniques. Post-traumatic, depressive, and anxiety symptoms, as well as the intensity of perinatal grief, were assessed using standardized instruments before treatment and three months after the loss (post-treatment).

The results showed that both groups experienced improvements in post-traumatic, depressive, and anxiety symptoms, as well as in perinatal grief intensity. Participants who received the EMDR-RTEP intervention had slightly lower post-treatment scores across all indicators compared to those who received treatment as usual, although these differences were not statistically significant. Additionally, mothers who received EMDR-RTEP reported a greater perceived emotional change compared to those in the TAU group ($U = 69.5$; $p = .011$), according to the CRES-4 satisfaction scale.

In conclusion, EMDR-RTEP is a feasible, well-accepted, and well-tolerated intervention for women who have experienced perinatal loss, and it showed a high level of satisfaction. Despite the lack of statistically significant differences between the two intervention groups, the results suggest a positive trend, particularly in the reduction of depressive symptoms and grief intensity in the EMDR-RTEP group. Larger studies are needed to confirm these findings.

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References

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