

# ADDRESSING PSYCHOLOGICAL IMPACTS OF SEVERE MATERNAL EVENTS ON PROVIDERS, PATIENTS AND FAMILIES

## Postpartum Support International

For prescribers and other frontline providers: [Frontline training](#)

Scholarships available from the Alaska Chapter [psiak@postpartum.net](mailto:psiak@postpartum.net)

[Scholarship Application](#)

# ALASKA CHAPTER OF PSI

Allison Koos Fox, MA, RYT, Board Co-Chair - Chapter Liaison

- [allison.koos.fox@gmail.com](mailto:allison.koos.fox@gmail.com)

Joclyn Reilly, LCSW, PMH-C, Board Member

- [joclyn.reilly@providence.org](mailto:joclyn.reilly@providence.org)

Meghan Yarmak, LPC, PHM-C, Board Member

- [MeghanYarmakAK@gmail.com](mailto:MeghanYarmakAK@gmail.com)

# ABOUT PROVIDERS

# BREATH EXERCISE: MAKE YOUR EXHALE LONGER THAN YOUR INHALE

Inhale for five counts

Hold for five counts

Exhale slowly for eight counts

Hold out for two counts

Inhalation emphasizes sympathetic activity (the stress/exercise branch of the nervous system), and exhalation stimulates the parasympathetic activity (the relaxation, rest, and digestion branch of the nervous system).

By adjusting the ratio of inhalation to exhalation, we can adjust the relative emphasis given to sympathetic or parasympathetic activity in each breath cycle.

# WHY DOES IT MATTER?

You and your experience matters.

Your patients and their experiences matter.

You have a lot of power in the relationship.

You can't mitigate the effects of trauma for yourself, your patients or your co-workers if you don't acknowledge and address the impact on YOU.

To effectively switch from defensive to social engagement strategies, the mammalian nervous system needs to perform two important adaptive tasks: (1) assess risk, and (2) if the environment is perceived as safe, inhibit the more primitive limbic structures that control fight, flight, or freeze behaviors.[...]The neuroception of familiar individuals and individuals with appropriately prosodic voices and warm, expressive faces translates into a social interaction promoting a sense of safety.  
(Porges, 2009)

# SIGNS OF COMPASSION FATIGUE

- Checking out emotionally or faking it because you know you should feel empathy but you can't
- Minimizing or dismissing suffering that isn't the most extreme (well, you have a live baby so it wasn't THAT bad!)
- Feeling helpless, hopeless, or powerless, while also feeling personally responsible for doing more
- Staying in a bad situation (relationship or workplace) out of grandiosity: "If I don't do it no one will!" (Nagoski and Nagoski, 2019)

# BURNOUT

A survey of 321 residents across eight specialties found that providers in obstetrics & gynecology suffered the highest rate of burnout at 75% (Martini, et al 2014)

Multiple studies have noted that “Healthcare professionals’ wellbeing and self-efficacy is correlated with their ability to provide support to affected parents” during a severe maternal event. (Gandino, et al 2020)

# ALLISON'S STORY

What I remember and what made a difference

# SECONDARY TRAUMA

Healthcare providers who are involved in an severe maternal event can become traumatized by the event.

- Frequently:
  - Feel personally responsible for the unexpected patient outcomes
  - Feel as though they have failed the patient
  - Second-guess their clinical skills/knowledge base
- To Remember:
  - Every individual will have unique experiences and needs
  - Job title does not change how you will cope
  - Some events are high risk for inducing a secondary trauma
  - First tendency of providers is self isolation
  - Sometimes the entire team is impacted by a clinical event

# SECONDARY TRAUMA

In one study (Schroder, et al 2016), 85% of obstetricians and midwives “stated that they had been involved in a traumatic childbirth...Feelings of guilt were reported by 36–49%, and 50% agreed that the traumatic childbirth had made them think more about the meaning of life.”

A survey of midwives in 2015 found that “29% of the CNMs reported high to severe STS, and 36% screened positive for the criteria for PTSD due to attending traumatic births.”

What helped? “In CNMs’ narratives about the traumatic births that they had attended, they would often share that what helped them was the support of the entire obstetric team: fellow CNMs, obstetricians, nurses, and neonatologists.”

# PROVIDER SUPPORT

## WHAT CAN BE DONE TODAY

- Acute Debriefs
- Process with a colleague or coworker
  - Grieve
  - Vent
  - Laugh
- Seek a consult with a mentor or supervisor
- Sympathetic Downregulation
  - Mindful breathing
  - Relaxation
  - Meditation
  - Physical exercise
  - Resonance
- Acute Self-Care

## WHAT CAN BE DONE TOMORROW

- Post Event Debrief - for those not present and continued support
- Professional/Peer Support and Balint Groups
- Preventative Self-Care
  - Eat, Sleep, Exercise
  - Use vacation days
  - Recognize limitations and set limits with self and work
  - Stay connected with others
  - Engage in pleasurable activities unrelated to work
- Connect with a Therapist (EAP)

# RESOURCES FOR PROVIDERS

- [ACOG](#)
    - Career and Wellness Support
  - [Risking Connection](#)
    - Resources for healing after a traumatic event
  - [ISTSS](#)
    - Self-care for providers
  - [Healthcare Tool Box](#)
    - DEF Model focused on self-care for providers
  - [Texas Medical Association](#)
    - CME's focused on Physician Health and Wellness
  - More Resources
    - [Safehealthcareforeverywoman.org](#)
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# ABOUT PATIENTS

# 6 INTERPERSONAL DISRUPTIONS DURING LABOR CONTRIBUTING TO BIRTH TRAUMA

1. Staff not explaining procedures or asking permission
2. Not included in decision making
3. Tension/arguments between caregivers
4. Lack of information around progression of labor
5. Lack of individualized care, “feeling like just a number”
6. Being treated with harsh words, impatience, threats, coercion, abrupt or painful touch. (Reed, et al 2017).

# BIRTH TRAUMA FROM BIRTHING PERSON'S PERSPECTIVE

Remember: Trauma is in the eye of the beholder (Beck)

Survey: "The majority (66.7%) [of women] described care provider actions and interactions as the traumatic element in their experience...Women described how care providers prioritised their own agenda over the needs of the woman....Many of the descriptions involved women's own embodied knowledge being disregarded in favour of their care provider's assessment of events...Women perceived that they were being lied to by care providers to coerce them into agreeing to unnecessary interventions...Many women described their birth experience as 'violating'" (Reed, et al 2017).

[Birth Trauma: Emma's Story](#)

[Birth Trauma: 5 Women Share Their Experiences](#) 30-minute video

# MITIGATING TRAUMATIC BIRTH

- Consent and transparency
- Remember this is a special day for her/family
- Communication: listen to concerns, get on her level physically, your words are very powerful
- Individualized care
- Check your assumptions/bias
- Empower her

# RESOURCES FOR PATIENTS & FAMILIES

- [www.postpartum.net](http://www.postpartum.net) : Postpartum Support International's website: text support or helpline; connection to a local therapist.
- <https://psichapters.com/ak/>: Alaska Chapter of PSI
- <https://psidirectory.com/alaska>: directory of perinatal professionals who have demonstrated a special interest in treating and serving families and women experiencing perinatal mental health issues.
- PATTCh, Solace for Mothers, MITSS and more can be found here: <https://safehealthcareforeverw.oman.org/wp-content/uploads/2016/09/8-Response-Resource-Guide-Patient-Family-After-a-Severe-Maternal-Event.pdf>

# RESOURCES FOR BUILDING YOUR OWN SUPPORT TOOLKIT

- Communication for Obstetric and Perinatal Events
    - [\(COPE\) framework](#)
  - Peer Support Setup training for healthcare organizations
    - [Center for Patient Safety](#)
    - [Hopkins RISE](#)
  - ISTSS
    - [Vicarious Trauma Toolkit](#)
  - Council on Patient Safety in Women's Health Care
    - [Support After a Severe Maternal Event Bundle](#)
  - The American Balint Society
    - <https://www.americanbalintsociety.org/>
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Q & A

# LINKS TO ARTICLES CITED AND OTHER RESOURCES

[Blame and guilt – a mixed methods study of obstetricians' and midwives' experiences and existential considerations after involvement in traumatic childbirth - Schrøder \(2016\)](#)

[A Mixed-Methods Study of Secondary Traumatic Stress in Certified Nurse-Midwives: Shaken Belief in the Birth Process \(2015\)](#)

[Women's descriptions of childbirth trauma relating to care provider actions and interactions \(2017\)](#)

[The polyvagal theory: New insights into adaptive reactions of the autonomic nervous system \(2009\)](#)

[Soothe Your Nervous System with 2-to-1 Breathing \(2020\)](#)

[Book: Burnout: The Secret to Unlocking the Stress Cycle. Nagoski, E. and Nagoski, A. \(2019\)](#)

[Burnout Comparison Among Residents in Different Medical Specialties \(2014\)](#)

[Minimizing Compassion Fatigue in Obstetrics/Gynaecology Doctors: Exploring an intervention for an Occupational Hazard \(2017\)](#)

# ARTICLES CITED AND OTHER RESOURCES CONT.

[The impact of perinatal loss in maternity units: A psycholinguistic analysis of health professionals' reactions](#) (2020)

[Importance of Debriefing Following Critical Incidents](#) (2013)