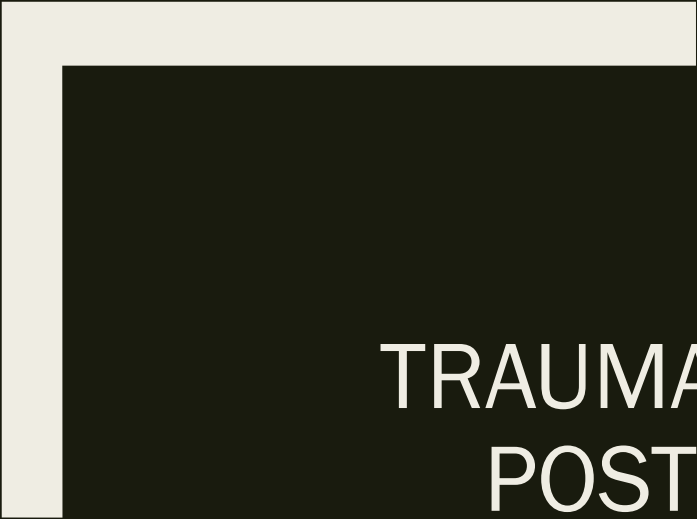




TRAUMA-INFORMED BIRTH & POSTPARTUM SUPPORT

ALEXIS EDWARDS, LCSW-S & CERTIFIED BEST DOULA

COURTNEY L. BUTTS, LCSW-S, RYT-200 & CERTIFIED BEST DOULA

Title of Program: OB/Gyn Grand Rounds
Workshop #: 25-2007-08

Where: Davis Auditorium (Hybrid Zoom)

Date: 10/22/24

Title of Talk: Trauma Informed Care in the Perinatal Period

Planners: Lauren MacAfee MD, Cheung Wong MD, Misty Blanchette Porter MD, Marjorie Meyer MD, Amy Young, RN

Speaker(s): Alexis Edwards, LCSW-S & Certified Doula and Courtney L. Butts, LCSW-S, RYT-200 & Certified Doula

Learning Objective/ By the end of this activity, the learners should be able to:

1. Define trauma and trauma-informed care and its relevance in perinatal care.
2. Understand the unique challenges trauma survivors might face during birth and postpartum.
3. Critically examine how existing standards of practice, procedures, and cultural norms may inadvertently perpetuate harm for birthing individuals.
4. Become familiar with the types of support, resources & treatments available to survivors.

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This activity did not receive any support from ineligible companies (grants or in-kind).

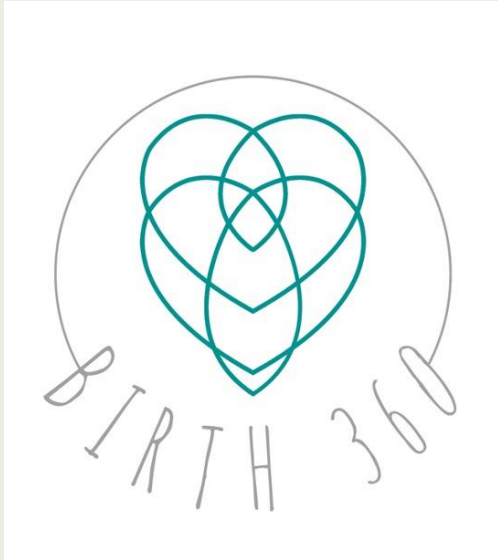
Meeting Disclaimer: Regarding materials and information received: the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

■ In support of improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

■ The University of Vermont designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

■ This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours.

■ This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.



ALEXIS EDWARDS, LCSW-S & CERTIFIED DOULA



COURTNEY BUTTS, LCSW-S, RYT-200 & CERTIFIED DOULA



WE ARE  TRAUMA
TALK



TRIGGER
WARNING

Goals

Define trauma and trauma-informed care and its relevance in perinatal care

Understand the unique challenges trauma survivors might face during birth and postpartum

Critically examine how existing standards of practice, procedures, and cultural norms may inadvertently perpetuate harm for birthing individuals

Become familiar with the types of support, resources & treatments available to survivors.

Why Trauma-Informed Care?

- 1 in 3 women in the U.S. have experienced rape, physical violence and/or stalking by an intimate partner in their lifetime (NCADV)
- Females ages 18 to 34 generally experienced the highest rates of intimate partner violence (NCADV)
- 25-34% of women report that their births were traumatic (PATTCh)
- 30-50% of trauma survivors report feeling retraumatized during healthcare experiences, particularly during invasive procedures (Moll et al.)
- Trauma and abuse are risk factors for postpartum depression and other postpartum mental health issues

Trauma Informed Care During the Perinatal Period

The leading underlying causes of pregnancy-related death include:

- **Mental health conditions 23%**
- Hemorrhage 14%
- Cardiac and coronary conditions 13%
- Infection 9%
- Thrombotic embolism 9%
- Cardiomyopathy 9%
- Hypertensive disorders of pregnancy 7% (CDC)

What is Trauma-Informed Care?



Understanding of trauma



Responsiveness to the impact of trauma



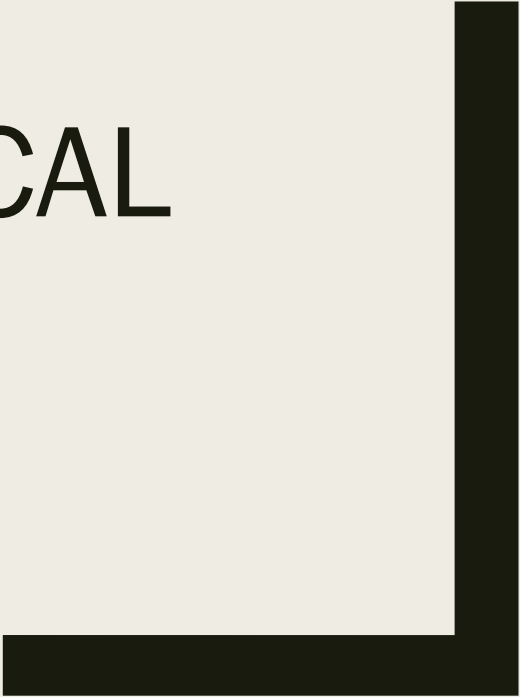
Emphasizes safety for the survivor



Rebuild a sense of control and empowerment



Seeks to avoid re-traumatization



NEUROBIOLOGICAL IMPACT

What is Trauma?



Emotional
response

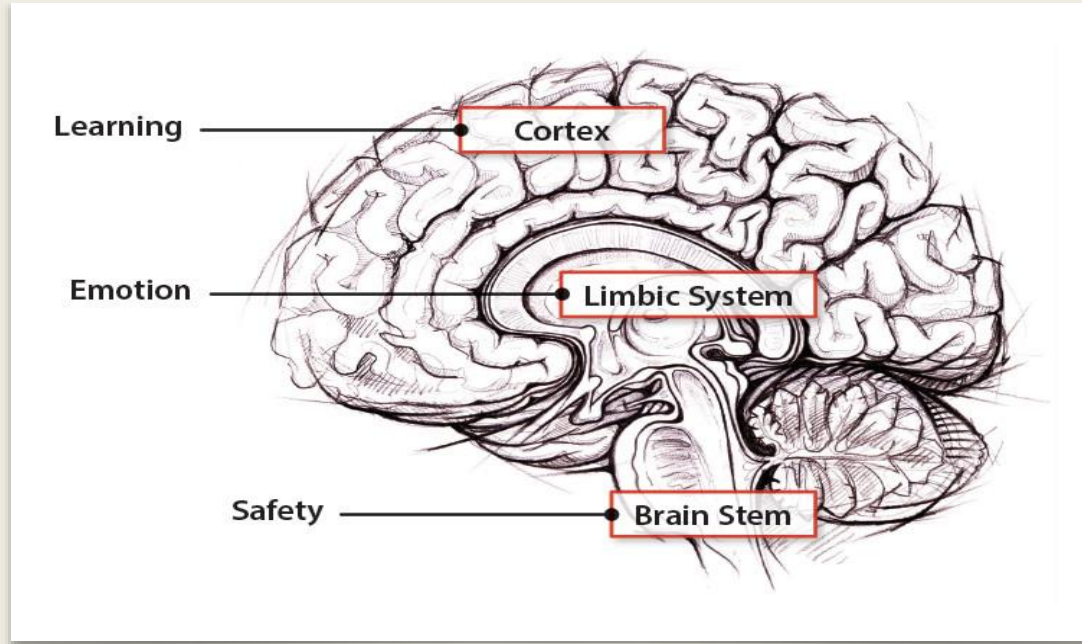


Subjective



Rewires the
brain

Hand Model of the Brain



Polyvagal Theory and Trauma

- Combines “poly” meaning “many” and “vagal” which refers to the vagus nerve
- Vagus nerve is the longest in body, from brain stem to gut (literally mind/body connector)
- Through a polyvagal lens, we understand that actions are automatic and adaptive.
- Emphasizes a hierarchy of defense



Hierarchy of Defense



Ventral Vagal State (Social Engagement and Safety)

parasympathetic nervous system is active, supporting calm, digestion, connection



Sympathetic State (Fight or Flight)

increased heart rate, heightened alertness, and readiness for action/mobilization

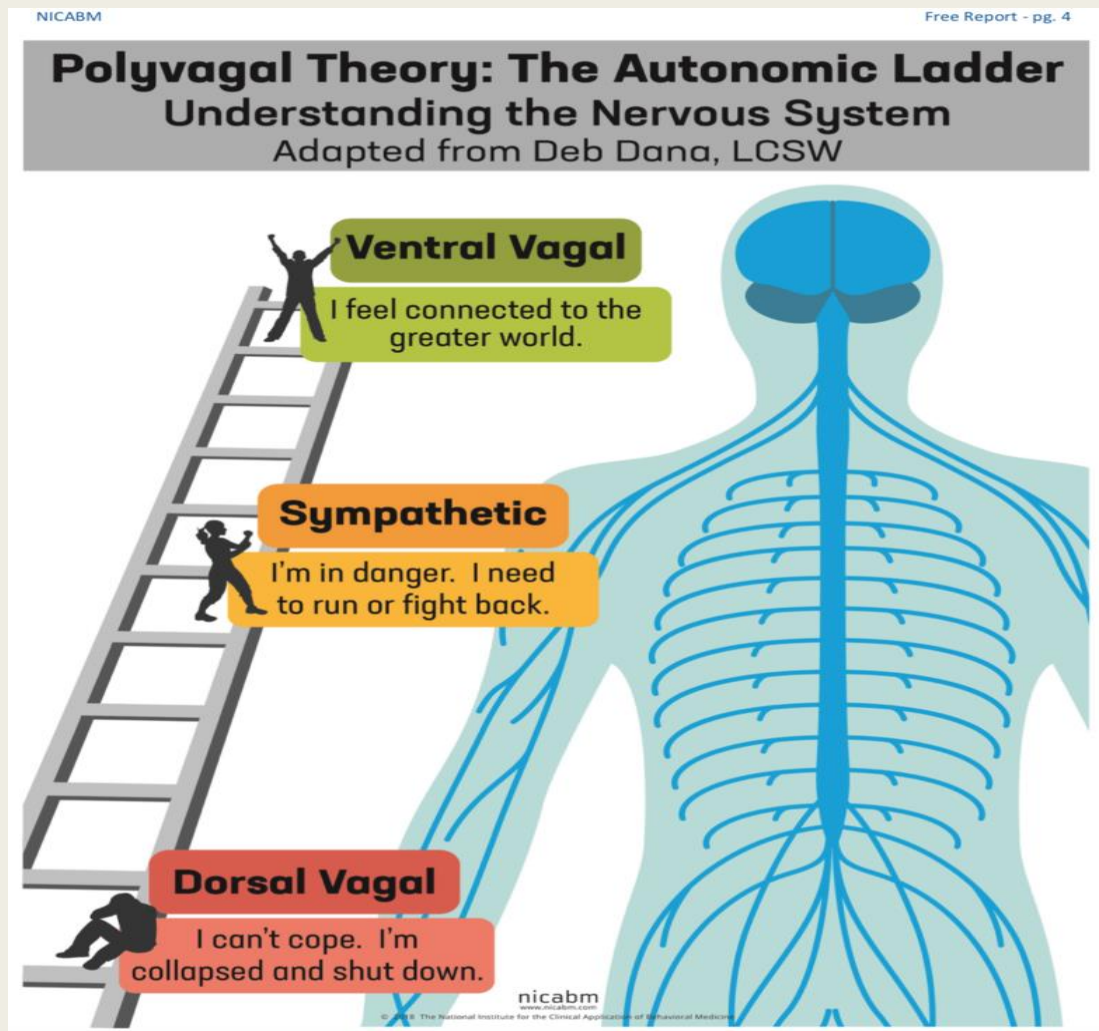


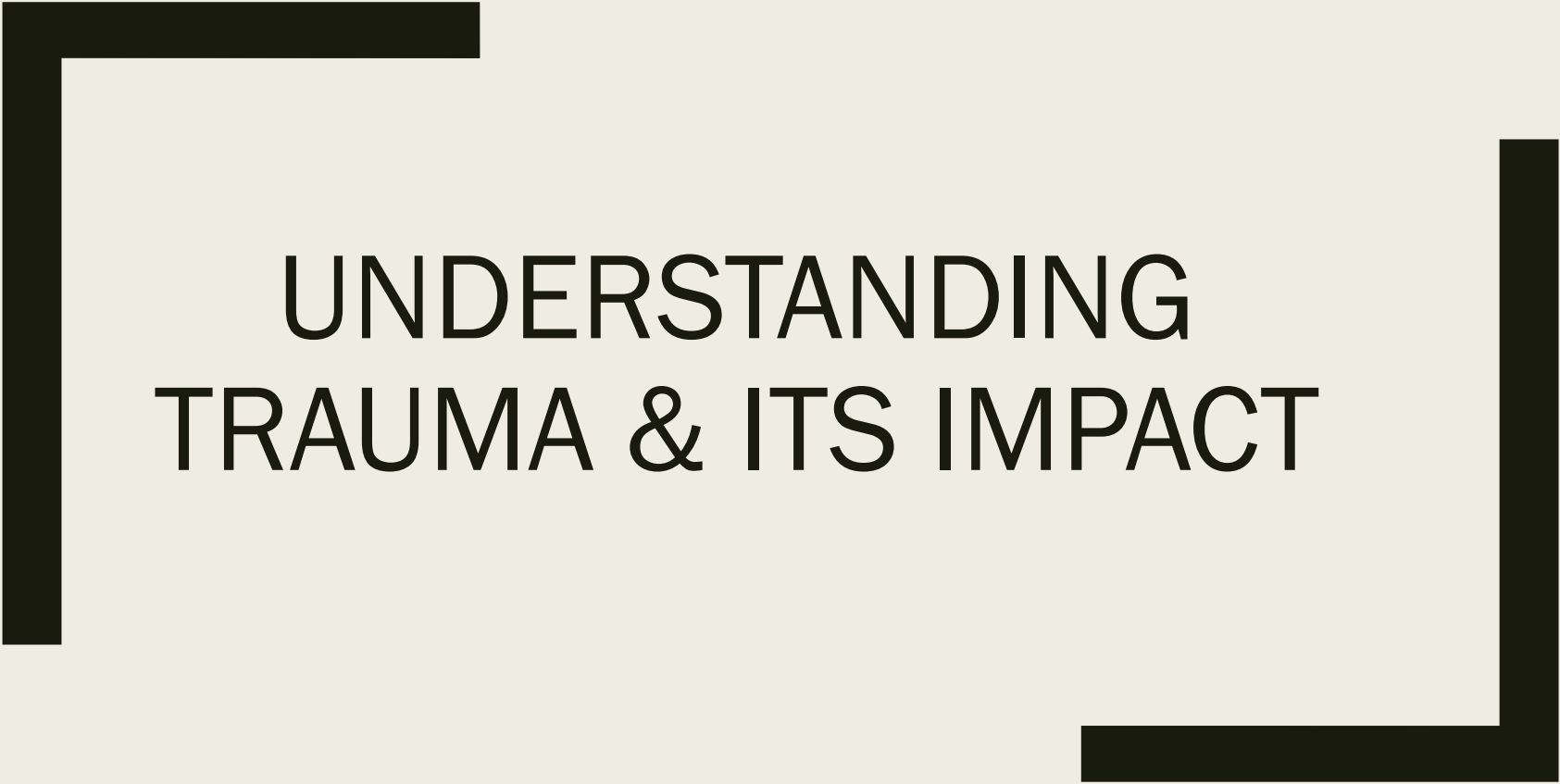
Dorsal Vagal State (Shutdown/Freeze)

back in parasympathetic, triggers immobilization such as dissociation, numbness, or fainting

Autonomic Ladder

Deb Dana. Source: NICABM.



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UNDERSTANDING TRAUMA & ITS IMPACT

Types of Trauma

“Big T” Trauma (Major Trauma)

- Sexual assault
- Childhood abuse
- Serious accidents
- Natural disasters
- Combat exposure

“Little t” Trauma (Smaller, Cumulative Trauma)

- Emotional neglect
- Chronic stress or anxiety
- Relationship conflicts
- Discrimination or microaggressions

“Tolerance of the behaviors **at the bottom** supports and **excuses** behaviors **at the top**. To change **outcomes**, we must **change culture**.”

— 11th Principle: Consent



ASSAULT — DEGRADATION — NORMALIZATION

Forced procedures
Use of physical force
Legal coercion
Bans on vaginal birth
Procedures without asking
Bullying, intimidation
Threats about baby's safety
Mocking pain or suffering
Disregarding birth plan
Ignoring questions, requests, pleas
Continued pressure for interventions after multiple refusals
Routine practices presented as if no choice
Not asking before touching the pregnant person
Coercion via biased medical advice
Hostility towards doulas
Jokes about birth plans leading to c-sections
Language like “allowing”/”letting” the pregnant person
Pathologization of pregnancy and birth
Birth horror stories and jokes about pain, loss of dignity in birth
“All that matters is a healthy baby”

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SPECIFIC TRAUMA

Domestic Violence

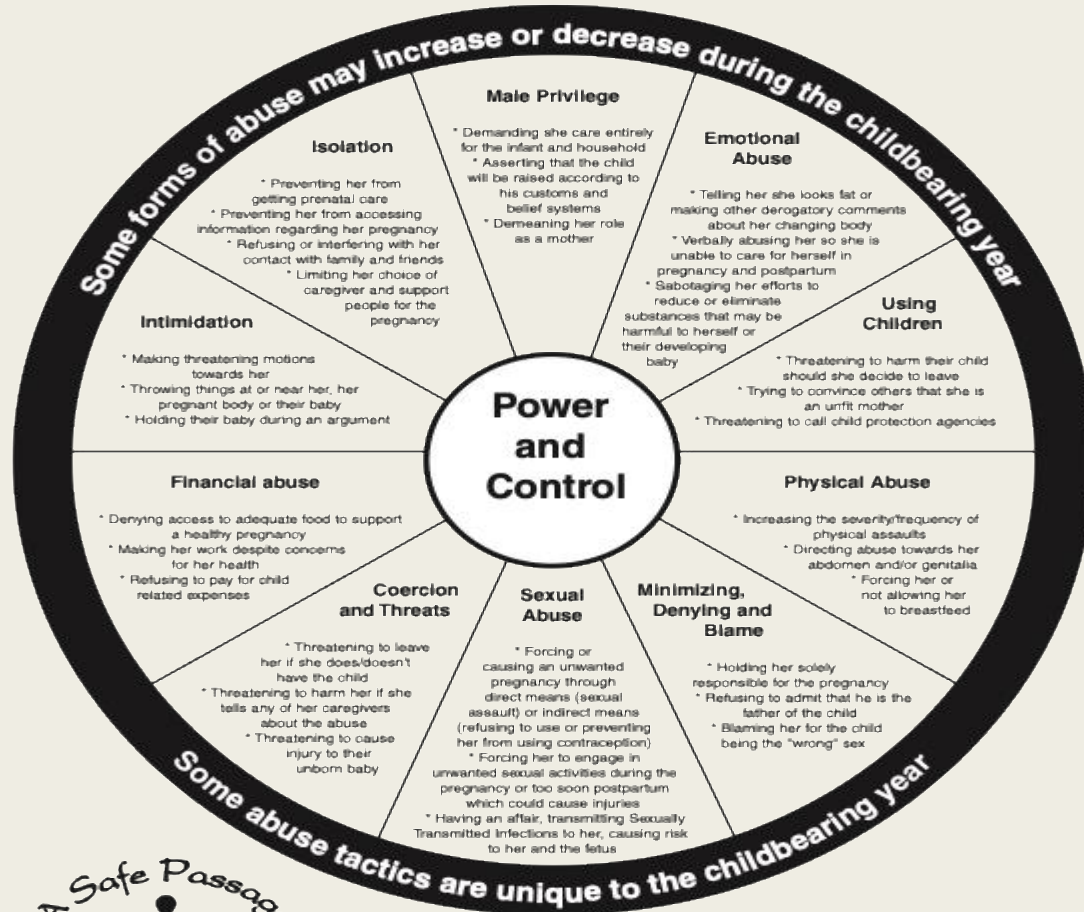
Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.

Can include:

- Physical
- Emotional/Mental
- Sexual
- Financial
- Technological

Woman Abuse in the Childbearing Year

Power and Control Wheel



Sexual Violence

Sexual assault is any type of sexual contact or behavior that occurs without explicit consent

Impact on Perinatal Care:

- Routine perinatal procedures can retraumatize survivors
- Can lead to a fear of medical providers, anxiety, dissociation during labor, or reluctance to engage in prenatal care

Sexual Violence

Clinical Relevance:

- Create a safe, respectful environment
- *Explain procedures*
- *Obtain consent at every step*
- *Provide space for patients to express concerns*

**Sexual trauma influences clinical care (e.g.,
trauma-sensitive pelvic exams, labor and
delivery)**

Racial Disparities in Birth & Postpartum

Black women are most at risk for poor
maternal health outcomes

Black women in the United States are **four times** more likely to die from pregnancy-related causes than White women and are **twice** as likely to suffer from a life-threatening complication during pregnancy or childbirth (CDC)

WHY?

Racial Disparities in Birth & Postpartum

College-educated Black mothers are more likely to experience severe complications than White women without a high school diploma

Applies to Black women across all education levels and persists even after controlling for differences in socio-economic status

Poverty and access to care does NOT tell the whole story

Systemic Racism in Healthcare

- Implicit Bias
 - *University of Virginia Study*
- Chronic Stress
 - *Increased the "allostatic load"*
- Weathering
 - *Black women experience accelerated biological aging due to the chronic stress of racism. As a result, they are more likely to experience pregnancy-related complications at earlier ages compared to white women*

Systemic Racism in Healthcare

- History of using and abusing Black bodies
 - Slavery, segregation, forced sterilization, gynecological medical experimentation and limited access to health care
- Higher Rates of Underlying Health Conditions
 - Hypertension, diabetes, and obesity
- Delayed Diagnoses and Treatment
 - Not receiving a timely diagnosis or treatment often due to biases in how their symptoms are interpreted by providers

LGBTQIA Communities

The perinatal period is extremely CIS and Hetero normative

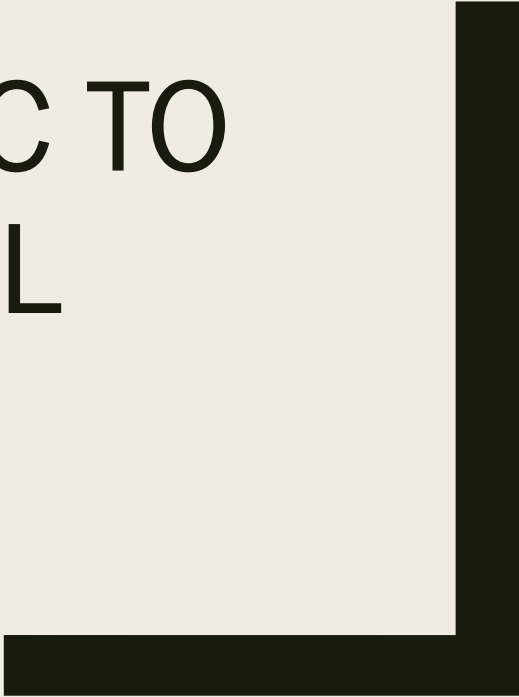
- Facing negative experiences within health care
 - Identity being ignored or disrespected
 - Microaggressions in misnaming or misgendering and assumptions
- Language Matters
 - *Perinatal vs. maternal or maternity*
- Respect for Family Structures
 - Dynamics & Roles
- *Biological considerations and medical needs*
 - Hormones
 - Miscarriages

NOT ALL MEDICAL PROFESSIONALS ARE
RACIST AND SEXIST, BUT WE ARE ALL
HUMAN BEINGS AND HUMAN BEINGS
HAVE BIAS.

AND BIAS CAN HAVE A TANGIBLE IMPACT
ON TREATMENT.



TRAUMA SPECIFIC TO THE PERINATAL PERIOD



Perinatal Loss

Defined as miscarriage, stillbirth, and neonatal death, can be expanded to include abortion and termination for medical reasons

Birth Related Trauma

Trauma can occur even if the birth is medically
"routine."

It's based on the patient's emotional
experience of the event, not just the clinical
outcome

Mental Health Impacts

Birth trauma significantly increases risk for developing a perinatal mood or anxiety disorder (PATTCh)

Up to 1 in 5 women experience anxiety and/or depression during pregnancy, and/or following birth (PSI)

Research shows PMAD symptoms do not usually resolve without treatment (PSI)

Overdose and suicide are the top causes of death during the perinatal period (CDC)

Perinatal Substance Use

- **Prevalence and Risks:**

- Perinatal substance use, particularly opioid use, has been rising in the U.S.

- **Impact on Birthing Person and Babies:**

- Infants face risks like NAS, low birth weight, and long-term developmental issues.
- Birthing parents are at higher risk for maternal morbidity, mental health issues, and postpartum relapse.

- **Interventions:**

- Use of screening tools, medication-assisted treatment (MAT), and multidisciplinary care involving OBGYNs, addiction specialists, etc.
- Some states are taking a nonpunitive approach (like Vermont!)



WHAT ARE TRIGGERS IN BIRTH
AND POSTPARTUM ?



“Several features in the medical environment trigger a neuroception of defense. For example, medical environments often remove access to the moderating social support features that we have in our normal everyday life. Our clothing is taken away from us. We are put into a public place and predictability is gone. Many of the features that our nervous system uses to self-regulate and to feel safe are disrupted.” - Porges



TRAUMA INFORMED CARE IN PRACTICE



The 3 C's

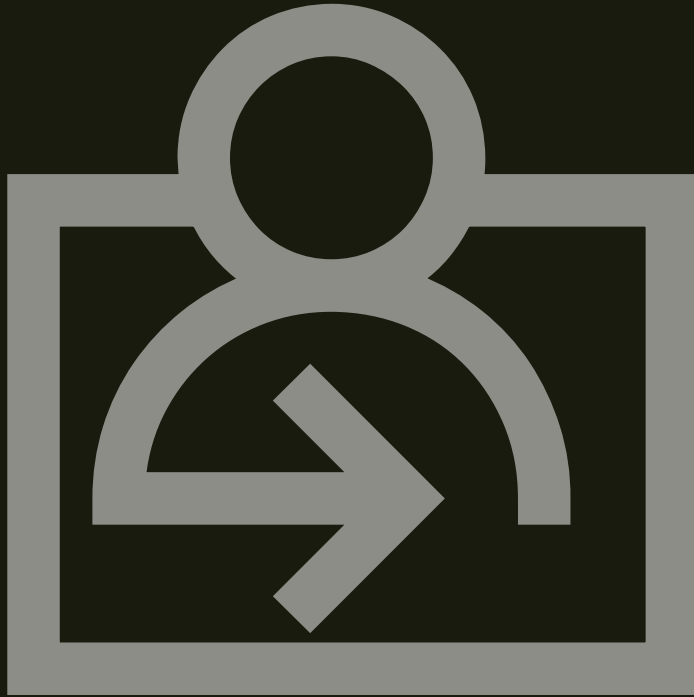
- Consent
- Connection
- Co-regulation

“It’s not what you know that heals, it’s who you are.” - Fanny Priest

Help Identifying Triggers

Triggers can be as simple as a word, sight, smell or touch

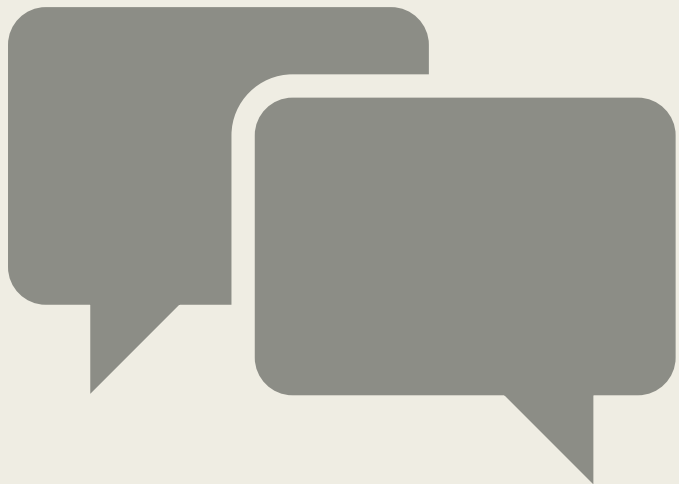
Providers can majorly shift a survivor's experience if we are sensitive and mindful of what triggers exist



What if a patient
discloses past
or current
trauma?

How do you
respond?

Brene Brown on Empathy



Supportive Responses

- Listen without judging
- Validation and acknowledgment
- Empathy and compassion
- Reassurance of control and safety
- Offer to adapt care
- Offer follow support

Grounding Techniques

5-4-3-2-1



SEE



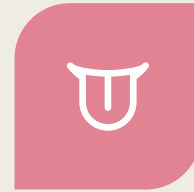
HEAR



FEEL



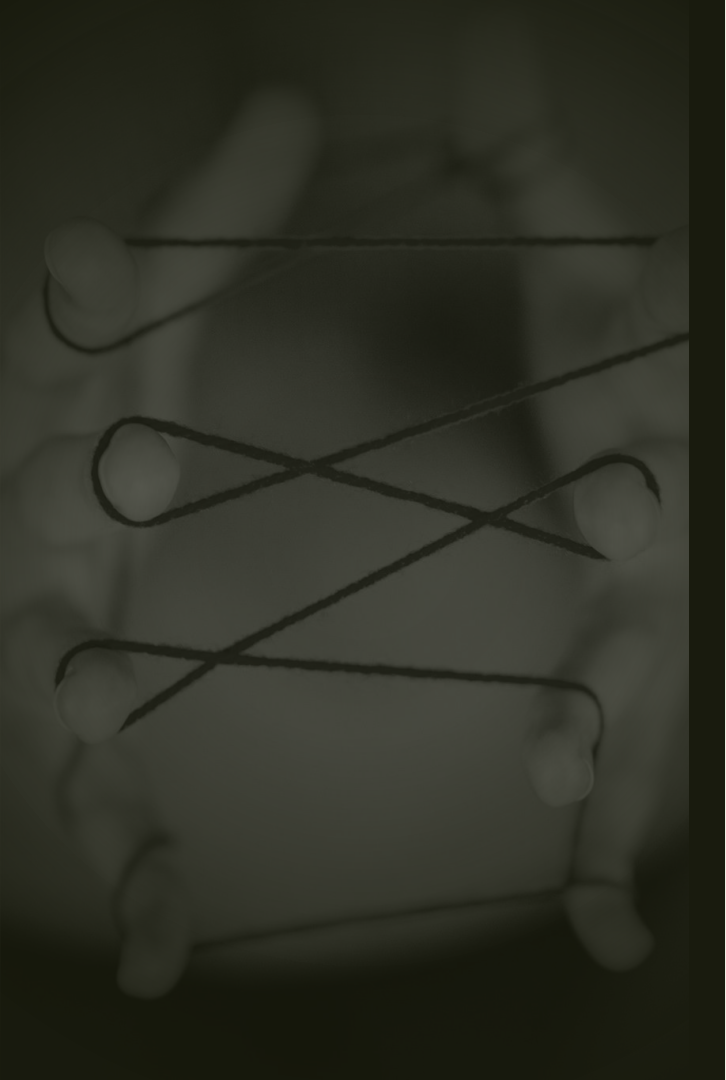
SMELL



TASTE



KNOW YOUR
RESOURCES!



Evidence-Based Therapies

- Cognitive therapies such as CBT/CPT/ACT
- EMDR/ Brain Spotting
- Internal Family Systems (IFS)
- Sand tray
- Somatic experiencing (SE)
- Yoga therapy
- Other body work such as pelvic floor therapy, acupuncture or massage

Resources

