Please Read Before Using This Presentation

By using this slide deck, you agree to the following terms:

- **Attribute** the source of this presentation as the UCLA Family Development Program.
- **Cite** the following when using slides from this presentation:

  Kuzava, S. (2023, August). *Addressing Birth Trauma* (UCLA Family Development Program, Ed.) https://learn.wellbeing4la.org/detail?id=401486.

- **Support** any modifications with strong scientific research aligned with evidence-based best practices.
- **Watch** this presentation by its original author: Addressing Birth Trauma Video.

Thank you for helping us maintain the quality and credibility of this shared resource!

Family Development Program
Helping families take flight

Strategies for Preventing and Addressing

Birth Trauma

This presentation was generously supported by the
Tikun Olam Foundation and the UCLA Prevention Center of Excellence.

Family Development Program
Helping families take flight

Learning Goals

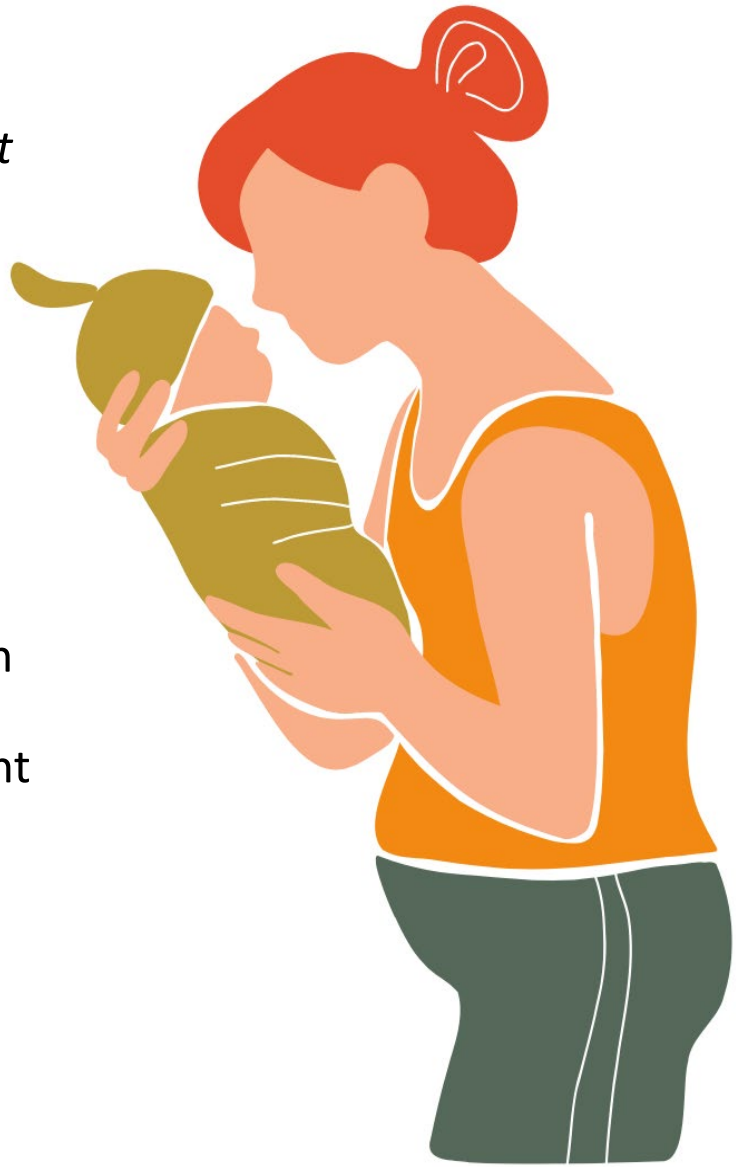
- Describe birth trauma and its implications
- Understand risk factors and prevalence rates of traumatic stress during the post-partum period
- Recognize racial and ethnic disparities associated with birth trauma
- List actionable steps to reduce birth trauma for all people and particularly for those who identify as Black, Indigenous, and People of Color

What Is Birth Trauma?

"The emergence of a baby from its mother in a way that involves events or care that cause deep distress or psychological disturbance, which may or may not involve physical injury, but resulting in psychological distress of an enduring nature."

– Greenfield et al., 2016

- Like any other form of trauma, can stem from exposure to actual or threatened death or serious injury through birth experience
- Is **subjective**
  - Provider may not consider the birth to be traumatic when patient does
  - Patient may perceive experience to be life-threatening (to self or baby) when others do not
  - Even medically uncomplicated births can feel like medical crises to the patient
  - "Normal" birth is often the most painful and uncontrollable physical experience someone has had
- Does not just affect the birthing person
- High potential for **mismatch between expectation and reality** during childbirth



Vesel & Nickasch, 2016

What Happens After A Traumatic Birth?

Persistent trauma-related symptoms can emerge following childbirth:

- Re-experiencing parts of the birth
- Avoidance of reminders of birth and blunted responsiveness
- Persistent changes to mood following birth
- Feeling "on edge," tense, or hypervigilant following birth
- Difficulty enjoying things
- Negative beliefs about self and world

Additionally, birthing people who have experienced traumatic birth often report:

- Guilt over perceived "failure"
- Difficulty bonding with their baby
- Challenges with breast/chest feeding and recovery

Grekin & O'Hara, 2014; Vesel & Nickasch, 2016

Risk Factors For Postpartum Traumatic Stress

Prenatal factors	Birth-related factors	Postpartum factors
• Depression in pregnancy • Fear of childbirth • Poor health or complications in pregnancy • First-time parent • History of PTSD	• Operative birth • Lack of support during birth process (partner or provider) • Dissociation • Perceived loss of control	• Poor coping • Stress • Depression

Ayers et al., 2016

Prevalence Of Trauma And Distress In Perinatal Period

- ~50% of birthing parents will be exposed to at least one traumatic event in their lifetime
- As many as **1/3 to 1/2 of birthing parents** rate their delivery as significantly distressing
- **4.6-6.3%** meet criteria for postpartum-PTSD (PP-PTSD)
- **12-32%** of abortions can lead to PTSD

Racial And Ethnic Disparities In Birth Experience

- Black, Latinx, Asian/Pacific Islander, and American Indian/Alaskan birthing parents experience disproportionately high levels of pregnancy and childbirth complications.
- Birthing parents in minoritized groups are more likely to have **comorbid medical conditions**, receive **inadequate prenatal care**, and deliver via **cesarean section.**
- Birthing parents in minoritized groups are also more likely to have experienced **trauma in other settings** (e.g., childhood trauma, previous traumatic encounters with medical system).
- Black birthing parents are significantly more likely to **die during or after childbirth**, relative to white birthing parents.

Leonard, Main, Scott et al., 2019

Racial And Ethnic Disparities In Birth Trauma

- Relative to white pregnant people, Black pregnant people are more likely to endorse current and past PTSD symptoms.
- Black and Latinx pregnant people have higher rates of postpartum PTSD.

Grekin & O'Hara, 2014

What Can Be Done?

The actions of healthcare providers are a **crucial** and **modifiable** factor in preventing or mitigating birth trauma

- *During Pregnancy*
- *During Labor*
- *Postpartum*

Vesel & Nickasch, 2016

What Can Be Done?

The actions of healthcare providers are a **crucial** and **modifiable** factor for preventing birth trauma.

- *During Pregnancy*
  - Ask the patient about their **preferences and expectations** for childbirth.
  - **Hold space for discussion** of fears, childbirth experiences, and past traumas.
  - **Make referrals** to mental health practitioners if PTS symptoms are active before birth.
  - Understand **psychosocial risk**.
  - **Prepare patients** for birth experience and what support they may need
  - Strive for provider **continuity**.
- *During Labor*
- *Postpartum*

Vesel & Nickasch, 2016

What Can Be Done?

The actions of healthcare providers are a **crucial** and **modifiable** factor for preventing birth trauma

- *During Pregnancy*

- *During Labor*
  - Provide continuous **labor support.**
  - **Manage pain** proactively for vulnerable patients.
  - Make decisions **collaboratively** whenever possible.
  - Help patients **anticipate** labor events.
  - **Ask yourself** “How will they remember this?” or ”How do I want them to remember us?”
  - Offer words of **affirmation** before the patient leaves the delivery room.

- *Postpartum*

Vesel & Nickasch, 2016

What Can Be Done?

The actions of healthcare providers are a **crucial** and **modifiable** factor for preventing birth trauma.

- *During Pregnancy*
- *During Labor*
- *Postpartum*
  - Provide **follow-up s**upport.
  - Watch for **delayed symptoms** at maternal and infant health appointments.
  - Provide **validating comments** (“That was so scary. I’m so glad you are recovering” instead of ‘at least you have a healthy baby”).
  - **Involve family** members in care.
  - Aim for provider **continuity** for postpartum appointments.
  - Allow opportunities to **ask questions** about birth experience if desired.

Vesel & Nickasch, 2016

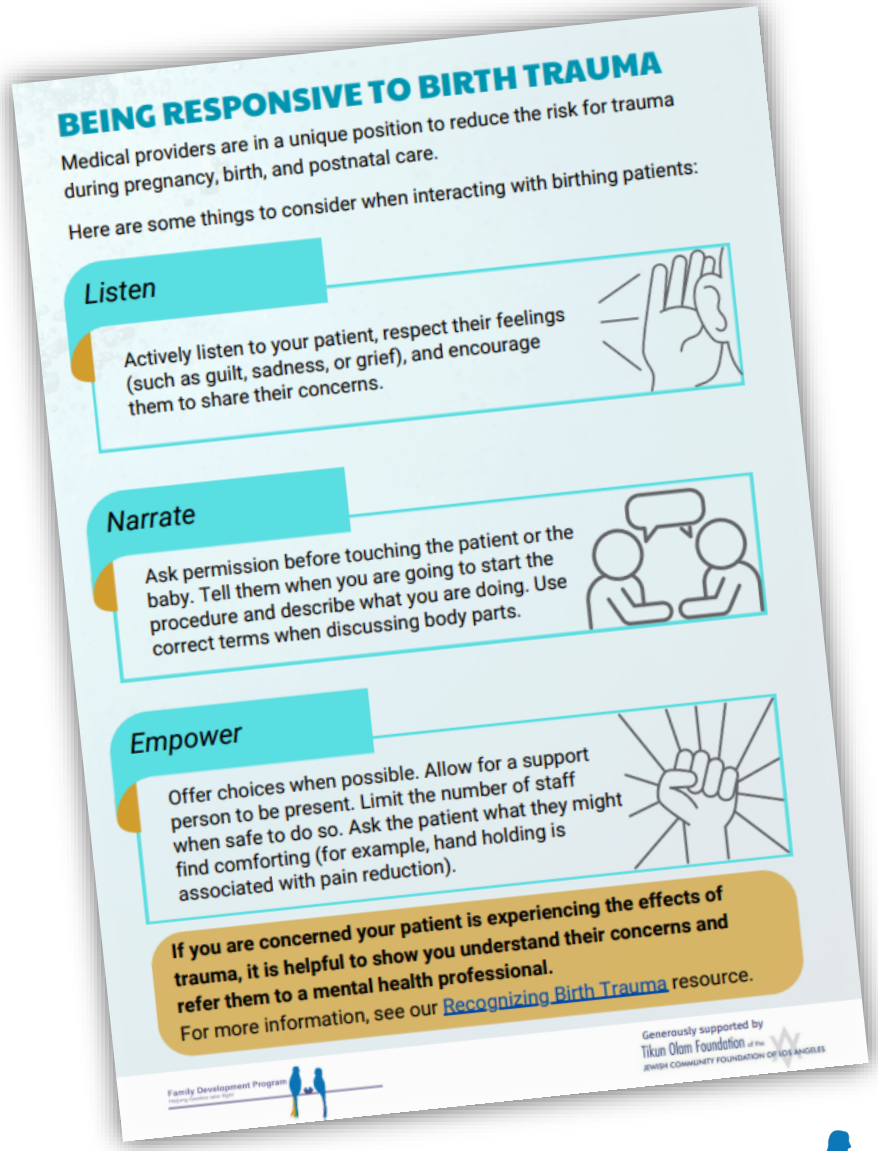
Putting It All Together

- Birth trauma is **common** and can happen during births that providers would consider **normal.**
- Birth trauma has **lasting effects** that impact **parental wellbeing** and child **development.**
- Birth trauma can occur **more often** and be **more consequential** among people from Black, Latinx, and Indigenous communities.
- Providers can:
  - Recognize risk factors for birth trauma at every perinatal stage.
  - Be proactive about connecting patients to support.
  - Understand their role as critical and their actions as important and memorable parts of the birthing experience.

Thank You!

Continue learning with our additional resources:

- Addressing Birth Trauma (Video)
- Being Responsive to Birth Trauma (Tip Sheet)



BEING RESPONSIVE TO BIRTH TRAUMA

Medical providers are in a unique position to reduce the risk for trauma during pregnancy, birth, and postnatal care.

Here are some things to consider when interacting with birthing patients:

Listen

Actively listen to your patient, respect their feelings (such as guilt, sadness, or grief), and encourage them to share their concerns.

Narrate

Ask permission before touching the patient or the baby. Tell them when you are going to start the procedure and describe what you are doing. Use correct terms when discussing body parts.

Empower

Offer choices when possible. Allow for a support person to be present. Limit the number of staff when safe to do so. Ask the patient what they might find comforting (for example, hand holding is associated with pain reduction).

If you are concerned your patient is experiencing the effects of trauma, it is helpful to show you understand their concerns and refer them to a mental health professional.

For more information, see our Recognizing Birth Trauma resource.

Generously supported by Tikun Olam Foundation of the Jewish Community Foundation of Los Angeles

Family Development Program
Helping families take flight