Trauma-Informed Care during the Childbearing Year

*Mickey Sperlich, PhD, MSW, MA, CPM, Advisory Board Member, PATTCh*

While care providers may not be able to prevent emergency situations from occurring, they do have the power to influence how women experience their care. Given that so many women bring a history of trauma into pregnancy with them, and also posttraumatic stress, it would make sense that maternity care providers and those who care for women and their infants during the postpartum period should be doing everything they can to adopt a trauma-informed approach to their provision of care. But just what would that sort of care look like?

Becoming a trauma-informed maternity care provider involves first understanding the basic principles of a trauma-informed approach. The Substance Abuse and Mental Health Service Administration, or “SAMHSA” for short, has a program called the National Center for Trauma-Informed Care (NCTIC). The NCTIC has a basic goal of building knowledge about trauma-informed approaches. The trauma-informed approach involves realizing the impact of trauma, recognizing the signs/symptoms of trauma (in clients and families but also staff and others in the system), responding by integrating trauma knowledge into policies, procedures, and practices, and seeking to actively resist re-traumatizing individuals (see their website for more information: [http://www.samhsa.gov/nctic/trauma-interventions](http://www.samhsa.gov/nctic/trauma-interventions)). Ideally, adopting a trauma-informed approach should involve not only maternity care providers like obstetricians, midwives, family practice doctors, and nurses, but also the entire hospital and birth center system in which they provide care. But while we are waiting for such system-wide change to occur, we must look to other types of trauma-informed interventions to help women and their families.

There are several trauma-informed approaches being used today, as both frontline treatments for trauma recovery and prevention of posttraumatic stress, and also as adjunctive therapy for substance use treatment. Links to several types of trauma-informed approaches are available on the SAMSHA NCTIC website at [http://www.samhsa.gov/nctic/trauma-interventions](http://www.samhsa.gov/nctic/trauma-interventions). Pregnant or postpartum women may benefit from participation in any of these programs. There are also very promising approaches for developing positive mother/baby interactions, and these are also listed below. However, there are very few approaches which are specifically designed to help pregnant women deal with trauma during the childbearing year.

One such approach is currently under development. The Survivor Moms’ Companion (SMC) is a trauma-informed psychoeducational approach which is designed to be used by women with a history of maltreatment during pregnancy or the postpartum period. It involves reading or listening to 10 modules which provide information about trauma and posttraumatic stress and uses examples of how past trauma and PTSD symptoms might be triggered during the
childbearing year. It includes a weekly check-in with a “tutor” who helps the woman process the information and who also provides referrals to trauma-informed therapy services when needed. The goals of the SMC are 1) to help a woman manage PTSD symptoms despite the presence of triggers that may happen during her maternity care, birth, or postpartum period, 2) to help a woman manage her emotions, and 3) to help a woman negotiate relationships, both with maternity and pediatric care providers, and with her infant and other family members. The SMC is currently being researched. An initial study of the prenatal version is completed, 1, 2, 3 and an initial study of the postpartum version is underway. More studies are planned. So far, women who have participated in the SMC have found it to be safe, useful, and worthwhile. Although more study is needed, the goal is to eventually make the SMC widely available to all women with a history of maltreatment who are pregnant or who have recently given birth, with the hope that women who are able to access the SMC will be less likely to experience their birth as re-traumatizing.

Links to trauma-informed approaches for developing positive mother/baby interactions:

Circle of Security: http://circleofsecurity.net/

Mom Power: http://www.psych.med.umich.edu/wmh/research/parenting-and-fatherhood/

Mellow Parenting: http://mellowparenting.org/

References


Mickey Sperlich is an experienced midwife researcher who studies the effects of trauma and mental health challenges on childbearing and postpartum outcomes. She has a PhD with a dual title in Social Work and Infant Mental Health. Mickey is co-author with Julia Seng of Survivor Moms: Women’s Stories of Birthing, Mothering and Healing after Sexual Abuse, and a psychosocial intervention for pregnant survivors of abuse; the Survivor Moms’ Companion.