Introductions

- Welcome! As you join please type the following information into the chat.

Example:

- **Name**: Annie Lewis-O'Connor
- **Role**: Founder & Director C.A.R.E Clinic & Associate Scientist- Division of Women's Health at Brigham and Women's Hospital- Boston MA
- **Favorite thing to cook**: Lobster Bisque

Advancing Health Equity for Pregnant Women with Substance Use Disorder: Using a Trauma-Informed Care Lens

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Associate Scientist, Division of Women's Health, Brigham and Women's Hospital

Founder & Director C.A.R.E Clinic- Coordinated Approach to Resilience and Empowerment

Instructor, Harvard Medical School

Mass General Brigham

BRIGHAM HEALTH
BRIGHAM AND WOMEN'S HOSPITAL

MAGNET RECOGNIZED

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

If today makes you uncomfortable, please feel free to take care of yourself in the way that best suits you.

Disclosures

I have no financial relationship with a commercial entity producing health-care related products and/or services.

Special Thanks!

Rebekah Porter

The Alaska Perinatal Quality Collaborative

Alaska Division of Public Health

Learning Objectives

- Understand how stigma and bias impact health care delivery.
- Describe how to apply Trauma-Informed Care principles when caring for a pregnant women impacted by substance use disorder.
- Identify 2-3 practice changes you will make.

National Data

- 4.6 million women (or 3.8 percent) ages 18 and older have misused prescription drugs in the past year. (ACOG 2017)

- Secondary analysis of 11.8 million hospitalizations (47 states and the District of Columbia) - estimated rate of **NAS was 7.3 per 1000 births** hospitalizations and the rate of maternal opioid related diagnosis (MOD) **was 8.2 per 1000 delivery hospitalizations** in 2017 (Hirai et al, 2017, JAMA)

- Researcher identified motivators and barriers for pregnant women seeking SUD treatment. (Frazer 2019)

ACOG 2017: Opioid Use and Opioid Use Disorder in Pregnancy
Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. *JAMA.* 2021;325(2):146–155. doi:10.1001/jama.2020.24991
Frazer Z, McConnell K, Jansson LM. Treatment for substance use disorders in pregnant women: Motivators and barriers. Drug Alcohol Depend. 2019;205:107652. doi:10.1016/j.drugalcdep.2019.107652

Pregnancy Related Deaths

- **According to the National Center for Health Statistics-**
  - The 2018 maternal **mortality rate in the U.S.** was 17.4 deaths per 100,000 live births.
  - In 2019 the rate was 20.1 per 100,000 live births .

- **Pregnancy-Related Mortality in Alaska, 2012-2016**

  - Rates of pregnancy-associated deaths from 2012-2021 increased by **184%** in **rural areas**, compared to an increase of 66% in urban areas.

Alaska Maternal and Child Death Review Committee

Infant Mortality Rate: US rate vs Alaska

In 2021:

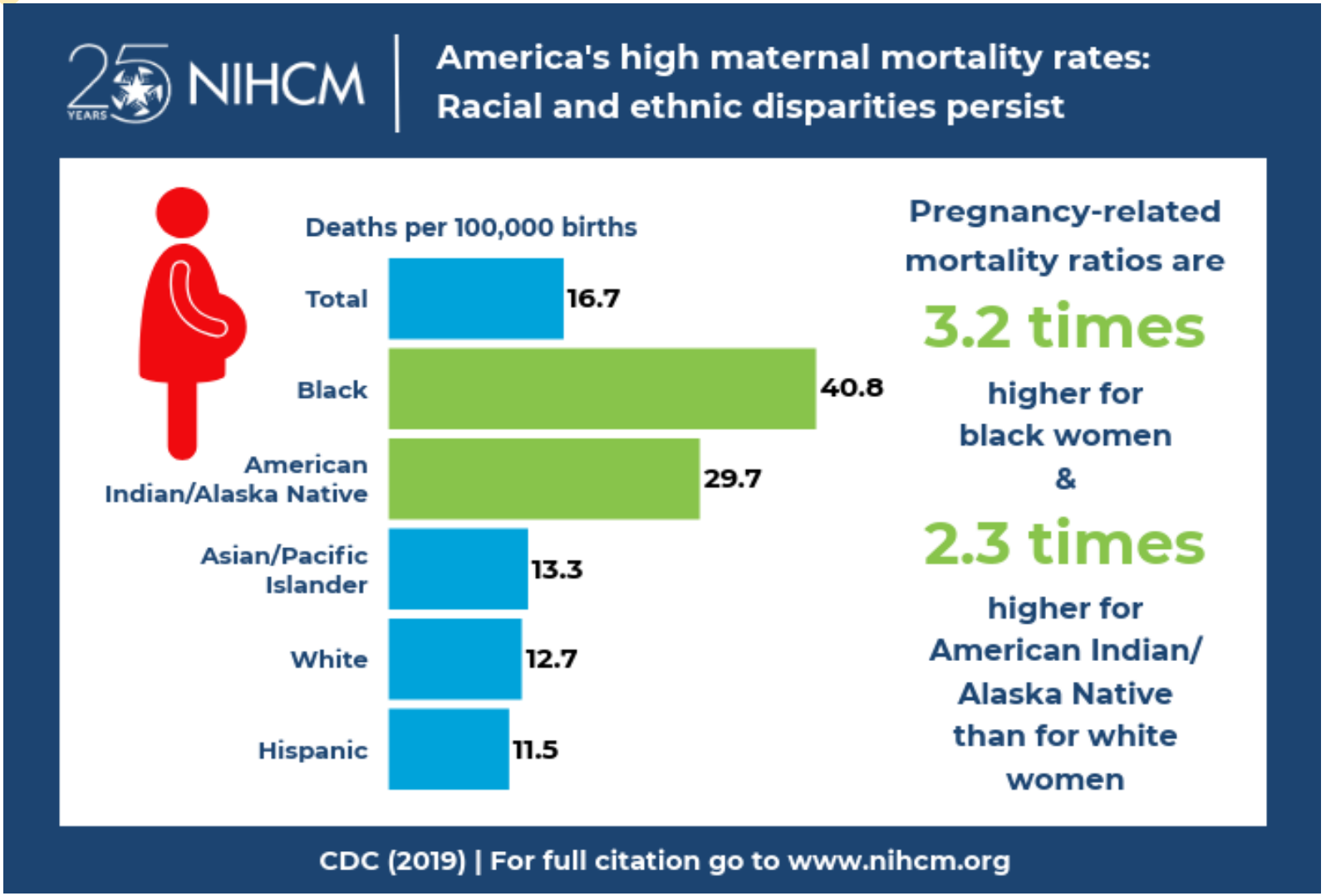
Rate of **U.S Infant Mortality** was 5.5 deaths per 1,00 live births (CDC)

Rate of **Alaska's Infant Mortality** rate was 7.4 per 1000 live births- 35% higher than national rate

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm Accessed April 22, 2023

https://mch-indicators2-alaska-dhss.hub.arcgis.com/pages/Infant%20mortality%201 Accessed April 9th, 2023

Disparity rates: Maternal Mortality



Neonatal Abstinence Syndrome
National vs Alaska
2010-2017

National: (2017) secondary analysis

- NAS 7.3 per 1000 births

Hirai AH, Ko JY, Owens PL, Stocks C, Patrick SW. Neonatal Abstinence Syndrome and Maternal Opioid-Related Diagnoses in the US, 2010-2017. *JAMA.* 2021;325(2):146–155. doi:10.1001/jama.2020.24991

Alaska: 2021 (hospital based discharges- ICD code P96.1)

- NAS 11.1 per 1000 births

https://akpqc-alaska-dhss.hub.arcgis.com/pages/sapi

Substance Use in Context of Adversity

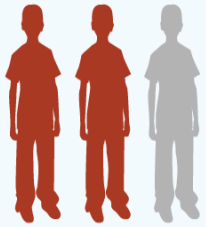
IMPACT OF CHILDHOOD TRAUMA

The CDC and Kaiser Permanente surveyed 17,000 of the health plan's members to ask whether they'd had adverse childhood experiences defined as:

ABUSE	NEGLECT	HOUSEHOLD CHALLENGES
Psychological	Emotional	Family member experiencing:
Physical	Physical	Domestic abuse
Sexual		Mental illness
		Imprisonment

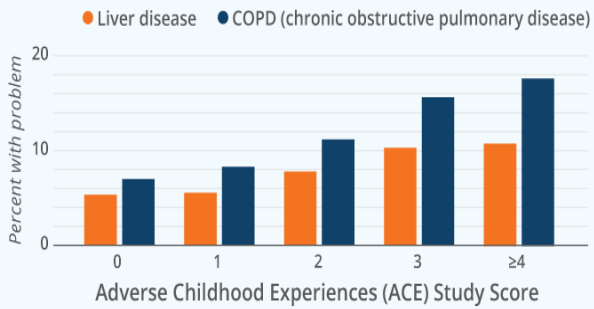
THE STUDY ALSO FOUND

NEARLY TWO THIRDS



of those surveyed experienced at least one event.

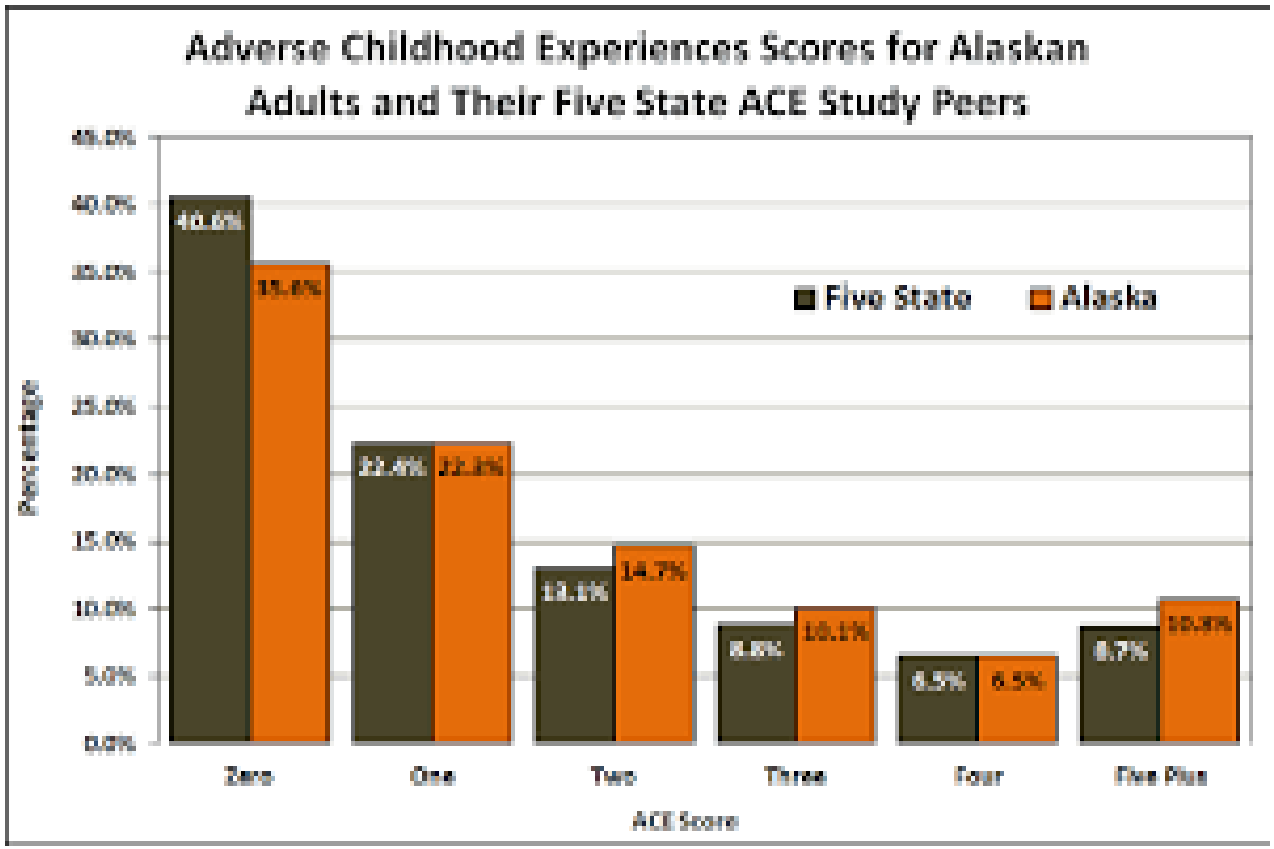
The higher the score on ACE survey, the more likely people were to be in poor health:



Sources: CDC ACE Study page https://www.cdc.gov/violenceprevention/acestudy/ and V. J. Felitti and R. F. Anda, "The Relationship of Adverse Childhood Experiences to Adult Health, Well Being, Social Function, and Health Care," from *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (Cambridge, England: Cambridge University Press, September 2010).

ACE's - Alaska

2013- This data was compared to CDC data of 5 states- Arkansas, Louisiana, New Mexico, Tennessee, and Washington.



Mass General Brigham

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Health Impact of ACEs on Adults- 2019 MMWR

- 61% report at least 1 ACE
- 16% report 4+ ACEs
- **Women, AI/AN, Black, and Other more likely to report 4+ ACEs compared with white**

BRFSS Survey
2015-2017
25 US states
N=63,365

Adjusted Odds Ratio: 4+ vs 0 ACE exposures

Obesity 1.2	Stroke 2.1	Depression 5.3
Diabetes 1.4	Asthma 2.2	COPD 2.8
CHD 1.8	Heavy drinking 1.8	Smoking 3.1

Merrick MT, Ford DC, Ports KA, et al. *Vital Signs:* Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019;68:999-1005. DOI: http://dx.doi.org/10.15585/mmwr.mm6844e1external icon.

Intergenerational Trauma

Studies have shown that there is a correlation between a mother's Adverse Childhood Experiences and her unborn child's development.

Data were derived from a large cohort of pregnant women who were enrolled between March 2005 and May 2009 (N=2,303).

For each additional ACE:

- Birth weight by 16.33 grams
- Gestational age by 0.063 weeks

A retrospective cohort study of 311 mother-child dyads and 122 father-child dyads who attended a large pediatric primary care practice.

For each additional maternal ACE:

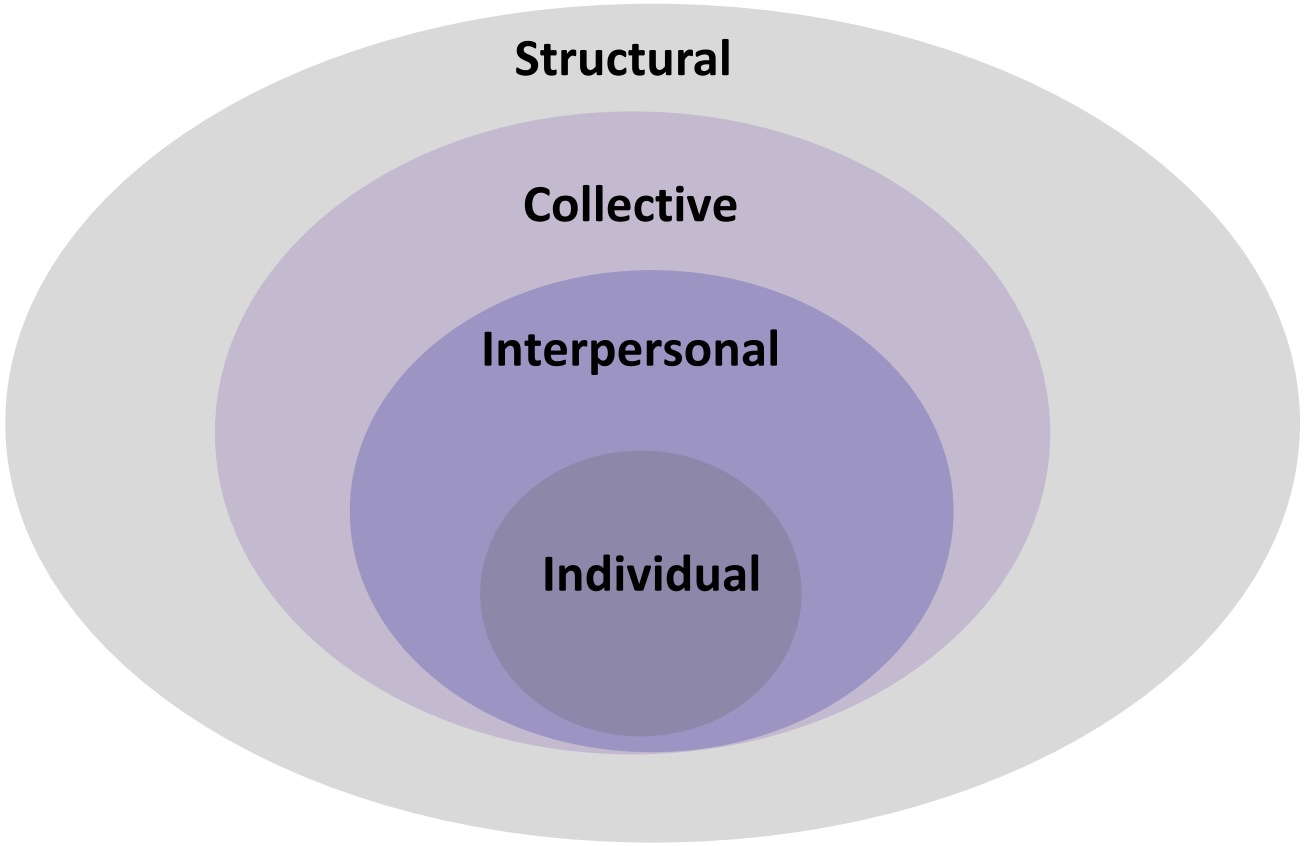
18% Increase in the risk for a suspected developmental delay

1. Smith, Megan V et al. "Early Childhood Adversity and Pregnancy Outcomes." *Maternal and child health journal* vol. 20,4 (2016): 790-8. doi:10.1007/s10995-015-1909-5
2. Parental Adverse Childhood Experiences and Offspring Development at 2 Years of Age Alonzo T. Folger et al. Pediatrics Apr 2018, 141 (4) e20172826; DOI: 10.1542/peds.2017-2826

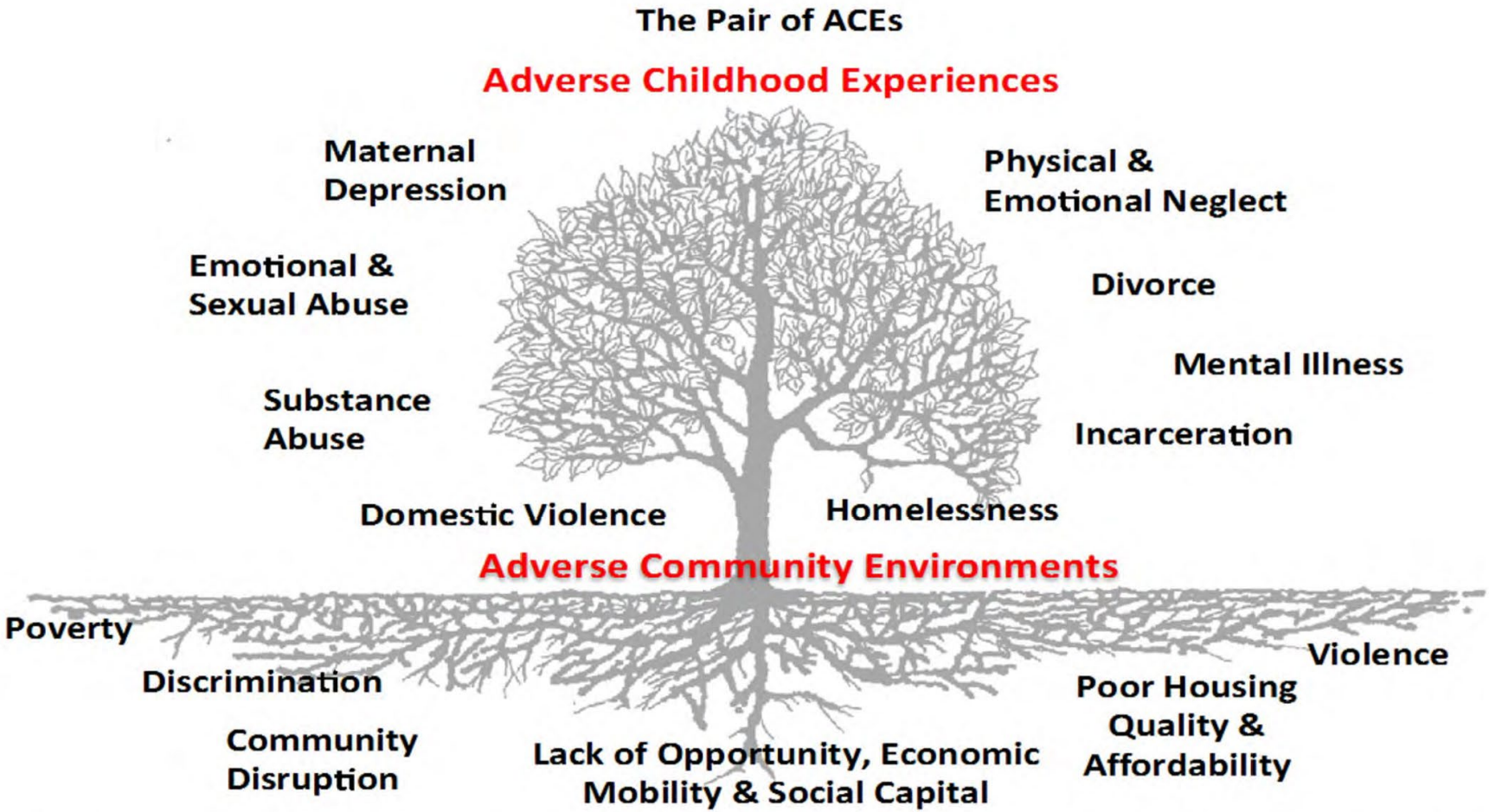
Recognizing the Health Consequences Caused by Individual, Interpersonal, and Collective Trauma-

How can we shift our models of care in more meaningful ways?

What is Trauma?



Pair of ACEs Tree



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Unconscious Bias and Stigma

A tendency or inclination that results in judgment without question.

A shortcut to interact with our world

An automatic response

https://implicit.Harvard.edu/implicit/

Acknowledgement and thanks to Lianne Crossette

Unconscious Bias in Medicine

Health Providers with more implicit biases are more likely to have negative interactions with patients.

- Among patients presenting to the BWH ED with HF, Black and Latinx patients were less likely to be admitted to a cardiology service compared to white patients. (2019, Eberly et al JACC)

- Black Americans are undertreated for pain relative to white Americans. (2015, Hoffman et al. PNAS)

- Physicians report that seeing heavier patients was a greater waste of their time. (2001, Hebi and Xu, Int J Obes Metab Disord)

- Body language differs in provider-patient interactions based on race. (2016, Andrea et al. Journal of Pain and Symptom Management)

Structural Barriers, Stigma and Bias: Pregnant Women with SUD

- **Fear and Stigma:**
  - Pregnant women of color and with lower socioeconomic status with SUD, are disproportionally surveillanced and may face arrest, prosecution, conviction and/or child removal at higher rates. (Stone 2015)
  - Women have reported that they delayed or avoided prenatal care out of fear of punishment. (Stone 2015)
- **Provider Bias:**
  - A study found that a "nonjudgmental attitude" and lack of stigmatization were important for patients to return and keep follow-up appointments for prenatal care. (Seybold et al, 2014)
  - In a study on nurses' attitudes toward substance-abusing mothers, regardless of knowledge base and experience of the nurses, *76% felt anger* toward the mother. (Seybold et al 2014)
- **Structural Barriers:**
  - Tennessee passed a 2014 legislation that criminalized substance use during pregnancy. (Terplan 2015)
  - 18 states currently define substance use during pregnancy as a form of child abuse. (Terplan 2015)

Stone R. Pregnant women and substance use: fear, stigma, and barriers to care. Health Justice. 2015;3:2.

Seybold D, Calhoun B, Burgess D, Lewis T, Gilbert K, Casto A. Evaluation of a Training to Reduce Provider Bias Toward Pregnant Patients With Substance Abuse. J Soc Work Pract Addict. 2014;14(3):239-249.

Terplan M, Kennedy-Hendricks A, Chisolm MS. Prenatal Substance Use: Exploring Assumptions of Maternal Unfitness. *Subst Abuse*. 2015;9(Suppl 2):1-4.

Why Consider Trauma in Health Care?

Trauma is pervasive amongst **patients and staff**

Trauma has significant **health and mental health** effects.

Trauma greatly influences **how people access** and **experience** healthcare.

"I'm right there in the room, and no one even acknowledges me."

"I'm right there in the room, and no one even acknowledges me."

Without considering trauma:

Healthcare services can be re-traumatizing.

Treatments may not be effective.

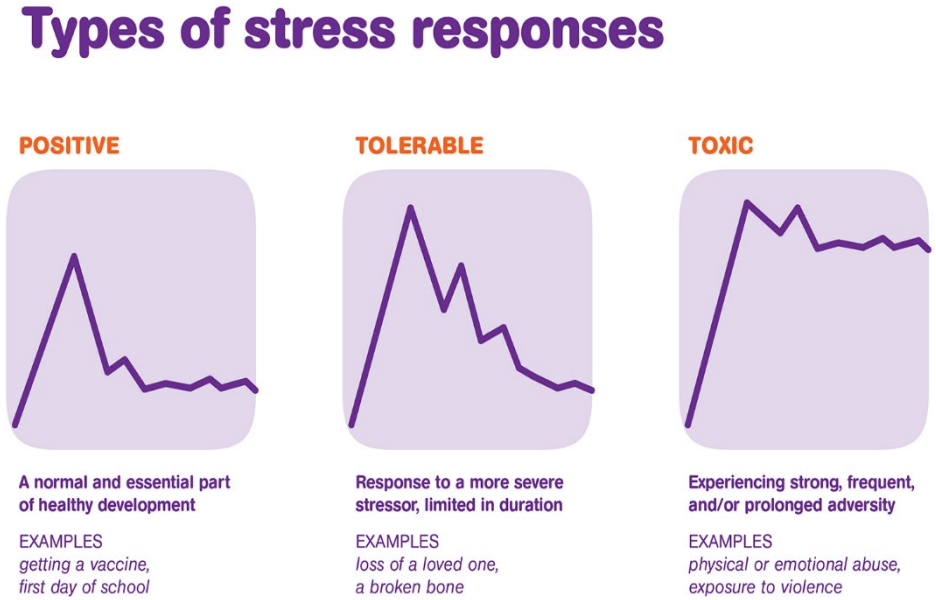
Patients may not be able to engage with you.

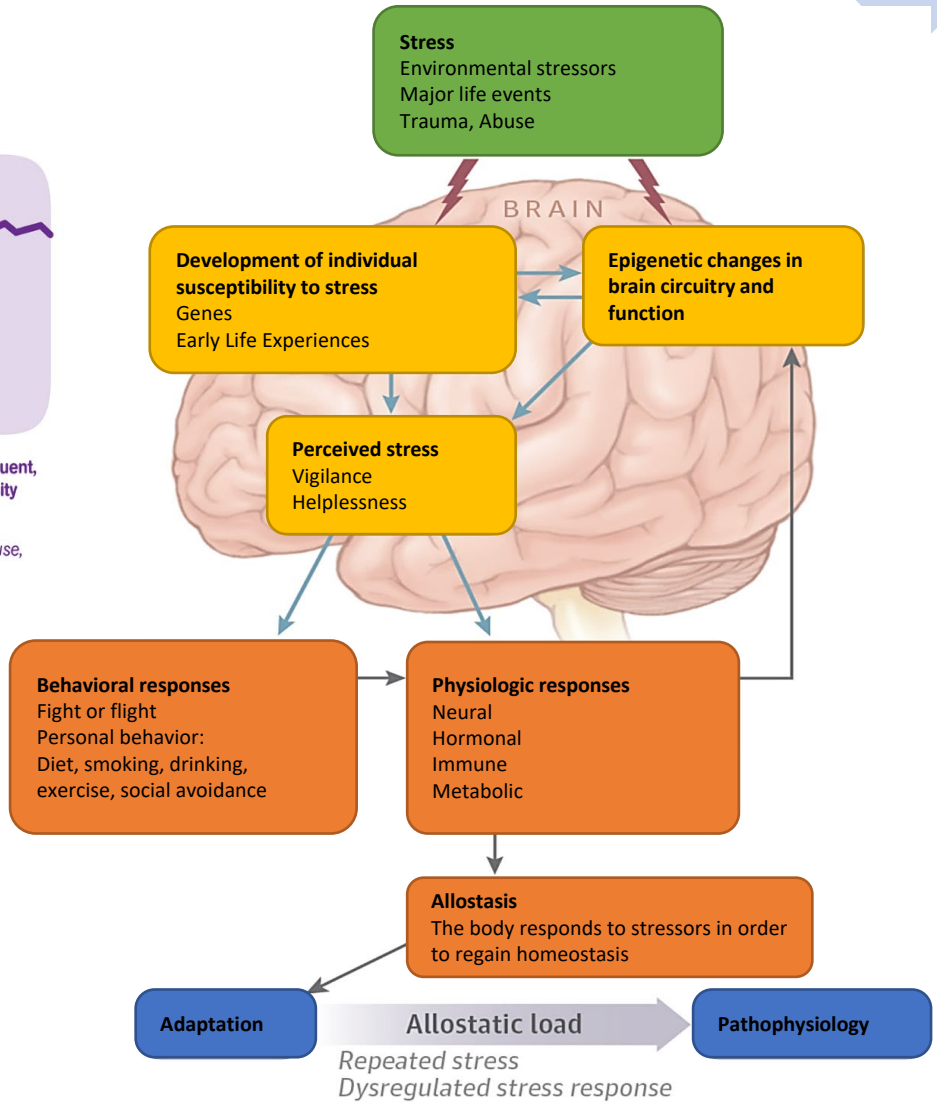
Health Care Services can be Retraumatizing!

- Having to repeatedly re-tell ‘story’ of trauma history
- Feeling treated as a ‘number’ or a ‘case’
- Lack of opportunity to give feedback about prior medical experiences
- Lack of choice in service, providers (feeling pressured about choices)
- A lack of privacy in physical space (hallway stretcher, roommate, etc.)
- Fear of procedures (not routine to patients)
- Vulnerable physical positions, physical touch, removal of clothing

Huang, L.N., Sharp, C.S., Gunther, T. SAMHSA and National Council for Behavioral Health Webinar 8/6/13. “It’s Just Good Medicine: Trauma Informed Primary Care.” https://socialwork.buffalo.edu/content/socialwork/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed care/_jcr_content/par/image_0.img.original.png/1469630973016.png

Stress versus Toxic Stress

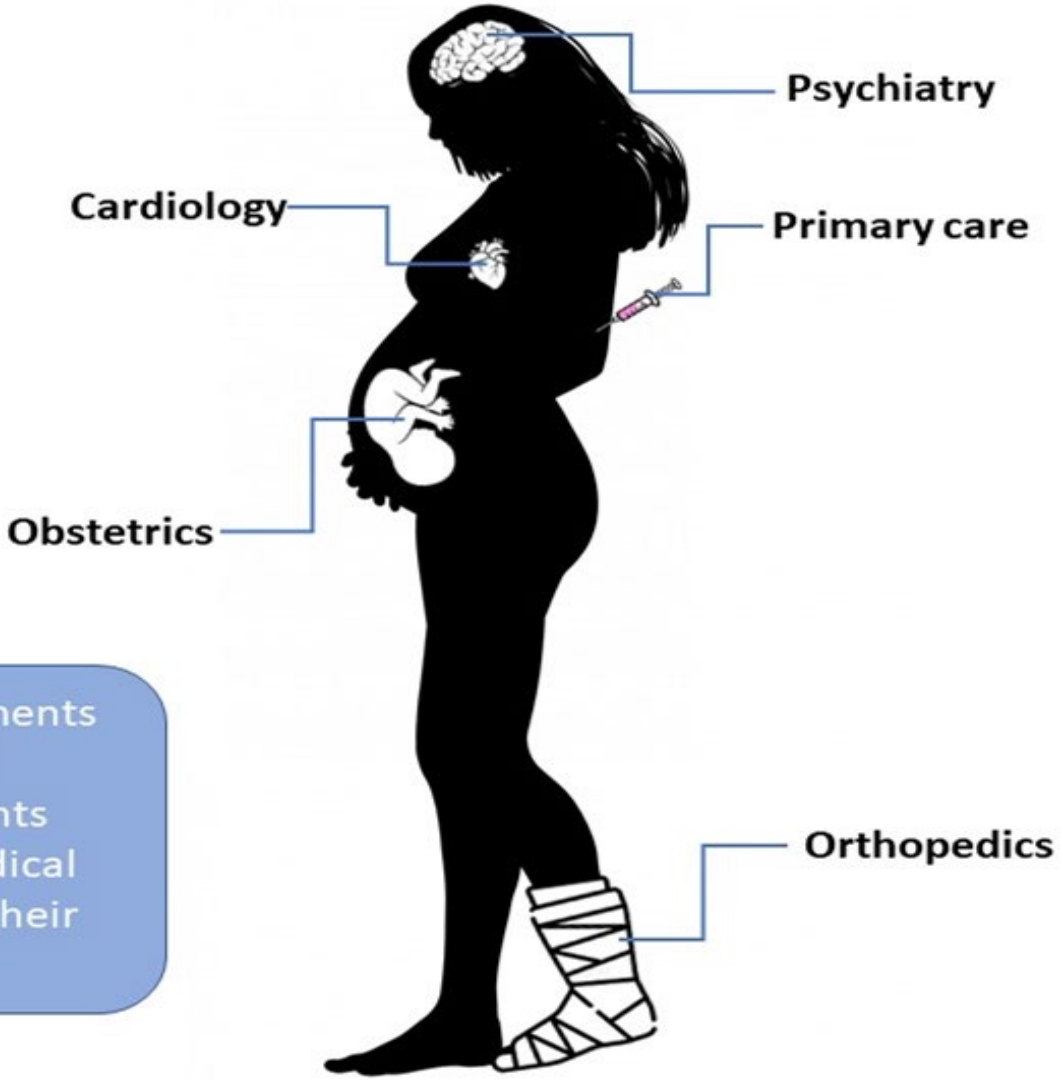




McEwen, JAMA Psychiatry 2017

Care Coordination

- Food insecurity
- Violence
- Housing insecurity
- Substance use
- Mental health
- Employment

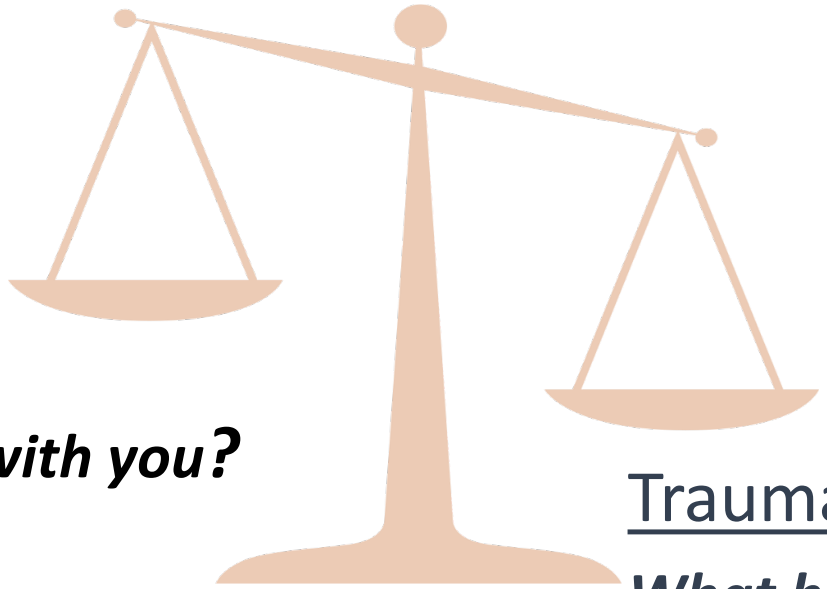


Specialized medical appointments can create challenges in care coordination and leave patients burdened with too many medical appointments in addition to their other commitments.

Recognizing the Health Consequences Caused by Individual, Interpersonal, and Collective Trauma:

How can we shift how health care is delivered?

Philosophical Shift



Traditional

What's wrong with you?

Trauma-Informed

What happened and how has that affected you?

Six principles of trauma-informed care

- Safety: Physical & psychological
- Trustworthiness & transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, Choice
- Cultural, Historical, & Gender Acknowledgment

www.samhsa.org

Universal Awareness

One of the main principles of trauma-informed care is to assume, not ask, if a patient has a history of trauma.

How do we minimize re-traumatization?

- Harm reduction strategies
- Shared decision making
- Individualized plans of care
- Limit distractions/stress – being fully present
- Allow time for feedback from patients

Self-Awareness: The Four C's

1. **Calm:** Pay attention to how you are feeling. Breathe deeply and calm yourself to model and promote calmness for patient, yourself, and co-workers.
2. **Contain**: Allow patient to maintain safety; don't emotionally overwhelm the provider or the patient.
3. **Care**: self-compassion, cultural humility, de-stigmatize adverse coping behaviors.
4. **Cope**: emphasize coping skills, promoting positive relationships, interventions that build resiliency.

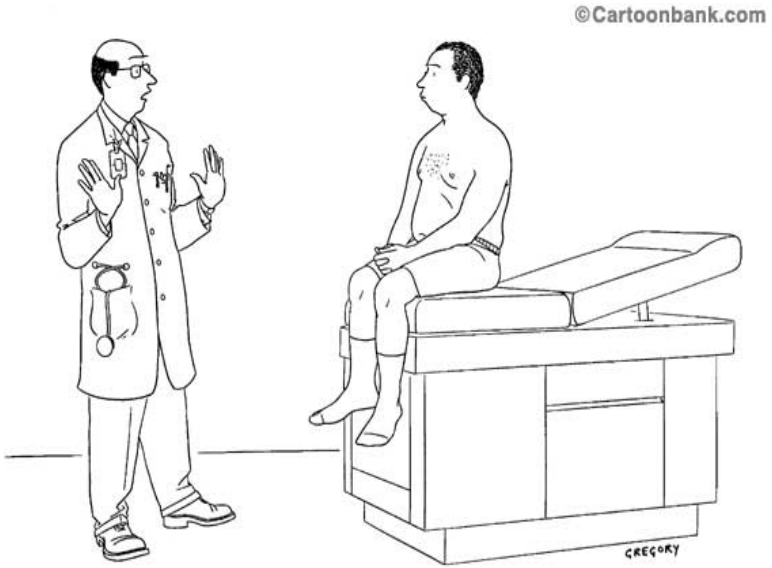
Kimberg L and Wheeler M. Trauma and Trauma Informed Care, in Gerber (ed) Trauma-Informed Healthcare Approaches. Springer 2019.

Trauma Inquiry

Disclosure is NOT the goal;

Minimize patient need to retell their story

- Provide a safe environment for people to share as much or as little as they want
- Help patients understand that they have the right NOT to tell their story again, even to providers that ask
- Include education about trauma and its effects
- Balance trauma with resiliency and strengths



"Whoa—way too much information."

Trauma Inquiry

Inquire about impact, ask open-ended questions

- "Has anything happened in your life that you feel has impacted your health and well-being?"
- "How do you feel this has affected you?"
- "Have you had any experiences with health care (or this exam, etc.) that you feel I should know about?"
- "What would be helpful to make you feel safe and comfortable during this visit?"

TIC in Physical Exam

Allow the patient the option and time to decline.

- “Do you have any suggestions, preferences in regards to the examination? Anything your prefer I not do?”
- “What can I do to help you be more comfortable?”
- “Is it OK if I continue with the exam, or would you prefer me to stop?”

The Importance of Language

"Care imitates language – that is we tend to relate to people the same way we write and talk about them."

- Sasser, 1999

- **Avoid labels and pejorative terms:** Dysfunctional, Non-compliant, Resistant, Difficult, Entitled, Demented, Addict, Drug-seeking, Borderline, etc.
  - Drug seeking- Substance Use Disorder; Pain management
  - Drug addicted newborn- Neonatal Abstinence Syndrome-
  - Drug User (pregnant women) – Maternal Substance Use Disorder; Opioid Use Disorder in Pregnancy
  - Morbid obesity- BMI is XX

Documentation

- Minimal details/ Need to know
- Transparency and mutuality: Respect patient's wishes
- Include patient's strengths
- Establish team communication

Trauma-Informed Care Plans

Created on (*date*), (*Provider name*) and (*Patient [and guardian if applicable] name*)

Category	Description
What the patient would like you to know (*inclusive of individual, interpersonal, and collective trauma history*)	***Has anything happened in the patient's life that has affected their health and well-being that they would like the care team to know? [free text]*** ***Has the patient had any experiences with healthcare that the care team should know about? [free text]***
Patient strengths	***What is the patient proud of? [free text]*** ***What does the patient see as their own strengths? [free text]***
Patient Challenges	***What challenges does the patient face both at the individual level and the structural level (includes social determinants of health)? [free text] and/or [pick from list]***
Identity awareness	***How have the patient's identities impacted their past care and/or the way they interact with the medical system? [free text]*** ***How does patient identity impact current health and healthcare access? [free text]***
Triggers	***Are there things (triggers) that upset patient or bring up bad memories, particularly in the healthcare setting? [free text] and/or [pick from list]***
Coping skills	***What coping mechanisms (adaptive or mal-adaptive) do patients currently rely on? [free text]*** ***What are the patient's positive coping skills; What has helped them in the past? [free text]***
Social support *Don't make assumptions about relationships.*	***Who is the patient's support network? [free text]*** ***How can they be relied upon to assist the patient? [free text]***
Other relevant information	***Is there anything not captured in the above categories the patient would like to share? [free text]***

Trauma and Resilience Informed Plan of Care: ***[free text] and/or [pick from list]***

Safety: Physical & Psychological

- Are you aware how interpersonal and collective trauma impacts health and wellness
- Understand and acknowledge that how a patient responds and reacts- may be from past traumatic experiences
- Do you understand the importance of “What happened to you?” rather than ’What’s wrong with you?”

Trustworthiness & Transparency

- Instead of the computer being between patient and provider- Share the computer screen with patients?
- Be explicit about the limits of confidentiality, who to share information with.
- Listening and respecting patient’s preferences, while acknowledging their strengths

Peer Support

- Provide Community-based resources- connections reduces isolation and promotes healing
- Closed loop communication.
- Warm handovers, follow-up to assess if patient got connected
- Be intentional in developing peer support not only for patients but for staff

Collaboration & Mutuality

- ❖ Set a shared agenda for the visit- " What would you like to accomplish this visit?"
- ❖Consider ways to promote collaboration with patients, colleagues and staff.
- ❖Consider conducting 15 min huddles on complex cases.
- ❖Encourage TIC educations for all staff (eg, MAs, RNs, front desk staff) about trauma-informed approaches

Empowerment, Voice, Choice

- ❖Increase shared decision- proactively include patients in their plan of care.
- ❖Support the patient in self-management choices (even when you might not agree).
- ❖Ask permission as you move through encounter: ("Would that work?" "Do you need a break?")
- ❖Acknowledge pt. strengths- "tell me what you are proud of"

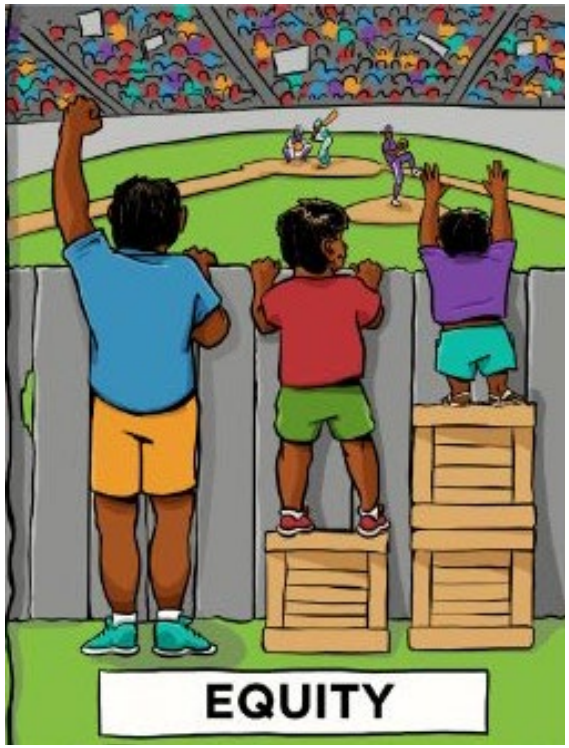
Cultural, Historical, & Gender Acknowledgment

- ❖Seek to increase self-awareness of unconscious bias, stigma- Avoid judgement or making assumptions.
- ❖ Be reflective following encounters with staff and patients
- ❖Acknowledge that cultural and historical backgrounds differ and adopt a curious stance , suspending judgment and having humility around learning from your patients
- ❖Ask patients how their backgrounds have shaped their healthcare experiences ; and what would be helpful for them to engage

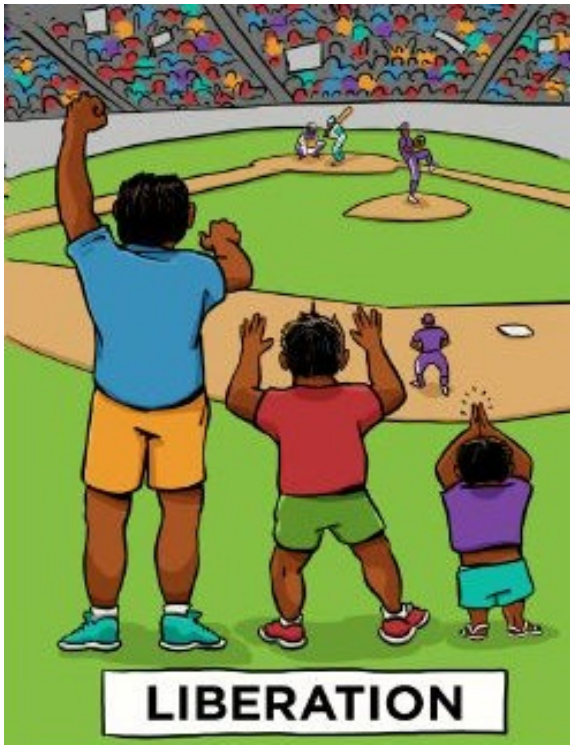

Empathy
Relaxation
Supervision
Support
Consultation
Healthy
Fitness
Wellness
Healthy limits
Mindfulness
Self-care
Knowledge
Energy
Skills
Healthy coping
Empowerment
Resilience
Exercise
Compassion
Meditation
Balance

Moving the Conversation: Equality to Equity to Liberation

Assumption: Everyone benefits from the same (equal) support



Everyone gets the support they need



Systemic Barriers Removed

In Summary

- Stigma, bias, and trauma-informed care training offers the opportunity for improved engagement with patients with SUD
- Stigma, bias, and trauma-informed care training offers a strategy towards health equity and social justice
- Stigma, bias, and trauma-informed care training can help mitigate vicarious trauma and facilitate staff and provider wellness


Thank you