Trauma Informed Approaches to Perinatal Mental Health Care

Leena Mittal, MD, FACLP
Associate Vice Chair of Diversity Equity and Inclusion
Chief of the Division of Women's Mental Health, Brigham and Women's Hospital
Associate Medical Director, MCPAP for Moms

Disclosures

I have no financial or other perceived conflicts of interest to disclose in relation to this presentation.

Overview

- Defining trauma and its pervasive presence
- Trauma and perinatal OUD and mental health
- Informing ourselves about trauma in health care
- Principles of Trauma informed care
- Implementation of Trauma informed care – What providers can do

What is Trauma?

- *“Trauma is defined as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.”*

SAMHSA, 2014

Experiences of trauma are widespread

- Majority of individuals (50-90%) have had exposure to a traumatic event in their lifetime
- Interpersonal Violence (IPV) is more common in pregnant women than gestational diabetes

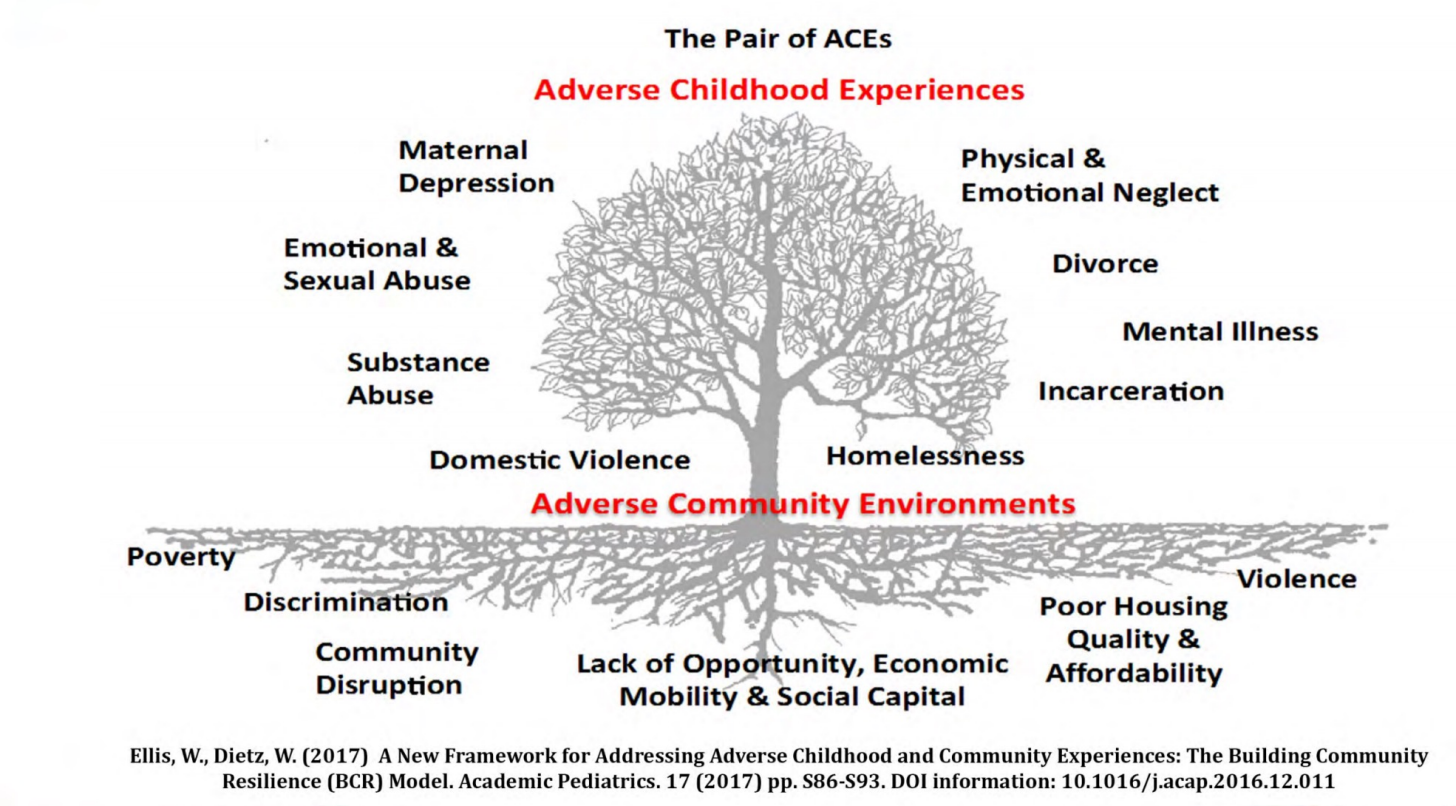
Kessler et al., 1995; Dabelea et al., 200

Maternal trauma can negatively impact one's pregnancy, postpartum experience and infant health.

- Exacerbation of perinatal mood and anxiety disorders
- Preterm birth risk
- Poor maternal infant bonding
- Low birth weight
- Reduced or early cessation of breastfeeding
- Dysregulation in fetal neurobiological systems

Yonkers et al., 2014; Brand et al., 2010; Meltzer-Brody et al., 2013; Muzik et al., 2016; Smith et al., 2016

Adverse Childhood Experiences: in the soil and the air



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

From the Center for Community Resilience https://ccr.publichealth.gwu.edu

Women with past trauma and ACES are more likely to experience…

- Substance use disorders
- Suicide attempts
- Adolescent pregnancy
- Fetal death
- Medical co-morbidities

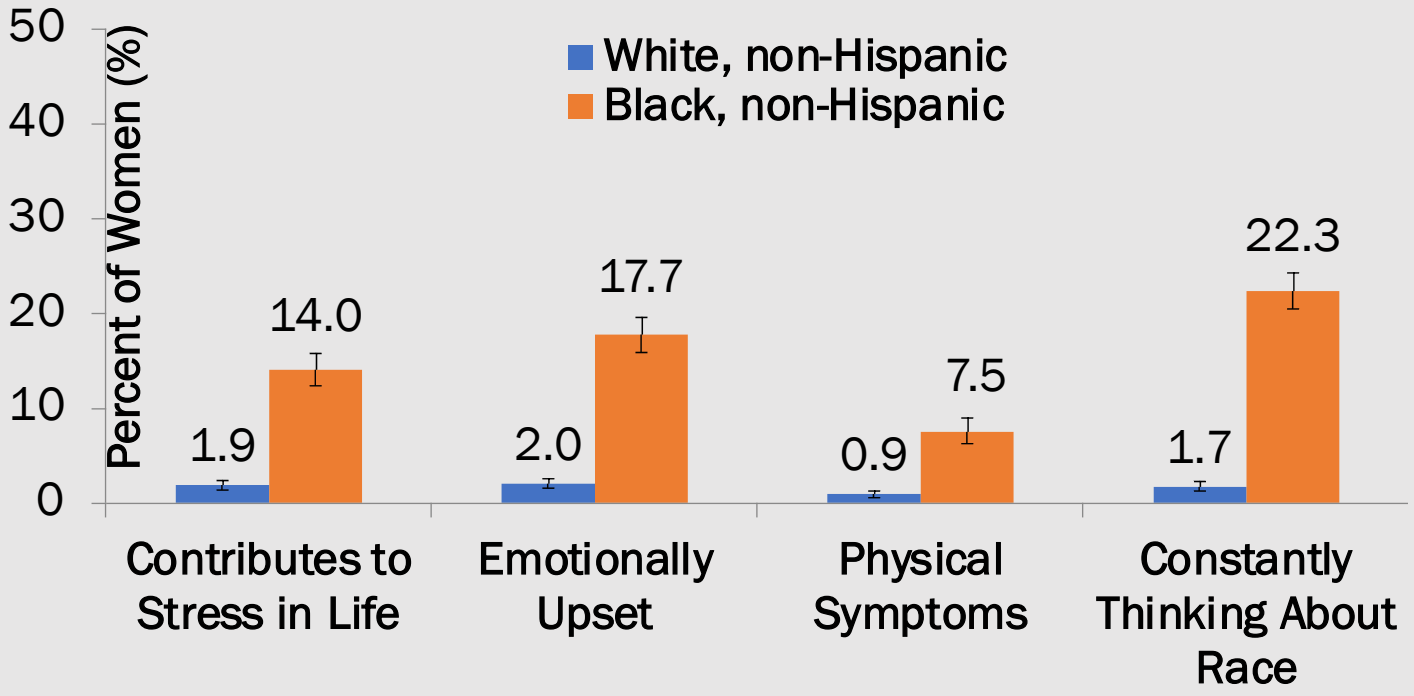
Hills et al., 2004; Feliti et al., 201

Racism is a cause of trauma and is a mechanism for the phenomenon of toxic stress called “weathering”

- The weathering hypothesis: “the health of African-American women may begin to deteriorate in early adulthood as a physical consequence of cumulative socioeconomic disadvantage”
- Chronic stress caused by the lived experience of racism – allostatic load
- Racial inequities in health outcomes exist after control for confounding social and economic factors
- Studies link chronic stress from trauma to lower rates of birth weight in Non-Hispanic Black women

Forde et al *Annals of epidemiology* 33 (2019): 1-18; Mustillo et al *American Journal of Public Health* 94.12 (2004): 2125-2131.; Geronimus (1992) Ethnicity and Disease; Geronimus et al Am J Public Health. 2006 May; 96(5): 826–833

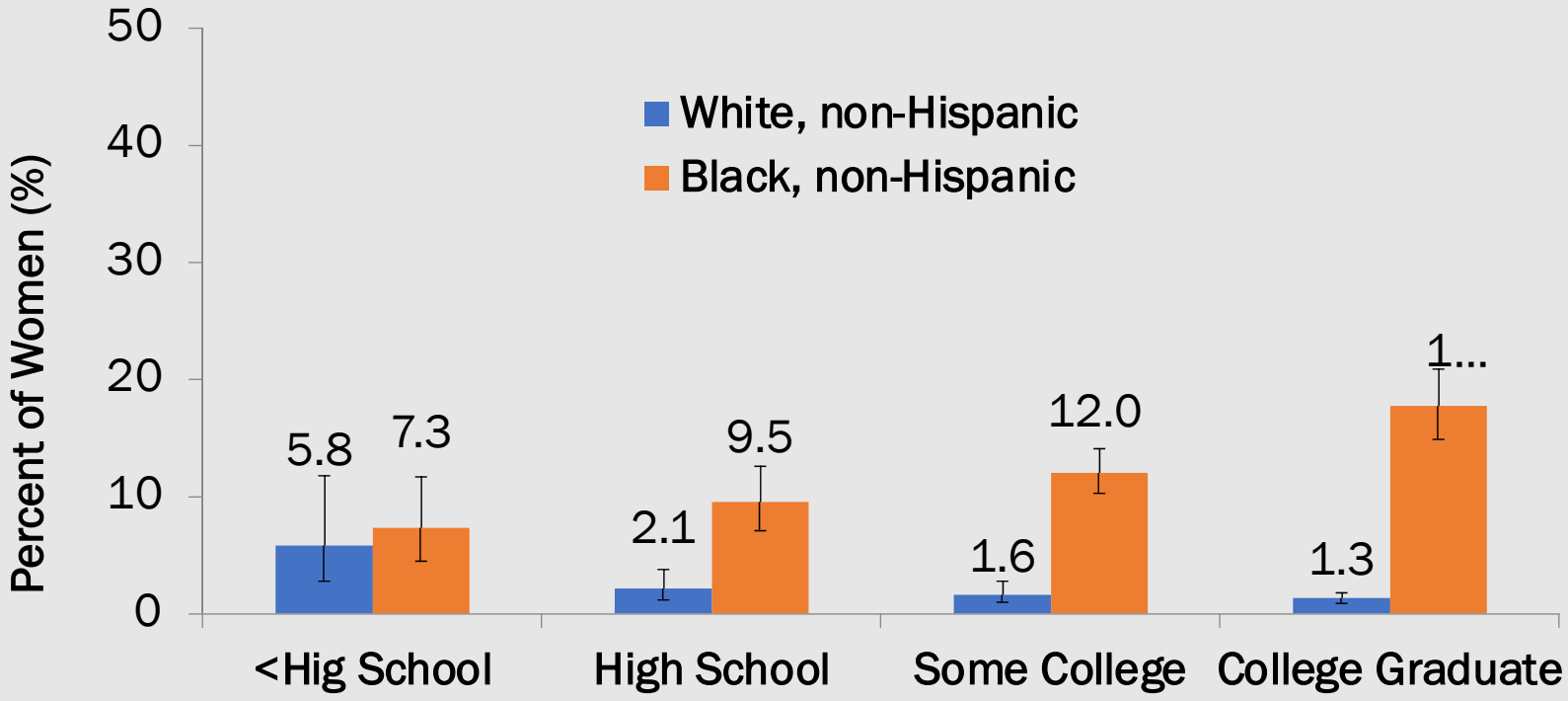
Maternal Responses to Racism in the Year Prior to Delivery, MA PRAMS, 2012–2019



**P <0.05:* Statistically significant

MA PRAMS survey questions: https://www.mass.gov/doc/2016-2021-prams-survey/download

Report of Race/Ethnicity Contributing to Stress by Education Level, MA PRAMS, 2009–2019



*P <0.05: Statistically significant

Trauma and Opioid Use Disorder

ACE were associated with earlier age of initiating opioids

- ACE associated with recent injection drug use and lifetime overdose
- Early prevention strategies could use ACE scores as a marker for adolescents at risk

Stein, Michael D et al.” *Drug and alcohol dependence* vol. 179 (2017): 325-329.

ACE are more prevalent among perinatal women in OUD treatment

- **65%** had an ACE score of 4 or more (average ACE score 4.3 vs 1.4 in a survey sample)
- **16-26%** of pregnant women with OUD are diagnosed with PTSD

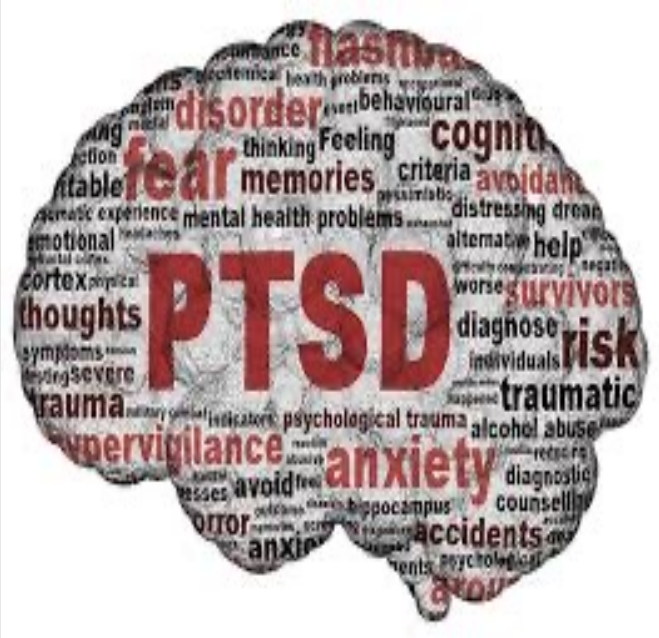
Gannon et al *Comm Mental Health* 2020

Mental Health impacts the course of substance use disorders in perinatal individuals

- PTSD occurs in 16-26% of pregnant women with OUD
- Mental health diagnoses are associated with increased hospital admissions among with with OUD
- Inadequate access to MH services is a barrier to SUD treatment

Saia et al. Curr Obstet Gynecol Rep 5, 257–263 (2016;) Patrick et al 2020; Titus Glover et al 2020

Co-morbidity of PTSD and mental health disorders



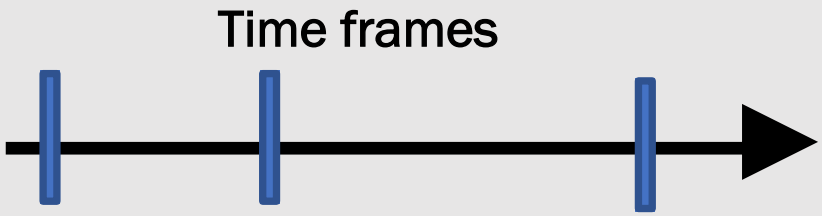
- Pregnant women with OUD and PTSD are **twice** as likely to have a mood disorder
- Patients with borderline personality disorder are **twice** as likely to develop PTSD
- Anxiety and depression are highly comorbid with PTSD

Golier et al., 2003

Trauma and Stress-Related Disorders

4 categories of symptoms

- Intrusion symptoms
- Avoidance
- Negative alterations in cognitions and mood
- Alterations in arousal and reactivity (i.e. sleep disturbances)



Acute Stress Disorder: 3 days to 1 month

PTSD >1 month

Delayed onset - >6 months after stressor

- Functional impact
- Heterogeneity

DSM-V

There is no one size fits all approach to trauma and stress-related disorders

- Functional impact
- Heterogeneity:

636,120 ways to have PTSD

Galatzer-Levy and Bryant 2013

Trauma impacts health care

A history of ACE associated with a multitude of health problems

Health care services can be (re) traumatizing

Prior trauma can influence how care is engaged with

Health care can be retraumatizing

Interpersonal factors

- Power dynamic between provider and patient
- Gender of provider/patient
- Lack of privacy (physical/emotional)

Physical factors

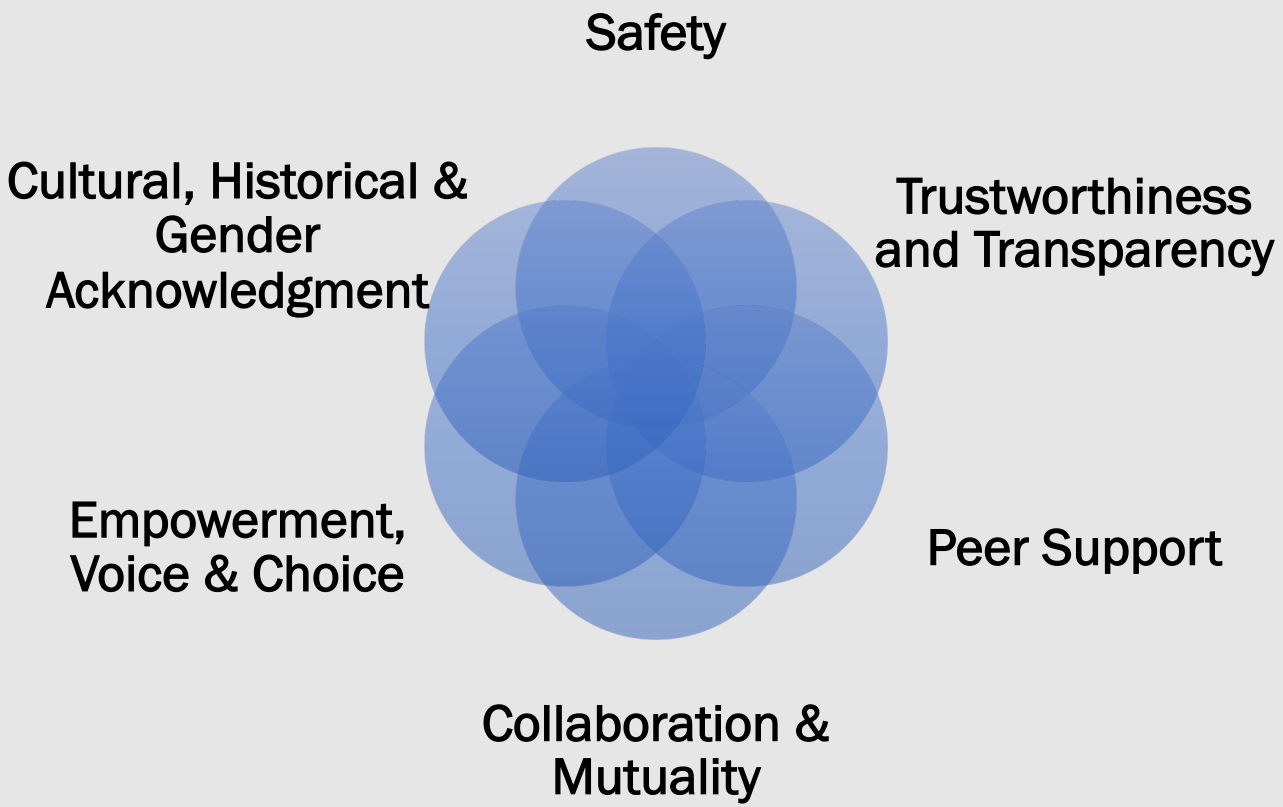
- Exposure during examination
- Discomfort due to symptoms or examination/procedure
- Positioning
- Physical touch

In obstetric settings, trauma and PTSD symptoms often go unnoticed

Patients do not disclose because of…
▪ Shame
▪ Helplessness
▪ Stigma
▪ Fear of partner retaliation
▪ Fear of child protective service involvement

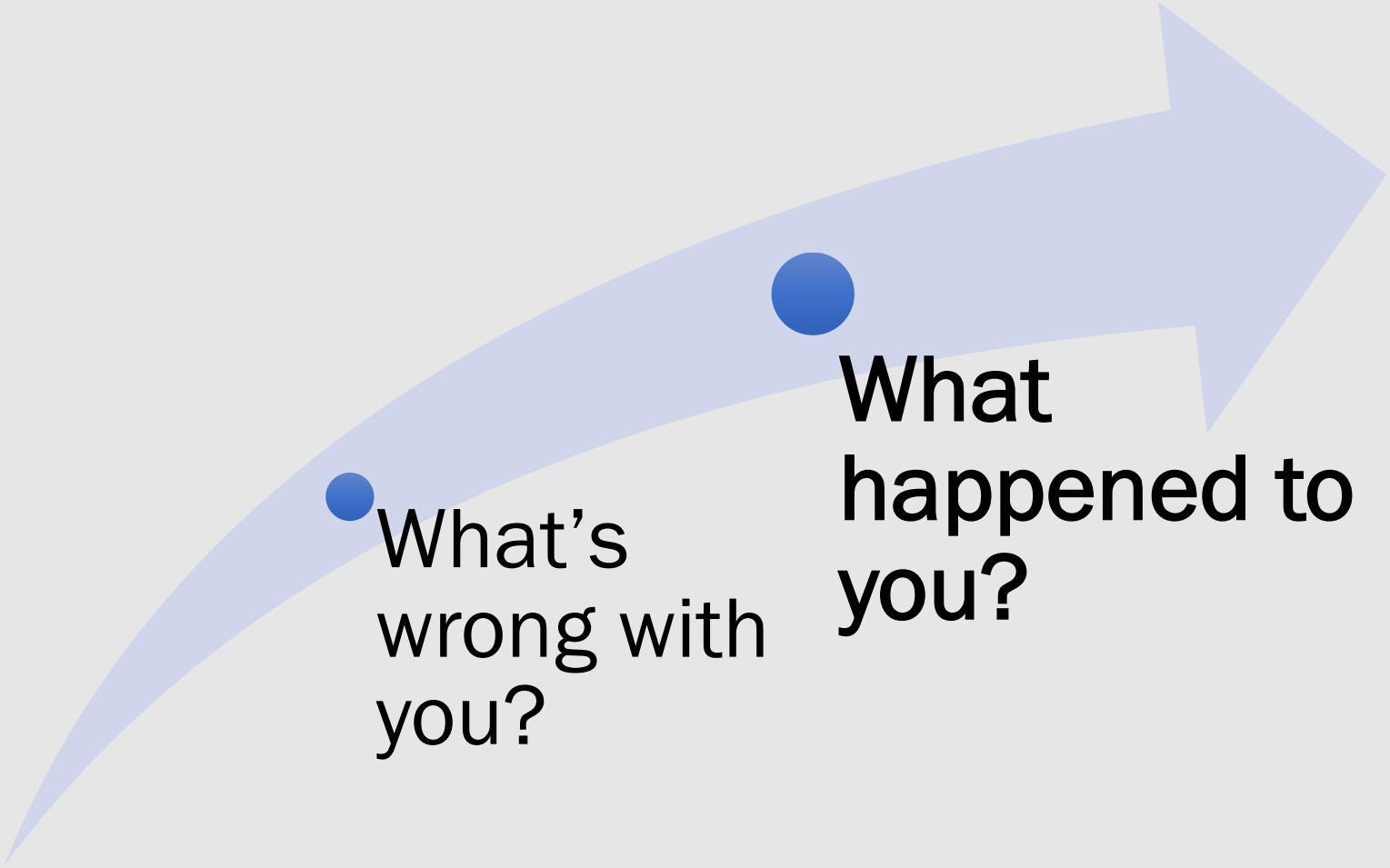
Providers do not inquire because of…
▪ Lack of training
▪ Insufficient time
▪ Perceived short supply of support resources
▪ Obstetric care itself can be traumatic

Six core principles of Trauma Informed Care



Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Shifting the paradigm



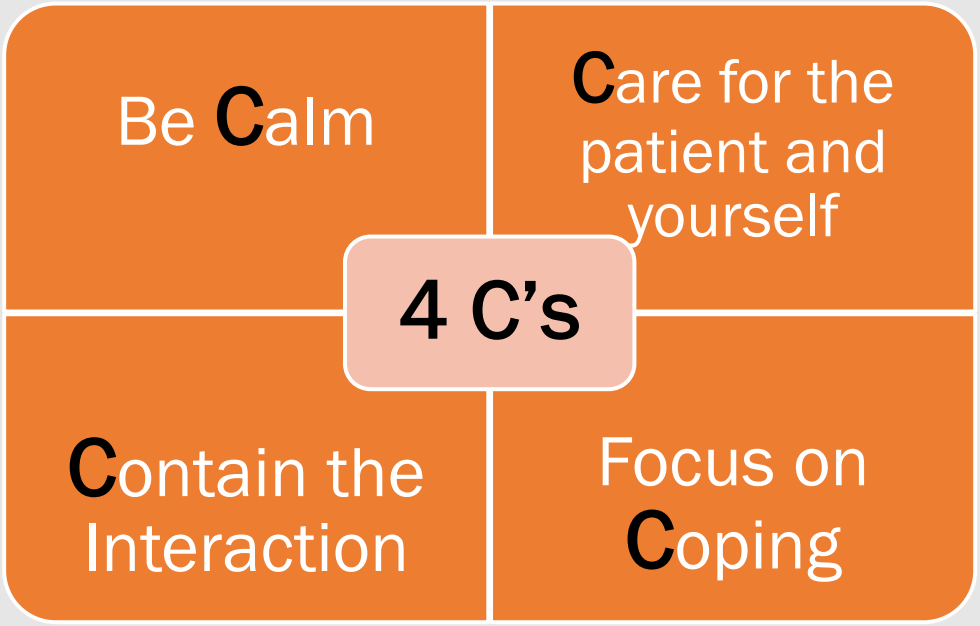
Trauma Informed Care should be applied universally

Universal screening in obstetric visits is an opportunity to:

- Proactively address risk
- Engage patient in targeted interventions

Prepare to discuss trauma with each patient

- Practice Personal Preparation: 4 C's



Utilize TIC principles when gathering and assessing history of trauma.

Assessing Recent trauma

- Ask about Intimate Partner Violence (IPV) in private
- Utilize professional interpreters if needed
- If IPV endorsed
  - *Affirm that this is not okay*
  - *Offer warm handoff to support services*
  - *Remain accessible*

Assessing Past Trauma

- Limited evidence base – screening vs. open ended inquiry
- Should **NOT** request detailed account
- Inquire about current coping/management
- Engage in longer term trauma focused work

Utilize TIC principles in all aspects of care.

Environment	Policies	Attitudes/Beliefs
Calm and clean	“No wrong door”	Patient centered
Privacy	Clear and transparent policies	Asking questions, not making assumptions
Accessibility	Language accessibility	Honoring differences in coping
Pleasant	Seeking feedback	
	CAN DO approach	

Thinking about implementation

A Trauma informed care organization…

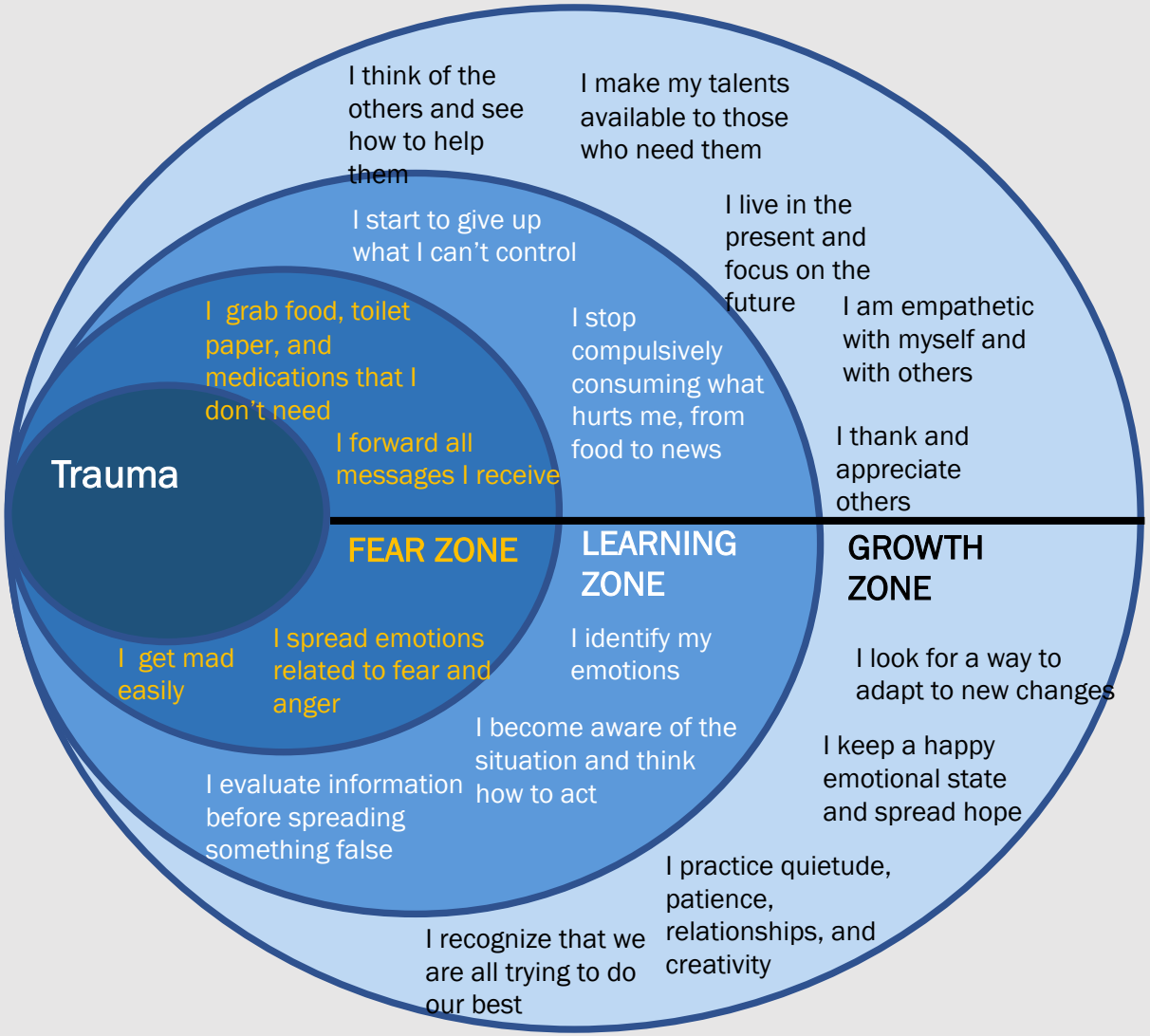
- **Realizes** that trauma is prevalent and widespread
- **Recognizes** trauma affects everyone in the system – patients and workforce
- **Responds** by integrating TIC into all levels of operation

Applying the 4 Rs to the care of perinatal individuals

- Realize that trauma is pervasive and may predate the pregnancy and perinatal care experience
- Recognize the signs and symptoms of prior trauma in perinatal care
- Respond through language and actions that demonstrate a trauma informed approach
- Resist retraumatization – minimize stressors maximize empowerment voice and choice; empathy and transparency in care

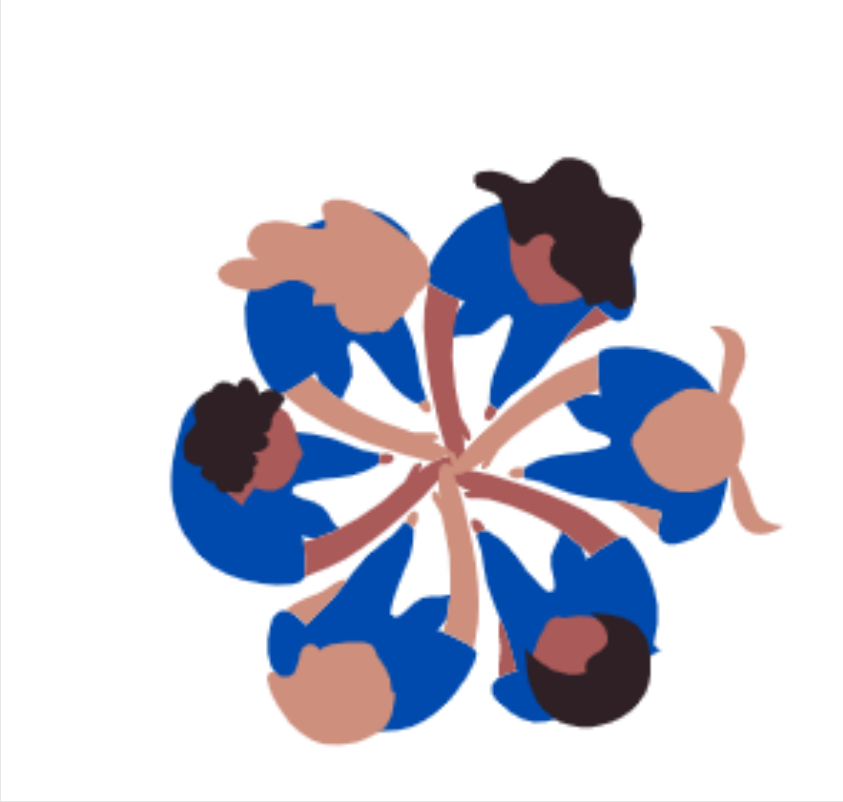
...Resilience

Post-traumatic Growth



A trauma-informed system proactively addresses the needs of providers

- Creates a space for providers to reflect on patient experiences
- Engage in resiliency building
- Protect against compassion fatigue and burnout



SAMHSA, 2014

Resilience in an organization looks like:

- Resources for staff well-being
- Flexible policies (i.e. voluntary huddles, not mandatory debriefing)
- Clear communication
- Training and learning opportunities
- Attention to team morale

Traumagroup.org

How can we implement TIC now?

During the COVID-19 pandemic, there is an increased risk for a woman to experience her birth process as traumatic.

Risk factors include:

- anxiety prior to labor
- absence of a birth partner and/or perceived lack of support during labor and delivery
- feelings of disconnection, helplessness, and isolation during labor and delivery

Delivering and receiving care has been more challenging during the pandemic

What Providers Can Do

Remember that the principles of trauma-informed care are more important now than ever.

- *Remember that our usual ways of providing non-verbal reassurance are impeded by telehealth, masks, and physical distancing.*
- *Make direct eye contact, use clear, supportive verbal communication and attentive, focused listening.*
- *Consider wearing a photo ID or adding a smile to your mask to offset loss of nonverbal feedback.*

What Providers Can Do

- *Describe in detail the process for telemedicine visits and for arriving at the hospital.*
- *Help patients to identify back up plans if their support person is COVID+ or becomes symptomatic.*
- *Encourage creative means of support like including a doula or birth partner via video-chat.*
- *Reassure women that visitation policies have evolved to include increased birth support.*

What Providers Can Do

- *Discuss that hospitals and accredited birth centers remain the safest settings for delivery.*
- *Carefully weigh risks and benefits of home births if a woman is considering this option.*

What Providers Can Do

For All Perinatal Individuals:

- Discuss concerns about labor, birth, and the postpartum period
- Identify sources of support
- Refer to mental health providers for individual, group therapy, and/or medication treatment as indicated
- Therapy, peer support, and medication treatment is still available via telemedicine visits

What Providers Can Do

For Perinatal Individuals with Trauma-Related Disorders:

Be aware of signs of prior trauma.

Signs of Prior Trauma

- Avoidance of prenatal care
- Unusual fear of needles, IVs, or medical procedures
- Extreme sensitivity about bodily exposure
- Recoiling when touched during an exam

What Providers Can Do

For Perinatal Individuals with Trauma-Related Disorders

- Screen for safety and privacy prior to and during virtual visits Optimize trauma-responsive approaches by promoting autonomy and choice when able.
- Ask for permission prior to physical contact, and narrate the steps to procedures in advance, including what physical sensations might be experienced.
- Maximize privacy whenever possible.

What Providers Can Do

For Perinatal Individuals with Trauma-Related Disorders

- Involve the woman in decisions regarding her obstetric care and offer choices whenever feasible.
- Explain before labor what emergency interventions may be necessary.
- Minimize loud directives or commands.
- Be aware of nonverbal communication, and sit when speaking rather than standing over patient, whenever possible.

What Providers Can Do

Paths Toward Equitable Health Care

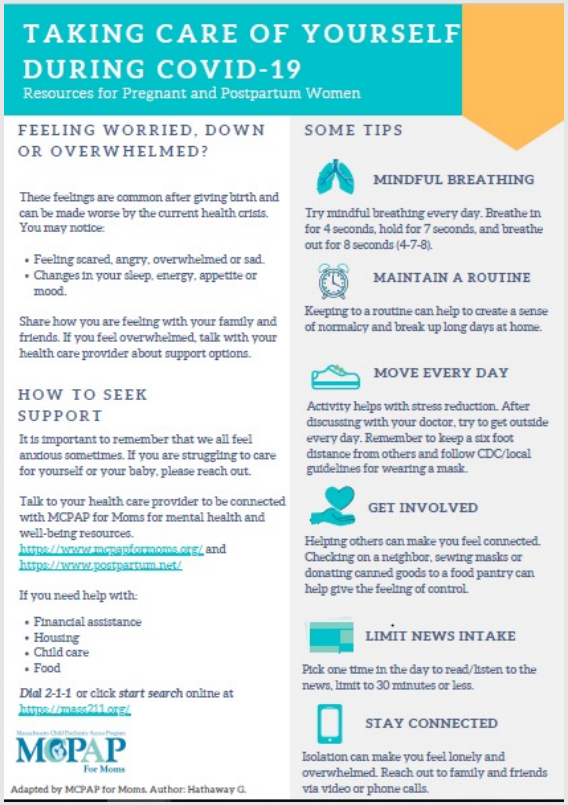
- Enhanced screening and timely treatment for individuals of historically marginalized racial and ethnic identities
- Development of perinatal care management programs and standardized postpartum follow up to reduce barriers to care
- Culturally responsive birth support
  - *Doula Programs*
  - *Listen to patients' needs directly: https://loomhq.com/protect-black-birth*
- Connect with culturally representative care providers
- Implementation of Trauma Informed Care at all stages of treatment
- Policy recommendations: non othering policies, expanded insurance coverage, workforce, paide parental leave, housing and food security

(Admon et al., 2018; Tandon et al., 2020 ; Vu et al Health affairs 2021 https://doi.org/10.1377/hlthaff.2021.00805

Antiracism and TIC must align in Perinatal Mental Health Care

- ❑ Center the voices of BIPOC patients and providers
- ❑ For non BIPOC providers: reflection, intentionality and accountability
- ❑ Acknowledge the existence of racism and the range of reactions
- ❑ Self care (eg: racial wellness toolbox, mindfulness, joy)
- ❑ Open discussion in safe and liberated spaces
- ❑ Social connection and support
- ❑ Collaboration in care (eg: birth plans, mental health care advanced directives)
- ❑ Empowerment through resistance, advocacy and self care

Patient Handout:
Taking Care of Yourself During COVID-19



TAKING CARE OF YOURSELF DURING COVID-19

Resources for Pregnant and Postpartum Women

FEELING WORRIED, DOWN OR OVERWHELMED?

These feelings are common after giving birth and can be made worse by the current health crisis. You may notice:

- Feeling scared, angry, overwhelmed or sad.
- Changes in your sleep, energy, appetite or mood.

Share how you are feeling with your family and friends. If you feel overwhelmed, talk with your health care provider about support options.

HOW TO SEEK SUPPORT

It is important to remember that we all feel anxious sometimes. If you are struggling to care for yourself or your baby, please reach out.

Talk to your health care provider to be connected with MCPAP for Moms for mental health and well-being resources. https://www.mcpapformoms.org/ and https://www.postpartum.net/

If you need help with:

- Financial assistance
- Housing
- Child care
- Food

Dial 2-1-1 or click *start search* online at https://mass211.org/

MCPAP For Moms

Adapted by MCPAP for Moms. Author: Hathaway G.

SOME TIPS

MINDFUL BREATHING

Try mindful breathing every day. Breathe in for 4 seconds, hold for 7 seconds, and breathe out for 8 seconds (4-7-8).

MAINTAIN A ROUTINE

Keeping to a routine can help to create a sense of normalcy and break up long days at home.

MOVE EVERY DAY

Activity helps with stress reduction. After discussing with your doctor, try to get outside every day. Remember to keep a six foot distance from others and follow CDC/local guidelines for wearing a mask.

GET INVOLVED

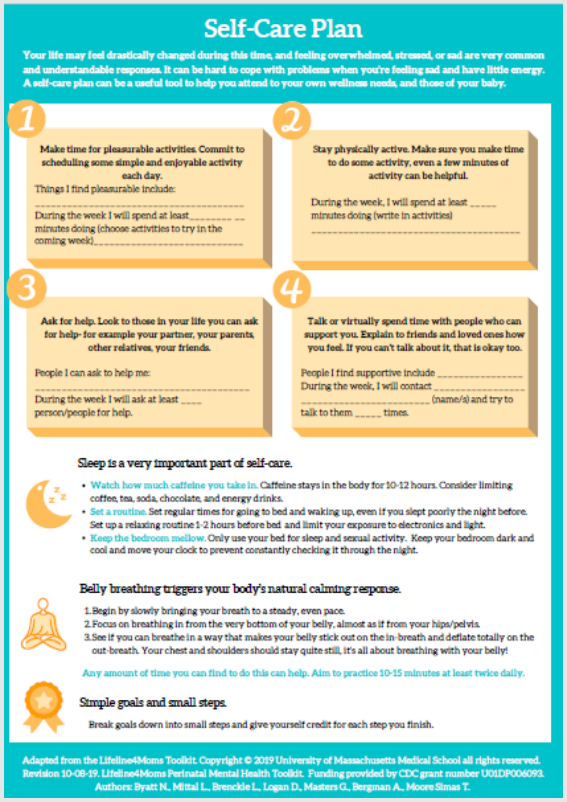
Helping others can make you feel connected. Checking on a neighbor, sewing masks or donating canned goods to a food pantry can help give the feeling of control.

LIMIT NEWS INTAKE

Pick one time in the day to read/listen to the news, limit to 30 minutes or less.

STAY CONNECTED

Isolation can make you feel lonely and overwhelmed. Reach out to family and friends via video or phone calls.



Self-Care Plan

Your life may feel drastically changed during this time, and feeling overwhelmed, stressed, or sad are very common and understandable responses. It can be hard to cope with problems when you're feeling sad and have little energy. A self-care plan can be a useful tool to help you attend to your own wellness needs, and those of your baby.

1 Make time for pleasurable activities. Commit to scheduling some simple and enjoyable activity each day.
Things I find pleasurable include:
During the week I will spend at least _____ minutes doing (choose activities to try in the coming week)

2 Stay physically active. Make sure you make time to do some activity, even a few minutes of activity can be helpful.
During the week, I will spend at least _____ minutes doing (write in activities)

3 Ask for help. Look to those in your life you can ask for help- for example your partner, your parents, other relatives, your friends.
People I can ask to help me:
During the week I will ask at least _____ person/people for help.

4 Talk or virtually spend time with people who can support you. Explain to friends and loved ones how you feel. If you can't talk about it, that is okay too.
People I find supportive include _____
During the week, I will contact _____ (name/s) and try to talk to them _____ times.

Sleep is a very important part of self-care.

- Watch how much caffeine you take in. Caffeine stays in the body for 10-12 hours. Consider limiting coffee, tea, soda, chocolate, and energy drinks.
- Set a routine. Set regular times for going to bed and waking up, even if you slept poorly the night before. Set up a relaxing routine 1-2 hours before bed and limit your exposure to electronics and light.
- Keep the bedroom mellow. Only use your bed for sleep and sexual activity. Keep your bedroom dark and cool and move your clock to prevent constantly checking it through the night.

Belly breathing triggers your body's natural calming response.

1. Begin by slowly bringing your breath to a steady, even pace.
2. Focus on breathing in from the very bottom of your belly, almost as if from your hips/pelvis.
3. See if you can breathe in a way that makes your belly stick out on the in-breath and deflate totally on the out-breath. Your chest and shoulders should stay quite still, it's all about breathing with your belly!

Any amount of time you can find to do this can help. Aim to practice 10-15 minutes at least twice daily.

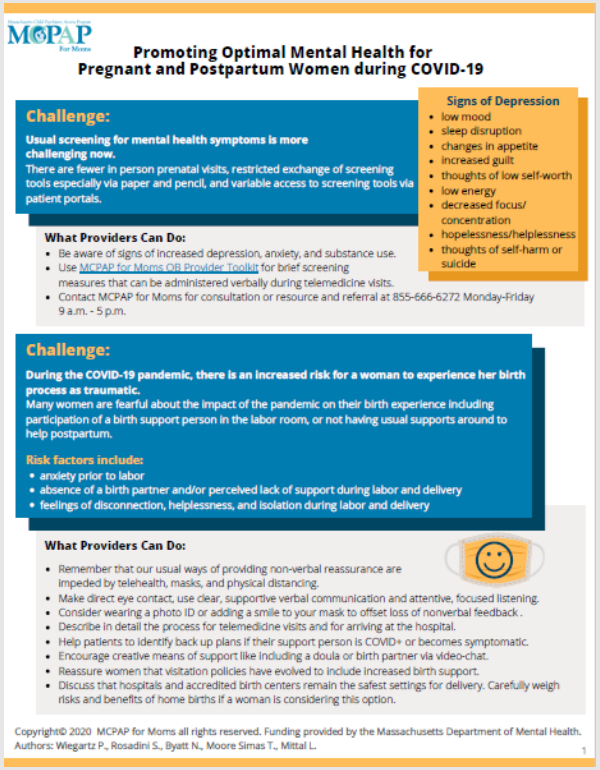
Simple goals and small steps.

Break goals down into small steps and give yourself credit for each step you finish.

Adapted from the Lifeline4Moms Toolkit. Copyright © 2019 University of Massachusetts Medical School all rights reserved.
Revision 10-08-19. Lifeline4Moms Perinatal Mental Health Toolkit. Funding provided by CDC grant number U01DP006093.
Authors: Byatt N., Mittal L., Brenckle L., Logan D., Masters G., Bergman A., Moore Simas T.

Download here: https://www.mcpapformoms.org/docs/PatientCOVID19.pdf

Provider Material:
Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19



MCPAP For Moms

Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19

Challenge:

Usual screening for mental health symptoms is more challenging now.
There are fewer in person prenatal visits, restricted exchange of screening tools especially via paper and pencil, and variable access to screening tools via patient portals.

Signs of Depression
- low mood
- sleep disruption
- changes in appetite
- increased guilt
- thoughts of low self-worth
- low energy
- decreased focus/ concentration
- hopelessness/helplessness
- thoughts of self-harm or suicide

What Providers Can Do:
- Be aware of signs of increased depression, anxiety, and substance use.
- Use MCPAP for Moms OB Provider Toolkit for brief screening measures that can be administered verbally during telemedicine visits.
- Contact MCPAP for Moms for consultation or resource and referral at 855-666-6272 Monday-Friday 9 a.m. - 5 p.m.

Challenge:

During the COVID-19 pandemic, there is an increased risk for a woman to experience her birth process as traumatic.
Many women are fearful about the impact of the pandemic on their birth experience including participation of a birth support person in the labor room, or not having usual supports around to help postpartum.

Risk factors include:
- anxiety prior to labor
- absence of a birth partner and/or perceived lack of support during labor and delivery
- feelings of disconnection, helplessness, and isolation during labor and delivery

What Providers Can Do:
- Remember that our usual ways of providing non-verbal reassurance are impeded by telehealth, masks, and physical distancing.
- Make direct eye contact, use clear, supportive verbal communication and attentive, focused listening.
- Consider wearing a photo ID or adding a smile to your mask to offset loss of nonverbal feedback .
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- Help patients to identify back up plans if their support person is COVID+ or becomes symptomatic.
- Encourage creative means of support like including a doula or birth partner via video-chat.
- Reassure women that visitation policies have evolved to include increased birth support.
- Discuss that hospitals and accredited birth centers remain the safest settings for delivery. Carefully weigh risks and benefits of home births if a woman is considering this option.

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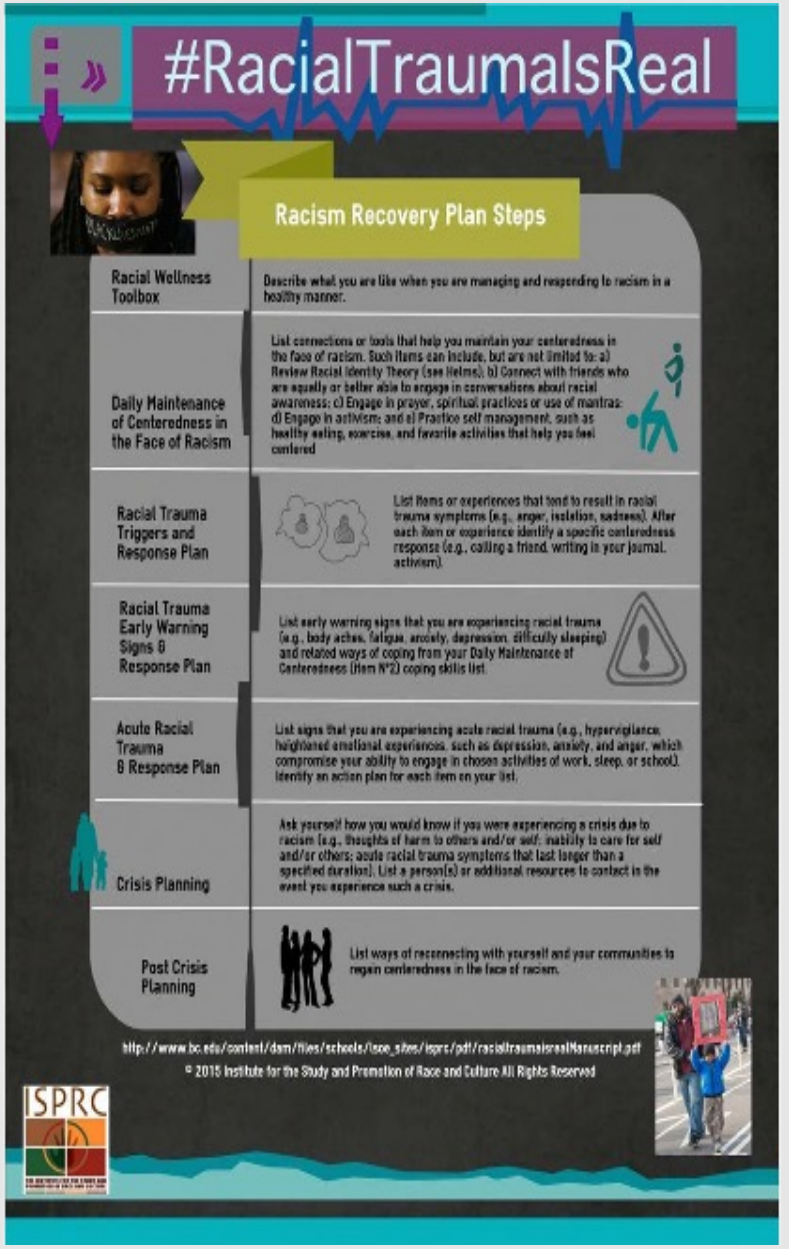
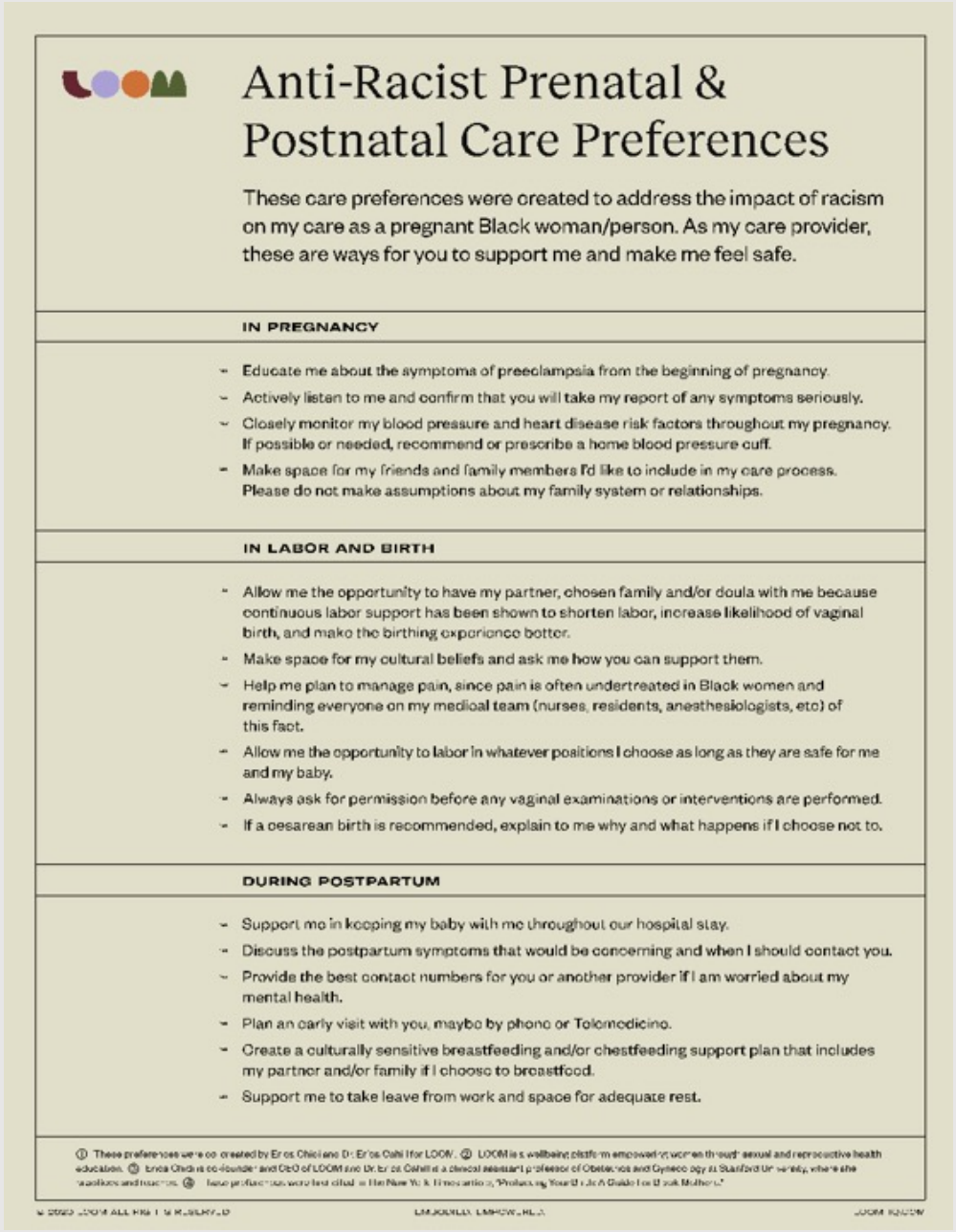
Authors: Wiegartz P., Rosadini S., Byatt N., Moore Simas T., Mittal L.

Download here: https://www.mcpapformoms.org/Docs/ProviderCOVID19final.pdf

Racial Wellness Toolbox





Anti-Racist Prenatal & Postnatal Care Preferences

These care preferences were created to address the impact of racism on my care as a pregnant Black woman/person. As my care provider, these are ways for you to support me and make me feel safe.

IN PREGNANCY

- Educate me about the symptoms of preeclampsia from the beginning of pregnancy.
- Actively listen to me and confirm that you will take my report of any symptoms seriously.
- Closely monitor my blood pressure and heart disease risk factors throughout my pregnancy. If possible or needed, recommend or prescribe a home blood pressure cuff.
- Make space for my friends and family members I'd like to include in my care process. Please do not make assumptions about my family system or relationships.

IN LABOR AND BIRTH

- Allow me the opportunity to have my partner, chosen family and/or doula with me because continuous labor support has been shown to shorten labor, increase likelihood of vaginal birth, and make the birthing experience better.
- Make space for my cultural beliefs and ask me how you can support them.
- Help me plan to manage pain, since pain is often undertreated in Black women and reminding everyone on my medical team (nurses, residents, anesthesiologists, etc) of this fact.
- Allow me the opportunity to labor in whatever positions I choose as long as they are safe for me and my baby.
- Always ask for permission before any vaginal examinations or interventions are performed.
- If a cesarean birth is recommended, explain to me why and what happens if I choose not to.

DURING POSTPARTUM

- Support me in keeping my baby with me throughout our hospital stay.
- Discuss the postpartum symptoms that would be concerning and when I should contact you.
- Provide the best contact numbers for you or another provider if I am worried about my mental health.
- Plan an early visit with you, maybe by phone or Telemedicine.
- Create a culturally sensitive breastfeeding and/or chestfeeding support plan that includes my partner and/or family if I choose to breastfeed.
- Support me to take leave from work and space for adequate rest.

① These preferences were co-created by Eirois Chioiano Dr. Eirois Cahill for LOOM. ② LOOM is a wellbeing platform empowering women through sexual and reproductive health education. ③ Erica Chidiac is co-founder and CEO of LOOM and Dr. Erica Cahill is a clinical assistant professor of Obstetrics and Gynecology at Stanford University, where she [illegible] and instructs. ④ These preferences were first cited in The New York Times article, "Protecting Yourself: An A Guide for Black Mothers."

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https://loomhq.com/protect-black-birth

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Thank you for your time and for all you do!

Questions?