The background features three vertical stripes on the left side: a wide reddish-pink stripe, a narrower blue stripe, and a light beige stripe. The right side of the slide is white with a grid of small, light pink dots that fades out towards the center.

# **RESPONDING TO PATIENTS AFTER A SEVERE MATERNAL EVENT**

**Kayleigh Summers, LCSW, PMH-C**

**The Birth Trauma Mama**

# THE IMPORTANCE OF THE PRE-DISCHARGE CARE DISCUSSION

## APPENDICES

### Appendix X

#### The Importance of The Pre-discharge Care Discussion Initiating Healing After a Severe Maternal Event (SME)

##### What is birth trauma?

Birth trauma is any experience related to birth that overwhelms the nervous system's ability to cope. Up to 45% of pregnant patients report feeling traumatized by their birth experience<sup>1</sup>. Feeling traumatized by a birth experience is not a choice, but an automatic response of the nervous system to protect the patient from a perceived threat. Birth trauma is caused by a wide range of experiences and is subjective in nature. An event that is traumatic for one patient, may not be experienced as traumatic by another. A life-threatening experience or perceived life-threatening experience during birth leaves patients at an increased risk for birth trauma.

##### Why is birth trauma important in the context of a Severe Maternal Event?

Research indicates that experiencing a SME increases the risk for developing PTSD as well as other mental health conditions postpartum.<sup>2,3</sup> A patient's expected outcome for their birth often lies in stark contrast to the experience of almost dying, making this reality difficult for most to comprehend. Many patients report leaving the hospital with no clear understanding about the events of their birth, which can lead to further confusion and feelings of isolation, compounding symptoms of trauma.

##### How can you help mitigate trauma and improve mental health outcomes?

Not all trauma within the context of severe maternal events can be prevented, but it can be mitigated through compassion, acknowledgement, and detailed care discussions. Pre-discharge care discussions play a crucial role in trauma-informed care for patients following a severe maternal event. One of the most common concerns from patients after experiencing a traumatic birth is that they do not fully understand what happened during their birth. Health care providers should take the time to meet with patients who have experienced a severe maternal event to ensure a thorough understanding of what occurred, address any questions or concerns, and plan ongoing care. By offering a care discussion, patients gain a clearer understanding of their treatment and have the opportunity to ask questions. Care discussions not only offer information, but for many patients, they provide a starting point for their physical and emotional healing after an SME.

This discussion, ideally involving familiar faces such as the senior physician, a known nurse, and a social worker, helps initiate the process of closure and provides emotional support. Providers must use clear, empathetic language, avoid assigning blame, and facilitate an open dialogue to support the patient's recovery and future health. This careful approach helps in creating a supportive environment for the patient and her family, ensuring they feel heard and understood, and preparing them for the next steps in their care journey.

<sup>1</sup> Beck CT, Watson S, Gable RK. Traumatic Childbirth and Its Aftermath: Is There Anything Positive? J Perinat Educ. 2018 Jun;27(3):175-184. doi: 10.1891/1058-1243.27.3.175.

<sup>2</sup> Lewkowitz AK, Rosenbloom JI, Keller M, López JD, Macones GA, Olsen MA, Cahill AG. Association Between Severe Maternal Morbidity and Psychiatric Illness Within 1 Year of Hospital Discharge After Delivery. Obstet Gynecol. 2019 Oct;134(4):695-707. doi: 10.1097/AOG.0000000000003434.

<sup>3</sup> Duval CJ, Youssefzadeh AC, Sweeney HE, McGough AM, Mandelbaum RS, Ouzounian JG, Matsuo K. Association of severe maternal morbidity and post-traumatic stress disorder. AJOG Glob Rep. 2022 Sep 28;2(4):100111. doi: 10.1016/j.xagr.2022.100111.

# WHAT IS BIRTH TRAUMA?

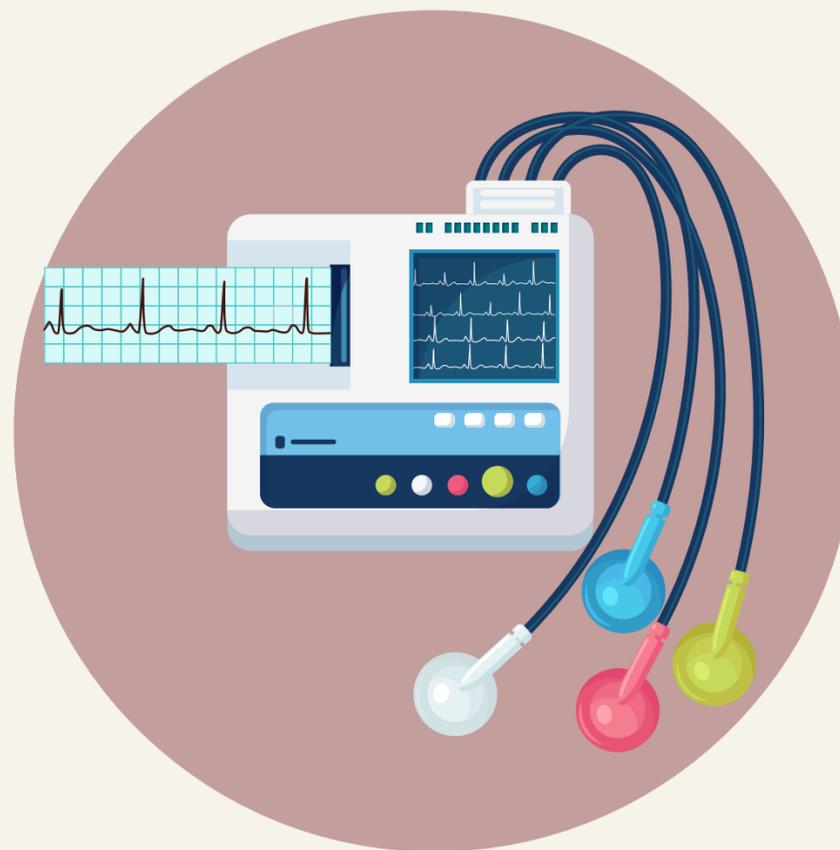
**Birth trauma is any distressing event during or related to birth that overwhelms the nervous system's ability to cope and causes ongoing distress.**

# Birth Trauma is wide-ranging & subjective.

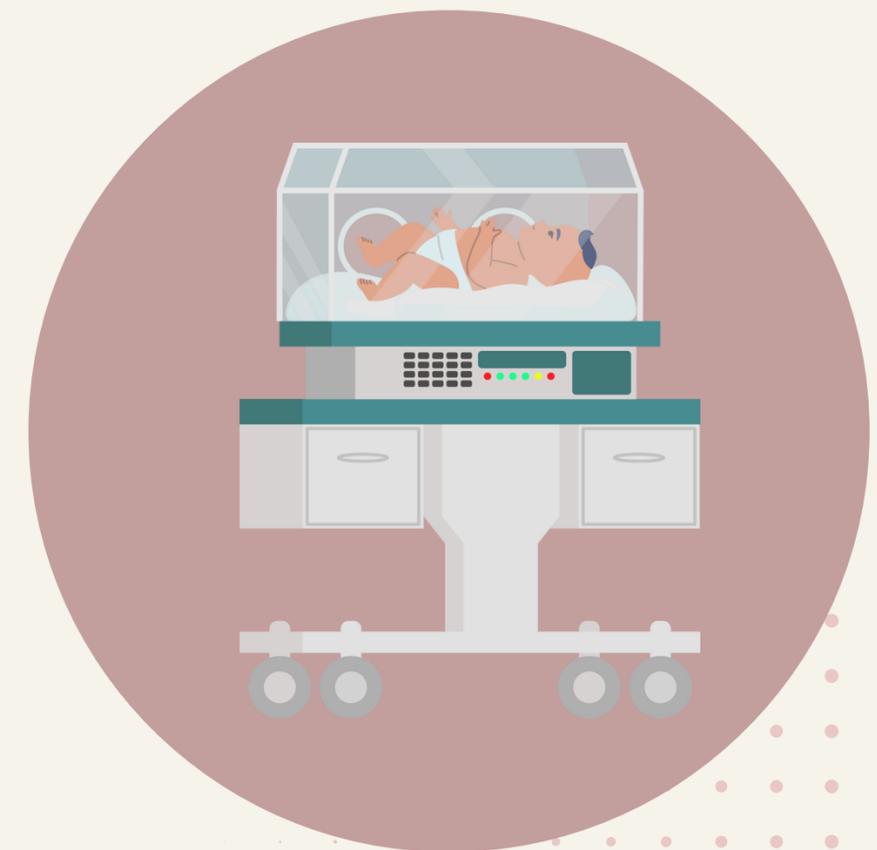
The Birth Trauma Mama



**Lack of autonomy, dignity, respect and/or informed consent.**



**Threat/perceived threat to life or safety**



**Unexpected outcomes or events.**

# BIRTH TRAUMA & SEVERE MATERNAL EVENTS

**A patient's expected outcome for their birth often lies in stark contrast to the experience of almost dying, making this reality difficult for most to comprehend.**

# WHY IS THIS IMPORTANT?

- **Severe Maternal Morbidity appears to be associated with an increased risk for developing mental health conditions**
- **SMM was associated with a 1.3-fold increased rate of hospitalization/ED visit for a mental health condition up to 13 years postpartum.**

Lewkowitz AK, Rosenbloom JI, Keller M, López JD, Macones GA, Olsen MA, Cahill AG. Association Between Severe Maternal Morbidity and Psychiatric Illness Within 1 Year of Hospital Discharge After Delivery. *Obstet Gynecol.* 2019 Oct;134(4):695-707. doi: 10.1097/AOG.0000000000003434. PMID: 31503165; PMCID: PMC7035949.

Blackman A, Ukah UV, Platt RW, et al. Severe Maternal Morbidity and Mental Health Hospitalizations or Emergency Department Visits. *JAMA Netw Open.* 2024;7(4):e247983. doi:10.1001/jamanetworkopen.2024.7983

# WHY IS THIS IMPORTANT?

The way medical teams speak to patients after an SME is a piece of their story that they will take with them for the rest of their lives.



## Compassionate Care Discussion After Severe Maternal Event

# SUPPORT AFTER SME

**The Goal:** Mitigate further trauma and put patients on a trajectory toward healing.

# SUPPORT AFTER SME

## How do we achieve this?

According to 550+ birth trauma survivors:

- Acknowledgment
- Debrief

# SUPPORTIVE COMMUNICATION AFTER A SEVERE MATERNAL EVENT

**Instead of:** “Everything happens for a reason.”

**Try:** “This wasn’t your fault. Here’s what we know about why this may have happened to you.”

**Why:** This phrase is a platitude that attempts to put a positive spin on what is often a devastating experience. It is dismissive of the grief and trauma the patient has experienced.

## Phrases To Avoid After a Severe Maternal Event:

**Instead of:** “All that matters is a healthy mom and healthy baby.”

**Try:** “I know this wasn’t the birth experience you expected. It’s okay to have feelings about that.”

**Why:** A healthy mom and baby matter, but so does the patient’s experience of their birth. This statement dismisses any feelings they might be having about almost dying.

dismisses any feelings they might be having about almost dying.

**Instead of:** “I can’t believe you’re alive” or “You are very lucky to be alive” or “Thank God, you’re OK”.

**Instead of:** “Everything happens for a reason.”

**Try:** “This wasn’t your fault. Here’s what we know about why this may have happened to you.”

**Why:** This phrase is a platitude that attempts to put a positive spin on what is often a devastating experience. It is dismissive of the grief and trauma the patient has experienced.

experience. It is dismissive of the grief and trauma the patient has experienced.

**Instead of:** Anything that begins with “at least”

**Try:** “You’ve been through a lot. You are probably going to feel many complicated and conflicting

**Instead of:** “You should be so grateful.”

**Try:** “I know this might be scary and a lot to process. What questions can I help you answer?”

**Why:** There is nothing wrong with expressing gratitude, but forced gratitude is unhelpful, particularly after a severe maternal event. The provider’s experience of this event often differs greatly from the patient’s. For most patients, they walked into the hospital to have a baby and go home, instead they and/or their baby almost lost their lives. They are likely grateful to be alive, but they also need the space and permission to feel sad, angry, and devastated that this happened to them.

These statements are said with the intention to improve patient outcomes by helping patients move past the experience. Unfortunately, the impact can be the opposite, and these statements often dismiss or minimize a patient’s experience. When a patient feels dismissed after trauma, especially by someone in a position of authority, they feel their experience of the birth and the emotions that come with it are not valid. This often leads to ignoring or suppressing emotions and inevitably delaying psychological recovery. When a patient is instead offered validation and empathy, the door is opened to access support and treatment for their experience, leading to better outcomes postpartum and longer term.

# PRE-DISCHARGE CARE DISCUSSION AFTER SME

**This is a starting point patient to fully understand what occurred medically**

- **Does not replace ongoing updates to care**
- **Does not replace need for future debriefing in office.**