

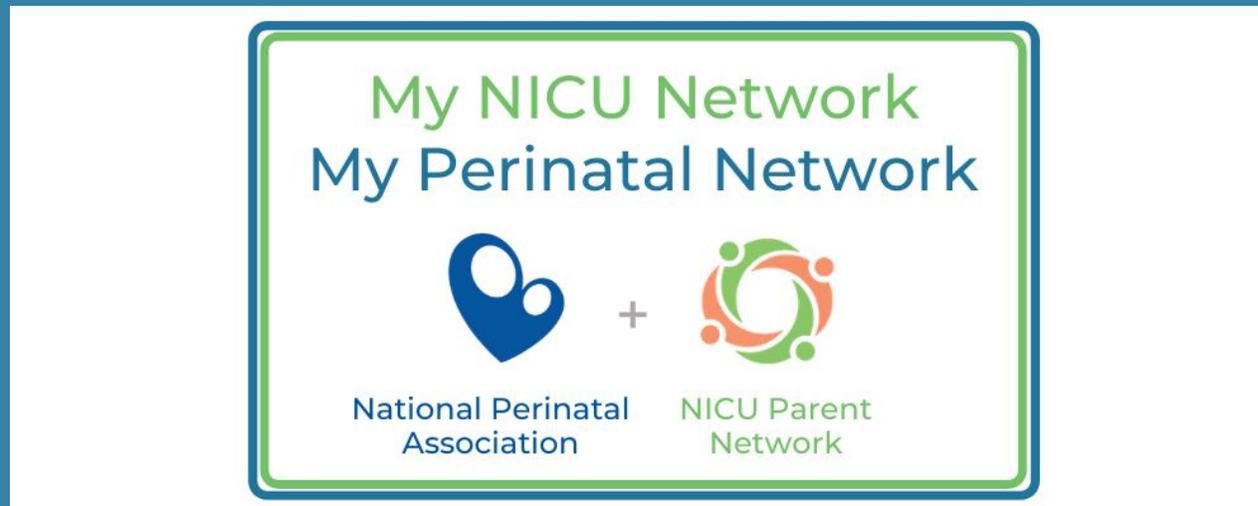
Coping with COVID-19

Trauma-Informed Care
for Frontline Maternity Providers



Education Brought to You By...

The National Perinatal Association
in collaboration with
The NICU Parent Network



www.myperinatalnetwork.org

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Disclosures: Dr. Sue Hall

- I am a consultant for The Wellness Network.
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 - The Wellness Network
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HRSA Grant Funding

- The Maternal Telehealth Access Project: Collaboration and Innovation for Equity and Healthy Families (Grant # H7EMC37564) is a collaborative initiative with several partnering agencies aimed at ensuring that women at highest risk are receiving quality maternal care services via telehealth during the COVID-19 pandemic.
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- The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.



“Given that most COVID-19 cases will be identified and treated in health care settings by workers with little to no mental health training, it is imperative that assessment and intervention for psychosocial concerns be administered in those settings.”

--Pfefferbaum & North, NEJM, 2020



Goals

1-To provide frontline maternity and perinatal providers of all types—nurses, physicians, midwives, social workers, and more—with skills to assess patients and new parents for risk factors for mental health issues.

2-To support patients' and families' emotional well-being during the COVID-19 pandemic, and in its aftermath.



Objectives

- 1-Define three conditions that are related to the increased mortality rate from COVID-19 in people of color.
- 2-Define two principles of trauma-informed care.
- 3-Identify two strategies for providing trauma-informed support to maternity patients and new parents.
- 4-Identify three maternity care patient populations at greatest risk to experience anxiety and depression related to the pandemic.
- 5-Identify two barriers and potential solutions to use of telehealth.

Pregnant Women Face Increased Risk

- Pregnant women 3x more likely to require intensive care, 2.9 x more likely to need mechanical ventilation.
- Risk of death in symptomatic pregnant women is 70% higher than in nonpregnant women who are symptomatic.
- CDC, MMWR, 11/2/2020



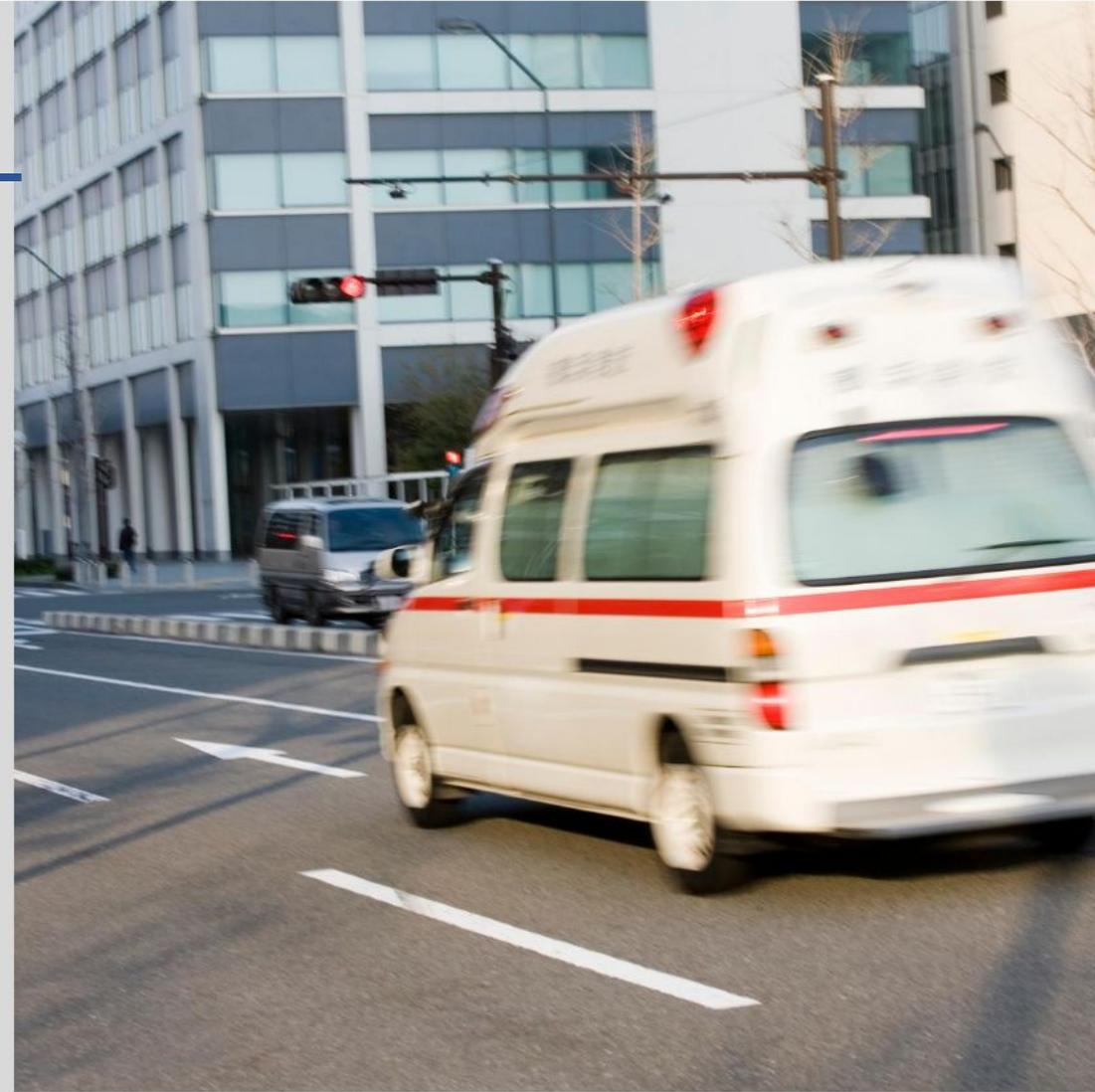
Trauma is ...

... something that “results from an event, series of events, or set of circumstances that is 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, and spiritual well-being” (SAMHSA, 2014).



Components of Trauma

- Traumatic Event (can include ACEs)
- Individual's Experience of the event
- Event may have long-lasting adverse Effects



Types of stress responses

POSITIVE



A normal and essential part of healthy development

EXAMPLES

*getting a vaccine,
first day of school*

TOLERABLE



Response to a more severe stressor, limited in duration

EXAMPLES

*loss of a loved one,
a broken bone*

TOXIC



Experiencing strong, frequent, and/or prolonged adversity

EXAMPLES

*physical or emotional abuse,
exposure to violence*

Results of Toxic Stress

- Dysregulation of the hypothalamic pituitary axis Poorly controlled cortisol secretion.

Adverse Childhood Experiences (ACEs)

- Physical, emotional, sexual abuse
- Divorce of parents or loss through death
- Incarceration of a parent
- Substance use or alcoholism of parents
- Mental illness of a parent
- Witnessed domestic violence





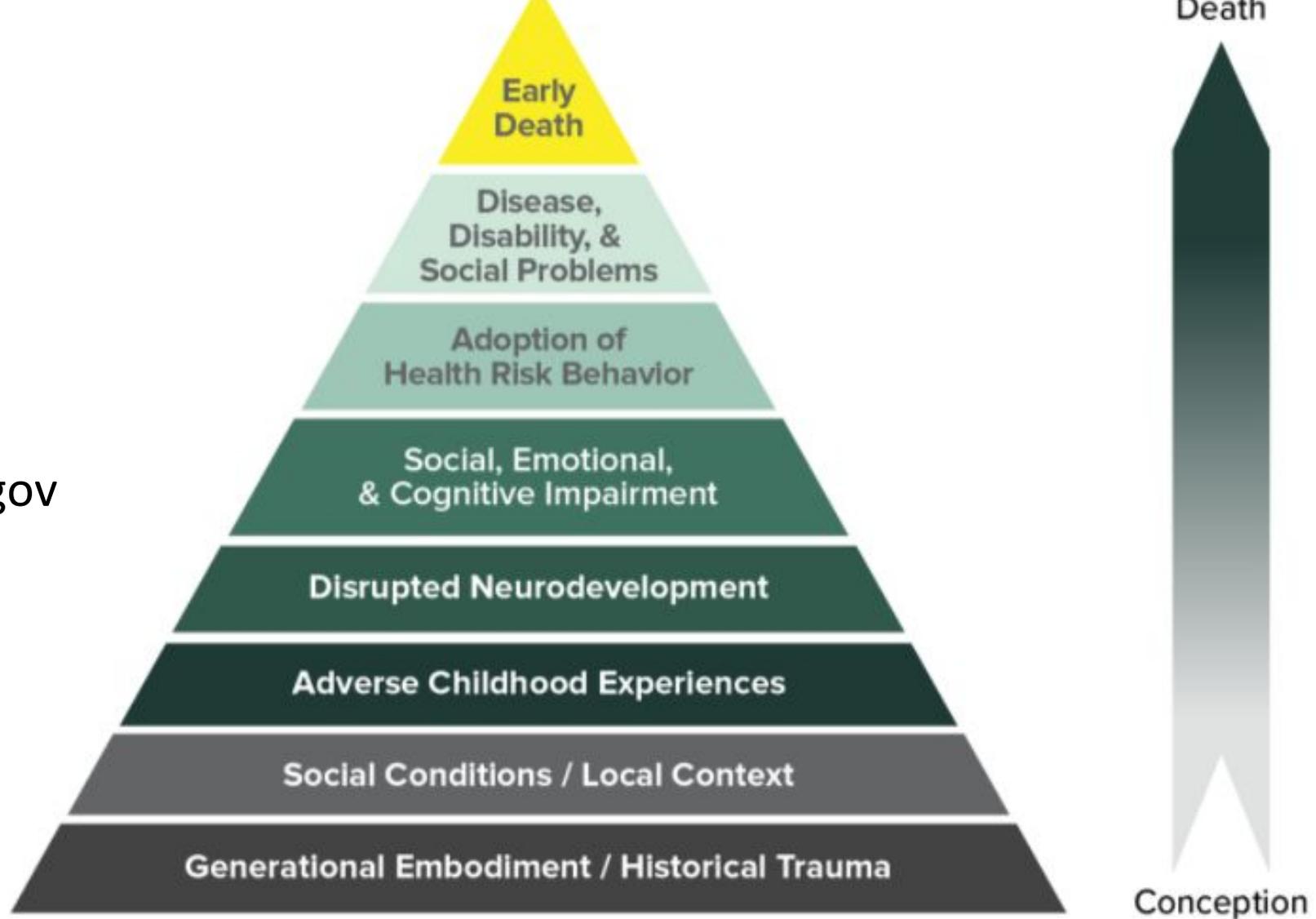
Key Factor

- Buffering relationships with those in our social networks or those in our caregiving systems

Potential Adverse Effects of Trauma

- Decreased stress tolerance
- Shutdown, avoidance, dissociation
- Heightened emotional or behavioral responses, inability to regulate emotions
- Impaired trust
- Distorted thinking or perceptions
- Engage in risky behaviors

Image from cdc.gov



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

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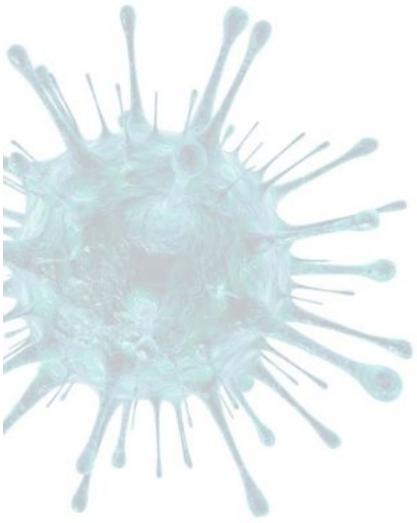
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Racial Disparities in COVID-19

- Black and Latina pregnant women are 5x as likely as White pregnant women to be exposed to virus.
- BIPOC (including Native Americans) are over-represented among people hospitalized with COVID-19.
- Blacks and Hispanics have 2x the death rate as Whites.
- Health disparities are not eliminated by increased income or education.



Social Determinants of Health

- When considering a person's health and well-being, 20% is related to their ability to access care and to the quality of services they receive, while 80% is related to their physical environment, social determinants, and behavioral factors (Brooks, 2020).
- Living conditions
- Work conditions
- Health-related conditions

Psychosocial Stresses

- Healthcare impact
- Workplace experience and financial concerns
- Social isolation
- Personal distress



Already, seeing increases in:



- Anxiety, panic, depression, insomnia
- Alcohol and substance use, drug overdoses
- Intimate partner violence
- Child abuse
- Food insecurity
- Poverty
- Homelessness

6 Principles of Trauma-Informed Care

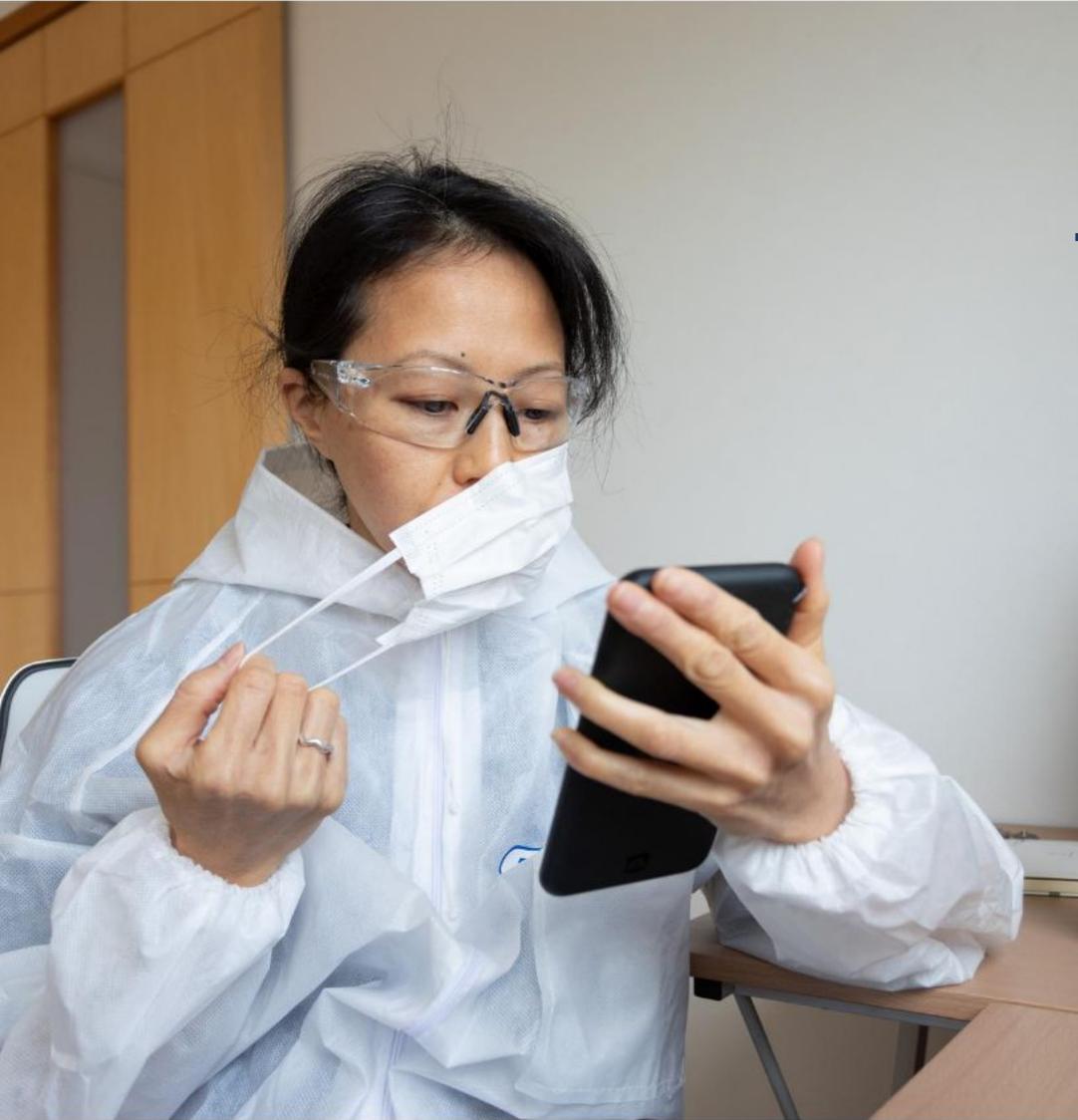
- Safety
- Trustworthiness
- Peer Support
- Collaboration
- Empowerment
- Cultural Sensitivity

--(SAMHSA, 2014)



How can we incorporate
trauma-informed care
into maternity care during
the pandemic?





Safety

- Suggest families create a “bubble.”
- Encourage usual safety measures.
- Minimize patients’ risk of exposure.
- Use telehealth as possible.
- Educate patients before they enter hospital about policies, procedures.
- Plan ways to virtually involve support persons.

Trustworthiness

- Clearly inform patients about policies related to support persons prior to labor and delivery.
- Empathize with patient about loss of their vision for how they wanted their delivery to go.
- Empower patients with choices as possible.





Peer Support

- Refer high-risk antepartum patients to online support groups for their specific condition.
- Refer patients with mental health conditions to Postpartum Support International Online Pregnancy Mood Support Group.
- Refer postpartum patients to breastfeeding support groups.
- Follow-up with patients to ensure they are connected with resources.

Collaboration

- Form trusting, collaborative relationships with patients.
- Make personal connections during telehealth visits; take time, answer questions, provide reassurance.
- Supplement telemedicine visits with online educational resources.
- Explore barriers to telehealth use.
- Emphasize shared decision-making.



Empowerment

- Discuss birth preferences in advance, and how they might need to be changed due to the pandemic.
- If patients desire home birth, review risks and benefits for informed decision-making.
- Allow patients to make choices where possible.
- Before delivery, help COVID + patients understand their options for interacting with their babies after birth.
- Empower women for breastfeeding.



Cultural Sensitivity



- Be aware that the effects of cultural distrust due to institutional and personal racism may limit engagement with care.
- Ensure outreach and follow-up to BIPOC.
- Strategize to overcome barriers that disadvantaged patients may face in use of telehealth.
- Encourage participation of doulas and patient advocates.



Do you know
enough about

PMADs

Perinatal Mood and
Anxiety Disorders

to make a
difference?

Social Risk Factors for PMAD

- Age (teen or > 40)
- Single motherhood
- History of ACEs
- Concurrent life stressors
- Unplanned or unwanted pregnancy



Medical Risk Factors for PMAD

- High-risk pregnancy, or difficult/traumatic birth experience.
- Medical complications in mother or baby.
- History of infertility, use of assisted reproductive technology, prior pregnancy loss.
- History of depression or previous postpartum depression, bipolar disorder, substance use, etc.
- Discontinuing psychiatric medications during pregnancy or postpartum.



Screening

- The practice of universal, mandatory screening for depression at least once during the perinatal period is widely endorsed.
- The cost of NOT treating maternal depression per mother-baby pair is \$32,000.
- Screening for anxiety, trauma, and intimate partner violence is recommended as well.



Screening Tools

- Edinburgh Postnatal Depression Screen (EPDS) most widely used.
- Screen > 10 for mother indicates concern.
- Consider concern for Black and Latina women at $> 7-8$.
- Consider concern for father at $> 5-6$.



Considerations in BIPOC

- Black and Latina women are less likely to seek treatment.
- Black and Latina women are subject to longer delays between displaying symptoms and engaging in treatment and following up with treatment.
- Disparities in treatment may be due to barriers to keeping appointments.
- Telemental health visits may be helpful.



Implicit Biases

- What are implicit biases?
- HCP have implicit biases to same degree as others.
- Biases of HCP have been linked to disparities in care and ultimately worse patient outcomes.
- Biases of HCP contribute more to outcomes than treatment processes.



Addressing Racial Disparities

1. Listen to Black women.
 2. Recognize the historical experiences and expertise of Black women and families.
 3. Provide care through a reproductive justice framework.
 4. Disentangle care practices from the racist beliefs in modern medicine.
 5. Replace White supremacy and patriarchy with a new care model.
 6. Empower all patients with health literacy and autonomy.
 7. Empower and invest in paraprofessionals.
 8. Recognize that access does not equal quality care.
- (Black Mamas Matter Alliance, 2018)



COVID-19 + Moms & Their Babies

- Separating them would:
 - Disrupt bonding
 - Disrupt breastfeeding
 - Adversely impact maternal mental health
 - Double the workload for hospital staff
 - Probably not prevent infection





Trauma-informed Care

- Safety of patient (psychological and physical)
- Collaboration and mutuality: informed, shared decision-making
- Empowerment

NICU Babies

- Family-centered developmental care has been adversely impacted.
- Encourage Skin-to-skin contact.
- Provide frequent updates.
- Find ways to virtually connect parents with babies.
- Provide virtual education.
- Recommend peer support.



Telemedicine & Telehealth

- Telemedicine = direct clinical services.
- Telehealth = using technology to support long-distance clinical health care, patient and provider education, and remote monitoring.
- Greatest use to date with rural patients and with mental health services.





Telemedicine in obstetrics:

- Improves patient outcomes
- Improves patient satisfaction
- Lowers patient stress

(DiNicola, 2020; Butler, 2019)

Benefits	Drawbacks
Avoid patients' transportation difficulties.	Potential to depersonalize dr-patient relationship.
Saves time getting to appointments.	Disruption of the human connection; fear of sharing confidential information.
Family members may more easily join visits.	Inability to perform a complete physical exam; may miss some diagnoses.
Potentially makes health care services accessible to all.	Potentially increases disparities because not everyone has broadband access or devices.
Increase access to mental health care.	Patients may not have privacy from abusers in their home.
Serve as a tool for triaging patients who need to be seen.	Potential privacy risks.
Increase collaboration among providers.	Not all hospitals have necessary infrastructure.





OB Nest

- 6-8 in-person visits
- 6 virtual visits with RN
- Online portal for patient education/questions
- Online patient community moderated by an RN
- Patients need bp cuff and Doppler at home.

(Butler, 2019; Fryer, 2020)

Key Barriers and Solutions

- Lack of connectivity ➡ Refer patients to Lifeline Program for Low-Income Consumers.
- Lack of devices ➡ loan or give patients iPads or smartphones for duration of maternity care.
- Lack of knowledge of how to access apps ➡ offer patient education/instruction.
- Patients may need bp cuffs and Dopplers ➡ find funding to make these devices available; teach patients how to use them.

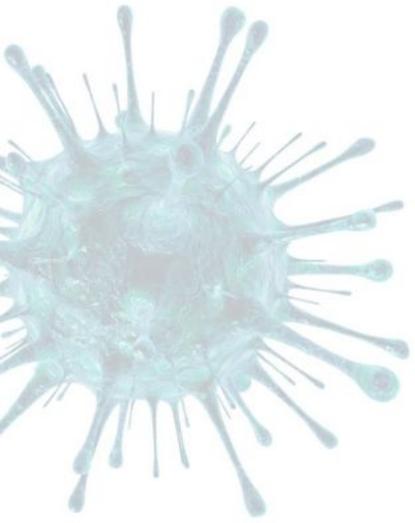


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Together we can get through this extraordinary time,
and make the patient experience as reassuring as possible
in the midst of so many unknowns.





Thank you to my Collaborators

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- Allison Dempsey, PhD, University of Colorado
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- Jennifer Canvasser, MSW, NEC Society



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SEE OUR COURSES:



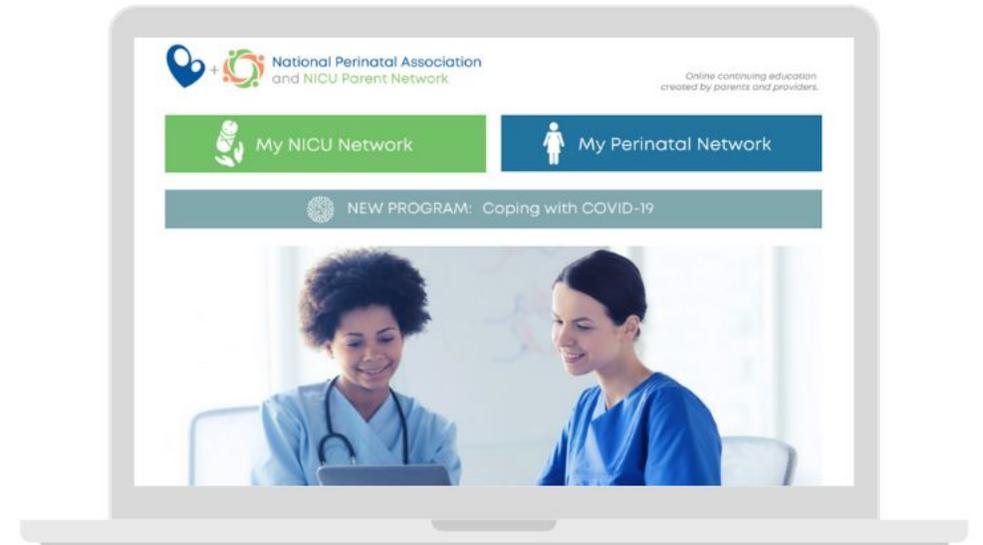
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