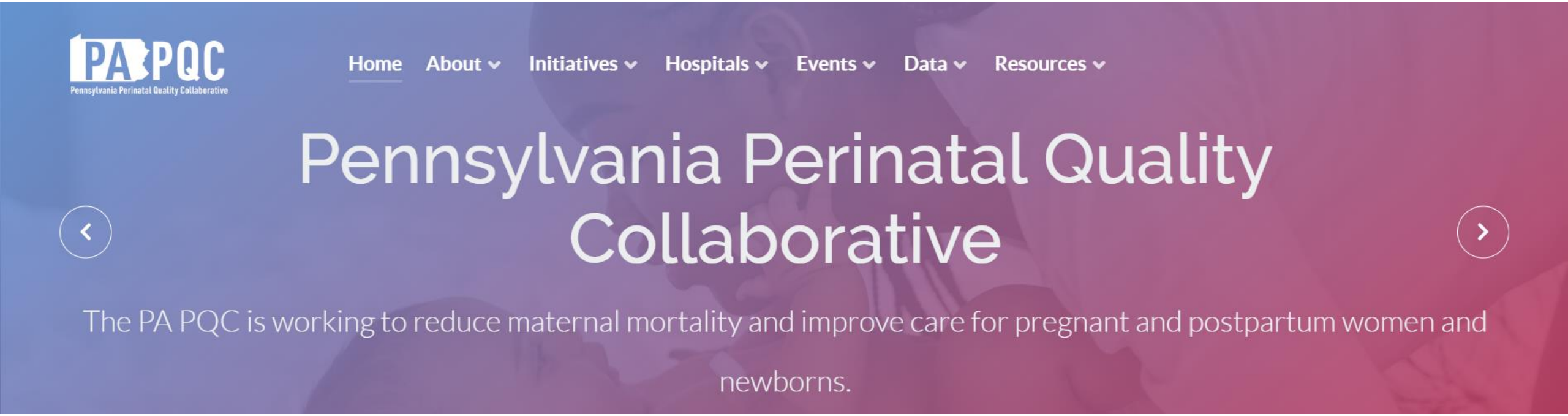

Our Mission:

As an action arm of the PA Maternal Mortality Review Committee (PA MMRC), the Pennsylvania Perinatal Quality Collaborative (PA PQC) supports perinatal care teams in adopting key interventions to achieve collective aims.

PA PQC
Pennsylvania Perinatal Quality Collaborative

Learn more at www.papqc.org

What is a PQC?

Perinatal Quality Collaboratives (PQCs) are networks of multidisciplinary teams, working to improve outcomes for maternal and infant health.

- PQCs advance ***evidence-informed*** clinical practices and processes using ***quality improvement*** (QI) principles to address gaps in care.
- PQCs work with clinical teams, experts and stakeholders, including patients and families, to spread best practices, reduce variation and optimize resources to ***improve perinatal care and outcomes***.
- The goal of PQCs is to achieve improvements in ***population-level outcomes*** in maternal and infant health.

47 states, including PA have a statewide Perinatal Quality Collaborative

The 2023 PA PQC Initiatives:

Maternal Substance Use (includes SUD and OUD)

Substance Exposed Newborns (SEN) (includes NAS)

Immediate Postpartum Long-Acting Reversible Contraceptive

PA PQC
Pennsylvania Perinatal Quality Collaborative

We know that a trauma informed approach, specific to perinatal healthcare, can improve maternal and infant health

We recognize the importance of provider and staff trainings and how it supports the work being done in your hospital toward the PA PQC Substance Use Disorder initiative

All PA PQC Healthcare Teams are asked to answer the following survey question on a quarterly basis…

Has your hospital developed trauma-informed protocols in the context of substance use?

These Trauma Informed Care trainings are being provided by the

PA PQC

Pennsylvania Perinatal Quality Collaborative

The Empowerment Equation

Understanding trauma in obstetrics and working towards more collaborative and culturally sensitive care.

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Disclosure

This speaker has no financial disclosures.

Learning Objectives

- Realize the widespread impact of trauma in our society
- Recognize signs and symptoms of unresolved psychological trauma in patients
- Understand the consequences of a traumatic birth on the trauma survivor and her child
- Understand the importance of collaborative care and shared decision making to improve outcomes in this patient population

An Interesting Situation

- G1P0 with preeclampsia with severe features
- Transferred from a midwife center
- Refusing all standard treatment modalities
- Her “irrational” behavior prompted requests for consultation with the psychiatric service, the hospital’s ethics committee, social services, and the legal department.
- She had no documented history of any mental health issues, but she did have a remote history of abuse

Implications

- Possible harm to life for herself and her child
- Extensive utilization of resources (all the consultations)
- Calls into question the legal rights of this mom- do fetal rights trump maternal rights?
- Many providers are ill-equipped to identify the risks, signs and symptoms of psychological disease processes

What is trauma?

- *"Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities.* ***Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning….*** *Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life…. They confront human beings with the extremities of helplessness and terror and evoke the responses of catastrophe."*

- Judith Lewis Herman, *Trauma and Recovery The Aftermath of Violence - From Domestic Abuse to Political Terror*

Trauma from the Past

- DSM V Definition
  - The person was exposed to death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):
    - Direct exposure
    - Witnessing the trauma
    - Learning that a relative or close friend was exposed to a trauma
    - Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

What is Trauma?

Individual vs. collective

- Individual-any trauma that affects the individual uniquely including childhood adversity and abuse, intimate partner violence, sexual assault and rape, birth trauma
- Collective-trauma that impacts the communities or specific groups of individuals that includes historical trauma such as racial trauma, public experience of trauma, war, natural disasters

Trauma-awareness as part of a cultural change

- A system that is not “trauma-aware” is “trauma-denied”[1]

1 Elliott DE, Bjelajac P, Fallot RD, et al. Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women. J Community Psychol 2005;33(4):461–77.

What is Trauma?

Individual Trauma as the "3 E's"

*"Individual trauma results from an **event,** series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."*

Substance Abuse and Mental Health Services Administration.

Interpersonal Trauma

- Approximately 20-33% of females will be the victims of childhood sexual trauma [1]
- Approximately 33% of female veterans will self-report a history of military sexual trauma [2]
- 1 in 4 women will experience severe physical violence from IPV in their lifetime [3]
- Up to 44% of women report their birth experiences as traumatic [4]
- Pregnant teens have a mean ACE (Adverse Childhood Experiences) score of 5.1 [5]

1 US Department of Justice, Sobel, et al. *Obstet Gynecol* 2018, Seng ,et al. *J Midwifery Womens Health* 2013, Felitti, et al. *Am J Prev Med* 1998

2 Sadler, et al. *J Womens* Health 2011

3 CDC's National Intimate Partner and Sexual Violence Survey 2017

4 de Graaff, et al. *Acta Obstet Gynecol Scand* 2017

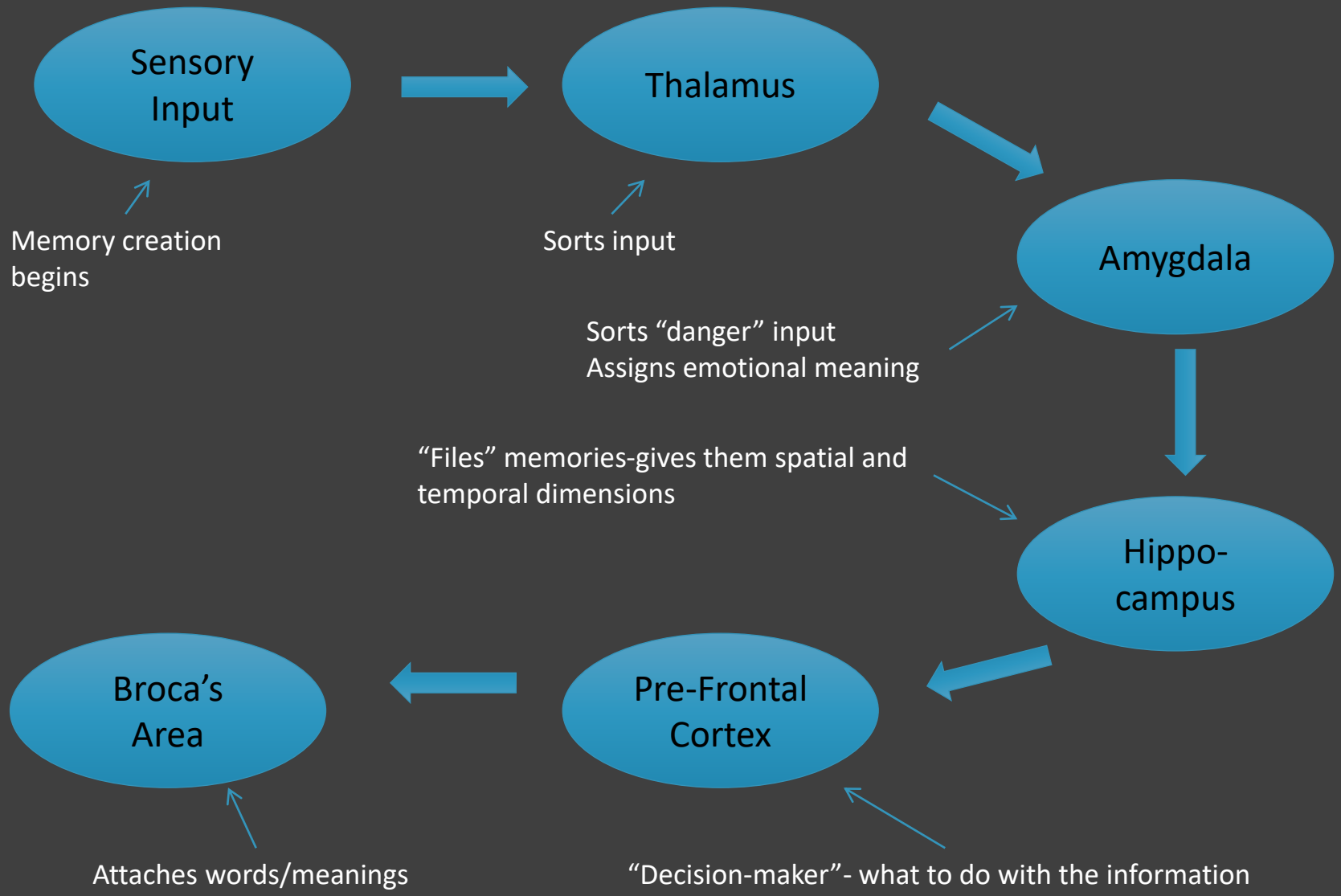
5 *Millar HC, et al. J Ped and Adolescent Gynecology 2021*

Interpersonal Trauma

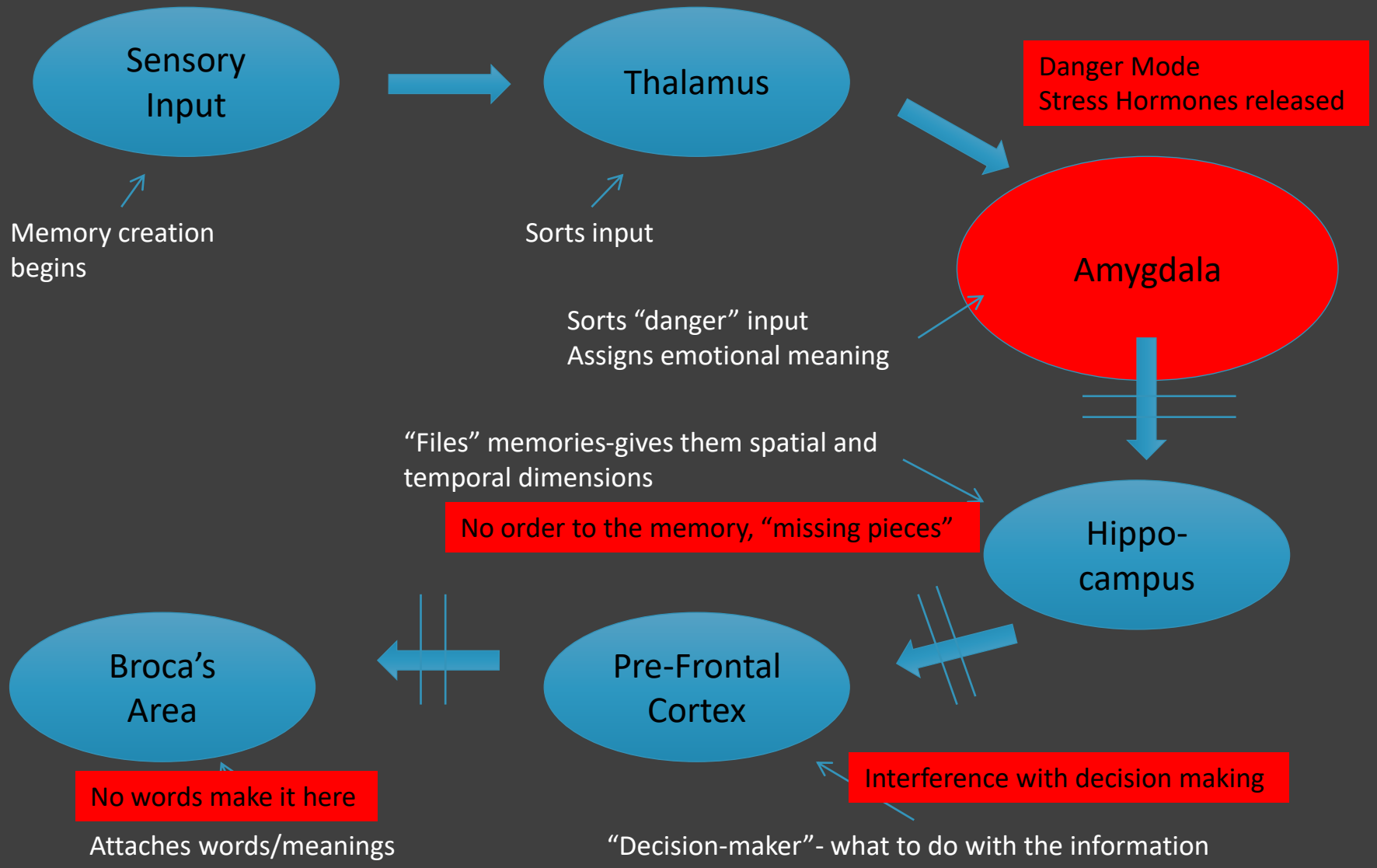
- 9% will meet criteria for a diagnosis of PTSD when they present to an obstetric provider during pregnancy [1]
- Many adult survivors have unaddressed and unresolved trauma issues

1 Seng ,et al . *Obstet Gynecol* 2009.

Normal Brain Response to Events



The Brain on "Trauma"



DSM Diagnostic Criteria

Criteria	**Real life Behaviors**
Stressor	
Re-experiencing	Flashbacks/nightmares/triggers
Avoidance &Numbing	Passive, “check out/dissociate” No attention to danger Often the victims in relationships People pleaser, sacrifices their own feelings
Arousal	Hypervigilant Hostile Panic behaviors Paranoid
Negative cognitions and mood	
Duration, Disability	

TRAUMA CYCLE

Trauma

PTSD

- Negative or lack of coping mechanisms
- Disconnected

Re-Traumatized

Vulnerability to Re-traumatization

Adverse Childhood Experience (ACE) Study

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect

- Mother treated violently
- Household substance abuse
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Felitti, et al. *Am J Prev Med* 1998

ACE Study Results

- Smoking
- Obesity
- Physical Inactivity
- Depression
- Suicide

- Alcoholism
- Illicit Drug Use
- Injected Drug Use
- 50+ sexual partners
- STDs

Philadelphia ACE Study

7/10 adults had experienced one ACE
2/5 had experienced four or more.

Philadelphia Expanded ACE Questions look at Community-Level Adversity	
Witness Violence	How often, if ever, did you see or hear someone being beaten up, stabbed, or shot in real life?
Felt Discrimination	While you were growing up...How often did you feel that you were treated badly or unfairly because of your race or ethnicity?
Adverse Neighborhood Experience	Did you feel safe in your neighborhood? Did you feel people in your neighborhood looked out for each other, stood up for each other, and could be trusted?
Bullied	How often were you bullied by a peer or classmate?
Lived in Foster Care	Were you ever in foster care?

Long term Effects of Unresolved Trauma

- Sleeping difficulties
- PTSD
- Dissociation
- Substance Use Disorders/Addictive behaviors/Eating disorders
- Anxiety/depression
- Decreased Self Esteem
- Suicidal ideation
- Fatigue
- Physical issues- hypertension, gastrointestinal problems, migraines, chronic pain, poor immune function

van der Kolk, et al. Traumatic Stress. Guilford 2007
Felitti, et al. *Am J Prev Med* 1998
Herman, J. Trauma and Recovery. Basic Books 2015

What happens when survivors get pregnant and present for delivery?

MimiPrints

Prior Sexual Trauma and the Parturient

- Intrinsic Triggers
  - Painful contractions
  - Nausea and vomiting
  - Bloody excretions
  - Instinctual reactions (moaning, grunting)
  - Change in appearance

Simpkin P, Klaus P. When survivors give birth. Seattle, Washington: Classic Day Publishing, 2004

Prior Sexual Trauma and the Parturient

- Extrinsic Triggers
  - Sights, smells, sounds of the hospital environment
  - Hospital environment, beeping equipment, bright lights
  - Lack of privacy
  - Lack of respect for the woman's modesty
  - Separation from loved ones
  - Vaginal exams, injections, arm straps, physical restraint

Simpkin P, Klaus P. When survivors give birth. Seattle, Washington: Classic Day Publishing, 2004

The New York Times

For Serena Williams, Childbirth Was a Harrowing Ordeal. She's Not Alone.

TODAY

Olympic star Allyson Felix speaks out about her traumatic birth experience

JOURNAL MOTHERS REPORT ON

Cruelty in Maternity Wards

By GLADYS DENNY SHULTZ

Various Types of Birth Trauma

- Obstetric Related
  - Severe Hemorrhage
  - Emergency situations
  - Severe maternal complication/illness
- Anesthesia Related[3]
  - Inadequate anesthesia for surgical delivery
  - Needle trauma/difficulty with block/neurologic complications
  - Severe headache
- Fetal/Neonatal
  - Intrapartum emergency events
  - Unexpected diagnosis/ loss of a child (at any time during pregnancy)

Contributing Factors: [1-5]

- Feelings of helplessness/loss of control
- Minimal support during childbirth
- Fear
- Negative subjective experience of childbirth

1 Farren J, Jalmbrant M, Ameye L, Mitchell-Jones N. Post-traumatic stress, anxiety and depression following miscarriage or ectopic pregnancy: a prospective cohort study. Am J Obstet Gynecol 2020; 222:367.e1-367.e22.
2 Andersen LB, Melvaer LB, Videbech P, Lamont RF. Risk factors for developing post-traumatic stress disorder following childbirth: a systematic review. Acta Obstet Gynecol Scand 2012; 91:1261-72.
3 Lopez U, Meyer M, Loures V, Iselin-Chaves I. Post-traumatic stress disorder in parturients delivering by caesarean section and the implication of anaesthesia: a prospective cohort study. Health Qual Life Outcomes 2017;15:118.
4 Soet JE, Brack GA, DiIorio C. Prevalence and predictors of women's experience of psychological trauma during childbirth. Birth 2003;30:36-46.
5 Simpkin P, Klaus P. When survivors give birth. Seattle, WA: Classic Day Publishing, 2004.

Unresolved Trauma and the Parturient

What might we see as providers?

- Anxiety/depression
- Substance Use Disorders
- Fear of losing control or of being strapped down
- Resistance to vaginal/cervical exams
- Refusal of care
- Request for general anesthesia
- Anger and hostility
- Phobias
- Unusual affect
- Request for no male providers
- Physical issues- hypertension, tachycardia

Unresolved Trauma and the Parturient

- Qualitative Studies
  - Trusting environment
  - Communication of disclosure
  - Concise, but specific birth plans outlining collaborative goals/expectations
  - Clear explanations when and how procedures are to be done
  - Acknowledgement that women have control over timing, pace, termination of exams
  - Minimal number of examinations and examiners

- Sobel, et al. *Obstet Gynecol* 2018
- Roller, et al. *J Midwifery Womens Health* 2011

Unresolved Trauma and the Parturient

- Qualitative Studies
  - Respect for privacy- knock before entering
  - Ability to wear their clothes/ minimize bodily exposure
  - Consider elective cesarean section after appropriate counseling
  - Recognize some women are comfortable with male providers, but routine assessment is important
  - Some women with a history of sexual abuse may choose not to breastfeed

- Sobel, et al. *Obstet Gynecol* 2018
- Roller, et al. *J Midwifery Womens Health* 2011

Re-traumatization

- Consequences of a traumatic birth experience on the trauma survivor:
  - Dissociation with no memory of the childbirth experience
  - Hyper-arousal with agitation/ anger with caregivers/ hostility
  - Psychological harm impairing the maternal-fetal, and maternal-neonatal bond
  - Increased risk for maternal mental health complications
  - Negative alterations in pain perception

Vogel T, et al. *Br J Anaesth* 2020
Vogel T. *Curr Anesthesiol Rep* 2021)

Consequences on the **provider**:

- Hyper-arousal with agitation/ anger with patients/ hostility/ distrust
- Increased risk for mental health complications
- Increased risk of job dissatisfaction/burnout

Yates, S. *The Amer J of Medicine* 2020

Maternal Mortality due to trauma-related conditions

- Deaths due to mental illness accounted for approximately 9% of maternal mortality (46/453)
  - Suicide (63%)
  - Non-suicidal overdoses (24%)
  - Other mental illness-related causes or injury of unknown intent (13%)
- 65% of deaths occurred between 42 days and one year after giving birth

CDC's Maternal Mortality Team Report on 14 state MMRCs on 1,259 cases of maternal death between 2008-2017

Maternal Mortality due to trauma-related conditions

- Accidental poisoning (SUD)/Assault/Intentional self harm accounted for over 60% of pregnancy related deaths in Pennsylvania in 2018

PA Maternal Mortality Review :2021 Report

Maternal Mortality due to trauma-related conditions

- Mental health problems, SUD, and IPV are preceding circumstances to pregnancy-associated suicide and homicide [1]
- One-third of all maternal deaths occurred outside of a medical facility [2]
  - Domestic violence, homicide, suicide, and illegal drug use are modifiable social factors
- CDC Data from MMRCs in 36 states, 2017-2019 [3]

  For the 1st time mental health conditions were a leading underlying cause of deaths

  Reflective of the largest number of deaths among white, Hispanic, and American Indian or Alaska Native populations

1 Modest A. et al. Pregnancy-associated Homicide and Suicide. *Obstet Gynecol* 2022;140:565-73
2 Burgess, et al. Pregnancy-related mortality in the United States, 2003-2016: age, race, and place of death. *Am J of Obstet & Gynecol.* 2020;222:489.e1-8
3 Trost SL, Beauregard J, Njie F, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017–2019. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Service 2022

What does Trauma Informed Care look like on L&D?

- A shift in practice paradigms from “what I am going to do *to you*” to “what can we do *together*” to achieve mutual goals based on each woman’s individual cultural context
- Multidisciplinary planning/ on site discussions with consistency of communication
- Focus on giving the patient some sense of choice and control of her situation
- Focus on creating an environment of psychological safety

Trauma Informed Care

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in patients, families, staff, and others involved with the system
- **Responds** fully integrating knowledge about trauma into policies, procedures, and practices
- Actively seeks to **resist re-traumatization**

Substance Abuse and Mental Health Services Administration

Trauma-informed Care Principles

https://www.cdc.gov/cpr/infographics/6principlestraumainfo.htm

ACOG
The American College of Obstetricians and Gynecologists

- It is important for obstetrician–gynecologists and other health care practitioners to recognize the prevalence and effect of trauma on patients and the health care team and incorporate trauma-informed approaches to delivery of care.
- Obstetrician–gynecologists should become familiar with the trauma-informed model of care and strive to universally implement a trauma-informed approach across all levels of their practice with close attention to avoiding stigmatization and prioritizing resilience.
- Obstetrician–gynecologists should build a trauma-informed workforce by training clinicians and staff on how to be trauma-informed.

ACOG
The American College of Obstetricians and Gynecologists

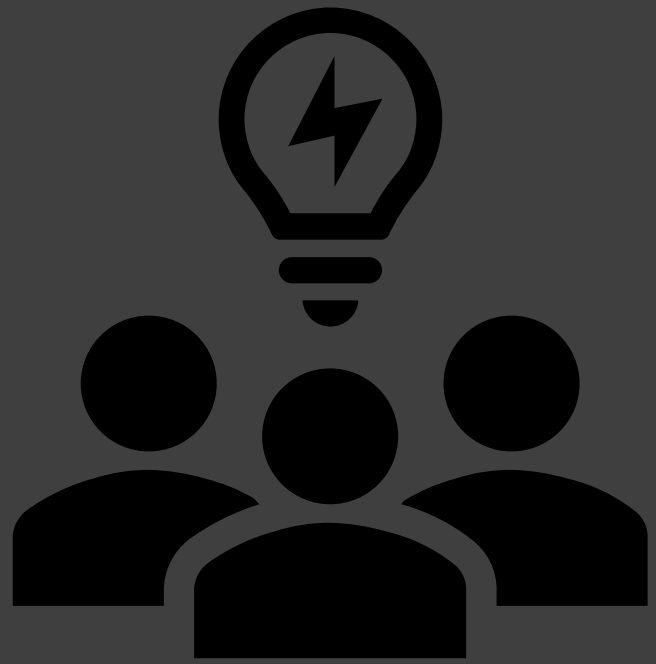
- Feelings of physical and psychological safety are paramount to effective care relationships with trauma survivors, and obstetrician–gynecologists should create a safe physical and emotional environment for patients and staff.
- Obstetrician–gynecologists should implement universal screening for current trauma and a history of trauma.
- In the medical education system, the benefit of trainee experience must be balanced with the potential negative effect on and re-traumatization of patients through multiple interviews and examinations.

An Interesting Situation (cont.)

Ultimately, utilizing trauma-informed care principles, we were able to develop a plan that was mutually acceptable to her and her providers. She consented to the cesarean section, but we allowed her significant other in the room the entire time, we removed the arm boards from the operating room table, and she kept her arms on her chest throughout the case. She received small doses of midazolam upon her request and had no face mask. She enjoyed skin-to-skin bonding with her baby and was tremendously grateful for what we helped her to do.

PA PQC Healthcare Team Contacts

[*YOUR HOSPITAL NAME HERE*]



- **Team Lead**: [*insert name and contact info here*]
- **PA PQC Champion(s)**: [*insert name(s) and contact info here*]