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FAMILIES THRIVE WITH GOOD MENTAL HEALTH

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Trauma-Informed Care for Perinatal Patients

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Disclosures

I have no a relevant financial relationship with a commercial interest to disclose.

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Learning Objectives

- Recognize the prevalence of multiple types of traumas and their impact on perinatal individuals.
- Describe conceptual models of Trauma Informed Care.
- Identify evidence-based psychotherapeutic treatments for posttraumatic stress disorder in the perinatal population

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Poll

- What trauma-related experiences do you screen perinatal individuals for in your practice?
  - History of sexual assault
  - Intimate Partner Violence
  - Posttraumatic Stress Symptoms

Doula Case Example

As the OB/GYN performed a prenatal pelvic exam on my birth doula client, my client tightened her grip on my hand. I increased the noise of my breath, audibly inhaling and exhaling, inviting her to breathe more deeply. When the door shut, signaling that the OB/GYN had left the exam room, my client poured her pain and terror out to me. She shared with me, for the first time, her history of emotional, physical, and sexual abuse. The pelvic exam had triggered her.

With my client's permission, I disclosed her history of trauma to her medical care team and shared, with them, some trauma-informed care strategies, which visibly shifted the type of care she received during labor—it became gentler, slower, and more personally responsive. During her next pelvic exam, conducted to assess labor progression, the OB/GYN talked her through the procedure, step-by-step, including her in it. This time, the exam happened with her instead of to her.

Excerpt from: Perenchio, 2023)

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Trauma

- Actual or threatened death, serious injury, or sexual violence
  - Direct experience, witnessing the event, or learning that it occurred to a loved one (DSM-5)
    - Potential patient traumas
      - Interpersonal violence
      - Birth trauma
      - Obstetric violence
      - Perinatal loss
    - Provider occupational trauma exposure

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Interpersonal Violence

- Although most people experience some type of trauma at some point, sexual assault specifically confers marked risk for poor mental health compared to other traumas
  - 45% of American women experience sexual violence in their lifetimes (Leemis et al., 2025)
    - Most occurr in adolescence and early adulthood (Muehlenhard et al., 2017)
    - 13% will experience physical and 14% will experience sexual intimate partner violence DURING pregnancy (Ma & zhang, 2025)
    - 1 in 20 US women will experience pregnancy resulting from sexual violence (D'Angelo et al, 2023)

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Birth Trauma

- Differing definitions
  - Events directly related to childbirth caused overwhelming distressing emotions and reactions, leading to negative impacts on a woman's health and wellbeing (Leinweber et al., 2022)
  - Perceived threat to the life of the mother and/or the infant and/or severe physical injury (DSM-5; APA; 2013)
    - 20% of births meet these criteria (Webb et al., 2025)

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Obstetric Violence

- Physical – procedures performed without explicit consent or after explicit refusal (van der Waal et al., 2024)
  - Episiotomies, repeated vaginal examinations by different providers, medically unnecessary acceleration or inhibition of labor, forced adoption of birthing positions
- Psychological –dehumanizing, dismissive, or authoritarian behavior from medical personnel
- Procedures being performed without sufficient information one of the most commonly reported experiences
  - associated with greater posttraumatic stress symptoms (Vega-Sanz et al., 2025)

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Perinatal Loss

- Miscarriage (prior to 20 weeks gestation) – 15% of known pregnancies (Quenby et al., 2021)
- Stillbirth (after 20 weeks) 5.8 per 1,000 births (Ananth et al., 2022)
- Termination due to fetal anomaly
- Neonatal loss (within 28 days of birth) - 3.65 per 1,000 births (Ely & Driscoll, 2025)
- Most common psychological sequalae are PTSD and depression (Gold et al., 2016)

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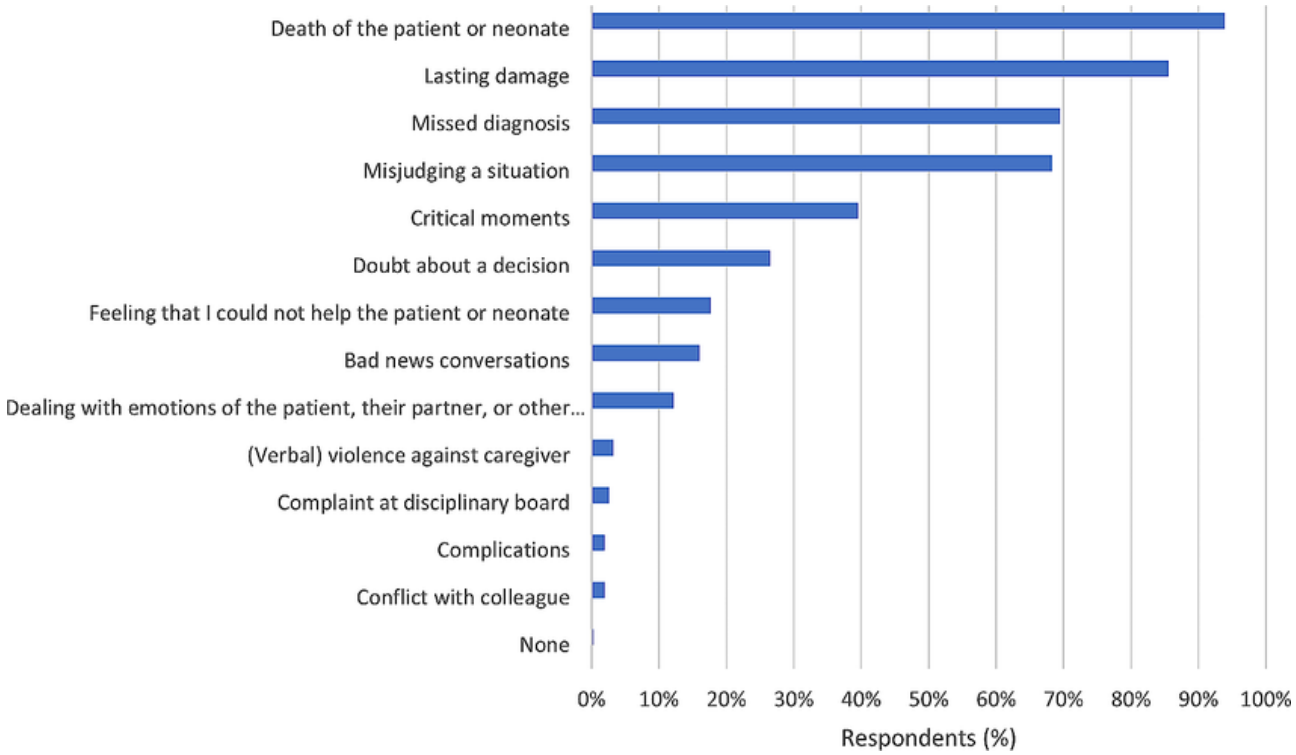
Occupational Trauma Exposure

- Nearly all OB-GYN providers report exposure to adverse events and the majority report significant post-traumatic symptoms in the aftermath of these events (Kruper et al., 2021; Ravaldi et al., 2023)
- US survey of attending physicians found OB-GYN had highest rates of PTSD symptoms (Jackson et al., 2022)



Baas et al., 2024

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Post-Traumatic Stress

- Post-Traumatic Stress (DSM-5)
  - Intrusion
  - Avoidance
  - Negative Alterations to Cognition and Mood
  - Marked Arousal and Reactivity
- Can occur with or without dissociation

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Risk Factors for Childbirth-Related PTSD

Antenatal Factors

- Depression during pregnancy
- Fear of childbirth
- Poor health or complications during pregnancy
- History of trauma (including sexual abuse or previous traumatic birth experience)
- History of mental health problems

Birth Factors

- Negative subjective birth experience
- Operative birth or C-section
- Obstetrical complications
- Dissociation
- Pre-term delivery
- Lack of support

Postpartum Factors

- Postpartum depression or anxiety
- Postpartum physical complications
- Poor coping and stress

Heyne et al., 2022; Horsch et al., 2024

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Prevalence of PTSD Among Perinatal People

- 3% to 6% of perinatal individuals in general samples (Heyne et al., 2022)
  - 12-13% have sub-threshold symptoms
- 19% among perinatal individuals with known histories of birth trauma or sexual abuse (Yildiz et al., 2017)
- In general, rates of PTSD increase postpartum (Yildiz et al., 2017)

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Experience and Impact of Trauma is Intersectional

- Rates of sexual assault are higher among historically marginalized groups
  - Black people (Coulter et al., 2018)
  - LGBTQ individuals (Chen et al, 2023; Coulter et al, 2018)
- Black, indigenous, and Hispanic birthing people are more likely to experience a neonatal death compared to white birthing people (Ely & Driscoll, 2025)
- Black non-Hispanic women are more likely to experience C-sections (Yang et al., 2024), Black women also have higher rates of unplanned C-sections (Williams et al., 2024)
- Black, Hispanic, Multiracial, Indigenous, and LGBTQ individuals report the highest rates of maltreatment during pregnancy care (Liu et al., 2024; Mohamoud et al., 2023; Vedam, et al., 2019)

Examples from Birth Experiences

"I was told I was hurting my children and being selfish because I wanted to have a vaginal delivery. Both children were in head down birth position. I was forced into a cesarean by my OB." Black woman, CA

"One nurse, whom we otherwise really liked, made comments generalizing about people by race (e.g., "you Asian women all tear during birth"). It wasn't done in a judgmental way but I would have preferred that she not say such things." -South Asian woman, Nevada

"The forced episiotomy. The doctor didn't care, refused to give me medication because my episiotomy hurt, Nurse XX from XX told me to get over it and gave me lube & told me to do anal sex instead! That's the care we're getting in Southern California if you are not insured & have to rely on Medical insurance" White woman, NJ

"The doctor who refused to test me for an amniotic fluid leak and instead tested me for an STD test I had already received during the pregnancy. I believe his assumption that I was leaking something due to an STD rather than a pregnancy complication was due to race and put my life and my newborns life at risk - I went a week leaking fluid after I had went in to get it checked out. I worry that Doctor is still discriminating against other mothers and they are receiving negligent care as well." Hispanic woman, CA

Vedam et al, 2019

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Trauma History Impacts Experience of Obstetric Care

- Sexual abuse survivors, compared to their non-victimized counterparts, experience greater fear, distress and embarrassment during routine pelvic exams (Brunton & Dryer 2021; Weitlauf, et al., 2010).
- Memories of abuse during care are common, with triggers including invasive exams and the presence of male staff (Leeners et al., 2016).
- Pregnant trauma survivors experience more frequent invasive exams than indicated for “low-risk” patients (Stevens et al., 2017)
  - Obstetric providers are unaware of patients’ trauma histories most of the time
  - Psychological distress is associated with impaired sense of efficacy in obstetric care

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Trauma History Impacts Birth Experience

- Childbirth is described as a more frightening and negative experience by CSA survivors (Leeners et al., 2016)
  - Longer deliveries
  - Feel less prepared
  - 41% experience trauma memories during childbirth
  - 58% experience dissociation during childbirth

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Trauma History Impacts Obstetric Outcomes

- Childhood Sexual Abuse (CSA) survivors are more likely to:
  - Experience pre-term birth (Brunton & Dryer, 2021)
  - Be hospitalized during pregnancy
  - Receive episiotomy
  - Have infants who need neonatal care

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Trauma History Impacts Postpartum Adjustment

- Childbirth-related PTSD associated with difficulty bonding (Stuijfzand, et al., 2020; Vega Sanz et al., 2025)
- PTSD associated with decreased likelihood of breastfeeding (Garthus-Niegel et al., 2018)
- CSA exposure associated with negative breastfeeding experiences (Elfgen et al., 2017)
  - more likely to experience mastitis
  - 20% experience trauma memories during breastfeeding
  - 58% experience dissociation during breastfeeding

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Interventions Can Mitigate the Impact of Trauma on the Perinatal Period

- Birth preparation classes (Leeners et al., 2016)
- Presence of a trusted person (Leeners et al., 2016)
- Participation in medical decision making (Leeners et al., 2016)
- Pain relief (Leeners et al., 2016)
- Good support from staff family, and friends during labor and birth (Dekel, et al., 2020; Vega-Sanz et al., 2025)
- Skin to skin contact (Kahalon et al., 2022; Vega-Sanz et al., 2025)

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Trauma Informed Care

- Recognizes the high prevalence of trauma and responds by treating all patients as possible survivors (Owens et al., 2022)
  - responds to patient and staff needs with a culture of physical, psychological, and emotional safety
  - avoids retraumatizing survivors

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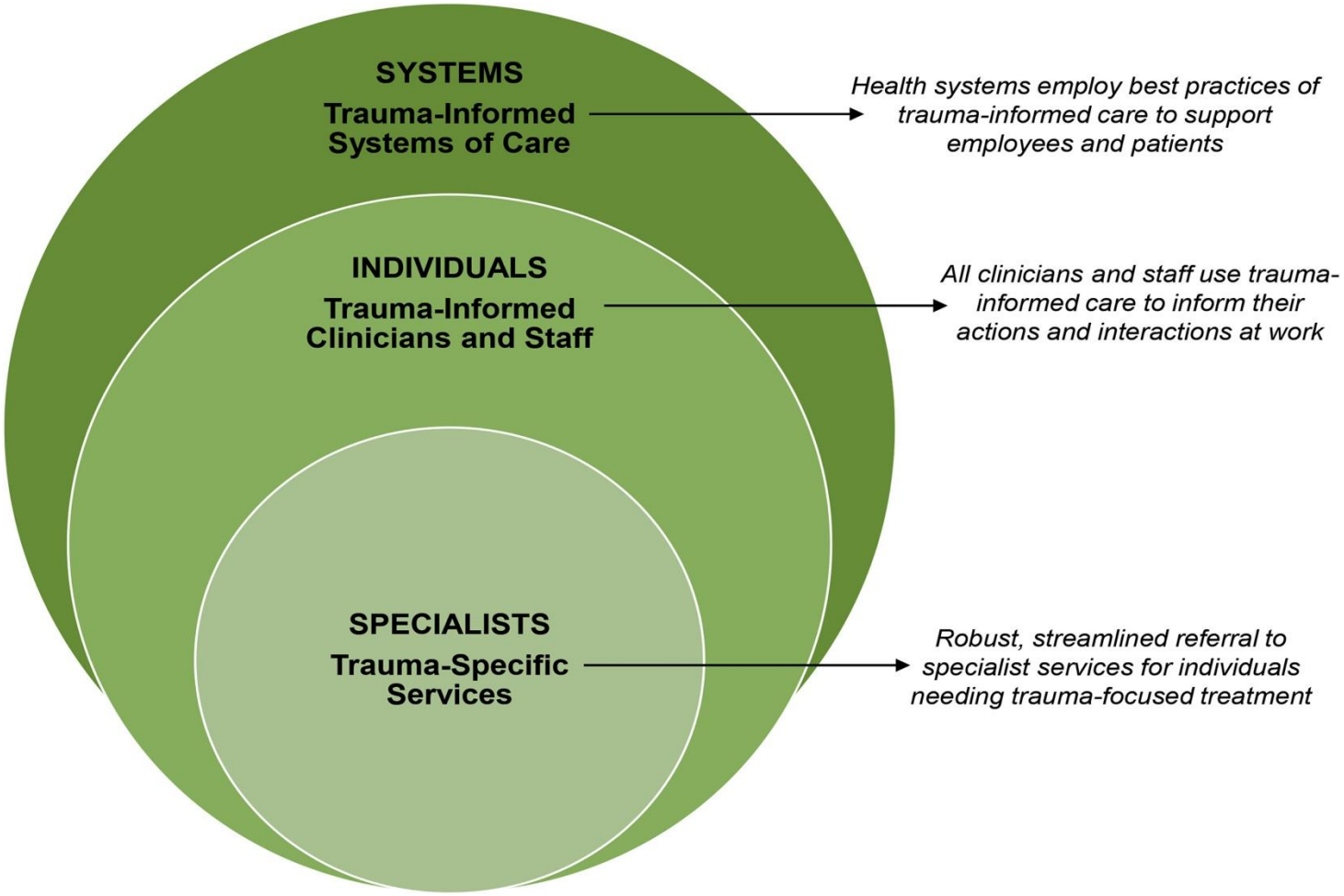
TIC Across System Levels



Owens et al., 2022

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TIC Across Intervention Levels

Primary Prevention	Secondary Prevention	Tertiary Prevention
Aims to **prevent** a traumatic childbirth experience from occurring by **removing/reducing risk factors.**	Aims to **identify** those who had a traumatic childbirth experience and **intervene timely** to prevent the development of peripartum mental health conditions.	Aims to make sure that those with peripartum MH conditions are treated to prevent those conditions from **becoming chronic** or from affecting future pregnancies.

Horsch et al., 2024

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Assessing Trauma: Sexual Assault

- ACOG: **Obstetrician–gynecologists and other women's health care providers** should screen ALL women for a history of sexual assault.
  - Has anyone ever touched you against your will or without your consent?
  - Have you ever been forced or pressured to engage in sexual activities when you did not want to?
  - Have you ever had unwanted sex while under the influence of alcohol or drugs?
  - Do you feel that you have control over your sexual relationships and will be listened to if you say "no" to sexual activities?
  - Is your visit today because of a sexual experience you did not want to happen? (ACOG, 2019)

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Assessing Trauma: IPV

- ACOG recommends screening:
  - ALL pregnant individuals at first visit, at least once per trimester, AND postpartum
  - Occur privately
  - Use professional interpreters (ACOG, 2012)
- Empirically validated measures
  - E-HITS (Iverson et al., 2015)

Over the last 12 months, how often did your partner					
	Never 1	Rarely 2	Sometimes 3	Often 4	Rarely 5
Physically hurt you?					
Insult or talk down to you?					
Threaten you with harm?					
Scream or curse at you?					
Force you to have sexual activities?					

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Assessing Trauma: PTSD

- 11% of perinatal people screened for PTSD and depression, had ONLY PTSD (Padin et al., 2022)
- Primary Care Screen for PTSD (PC-PTSD-5) (Prins et al., 2015)
  - 5-item screen
  - Total score 0-5
  - Free to download and use
  - Cut score greater than or equal to 1 (Lathan,et al., 2023)

In the past month, have you …

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?	YES	NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?	YES	NO
3. been constantly on guard, watchful, or easily startled?	YES	NO
4. felt numb or detached from people, activities, or your surroundings?	YES	NO
5. felt guilty or unable to stop blaming yourself of others for the event(s) or any problems the events may have caused?	YES	NO
Total score is sum of "YES" responses in items 1-5.	**TOTAL SCORE**	

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Responding to Trauma

- Validate/empathize
  - That must have been difficult to talk about. Thank you for trusting me with this information.
  - IT IS NOT YOUR FAULT that someone hurt you. No one deserves to be treated that way.
  - You deserve to be treated with respect in all relationships. You especially deserve to feel safe and comfortable. I am concerned and would like to help.
- Contain depth of disclosure
  - Being able to talk about your experiences is very important. I'm going to ask you to stop for right now, because some patients find going into a lot of details makes them feel very vulnerable.

Environment

- Display visible signs in office (Owens et al., 2022)
  - E.g. sexual assault or domestic violence resources
    - *Signals patient can observe while they are waiting that indicate that you are ready to help, patients who aren't ready to talk can still take information on resources*
- Do not position yourself between the patient and the exit of the room
- Allow patient to sit with back against the wall

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Coping

- Help patient plan to cope before, during, and after medical appointments
  - Relaxation skills – diaphragmatic breathing, progressive muscle relaxation, using ice packs
    - Guided imagery contraindicated for patients who experience dissociation
- Grounding
  - Bring fidget spinner, stress ball, or other items that help engage senses
- Bringing support person

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Empowerment

- Increase predictability and control within your interactions with patient
  - Ask whether there's anything that could help them feel more comfortable
- Increase predictability and control in their interactions with medical providers
  - Help patient identify preferences for care prior to appointment
    - Ask provider to explain each step of exam before it's performed
    - Ask to meet the doctor and have a discussion about the reason for their visit before they undress
    - Help patient weigh pros and cons of trauma disclosure, how much to share.
    - Preferences for labor and delivery

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Cultural Sensitivity

- Cultural sensitivity- taking steps to understand your own culture and life experiences, and how they impact others (Tujague & Ryan, 2021).
- Organization actively moves past cultural stereotypes and biases, offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma (SAMSA, 2014).

Evidence-Based Psychotherapeutic Interventions for Perinatal PTSD

- Individual trauma focused psychotherapies are “gold standard” for treatment of PTSD, with strong evidence for effectiveness (U.S. DVA, 2023)
  - First line:
    - Cognitive Processing Therapy
    - Prolonged Exposure
  - First line:
    - Eye Movement Desensitization Reprocessing (APA, 2025)

Cognitive Processing Therapy

Assimilated

Beliefs about why the trauma happened

IPV

I should have left after the first time he hit me

Rape

I didn't fight back

I had too much to drink

Childhood sexual abuse

The attention made me feel special

Perinatal loss

I should have known something was wrong

Obstetric Violence

I didn't speak up

Over Accommodated

Beliefs about self, others, and the world

Safety

I am the only one who will keep my baby safe

Trust

If I let someone get close they will hurt me

Intimacy

All men ever want from you is sex

Power & Control

People in authority always abuse their power

Esteem

My baby deserves a better mom

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Prolonged Exposure

- Based theory that PTSD symptoms result from cognitive and behavioral avoidance of trauma-related thoughts, reminders, activities, and situations.
- Treatment involves completion of in-vivo and imaginal exposure exercises.
  - E.g., patient with traumatic birth involving emergency c-section creates exposure hierarchy involving watching patient education videos on c-sections, wearing a paper gown and surgical cap

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Provider Training

- National Center for PTSD treatment decision aid
- National Resource Center on Domestic Violence- guidance on working with immigrants, indigenous people, and LGBTQ+ survivors of violence
- Center for Deployment Psychology website
  - Offers FREE web-based trainings in Cognitive Processing and Prolonged Exposure Therapy with NYS approved CEs
- CPTweb – free self-paced online training course through the Medical University of South Carolina
- The Past is Present – free EMDR webinar hosted by the American Psychological Association
- Cognitive Processing Therapy website
  - Includes information about treatment manual
  - Some free and some paid trainings

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Provider Resources

- Provider Strategies for Coping with Burnout and Secondary Traumatic Stress, free webinar, from the National Center for PTSD
- National Center for PTSD provider toolkit
- When the Work Hurts: Managing the Impacts of Moral Injury, free webinar from the National Resource Center on Domestic Violence

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Patient Resources

- National Maternal Mental Health Hotline
  - CALL or TEXT: 1-833-TLC-MAMA (852-6262)
- RAINN's National Sexual Assault Hotline
  - Call 1 800 565 HOPE
  - text HOPE to 64673
- National Domestic Violence Hotline
  - Call 1 800 799 SAFE (7233)
  - Text START to 88788
- National Center for PTSD
  - Pregnancy and PTSD fact sheet
- Postpartum Support International
- NY State Office of Victim Services
- Safe Horizon