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**Introducing a Trauma-Informed Care Model to Address Racial Disparities in Perinatal
Outcomes Among African American Women**

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Abstract

Racial disparities in maternal and infant health have remained an issue within the United States despite efforts to advance and improve our health system. Most maternal deaths are preventable, especially with early and adequate maternal care. Infant mortality occurs for several reasons, but inadequate care usage increases the risk for adverse outcomes. Prenatal care usage within the United States has been inadequate for numerous years, most commonly among African American women, despite its known benefit. Low prenatal care usage among African American women can be attributed to community barriers, social injustices, trauma, discrimination, and health care mistrust. Trauma is common among all ages and groups within the United States, with women and girls unfairly more exposed throughout their lifetimes, yet it continues to remain an underdressed reason for avoiding medical care. It is crucial to address the racial inequalities and social barriers that exist within the United States; however, it is equally as important to address and improve providers' delivery of care. An approach called trauma-informed care is aimed at understanding trauma and adverse childhood experiences, its overall impact on an individual, and how to avoid traumatization through healthcare delivery. Trauma-informed care provides opportunity to improve patient's experiences with the healthcare system and ultimately increase prenatal care usage. This paper provides an overview of racial disparities in maternal and infant health, driving factors, prenatal care, and traumatic experiences, with a brief of how introducing a trauma-informed care model can address and improve perinatal outcomes among African American women.

Introduction

Maternal and infant health are crucial public health indicators and often highlight the disparities in healthcare delivery and outcomes, especially racial disparities in minority communities. While the maternal and infant mortality rates are markedly high within the United States, African American women and babies are disproportionately affected. A goal of Healthy People 2030 is to prevent pregnancy complications and maternal deaths by improving women's health before, during, and after pregnancy (Office of Disease Prevention and Health Promotion, 2023).

To improve women's health before, during, and after pregnancy and delivery, it is important to focus on increasing health care usage among American women, specifically prenatal care. Prenatal care usage has been inadequate within the United States for several years now and it is imperative to understand why. Barriers affecting prenatal care usage may vary from community to community, but within the African American population it is often due to generational trauma, social barriers, healthcare discrimination, and mistrust (Gadson, Akpovi, & Mehta, 2017). While efforts must be made toward deconstructing social constructs and racial injustices, direct efforts can be made to improve health providers' delivery of care. This offers the opportunity to directly influence positive healthcare encounters and ultimately improve prenatal care usage. An approach called trauma-informed care (TIC) focuses on the prevalence of trauma, its impact, and how TIC can be used to avoid traumatization for the patient.

Maternal Mortality

The Center for Disease Control and Prevention (CDC) defines maternal mortality as the death of a woman during pregnancy, at delivery, soon after delivery, or within 42 days after the

termination of a pregnancy (Center for Disease Control and Prevention, 2022). According to the CDC, nearly “700 women die each year in the United States as a result of pregnancy or delivery complications” (Center for Disease Control and Prevention, 2022). In fact, women living within the United States are more likely to die because of pregnancy and childbirth than women living in other developed countries (Office of Disease Prevention and Health Promotion, 2023).

Implementation of maternal care early in pregnancy has been identified as an opportunity to act in preventing maternal mortality (Office of Disease Prevention and Health Promotion, 2023).

Studies show that two-thirds of these deaths could have been preventable if patients were quickly and effectively diagnosed and treated for pregnancy complications. Reducing the rate of maternal mortality is a goal that has continued to exist within the United States and is still a goal of Healthy People 2030 (Office of Disease Prevention and Health Promotion, 2023). Maternal mortality is a critical indicator of health and often highlights disparities, specifically racial disparities in the United States and their results on certain communities, especially those of minority populations.

The mortality rate for African American women is exceptionally high and nearly three times higher than the rate for White women. One undeniable reason for the disparities in the U.S. maternal mortality rate is the differences in the quality and adequacy of care that women of color receive as compared to White women (Schweitzer, 2022). Research shows that approximately three out of five pregnancy-related deaths are preventable, yet African American women giving birth are dying at staggering rates (Center for Disease Control and Prevention, 2022). For nearly all the Centers for Disease Control and Prevention’s severe maternal morbidity indicators, African American women experience the highest rates, higher than any other racial or ethnic group (Center for Disease Control and Prevention, 2022). As stated by Sarah Schweitzer,

“Maternal mortality is a human rights issue. Maternal deaths are preventable” (Schweitzer, 2022, p. 750). There are multiple contributors to racial disparities in maternal health outcomes. Examples may be variations in healthcare, social determinants of health, structural racism, implicit bias, and underlying chronic conditions. Most of these preventable deaths are perpetuated by the nation’s failure to protect our basic human rights such as the right to life, freedom from discrimination, and to the highest attainable standard of health (Schweitzer, 2022).

Infant Mortality

The Centers for Disease Control and Prevention, defines infant mortality as the death of an infant before his or her first birthday and the infant mortality rate is the number of infant deaths for every 1,000 live births (Center for Disease Control and Prevention, 2022). One of the Healthy People 2030 objectives is to reduce the rate of all infant mortalities (Office of Disease Prevention and Health Promotion, 2023). In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society.

For every 1,000 Michigan live births, almost seven infants die before reaching their first birthday. The Michigan infant mortality rate continues to be higher than the national rate of 5.8 deaths per 1,000 live births. In 2020, 708 Michigan infants under the age of one year died, resulting in an infant mortality rate of 6.8 per 1,000 live births (Center for Disease Control and Prevention, 2022). According to the Michigan Department of Health and Human Services report in January of 2020, African American mothers experienced a threefold greater risk of infant death compared to White mothers in Michigan. In 2019, the White infant mortality rate was 4.5

per 1,000 live births while the Black rate was 10.6 per 1,000 births (Center for Disease Control and Prevention, 2022).

The five leading causes of infant mortality are birth defects, preterm birth and low birth weight, sudden infant death syndrome, injuries such as suffocation, and maternal pregnancy outcomes (Center for Disease Control and Prevention, 2022). Low birth weight is one of the greatest indicators of increased risk for infant mortality (Michigan Department of Health and Human Services, 2020). In 2018, infants in Michigan born with a low birth rate of less than 1500 grams experienced an infant death rate of 249.5 per 1,000 live births compared to a rate of 2.3 for those infants weighing 2500 grams or more. In addition, infant deaths were the highest for mothers aged under 20 years old. Unmarried mothers had infant mortality rates over twice those of married mothers. Women receiving inadequate prenatal care experienced infant mortality rates three times higher as those women receiving adequate prenatal care. In 2018, 34.3% of infants died due to conditions related to prematurity and 16.9% died due to birth defects. In addition, 11.5% of infant deaths were due to accidents; 7.1% of all infant deaths were due to accidental suffocation in bed (Michigan Department of Health and Human Services, 2020).

Factors Influencing Racial Disparities in Maternal Health Care

There are numerous factors influencing the continuation of racial disparities in health care that the African American population continues to face. Social determinants of health, limited access to care, providers' racial bias, and traumatic and adverse life events contribute to limited high-quality care. This ultimately leads to a disproportionate number of preventable deaths of African American women. In addition to the healthcare mistrust African American

women hold because of the inequalities they experience, there are issues and constraints embedded into our society that limits the health of these individuals from prevailing.

Social determinants of health refer to "...the conditions in the places where we live, work, learn, and socialize that affect health risk and outcomes..." (Schweitzer, 2022, p. 756) within that community. They consist of five main categories which include: economic stability, access to education and its quality, healthcare access and quality, built environments and neighborhoods, and social and community contexts. Some examples may include access to nutritious foods, safe housing, education, opportunities to be physically active, and language and literacy skills (Schweitzer, 2022). Social determinants of health contribute to many of the health disparities and inequalities seen in our health system today. These aspects of a person's life are crucial when looking to improve an individual's health, specifically mothers and infants.

It is understood that health outcomes are determined by several factors, but research has shown that health behaviors and social and environmental factors have the greatest impact. Having adequate access to resources such as quality education, public safety, safe and affordable housing, healthy foods, and local and emergency health services has a significant impact on maternal health outcomes. Economic stability and steady employment also contribute to more positive health outcomes among Black women (U.S. Commission on Civil Rights, 2021). Studies have found that "nearly half of all Black women grow up in households that are in the bottom fifth of the income distribution as compared to 14 percent of White women, and approximately 35 percent of Black women remain in the bottom fifth of the income distribution as individual adults as compared to 29 percent of White women" (U.S. Commission on Civil Rights, 2021). When it comes to medical coverage, people of color are less likely to be insured than White counterparts. Disparities also exist in the amount of exposure to safety threats and financial

security, for example, violence and barriers to occupational advancement (U.S. Commission on Civil Rights, 2021).

Examples of determinants of health that likely play a direct role in decreased prenatal care utilization are insurance status, lack of social support and childcare services, and available transportation to take patients to and from appointments (Gadson, Akpovi, & Mehta, 2017). Research has proven that unemployment status, being a single parent, substance abuse, and family conflicts contribute to women receiving inadequate care. When looking at Detroit, the largest city in Michigan with a population of over 670,000 residents and 83.2% of them being African American, the average of adequate prenatal care usage is 70%. When looking at social determinants of health, as of 2018, 20% of Detroit residents are unemployed, 20% did not graduate high school, 25% of people live in a household without a vehicle, and 33% of families live in poverty. For over 20 years, Detroit's crime rate has been much greater than the national average. When asked about transportation, less than 50% of residents indicated that they had a reliable ride for doctors' appointments when needed (Detroit Health Department, 2018).

In some cases, inadequate use of prenatal care can be attributed to lack of access to quality healthcare based on geographic location. In the United States, this may be due to lack of hospitals and outpatient clinics, workforce shortages, and challenges that arise from social determinants of health that affect rural mothers. While many of these issues are attributed to rural areas, these issues also occur in urban areas in addition to other barriers to accessing prenatal care (Mikhail, 2000).

Discrimination and Traumatic Events

Social conditions are not the only factor that impacts health. Societal elements like oppression, discrimination, racism, and various types of traumatic events can have a tremendous impact on health. It is proven that marginalized groups, especially people of color, are much more likely to have worse health conditions, often a direct result of stressors and traumatic life events (Schweitzer, 2022). As a result of the racial disparities African American women have recognized, experienced, and continue to face, many women are reluctant to make themselves vulnerable to adverse experiences from the healthcare system by simply avoiding or delaying prenatal care.

Experiences of racism and discrimination are very likely to play a role in the engagement in the health system and the utilization of prenatal care in vulnerable populations (Gadson, Akpovi, & Mehta, 2017). A Listening to Mothers III survey revealed that 24% of women experienced discrimination during their birth experience and hospitalization (Gadson, Akpovi, & Mehta, 2017). The survey also found that being a Black or Latina was associated with nearly three times the odds of experiencing discrimination due to race, language, or culture. Uninsured women had double the odds of experiencing discrimination. Higher odds of perceived discrimination in prenatal care were also related to first time pregnancy, hypertension, and diabetes (Gadson, Akpovi, & Mehta, 2017). Pregnancy stigma that is racialized has the potential to influence poorer maternal and infant outcomes through increased stress the mother will face and reduced access to health care (Mehra, et al., 2020).

Trauma and Adverse Childhood Experiences (ACEs)

Exposure to or personal experience with trauma is common among people of all ages (Kuzma, Pardee, & Morgan, 2020). Trauma is defined as "...an event, series of events, or set of

circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (Kuzma, Pardee, & Morgan, 2020). There are several types of traumas including physical violence, emotional abuse, sexual violence, neglect, community violence and safety issues, incarceration of a parent, being removed from the home as a child, etc. Trauma includes adverse childhood experiences (ACEs) and may exist interpersonally, institutionally, or within communities (Kuzma, Pardee, & Morgan, 2020). The impact trauma has on an individual is dependent on when, where, and how often it occurs. Potential adverse effects of trauma may include stress intolerance, increased emotional or behavioral responses, numbing or hyperarousal, impaired trust, distorted thinking or perceptions, and dissociation. Traumatic experiences and ACEs leave a lasting impact on development, coping mechanisms and stress responses, social behavior, and mental and physical health. An individual's response to trauma is "...connected to compounding factors such as personal vulnerabilities and risk factors and mitigating factors such as the availability of resources and support..." (Kuzma, Pardee, & Morgan, 2020) which African American women frequently lack.

Pregnant women and their infants are two of the most vulnerable populations to experience the direct impacts of trauma over their lifetime and future generations. Various forms of traumatic experiences and ACEs prior to pregnancy or even during have an impact on perinatal health. Trauma can affect the adequacy of care one receives, their birth experience, and delivery outcomes. Studies have found that women with a known history of ACEs and trauma have a greater chance of having pre-existing or new health conditions during pregnancy and have poor pregnancy and birth outcomes (Kuzma, Pardee, & Morgan, 2020). Adverse childhood experiences are proven to be predictors of household dysfunction secondary to stress, inadequate

social support, lower socioeconomic status, and mental health disorders. For women with higher ACEs, additional risks include a younger age at first pregnancy, lower income, and lower educational completion. Women with increased ACEs are more likely to use alcohol during pregnancy and have higher odds of preterm birth (Kuzma, Pardee, & Morgan, 2020).

Women and girls are disproportionately impacted and exposed to adversity throughout their lifetime, specifically trauma in the forms of sexual abuse and domestic violence (Racine et. al, 2021). These experiences not only impact their mental health, but also may cause them to avoid medical care, leaving consequences for themselves and their babies. Receiving medical treatment and anticipating maternal procedures can lead to women avoiding care throughout their lives, especially during pregnancy (Racine et. al, 2021).

Prenatal Care

Prenatal care (PNC) is the health care you receive when you are pregnant, before giving birth. Prenatal care visits should begin early in pregnancy and should continue to be regular throughout the course of the entire pregnancy. The overall goal of prenatal care is to promote and maintain the health of the mother and her baby. It is considered a standard for modern pregnancy because it offers both primary and secondary prevention opportunities (Thai & Johnson, 2022). These prenatal care visits give providers the opportunity to properly assess, monitor, and treat chronic medical conditions and provide health education, in addition to the standard of care for pregnancy checkups. Early and regular prenatal care visits allow providers to diagnose and provide treatment early, leading to successful cures of some problems and prevention of many others.

Prenatal care frequency often varies from person to person, however; there is a recommended schedule for a healthy pregnancy. During weeks 4 to 8, the mothers should have one prenatal visit per month. In weeks 28 to 36, mothers should have one prenatal visit every two weeks, or two visits per month. In the late weeks leading up to pregnancy, weeks 36 to 41, women should have one prenatal visit per week. If the pregnancy is considered high risk, it is likely the provider will increase the number of prenatal visits required to monitor the mother and her baby more closely.

During the first prenatal care visit, providers will obtain a health history, perform a physical exam, take blood and urine for lab work, check vital signs, calculate the baby's due date, and answer any questions the mother has. The physical exam will include a pelvic exam, and a Pap test. At later prenatal visits, the doctor will continue to monitor the patient's health status by measuring weight gain, measuring the abdomen, and checking the baby's heart rate. These appointments are crucial to ensure the baby is growing as expected and the mother remains healthy and receives early treatment if any conditions are identified.

PNC continues to stand as a substantial continuity of women's healthcare because nearly three out of four women will give birth or be pregnant at least once during their lifetime. For many women, prenatal care visits often serve as the first encounter within the healthcare system since childhood or adolescence. For many, prenatal care visits provide a window of opportunity to effectively assess and address a psychosocial dimension of care prior to birth (Anderson & Rahn, 2016). This may include but is not limited to social risk factors such as violence and mental health conditions such as anxiety and depression (Anderson & Rahn, 2016). If prenatal care is inadequate, these critical social and emotional assessments are limited and interventions are not able to be carried out (Anderson & Rahn, 2016). In addition to inadequate assessment and

intervention, education and preparation for birth may be limited, increasing the risk for “birth related trauma or posttraumatic stress disorder” (Anderson & Rahn, 2016).

Importance of Prenatal Care

By providing necessary medical care and helping pregnant mothers improve their overall health, prenatal care programs play a crucial role in alleviating complication risk factors and improving pregnancy outcomes, especially if the care is adequate and implemented early (Corman, Dave, & Reichman, 2018). Studies have found that early and comprehensive prenatal care drastically decreases the chances of low birthweight, a significant risk factor for infant mortality. Mothers who receive no prenatal care have newborns that are at five times the risk of dying than mothers that receive early prenatal care. Women who do not receive adequate prenatal care are at double the risk for having a low birthweight baby. Infant mortality and low birthweight can be drastically decreased by implementing quality medical care early in pregnancy. Prenatal care allows incipient problems and complications to be detected and corrected before they affect the fetus. It also allows for frequent growth and development measurement to keep track of growth status, which can be used as an indicator for how the fetus is doing (Corman, Dave, & Reichman, 2018).

Prenatal care also has an important role in promoting and maintaining a healthy mother and uncomplicated pregnancies. Maternal mortality is often due to complications that follow pregnancy and childbirth. Research has revealed that most of the complications that develop or worsen during pregnancy are preventable, treatable, or manageable (Corman, Dave, & Reichman, 2018). Major complications that make up maternal deaths are severe bleeding, infections, preeclampsia and eclampsia, complications from delivery, and unsafe abortion

(Corman, Dave, & Reichman, 2018). Early and adequate prenatal care allows providers to identify and treat conditions early and throughout the course of pregnancy, overall improving maternal health and decreasing the risk for birth complications and maternal mortality rates.

Good comprehensive care consists of screening for potential problems, counseling and education about nutrition, lifestyle, and parenting, and providing medical treatment and support as needed. During prenatal care providers may schedule appropriate testing as needed for genetic testing, potential infection, blood types, or tests to verify the maturity of the baby's lungs. Other tests may be recommended as needed but can only be identified through regular prenatal care (Corman, Dave, & Reichman, 2018). Prenatal visits also offer the chance to discuss and create a birthing plan, cultivate trusting relationships between the patient and the providers, and receive answers and education on questions and concerns related to pregnancy, interventions, and treatment. Early and adequate utilization of prenatal care proves many benefits for mothers and babies and promotes healthy pregnancy outcomes. There are many potential complications and adverse outcomes that may arise during and after pregnancy if regular prenatal care is not obtained.

Inadequate Prenatal Care

Despite the known value of prenatal care, there are significant proportions of women who receive inadequate prenatal care. Inadequate prenatal care is recognized as a major risk factor for adverse pregnancy outcomes (Office of Disease Prevention and Health Promotion, 2023). Due to low utilization among women across America, one of the goals of Healthy People 2030 is to increase the proportion of pregnant women who receive early and adequate prenatal care (Office of Disease Prevention and Health Promotion, 2023). Convincing data correlates four or fewer

prenatal visits with maternal mortality which Black women are at a disproportionate risk for. Studies also show that “Black and Hispanic women dying from pregnancy-related causes are more likely to initiate prenatal care in the second and third trimesters...” (Gadson, Akpovi, & Mehta, 2017). When assessing the utilization of prenatal care, African American women generally do not utilize prenatal care often and less than White women tend to (Slaughter-Acey, 2019). Current statistics show that in 2021 only 68.5% of African American women received early and adequate prenatal care compared to 80.5% of White women (Office of Disease Prevention and Health Promotion, 2023).

Research has given light to three major categories that lead to delay of care in the African American population specifically, that ultimately leads to maternal mortality. First, African American women are less likely than their White counterparts to initiate prenatal care, with many of them starting in the third trimester or not at all (Gadson, Akpovi, & Mehta, 2017). Age, education, income, and geographical location have been identified as factors that influence the likelihood of delaying prenatal care usage among Black women. Structural variables such as access to and experience with the health system, lack of insurance coverage, lack of prenatal care information, and whether the pregnancy was planned also influenced the timing and amount of prenatal care usage (Gadson, Akpovi, & Mehta, 2017). Women’s perception on the importance of prenatal care has also been found to be significantly associated with early adequate prenatal care usage. Negative attitudes about prenatal care and limited understanding of the value of it can be one of the most influential personal barriers to seeking care (Mikhail, 2000). Second, African American women are “...less likely to be able to access timely and affordable care...”, mostly due to the fact that Black women face more barriers to accessing prenatal care (Gadson, Akpovi, & Mehta, 2017). Lastly, Black women, specifically “younger women, less educated women,

those with unplanned or undesired pregnancies, the uninsured, and those living in deprived areas” are less likely to receive any prenatal care by the time of birth and are at greater risk for experiencing adverse outcomes (Gadson, Akpovi, & Mehta, 2017).

Trauma’s Impact on Prenatal Care

Traumatic stress poses a threat to the health of pregnant women and their babies but remains insufficiently addressed and considered in obstetric care practices (Stevens et. al, 2019). Obstetric clinicians fail to detect these traumatic events on a regular basis even though they have great impact on health and are associated with long-lasting psychological consequences. Some of these effects include posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and sub-threshold posttraumatic stress disorder (PTS). Because the risk of developing PTS during pregnancy is more than two-fold the national average for ethno-racial minority women living in poverty, PTS has been identified as a factor that contributes to racial disparities and pregnancy complications (Stevens et. al, 2019). In addition, women that have survived trauma are more resistant or delayed in receiving prenatal care which is associated with poor birth outcomes including low birth weight, preterm birth, delivery complications and even potentially infant death (Kuzma, Pardee, & Morgan, 2020).

To be effective in implementing proposed solutions to increase prenatal care, obstetric care must recognize that this care can be a traumatic experience and be a potential trigger for some. Because obstetric procedures are often invasive, patients may avoid receiving care or fail to return after experiencing this once. Patients that are abuse or rape survivors report large amounts of anxiety before and during pelvic examinations and have heightened fear related to childbirth (Stevens et. al, 2019). Due to trauma being so common in society today, it is extremely

easy for routine healthcare experiences to inadvertently retraumatize patients. Patients are often dependent on healthcare providers due to the role patients have in healthcare. Repeated traumatization has the ability to make patients feel like they have little authority in making decisions in the type of care they chose to receive and how it is delivered. According to research, “Individuals with a history of trauma may feel especially vulnerable and powerless when receiving healthcare, particularly those accessing perinatal, pregnancy, delivery, and postpartum care” (Kuzma, Pardee, & Morgan, 2020).

Negative emotions may arise within survivors of trauma during routine care, general and sensitive physical exams, and invasive procedures. Potential triggers for sexual abuse survivors may include having to undress, wearing a hospital gown, and feeling exposed (Kuzma, Pardee, & Morgan, 2020). Invasive exams such as genital, pelvic, or cervical exams can be particularly triggering. Furthermore, the pain and feeling of stretching of the perineum during the second stage of labor may induce triggering emotions. The feeling of restraint from having side rails up on the bed or the feeling of being confined in the bed due to medical equipment may also trigger survivors of intimate partner violence. Having to wait behind a closed door in an unfamiliar setting has the potential for being distressing for patients with PTSD (Kuzma, Pardee, & Morgan, 2020).

The stress response is triggered when a survivor is triggered by an event or experience, making it seem as if the past adverse experience is actively happening. This stress response uses the survival mode of the brain, cutting off higher brain function, resulting in the inability to use advanced reasoning and problem-solving. For the brain to utilize higher brain functions and actively participate in care, survivors must feel safe. While it can be extremely difficult to pinpoint what experiences will be triggering for each individual patient, provider’s awareness

allows them to modify and personalize care. When frontline providers possess the necessary knowledge and skill to identify signs of emotional or physical distress, care can be individualized to accommodate the patients' unique needs and improve their experience (Kuzma, Pardee, & Morgan, 2020).

Trauma-Informed Care

Maternal health disparities and inadequate prenatal care is often attributed to patient behaviors and factors such as obesity, poor diet, substance abuse, or lack of access to healthcare. Disparities in the exposure to stress Black women face over time may also contribute to chronic health problems that can impact health during pregnancy (U.S. Commission on Civil Rights, 2021). Recent findings show that while these issues are important to correct at the root, a way we can make a personal change is through the way clinicians interact with their patients themselves. As Richelle Smith stated, we need to shift the focus from “What’s wrong with you?” to “What happened to you?” (Marill, 2022, pg. 1077). An approach called trauma-informed care (TIC) has the possibility to make this possibly extremely influential change in our nation’s delivery of maternal health, specifically during prenatal care. Trauma-informed care can be defined as “the recognition of the prevalence of trauma, acknowledgement of the role trauma may have played in an individual’s life, and the integration of this knowledge into policies, procedures, and practices” (Sobel et. al, 2018). Trauma-informed care uses approaches that consider the preferences of trauma survivors and aim to use these to build trust and improve engagement in the healthcare system while also avoiding re-traumatization (Millar et. al, 2021). Trauma-informed care acknowledges the importance of understanding a patient's life experiences to

provide effective care and improve patient engagement and compliance in their care, overall resulting in positive health outcomes, and patient, provider, and staff wellness.

Key principles and values of trauma-informed care are trauma awareness and acknowledgement, safety and trustworthiness, choice, control, and collaboration, strengths-based and skills-based care, and cultural, historical, and gender issues. Values of patient-centered care align with those of trauma-informed care. In patient-centered care it is crucial that nurses ensure the patient's needs, values, and preferences are acknowledged and respected (Kuzma, Pardee, & Morgan, 2020). Clinicians need to bear witness to the patient's traumatic experience, acknowledge its ongoing effect, and validate the guilt and shame as relevant. Frontline providers need to provide a safe environment for these patients and recognize the need for physical and emotional safety.

Clear communication is an essential component to successful trauma-informed care tailored to each individual patient (Kuzma, Pardee, & Morgan, 2020). When it comes to informed choice, providers need to actively involve patients in their own healing process, with both positive and negative choices and the choice to not engage in care at all. Clinicians should help the patient identify their strengths and empower them as an active, motivated participant. Lastly, when providing care, it is crucial to be sensitive to a patient's culture, ethnicity, and personal and social identity (Millar et. al, 2019). Training in trauma-informed care should include communication techniques such as empathetic listening, a non-judgmental stance, and open and transparent behaviors. In the simplest form this may be executed through the healthcare provider verbalizing each procedure they are doing and explaining the reasoning why.

Implementing Patient-Centered Trauma-Informed Care

Just as clinicians use universal precautions such as hand washing and gloves to prevent transmission of infectious disease for each patient they see regardless of their infectious history, trauma-informed care should be used by clinicians for all pregnant women. Both women with and without known histories of trauma and ACEs may benefit from TIC approaches. Trauma-informed care helps promote mental health and ensure positive experiences with each interaction with the healthcare system. Three areas that prenatal providers can make accommodations in to improve patient comfort are verbally, nonverbally, and environmentally. When it comes to verbal interactions, providers should always ask permission before touching or exposing the patient, and each procedure should be explained in an understandable manner. In the nonverbal aspect, providers should make eye contact as appropriate and whenever possible sit at the level of the patient when talking. There are many environmental accommodations that can promote comfort and peace such as using soft lights and therapeutic sounds.

Individual responses to trauma will be unique in each situation, making it challenging to predict how an individual with a history of trauma will respond to various situations when accessing health care (Kuzma, Pardee, & Morgan, 2020). Routine screening of traumatic experiences and ACEs allows providers to better understand their patient's behaviors as well as provide resources and individualize the care towards their needs. Research continues to be done on the best standardized tool to effectively screen patients in practice; however, there are a large variety of tools available (Kuzma, Pardee, & Morgan, 2020). While screening provides a great deal of insight, not all trauma survivors will disclose their personal history and experiences. It is crucial that frontline clinicians observe and respond to nonverbal cues the patient is demonstrating. Nonverbal indicators of distress may include restlessness or anxiety, body

tension, poor eye contact, aggression, or increased work of breathing (Kuzma, Pardee, & Morgan, 2020). When these signs are observed, it should be modified to prevent traumatization.

For patients with traumatic experiences, trust and safety are crucial for active participation in care. A qualitative and quantitative study conducted in young mothers with a history of trauma aimed to develop recommendations for implementing trauma-informed care. Results were like those of previous studies conducted on preferences of adult pregnant women. Participants overwhelmingly expressed wanting to be asked about traumatic experiences as this would not be a conversation they initiated themselves. They disclosed that this would allow them the opportunity to communicate what they are comfortable and uncomfortable with and make them feel less alone and misunderstood. Participants voiced that they would like to disclose their history to one provider alone to avoid having to retell their story repeatedly which could potentially be triggering. Several reported that it would be beneficial to include the information provided in their charts. The young women expressed the need of building a trusting relationship with their provider prior to disclosing their history, making them more comfortable sharing sensitive information. This also correlated with the preference of providers waiting till they had an established relationship to ask about trauma history. A key concept identified to improve care was providing as much control and choice as possible. Examples were given such as female providers performing invasive exams, asking permission before procedures and examinations, and not applying pressure to answer uncomfortable conversations. Lastly, the young women identified the importance of providers possessing a strong knowledge base on trauma and the ability to offer proper access to resources for effective coping (Millar et. al, 2021). These universal recommendations are very crucial to consider when implementing trauma-informed care into maternal care in all populations.

Implications for Future Nursing Practice

While there is an apparent need for trauma-informed care in the prenatal care setting, there is limited research evaluating the best technique for implementation and its effectiveness. While there are many perinatal programs centered around trauma-informed care approaches, these programs are usually directed toward targeted populations and not offered in primary care settings with patients of diverse demographics (Racine et al., 2021). To effectively improve maternal and infant health outcomes and increase prenatal care usage, trauma-informed care should be implemented throughout all prenatal care settings for all populations. It is recommended that basic elements of TIC are used for all pregnant women receiving care regardless of location, race, socioeconomic status, age, etc.

Based upon research on trauma survivor's patient preferences, there are several recommendations for the implication for future nursing practice. There should be simple, but effective techniques carried out in all prenatal care settings in the United States. First, trauma history inquiry should be avoided during the intake process and should occur later at future visits and be asked by a provider with a long-standing relationship with the patient. This will be an important aspect to work out for practices who rotate several providers for prenatal visits for the patient to establish a relationship with a provider they feel comfortable with. Second, patients should be educated on the impact of trauma and the effects on pregnancy to understand the reason for asking questions about trauma history. Next, consistency should be ensured at prenatal visits to avoid multiple individuals asking the same questions related to trauma. Because hospital based prenatal care clinics consist of many residents and patients often do not see the same provider, information relating to trauma should be kept in the patient chart to avoid repeating

questioning. Control and choice should be provided by providers as much as possible during the delivery of care. Medical exams, even those that seem very routine, should be explained and given permission for. A trauma informed approach includes the philosophy that a pregnant woman is the best person to make choices regarding her own health care and for her baby. Staff should provide her with accurate information about her options related to prenatal care and informed of benefits, risks, and alternatives. Her individual decisions should be supported by her providers as it is understood that the role of the healthcare team is to provide accurate information and it is her choice to accept or decline the care offered and that she is in full agreement moving forward. Providers need to consider the impact of their gender as a potential trigger for patients and develop a sensitivity plan sensitive to address this. In addition, providers of the same race or culture of the patient may have a positive impact on improving patients comfort and foster a trusting relationship. Lastly, a set of coping strategies, resources, and referral services should be developed to provide patients in need of trauma support services. Overall, all staff involved in healthcare, especially providers and clinicians in women's health, should receive training on the principles of implementing trauma-informed care. It is important for staff at all levels of an organization to understand trauma and its effects.

A trauma-informed model for prenatal and maternity care should treat each woman individually, providing healthcare based on their specific needs and goals. Providers must respect the patient's history and experiences and base their care on the understanding that a person's psychological, emotional, and spiritual health are just as important as their physical health. Trauma-informed maternity care should also offer wraparound support above and beyond the healthcare provided and include how to address safety needs (i.e., domestic violence, housing,

mental health) and other social determinants of health. A universal screening tool can also assist providers in developing areas of need for the trauma-informed plan of care.

Trauma-Informed Care and Utilization of Prenatal Care

Implementation of a trauma-informed care approach motivates and encourages women to seek early and adequate prenatal care, as well as ensures the quality care they receive. Using the trauma-informed care approach allows women that have experienced trauma and adverse childhood experiences, discrimination, and stigma to actively participate in their care.

Implementing recommendations of patients provides women with a sense of control and choice in the care they receive and leaves them feeling heard and understood. Women understanding efforts being made to treat their individual needs and individualize their care has the potential to aid in developing trust in the healthcare system and being willing to receive care. Not only does this lead to an increase in adequate prenatal care usage by women throughout the United States, but it may also indirectly but positively impact maternal and infant outcomes.

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