



Trauma Informed Approaches to Perinatal Mental Health Care

Leena Mittal, MD, FACLP
Brigham and Women's Hospital
MCPAP for Moms
Associate Medical Director

Nancy Byatt, DO, MS, MBA, FACLP
UMass Memorial Medical Center
MCPAP for Moms
Medical Director

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What is Trauma?

“Trauma is defined as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.”

Experiences of trauma are widespread

- Majority of individuals (50-90%) have had exposure to a traumatic event in their lifetime
- Interpersonal Violence (IPV) is more common in pregnant women than gestational diabetes

Maternal trauma can negatively impact one's pregnancy, postpartum experience and infant health.

Exacerbation of perinatal mood and anxiety disorders

Preterm birth risk

Poor maternal infant bonding

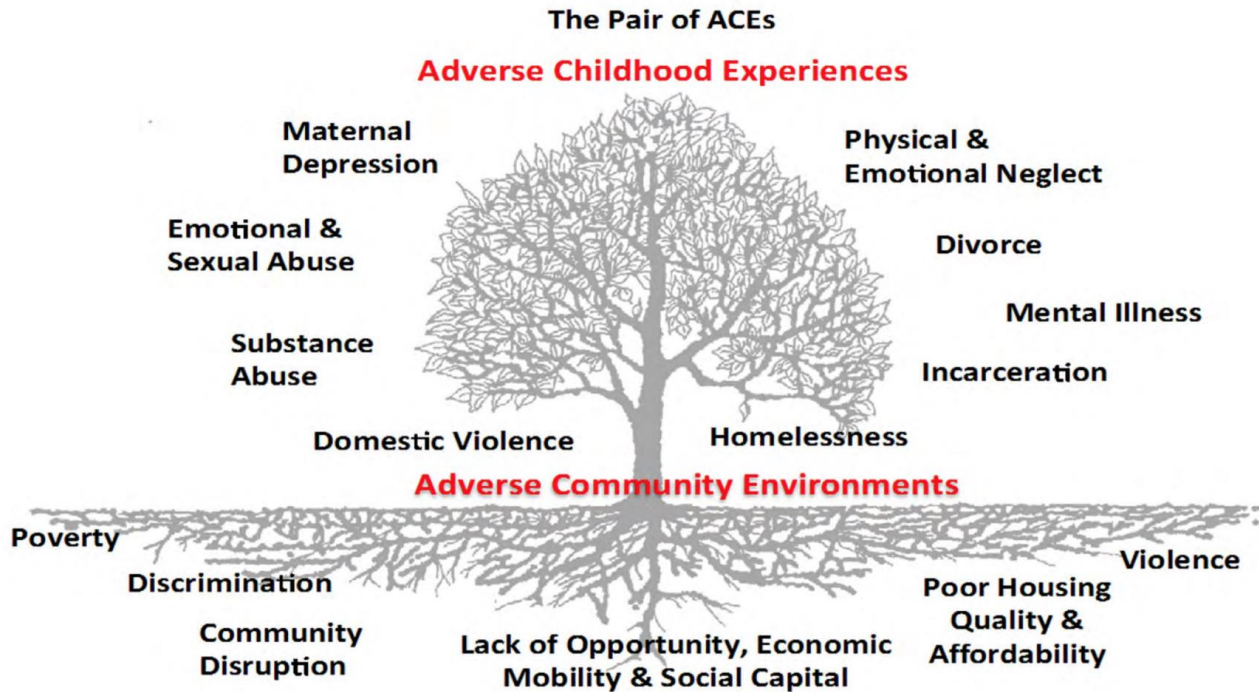
Low birth weight

Reduced or early cessation of breastfeeding

Dysregulation in fetal neurobiological systems

Yonkers et al., 2014; Brand et al., 2010; Meltzer-Brody et al., 2013; Muzik et al., 2016; Smith et al., 2016

Adverse Childhood Experiences: in the soil and the air



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

From the Center for Community Resilience <https://ccr.publichealth.gwu.edu/>

Women with past trauma and ACEs are more likely to experience...

- Substance use disorders
- Suicide attempts
- Adolescent pregnancy
- Fetal death
- Medical co-morbidities

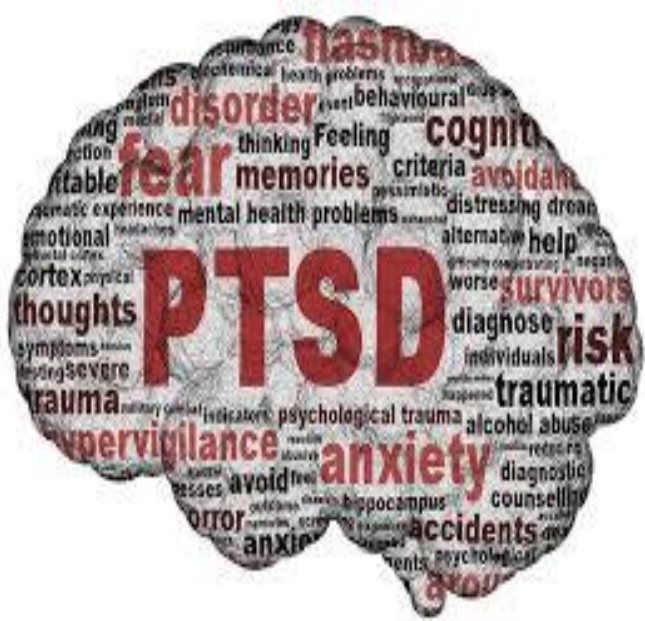
ACE are more prevalent among perinatal women in OUD treatment

65% had an ACE score of 4 or more (average ACE score 4.3 vs 1.4 in a survey sample)

16-26% of pregnant women with OUD are diagnosed with PTSD



Co-morbidity of PTSD and mental health disorders



- Pregnant women with OUD and PTSD are **twice** as likely to have a mood disorder
- Patients with borderline personality disorder are **twice** as likely to develop PTSD
- Anxiety and depression are highly comorbid with PTSD

Golier et al., 2003

Trauma and Stress-Related Disorders

4 categories of symptoms

Intrusion symptoms

Avoidance

Negative alterations in cognitions and mood

Alterations in arousal and reactivity (i.e. sleep disturbances)

Time frames

Acute Stress Disorder: 3 days to 1 month

PTSD >1 month

Delayed onset - >6 months after stressor

There is no one size fits all approach to trauma and stress-related disorders



- **Functional impact**
- **Heterogeneity:**

636,120 ways to have PTSD

Galatzer-Levy and Bryant 2013

High resilience is associated with lower rates of stressful events during pregnancy

High level of resilience can **mitigate** the relationship between traumatic experiences and multiple adverse outcomes such as depression, substance use disorders, PTSD, and suicidal behaviors

Lower rate of postpartum depression and PTSD

Higher rates of Maternal Self-efficacy

Supporting relationships is the most important contributing factor to resilience



(Narayan et al, 2018; Sexton et al., 2015)

Trauma impacts health care



A history of ACE associated with a multitude of health problems

Health care services can be (re) traumatizing

Prior trauma can influence how care is engaged with

Health care can be re-traumatizing



Interpersonal factors

- Power dynamic between provider and patient
- Gender of provider/patient
- Lack of privacy (physical/emotional)

Physical factors

- Exposure during examination
- Discomfort due to symptoms or examination/procedure
- Positioning
- Physical touch

In obstetric settings, trauma and PTSD symptoms often go unnoticed

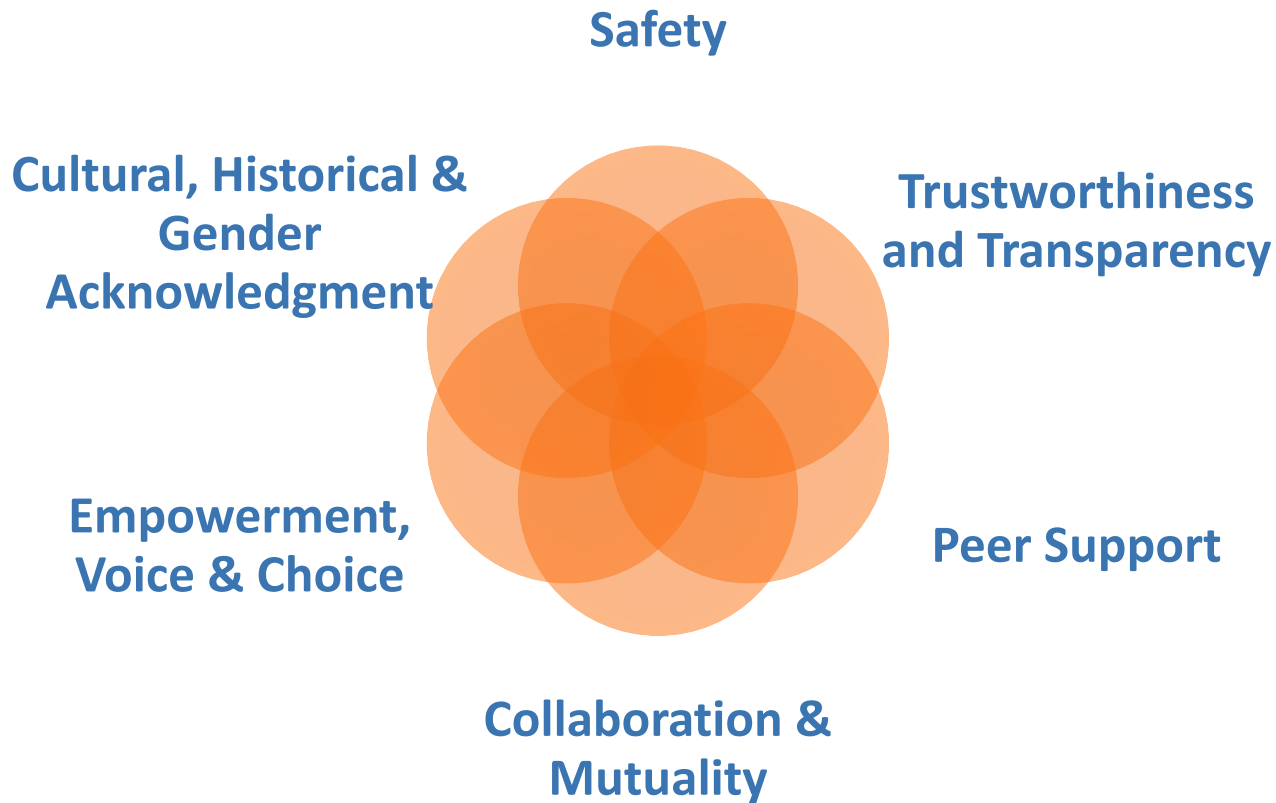
Patients do not disclose because of...

- Shame
- Helplessness
- Stigma
- Fear of partner retaliation
- Fear of child protective service involvement

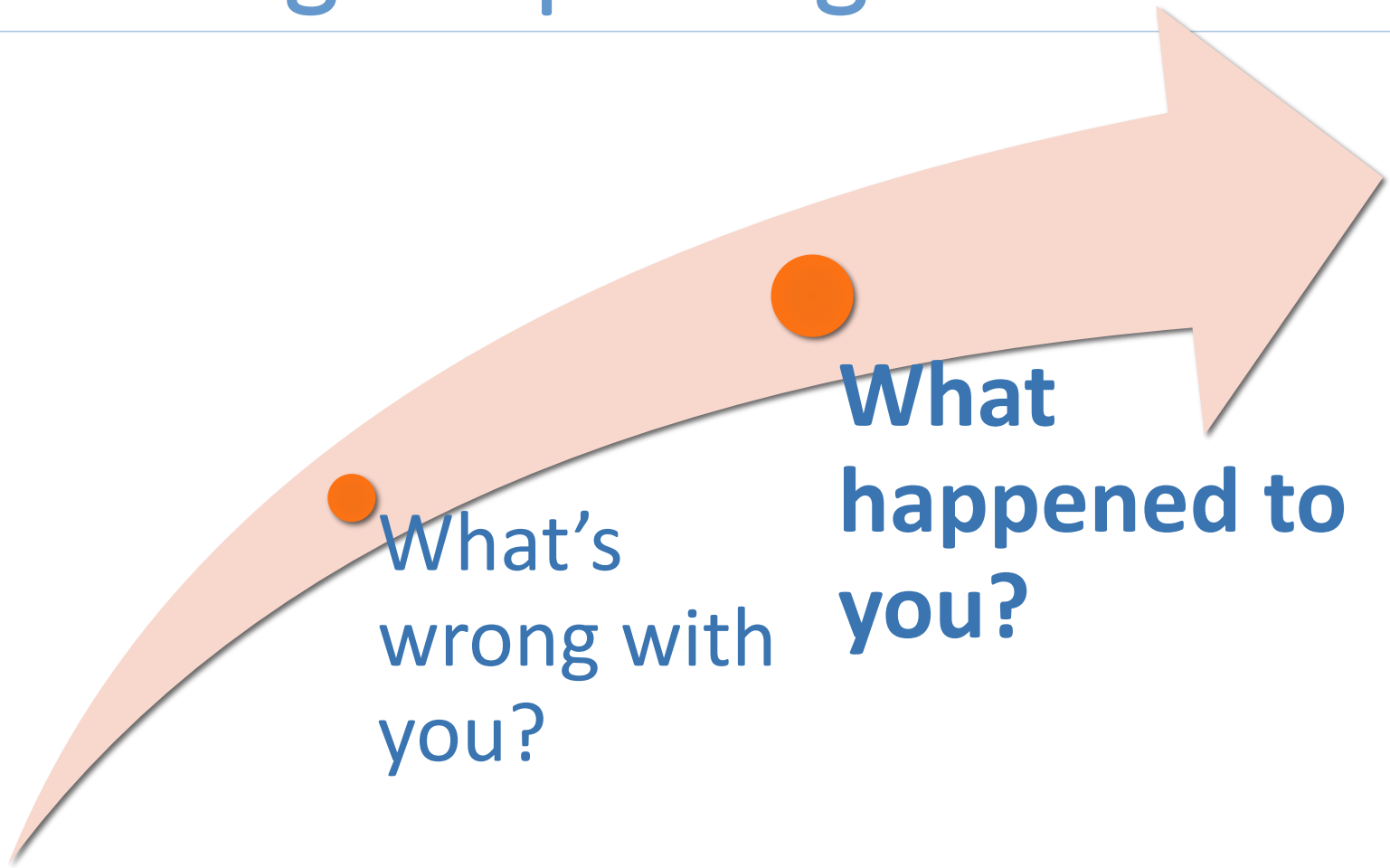
Providers do not inquire because of...

- lack of training
- Insufficient time
- Perceived short supply of support resources

Six core principles of Trauma Informed Care



Shifting the paradigm



What's
wrong with
you?

**What
happened to
you?**

Trauma Informed Care should be applied universally



Utilize TIC principles in all aspects of care.

Environment	Policies	Attitudes/Beliefs
Calm and clean	“No wrong door”	Patient centered
Privacy	Clear and transparent policies	Asking questions, not making assumptions
Accessibility	Language accessibility	Honoring differences in coping
Pleasant	Seeking feedback	
	CAN DO approach	

Thinking about implementation

A Trauma informed care organization...

Realizes that trauma is prevalent and widespread

Recognizes trauma affects everyone in the system – patients and workforce

Responds by integrating TIC into all levels of operation

Universal screening in obstetric visits is an opportunity to:

- Proactively address risk
- Engage patient in targeted interventions



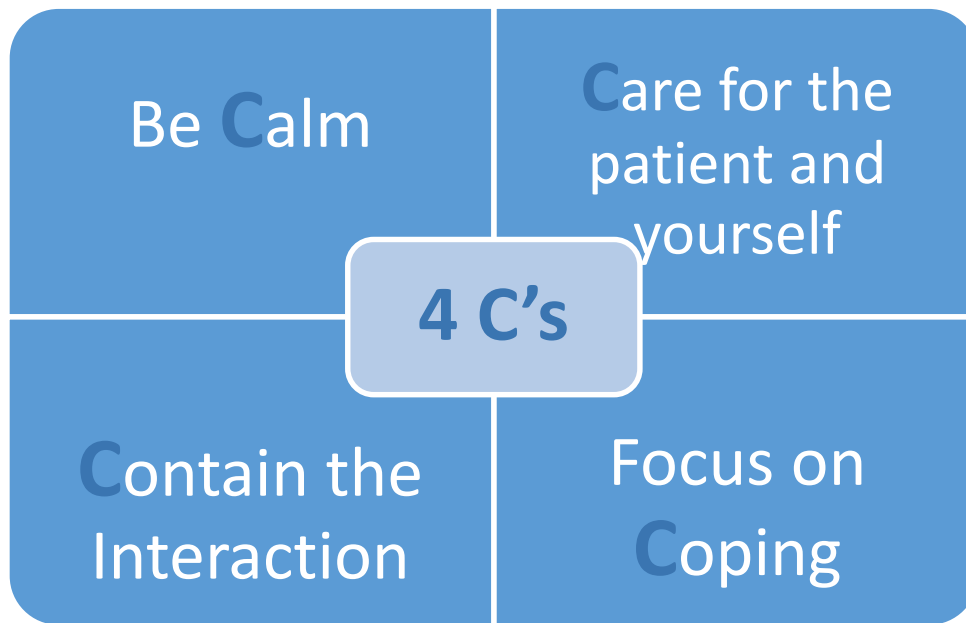
ACOG Committee Opinions recommend screening for trauma, PTSD and IPV

Childhood Traumatic Experiences	Adverse Childhood Experiences (ACES) Questionnaire: 10 item self-report scale, extensive literature shows association between higher ACES and poor mental and physical health outcomes
PTSD <i>(veterans only)</i>	Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) 5 item screen designed for use in primary care PTSD Checklist for DSM-5 (PCL-5) 20 item self-report measure that can be utilized for a positive screen on the PC-PTSD-5
IPV	Humiliation, Afraid, Rape, Kick (HARK): 4 questions that assess emotional and physical IPV in the past one year Hurt/Insult/Threaten/Scream (HITS): 4 items that assess the frequency of IPV Woman Abuse Screening Tool (WAST): 8 items that assess physical and emotional IPV

ACOG CO #498, 547, 518

Prepare to discuss trauma with each patient

Practice Personal Preparation: 4 C's



Utilize TIC principles when gathering and assessing history of trauma

ASSESSING RECENT TRAUMA

Ask about Intimate Partner Violence (IPV) in private

Utilize professional interpreters if needed

If IPV endorsed

- Affirm that this is not okay
- Offer warm handoff to support services
- Remain accessible

ASSESSING PAST TRAUMA

Should **NOT** request detailed account

Inquire about current coping/management

Engage in longer term trauma focused work

Trauma-Informed care interventions and referral options



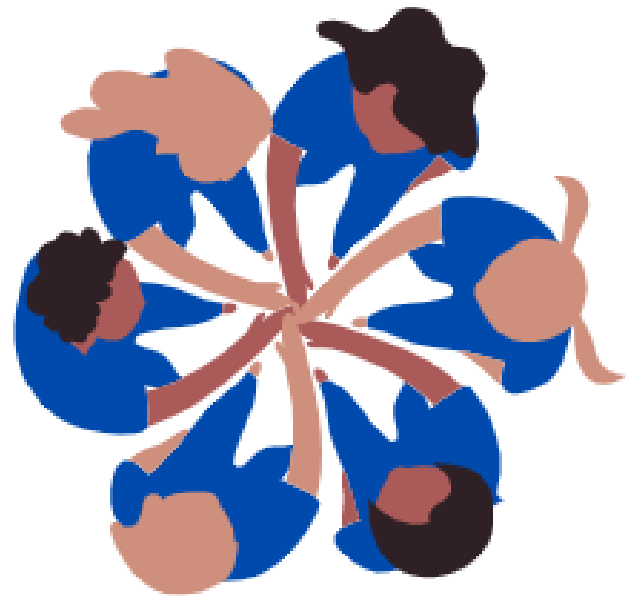
- Psychotherapy**- First line treatment for PTSD (TF-CBT, EMDR)
- Pharmacotherapy**- SSRI's for comorbid depression/anxiety, second generation anti-psychotics for targeted symptoms (i.e. anger, impulsivity, nightmares)
- Mother-Infant Dyad Interventions**
- IPV Support**

A trauma-informed system proactively addresses the needs of providers

Creates a space for providers to reflect on patient experiences

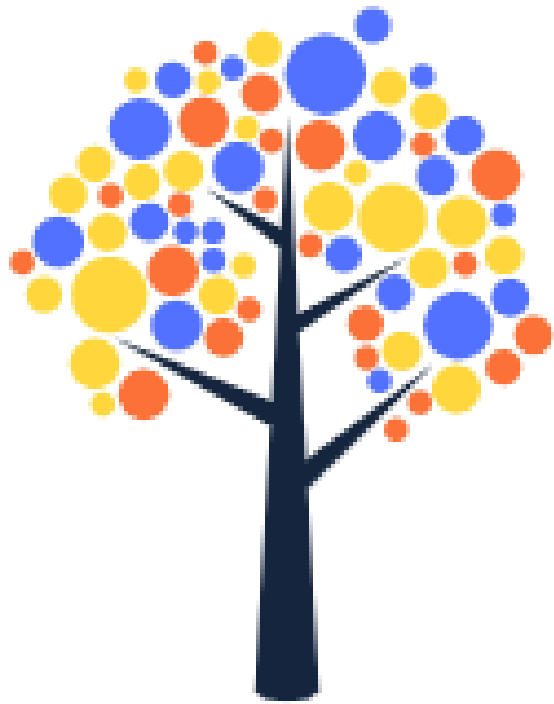
Engage in resiliency building

Protect against compassion fatigue and burnout



SAMHSA, 2014

Resilience in an organization looks like...



- Resources for staff well-being
- Flexible policies (i.e. voluntary huddles, not mandatory debriefing)
- Clear communication
- Training and learning opportunities
- Attention to team morale

How can we implement TIC now?



Challenge:

During the COVID-19 pandemic, there is an increased risk for a woman to experience her birth process as traumatic.

Risk factors include:

- anxiety prior to labor
- absence of a birth partner and/or perceived lack of support during labor and delivery
- feelings of disconnection, helplessness, and isolation during labor and delivery

What Providers Can Do:

Remember that the principles of trauma-informed care are more important now than ever.

- Remember that our usual ways of providing non-verbal reassurance are impeded by telehealth, masks, and physical distancing.
- Make direct eye contact, use clear, supportive verbal communication and attentive, focused listening.
- Consider wearing a photo ID or adding a smile to your mask to offset loss of nonverbal feedback.



What Providers Can Do:

- Describe in detail the process for telemedicine visits and for arriving at the hospital.
- Help patients to identify back up plans if their support person is COVID+ or becomes symptomatic.
- Encourage creative means of support like including a doula or birth partner via video-chat.
- Reassure women that visitation policies have evolved to include increased birth support.



What Providers Can Do:

- Discuss that hospitals and accredited birth centers remain the safest settings for delivery.
- Carefully weigh risks and benefits of home births if a woman is considering this option.



Challenge:

During this time, there is concern that all perinatal women are at increased risk for mental health conditions.

What Providers Can Do

For All Women:

- Discuss concerns about labor, birth, and the postpartum period
- Identify sources of support
- Refer to mental health providers for individual, group therapy, and/or medication treatment as indicated
- Therapy, peer support, and medication treatment is still available via telemedicine visits

For Women with Trauma-Related Disorders:

- Be aware of signs of prior trauma.

Signs of Prior Trauma

- Avoidance of prenatal care
- Unusual fear of needles, IVs, or medical procedures
- Extreme sensitivity about bodily exposure
- Recoiling when touched during an exam

For Women with Trauma-Related Disorders:

- Screen for safety and privacy prior to and during virtual visits
Optimize trauma-responsive approaches by promoting autonomy and choice when able.
- Ask for permission prior to physical contact, and narrate the steps to procedures in advance, including what physical sensations might be experienced.
- Maximize privacy whenever possible.

For Women with Trauma-Related Disorders:

- Involve the woman in decisions regarding her obstetric care and offer choices whenever feasible.
- Explain before labor what emergency interventions may be necessary.
- Minimize loud directives or commands.
- Be aware of nonverbal communication, and sit when speaking rather than standing over patient, whenever possible.

Delivering and receiving care has been more challenging



Patient Handout: Taking Care of Yourself During COVID-19

TAKING CARE OF YOURSELF DURING COVID-19

Resources for Pregnant and Postpartum Women

FEELING WORRIED, DOWN OR OVERWHELMED?

These feelings are common after giving birth and can be made worse by the current health crisis. You may notice:

- Feeling scared, angry, overwhelmed or sad.
- Changes in your sleep, energy, appetite or mood.

Share how you are feeling with your family and friends. If you feel overwhelmed, talk with your health care provider about support options.

HOW TO SEEK SUPPORT

It is important to remember that we all feel anxious sometimes. If you are struggling to care for yourself or your baby, please reach out.

Talk to your health care provider to be connected with MCPAP for Moms for mental health and well-being resources.

<https://www.mcpapformoms.org/>, and <https://www.postpartum.net/>

If you need help with:

- Financial assistance
- Housing
- Child care
- Food

Dial 2-1-1 or click start search online at <https://mass211.org/>



Adapted by MCPAP for Moms. Author: Hathaway G.

SOME TIPS



MINDFUL BREATHING

Try mindful breathing every day. Breathe in for 4 seconds, hold for 7 seconds, and breathe out for 8 seconds (4-7-8).



MAINTAIN A ROUTINE

Keeping to a routine can help to create a sense of normalcy and break up long days at home.



MOVE EVERY DAY

Activity helps with stress reduction. After discussing with your doctor, try to get outside every day. Remember to keep a six foot distance from others and follow CDC/local guidelines for wearing a mask.



GET INVOLVED

Helping others can make you feel connected. Checking on a neighbor, sewing masks or donating canned goods to a food pantry can help give the feeling of control.



LIMIT NEWS INTAKE

Pick one time in the day to read/listen to the news, limit to 30 minutes or less.



STAY CONNECTED

Isolation can make you feel lonely and overwhelmed. Reach out to family and friends via video or phone calls.

Self-Care Plan

Your life may feel drastically changed during this time, and feeling overwhelmed, stressed, or sad are very common and understandable responses. It can be hard to cope with problems when you're feeling sad and have little energy. A self-care plan can be a useful tool to help you attend to your own wellness needs, and those of your baby.

1

Make time for pleasurable activities. Commit to scheduling some simple and enjoyable activity each day.

Things I find pleasurable include: _____

During the week I will spend at least _____ minutes doing (choose activities to try in the coming week). _____

2

Stay physically active. Make sure you make time to do some activity, even a few minutes of activity can be helpful.

During the week, I will spend at least _____ minutes doing (write in activities) _____

3

Ask for help. Look to those in your life you can ask for help- for example your partner, your parents, other relatives, your friends.

People I can ask to help me: _____

During the week I will ask at least _____ person/people for help. _____

4

Talk or virtually spend time with people who can support you. Explain to friends and loved ones how you feel. If you can't talk about it, that is okay too.

People I find supportive include _____

During the week, I will contact _____ (name/s) and try to talk to them _____ times.

Sleep is a very important part of self-care.

- **Watch how much caffeine you take in.** Caffeine stays in the body for 10-12 hours. Consider limiting coffee, tea, soda, chocolate, and energy drinks.
- **Set a routine.** Set regular times for going to bed and waking up, even if you slept poorly the night before. Set up a relaxing routine 1-2 hours before bed and limit your exposure to electronics and light.
- **Keep the bedroom mellow.** Only use your bed for sleep and sexual activity. Keep your bedroom dark and cool and move your clock to prevent constantly checking it through the night.

Belly breathing triggers your body's natural calming response.

1. Begin by slowly bringing your breath to a steady, even pace.
2. Focus on breathing in from the very bottom of your belly, almost as if from your hips/pelvis.
3. See if you can breathe in a way that makes your belly stick out on the in-breath and deflate totally on the out-breath. Your chest and shoulders should stay quite still. It's all about breathing with your belly!

Any amount of time you can find to do this can help. Aim to practice 10-15 minutes at least twice daily.

Simple goals and small steps.

Break goals down into small steps and give yourself credit for each step you finish.

Adapted from the Lifeline4Moms Toolkit. Copyright © 2019 University of Massachusetts Medical School all rights reserved. Revision 10-08-19. Lifeline4Moms Perinatal Mental Health Toolkit. Funding provided by CDC grant number U01PD006093. Authors: Bryant M. Mittal, L. Brevéckle L. Logan D. Masters G. Bergman A. Moore-Sims T.

Download here: <https://www.mcpapformoms.org/docs/PatientCOVID19.pdf>

Provider Material: Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19

MCPAP
For Moms

Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19

Challenge:
Usual screening for mental health symptoms is more challenging now. There are fewer in person prenatal visits, restricted exchange of screening tools especially via paper and pencil, and variable access to screening tools via patient portals.

Signs of Depression

- low mood
- sleep disruption
- changes in appetite
- increased guilt
- thoughts of low self-worth
- low energy
- decreased focus/ concentration
- hopelessness/helplessness
- thoughts of self-harm or suicide

What Providers Can Do:

- Be aware of signs of increased depression, anxiety, and substance use.
- Use [MCPAP for Moms QR Provider Toolkit](#) for brief screening measures that can be administered verbally during telemedicine visits.
- Contact MCPAP for Moms for consultation or resource and referral at 855-666-6272 Monday-Friday 9 a.m. - 5 p.m.


Challenge:
During the COVID-19 pandemic, there is an increased risk for a woman to experience her birth process as traumatic. Many women are fearful about the impact of the pandemic on their birth experience including participation of a birth support person in the labor room, or not having usual supports around to help postpartum.

Risk factors include:

- anxiety prior to labor
- absence of a birth partner and/or perceived lack of support during labor and delivery
- feelings of disconnection, helplessness, and isolation during labor and delivery

What Providers Can Do:

- Remember that our usual ways of providing non-verbal reassurance are impeded by telehealth, masks, and physical distancing.
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- Discuss that hospitals and accredited birth centers remain the safest settings for delivery. Carefully weigh risks and benefits of home births if a woman is considering this option.



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Download here: <https://www.mcpapformoms.org/Docs/ProviderCOVID19final.pdf>

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Leadership

Nancy Byatt, DO, MS, MBA, FACLP

Medical Director, MCPAP for Moms
UMass Memorial Medical Center /
UMass Medical School

Leena Mittal, MD, FACLP

Assoc. Medical Director,
MCPAP for Moms
Brigham and Women's Hospital /
Harvard Medical School

MCPAP for Moms Consulting Psychiatrists

Margo Nathan, MD

Brigham and Women's Hospital /
Harvard Medical School

Wendy Marsh, MD, MSc

UMass Memorial Medical Center /
UMass Medical School

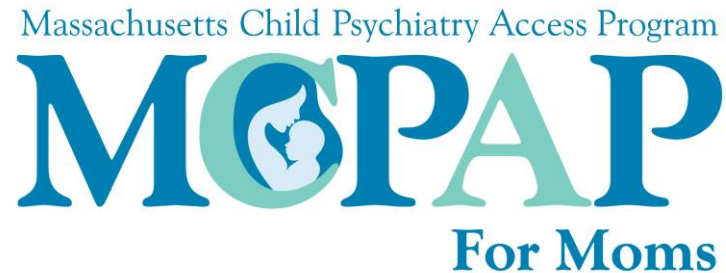
Valerie Sharpe, MD

Baystate Medical Center

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Thank you!

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