

# Building Safe Spaces: Practical Pearls for Trauma- Informed Obstetric Care

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# Disclosures

I have no relevant conflicts of interest

# Objectives

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Recognize trauma response and how it may inform patients' decisions to seek care or interact with healthcare team



Discuss ways to create an environment that encourages open communication and flexibility in plans of care



Improve discussions of nuances of care in the obstetric population with an eye towards past trauma



Recognize value of trauma-informed model of care for *all* patients



# What is Trauma?

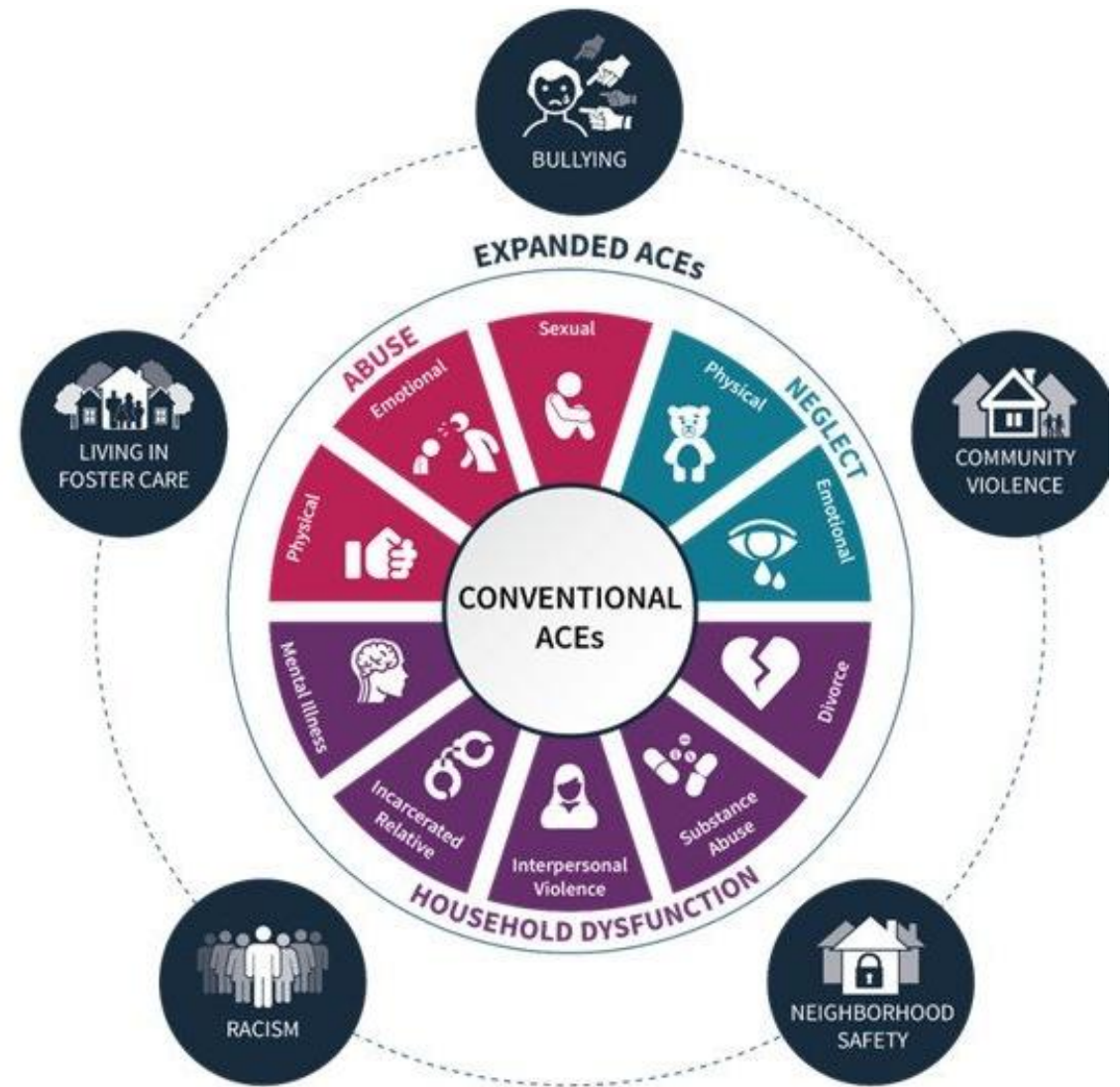
“An event or series of events experienced as physically or emotionally harmful or life-threatening with lasting adverse effects”

**What forms of trauma do  
our patients experience?**

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# Adverse Childhood Experiences

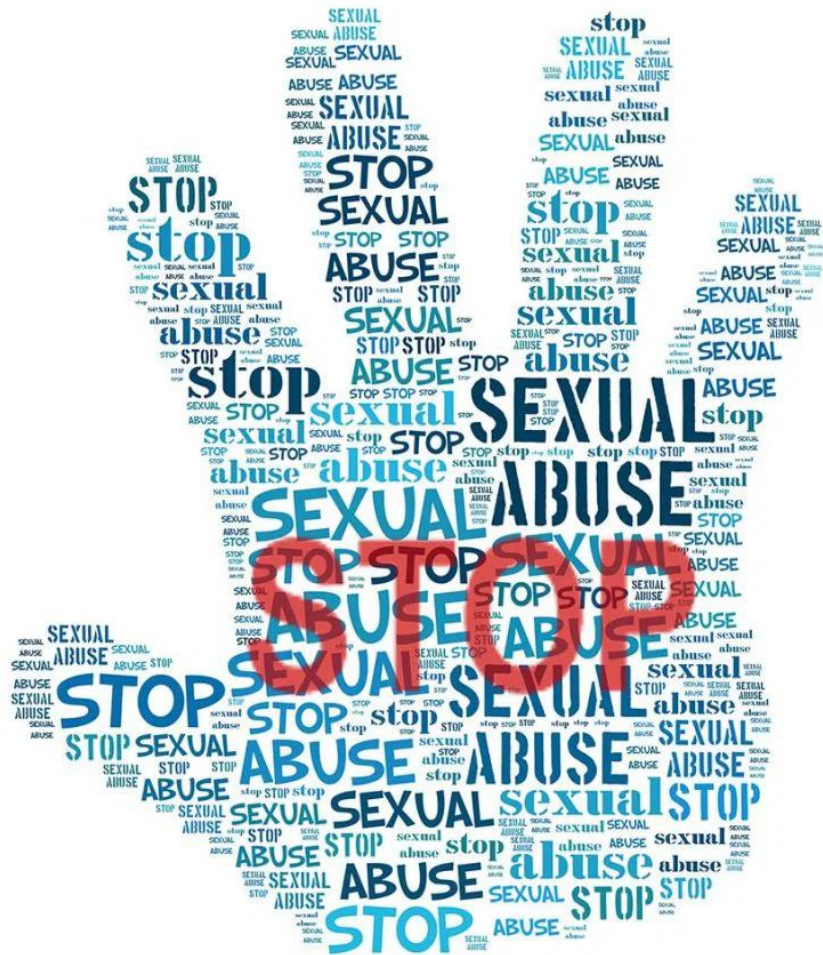
- 25% of pregnant women report  $\geq 4$  ACEs
- Expanded ACE models improve prediction of pregnancy-related health outcomes



## INTIMATE PARTNER VIOLENCE

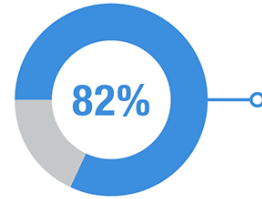
1 IN 3 

Nearly 1 in 3 women will experience **Intimate Partner Violence** during their lifetime according to the World Health Organization.



# Human Trafficking:

*How many victims have you treated?*



SEX TRAFFICKED YOUTH SAW A MEDICAL PROVIDER WITHIN THE LAST 6 MONTHS

- 43% FOR A GENERAL PHYSICAL EXAM
- 34% FOR STI INFECTION
- 21% FOR HIV TESTING



AVERAGE LIFE EXPECTANCY OF A HUMAN TRAFFICKING VICTIM IS 7 YEARS



AVERAGE NUMBER OF SEXUAL PARTNERS IS 8-10 PER DAY

**100,000 – 300,000**  
CHILDREN AT HIGH RISK FOR SEX TRAFFICKING EACH YEAR IN THE U.S.

**>100,000**  
CHILDREN INVOLVED IN CHILD PROSTITUTION IN THE U.S.

TRAFFICKERS MAKE ABOUT **\$80,000** ANNUAL PROFIT PER VICTIM IN U.S.

**4.5 MILLION**  
VICTIMS OF SEX TRAFFICKING WORLDWIDE

BOTH **MALES AND FEMALES** ARE TRAFFICKED

# RISK FACTORS IN MEDICAL TRAUMA

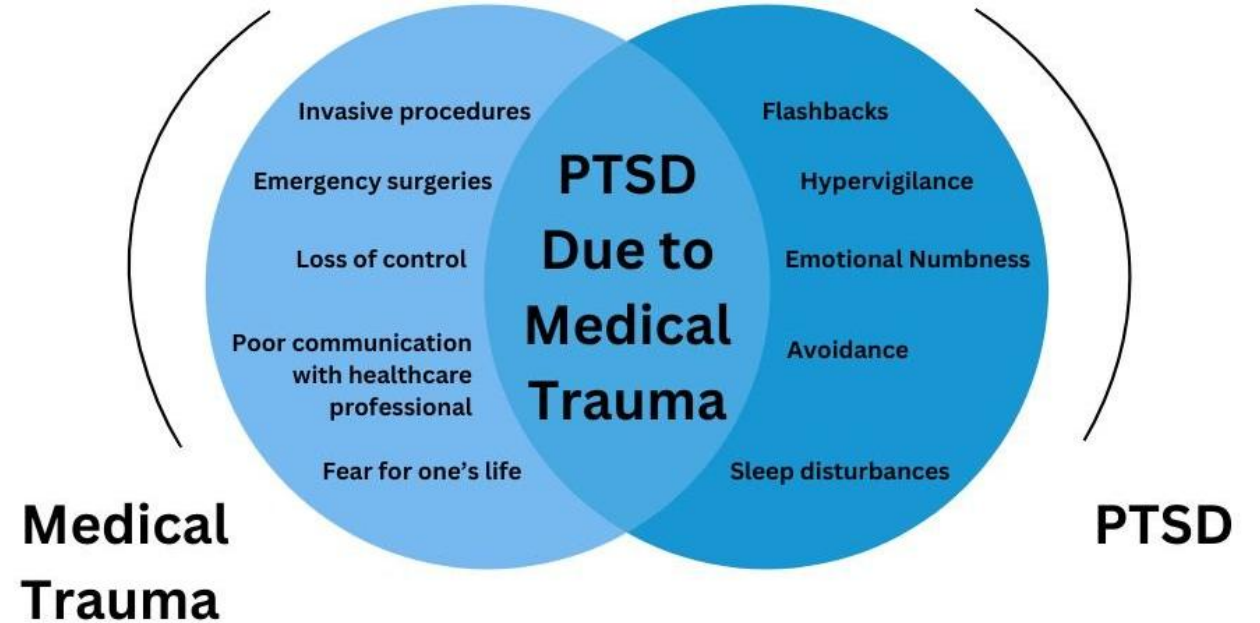


→ Marginalized groups are more likely to report medical trauma and anxiety related to medical systems

→ Women are more likely than men to be diagnosed with PTSD and are more likely to report physical symptoms

→ Low social supports put clients at higher risk for developing PTSD after receiving a serious diagnosis

## HOW MEDICAL TRAUMA CAN LEAD TO PTSD?



# Childbirth Trauma

- Physical
  - Emergency C-section
  - Overwhelming pain/denial of pain relief
  - OB emergencies
  - Aneonatal outcome
- Psychological:
  - Reliving past sexual trauma
  - Reliving past medical trauma
- Care-related Trauma:
  - Feeling abandoned
  - Being yelled at
  - Being ignored
  - Poor communication
  - Lack of agency
  - Not feeling heard



**1 in 3**  
birthing people report feeling  
traumatized by their childbirth  
experience.<sup>3</sup>



as if dignity  
is a whim  
of ours

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## Obstetric Violence

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- Non-consensual procedures
- Coercion
- Lack of dignity
- Movement restriction
- Neglect

How many patients with a history of trauma present?

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Unwillingness to engage with healthcare system

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Late or missed appointments

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Avoidant or childlike behavior

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Aggression

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Substance use/eating disorder/self-harm

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"Difficult patient"

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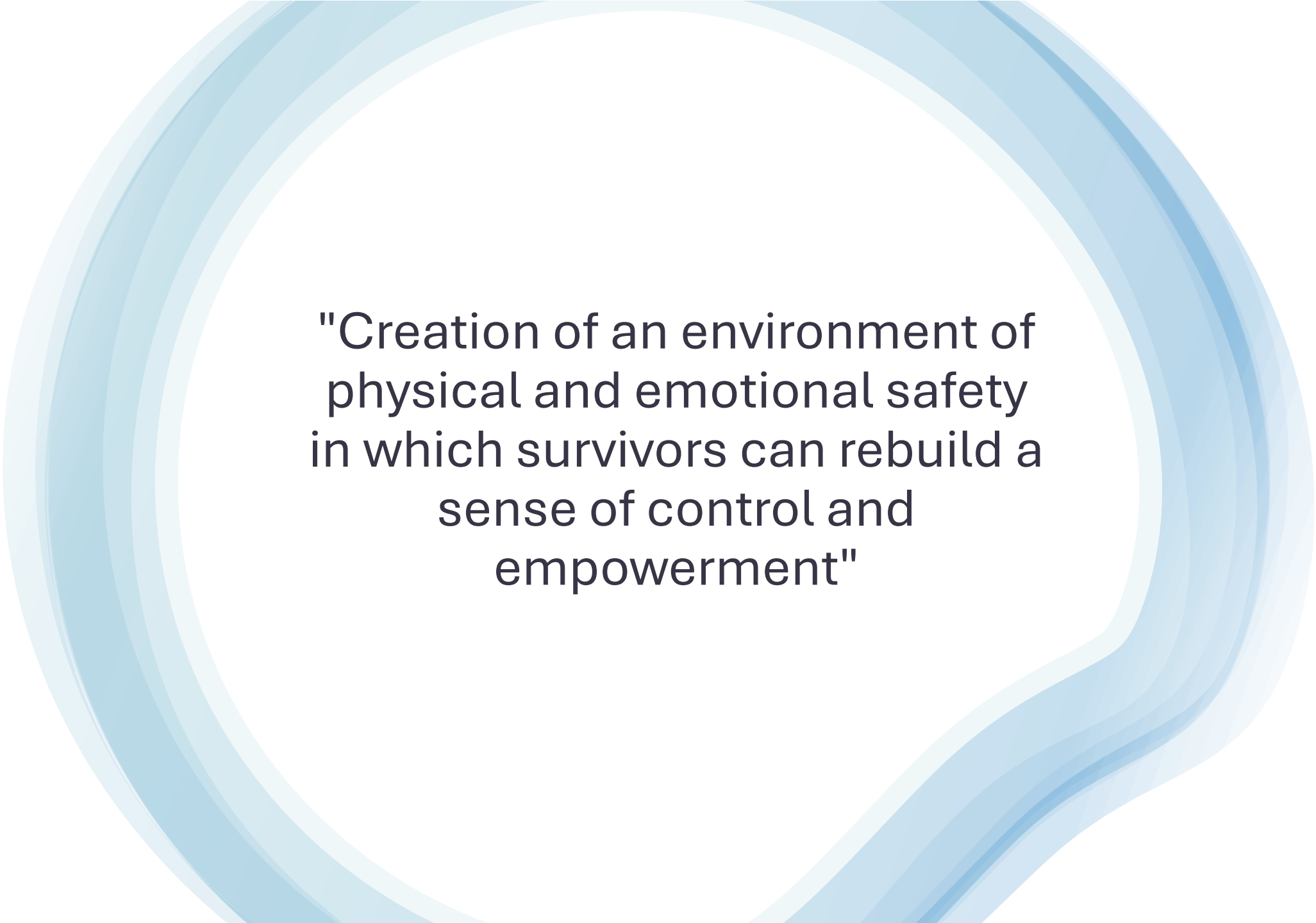
Difficulty with sensitive exams

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Impaired attachment to infant

What is trauma-  
informed care?

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"Creation of an environment of physical and emotional safety in which survivors can rebuild a sense of control and empowerment"

Traumatic experiences are common

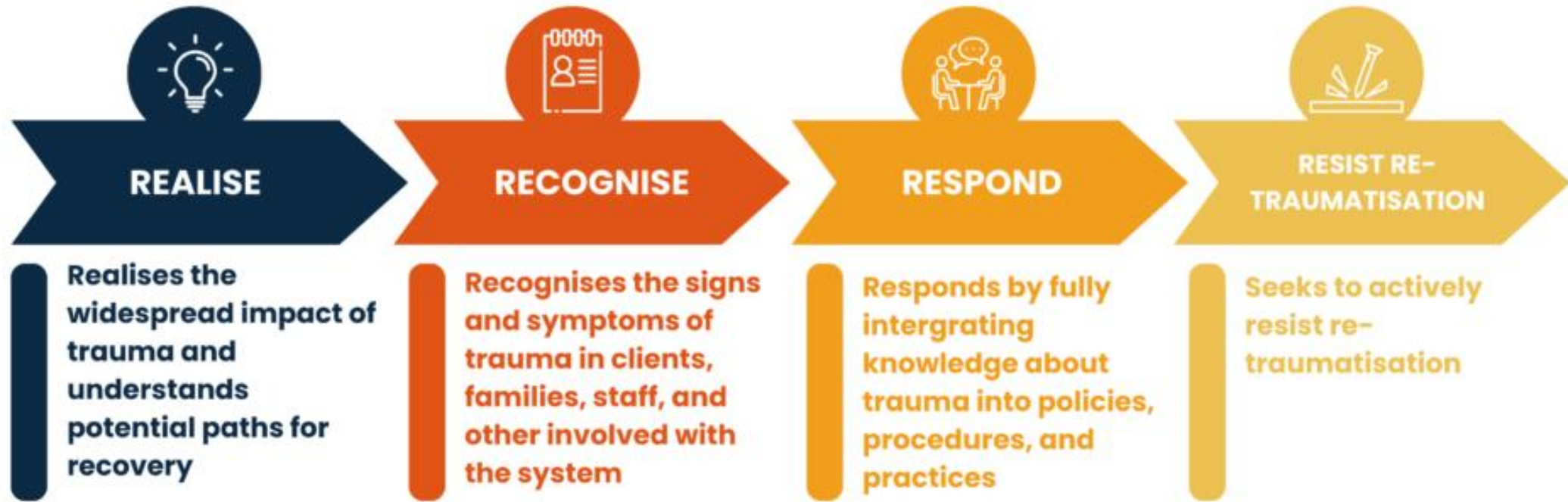
Physical and psychological safety are foundations of an effective care relationship

The perinatal period is both a window of extreme vulnerability and a critical opportunity for meaningful intervention

Everyone benefits from the principles of trauma-informed care: clear communication, respect for patient autonomy, informed consent.

# Why Trauma- Informed Care Matters

## SAMHSA's Trauma-Informed Approach



Adapted from: Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. [Internet]. Rockville, MD: Office of Policy, Planning and Innovation; 2014: [cited 2024 May 27]. Available from: [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach \(hhs.gov\)](#)

# TRAUMA-INFORMED CARE:

## What does it look like?

@therecoverycenterusa



Language  
and  
Communication



Providing Choices



Sensory-Friendly  
Environments



Active Listening



Training  
and  
Self-Care



De-escalation  
Techniques

# What does this look like in practice?

- Consider the "activation energy" required to walk through the door
- Universally inquire about trauma
- Have a strategy for response to disclosure
  - Validation
  - Gratitude
  - Resource readiness
- Ensure patient that they are in control





# Practical Tips & Tricks: Prenatal Care

- Create safe, calm, clean, and comfortable physical environment
- Reconsider office policies regarding tardiness or missed visits
- Let patient tell you what would make them comfortable
- Anticipatory guidance about what to expect at next visits, upon admission for delivery
- Consider consolidation of the care team

# Practical Tips & Tricks: Pelvic Exams and Procedures

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- Ask about exam tolerance/past trauma while patient is fully clothed
- Explain steps of exam and rationale
- Obtain consent before starting
- Give patient option to stop at any point in exam
- Consider language used
- Discuss options for pain control





# Practical Tips & Tricks: Labor and Delivery

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- Screen for risk factors for childbirth-related PTSD
- Continuity of care during labor
- Respectful communication
- True consent for exams/procedures
- Collaborative decision-making
- Consider interventions such as pre-medicated exams and early epidural if desired

# Practical Tips & Tricks

- Postpartum:
  - Debrief adverse outcomes
  - Screen early for postpartum depression, stress response
  - Offer early follow-up and referral for trauma-focused therapies



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# Practical Tips & Tricks: General

- Recognize risks for history of trauma
  - Prior diagnosis of mental health disorder
  - History of poor OB outcome
  - Current or prior substance use
- Recognize racism and healthcare disparities as part of trauma landscape.
- Training environment:
  - Balance trainee learning with potential for re-traumatization
  - Consider "clustered care" to minimize repeat interviews/examinations
- Respect choice not to disclose trauma if trauma history is suspected.



## Takeaways

- The principles of trauma-informed care benefit all patients
- The perinatal period is a unique period to "shift the narrative" for patients with a history of trauma
- Every member of the team is pivotal in creating a trauma-informed environment

# Resources

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1. Caring for Patients Who Have Experienced Trauma: ACOG Committee Opinion, Number 825. *Obstetrics and Gynecology*. 2021. Committee on Health Care for Underserved Women
2. Addressing Adverse Childhood and Adult Experiences During Prenatal Care. *Obstetrics and Gynecology*. 2023. Johnson S, Kasparian NA, Cullum AS, et al.
3. Childbirth-Related Posttraumatic Stress Disorder: Definition, Risk Factors, Pathophysiology, Diagnosis, prevention, and Treatment. *American Journal of Obstetrics and Gynecology*. 2024. Horsch A, Garthus-Niegel S, Ayers S, et al.
4. Effectiveness of Interventions to Improve Women's Experience of Pelvic Examinations: A Systematic Review and Meta-Analysis. *BJOG : An International Journal of Obstetrics and Gynaecology*. 2026. Mignot S, Menard JP, Iraola E
5. <https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs>
6. Pain Management for in-Office Uterine and Cervical Procedures: ACOG Clinical Consensus No. 9. *Obstetrics and Gynecology*. 2025. Committee on Clinical Consensus–Gynecology

Thank you!