



# Compassionate Preparation for Birth and Parenting

A Trauma Informed Approach to  
Prenatal Education, Preparation and  
Support for Families Affected by  
Perinatal Substance Exposure

# Disclosure

---

The content of this presentation does not relate to any product of a commercial entity.

# Objectives

- Identify the value of and barriers to prenatal preparation, education and support
- Name at least one framework for prenatal education for families affected by substance use
- State 3 ways that health care providers and systems can provide prenatal preparation, education and support with a trauma-informed lens
- Identify at least one opportunity for improvement of prenatal preparation for families affected by PSE in your setting



# Building Skills

“I know there is a better way to express my care and concern for this family, I am just not sure exactly what to do, or what to say, or how to say it.” – staff nurse



# Trauma- Informed Care

*Substance Abuse and Mental Health Services Administration (SAMHSA):*

**Trauma** - the events or circumstances experienced by an individual as physically or emotionally harmful or life-threatening, which result in adverse effects on the individual's functioning and well-being.

**Trauma-Informed Care** – Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of traumatic symptoms and acknowledges the role that trauma has played in their lives

# TRAUMA- INFORMED CARE

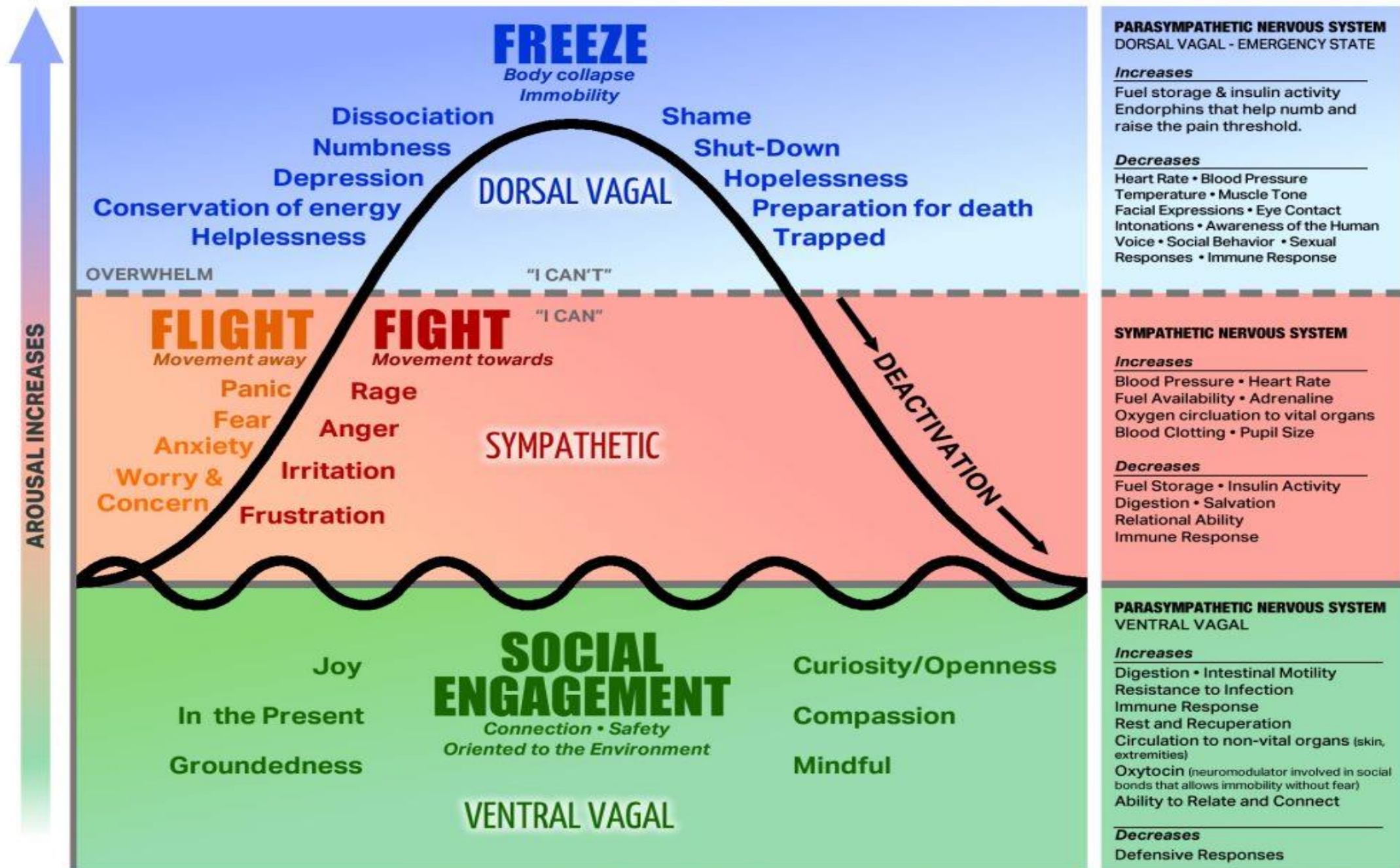
- Understanding of trauma in **all aspects of service delivery** and place priority on the individual's **safety, trust, choice, and control.**
- **Does not require disclosure of trauma.**
- **Overall essence of the approach/relationship** vs. specific treatment strategy or method.



# SAMHSA's 4 Rs of Trauma-Informed Care

- **Realize** – the widespread impact of trauma and understand potential paths for recovery, including the impact of trauma on yourself
- **Recognize** – the signs and symptoms of trauma in clients, families, staff, and others involved with the system and how you, your organization, your program, your environment and your practice could potentially act as a trauma trigger
- **Respond** – by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resist** – seek to actively resist re-traumatization

# Why TIC?





# Common Triggers of a Trauma Response



TRANSITION



LOSS OF CONTROL



UNPREDICTABILITY  
OR SUDDEN  
CHANGE



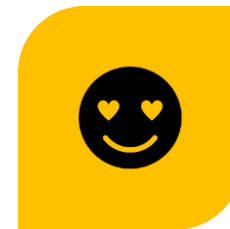
LONELINESS



FEELING  
VULNERABLE OR  
REJECTED



CONFRONTATION



PRAISE, INTIMACY,  
AND POSITIVE  
ATTENTION



SENSORY  
OVERLOAD

(Adapted from ARC, Kinniburgh & Blaustein, 2010)

# Signs of Stress Response

- Startle
- Fleeing
- Feeling or expressing irritability or anger
- Aggressive behavior
- Oppositional behavior
- Feeling or acting out of control
- Unable to process new information, recognize cues or plan
- Feeling or expressing fear or anxiety



# Mother's/parent's experiences with Opioid Exposed Newborn (OEN)

- Experience shame and guilt as they watch their babies withdraw
- Feel health care providers do not have current understanding of addiction
- Feel judged and stigmatized
- Find it difficult to trust
- Worried about having their baby taken away
- Negatively affected by lack of provider sensitivity to parental substance use disorder and maternal guilt

Pregnant women with active or Hx substance use disorder or who are in recovery:

- Likely to have experienced trauma, and more than 4 Adverse Childhood Experiences (ACES)  
(Felitti, 1998)
- May be experiencing anxiety; clinically or situationally
- Are appropriately worried about pregnancy, birth, parenting, the unknown, their ability to cope
- Are under increased stress, increase risk of use
- Are motivated by pregnancy and parenting
- May have limited support system

# Realize the Widespread Impact of Trauma – Perinatal and Neonatal Experiences

- Birth - a potentially traumatic event
  - Birth-related PTSD – 15.7% of women in at risk populations at 6 weeks postpartum (Cirino & Knapp, 2019)
- Hospital environment – unknown, unexpected, loss of control, fear of outcome, mistrust of health care providers/system
- NICU family experience – separation from infant or family, unfamiliar and high-tech environment, extended stay adding stress on family relationships etc.
- NICU staff experience – secondary trauma in staff
- Families experiencing complex social issues

“You do not need to  
be a therapist to be  
therapeutic”



# 6 Key Principles of Trauma-Informed Care

1. **Safety:** Includes creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual's comfort or unease.
2. **Transparency and Trustworthiness:** Includes maintaining boundaries and providing full and accurate information about what is happening and what is likely to happen next.
3. **Peer Support:** Includes support and self-help services, recognition of the importance of peers in healing and recover.
4. **Collaboration and Mutuality:** Includes the recognition that healing happens in relationships and partnerships with shared decision making. It is a conscious leveling of the power among consumer and provider.
5. **Empowerment, Voice, and Choice:** Includes the recognition of the need for an approach that honors the individual's dignity and strengths. These strengths are built on and validated by the interaction with the health care professional. It includes the use of shared decision making, promotion of self-advocacy, and the consumer's unique concept of recovery.
6. **Cultural, Historical, or Gender Issues:** Provide care that considers an individual's cultural background and family history, including generational trauma and experiences as a family or within a cultural group. It considers oppression and discrimination based on race, ethnicity, religion, gender, or sexual orientation and offers services that are sensitive to all issues.



What are the challenges to providing prenatal education in your setting?

ideaboardz



# Challenges/Barriers to Prenatal Education?

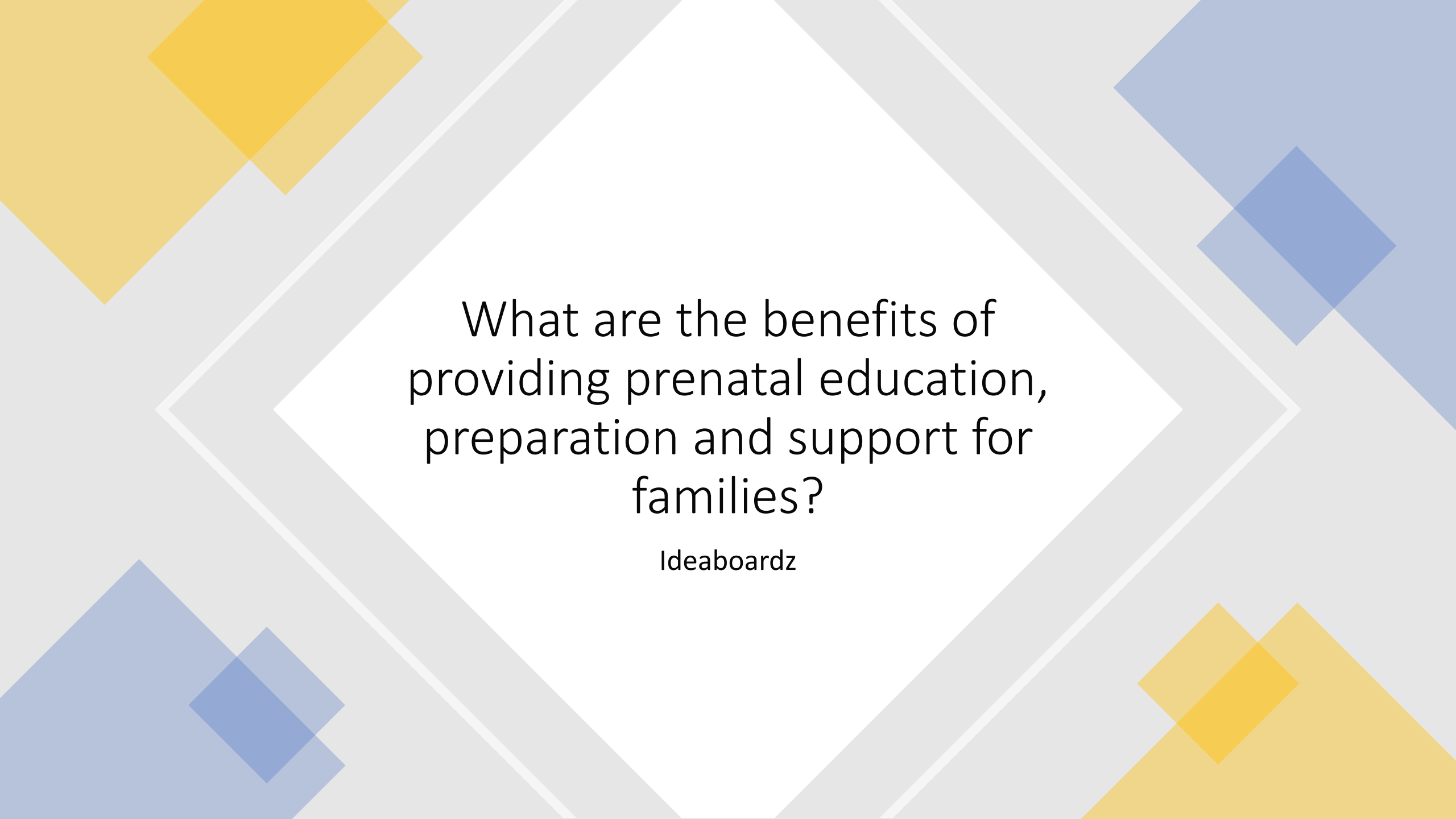
---

## ORGANIZATION/INSTITUTION

- FTEs/Funding
- Space
- Quality/creativity
- Transportation
- Value
- Communication with families
- Covid/unable to provide in person
- Tech limitations

## FAMILY

- Time requirement to attend group class
- Stigma associated with attending classes especially related to PSE
- Childcare
- Transportation
- Belief about value of class
- Covid barriers
- Tech barriers and limitations



What are the benefits of  
providing prenatal education,  
preparation and support for  
families?

Ideaboardz

# Benefits of Prenatal Education

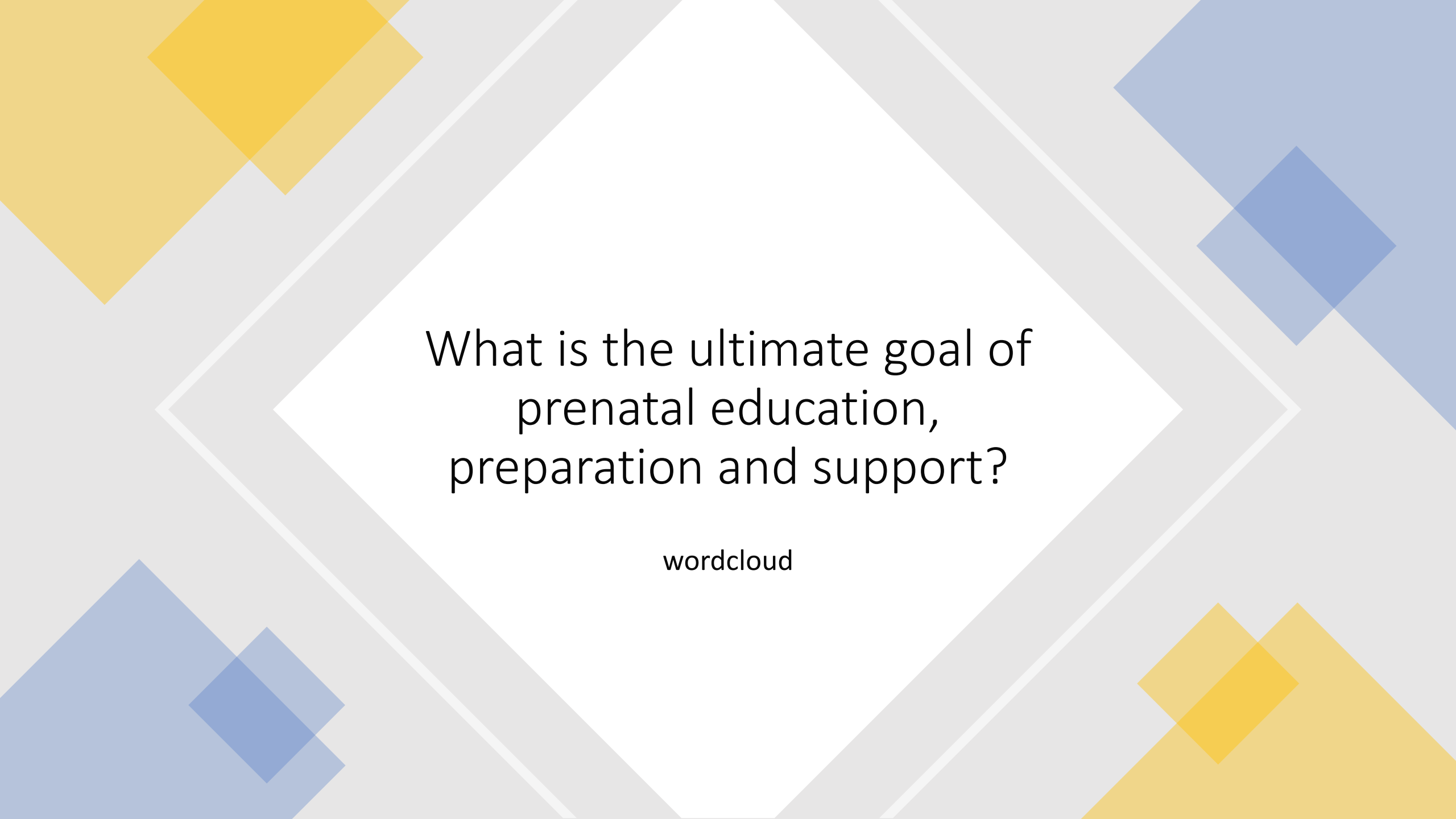
- Preparation for Journey/Unknown/Upcoming Event
  - Anticipatory guidance
  - Reduce anxiety
  - Improve patient experience – mom, family and infant
  - Time to build supports/prepare
  - Limit trauma/stress triggers
- Increase awareness, empowerment to continue to explore/ask questions/learn
- Relationship building, trust building
- Build resourcefulness, resiliency, flexibility, determination and improve parental self-efficacy



## Goals of Prenatal Education, Preparation and Support

Is the goal to teach? Or is the goal for someone to learn?

If the goal is for another person to learn, then how do they learn?



What is the ultimate goal of  
prenatal education,  
preparation and support?

wordcloud

# Ultimate Goals:



PARENTAL SUCCESS  
& WELLBEING



NEWBORN WELLBEING

# Goals of Prenatal Education for ESC

- Parental preparation/parental readiness for hospital stay
- Parental preparation/parental readiness for safe and successful transition to home
- Best outcome for infant and birthing person and family
- Consistent messaging by providers, nurses and staff - prenatal education can be reinforced during hospital stay
- Parents experience opportunity to build parental self-efficacy and skills for success – prenatally and during hospital stay

Resiliency

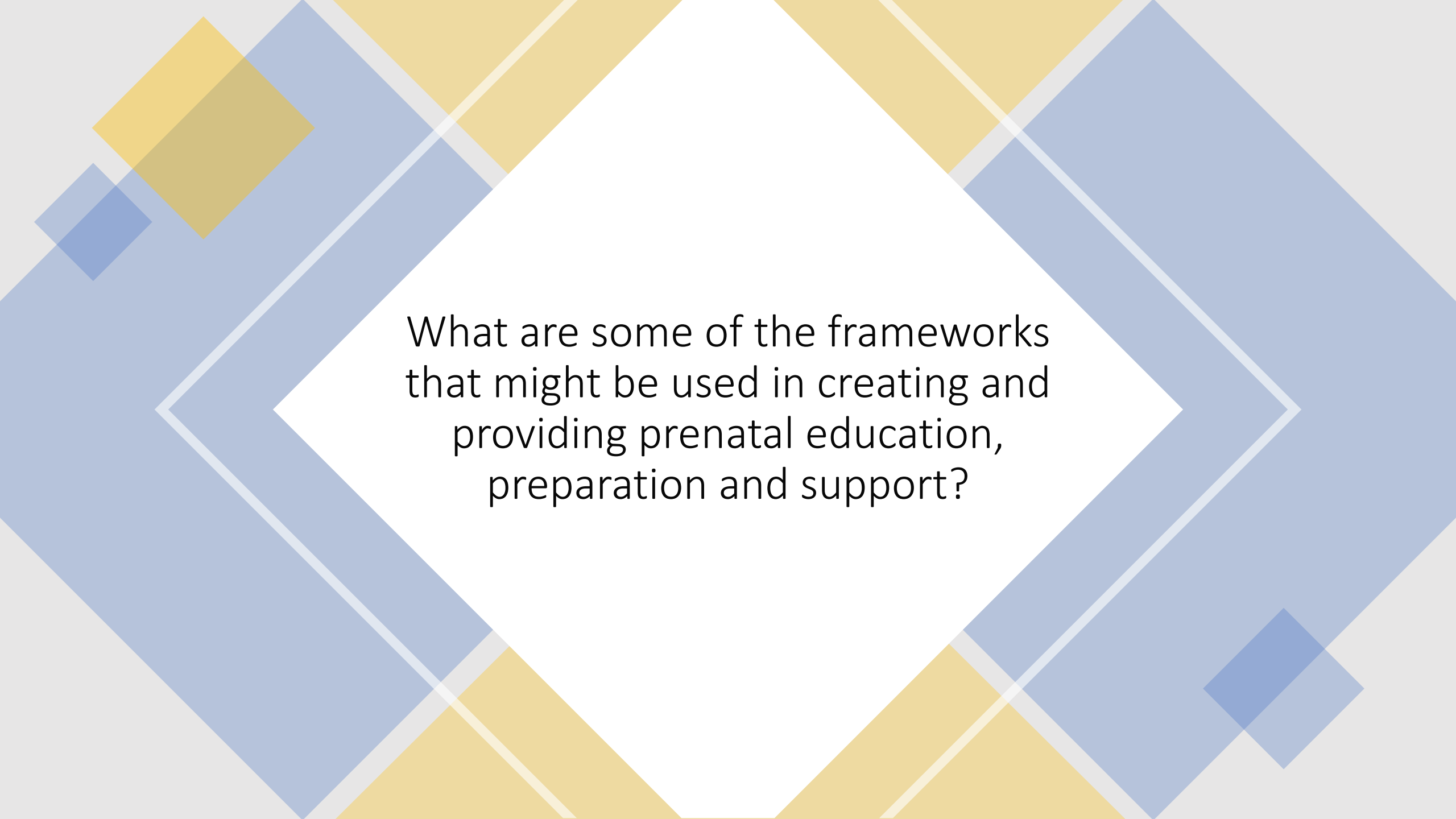
Resourcefulness

Flexibility

Self Compassion

Self advocacy

Determination



What are some of the frameworks that might be used in creating and providing prenatal education, preparation and support?



# Prenatal Education Frameworks and Foundations

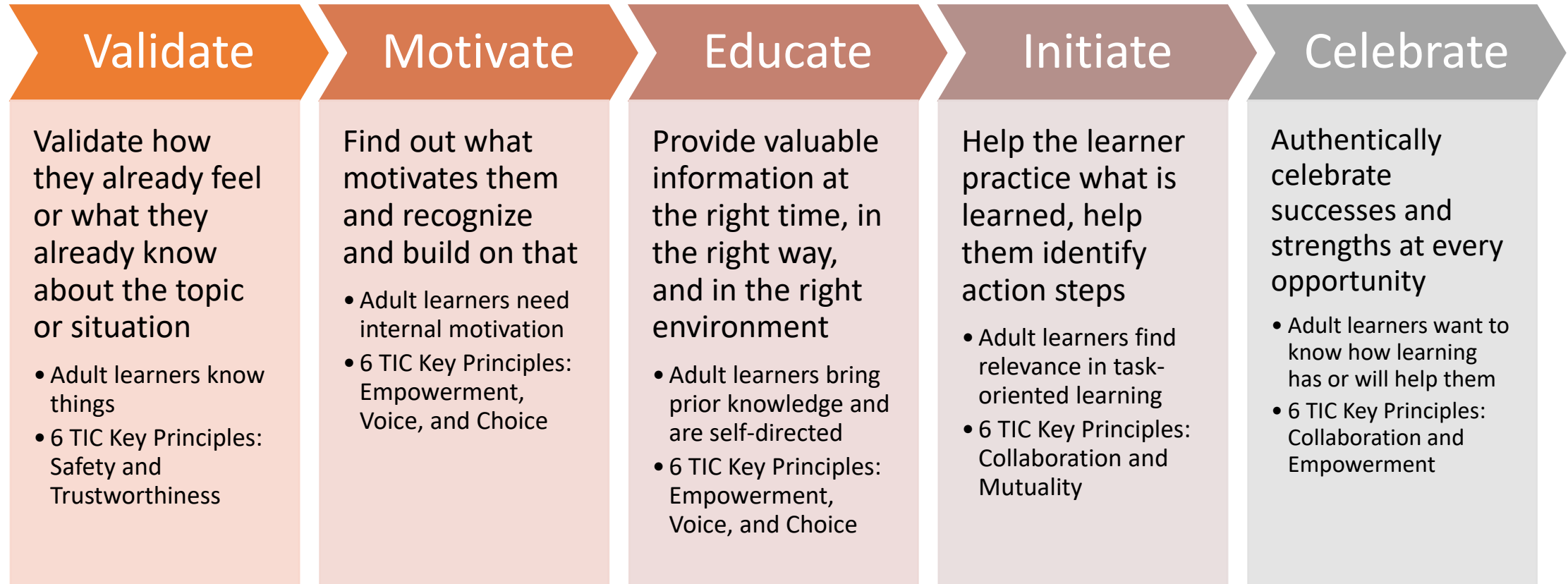
- Trauma-informed
- Harm reduction approach
- Recovery friendly
- Adult learning theory
- Solution-Focused or Motivational Interviewing
- Neuroscience
- Birthing From Within <sup>TM</sup>

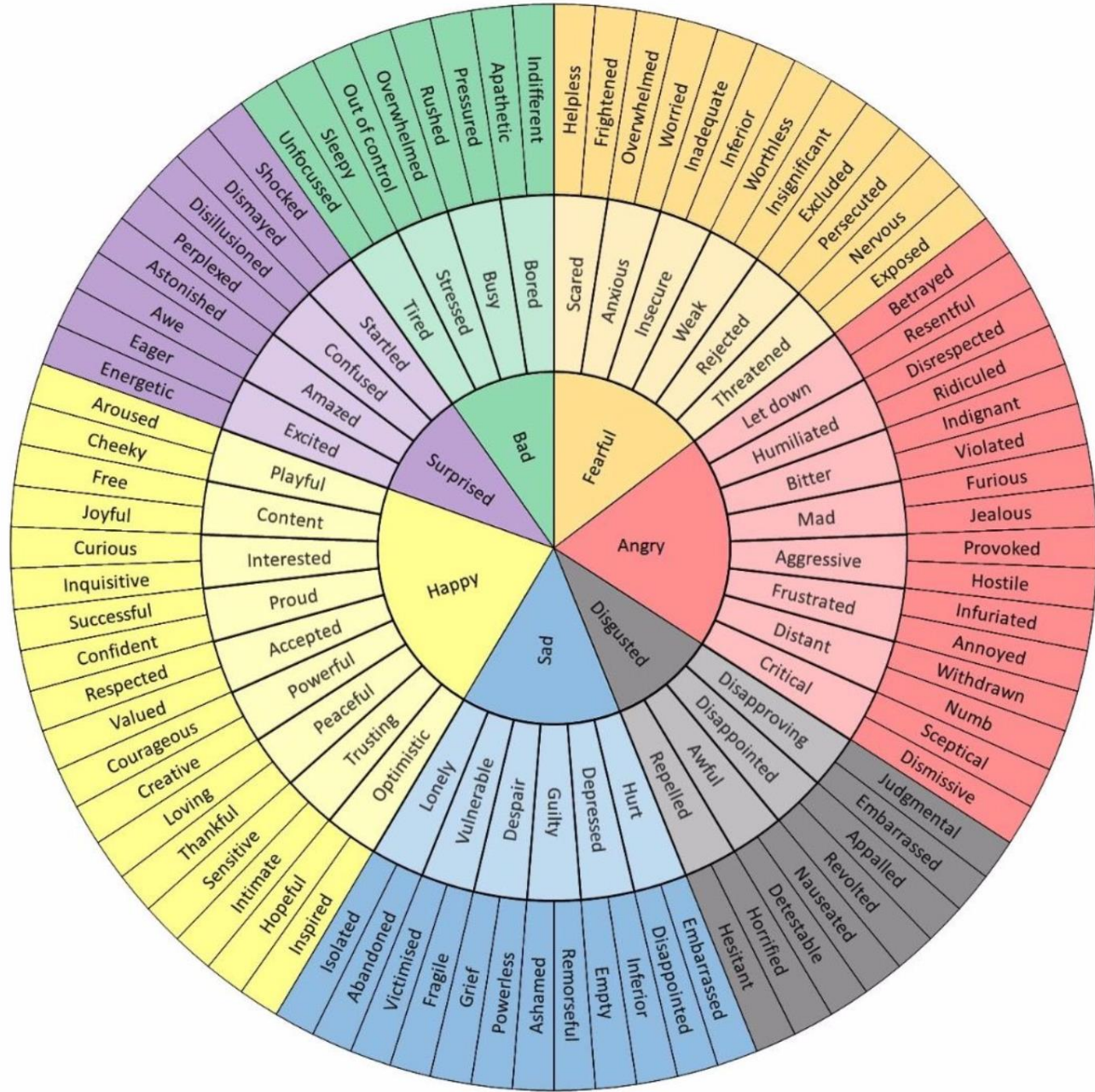
# Adult Learners (Rutgers)

- Need to know “The Why”, Positive Intent
- Center learning around common tasks, problems, direct association with their own life
- Need to have level of experience and their own expertise/lived experience valued
- Prefer self-directed approach, self-discovery, come to their own awareness and conclusions



# Birthing From Within™ Mentoring Process







These are a few of my  
favorite questions ...

- What you are the most proud of? Good at? Tell me about you ...
- What's working now (today, during your stay, with your baby, with your health care team...)?
- What's not working? (be willing to take criticism)
- What have you already tried?
- How will you know it's working? (a new solution)
- What do you want to be different or change?
- What has surprised you the most about you? About your partner? About your baby? Being in the hospital, birth, parenting...?
- How do you know who to trust?

# Compassionate Statements and Questions

- Wow, you are working so hard.
- You really love your baby.
- I know you are worried. What you (your baby, your partner) are seeing/feeling/experiencing is normal/expected and temporary (or scary, frightening, sad, concerning, new...)(avoid using “but” or “at least”)
- What is one thing only you can do for your baby, that is special to you her/him?
- We are here to support you and your baby and help keep you safe. What will make you feel most safe right now?
- Its so disappointing when things don't go as planned.
- Going home with a new baby can be overwhelming.
- Parenting can be lonely. Its normal to need help and often hard to ask or accept it.
- Look how your baby responds to your touch/holding/voice... he/she knows you are doing your best.

# Compassionate Statements and Questions

- How has this experience been for you?
- What are your questions about the plan right now?  
What are you worried about?
- What are your questions/concerns today? How would you like to see the day go?
- Do you understand what is happening? Tell me about what you know is happening and what the plan is.
- How are you feeling?
- What is one thing that would help the most right now?
- What do you need the most from me during this shift?

# Recommended Prenatal Preparation, Education & Support Topics

- Childbirth and parenting education
  - Period of Purple Crying, Safe Sleep, ESC
- Value of maternal/caregiver direct contact and presence in the newborn period for all infants and added benefit for infant who may experience NAS
- Timing of and most common symptoms of NAS based on maternal medication/substance
- What care-giver can DO about symptoms of NAS (Non-Pharmacologic withdrawal symptom management; calm, quiet env, holding, skin-to-skin etc.)
- Anticipation of length of stay (4-5 days and up to 2 weeks)
- Limiting Visitors
- Communication with family and supports



# Recommended Prenatal Preparation, Education & Support Topics

- ESC assessment process and utilization of ESC care tool
  - Eating, Sleeping, Consoling
- Reasons why medication treatment is used, how it works, process for decision making, monitoring during treatment and LOS
- Communicating with health care team, navigating challenging scenarios such as disagreement with team
- Common challenges and Solutions
  - Eating, Sleeping, Consoling
- Discharge readiness
- Plan of Safe/Supported Care development/utilization and process

# Recommended Prenatal Preparation, Education & Support Topics

- Illicit / illegal drugs during and/or after your pregnancy
- Smoking Cessation/Nicotine/Tobacco/Vaping
- Marijuana use with pregnancy and breastfeeding
- Asking for and receiving help
- Anticipation of supports needed and inventory of supports available
  - hospital stay (staff, cuddler program, family, friends)
  - home (friends, family, community resources, VNA etc)
- Home Visiting and PCP visits
- Covid related restrictions and supports

# Make Prenatal Education, Preparation and Support Equitable



- “Equity provides equality of opportunity. Everyone has a fair and just opportunity to be as healthy as possible”

# Providing Prenatal Preparation, Education & Support

- Prenatal appointments
  - Provider/RN checklists
- Community or hospital classes to help prepare for birth and parenting
- Hospital tour of maternity/birth center, tour of NICU/Pedi unit for extended stay
- Consultation with RN at hospital
- Prenatal Groups
- Written material
- Video material
- Outreach to MAT programs, IOP groups, Home Visiting
- Care coordinator/case manager
- Social media
- Apps/text platforms
- Virtual classes

# Make Prenatal Education, Preparation and Support Engaging and Valuable

Utilize	Utilize frameworks/models
Build	Build rapport, establish trust, tell the truth
Avoid	Avoid teaching families how to be good patients or how to be nurses
Help	Help them learn the things they want to know, ask them from the start <ul style="list-style-type: none"><li>• “how will you know this hour was valuable for you?”</li><li>• “when you leave here today, what is one thing you are hoping to have/learn/know/feel/change/”</li></ul>

Make Prenatal  
Preparation,  
Education and  
Support  
Engaging and  
Valuable



Inclusivity and equitability – language matters



FOOD!



Space – warm, welcoming, creative



FUN



Interactive



Incentives

Baby gear (pack-n-plays, diapers  
etc.)

Gift cards for parents

# Use Engaging Activities, Have Fun!

- Paper and pencil - “Postpartum Transition Activity”
- Simple “thresholds” or “ceremonies”
- Ideaboardz
- Polleverywhere
- Kahoot
- Wordclouds

## 4TH TRIMESTER TRANSITION TO PARENTHOOD PLAN

<p>Phone A Friend / <u>Cuddler</u> Support</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li><li>4.</li><li>5.</li></ol>	<p>Meal Angles / Food Friends</p> <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li><li>4.</li><li>5.</li></ol>
<p>4<sup>th</sup> Trimester Challenges and Solutions</p> <ol style="list-style-type: none"><li>1.            A.                   B.                   C.</li><li>2.            A.                   B.                   C.</li><li>3.            A.                   B.                   C.</li></ol>	<p>My Bliss List/Temporary Sacrifices</p>

# Birth and Parenting Preparation Resources

- Birthing From Within - <https://birthingfromwithin.com/>
  - Birthing From Within – by Pam England
  - Ancient Map for Modern Birth – by Pam England
  - Heart Centered Pregnancy Journal – Nikki Shaheed
- Birth Story Medicine - <https://birthstorymedicine.com/>
- Stephanie Covington - <https://www.stephaniecovington.com/>
  - Helping Women Recover
  - TIC workshops



# Trauma-Informed Care Resources



- Harm Reduction Coalition - <https://harmreduction.org/>
- Johann Hari – “Chasing the Scream” 2015

## TED Talk

[https://www.ted.com/talks/johann\\_hari\\_everything\\_you\\_think\\_you\\_know\\_about\\_addiction\\_is\\_wrong?utm\\_campaign=tedsread&utm\\_medium=referral&utm\\_source=tedcomshare](https://www.ted.com/talks/johann_hari_everything_you_think_you_know_about_addiction_is_wrong?utm_campaign=tedsread&utm_medium=referral&utm_source=tedcomshare)

- National Council for Behavioral Health - <https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/>
- SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach - <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>
- Substance Abuse and Mental Health Services Administration (SAMHSA), Clinical Guidance for Treating Pregnant and Parenting Women with Substance Use Disorder - <https://store.samhsa.gov/sites/default/files/d7/priv/sma18-5054.pdf>
- Trauma Informed Care Project - <http://traumainformedcareproject.org/>

# Opportunities for Prenatal Education in Your Setting/Community

- Home Visiting and Family Resource Centers
- Local Doulas/Childbirth Educators (it doesn't take nurse to provide effective prenatal education)
- Recovery coaches, recovery/MAT programs
- Pre-designed programs
  - Stephanie Covington
  - Birthing From Within <sup>TM</sup>

# Action Steps

01

Questions?

02

SWOT analysis of your  
site/setting/community

03

SMART goal – one thing  
you can do now to  
improve

“Nothing is  
*impossible*. The  
word itself says  
*I’m possible*.”

~Audrey Hepburn



# References



- Atwood, E., Sollender, G., Hsu, E. et al. (2016). A qualitative study of family experience with hospitalization for neonatal abstinence syndrome. *Hospital Pediatrics* 6, 626–632.
- Berg, I. K., & Szabo, P. (2005). *Brief Coaching for Lasting Solutions*. New York, NY: W. W. Norton and Company
- Blaustein, M. E., & Kinniburgh, K. M. (2010). *Treating traumatic stress in children and adolescents: How to foster resilience through attachment, self-regulation, and competency*. New York, NY: Guilford Press.
- Buczkowski, Amy MD; Avidan, Olivia BS; Cox, David MD; Craig, Alexa MD The Parental Experience of Newborns With Neonatal Abstinence Syndrome Across Inpatient Care Settings: A Qualitative Study, *Journal of Addiction Medicine*: September/October 2020 - Volume 14 - Issue 5 - p e183-e187 doi: 10.1097/ADM.0000000000000624
- Cleveland, L. & R. Bonugli, R. (2014). Experiences of mothers of infants with neonatal abstinence syndrome in the neonatal intensive care unit. *Journal of Obstetrics, Gynecology and Neonatal Nursing*, 43, 318–329
- Cirino, N. H., Knapp, J. M., Perinatal Posttraumatic Stress Disorder: A Review of Risk Factors, Diagnosis, and Treatment. *Obstet Gynecol Surv.* 2019 Jun;74(6):369-376. doi: 10.1097/OGX.0000000000000680. PMID: 31216046
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med.* 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.
- Harris, M., & Fallot, R. D. (Eds.). (2001). *New directions for mental health services. Using trauma theory to design service systems*. Jossey-Bass/Wiley.
- SAMHSA's Trauma and Justice Strategic Initiative. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. 2014. Available at: [https://ncsacw.samhsa.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf).
- Van Der Kolk, B. (2014). *The Body Keeps the Score, Brain, Mind, and Body in the Healing of Trauma*. New York, NY: Penguin Books.