

The background is a dark green color. On the left side, there is a light pink circular shape partially visible, and a stylized plant with orange-brown leaves and stems. On the right side, there is a large orange circular shape with a white outline. The title text is centered on the right side of the slide.

Trauma Informed Perinatal Care

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CME CREDIT

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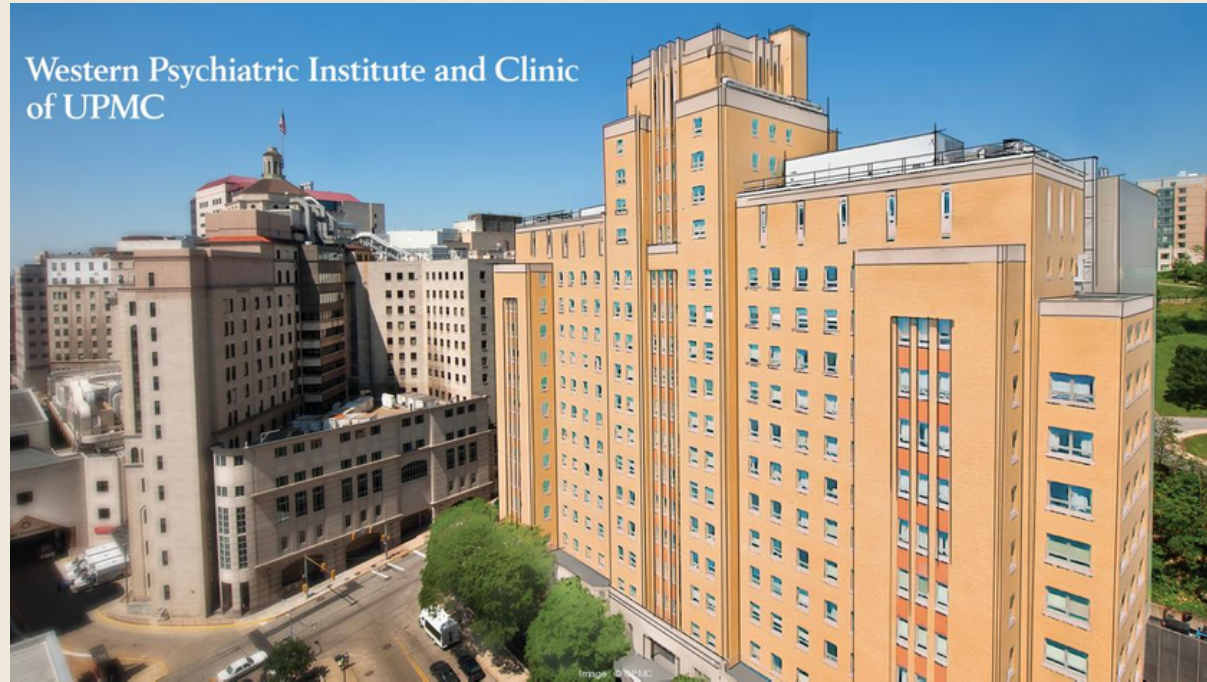


TALKING POINTS

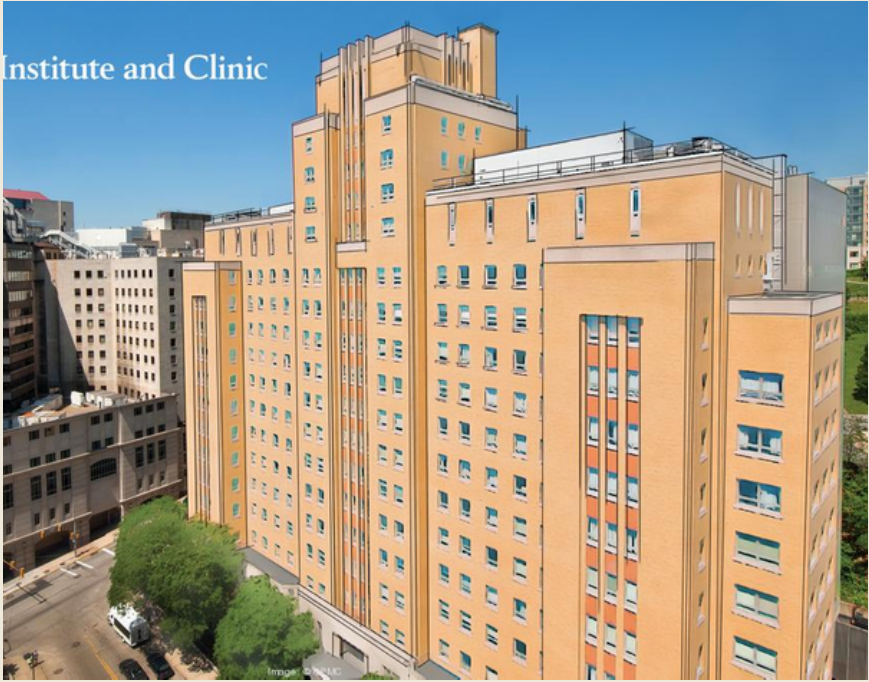
- Introduce trauma and the 4 R's of a trauma informed approach
- Review the prevalence of trauma
- Explore how trauma can manifest in a perinatal population
- Explore the role of OB Anesthesiology in implementing trauma informed care



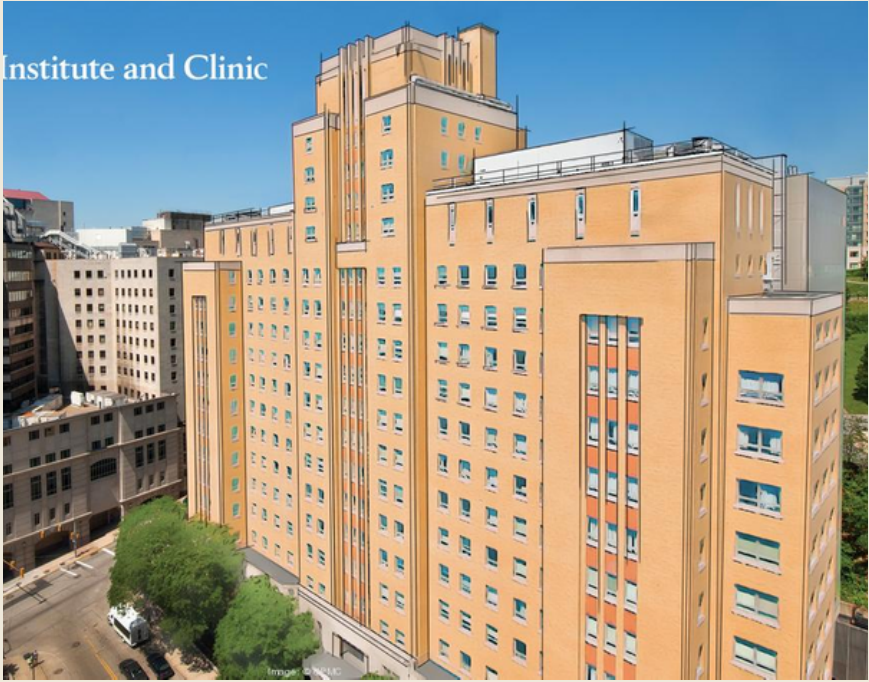
Who am I?



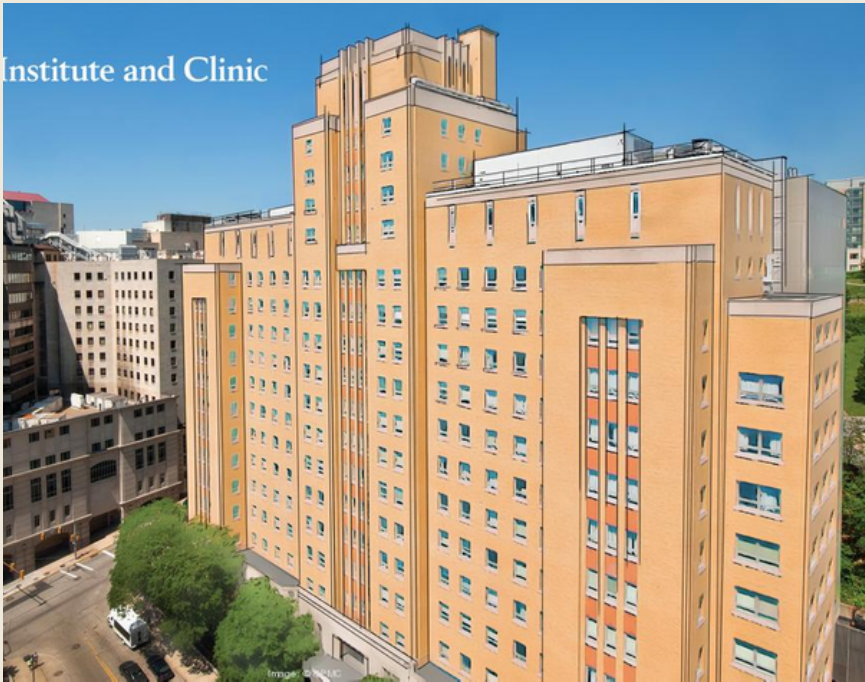
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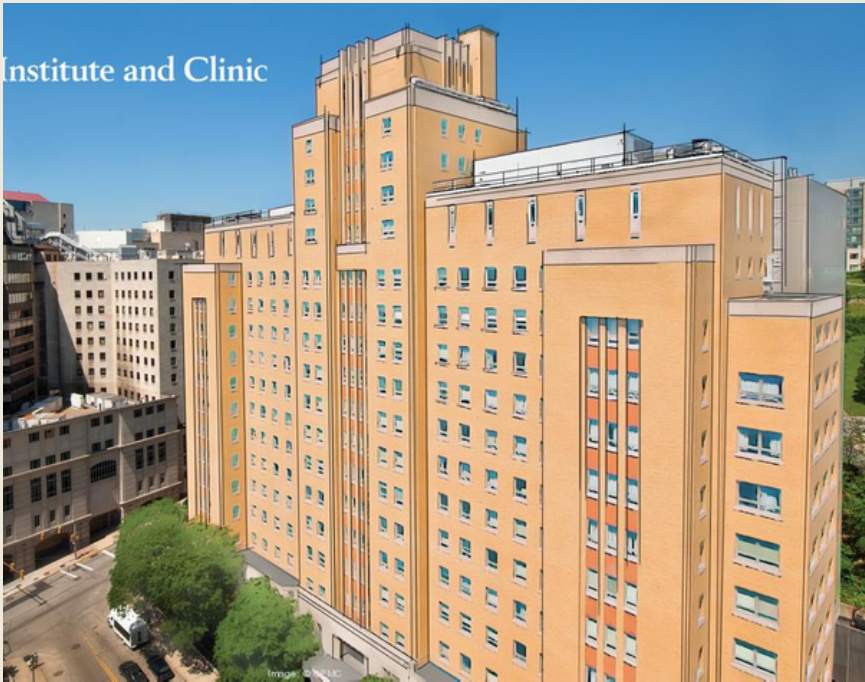
Who am I?



Who am I?



Who am I?



**Thank you for
what you do and
for being here
today.**

THE 4 R'S

OF A TRAUMA INFORMED APPROACH

Realize

The widespread impact

Recognize

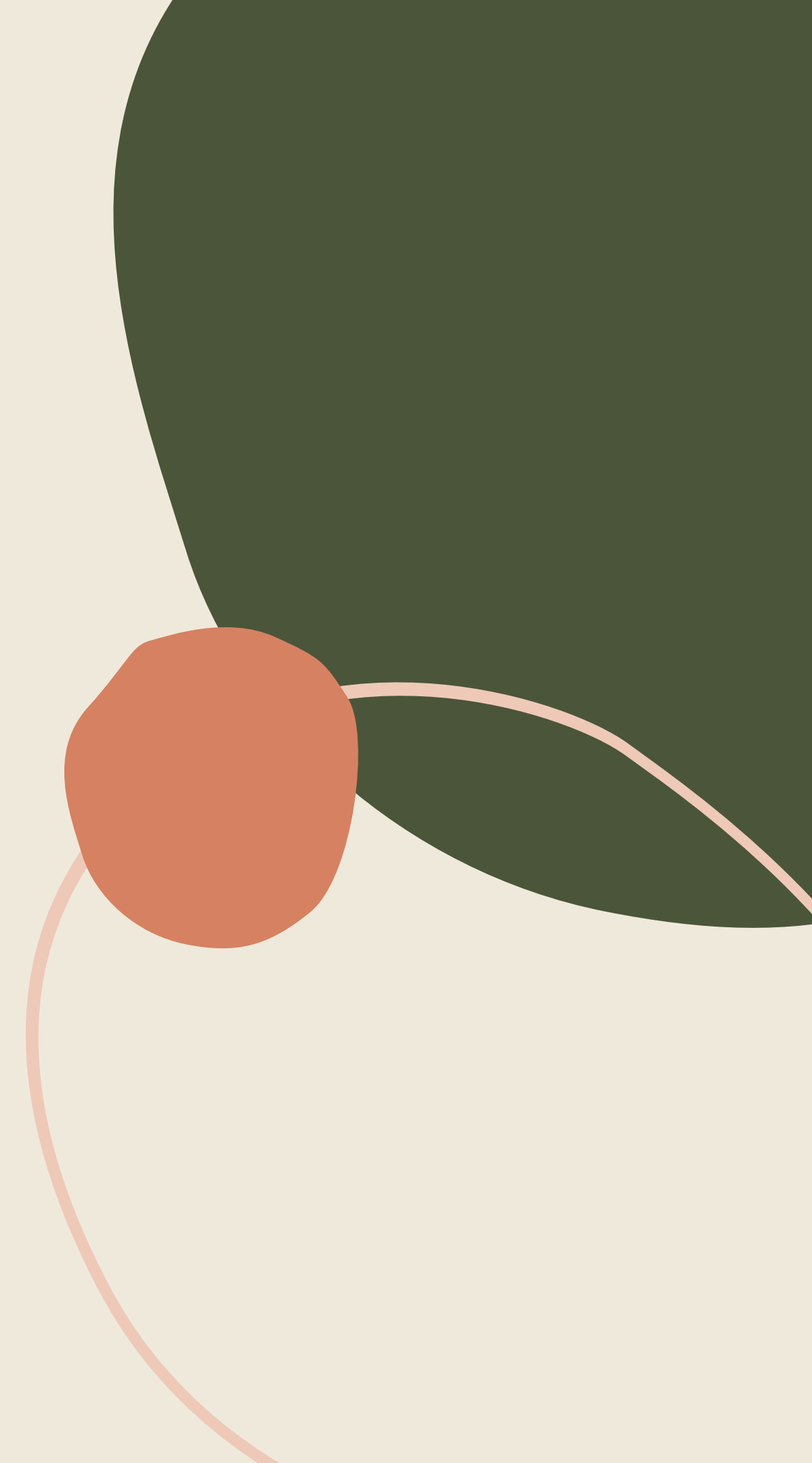
Signs and symptoms

Respond

By integrating knowledge into procedure

Resist

Retraumatization



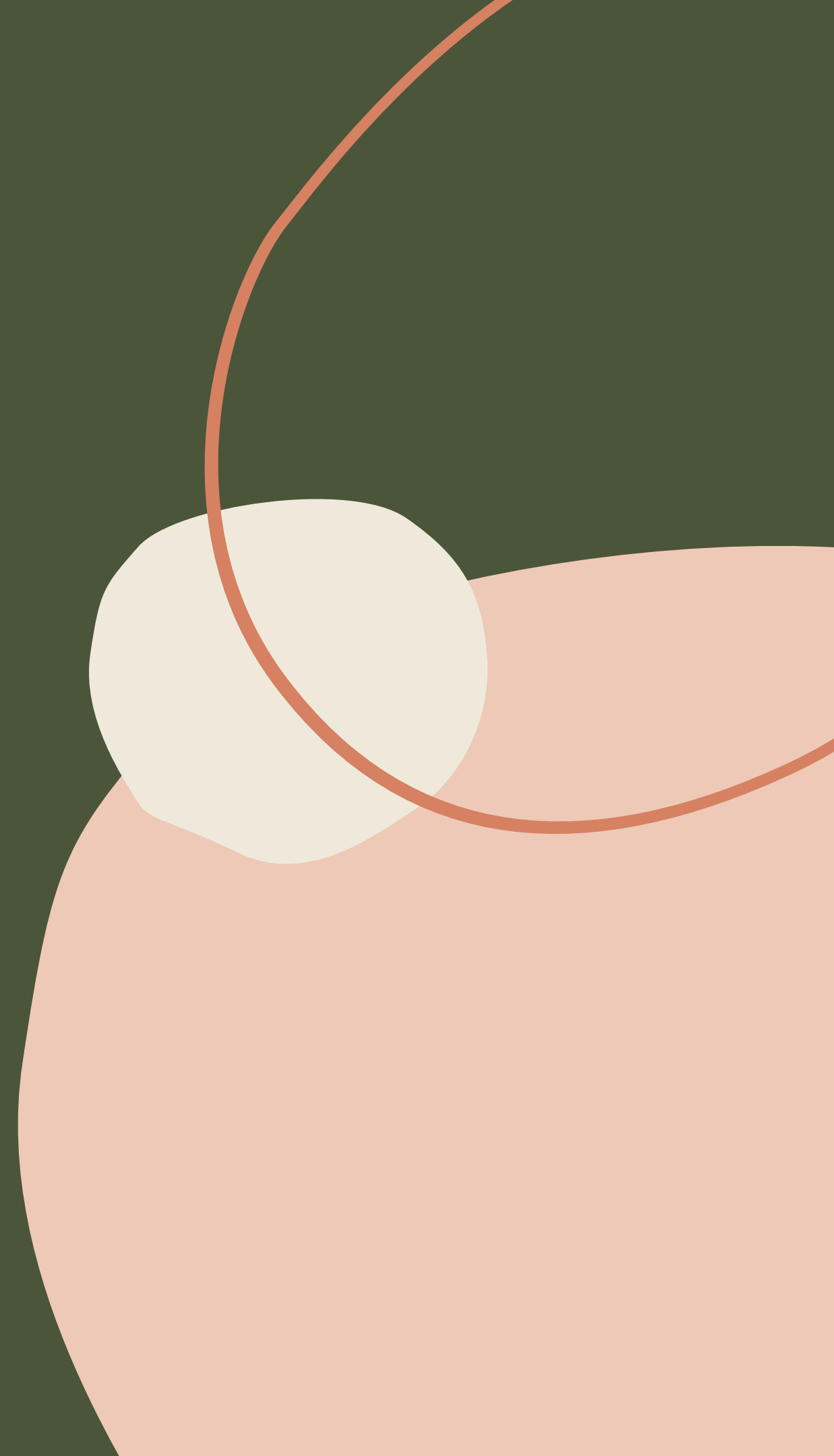


What is trauma

An event or set of circumstances experienced as physically or emotionally harmful or life threatening, that overwhelm an individual's ability to cope.

“Trauma is an injury...a wound. Something that happens that is too big for your mind to comprehend.”

- Bessel Van Der Kolk





Medical Trauma

- Sudden and/or severe injury
- Acute medical attention

Psychological Trauma

- Emotional abuse
- Violence or physical abuse
- Neglect
- Rape or sexual trauma
- Racism
- Terrorism
- Man made or natural disasters
- Loss or grief
- Living with homelessness
- Food insecurity
- Receiving a terminal diagnosis



Reproductive or perinatal trauma

- Unplanned pregnancy
- Complications during/after pregnancy
 - Maternal
 - Fetal
- Pregnancy loss
- Stillbirth
- Labor history
 - c-section or instrumental vaginal birth
 - prolonged labor
 - painful labor
- History of infertility
- Hx of perinatal mood/anxiety disorder



Prevalence of trauma/PTSD



70% of people will experience ≥ 1 traumatic episode



25-34% of women classify childbirth as traumatic



PTSD occurs in 10% of women in their lifetime



PTSD occurs in 4-6% of pregnant women



PTSD occurs in 4% of postpartum women

PTSD and Pregnancy

- Acute sx may be exacerbated in pregnancy
- 2/2 to hormonal, psychological & physical changes of pregnancy
- Hx of childhood trauma--> fears related to parenthood
- Hx of sexual trauma--> routine prenatal care/labor can be triggering
- Many women d/c medication for PTSD while pregnant



Symptoms of PTSD

RE-EXPERIENCING

AVOIDANT BEHAVIORS

HYPERAROUSAL

Manifestations of trauma in the perinatal population

- Limited prenatal care
- Perinatal substance use
- Refusal of portions of the physical exam during labor
- Interpreting neutral stimuli as painful and/or dangerous
- Anger, irritability, panic

Why does this happen?



Risk Factors

- Perinatal depression
- Fear of childbirth
- Poor baseline health and/or health complications during pregnancy
- History of PTSD
- Negative subjective birth experience
- Operative birth
- Lack of support during birth

Resiliency Factors

- Increased positive emotion
- Active coping
- Social Support
- Having a sense of purpose/meaning

Modifiable Risk Factors

- Perinatal depression
- Fear of childbirth
- Poor baseline health and/or health complications during pregnancy
- History of PTSD
- Negative subjective birth experience
- Operative birth
- **Lack of support during birth ?**

Modifiable Resiliency Factors

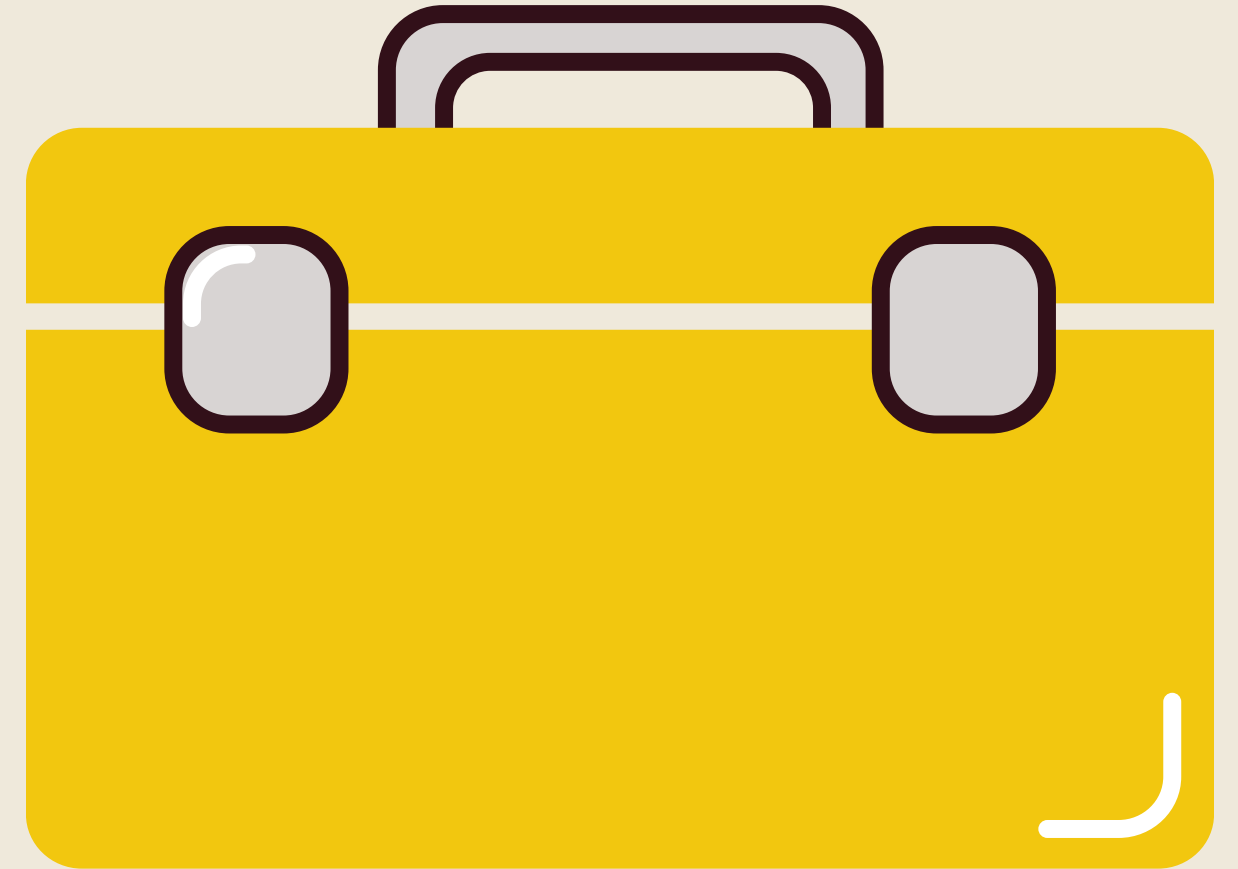
- **Increased positive emotion**
- Active coping
- Social Support
- **Having a sense of purpose/meaning**

Resiliency

- Developmental studies
- Children who are most reactive to stress + negative environment= negative outcomes
- Children who are most reactive to stress + positive environment= best outcomes
- Can this translate to perinatal population and birth environment?

Perinatal Trauma Toolkit: MIRROR

- **M**ake eye contact and introduce self
- **I**nform patient about what is happening and, when possible, offer treatment choices
- **R**eassure the patient that you (or your team) will be with her throughout the process
- **R**ecognize possible fears/worries
- **O**ffer reassurance and realistic hope
- **R**egularly assess and treat pain

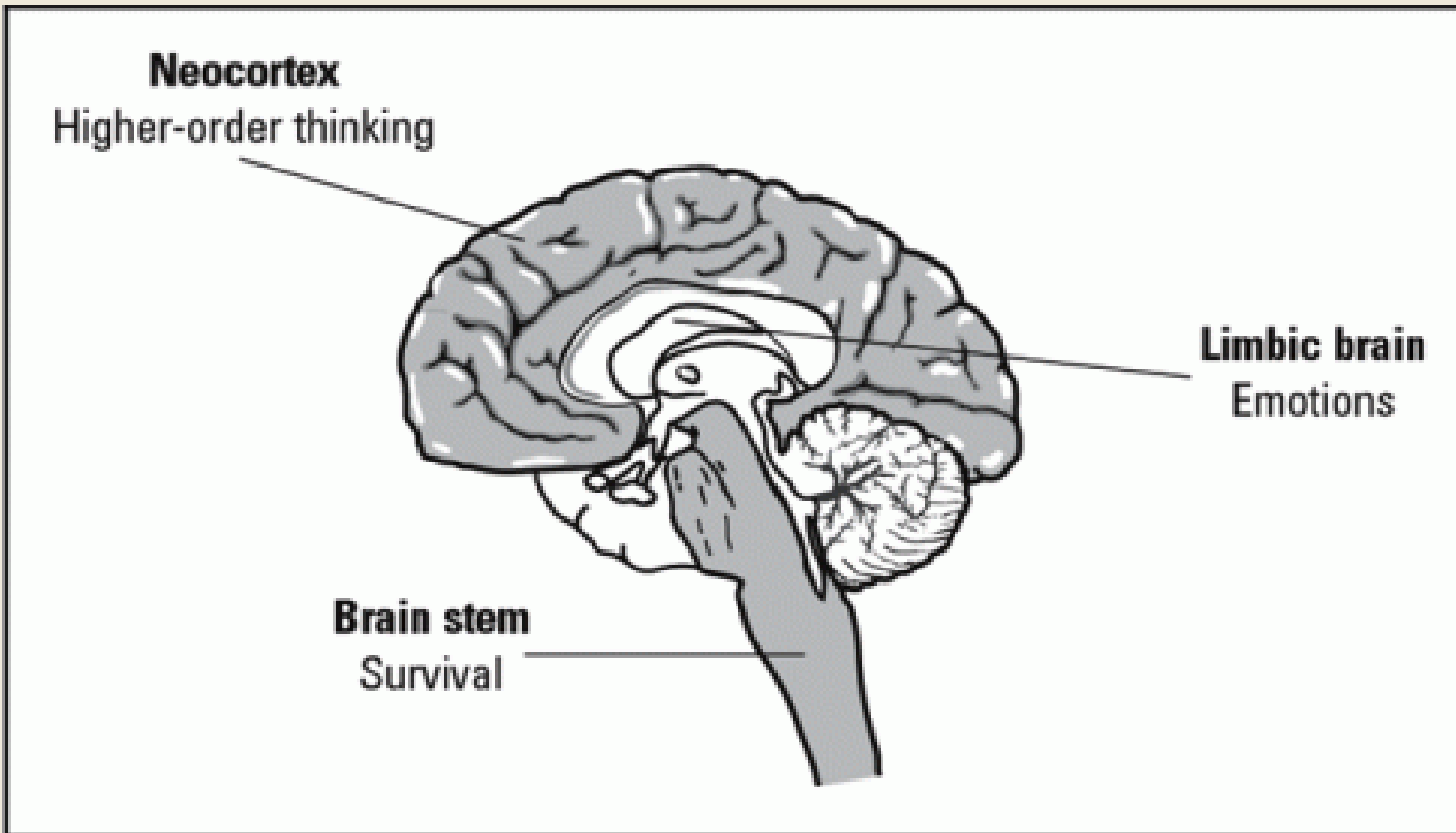


If all else fails...

TARGET THE LIMBIC SYSTEM

Diaphragmatic breathing

- Shift the patient from a passive role to an active participant
- High arousal state--> activation of the sympathetic nervous system--> shallow, rapid breathing
- Diaphragmatic breathing reverses the fight/flight/freeze response by bringing the parasympathetic nervous system online



The power of breath: diaphragmatic breathing clinical tool:

http://projects.hsl.wisc.edu/SERVICE/modules/12/M12_CT_ThePowerOfBreathDiaphragmaticBreathing.pdf



Case 1

Epidural

- 29 year old female
- G4P0
- Hx of recurrent pregnancy loss
- Planned induction at 37w0d for preeclampsia
- Anesthesia called for epidural placement
- On eval pt appears acutely anxious, breathing rapidly, unable to answer PMH/PSH ?'s
- BP: 156/98 HR:117 SpO2: 95%



Case 1

Epidural

- Signs/symptoms of traumatic response?
- Risk factors for PTSD?
- What steps can you take to improve symptoms/experience?



Case 2

C-Section

- 32 yof, G1PO, 38w5d
- Admitted for spontaneous labor
- Received epidural
- Requires CS for non-reassuring FHT
- In OR, receives 20mL 2% lidocaine
- Tested with allis clamp--> felt pressure + pain
- Was told that what she was feeling was pressure only
- Recalls arms strapped down, feeling pain throughout the procedure; feels concerns/sx not heard
- Dx'd with postpartum PTSD



Case 2

C-Section

- Risk factors for developing PPTSD?
- What were non-modifiable risk factors?
- What steps could have been taken to minimize risk of PPTSD?

