- 2.1: Trauma-Informed Care and the Midwifery Model
    - Definitions:
        - Trauma – “SAMHSA describes individual trauma as an event or circumstance resulting in physical harm, emotional harm, and/or life-threatening harm. The event or circumstance has lasting adverse effects on the individual's mental health, physical health, emotional health, social well-being, and/or spiritual well-being” (SAMHSA, 2022, p.1)
        - Traumatic stress – is a component of both toxic stress and intergenerational patterns that adversely affect population health. It can be caused by child maltreatment and may have implications for a person’s obstetric experience and relationship with their child/children. (Seng & Taylor, 2015)
        - Post-traumatic stress disorder (PTSD) - PTSD can occur after any traumatic event including military combat, physical or sexual assault, emotional abuse, neglect, or a natural disaster. People with PTSD often relive a traumatic event in their minds, have flashbacks, or nightmares. “They may also feel distant from friends and family and experience anger that does not go away over time, or may even get worse” (VA, 2024). PTSD can cause a variety of negative symptoms like emotional numbness, sleep problems, difficulties in relationships, sudden anger, drug and alcohol misuse, and reckless and self-destructive behavior. (VA, 2024)
        - Trauma-Informed Care – “ Trauma informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives” (Seng & Taylor, 2015), and fosters recovery and healing through safe and collaborative relationships.
    - Describe the four (4) Rs of TIC. Include citation.
        - **“Realises** the widespread impact of trauma and understands potential paths for recovery; **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; Seeks to actively **resist re-traumatization”** (Granner & Seng, 2021, p.571)
        - Recognize that many people will come to us with a history of trauma and that each person with heal on their own timeline.

- Be aware of the signs and symptoms of trauma in those around you at work, home, and in the community and respond with compassion.
- Use all the knowledge and tools at your disposal to incorporate TIC into everyday practices and procedures. TIC should become natural and normal to you.
- Avoid re-traumatization as much as possible. If you make a mistake, admit it, apologize, and work toward change and improvement.

- List 5+ psychological, 5+ interpersonal/social, and 5+ somatic (physical) symptoms that could manifest from trauma. Include citation.
    - Psychiatric vulnerability, depression, anxiety, dissociation, suicide attempts
    - Smoking, obesity, STI's, interpersonal reactivity, violence
    - Heart disease, cancer, chronic bronchitis, liver disease, ill health (Granner & Seng, 2021), (Seng & Taylor, 2015)

- Six (6) key principles of a trauma-informed approach (definition, importance, 5+ concrete/specific steps for each). Include citation. According to Seng and Taylor (2015, p.19) the 6 components of TIC include the following:
    - Safety – A feeling or sense of security and peace. It is essential that every person within our care, including family members, children, and staff feel physically and emotionally safe. We will aim to accomplish this by:
        - opening our doors to all people without judgement
        - providing comfortable private spaces for discussions
        - respecting all people and their choices
        - keeping private information confidential
        - following all local, state, and federal laws
    - Trustworthiness and Transparency – Being open and honest in all dealings to build and maintain trust. These attributes are vital to a trusting relationship. This can be developed by:
        - being upfront with clients and coworkers
        - always telling the truth

    - following through with what you say you will do
    - ensuring that clients have copies of all paperwork
    - explain information in a way that is easily understood

- Peer Support – Utilizing other trauma survivors and their experiences to support our clients. Having peers to talk to can help clients start to heal from their trauma. This can be accomplished by:
    - facilitating a support group
    - keeping a list of resources available to clients
    - including family members as part of the peer support team
    - using others lived experiences to help promote healing while recognizing that not everyone's experience is the same
    - allowing those with lived experiences to lead the discussion
- Collaboration and Mutuality – Working together on equal levels of power to make decisions within the relationship. This is a crucial part of midwifery care that sets us apart from the medical model. This may be achieved by:
    - establishing the shared decision-making relationship early on
    - ensuring that all people involved have a voice
    - recognizing that no one person's opinion is more important than another person's
    - discussing care plans with clients before reaching a decision
    - allowing a space for informed consent and/or refusal
- Empowerment, Voice and Choice – The ability to believe in oneself and speak up for what you want and need. Advocating for yourself is a priority in midwifery care and can help people feel like they are heard and respected. We aim to accomplish this by:
    - understanding that shared trauma may bond groups of people together

        - recognizing that voices of certain groups of people have been historically silenced
        - working to lift those voices to advocate for themselves
        - supporting clients and their families in their individual decisions
        - assisting staff members in finding their voices
    - Attention to Cultural, Historical, and Gender Issues – Cultural bias, historical oppression, and gender bias are all current issues in our society. It is important that midwives are aware of various issues affecting their community. Our goal is to provide this by:
        - being culturally aware and sensitive to others needs
        - avoiding bias and stereotypes
        - using gender neutral, appropriate language
        - recognizing that historical trauma exists
        - staying informed about the ongoing changes throughout the community and world

- The argument for trauma interventions and TIC in the perinatal period
    - We know from research that high levels of stress, long-term stress, childhood trauma, sexual trauma, or trauma during pregnancy can have lasting effects on a fetus. “High maternal stress during gestation results in overriding some placental protective mechanism…” (Granner & Seng, 2021). These changes can cause an increase in cortisol along with dysregulation of oxytocin resulting in maladaptation, hyperarousal, and even chronic pain. If we can intervene to stop the cycle of trauma during the prenatal period we may be able to prevent suffering from continuing.
- How the Midwifery Model of Care (MMOC) supports trauma-informed care
    - Within the midwifery model of care are standards for respecting others cultural and spiritual beliefs, ensuring shared decision-making, providing safety, encouraging collaboration, facilitating peer support, fostering personal empowerment, and promoting transparency. (CfM, 2017)

- The possibility of incorporating trauma-specific interventions into midwifery care. Trauma-specific interventions differ from trauma-informed care (see assigned reading).
    - Some trauma-specific interventions that could be incorporated into care are posting resources for those experiencing or who have experienced trauma, making adjustments to physical exams (self breast exam with direction, inserting own speculum, at home BP monitoring, GBS swab done by client, etc.), making a birth plan with triggers in mind, hosting support groups for trauma survivors, and parenting classes focusing on recognizing triggers and ways to cope.
    - "There are currently 4 psychological treatments with strong evidence of effectiveness that have been recommended by the International Society for Traumatic Stress Studies: (1) eye movement desensitization and reprocessing (EMDR), (2) prolonged exposure, (3) cognitive processing therapy, and (4) cognitive therapy" (Granner & Seng, 2021). Any of these therapies could easily be used on pregnant people. These forms of treatment are non-invasive and pose no threat to the fetus.
    - Pharmacologic treatment may be necessary and a consultation with another health care provider would be required.
    - Complimentary therapies such as acupuncture, acupressure, electroacupuncture, tapping, music therapy, yoga, exercise, hypnotherapy, relaxation training, nature adventure therapy, animal-assisted interventions, and many others are available.
- Written reference list in APA format (minimum 2)
    - Citizens for Midwifery. (2017). The Midwives Model of Care. https://www.citizensformidwifery.org/mmoc
    - Garbitelli, B. (2020). #218 Trauma-Informed Care with Megan Gerber MD. The curbside podcast.
    - Granner, J. R. & Seng, J. S. (2021). Using theories of posttraumatic stress to inform perinatal care clinician responses to trauma reactions. Journal of Midwifery & Women's Health. https://doi.org/10.1111/jmwh.13287.
    - Substance Abuse and Mental Health Services Administration. (2022). Trauma and violence. https://www.samhsa.gov/trauma-violence
    - Seng, J. & Taylor, J. (2015). Trauma-informed care in the perinatal period. Dunedin Academic Press, Edinburgh EH.
    - Somatic Experiencing International. (2020). Scope crisis stabilization and safety aid. https://traumahealing.org/scope/

- U.S. Department of Veterans Affairs. (2024). Posttraumatic stress disorder (PTSD). Office of Research & Development. https://www.research.va.gov/topics/PTSD.cfm