Trauma-Informed Care for the Opioid-Exposed Mother

A Practical Approach for the Outpatient Clinician

NHAFP
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# Gender-Inclusive Terms for Pregnant Populations

## (Cis) Woman-Centric Terms vs. Inclusive Examples

<table>
<thead>
<tr>
<th>(Cis) Woman-Centric Terms</th>
<th>Inclusive Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women</strong></td>
<td>Individuals, People, Participants, Patients</td>
</tr>
<tr>
<td>as in... Pregnant women</td>
<td></td>
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<tr>
<td>Childbearing women</td>
<td></td>
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<tr>
<td>Women in labor</td>
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<tr>
<td>Postpartum women</td>
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<tr>
<td>Lactating women</td>
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<tr>
<td>Women of reproductive age</td>
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<tr>
<td><strong>Mothers</strong></td>
<td>Parents, Individuals, People, Participants, Patients</td>
</tr>
<tr>
<td>as in... Pregnant mothers</td>
<td></td>
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<tr>
<td>Expectant mothers</td>
<td></td>
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<tr>
<td>Gestational mothers</td>
<td></td>
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<tr>
<td><strong>Girls</strong></td>
<td>Individuals, People, Participants, Patients</td>
</tr>
<tr>
<td>as in... Pregnant girls</td>
<td></td>
</tr>
<tr>
<td><strong>#-#-year-old...</strong></td>
<td>Individuals, People, Participants, Patients</td>
</tr>
</tbody>
</table>

## Maternal Terms

- **Maternal** as in...
  - Maternal mortality
  - Maternal complications

## Pregnancy Terms

- **Pregnancy**
- **Perinatal**
- **Obstetric**

## Birthing Parent Terms

- **Pregnant parent**
- **Birthing parent**
- **Perinatal**

## Parenthood Terms

- **Parenthood**

## Maternity Terms

- **Maternity (motherhood)**
- **Maternity (period)**

## Perinatal Terms

- **Perinatal**

## Co-parents Terms

- **Co-parents**
- **Non-birthing parents**
- **Non-childbearing parents**
- **Partners**
Opioid Exposed
Why this talk?
United States Opioid-Exposure in Pregnancy

1/15 pregnant women reported use in 2019
1/35 pregnant women reported use (1990-2021 ECHO analysis)

Characteristics:
- 67% non-hispanic white
- 69% some college education

Opioid Exposure:
- 5% heroin
- 86% opioid use originated from a prescription
Objectives

1. Recognize that mothers with opioid-exposure have experienced trauma

2. Identify best practices for trauma-informed care delivery by the family medicine clinician

3. Employ practical strategies for trauma-informed care for mothers with opioid-exposure
The Three E’s of Trauma

Event → Experience → Effects
Trauma affects neurobiology & behavior

Prefrontal Cortex
- Center of executive functioning
- Regulates thoughts, emotions, & actions

Hippocampus
- Center of short term memory
- Connects emotions to fear

Amygdala
- Triggers emotional responses
ACEs ➔ Risk of Opioid-Exposed Pregnancy
What is Trauma-Informed Care?

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.
Safety

Cultural, historical, & gender issues

Trustworthiness & transparency

Collaboration & mutuality

Peer support

Empowerment, voice, & choice
Patient & PCP Recommendations

- Physician training
- Online trauma resource centers
- Information pamphlets
- The ability to extend appointment times
- Clinical pathways for responding to trauma
Relationship-Based Approach

- People are doing the best that they can
- Individualized response to traumatic experience
- Behavior experienced as problematic to a clinician is somehow useful to the person in adapting to the trauma experience
Relationship-based trauma-informed care among PCPs promotes better patient health and higher compliance with medical treatment plans.
Operationalizing Trauma-Informed Care

Medical Dialogue

Patient-Centeredness Composite score:

- Psychosocial data gathering
- Giving information about lifestyle, education and counseling
- Biomedical information gathering
- Rapport building/emotional
- Number of doctor's statements
- Frequency of doctor's statements
- Counseling
Trauma-Informed Medical Care: A CME Communication Training for Primary Care Practitioners

Figure 2: Patient Centeredness Score Means by Condition

- Pre
- Post
- Follow-up

Visit 1, Visit 2, Visit 3

Experimental
Delayed
Transformation requires change at the Organizational & Clinical Levels

Patient empowerment
Choice
Collaboration
Safety
Trustworthiness
Environment

Creating a Safe Environment

- Maneuverability
- Welcoming language
- Signage
- Personal space
- Security
- Time waiting
- Noise level

Medical environment ≠ traumatic
Physical Examination

“Your chest”
“Feel”, “Touch”
“Push me away”
“Bed”
“Open your mouth for me”

“The chest”
“Examine”, “Check”
“Push forward”
“Exam table”
“Open the mouth”
Expressions of the Effects of Trauma

- Patient engagement
- Patient behavior
- Adherence to treatment plan
Prenatal: Maternal Adherence to Care Plan

- MAT
- SUD
- Mood
- Support
- OB Care
Preparing for L&D

- Information empowers mothers
- Anticipatory guidance reduces fear
- Refer to inpatient team
Postpartum: Strengthen Maternal-Infant Bond

- Process L&D experience
- Maternal postpartum care
  - MAT
  - Contraception
  - Breastfeeding
  - Mood
  - Sleep
  - Support
- Infant care
  - Breastfeeding
  - Resources
Care of the Clinician

Vicarious trauma is seen as an inevitable consequence of empathic engagement with traumatized individuals.
Objectives

1. Recognize that mothers with opioid-exposure have experienced trauma

2. Identify best practices for trauma-informed care delivery by the family medicine clinician

3. Employ practical strategies for trauma-informed care for mothers with opioid-exposure
What trauma-informed care practices can we promise to implement starting today?
References

*Behind the term: Trauma - university of California, Berkeley. NREPP. SAMHSA’s National Registry of Evidence-Based Programs and Practices. (2016). Retrieved February 7, 2023, from https://calswec.berkeley.edu/sites/default/files/4-3_behind_the_term_trauma.pdf*


References


