

Importance of Trauma-Informed Care in Pregnant Mothers with Past Sexual Trauma

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Background

Annually, there are 1.47 million sexual assaults on women and individuals assigned female at birth (AFAB) in the United States; of these, 80% occur among people under the age of 25. These traumas may have an impact on a person's physical and cognitive health, manifesting as persistent stress, anxiety, depression, and post-traumatic stress disorder.

Sexual assault or abuse is defined as:

- Any unwelcome sexual encounter that involves force, threats, or intimidation.
- Includes both physical and verbal contact.
- After effects of sexual abuse and/or assault are known as sexual trauma
- Can manifest as physical, emotional, or mental symptoms.⁷

Research has demonstrated that prior sexual trauma has a negative impact on perinatal outcomes in the population of pregnant mothers. Pregnancy and labor are usually difficult experiences for women who have experienced trauma.⁷

Trauma-Informed Care Concepts

- awareness and acknowledgment
- safety and trustworthiness
- choice, control, and collaboration
- strengths-based and skills-building care
- cultural, historical, and gender issues.⁶

Methods

- Databases used: PubMed
- Key Words: (trauma-informed care) AND (sexual trauma)
- When publication dates between 2017 and 2022 article type, clinical trial, meta-analysis, randomized control trial, and systematic review were selected, 16 citations were obtained.
- After reviewing the titles of the 16 studies, 8 were eliminated due to lack of relevance to the specific topic. Full text review was conducted on the remaining 8 citations, and 5 were selected that were of the highest level and quality.

Results

Authors, year	Results	Level of Evidence	Quality Rating
Grekin et al., 2017	The intercept parameter (symptom levels at 12 months postpartum), p.001, and the quadratic parameter (degree of change in symptoms with time), p=.001, both showed significant between-subject variability. As a result, women showed significant patterns of change in depression.	VI	I
Sobel et al., 2018	Themes from data collected: clear communication regarding their history; control over who was present in the labor room during examinations; avoidance of language that emphasized the memory of earlier sexual trauma; control over how much of their bodies were exposed when giving birth, and the opportunity to express a preference for a female provider.	VI	I
Gokhale et al., 2020	All participants reported at least one traumatic event, with 80.0% reporting at least 4. 46.7% of participants responded positively when directly asked if they were interested in medical providers learning about prior trauma.	VI	C
Hill et al., 2019	In both TIPS-Basic and TIPS-Plus, the implementation of IPV, RC, and STI talks rose considerably (p 0.0001) in comparison to previous clinical data.	II	B

Objectives

How does the implementation of Trauma-Informed Care (I) impact birth experience patient/family satisfaction (O) in populations of mother's who have previously experienced sexual trauma (P)?

Implications for Practice and CNL Role

- Additional high-quality research is needed regarding TIC interventions as opposed to correlational evidence.
- Developing more specific interventions could provide data and create a standardized model that can be used across all obstetric care.
- Interdisciplinary communication between team members is essential to ensure that the patient feels safe and lowers the risk of re-traumatization.
- The role of the CNL in this topic area includes communication, patient advocacy, lateral integration of care, horizontal and team leadership, evidence-based practice, and driving change.
- Patient advocacy intertwines with both communication and lateral integration, as the CNL must advocate for their patient and regularly checking in with the patient and team to keep everyone on the same page.

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References

