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“Me? Am I the Trauma?”: Shifting Perinatal Nursing Culture to a New Standard of Advocacy

Introduction

Nursing education and professional development about systematically-oppressed groups has historically been dependent on stereotypes and saviorship, which causes considerable harm and perpetuates dismissive and patriarchal attitudes. Nurses are often trained to focus on supporting providers and policies, and a shift in this mindset is necessary for collaborative care founded on patient autonomy¹. Standard birthcare is inadequate to meet the needs of families and nurses. Current studies indicate birth trauma occurs in an estimated 34% of all births², mistreatment rates are elevated in birthing people of color³, and 54% of nurses suffer from moderate burnout⁴. A new framework is necessary that centers nursing around a standard of trauma-informed advocacy for each and every person in their care. Trauma-informed care (TIC) has been heralded nationally by SAMHSA for decades, but application to birthing families' bedsides has been inconsistent.

Content

The Trauma-Informed Birth Nurse Program (TIBN) centers nurses' perspectives around the disenfranchised within our birthcare system, and illuminate why TIC is necessary for all patients at all times. We have defined TIC as *“one element of organizational change that prioritizes the individual as the leader of their own health, and recognizes how person-centered care shifts unhealthy power dynamics to mitigate the potential for trauma found in each care interaction.”*

Nurses are invited to question the foundation and motivation of our healthcare practices, examine their own biases, and reflect upon further resources as they work through the program. Each of the

¹ Kuzma, E.K., Pardee, M., Morgan, A. (2020). [Implementing Patient-Centered Trauma-Informed Care for the Perinatal Nurse](#)

² Simkin, P. (2020). [Birth Trauma: Definition and Statistics.](#)

³ Vedam, S. Stoll, K., Taiwo, T.K., Rubashkin, N., Cheyney, M. Strauss, N. McLemore, M. Cadena, M., Nethery, E., Rushton, E. Schummers, L., Declercq, E. (2019). [The Giving Voice to Mothers study: inequity and mistreatment during pregnancy and childbirth in the United States](#)

⁴ Kelly, L.A., Gee, P.M., & Butler, R.J. (2021). [Impact of nurse burnout on organizational and position turnover.](#)

6 modules in the TIBN Foundations program is anchored by a parent sharing their lived experiences, and content incorporates SAMHSA's 4 Rs of TIC⁵. Nurses are called to journal through the content as they review case studies, create scripts, and apply these concepts to their own practice. This high-touch, asynchronous virtual learning environment is supported through several group live video processing calls with a trauma therapist, and the three labor and birth nurse co-creators.

Practice Application

To date, two cohorts have entered the program, serving a total of 55 nurses. For course preparation, students participated in an in-depth pre-survey to gauge their understanding of trauma-informed care principles and their secondary trauma symptoms. Administration of the Secondary Trauma Stress Scale (STSS) revealed 42% evidenced secondary trauma stress, consistent with recent research⁶.

Results: Preliminary feedback from students has been overwhelmingly positive, with many voicing frustration at lacking this information earlier in their career. Student K.R. reflects *"[Going into this course,] I knew I wanted to be crafting my practice to be trauma-informed but I really didn't know what that would look like. This course has been showing me the full dimensionality of what trauma in our specialty looks like. This is useful both in connecting with our patients and to keep from being complicit in causing harm to these patients who place their trust in us to keep them safe."* Students also share how they translate these concepts into care: A.Q. explains *"I posted a flyer on my unit sharing the TIBN definition of TIC and simple actions individual nurses can take"* and J.V. said *"I've stopped using dark humor; it's insidious and results in us losing sight of centering our patient."*

Opportunities: As students complete the course we are evaluating their STSS scores and their confidence embodying trauma-informed care in their personal practice. Further levels of the TIBN program in development focus on quality improvement projects and nurse leadership at the bedside. Additionally, we are prioritizing efforts to increase program reach so the voices and experiences of parents inform a broader swath of nurse education and care practices.

⁵ SAMHSA. (2014). [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).

⁶ Nicholls, E.M., Hermann, R.M., Girordano, N.A., & Trotta, R.L. (2021) [SECONDARY TRAUMATIC STRESS AMONG LABOR AND DELIVERY NURSES](#).