Let’s Talk **Perinatal Equity**: Creating a Respectful Care Environment: lessons from a trauma-informed approach

Wednesday, May 22, 2024
Continuing Education Notice

In order to receive contact hours (RN) for this webinar, please complete the evaluation via the link, which will be sent to you 48 hours after this webinar.

You must be in attendance on the webinar for a minimum of 50 minutes for a contact hour to be awarded.
Logistics & Slide Deck

- All attendees are muted upon entry.
- Please use the Q & A function – we will do our best to answer questions during the webinar.
- You are welcome to use any of the slides provided for educational purposes.
- If you modify or add a slide, please substitute your institutional logo and do not use the CMQCC logos.
- We welcome your feedback and recommendations for improving future webinars.
Currently recognized identifiers such as “birthing people,” “mother,” “maternal,” “they,” “them,” “she,” “her.” and “pregnancy-capable person” are used in reference to a person who is pregnant or has given birth. We recognize not all people who become pregnant and give birth identify as mothers or women and will use the above-recognized terms interchangeably to represent all those present in this space receiving care for pregnancy services. All persons are equally deserving of respectful patient-centered care that helps them attain their full potential and live authentic, healthy lives. The healthcare team should respect individual patient preferences regarding gendered language throughout the course of their care.

The term “family” is used to refer to any persons the pregnant or postpartum patient designates as such (alternatives: partners, husbands, wives, support persons, loved ones).

The term “clinician” is used to denote nursing and medical staff, whereas the term “provider” refers to a clinician with diagnosing and prescribing authority.
Webinar Objectives

- Describe the fundamental principles of trauma-informed care, through a reproductive health lens.
- Discuss practical applications of trauma-informed care as part of respectful perinatal and maternity care.
- Evaluate the role of unconscious bias and stereotypes play and the burden they place on historically marginalized people.
- Recognize privilege and understand unconscious beliefs, racial attitudes, racial identity, stereotypes, and bias as it relates to racism.
Webinar Recording & Slides

• The webinar recording and slides will also be posted within 48 hours at:
  https://www.cmqcc.org/resources-tool-kits/webinars
Today’s Presenters

Sarah Johnson, MD, FACOG
La Clínica de La Raza & CMQCC Advisor

Sharilyn Kelly, RN, MSN, DNP, MSN/MSHA, RN, NE-BC, C-ONQS, RNC-OB, MemorialCare Miller Children’s & Women’s Hospital Long Beach
Providing Respectful Perinatal and Maternity Care

*Lessons from a trauma-informed approach*

May 22, 2024
Learning Objectives

- Define Respectful Maternity Care
- Describe the fundamental principles of trauma-informed care through a reproductive health lens
- Discuss practical applications of trauma-informed care as part of respectful perinatal and maternity care
Women Report Mistreatment During Maternity Care

By race/ethnicity:
- Black: 30%
- Hispanic: 29%
- Multiracial: 27%
- White: 19%
- AIAN/NHPI*: 18%
- Asian: 15%

By insurance type:
- No insurance: 28%
- Public insurance: 26%
- Private insurance: 16%

*American Indian, Alaska Native, Native Hawaiian, and Pacific Islander
†At the time of delivery

Source: August 2023 Vital Signs
Respectful Maternity Care

- Honors the dignity, personhood, autonomy, and preferences of birthing people
- Prevents disrespect, mistreatment, or abuse toward individuals who are utilizing maternal care services
- Provides a practical paradigm for the delivery and receipt of peripartum care through a rights- and reproductive justice-based framework
- Includes standard elements of respectful care:
  - Freedom from abuse and violence
  - Consent
  - Privacy
  - Communication and shared decision-making centered around the birthing person
  - Dignity and respect
  - Safety (safe care environment)
  - Justice
What is Trauma?

Individual trauma results from an event series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma and Reproductive Health

• Historical trauma at the root of our field
• Trauma is common
  • 70% of people will experience a traumatic event
  • Greater burden in marginalized and disadvantaged populations
• Trauma has an intergenerational pattern
• Reproductive health and maternity care
  • Intimate, invasive, life-or-death
  • Judgment, discrimination, mistreatment, and violence; inconvenience and stress accessing care
• Experiences of trauma providing reproductive health care

Benjet 2016; Darilek 2018; Hill 2020; Dierkhising 2013; Slade 2020
Lessons from the Traumatic Birth Literature

“Mothers perceived that their traumatic births often were viewed as routine by clinicians.”

“A [person’s] personal experience of the event is particularly salient in informing her risk of postpartum traumatic sequelae and may be informed by her history of earlier adversity or trauma.”

“People see you not with their eyes, but with their lives.”


Review

10 Categories of Adverse Childhood Experiences

Abuse
Physical, emotional, or sexual

Neglect
Physical or emotional

HOUSEHOLD CHALLENGES
Growing up in a household with incarceration, mental illness, substance misuse or dependence, absence due to separation or divorce, or intimate partner violence

Physical
Emotional
Sexual

Mental Illness
Incarceration
Intimate Partner Violence
Parental Separation or Divorce
Substance Misuse or Dependence

National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study. https://www.cdc.gov/violenceprevention/aces/about.html#print

### ACEs and Obstetrical Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Odds Ratios for high ACEs relative to no ACEs*</th>
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</thead>
<tbody>
<tr>
<td><strong>Mental Health in Pregnancy</strong></td>
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<tr>
<td>Prenatal depressive symptoms</td>
<td>1.35 (≥ 1 ACE)</td>
</tr>
<tr>
<td>PTSD</td>
<td>1.36 (≥ 3 ACEs)</td>
</tr>
<tr>
<td>Probable postpartum depression risk</td>
<td>4.5 (≥ 5 ACE)</td>
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<tr>
<td><strong>Substance Use in Pregnancy</strong></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td>2.6</td>
</tr>
<tr>
<td>Alcohol</td>
<td>3.7</td>
</tr>
<tr>
<td>Illicit substances</td>
<td>6.1</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>1.4</td>
</tr>
<tr>
<td>Preterm birth</td>
<td>1.5</td>
</tr>
<tr>
<td>Hypertensive disorders of pregnancy</td>
<td>2.03</td>
</tr>
<tr>
<td><strong>Select Drivers of Adverse Outcomes</strong></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td>2.1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.4</td>
</tr>
</tbody>
</table>

*Note: Odds Ratios for ≥ 4 ACEs (relative to no ACEs) unless otherwise specified. Angurud 2018; Atzl 2019; Chung 2010; Mersky 2019; Miller 2021; Petruccelli 2019; Hughes 2017*
How Biography Becomes Biology

Early Adversity without Sufficient Protection and Support
Effects also depend on predisposition

Toxic Stress Response

Clinical Conditions

Shonkoff & Garner 2012
Trauma-Informed Care

“What’s wrong with you?”

“What happened to you?”
Six Guiding Principles to a Trauma-Informed Approach

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT, VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES
Why Talk about Resilience?

“It matters that we continue to have a conversation about resilience because the meta-message is that the experience of trauma does not only yield pathology.”

-- Dr. Rachel Yehuda, trauma researcher
What Is Resilience?

Resilience is the ability to withstand or recover from stressors, but let’s consider how we think about it.

What is Post-Traumatic Growth?

“I was broken…now I am unbreakable…” -- abuse survivor after an empowering birth experience

Scenario 1: Mayra is expecting her first baby

What would it take to engage with Mayra in a respectful, patient-centered, trauma-informed way?
Mayra’s Journey through the Clinic Visit

1. Call to the clinic
2. Arriving at the clinic
3. Spend time in the waiting room
4. Guided back to exam room with medical assistant
5. Exam with the clinician
6. Wrap up
Mayra’s Journey through the Clinic Visit

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Mayra’s Journey through the Perinatal Period

1. Family Planning Clinic
2. Perinatal Care (Clinic, Public Health, Community-Based Organization)
3. Labor and Delivery Care
4. Postpartum Hospital Care
5. Postpartum Clinic Visit
6. Ongoing Care (Medical and Psychosocial)
Environmental Factors

- Will the patient feel in danger?
- Is the environment welcoming?
- Is there signage in appropriate languages describing standard procedures?
- Is there celebration of different perspectives and cultures?
Verbal and Non-Verbal Factors

*Listen and speak to the patient’s need, not the tone.*

- Have calm demeanor
- Introduce yourself (name and role)
- Greet warmly
- Protect privacy
- Avoid surprises
- Explain what you are doing and why
- Encourage questions
- Ask before touching
- Offer options

(Moudatsou et al., 2020)
# Examples of Considerations for a Pelvic Exam

<table>
<thead>
<tr>
<th>Phrases</th>
<th>Alternatives</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I’m going to do the exam now.”</td>
<td>“Before we start, is there any of this you’d like to know more about: what the pelvic exam is for and/or how I’m going to do it?”</td>
<td>Ask the patient, rather than tell the patient, whenever possible.</td>
</tr>
<tr>
<td></td>
<td>“Is it okay if we do the exam now?”</td>
<td></td>
</tr>
<tr>
<td>“Scoot your bottom down here on the bed until you feel like you’ll almost fall off.”</td>
<td>“When you’re ready, please move your hips to the edge of the exam table.” OR “There is more room here on the exam table for you to move down.”</td>
<td>Important note: “exam table” and not &quot;bed&quot;.</td>
</tr>
<tr>
<td>“Spread your legs for me”</td>
<td>“Can you please let your knees fall to the side, or towards the walls… now.”</td>
<td>Never push the patient’s legs apart to get them into the position.</td>
</tr>
<tr>
<td>“Open your legs”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Relax”</td>
<td></td>
<td>Let the patient move into position or move to the width of your hands.</td>
</tr>
</tbody>
</table>

Adapted from "Communication With Patients in Labor" by Ana Delgado CNM, Dominika Seidman MD, and Mara Fox CNM; used with permission
Why Screen for ACEs as Part of a Trauma-Informed Approach to Reproductive Health Care?

An opportunity to…

• Recognize the connection between early experiences and current health and stressors
• Show concern and support, and provide universal education, regardless of disclosure
• Collaborate to create individualized plans that build on strengths, address medical issues and needs, and engage network of care
• Shift health trajectories early in the life course, and for the next generation
A Cycle...with Opportunities in Reproductive Health to **Shift and Interrupt**

Parents affected by ACEs

- Physiological, emotional, interpersonal effects
- Pre-conception and in-utero programming

Child experiences of ACEs and buffers of ACEs

Parent-infant bonding

Post-natal environment

- Engagement with Civic and Cultural Activities
- Safe, Stable Home Environment
- Positive Experiences at School
- Healthy Relationships with Peers and Other Adults

- Sexual and Reproductive Health Services
- Preconception Care
- TIC
- Mother’s Resilience
- Parental Mental Health
- Strong Relationships
- Nutrition, Sleep, Exercise
- Responsive and Nurturing Care (safe, stable, nurturing environments)

(Young-Wolff et al., 2019; Atzl et al., 2019; Sege & Likenbach, 2014; Bhushan et al., 2020; Sumbul et al., 2020; Mason et al., 2014; Elliott et al., 2005)
What is a helpful response when a patient discloses history of trauma or ACEs?

Important Learnings from ACE Study:

“Asking, listening, and accepting are a powerful form of DOING that provides great relief to patients.” - Vincent Felitti

Conclusions and Discussion
Training: Becoming ACEs Aware Certified

- Qualified Medi-Cal providers are eligible for a $29 payment for qualifying ACE screenings for pediatric and adult patients (up to age 65) with full scope Medi-Cal.

- The training offers 2.0 Continuing Education credits and 2.0 Maintenance of Certification credits upon completion.

- Providers who intend to receive Medi-Cal payment for ACE screenings must complete the training and provide their National Provider Identifier (NPI) information as part of the training evaluation.

- Certified clinicians are encouraged to join the ACEs Aware Clinician Directory.

Take the training at: training.acesaware.org/

Key cases: #3, #8, #10
Additional Resources

- Article: Addressing Adverse Childhood and Adult Experiences During Prenatal Care (Johnson, S. et al.)
- Handout: Communicating with Patients in Labor and Delivery (Adapted from Ana Delgado)
- Resource: Useful Scripts for Reproductive Health Encounters (Feminist Midwife)
- *Inclusive Conversations: Fostering Equity, Empathy and Belonging Across Differences* by Mary-Frances Winters
Thank You
Questions@acesaware.org
sjohnson@laclinica.org
References


References


References


Trauma-Informed Care Implementation Resource Center. (2024). What is Trauma. https://www.traumainformedcare.chcs.org/what-is-trauma/


References


References


References


References


University of California San Francisco. (2024) What is Triads. https://cthc.ucsf.edu/triads/what-is-triads/
Respectful Accountability

CMQCC “Creating a Culture of Respectful Care”

May 22, 2024
Learning Objectives

1. Understand our lessons learned through our DEIB Journey and the implementation of Respectful Maternal Care

2. Evaluate the role of unconscious bias and stereotypes play and the burden they place on historically marginalized people

3. Recognize privilege and understand unconscious beliefs, racial attitudes, racial identity, stereotypes, and bias as it relates to racism

4. Understand the importance of Inclusive and Empathetic Leadership in holding team accountable
Our Timeline

2019: Joined the CMQCC Birth Equity Pilot
2022: Implemented RMC
2023: Skills Fair Microaggression Workshop
2024: Development of our Staff Commitment
The tincture of time would prove agonizing for those hoping for swift reform.

Changing what we do would be far easier than challenging ourselves to examine who we are and what we believe.

True leadership is allowing oneself to be led by those brave enough to call us to action.
Unconscious Bias, Stereotypes and Privilege
The Clarks concluded that “prejudice, discrimination, and segregation” created a feeling of inferiority among African American children and damaged their self-esteem (Clark & Clark, 1950).
What is “Privilege”? 

- unearned advantages & immunities granted & available to a particular group of people
<table>
<thead>
<tr>
<th>Privilege</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able-bodied privilege</td>
<td>If you don’t have to worry about how to get up Lone Mountain,</td>
</tr>
<tr>
<td></td>
<td><em>you have able-bodied privilege.</em></td>
</tr>
<tr>
<td></td>
<td>If you cannot be legally fired from work because of your perceived sexuality,</td>
</tr>
<tr>
<td></td>
<td><em>you have heterosexual privilege.</em></td>
</tr>
<tr>
<td></td>
<td>If you’re confident that the police exist to protect you,</td>
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<tr>
<td></td>
<td><em>you have white male privilege.</em></td>
</tr>
<tr>
<td>Class privilege</td>
<td>If while growing up, college was an expectation of you, not a lofty dream,</td>
</tr>
<tr>
<td></td>
<td><em>you have class privilege.</em></td>
</tr>
<tr>
<td></td>
<td>If you can use public bathrooms without stares, fear or anxiety,</td>
</tr>
<tr>
<td></td>
<td><em>you have cisgender privilege.</em></td>
</tr>
<tr>
<td></td>
<td>If you don’t have to think about it,</td>
</tr>
<tr>
<td></td>
<td><em>it’s a privilege.</em></td>
</tr>
</tbody>
</table>
WHITE PRIVILEGE

“...and ‘normal’ in the usual walks of public life, institutional and social.”

“I can worry about racism without being seen as self-interested or self-seeking.”

“...and ‘normal’ in the usual walks of public life, institutional and social.”

“I can take a job with an affirmative action employer without having my co-workers on the job suspect that I got it because of my race.”

“I do not have to educate my children to be aware of systemic racism for their own daily physical protection.”

“If I have low credibility as a leader I can be sure that my race is not the problem.”

“If my day, week or year is going badly, I need not ask of each negative episode or situation whether it had racial overtones.”

SOURCE: Peggy Macintosh. “Unpacking the Invisible Knapsack.”
Becoming aware of privilege should not be viewed as a burden or source of guilt, but rather, an opportunity to learn and be responsible so that we may work toward a more just and inclusive world.
Brave and Psychologically Safe Spaces

- Brave spaces allow for the surfacing and sharing of each other’s deep truths without fear of retribution.
- First, you must assess for psychological safety
  - When someone makes a mistake, it is often held against them
  - In this team it is easy to discuss difficult issues and problems
  - In this team people are sometimes rejected for being different
  - It is completely safe to take a risk on this team
  - It is difficult to ask other members of this team for help
  - Members of this team value and respect each other contributions
Building Trust on a Team

Building trust is about building relationships

• Frequent, honest communication – trust is built one interaction at a time
• Be impeccable with your words; do what you say you are going to do
• Show people you care about them and their interests, as much as your own
• Speak from the heart
• Offer your willingness to listen
• Express your feelings with compassion and understanding
• Own your mistakes
Staff Commitment – L&D Team

WE COMMIT...
• To Being Anti-Racist, and Agree to Call It Out
• To be Receptive to Feedback
• To be self-aware and take accountability for our own actions
• To be one Team, and to work towards that every day
• To respect each other and work together for the benefit of our patients (Professionalism doesn’t require friendship.)
• To deal with concerns as close to the moment as reasonably possible
• To dealing with the uncomfortable
• To find a mutually safe moment for individual conversations
• To use “I” statements when expressing a concern or feeling
• To strive every day to be better and grow
Getting the team’s perceptions and feedback
When our commitment statement is violated:

**Just Culture Algorithm applies!**

- Focus on **behavioral choices** and the reasons behind them, not the error that took place
- Promotes a fair and just environment
- Balances non-punitive culture with patient safety and employee satisfaction
- Improves error reporting/identification
- Improves staff engagement

The American Nurses Association (ANA) supports the Just Culture concept and its use in health care to improve patient safety.
Words matter. Words can hurt. Words can do irreparable damage. Or words can encourage. Words can affirm. Words can include and foster equity, empathy and inclusion.
Thank you.
Questions?
Closing & Announcements
Interested in Joining the Central Valley California Pregnancy-Associated Review Committee (CA-PARC)?

Apply to join the CA-PARC Central Valley Committee to investigate maternal deaths and make data-driven recommendations that inform practice, program, and policy changes with the ultimate goal of preventing future deaths.

The CA-PARC Project Team is forming a new CA-PARC Central Valley committee and is specifically recruiting new volunteer members from the following counties: Butte, Colusa, Glenn, Fresno, Kern, Kings, Madera, Merced, Placer, San Joaquin, Sacramento, Shasta, Stanislaus, Sutter, Tehama, Tulare, Yolo and Yuba.

Apply before June 15, 2024.
Help Remind Pregnant & Parenting Individuals to Renew their Medi-Cal Coverage

- Encourage the pregnant and parenting individuals you serve to update their contact info with their county.
- During the public health emergency (PHE), Medi-Cal members were able to keep their coverage regardless of any changes in circumstances.
- The annual Medi-Cal renewal redetermination process has resumed, and many members are at risk of being disenrolled.
- Medi-Cal Access Program & Medi-Cal Access Infant Program (MCAP/MCAIP) covers pregnant individuals and their babies at no cost through pregnancy and 365 days following it.
- Patients can renew their information now by mail, phone, in person, or online to help avoid a gap in their Medi-Cal coverage.
- Find more information at benefitsca.com and KeepMediCalCoverage.org.
Thank You For Joining Us Today!

End preventable morbidity, mortality, and racial disparities in California maternity care

- **TOOLKITS**
  Evidence-based toolkits on leading causes of preventable maternal morbidity and mortality

- **IMPLEMENTATION**
  Coaching on how to implement best practices and sharing among member hospitals

- **MATERNAL DATA CENTER**
  Near real-time benchmarking data to support hospitals’ quality improvement

- **ENGAGEMENT**
  Engaging partners around aligned goals and promoting patient awareness

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