

BRIGHAM HEALTH



BRIGHAM AND  
WOMEN'S HOSPITAL

# Trauma in the Birthing Process: Promoting Health Equity & Trauma Informed Care

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# Disclosure

- Dr. Okwerekwu has no conflicts of interest in relation to this presentation.

# Learning Objectives

- Describe trauma & elements of a traumatic birth
- Understand the influence of systemic inequity, discrimination, and bias on trauma & stress disorders
- Articulate the impact of trauma on psychiatric, obstetric, and pediatric health
- Appreciate the principles of a trauma-informed approach to obstetric care



# What is Trauma?

## Three “E”’s

- EVENT(S)
- EXPERIENCE
- EFFECT



# What is a Traumatic Event?

Exposure to something bad

## DSM V :

- *Death*
- *Threatened death*
- *Actual or threatened serious injury*
- *Actual or threatened sexual violence*



# How is Trauma Experienced?

1. Personal Exposure
2. Witness
3. Vicariously
4. Repeated or extreme indirect exposure to trauma

# Trauma is pervasive

## How Is someone exposed to Trauma?

1. Personal Exposure ( Direct) **Patient**
2. Witness **Families/ Communities/ Clinicians**
3. Vicariously **Families/ Communities**
4. Repeated or extreme indirect exposure to trauma **Clinicians**

ACE STUDIES



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# Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.





# What is the Effect of Trauma?

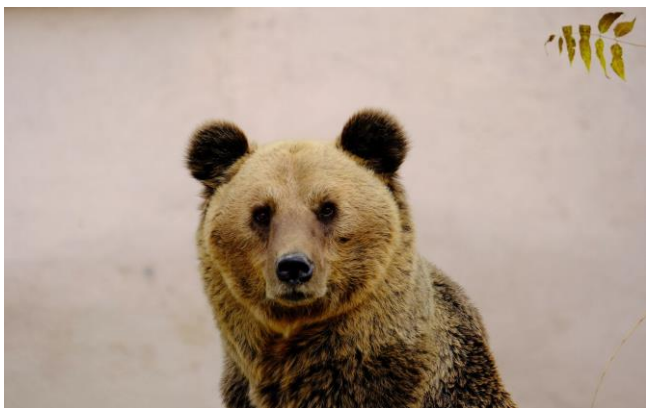
- It is possible to experience trauma without being traumatized or developing a disorder.
- Trauma is the antecedent to Stress and Trauma related disorders which result in clinically significant distress and impairs the ability to function.



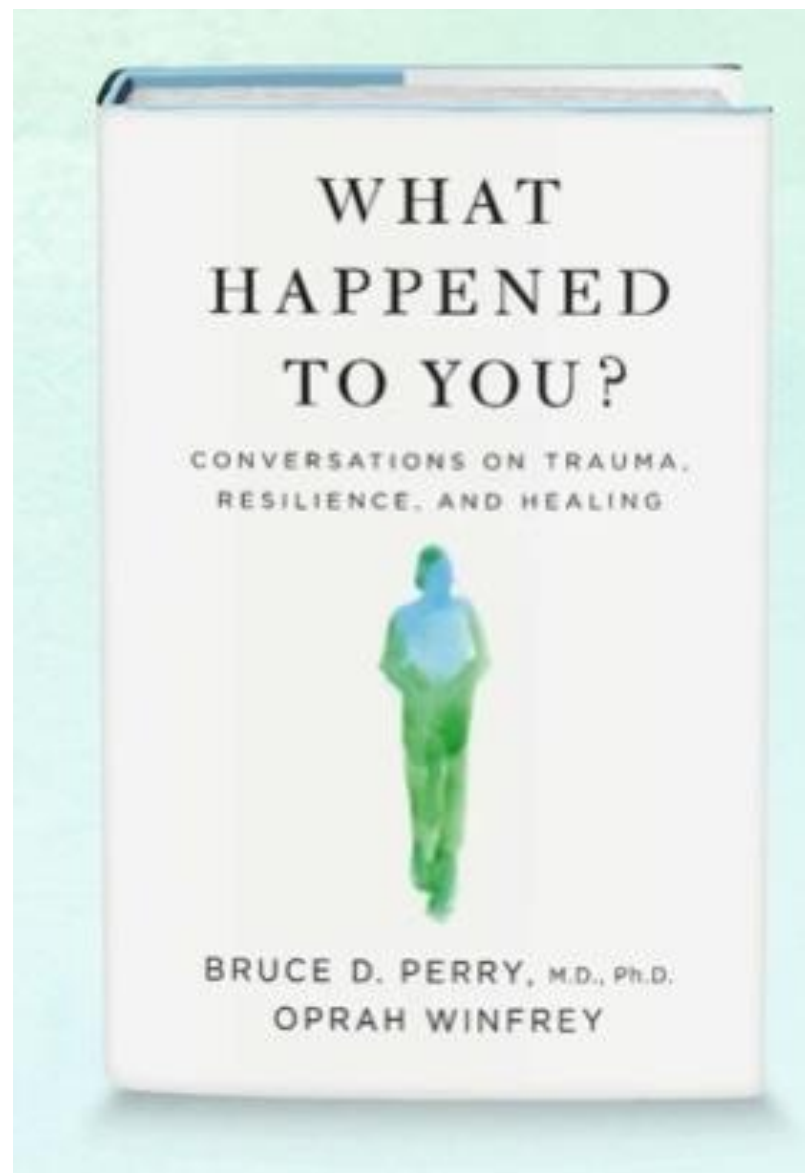
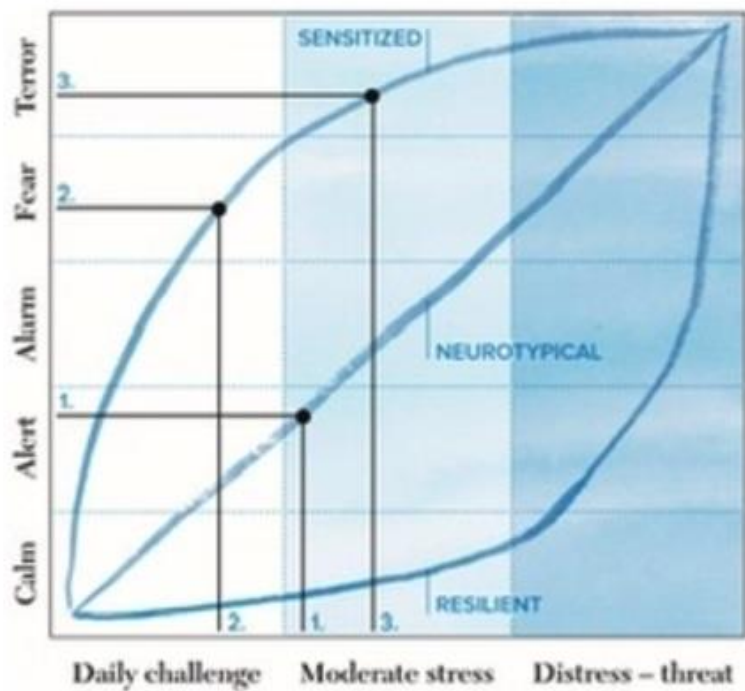
Illustration by JR Bee, Verywell

“After a traumatic experience, the human system of self-preservation seems to go onto permanent alert, as if the danger might return at any moment.”

— Judith Herman MD, Trauma And Recovery



STATE-REACTIVITY CURVE





## Recognizing trauma...

- Emotional, behavioral, physical health problems
- Irritability – behaviors in clinic perceived as rude or hostile
- “No shows” and “non-compliance” with care
- Overly demanding
- Perceived self sabotaging behaviors – substance abuse

**Trauma is insidious**

# Frustration

“What’s Wrong with you?”



# Trauma-Informed Care

## *Changing the Conversation*

“What’s Wrong with you?”



“What happened to you?”

3

# Realms of ACEs

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# Marginalization is Trauma

"I believe that if you don't recognize the built-in biases in yourself and the structural biases in your systems—biases regarding race, gender, sexual orientation—you can't truly be trauma-informed. Marginalized peoples—excluded, minimized, shamed—are traumatized peoples, because as we've discussed, humans are fundamentally relational creatures. To be excluded or dehumanized in an organization, community, or society you are part of results in prolonged uncontrollable stress that is sensitizing. Marginalization is a fundamental trauma."

**-- Bruce Perry, MD PHD, What Happened to You?**

# WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylvriaduckworth



# What is Traumatic Childbirth?

“An event occurring during the labor and delivery process that involves actual or threatened serious injury or death to the mother or her infant. The birthing woman experiences intense fear, helplessness, loss of control, and horror” (Beck, 2004)

“an event occurring during labor and delivery where the woman perceives she is stripped of her dignity” (Beck, 2013)

# Traumatic Childbirth

- **Primary Birth Trauma-** the experience of childbirth is traumatic
- **Secondary Birth Trauma-** re-traumatization that occurs in patients with pre-existing trauma histories

Radosti 1999

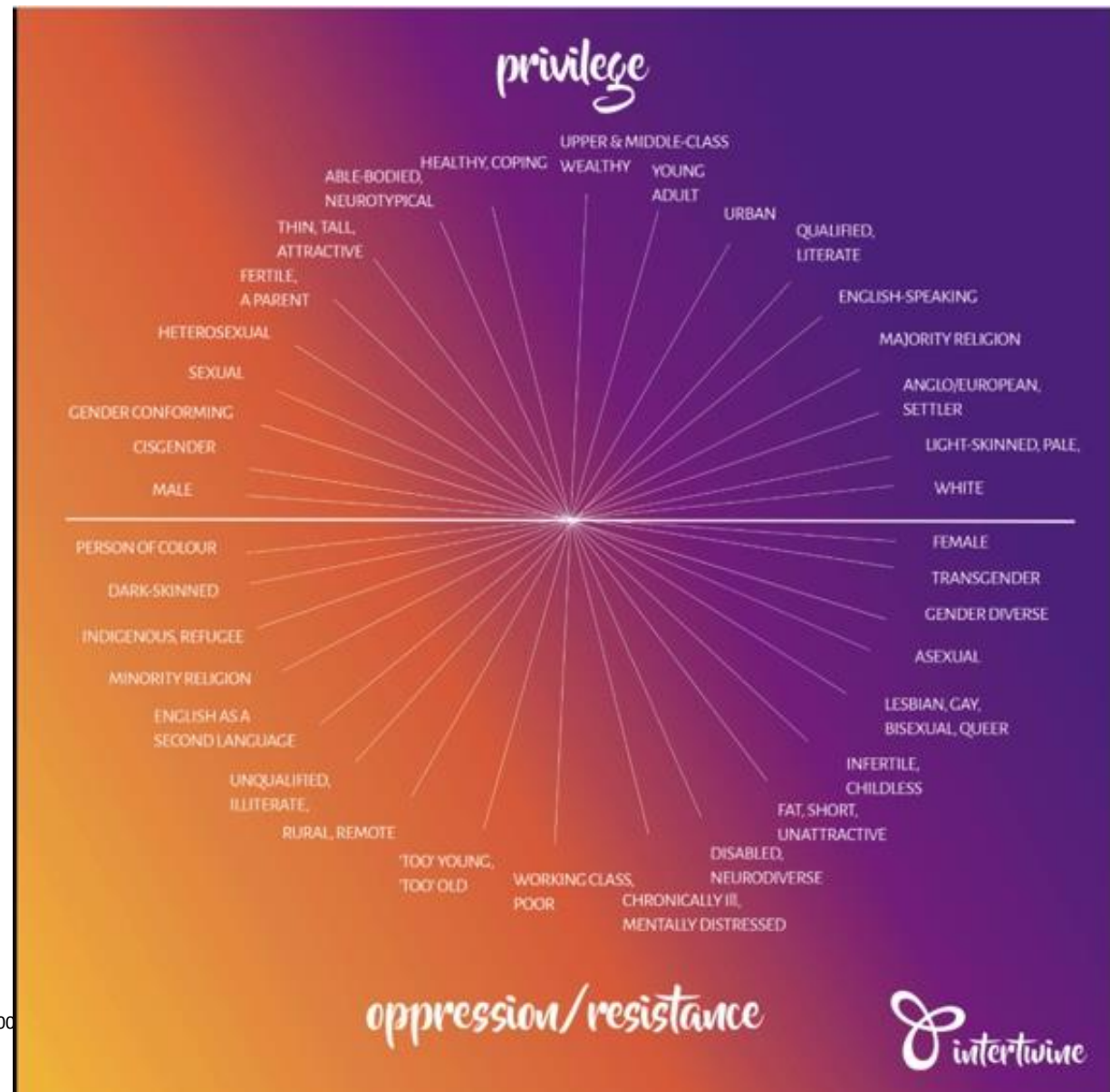


# Vulnerabilities for Traumatic Birth

- Age < 18
- Primiparity
- Lower SES
- Low social support
- Unmarried
- Belonging to a racial/ethnic minority group
- Prenatal PTSD & Prior trauma history
- Prior psychiatric history
- Limited coping skills
- Substance abuse
- Insufficient prenatal care
- Tokophobia

# Patient Risk Factors for Traumatic Birth

- Age < 18
- Primiparity
- Lower SES
- Unmarried
- Belonging to a racial/ethnic minority group
- Prior trauma history
- Prior psychiatric history
- Limited coping skills
- Substance abuse
- Insufficient prenatal care
- Tokophobia



# Intrapartum risk factors for Traumatic Birth

- Patient's expectations are grossly misaligned with reality
- Powerlessness/ loss of control
- Poor pain control
- Lack of empathy from clinicians
- limited support from partner/ staff
- interventions ( forceps, vacuum, episiotomy, c-sections)

Creedy 2000; Olde 2005

# Birth trauma: in the eye of the beholder

Four themes emerged that described the essence of women's experiences of birth trauma

1. To care for me: Was that too much too ask?
2. To communicate with me: Why was this neglected?
3. To provide safe care: You betrayed my trust and I felt powerless
4. The end justifies the means: At whose expense? At what price?

# Trauma & The Perinatal Period

- **Before Pregnancy**
  - PTSD as pre-existing condition
  - Prior reproductive trauma
- **During Pregnancy**
  - Trauma experienced during pregnancy
  - Pregnancy-Related Trauma
- **After Pregnancy**
  - Traumatic childbirth
  - Perinatal Loss or Neonatal complications
  - Postpartum complications





# Symptoms of Perinatal PTSD

- **Intrusion**

- Flashbacks and nightmares of delivery
- Intrusive/repetitive thoughts of how ill or near death infant/mother was
- Dissociation while breastfeeding, during intercourse

- **Avoidance**

- Delaying naming infant
- Declining to see infant in nursery/NICU
- Reluctance to be discharged
- Not talking about pregnancy or delivery
- Not reading about pregnancy or birth related topics
- Avoiding sexual intimacy
- Missing postpartum appointments, difficulty in making well baby visits
- Avoiding subsequent pregnancies

- **Negative cognitions & Mood**

- Overly negative thoughts and assumptions about oneself and the world
- Decreased interests, isolation
- Impaired mother-infant interactions

- **Hyperarousal**

- Irritability
- Sleep disturbance
- Exaggerated startle response

# Mental Health Consequences of a traumatic birth

- 20-30% of women experience significant depressive symptoms or anxiety following traumatic birth
- Fears of being an adequate mother or of not being able to adequately manage a medical emergency involving infant
- Poor coping skills
  - substance use

# Obstetric Consequences...

- Fear of subsequent pregnancies
- Requests for sterilization
- Terminations of subsequent pregnancies
- More requests for elective C-sections
- Increased mental health needs

Gottvall 2002

## Pediatric Consequences...

- Parental wellbeing is central to baby's development
  - “The child who has only two months of really bad experiences does worse than the child with almost twelve years of bad experiences, all because of the timing of the experiences.”
- Bruce D. Perry, MD PHD, What Happened to You?**

# Trauma Informed Approach to the Perinatal Period

## THE FOUR “R’S

- Realize ✓
  - the widespread impact of trauma and its impact on the perinatal period
- Recognize ✓
  - the signs and symptoms of trauma
- Respond
  - Integrate this knowledge into practice
  - Screen for trauma risk factors in Clinical Assessments
    - Perinatal PTSD measures
      - Perinatal PTSD Questionnaire
      - City Birth Trauma Scale
- Resist Re-traumatization
  - Identify elements or care that may be triggering
    - For example, weigh the goals of medical education vs risk of re-traumatization via multiple interviews and examinations.
    - Anticipate triggers : vaginal exams, strangers in the room, breastfeeding



# Principles of Trauma Informed care



 The Five Principles of Trauma-Informed Care Infographic Transcript (81 KB)

*Chart by the Institute on Trauma and Trauma-Informed Care (2015)*

# Birth Planning as TIC

- Birth planning
  - Consider offering to patients struggling with trauma
  - Collaborative process , enhances patient's sense of agency and control
  - Allows for open communication and exploration of possible options with patient
  - Facilitates communication with treatment team
  - Manages expectations

# Birth planning as Trauma informed Care



Who can examine the patient?	Understand and advocate for the patient's birth preferences	Discuss any interventions before they take place	Get All clinicians involved on the same page to minimize a change in plan.	Highlighting strengths and focusing on positive coping skills
Consent		Opportunity to ask questions		
Modesty				

# Breastfeeding Considerations

- Breastfeeding in the setting of Trauma
  - Positive - can be a restorative or corrective experience
  - Negative – “trauma echoes” & re-traumatization

Birth planning can help clarify breastfeeding goals and the role of the lactation consultant

Re-emphasize the need to respect a patient's body autonomy and privacy by asking permission to touch intimate areas.



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