

As a survivor of sexual violence, it is important for me to maximize choice, agency, and control over my body, my experience, and my care. While it may be difficult to communicate my feelings, needs, and wants during labour, I've taken steps to plan ahead to help create an ideal experience for myself and my baby. A big part of that plan is making sure my nurse and those involved with my delivery are aware of my needs as a survivor. To help my birth team better understand my needs, I have brought in some information about trauma-informed care, and how you can help.

Thank you for your patience and support during this intense time.

5 Tenets to Trauma-Informed Care (SAMHSA)

- 1 Safety** – Ensuring that the birthing individual feels physically and psychologically safe. Ideally, a trust relationship is formed prenatally and a care plan for trauma triggers is included in the patient's prenatal notes.
- 2 Trustworthiness and Transparency** – Ensuring that the birthing individual and their partner or support person is kept informed and aware of all options available to them. Ensuring that procedures and exams are discussed with and given full consent to by the birthing person before the procedures and exams proceed, even with routine hospital procedures. Avoiding coercion or vague explanations for procedures or exams.
- 3 Peer Support and Mutual Self-Help** – For birthing persons on the labour and delivery unit, having a designated staff person knowledgeable in trauma and trauma informed care available to liaise with the birthing person and their partner or support person on all shifts will help to ensure re-traumatization is avoided.
- 4 Empowerment, Voice and Choice** – Creating empowering birthing experiences by equipping the birthing individual with fully informed choice, options, and coping mechanisms prenatally and during labour and birth. Encouraging the birthing individual to ask questions, make decisions, and be present and involved in their experience while in labour. Recognizing that trauma is individual, and that what may be fine for one individual may be triggering for another, and vice versa.
- 5 Cultural, historical and gender issues** – Ensure that care providers are aware of potential stereotypes and biases that may affect a birthing individual's care or ability to use their own voice. Recognizing historical trauma and valuing traditions, cultural needs and preferences, and addressing racial disparity within the institution.

Survivors of sexual violence may find particular situations in labour and birth re-traumatizing. These triggers may include:

- Feeling as though they have lost their personal autonomy. Feeling unheard or spoken over
- Not having full information on what is happening to their body and/or their baby
- Being touched or handled without consent
- The inability to move, such as with epidural, spinal, or caesarean
- The feeling of restraint, being confined to bed or hands restrained during cesarean
- Feeling exposed
- Loud noises, bright lights, and sudden movements
- Vaginal exams
- The feeling of the baby as it moves through the vagina and out

Common indicators of trauma response during labour and birth:

- High anxiety, Startling easily, Panic attacks. Hyperventilating, Confusion
- Racing heart, dry mouth, white coat syndrome or displaying fear
- Recoiling when touched
- An intense need for privacy or to be covered at all times
- Lack of progress or altered contractions when new individuals enter the room
- Panic or feeling excess pain during vaginal exams
- Disassociation/seeming disconnected from their surroundings and experience

Below are steps that any care provider can take to help address trauma in birthing persons.

- Explain clearly every procedure and exam and ask for clear consent before proceeding.
- Minimize the amount of individuals entering and exiting a labour room whenever possible.
- Have individuals entering a labour room knock and announce themselves before entering.
- Allow birthing individuals to cover themselves between checking on baby during the pushing stage.
- Ask before entering a bathroom or uncovering the birthing person.
- Ask every time before touching or making contact with a birthing person, even for casual touch, unless they indicate otherwise.
- Explain how procedures like epidural/continuous monitoring may limit movement ahead of time.
- When offering options or choices, offer to leave for a few minutes (if medically possible) and allow the birthing person to discuss the options with their partner and/or support person.
- Watch for signs of trauma and if medically possible, immediately cease the exam or procedure and help the birthing person to return to calm.
- Speak calmly and quietly to the birthing person.
- If the birthing person is laying down, try to stay as close to eye level and a safe distance away as possible.
- Avoid restraints wherever possible. If they become necessary for medical reasons, explain clearly why, and wait for consent before proceeding.
- Ask if the birthing person would like procedures or exams explained during them. This can be calming and feel more in control for some trauma victims.
- Ask if there is anything you or the care team may do to help the birthing individual feel safe and calm.