

Trauma-informed care

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Plan

- Why trauma-informed care?
- What is trauma-informed care?
- Trauma-informed care in clinical practice
- Traumatization in staff
- Example of trauma-informed care

Why trauma-informed care?



Why trauma-informed care?

Perinatal period = window of opportunity to improving maternal and infant outcomes, and well-being of society at large

During the perinatal period,

- Women may be reminded of past traumatic experiences and may disclose them for the first time
- Physical sensations during pregnancy or childbirth may cause intrusions related to past trauma
- Future parents may reflect on their childhood experiences and the parenting they received when projecting themselves as future parents

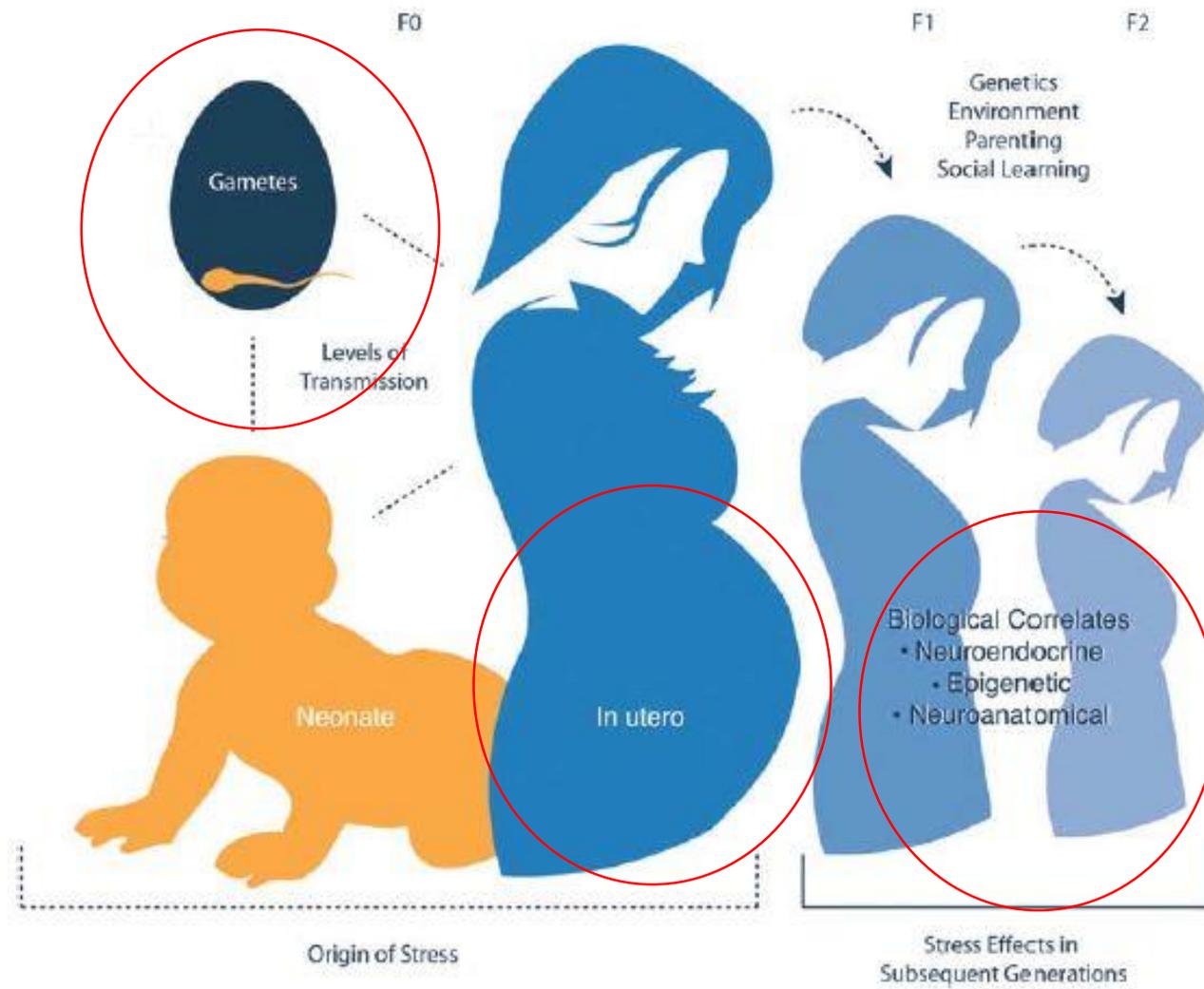
Maternal trauma exposure

- 1 in 5 has a history of childhood maltreatment
- 1 in 5 has been sexually assaulted as an adult
- 1 in 5 has experienced severe physical violence in a dating or intimate partner relationship
- 39% reported experiencing at least one traumatic event



Why trauma-informed care?

- Women and partners with history of trauma have specific risks and needs and care needs to be adapted to this
- Unresolved maternal trauma – «*ghosts in the nursery*»
- Intergenerational transmission of stress and trauma (via biological, psychological, and relational pathways)



Impact on family planning

- Traumatized women may decide not to have further children
- Traumatized women who do embark on a new pregnancy are more likely to have a negative experience of subsequent pregnancies



Risks for subsequent pregnancy

- Increased risk of maternal stress and its associated risks of negative pregnancy outcomes, such as intrauterine growth retardation, low birth weight, and premature birth
- Related to an extreme fear of subsequent pregnancy and childbirth (tokophobia), sexual problems, and avoidance of medical care



Impact on child outcomes

- Breastfeeding
- Bonding with the infant
- Development of child
- Child sleep
- Child emotion regulation



Traumatic stress responses



- PTSD
- Depression
- Anxiety
- Substance misuse
- Avoidance of care
- Pain
- Suicidality
- Relationship problems

What is trauma-informed care?



What is trauma-informed care?

- **Trauma-informed care = care that takes past trauma into account**
- *Realises* the widespread impact of trauma and understands potential paths to recovery
- *Recognizes* the signs and symptoms of trauma in families and staff, and other involved in the system
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively *resist re-traumatization*

Usual care



Optimal care



Organisational approach

- Integrate trauma-informed care into the organisation's culture, policies and practices
- Appoint trauma-informed care champions to ensure the approach remains high on the agenda
- Employ experts by experience to review policies and procedures, training materials and communications strategies
- Universal trauma screening

- For staff:
 - ✓ Training on how to ensure trauma-informed care is the norm
 - ✓ Facilitate regular peer supervision
 - ✓ Time for staff support and reflective practice

Trauma-informed care in clinical practice



Principles of trauma-informed care

1. Recognition and compassion
2. Communication and collaboration
3. Consistency and continuity
4. Recognising diversity and facilitating recovery



1. Recognition and compassion

- **Recognize** the prevalence of trauma and understand how this may impact on individuals
- **Show compassion and acknowledge** that a history of trauma may be impacting on the experience of pregnancy, birth and parenthood
- The act of 'acknowledging' or 'validating' someone's painful experiences can be healing and may help to foster positive therapeutic relationships
- **Train and support staff** so they feel confident and competent to respond compassionately and with appropriate follow up information



Pity:

I acknowledge
your suffering.

Sympathy:

I care about
your suffering.

Empathy:

I feel your
suffering.

Compassion:

I want to relieve
your suffering.

Engagement

Recognition



Trauma history

In the past, have you already experienced:

- *a traumatic childbirth?*
- *another traumatic event?*

(death of a loved one, road traffic accident, physical or sexual abuse, pregnancy loss, etc.)

Recognition



Fear of childbirth

- Currently no valid screening tool
- *Do you fear for your life or the life of your baby?*
- *Do you feel so afraid of childbirth that you have considered terminating the pregnancy?*
- *Is your fear so overwhelming that it interferes with eating, work or sleep?*

Wijma Delivery Expectancy Questionnaire

2. Communication and collaboration

- Building **positive relationships** and effective **communication** is key
- Mothers need to understand their **rights**, the **choices** available to them and the **risks** and **benefits** of all options
- Consider how you communicate verbally and in writing. **It is important to take steps to ensure communication and collaboration work equally well for all individuals**, such as those with learning disabilities or who speak other languages
- Be attentive, non-judgemental, use language that is sensitive to trauma and avoid use of jargon

Communication: Birth preparation

- Realistic birth plan
- Give information and visit labour ward
- Explore the couple's expectations and what they see as a «normal» childbirth
- Discuss potential risks and complications that may arise and obstetric interventions that may be necessary
- Teach relaxation techniques to help manage stress and pain
- Implicate the partner and/or another birth companion

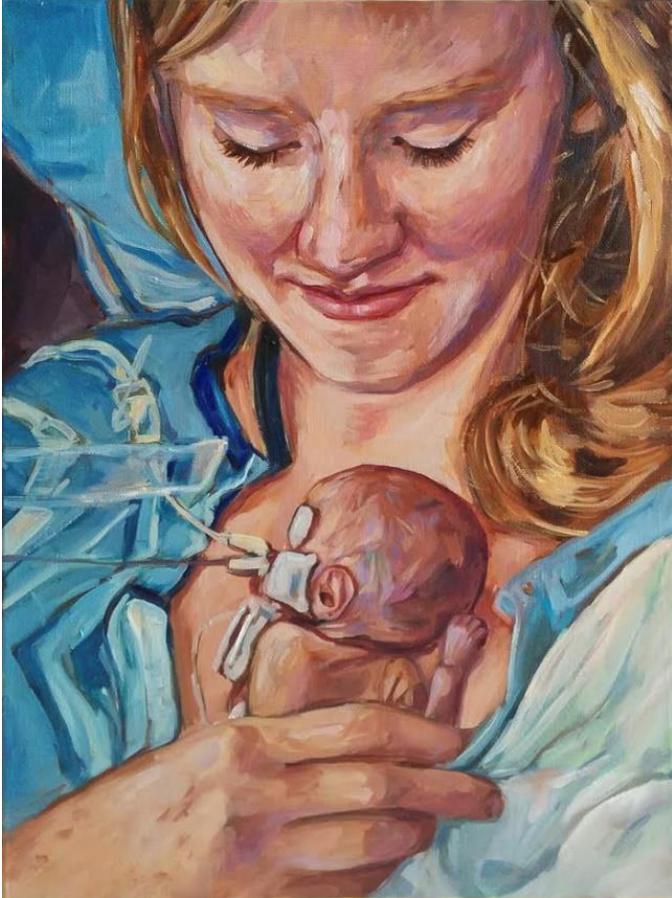


Communication: During labour and birth

- Relationship and communication before, during and after childbirth is key
- Increase woman's perceived safety
- Ensure that adequate pain control is ensured at all times
- Explain any potential complications that arise and provide reassurance



Communication: After childbirth



✓ « *Tell me about your childbirth...* »

✗ « *Did your childbirth go well? »* »

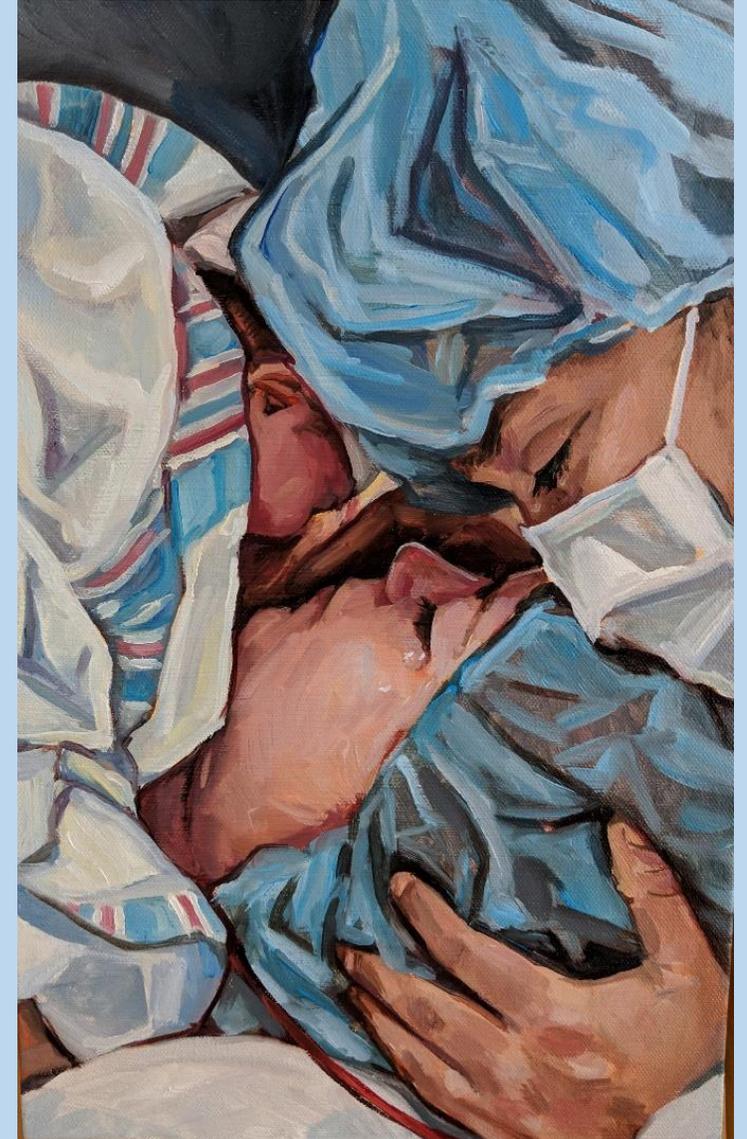
Communication: Birth afterthoughts



- Discussion of birth experience and responding to questions
- Screening for mental health problems and signposting
- Majority of women experiences the intervention as positive
- No evidence to support routine debriefing

3. Consistency and continuity

- Consistently compassionate and attuned interactions with ALL staff promotes feelings of **safety and security**
- Women are more likely to **disclose** prior trauma to healthcare professionals who have consistently been involved in their care
- **Continuity of carer** may assist in reducing re-traumatisation by minimising the need to retell experiences of trauma at appointments and in creating a safe environment



4. Recognizing diversity and facilitating recovery

- Recognise diversity and how **cultural, historical and gender issues** may impact on people's lives, e.g., black and minority ethnic groups have poorer outcomes and experiences of maternity and mental health care
- Recognise **language or disability barriers**
- Consider how this may present challenges for that individual to disclose or discuss trauma or talk about how their care would be best tailored to meet their needs
- This approach can enable 'post-traumatic growth'