Hospital Quality Institute
Leadership in quality and patient safety

Perinatal Mental Health Learning Community

Group Office Hours May 20, 2021 12 – 1 p.m.

Birth Trauma and Perinatal Mental Health

Guest Speaker: Walker Ladd, Ph.D.,
Maternal Mental Health Researcher, Educator and Advocate

CHCF

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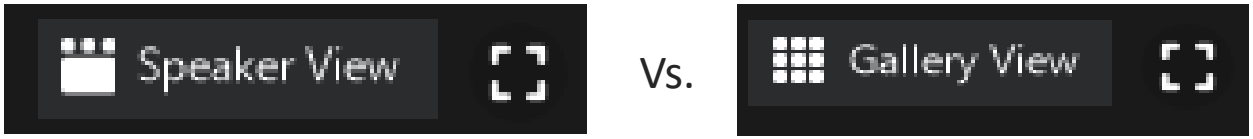
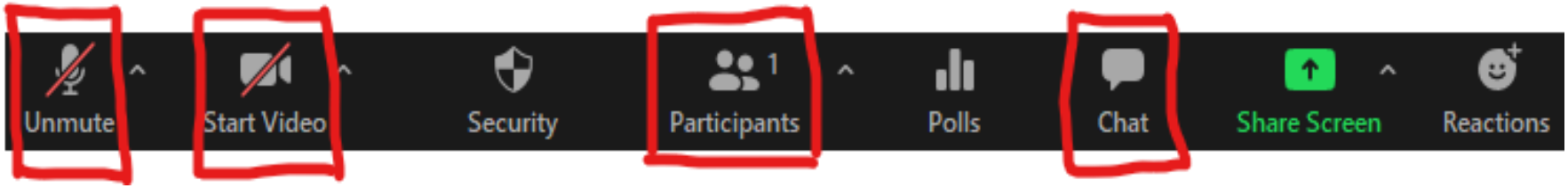
CommonSpirit

Housekeeping



- Speaker View: large view of the person currently speaking.
- Gallery View: images of all attendees in smaller individual squares.



- Everyone is automatically muted upon entry. You can unmute yourself when you wish to speak.
- We'd like to see you on video!
- Use "Chat" to make comments or ask questions.

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Our Team

Julia Slininger
Program Manager,
PMH Learning Community
Hospital Quality Institute

Staci Grabill
Program Coordinator
PMH Learning Community
Hospital Quality Institute

Barbara Sheehy
System Director, Perinatal
Behavioral Health
CommonSpirit Health

Kelly O'Connor-Kay
Executive Director,
Maternal Mental
Health NOW

Gabrielle Kaufman
Clinical Director,
Maternal Mental
Health NOW

Anna King
Clinical Training Specialist,
Maternal Mental
Health NOW

Boris Kalanj
Director of Programs,
Hospital Quality Institute

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Timeline – *Perinatal Mental Health Learning Community*

Education and Technical Assistance (Feb '20 - Dec '21)

- Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
- 1:1 Technical Assistance (on demand)
- In-Person Regional Events (Nov '20)

TODAY

Training Tools and Resources (Apr '20 – Dec '21)

- E-learning module and quick reference guide for staff
- E-learning module for patients
- Brochure template

Case Studies Developed | **Case Studies Available**

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Past Topic Recordings Available

- Staff education on perinatal mental health
- Patient and family information & education
- Resource and referral development
- The Impact of Covid 19 on Hospitals and Birthing Families
- Disparities in Perinatal Mental Health Care
- Supporting Patients with Perinatal Loss
- Supporting NICU Families
- Birth Trauma and Perinatal Mental Health

Recordings and slides available on program website:
https://www.hqinstitute.org/pmh-learning-community

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Remaining Topics in 2021

June 17	Substance Use Disorders Webinar
July 15	Substance Use Disorders Office Hour
August 19	Child Abuse Reporting and PMH Webinar
September 16	Child Abuse Reporting and PMH Office Hour
October 21	Breastfeeding and PMH Webinar
November 18	Breastfeeding and PMH Office Hour
December 16	Fathers and Partners and PMH Webinar

Register on program website:
https://www.hqinstitute.org/pmh-learning-community

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Capstone Events: Week of Dec. 6-10

- Please hold the week of Dec 6-10 for regional in-person Capstone Event

Focus in April and May: Birth Trauma

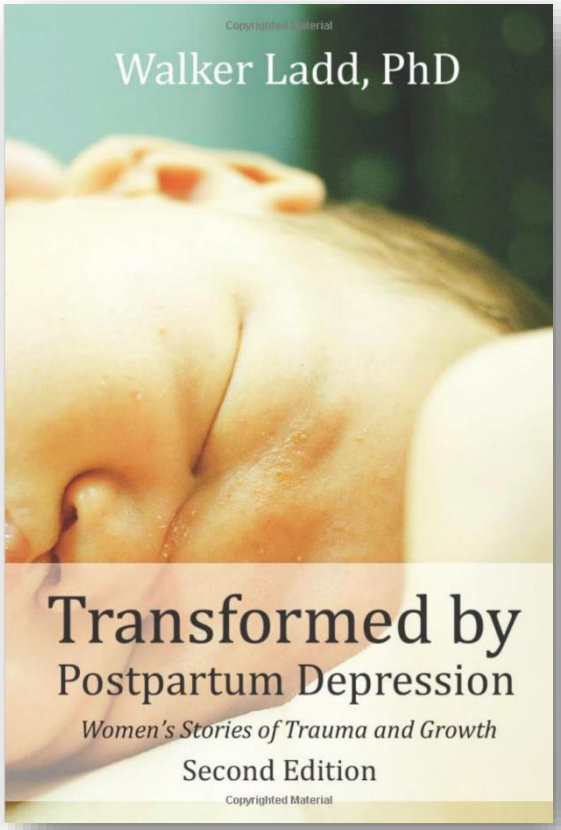
Learning Objectives:

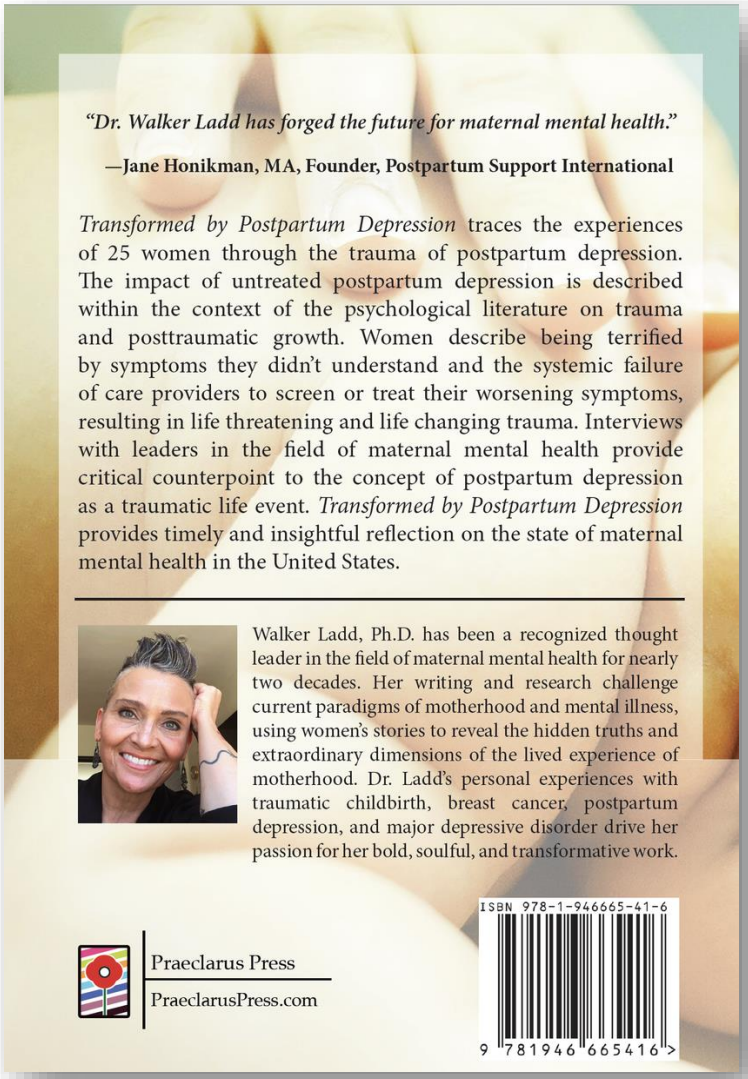
- Understand the sequelae of childbirth related posttraumatic stress disorder (CR-PTSD) and its impact on perinatal mental health
- Identify three contributing risk factors for CR-PTSD
- Consider two new ways to implement trauma-informed care with the perinatal population

Today's Agenda

- Recap of April 15 webinar (Gabrielle & Anna)
- Case study (Dr. Walker Ladd)
- Q&A, discussion and sharing (Julia)

Guest Speaker: Walker Ladd, Ph.D.





URL: http://walkerladd.com

- Email: drwalkerladd@gmail.com

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Trauma-Informed Care

Safety

Trustworthiness and Transparency

Peer Support

Collaboration and Mutuality

Empowerment, Voice and Choice

Cultural, Historical, and Gender Issues

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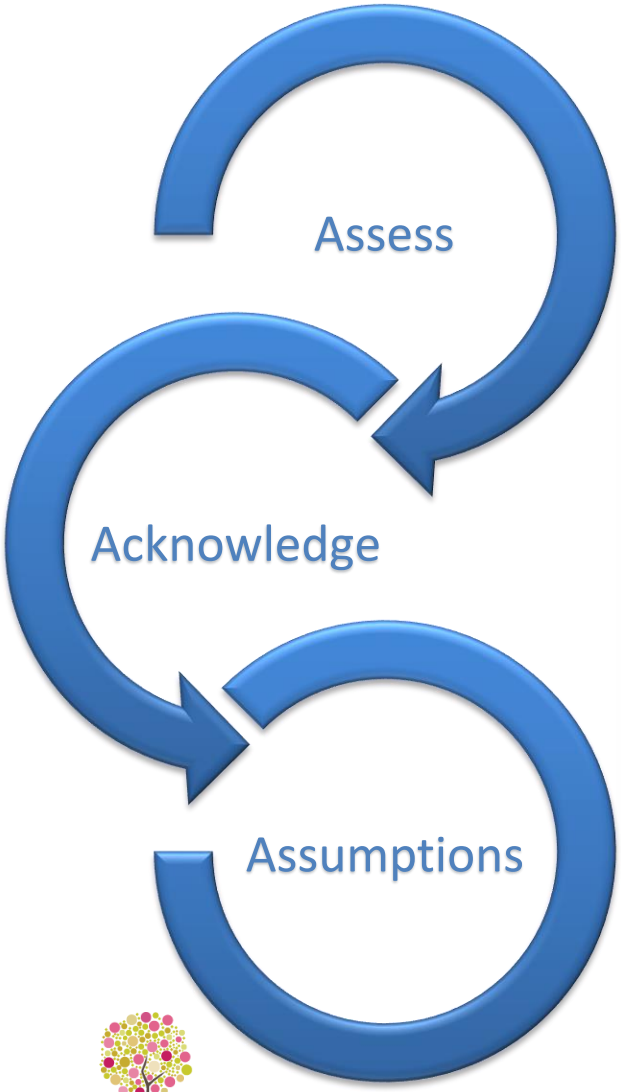
Trauma-Informed Practices Before, During and After



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Before: Assess, Acknowledge, Avoid Assumptions

- Expectations, hopes for the experience
- Personal experiences and history
- Develop caring relationship by staying with them as much as possible
- Get to know them as a person, not just a person having a baby

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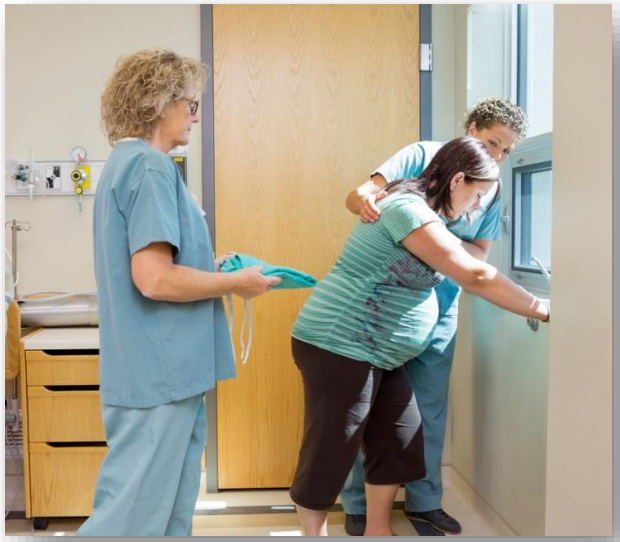
During: Assess, Acknowledge, Avoid Assumptions

- Avoid talking over and around the birthing person and family
- **Tell them what you see them experiencing**
  - That last contraction I saw you…
  - Am I right?
- **Facilitate a sense of control**
  - Use their name
  - Ask their permission
  - Ask them if they have questions for the doctor
    - *Did you want to ask Dr. about ….*



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After: Assess, Acknowledge, Avoid Assumptions

- Infant/birthing person interaction
  - Ask for peer support
  - Ask what they are experiencing
  - Give them time
- Breastfeeding interactions (not just latching)
- Promote dignity, respect, control in breastfeeding
  - ***Voice and Choice***

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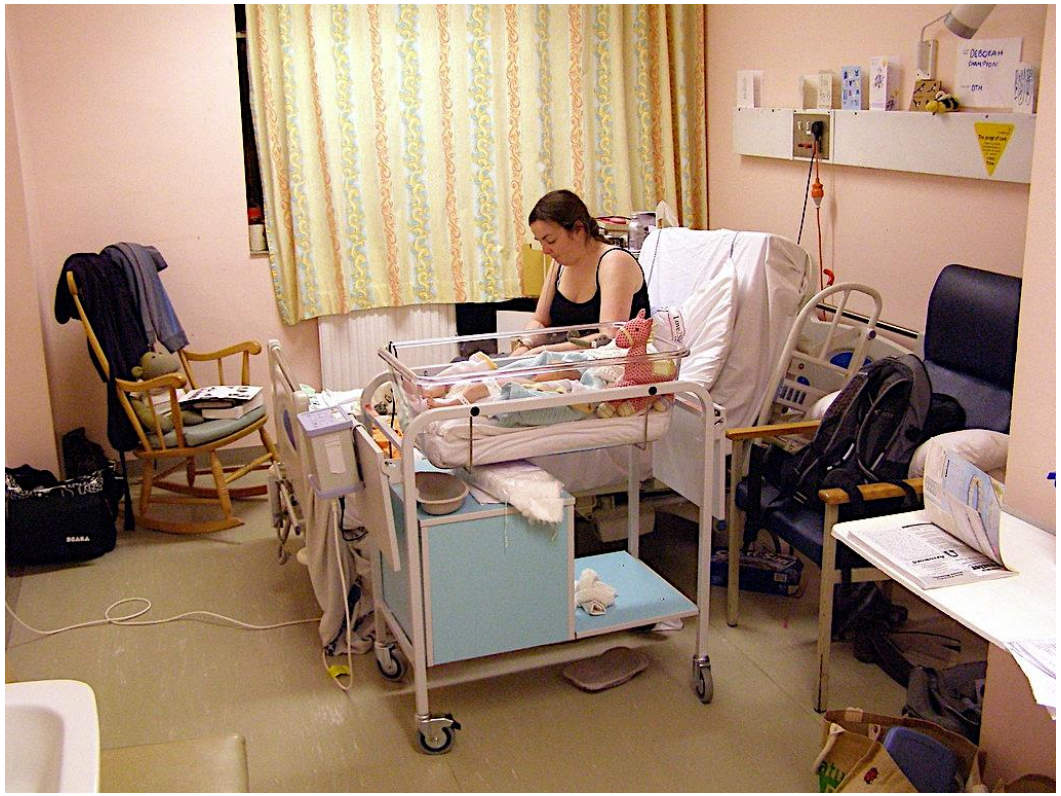
Office Hours: Further Considerations

Assess Acknowledge Assumptions

- How do you **assess** “fault lines” for a birthing person?
- What are the ways you **acknowledge** a birthing person’s experience during labor and delivery?
- **Assumptions** about a birth experience can be problematic. What best practices do you recommend?



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Overview

I. Case Presentation: Sherri's Before	• Trauma-Informed Care – Before • Missed Opportunity: What Happened
II. Case Presentation: Sherri's During Labor	• Trauma-Informed Care – During Labor • Missed Opportunity: What Happened
III. Case Presentation: Sherri's During Delivery	• Trauma-Informed Care – During Delivery • Missed Opportunity: What Happened
IV. Case Presentation: Sherri's After	• Trauma-Informed Care – After • Missed Opportunity: What Happened

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Case Presentation: Sherri's Before

- 25 - year-old primipara, full-term (39 weeks), no complications
  - Provider has expressed concern of a "big baby"
- Spontaneous labor at home, labors with partner 16 hours. Speaks with provider by phone and is told to go to hospital to be checked.
- Vaginal exam at hospital reports 1 centimeter dilated
- Not admitted, put in small triage room to wait to see if labor is "real" and if contractions are "working".
- Policy: must be 3 centimeters to be admitted

Trauma-Informed Care: Before

Assess

- Personal experiences and history

Acknowledge

- Expectations, hopes for the experience
- Get to know them as a person, not just a person having a baby

Assumptions

- Everyone has previous trauma

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Missed Opportunity: What Happened

Assess

- History of depression, self-harm, stopped taking medication before pregnancy
- History of childhood sexual abuse, disordered eating
- Partner has history of anxiety

Acknowledge

- Expectations: wanted a ”natural birth” with no pain medication
- Afraid she was going to be sent home while in triage
- Referred to as patient, not by first name

Assumptions

- Asked about hepatitis exposure due to tattoos

Case Presentation: Sherri‘s During Labor

- Labored in triage for another 3 hours - advances to 2.5 centimeters
- Admitted- moved to labor and delivery room, mobile, intermittent EFM, birth ball
- Multiple vaginal checks, dilation measures 3 centimeters by one nurse, then 3.5 by the next shift nurse.
- Pitocin is ordered to augment labor due to risk of infection post SROM
- Ordered to stay in bed, continuous EFM
- Intrauterine pressure catheter added
- Pitocin increased, dilation to 10 at hour 28

Trauma-Informed Care: During Labor

Assess

- Dissociation, pain management

Acknowledge

- Experience of labor
  - *That last contraction I saw you…*
- **Facilitate a sense of control**
  - Use name
  - Inform before intervention
  - Prompt questions for the doctor
    - *Did you want to ask Dr. about ….*

Assumptions

- Birth plan
- Pain management
- Privacy
- Previous trauma

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Missed Opportunity: What Happened

- **Admissions Staff**
  - Unidentified staff entered during a vaginal exam
  - Spoke solely to partner
  - Paperwork signed on chest during contractions
- **Nursing Staff**
  - Multiple vaginal checks, increased interventions with a history of childhood sexual abuse
  - Did not use name but only “patient, mommy, mother”
  - Told negative stories about other births
  - Gave opinions on physicians on call
  - Left Sherri exposed from waste down on all fours
  - Did not explain the use of the birth bar, left Sherri nude
- **Assumptions**
  - Despite birth plan, epidural routinely suggested
  - Partner was not ideal support, left

Case Presentation: Sherri's During Delivery

- Dilation = 10 centimeters
- Birth bar, instructed to bear down
- Baby "not responding well"
- Emergent Cesarean ordered by provider (midwife)
- Epidural anesthesia administered
- Cesarean performed by OBGYN with midwife attending
- Baby delivered healthy 7lbs, high APGARS, taken to pediatrics (partner accompanies)
- Cesarean procedure completed
- Sherri sent to recovery
- Baby and Sherri reunited 2 hours later in recovery

Trauma-Informed Care: During Delivery

Assess

- Dissociation, pain management

Acknowledge

- Experience of labor
  - *That last contraction I saw you…*
- Facilitate a sense of control
  - Use name
  - Inform before intervention
  - Prompt questions for the doctor
    - *Did you want to ask Dr. about ….*

Assumptions

- Birth plan
- Pain management
- Privacy
- Previous trauma

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Missed Opportunity: What Happened

Assess

- Sherri dissociated and was unresponsive to verbal cues regarding informed consent

Acknowledge

- Anesthesiologist did cursory pain management check with a safety pin
- Epidural not immediately effective, Sherri felt incision
- Sherri had never met the OBGYN who minimized the procedure “I watched my own C-Section” and yawned throughout
- Left without partner while staff performed post-op
- Told “I took care of a tiny problem on your right ovary while I was in there”

Assumptions

- Staff were communicating clearly and respectfully
- Sherri felt a sense of control
- Pain management was controlled

Case Presentation: Sherri's After

- Sherri and baby were reunited in recovery two hours following delivery
- Breastfeeding was initiated by staff
- Moved to maternity room
- Baby slept in with Sherri
- Discharged 72 hours later

Trauma-Informed Care: After

Assess

- Infant/birthing person interaction

Acknowledge

- How it is going
- Pain
- Expectations

Assumptions

- Promote dignity, respect, control in breastfeeding and discharge

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Missed Opportunity: What Happened

- Sherri felt violated by the nurses grabbing breasts in recovery, looking at breasts during breastfeeding.
- Didn’t sleep because baby was in room
- Had intrusive thoughts about the labor
- Had panic attack upon discharge

Results

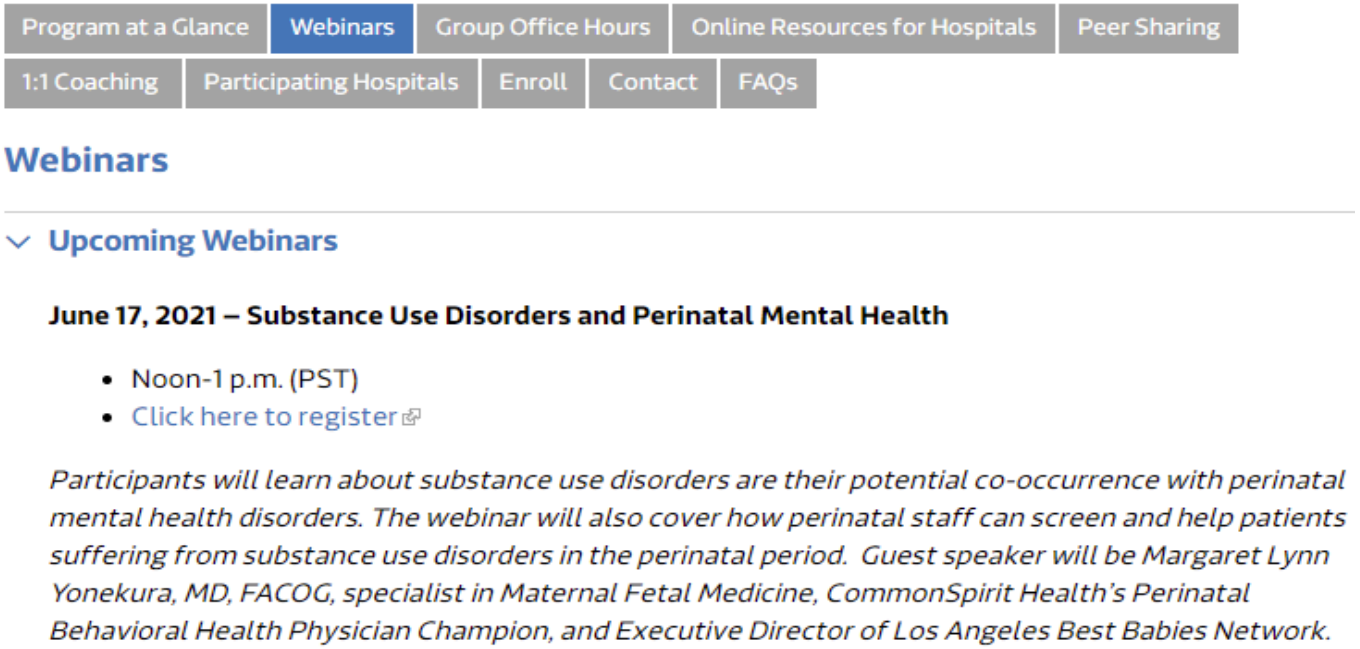
- Postpartum anxiety disorder
- Suicidal ideation
- Diagnosed with CR-PTSD a full year postpartum

Q&A, Discussion, Sharing

Coming Up

Webinar: June 17, 12 – 1 p.m.

Topic: ***Substance Use Disorders and Perinatal Mental Health***



Group Office Hours: July 15, 12 – 1 p.m.

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Meeting Evaluation

Polling question: "Attending today's Group Office Hours was a good use of my time."

- Agree
- Disagree
- Unsure

Open Text feedback – type into Chat: "What could we have done better or differently?"

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