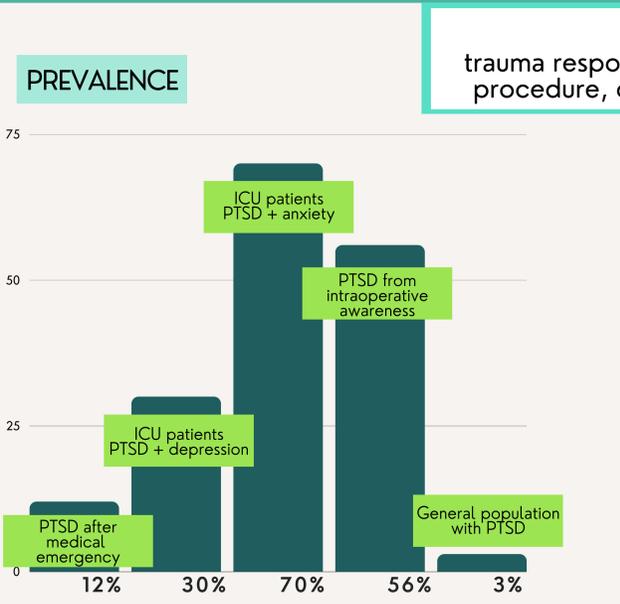


Recognizing and working with medical trauma in the perinatal period: A multidisciplinary approach

Heather Olivier, LPC, PMH-C, CCTP, NCC *Ph.D. candidate to graduate May 2023, with successful dissertation defense February 2023.
 Victoria Rodriguez, LPC, CCTP, NCC *Ph.D. candidate to graduate May 2023, with successful dissertation defense April 2023.

1 SITUATING MEDICAL TRAUMA WITHIN THE PERINATAL PERIOD

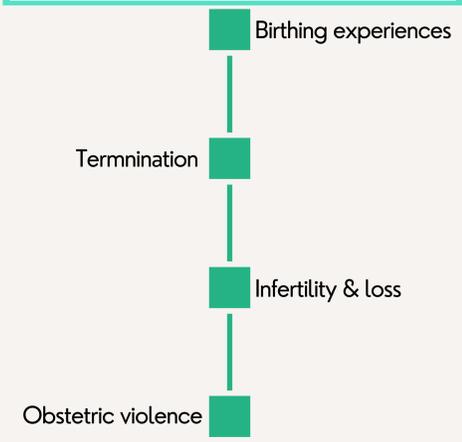


MEDICAL TRAUMA
 trauma responses after a health concern, a major procedure, or even managing a chronic illness.

- SIGNS & SYMPTOMS**
- Dissociation from physical body
 - Re-experiencing traumatic medical event
 - Avoiding medical appointments or settings
 - Intrusive thoughts about body, health, or death
 - Fear of hospitals, clinics, or other medical settings
 - Triggered by medical stories in the news or by shows
 - Being "on guard" about any health issue or strange sensation that arises
 - Avoiding sleep due to nightmares or previous intraoperative awareness



PERINATAL MEDICAL TRAUMA



MARGINALIZED GROUPS

Healthcare Disparities
 Black and Indigenous women are two to three times more likely to die from a traumatic childbirth than white peers.

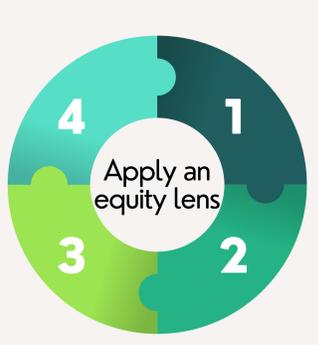
Pain Factors
 Black and Hispanic women in labor are less likely than non-Hispanic white women to receive epidurals.

LGBTQIA+
 51% of LGBTQIA+ birthing people reported bias or discrimination during birthing process, and complications with physical health, mental health, returning to work, and/or lactation/breastfeeding.



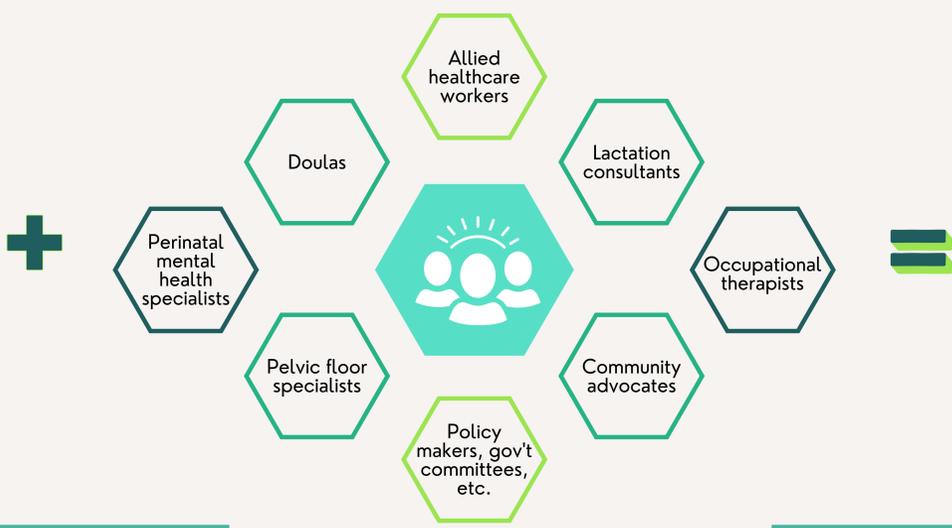
2 INNOVATIVE MODEL OF CARE

CDC's 2022 STRATEGIES FOR PREVENTING PREGNANCY-RELATED DEATHS
 Translating Data Into Action

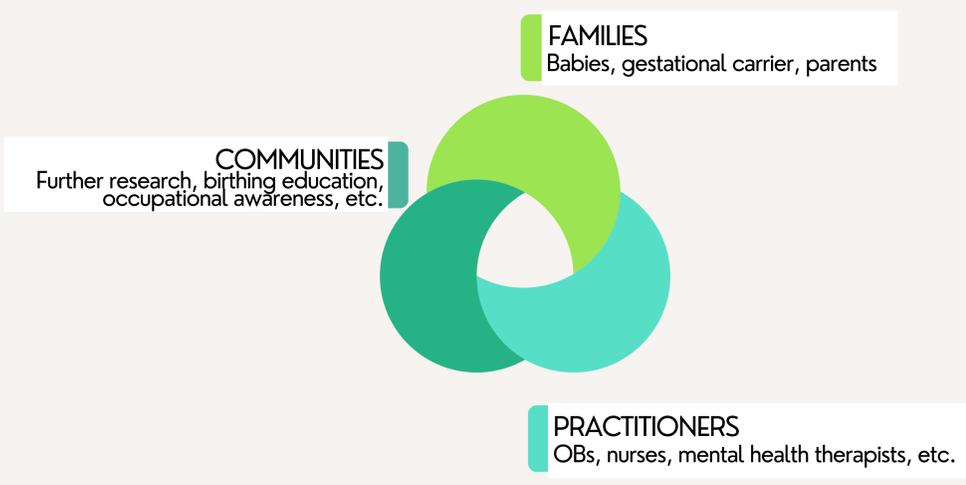


- 1 Understand the scope of the problem
- 2 Understand the context of the solution
- 3 Identify potential goals and strategies
- 4 Act on your strategies

MULTIDISCIPLINARY APPROACH



HOLISTIC MODEL OF CARE



3 LESSONS LEARNED

The risk factors for postpartum PTSD resemble the same risk factors for other perinatal mood and anxiety disorders (PMADs), resulting in a much larger number of individuals posing risk factors for perinatal medical trauma.

PERINATAL MOOD & ANXIETY DISORDERS

Symptoms can present at any point during pregnancy through the first year after birth.

Although mood changes are to be expected, 15-20% of women report notably elevated symptoms of anxiety and depression.

Do not discriminate between gender, culture, race, income, SES, etc.

Most commonly referred to as "postpartum depression" although there are other types of illnesses specific to this population.

Education and increased awareness regarding the signs, symptoms, and prevalence of PMADs across all populations is key in being more equipped to recognize and work with medical trauma in the perinatal period.

4 IMPLICATIONS FOR PRACTICE

- Aid **medical and mental health care practitioners** in applying **evidence-based practices** to prevent the occurrence of medical trauma in perinatal populations
- Aid **medical and mental health care practitioners** in accurately **assessing** medical trauma for marginalized groups experiencing perinatal mental health issues resulting from medical trauma
- Aid **policy makers** and **healthcare advocates** in addressing barriers to treatment for medical trauma during the perinatal period in community mental health and medical settings