Trauma-Informed *Approach* to Care During Pregnancy and Postpartum

Taffy Anderson, MD,
Assistant Professor Dept OB/GYN
July 10, 2026

The Importance of Self-Care

- If at anytime during this presentation you feel uncomfortable, uneasy or experience anything that might be of concern to you, feel free to turn your zoom off.

Objectives

- Definition of trauma
- Define an organizations responsibility of Trauma-Informed *Approach* To Care
- Describe clinician's responsibility of Trauma-Informed *Approach* To Care

Penn State Health Maternal Substance Use Disorder Program

Pregnancy through the 12-month postpartum period is a very important time for mothers with substance use disorders and their babies. We're here for you, offering compassionate care and support at every step in your journey with our evidence-based program.

As a participant, you'll receive a personalized, treatment plan in a warm and welcoming environment. Our expert providers from various fields are focused on your needs, all working together to help you achieve the best pregnancy outcome, delivery and healthy family.

CALL 717-531-3503

Penn State Health Obstetrics and Gynecology

Milton S. Hershey Medical Center
35 Hope Drive
Suites 202/204
Hershey, PA 17033

PennState Health

Penn State Health Reproductive and Behavioral Health Program

For your health and wellness

Do you often feel depressed or anxious? Maybe you struggle with chronic pelvic pain or issues with addiction, trauma or harmful childhood experiences. Penn State Health has a supportive team that specializes in reproductive behavioral health – because medical and emotional issues can affect you in many ways.

Our team of experts provides care to individuals 18 and older experiencing mental health concerns associated with pain, trauma, substance use disorders and infertility. We also support women during and after pregnancy. Our commitment to you is timely and complete care for your well-being.

For more information:
Call 717-531-3503

Penn State Health
Obstetrics and Gynecology
Milton S. Hershey Medical Center
35 Hope Drive, Suites 202/204
Hershey, PA 17033

PennState Health

WOM_755651_0925

Case

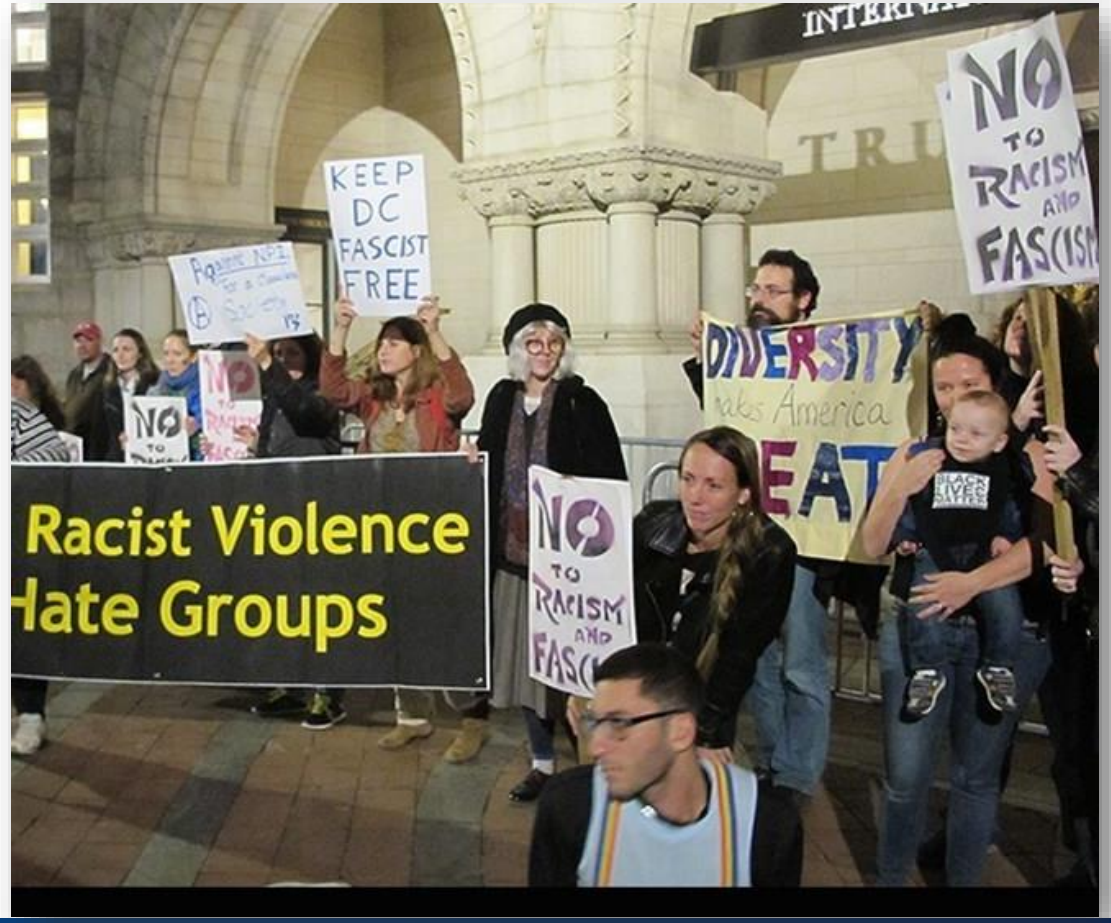
- 34 y/o G3P3002 with no prenatal care transferred from OSH for preterm labor & premature rupture of membranes at 34.5 wks. OHS UDS was positive for MJ.
- She was unaware was pregnant, she thought she was going through menopause.
- MJ medical card, smoked MJ daily throughout the pregnancy.
  Living in a hotel with her two daughters age 13 & 15.
- Positive hx of domestic violence from FOB, sexual molestation as a child.
- Delivered a premature infant at 34.5 wks, baby transferred to NICU for a few days, discharged to home with mother. Fetal meconium screen was positive MJ.
- Social services involved to help with housing, mother & baby moved in with mother's friend.
- CYS was contacted due to +UDS and homelessness.

Definition of Trauma

No universal definition

Types of Traumatic Events

- Adverse Childhood Experiences (ACEs)
- PTSD
- Violence
- Racial
- Gender
- LGBTQ
- Religious
- Immigrant
- Persons with disabilities
- Birth Trauma



SAMHSA: Effects of Traumatic Events

Places a heavy burden on individuals, families, and communities.

Some persons will have no lasting negative effects; others will have difficulties and experience traumatic stress reactions.

If there is a strong support system in place, little or no prior traumatic experiences, and if the individual has many resilient qualities, it may not affect his or her mental health.

Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially ACEs.

Substance use, mental health conditions, and other risky behaviors have been linked with traumatic experiences, including unintended pregnancies & suicides.

Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma, and to explore healing. healing

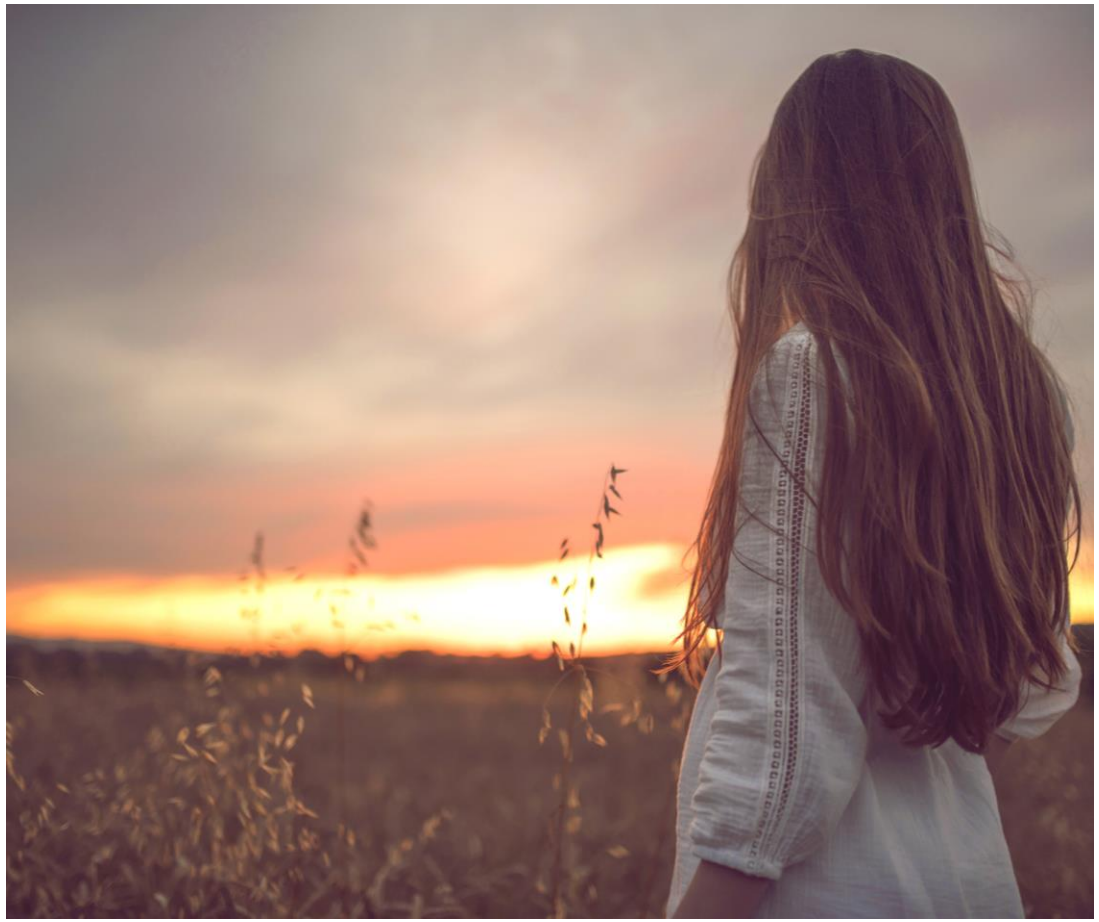
Trauma Perspective

SAMSHA

"A trauma-informed perspective views trauma-related symptoms and behaviors as an individual's best and most resilient attempt to manage, cope with, and rise above his or her experience of trauma."

Foderaro 1991, Bloom 2007

It is not "**What is wrong with you**" it is "**What Happened to you" "Who was there to support you"**



The Problem With Trauma

- Trauma either gets **TRANSFERRED** or **TRANSFORMED**.
- Trauma disclosure and treatment is a sacred space.
- Experiential Trauma: It is a unique story – and very different than others – just like coping skills and mechanisms of recovery.

Jumee Barooah, MD, The Wright Center for Graduate Education

Trauma Treatment Starts with a Trauma-Informed *Approach* to Care

Trauma-Informed *Approach* to Care

- **Trauma-Informed Care** (TIC) is an agency-wide commitment to change the culture within an organization.
- SAMHSA defines TIC as an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.
- TIC emphasizes physical, psychological, and emotional safety for consumers, providers, and staff.
- TIC helps survivors rebuild a sense of control and empowerment.
- TIC is twofold, affecting and empowering both the consumers (patients) and providers (clinicians, nursing, staff, organizations, systems) who are responding to all types of trauma.

Ref: NASW CHULD Welfare Fall/Winter 2019

Responsibility in Trauma-Informed *Approach* to Care

Organization's responsibility:

- **Realize** the widespread impact of trauma and understand potential paths for recovery
- **Promote** trauma-informed training for all members of the care teams
- **Recognize** signs and symptoms of trauma in patients, families, staff and other stakeholders
- **Respond** by fully integrating knowledge about trauma-informed care into language, policies, procedures and practices across your system
- **Deliver**, reflect on, and continuously learn from trauma-informed care
- **Seek** to intentionally & actively resist re-traumatization

SAMHSA, trauma-informed programs

Guiding Principles of Trauma-Informed Care (Organization)

Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Safety 1

Decisions are conducted with transparency and the goal of building trust among staff and those receiving care.

Trustworthiness 2

Integral to organization and service delivery approach and are understood as the key vehicle for building trust, establishing safety and empowerment.

Peer support & mutual self-help 3

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014 http://store.samhsa.gov/shin/content/SMA14-4884/SAM14-4884.pdf

Guiding Principles of Trauma-Informed Care (Organization)

Recognizes that everyone has a role in TIC, healing occurs in relationships, in the meaningful sharing of power and decision-making.

One does not have to be a therapist to be therapeutic.

Collaboration and mutuality 4

Aim is to strengthen staff, patients, and family members experience of choice and recognize that every person's experience is unique and requires an individualized approach. Builds on what patients, staff and communities have to offer, rather than responding to perceived deficits.

Empowerment, voice and choice 5

The organization moves past cultural stereotypes and biases, offers culturally responsive services, leverages the healing values of traditional culture, connections, and recognizes and addresses historical trauma.

Cultural historical and gender issues 6

SAMHSA's Concept of Trauma and guidance for a Trauma-Informed Approach, 2014 http://store.samhsa.gov/shin/content/SMA14-4884/SAM14-4884.pdf

Clinician's Responsibility for Trauma-Informed *Approach* To Care

ACOG Committee Opinion: Caring for Patients Who Have Experienced Trauma

ACOG Committee on Health Care for Underserved Women Vol. 137, No.4 April 2021

- Recognize the prevalence and effect of trauma on patients and the health care team, incorporate trauma-informed approaches to care.
- Become familiar with trauma-informed model of care, strive to universally implement a trauma-informed approach to all levels of their practice, avoid stigmatization, prioritize resilience.
- Build a trauma-informed workforce by training clinicians and staff on how to be trauma-informed.
- Create a safe physical and emotional environment for patients and staff.
- Implement universal screening for current trauma and hx of trauma.
- Limit multiple interviews with patients during resident training avoid re-traumatization.

Your Individual Responsibility in Trauma-Informed *Approach* to Care

You Must:

- **Have Self-Care** *(develop a self-regulation tool kit)*
- Safety
- Boundaries
- Engage in your own therapy
- Know your limits
- Seek help from other staff members

Benefits to Trauma-Informed *Approach* to Care

- Staff learn and gain knowledge about patients who have suffered trauma, and how it may impact their current hospitalization.
- Staff apply skills to treat trauma patients.
- Staff gain understanding of populations who have suffered trauma and can better assist them in their need for safety and acceptance.
- Has the potential to improve patient health outcomes and satisfaction.
- Supports a culture of staff wellness, engagement and retention.

Downsides to Trauma Exposure

Vicarious Trauma

- The emotional residue of exposure to traumatic stories and experiences of others through work; witnessing pain, fear, and terror that others have experienced; a pre-occupation with horrific stories told to the professional.*

- An occupational challenge for people working and volunteering in the fields of victim services, law enforcement, emergency medical services, and other allied professionals, due to their continuous exposure to victims of trauma and violence.

- **As a result of vicarious trauma staff may exhibit**:
  - ✓ Fatigue, illnesses, cynicism, irritability, reduced productivity, feelings of hopelessness, anger, despair, sadness, anxiety.
  - ✓ Re-traumatization
  - ✓ Burnout

*https://www.cdcr.ca.gov/bph/wp-content/uploads/sites/161/2021/10/Trauma-Fact-Sheets-October-2021.pdf

Summary: Trauma Informed *Approach* to Care

- Can provide safety for patients who may not trust the health system.
- Can reduce re-traumatization for patients.
- Has the potential to improve patient health outcomes and satisfaction.
- Supports a culture of staff wellness, engagement and retention.

Questions?

References

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014 http://store.samhsa.gov/shin/content/SMA14-4884/SAM14-4884.pdf
- Foderaro 1991, Bloom 2007
- SAMHSA, trauma-informed programs
- Ref: NASW CHULD Welfare Fall/Winter 2019
- ACOG Committee on Health Care for Underserved Women Vol. 137, No.4 April 2021
- Prim Care Clin Office Pract 48 (2021) 493–504 https://doi.org/10.1016/j.pop.2021.05.005 primarycare.theclinics.com 0095-4543/21/ª 2021 Elsevier Inc
- Wilson GS, et al. The development of preschool children of heroin-addicted mothers: a controlled study. Pediatrics. 1979;63(1):135–141
- https://www.centerforchildcounseling.org/aces-and-minorities/
- Junee Barooah, MD, The Wright Center for Graduate Education
- *https://www.cdcr.ca.gov/bph/wp-content/uploads/sites/161/2021/10/Trauma-Fact-Sheets-October-2021.pdf
- *CDC 24/7: Saving Lives, Protecting People, Office of Reediness and Response, Sept 17, 2020
- All photos by Unknown Authors is licensed under CC BY-SA/Bing