

○ 10.1: Avoiding Retraumatization in Medical History Taking and Storytelling

- Definitions of medical trauma and birth trauma. Include citations(s)
 - Medical Trauma - “Medical trauma is defined as a set of psychological and physiological responses to pain, injury, serious illness, medical procedures and frightening treatment experiences. Medical trauma can be viewed as an acute onset of a disrupted physiological system in which the ongoing threat is internal and may be long term or permanent” (ISTSS, 2020).
 - Birth Trauma - “Birth trauma is a shorthand phrase for post-traumatic stress disorder (PTSD) after childbirth. We also use it for women who have some symptoms of PTSD, but not enough for a full diagnosis. In most cases, what makes birth traumatic is the fear that you or your baby are going to die. We very often see birth trauma in women who have lost a lot of blood, for example, or who had to have an emergency caesarean because their baby’s heartrate suddenly dipped” (BTA, n.d.).
- The rationale for formal storytelling in trauma history taking
 - Making time and space for formal storytelling can feel supportive and healing for some clients. It allows clients to share their experiences in their own time and in their own way. This can build trust and create a bond of safety.
- Five or more (5+) things that prevent people from telling their stories
 - Time – Is it the right time for the person sharing, does the provider have enough time to really listen
 - Privacy – Is the area quiet, free from distractions, are there other people around that may intrude
 - Readiness – Have they ever told this story before, has the event been too recent, do they want to share
 - Trust – Are they new to your care, do they know you well enough to share, can they trust that you will keep their story confidential
 - Worry – Have they felt judgement in the past when sharing their story, will sharing affect their ability to parent their children, have they been threatened by someone to not share their story
- Three (3) ways to ensure the environment is appropriate
 - Be sure the space is comfortable and inviting with seating facing each other, not too close or far away, a good temperature, and the right amount of lighting
 - Be sure there is appropriate privacy without the possibility of interruptions or others hearing the conversation
 - Be sure both you and the client feel safe, if not then another location or time should be chosen
- Three (3) ways to ensure providers are ready to hear client stories
 - Take time before the meeting to mentally calm and prepare yourself
 - Make sure that you can set aside any personal worries or pressing thoughts for this time
 - Ensure that you have someone to talk to after the session if you hear something difficult to process or let go of
- Five or more (5+) listening skills the provider must bring
 - Open the conversation by letting the client know you are there to listen to their story.

- Be aware of your body language, make eye contact, lean in slightly, avoid taking notes, being on a computer, or a phone.
 - Offer encouragement for them to continue talking so they know you are interested in what they are sharing.
 - Ask open-ended questions to help learn more.
 - Offer sympathetic statements to show that you care about them and what they have been through.
 - Allow for silence, not every moment has to be filled with words.
 - End the conversation by thanking them for sharing and decide together what should be recorded in their file.
- Three (3) things you need to plan for after you hear a client's stories
 - Keep yourself composed, even when hearing about something very traumatic. Do not let your facial expressions or body language show surprise or disgust.
 - Allow for time after the appointment for your mind and emotions to level out before seeing other clients.
 - Self-care is important and you may need to talk to someone if you hear something difficult. Have a list of people you can call to debrief with, remembering to remove identifying information about the client.
- One or more (1+) tools you can use to help clients tell their stories
 - Give people a notebook or journal in which they could write about or draw their experiences.
 - Use photographs or pictures that are important to someone.
 - Help people create a collage of different things that they may like to talk about with old magazine images.
 - Create images or pointers that could be attached to fridge magnets to remind someone when a storytelling session was approaching.
 - Use Post-It notes to help someone 'map out' events on a large piece of paper – Post-It notes can easily be re-arranged until someone is happy with the order of things.
 - Encourage people to audio-record parts of their story.
- When you might invite formal birth or medical history storytelling from clients
 - During an initial prenatal visit to understand why they are choosing a homebirth with a midwife
 - If there is a disclosure of trauma and the client wants to tell their story
- At least one (local, if possible) resource or referral for clients who share medical trauma or birth trauma histories
 - Get more information here:
<https://www.parents.com/pregnancy/giving-birth/labor-support/all-birth-trauma-is-valid-heres-how-to-have-it-recognized-and-get-the-support-you-need/>
 - Join a support group here:
<https://www.postpartum.net/get-help/psi-online-support-meetings/>
 - Share your story of obstetrical violence here:
<https://birthmonopoly.com/obstetric-violence/>
- Written reference list in APA format (minimum 1)
 - Birth Trauma Association. (n.d.). What is birth trauma?
<https://www.birthtraumaassociation.org.uk/for-parents/what-is-birth-trauma>

- International Society for Traumatic Stress Studies. (2020). Clinician fact sheet what is medical trauma?
https://istss.org/ISTSS_Main/media/Documents/Medical-Trauma-Clinician-Fact-Sheet-2.pdf