Maternity Equity and Trauma Informed Care

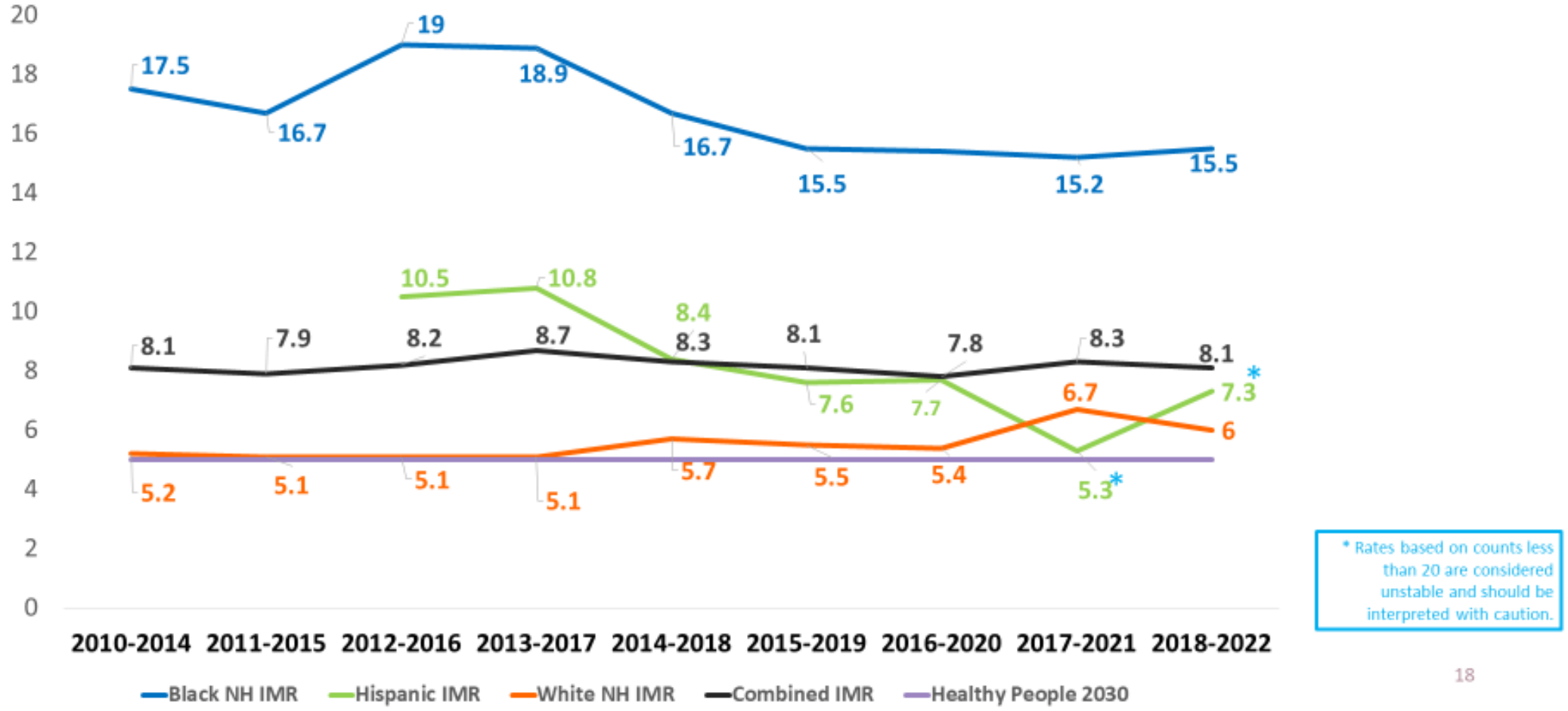
LAUREN ROSE, MSN, RNC

Respectful Maternity Care

- Respectful care during pregnancy and delivery should be the goal for all facilities
- However, according to the CDC, about 20% of women report mistreatment while receiving maternity care
  - About 30% of Black, Hispanic, and multiracial women report mistreatment
  - Around 45% of women withheld questions or concerns about their maternity care
- Types of mistreatment include:
  - Not having their privacy protected
  - Being scolded or yelled at
  - Receiving no response to requests for help

St. Joseph County, Indiana
Infant Mortality Rate by Race & Ethnicity.

Source: SJC FIMR Program and IDOH



* Rates based on counts less than 20 are considered unstable and should be interpreted with caution.

Factors Affecting Respectful Maternal Care

- Implicit bias can play a role in how we treat and advocate for patients
- Policies or organizational barriers may exist, that prevent providers from offering patients the care/supplies they need
- Lack of professional training may play a role

What Can Be Done?

- Currently in our community, several Maternity equity conferences have been held
- Obstetrical providers in our area are receiving information and training
- Providers can strive to increase their awareness regarding what could potentially be disrespectful care
- Being aware of any personal biases that may affect patient care
- Striving to provide safe, timely care
- Actively listening to patients and addressing their concerns
- Positive interactions with patients and families
- Protection of the patient's privacy and confidentiality
- Obtaining active consent before providing care or interventions
- Allowing patients to be involved in their care
- Discussing all available options with patients
- Providing accurate information to patients and families

Community Impact

- What we've been doing through FIMR Community Action for equity 2018 - 2022. Each of the following activities is supported directly by the findings of the St. Joseph County Fetal Infant Mortality Review (FIMR) Program.

- In 2022:
  - The FIMR Program, while at the SJC Dept of Health, partnered with Women's Care Center, to embed Community Health Workers at WCC to facilitate connection to first trimester prenatal care and other resources.
  - The FIMR Birth Equity & Justice workgroup hosted a full day conference to raise awareness of the root causes of inequities with breakout sessions on: community collaboration, preconception health & pregnancy intention, respectful care, Medicaid coverage, & maternal mental health.
- In 2022 - 2023
  - We hosted Sharing Pregnancy & Birth Story Health Cares to learn from moms in the community about what would improve the experience of pregnancy in our community.
  - FIMR hosted a Maternal Mental Health CME program for providers.
  - Give Your Baby Room to Breathe campaign. (The SUID rate for Black infants is also higher than for white infants)
- In 2024
  - The Eck Institute at the University of Notre Dame, through a Health First grant through the SJC Dept of Health engaged community partners to pilot Pop Up Pregnancy & Family Villages. (One in South Bend, one in Mishawaka) These occur on Saturdays and the goal is to offer a village every month, beginning next year so that pregnant people and their families can access services on the same day in a regular location and time. (See attachment for flyer and slide deck about this!) The next one is Sept 28 at the Battell Center in Mishawaka.
  - Beacon article regarding the $5 million grant, awarded to Beacon Community Impact to lead the Healthy Start Initiative: Eliminating Disparities in Perinatal Health project in the community. This is specifically to reduce infant mortality and address disparities. It's brand new and just about ready to launch.
    - https://www.beaconhealthsystem.org/news/2024/05/28/beacon-receives-5-4-million-grant-to-address-maternal-and-infant-health-through-cross-sector-collaboration/
    - https://m.wsbt.com/news/local/beacon-health-system-receives-a-54-million-grant

Trauma Informed Care

Definition of Trauma

- "… an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual, functioning, and mental, physical, social, emotional, or spiritual well being."

Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma-Informed Care

- "… is an approach to healthcare that is rooted in the realization of the **widespread incidence** of trauma, recognition of the **signs and symptoms** of trauma, response to trauma in a **full and integrated manner**, and **resisting re-traumatization** by organizations and healthcare professionals.
- Increasing evidence that TIC can lead to improved patient outcomes
- Healthcare institutions, including pediatric, recognize importance of clinician competence in TIC

"Becoming Trauma Informed: Validating a Tool to Assess Health Professional's knowledge, Attitude, and Practice"

Adverse Childhood Experiences

- Potentially traumatic events that occur in childhood
- Can include experiencing/witnessing violence, abuse, growing up with someone with a mental health or substance use problem, instability due to parental/guardian separation
- Stress from ACEs can change brain development and affect how the body responds to stress (Toxic Stress - prolonged activation of the stress-response system in absence of buffering relationships)
- ACEs are linked to chronic health problems, mental illness and substance use problems in adolescence and adulthood

www.cdc.gov/violenceprevention/aces/fastfact.html

Adverse Childhood Experiences

- ACEs can also negatively impact education, job opportunities and earning potential
- Study found: the more ACEs someone has, the higher percentage of health problems
- 61% of adults surveyed across 25 states reported they experienced at least one type of ACE before age 18
- Nearly 1 in 6 reported they experienced 4 or more types of ACEs

www.cdc.gov/violenceprevention/aces/fastfact.html

Instead of asking, "What is wrong with them?" ask "What happened to them?"

- A patient/parent who is hostile, suspicious and challenging of medical staff may have had numerous ACEs in their history (i.e. childhood abuse, parental divorce, alcoholism, discrimination, etc.) or recent death of family member (possible multiple deaths in history)
- Hospitalization represents danger and potential loss of another loved one
- Response to perceived danger is to aggressively try to protect self or family member from harm
- Hospital experience can cause toxic stress or trigger re-traumatization

Goal: seek to understand patient/family behaviors in light of previous traumas they have experienced, including ACEs. Meet patients where they are. We cannot change what has already happened.

Trauma-Informed Care

- Is a strengths-based framework
- Grounded in an understanding of and responsiveness to the impact of trauma
- Emphasizes physical, psychological, and emotional safety for BOTH providers and patients/families
- Creates opportunities for patients/families to rebuild a sense of control and empowerment

Adapted from webinar, "Moving from Trauma Aware to Trauma Informed: A Community Coalition Guided by Change Theory" Dr. Nancy Michael

(Hopper, Bassuk, & Olivet, 2010)

6 Principles of Trauma-Informed Care

- 1. Safety:
  - Staff and those served feel physically and psychologically safe
  - Safety is defined by those served
- 2. Trustworthiness and transparency:
  - operations and decisions conducted with transparency
  - Goal to build and maintain trust with staff and those served
- 3. Peer Support
  - Support for "peers" (individuals with lived experiences of trauma, or family members who are caring for those in trauma recovery)
  - Rose Program, SHINE, Parent Support, PFAC, Volunteers
- 4. Collaboration and mutuality
  - Importance placed on leveling power differences between staff and those served and among all staff – sit down so you are at their level
  - Demonstrates that healing happens in relationships and in sharing of power and decision making – ask what matters to them

6 Principles of Trauma-Informed Care

- 5. Empowerment, choice, and voice
  - Organization understands the experience of trauma may be a unifying aspect in the lives of those who run the organization, who provide services, and/or who comes to the organization for assistance/support
  - Services are organized to foster empowerment
  - Clients are supported in shared decision making, choice and goal setting and supported in cultivating self-advocacy skills
  - Staff empowered to do their work as well as possible by adequate organizational support

6 Principles of Trauma-Informed Care

- 6. Cultural, historical, and gender issues
  - Organization actively moves past cultural stereotypes and biases
  - Offers access to gender-responsive services
  - Leverages the healing value of traditional cultural connections
  - Recognizes and addresses historical trauma
  - Incorporates policies, protocols, and processes responsive to racial, ethnic, cultural needs of individuals served

References

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- Indiana Department of Health
- King S, Chen KL, Chokshi B. Becoming Trauma Informed: Validating a Tool to Assess Health Professional's Knowledge, Attitude, and Practice. Pediatric Quality and Safety 2019;5
- Saint Joseph County FIMR Program
- Shah A, Jeardi K, Auger K, Beck A. Is hospitalization a toxic stress? Pediatrics 2016; 137(5); 1-3.
- Sanders MR, Hall SL. Trauma-informed care in the newborn intensive care unit: promoting safety, security and connectedness. Journal of Perinatology 2018; 30; 3-10.
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Webinar, "Moving from Trauma Aware to Trauma Informed: A Community Coalition Guided by Change Theory" Dr. Nancy Michael. (Hopper, Bassuk, & Olivet, 2010)

POP UP
PREGNANCY & FAMILY VILLAGE

SATURDAY:
September 28 from 1:00 – 5:00 p.m.

All moms, dads, and families are welcome to connect to healthcare resources, screenings, and much more...

- **FREE access to insurance support, stress relief, and education**
- **FUN family activities with food, dancing, and games**

Battell Center
904 N Main St
Mishawaka

Learn more here

Questions? Email popupvil@nd.edu

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ST. JOSEPH COUNTY DEPARTMENT OF HEALTH

POP UP
PREGNANCY & FAMILY VILLAGE

SÁBADO:
28 de septiembre de 1 a 5 p.m.

Todas las madres, padres, y familias están bienvenidas a conectar con recursos médicos, acceder a exámenes de salud, y mucho más...

- **Acceso GRATIS a apoyo en temas como seguro médico, alivio del estrés, y educación.**
- **DIVERSIÓN para toda la familia con comida, música, y juegos.**

Battell Center
904 N Main St
Mishawaka

Más información aquí

¿Preguntas? Envíe un correo electrónico a popupvil@nd.edu

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