

## 14.1: Trauma Specific Midwifery Care

- Detail at least one (1) trauma-specific prevention technique, one (1) trauma-specific intervention, AND one (1) trauma-specific treatment option. For each trauma-specific prevention tool, intervention, or treatment:
  - **Trauma Specific Prevention Technique** - Nurse-Family Partnership
    - A program where specially trained nurses make regular home visits to first-time parents, starting early in pregnancy and continuing until the child is 2 years old. The nurse offers education on pregnancy, family, and child rearing topics.
    - These visits allow for a strong relationship to develop between the family and nurse. The family can feel safe asking questions and the nurse can feel comfortable offering advice that helps the family.
    - This program is offered in many counties in Alabama. First-time parents will be given the following number to text or call to set up: 844-637-6667. Other parents can find help through the Happy Family App 8am-8pm (EST) Mon-Fri & 8am-4pm (EST) Sat-Sun
    - Seng, J. & Taylor, J. (2015). Trauma informed care in the perinatal period. (p. 110). Dunedin Academic Press.
    - Nurse-Family Partnership. (2023). Overview. <https://www.nursefamilypartnership.org/wp-content/uploads/2022/03/Nurse-Family-Partnership-Overview-2.pdf>
  - **Trauma Specific Intervention** – Survivor Mom’s Companion
    - This is a 10-module self-study program that uses a workbook combined with telephone or face-to-face sessions. It is aimed at improving self-regulation, reactivity, and symptom management even in stressful or triggering situations.
    - This program has shown “improvements in birth experience, postnatal mental health status and maternal to infant bonding...” (Seng & Taylor, 2015) which can be beneficial to participating parents.
    - This program will be offered to those who are survivors of trauma. They can enroll at [www.survivormoms.org](http://www.survivormoms.org)
    - Seng, J. & Taylor, J. (2015). Trauma informed care in the perinatal period. (p. 114). Dunedin Academic Press.
    - Survivor Mom’s Companion. (n.d.) Home Page. <https://survivormoms.org/>
  - **Trauma Specific Treatment Option** – Parent-Infant Psychotherapy
    - This treatment works with the parent and infant at the same time. It helps parents address past traumas and see what is affecting them in the present. “Through empathy, respect, concern, and unfailing positive regard, therapists foster healthy relationships between mother and baby” (Seng & Taylor, 2015).
    - This program works with both the parent and child to build a secure attachment while helping the parent learn to do things differently from how they were raised.
    - This program will be offered to clients in the postpartum who show a need or desire for such treatment. Local contact: Erica Hochberger through the National

Children's Advocacy Center, 210 Pratt Ave. NE, Huntsville , AL 35801 (256) 327-3853 [www.nationalcac.org](http://www.nationalcac.org)

- Seng, J. & Taylor, J. (2015). Trauma informed care in the perinatal period. (p. 117). Dunedin Academic Press.
- UCSF. (n.d.) CPP provider roster.  
<https://childtrauma.ucsf.edu/cpp-provider-roster>
- Which trauma-specific prevention, intervention, or treatments will you apply to:
  - Clients with a known history of trauma
    - Nurse-Family Partnership, Survivor Mom's Companion, Parent-Infant Psychotherapy
  - Clients who experience new trauma while in your care
    - Trauma peer support group, Survivor Mom's Companion
  - Families experiencing stillbirth, newborn death, parental death
    - [www.stillbirthday.org](http://www.stillbirthday.org)
  - Newborns at risk for poor attachment/dyadic regulation
    - Nurse-Family Partnership, Parent Infant Psychotherapy, Survivor Mom's Companion
- Discuss your practice trigger plan for clients that are or may be triggered. Include:
  - A Trigger is:
    - Something that causes an intense emotional reaction to a situation that alters one's ability to think clearly or act appropriately. This could be a sound, a sight, a memory, the way someone speaks to you, or any number of other things. (Gass & Ansara, 2015).
  - Five (5+) typical 'hotspots' or events in midwifery care commonly linked to triggering:
    - Wording used during an exam, Physical contact of any kind, Sensations of birth, Sensations during breast/chest feeding, the end of the professional relationship
  - Five (5+) midwifery clinical practices that can lead to triggering:
    - Abdominal palpation, speculum exam, digital cervical exam, review of diet history, weight checks
  - Three or more (3+) non-verbal indicators that can communicate discomfort, distress, or dissociation
    - Looking down or away, closing eyes, fidgeting, change in respirations, flushing, clenching jaw, or biting lip
  - Three (3) tools to create safety during a visit when a trigger has occurred or there is a high risk of a trigger:
    - Allow space, Create connection, State-shifting,
- Written reference list in APA format (minimum 1)
  - Gass, R. & Ansara, J. (2015). Managing your triggers: How to know you're triggered. Social Transformation Project.  
[http://stproject.org/toolkit\\_tool/managing-your-triggers-toolkit/](http://stproject.org/toolkit_tool/managing-your-triggers-toolkit/)

- Nurse-Family Partnership. (2023). Overview. <https://www.nursefamilypartnership.org/wp-content/uploads/2022/03/Nurse-Family-Partnership-Overview-2.pdf>
- Seng, J., Taylor, J. (2015). Trauma-informed care in the perinatal period. Dunedin Academic Press, Edinburgh EH.
- Survivor Mom's Companion. (n.d.) Home Page. <https://survivormoms.org/>
- UCSF. (n.d.) CPP provider roster. <https://childtrauma.ucsf.edu/cpp-provider-roster>