



# Perinatal Mental Health Learning Community

## Webinar April 15 , 2021 12 – 1 p.m.

### Birth Trauma and Perinatal Mental Health

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



# Housekeeping

- Everyone is automatically muted upon entry.
- Raise your hand if you'd like to be unmuted.
- Use “Chat” to interact with everyone (“all panelists and attendees.”)
- Use “Q&A” to ask questions of panelists and organizers.
- Download slides from Chat.

# 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



# Program Website

<https://www.hqinstitute.org/post/perinatal-mental-health-learning-community>



Hospital Quality Institute

About HQI Programs The Quality Quarterly Education

## Perinatal Mental Health Learning Community

Feb. 2020 – Dec. 2021



The Perinatal Mental Health (PMH) Learning Community provides California hospitals with education, technical assistance, and peer support to strengthen perinatal mental health. The program assists hospitals to comply with Assembly Bill 3032, the Maternal Mental Health Conditions law. The program is administered by HQI, funded by California HealthCare Foundation and delivered in collaboration with Maternal Mental Health NOW and CommonSpirit Health.

Program at a Glance

Webinars

Group Office Hours

Online Resources for Hospitals

Peer Sharing

1:1 Coaching

Participating Hospitals

Enroll

Contact

FAQs



Hospital Quality Institute

# New HQI Website

<https://www.hqinstitute.org/combating-health-care-disparities>

## Hospital Strategies for Combating Health Care Disparities



Health care disparities, defined as variation in quality and safety of care by patient sociodemographic characteristics, have been a significant and persistent problem in American health care. While California hospitals and hospital systems have often been at the forefront of the quest to achieve health care equity, significant work still remains ahead of us.

This page is intended to provide hospitals with select current resources and wisdom that can assist them in measuring, understanding, and alleviating disparities in care.

Disparities in Maternal Mortality and Morbidity

Broad-Based Strategies and Tools for Addressing Disparities

### Disparities in Maternal Mortality and Morbidity

---

> Introduction

---

> SB-464

---

➔ > Free e-Learning Modules for California Hospitals

# Schedule of Topics for 2021

Date	Topic
January 21	Perinatal Loss Office Hour
February 18	NICU and PMH Webinar
March 18	NICU and PMH Office Hour
April 15	Birth Trauma and PMH Webinar
May 20	Birth Trauma and PMH Office Hour
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



# 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

# In-Person Events: Looking for Hosts

- Considering in-person, region-based “capstone” events
- Week of December 6<sup>th</sup>, 2021.
- 1-day only, 9:30 AM – 3:30 PM.
- Would be driving distance for most.
- Attendance and food covered, travel extra.
- Poll: Do you think you would be interested in attending?
- Looking for host hospitals. 1 in Southern California, 1 in Northern/Central California. 60-90 attendees expected at each meeting. Let Julia know if interested! ([jslininger@hqinstitute.org](mailto:jslininger@hqinstitute.org))



# AB-3032: Hospitals Maternal Mental Health Act

- It requires all birthing hospitals in California to provide education and information to postpartum people and their families about maternal mental health conditions, post-hospital treatment options, and community resources.
- All regular staff in labor and delivery departments (e.g. registered nurses and social workers) must receive education and information about maternal mental health disorders.
- Hospitals can offer additional services to ensure optimal care.

Law became effective on January 1, 2020.

# Focus in April and May: Traumatic Birth

## Learning Objectives:

- Understand the sequelae of childbirth related trauma (CR-PTSD)
- Identify three contributing risk factors for CR-PTSD
- Consider three new ways to implement trauma-informed care

# Guest Speaker: Walker Ladd, Ph.D.



Maternal Mental Health  
Researcher, Educator and  
Advocate

Author: “Transformed by  
Postpartum Depression:  
Women’s Stories of Trauma  
and Growth”

# Introduction

- The world is benevolent— I am safe
- The world is meaningful— the world makes sense, it is predictable
- I am worthy – I belong in the world

# Architecture of Trauma: Shattered Assumptions



*I am not safe  
The world doesn't make sense  
I don't belong*

# Childbirth Related PTSD: CR-PTSD



**EVENT**



**EXPERIENCE OF  
THE EVENT**



**EFFECT**

Distress outlives  
the experience



# Prevalence of Childbirth Related-PTSD

- 3 - 4 % (Yildiz et al., 2017; Grekin & O'Hara, 2014)
- 15 to 19% of high-risk pregnancies or preterm birth
- Up to 39% of birthing people whose babies die (Christiansen, 2017; Heazell et al., 2016)
- Higher rates of trauma exposure, PTSD, and comorbidities among African American women (Seng et al., 2011)



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)



# Contributing Factors: Before Event

## History

Psychiatric  
(Anderson et al.,  
2012)

## History

Trauma IPV  
(Dekel et al.,  
2017)

## Depression

Early Pregnancy  
(Söderquist et al.,  
2006)



# Contributing Factors: During Event

- **Birth complications** (Boorman et al., 2014; Chabbert et al., 2021)
- **Emergency C-Section** (Dekel et al., 2017; Mahmoodi et al., 2016)
- **Dissociation** (Ayers et al., 2016)
- **Poor Interaction with providers** (Olde et al., 2006)
- **Lack of Support** (Chabbert et al., 2021)
- **Loss of Control** (Henriksen et al., 2017)



# IMPACT of CR- PTSD

- Onset of mood or anxiety disorder
- Flashbacks
- Avoidance (baby, hospital, care)
- Irritability
- Sleep disturbance
- Appetite disturbance
- Ruminations
- Night terrors (Söderquist et al., 2006)



# IMPACT of CR-PTSD

- **Risk of postpartum mood and anxiety disorders** (Munk-Olsen et al., 2006; Rodríguez-Almagro et al., 2019; Schetter & Tanner, 2012)
- **Attachment difficulties** (S. Hairston et al., 2018)
- **Subsequent Births**
  - Higher rates of preterm birth in subsequent birth (Shaw et al., 2014)
  - Lower birth weights, less breastfeeding (Cook et al., 2018)
  - Increase in elective Caesarean (Tschudin et al., 2009)
- **Couples' relationships** (Garthus-Niegel et al., 2018)

# Trauma-Informed Care

---

---

**Safety**

---

**Trustworthiness and Transparency**

---

**Peer Support**

---

**Collaboration and Mutuality**

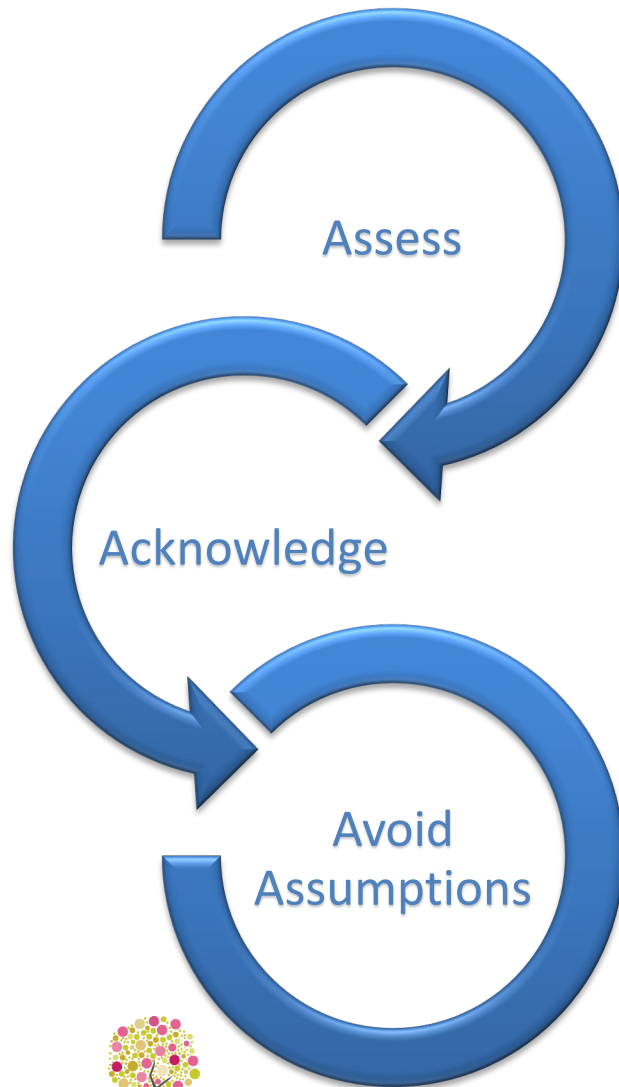
---

**Empowerment, Voice and Choice**

---

**Cultural, Historical, and Gender Issues**

# Trauma-Informed Practices



# 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



[This Photo](#) by Unknown Author is licensed under [CC BY](#)



# 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 ....*



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

# 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***



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

# After: Acknowledge

Acknowledge that something happened. Communicate!

Avoid “but you have a healthy baby”

Avoid calling her *mom, mother, or mama.*

Note the traumatic birth in the chart



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

# After: *Avoid Assumptions*

- Don't assume it will go away once discharged
- Don't assume the partner and staff haven't been impacted by events
- Don't assume the next provider will understand or follow up
- Don't assume a birth was ***not*** traumatic



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

# What about you?

Assess

Acknowledge

Avoid Assumptions



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)



# Office Hours: Further Considerations

## Assess

## Acknowledge

## Avoid 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?
- **Avoiding assumptions** about a birth experience can be difficult. What best practices do you recommend?



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

# Questions





# Coming Up

**May 20:** Group Office Hours (Noon – 1 pm)

Birth Trauma and Perinatal Mental Health, continued

**June 17:** Webinar (Noon – 1 pm)

Substance Use Disorders and Perinatal Mental Health

Register on HQI website: <https://www.hqinstitute.org/pmh-learning-community>

# Webinar Evaluation

## Polling questions:

- 1) Today's webinar was a good use of my time  
(agree-disagree-unsure)
- 2) Today's webinar increased my confidence in my ability to  
provide trauma-informed care  
(agree-disagree-unsure)

## Open Text feedback – type into “Chat”:

What could have been done better or differently?

# References

- Abuse, S. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (DSM-5®). American Psychiatric Pub.
- Ayers, S., Bond, R., Bertullies, S., & Wijma, K. (2016). The aetiology of post-traumatic stress following childbirth: a meta-analysis and theoretical framework. *Psychological Medicine*, 46(6), 1121-1134.
- Beck, C. T., Driscoll, J. W., & Watson, S. (2013). *Traumatic childbirth*. Routledge.
- Boorman, R. J., Devilly, G. J., Gamble, J., Creedy, D. K., & Fenwick, J. (2015). Childbirth and criteria for traumatic events. *Midwifery*, 30(2), 255-261.
- Chabbert, M., Panagiotou, D., & Wendland, J. (2021). Predictive factors of women's subjective perception of childbirth experience: a systematic review of the literature. *Journal of Reproductive and Infant Psychology*, 39(1), 43-66.
- Christiansen, D. M. (2017). Posttraumatic stress disorder in parents following infant death: a systematic review. *Clinical Psychology Review*, 51, 60-74.
- Cook, N., Ayers, S., & Horsch, A. (2018). Maternal posttraumatic stress disorder during the perinatal period and child outcomes: a systematic review. *Journal of Affective Disorders*, 225, 18-31.

# References, cont.

- Dekel, S., Stuebe, C., & Dishy, G. (2017). Childbirth induced posttraumatic stress syndrome: a systematic review of prevalence and risk factors. *Frontiers in Psychology, 8*, 560.
- Garthus-Niegel, S., Horsch, A., Handtke, E., von Soest, T., Ayers, S., Weidner, K., & Eberhard-Gran, M. (2018). The impact of postpartum posttraumatic stress and depression symptoms on couples' relationship satisfaction: a population-based prospective study. *Frontiers in Psychology, 9*, 1728.
- Grekin, R., & O'Hara, M. W. (2014). Prevalence and risk factors of postpartum posttraumatic stress disorder: a meta-analysis. *Clinical Psychology Review, 34*(5), 389-401.4.
- S. Hairston, I., E. Handelzalts, J., Assis, C., & Kovo, M. (2018). Postpartum bonding difficulties and adult attachment styles: The mediating role of postpartum depression and childbirth-related PTSD. *Infant Mental Health Journal, 39*(2), 198-208.
- Handelzalts, J. E., Hairston, I. S., Muzik, M., Matatyahu Tahar, A., & Levy, S. (2019). A paradoxical role of childbirth-related posttraumatic stress disorder (PTSD) symptoms in the association between personality factors and mother–infant bonding: A cross-sectional study. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- Heazell, A. E., Siassakos, D., Blencowe, H., Burden, C., Bhutta, Z. A., Cacciatore, J., ... & Budd, J. (2016). Stillbirths: economic and psychosocial consequences. *The Lancet, 387*(10018), 604-616.
- Henriksen, L., Grimsrud, E., Schei, B., Lukasse, M., & Bidens Study Group. (2017). Factors related to a negative birth experience—a mixed methods study. *Midwifery, 51*, 33-39.

# References, cont.

Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition*, 7(2), 113-136.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52(12), 1048-1060.

Munk-Olsen, T., Laursen, T. M., Pedersen, C. B., Mors, O., & Mortensen, P. B. (2006). New parents and mental disorders: a population-based register study. *Jama*, 296(21), 2582-2589.

Olde, E., van der Hart, O., Kleber, R., & van Son, M. (2006). Posttraumatic stress following childbirth: a review. *Clinical Psychology Review*, 26(1), 1-16.

Rodríguez-Almagro, J., Hernández-Martínez, A., Rodríguez-Almagro, D., Quirós-García, J. M., Martínez-Galiano, J. M., & Gómez-Salgado, J. (2019). Women's perceptions of living a traumatic childbirth experience and factors related to a birth experience. *International Journal of Environmental Research and Public Health*, 16(9), 1654.

Sareen, J. (2018). *Posttraumatic stress disorder in adults: Epidemiology, pathophysiology, clinical manifestations, course, assessment, and diagnosis*. Retrieved April 3, 2021 at <http://www.UpToDate.com>

Schetter, C. D., & Tanner, L. (2012). Anxiety, depression and stress in pregnancy: implications for mothers, children, research, and practice. *Current Opinion in Psychiatry*, 25(2), 141.

Seng, J. S., Kohn-Wood, L. P., McPherson, M. D., & Sperlich, M. (2011). Disparity in posttraumatic stress disorder diagnosis among African American pregnant women. *Archives of Women's Mental Health*, 14(4), 295-306.

# References, cont.

Shaw, J. G., Asch, S. M., Kimerling, R., Frayne, S. M., Shaw, K. A., & Phibbs, C. S. (2014). Posttraumatic stress disorder and risk of spontaneous preterm birth. *Obstetrics & Gynecology*, 124(6), 1111-1119.

Söderquist, J., Wijma, B., & Wijma, K. (2006). The longitudinal course of post-traumatic stress after childbirth. *Journal of Psychosomatic Obstetrics & Gynecology*, 27(2), 113-119.

Tschudin, S., Alder, J., Hendriksen, S., Bitzer, J., Popp, K. A., Zanetti, R., ... & Geissbühler, V. (2009). Pregnant women's perception of cesarean section on demand. *Journal of Perinatal Medicine*, 37(3), 251-256.

Yildiz, P. D., Ayers, S., & Phillips, L. (2017). The prevalence of posttraumatic stress disorder in pregnancy and after birth: A systematic review and meta-analysis. *Journal of Affective Disorders*, 208, 634-645.