

# Quick Guide for Maternity Staff

Integrated trauma-informed  
maternity care



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### What is trauma?

Trauma is the response to an event, series of events or set of circumstances that is experienced as physically or emotionally harmful or life-threatening, and which overwhelms an individual. It can be experienced at an individual or collective level and stem from a single incident or from sustained, cumulative or unresolved events. Trauma can also flow through generations.

Potentially traumatic events vary and can include natural disasters, assault (physical or sexual), labour and birth, and some adverse childhood experiences, such as child abuse.

People who have experienced trauma can be re-traumatised when a situation triggers a re-experiencing of thoughts and feelings associated with the initial traumatic event. This may include factors commonly encountered in health care settings such as loud noises, being touched or feeling like what is happening is outside of their control.

Maternity care may require intrusive procedures, which may create feelings of vulnerability and powerlessness, and may be re-traumatising for some women. This can have ongoing negative effects for the woman and her baby.

Responses to trauma may impact a person's access to, and engagement with, services and may impact on overall physical and psychological health throughout their lives.

People heal from trauma in different ways, and this healing takes time – for some people, it may be a lifelong process. Addressing trauma in health care is an important part of supporting people to be able to live the life they want to live.

### What is integrated trauma-informed care?

Integrated trauma-informed care brings together elements of trauma-informed care and integrated care to improve the experiences of women, their families and staff. It refers to a system-wide, multi-level change that results in systems that are women and family-centred, holistic and connected (integrated).

#### Four assumptions underpin trauma-informed care

- Realise the impact trauma can have on families, carers, organisations, communities and individuals, and understand that all women, partners and/or support people and staff may have their own experiences of trauma.
- Recognise the signs of trauma, that relationships can be the basis for healing, and that the service delivery setting plays a role in facilitating the foundation for trauma-informed care.
- Respond appropriately and effectively by applying the principles of trauma-informed care.
- Seek to prevent Re-traumatisation of women, their families as well as staff.

Throughout this Guide, the terms 'woman' and 'women' are used. The use of the term woman is not meant to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.



# Principles of integrated trauma-informed care

## Culture, gender, history and identity

Services are responsive to a woman's culture, gender, religious background, sexual orientation and ability, and recognise and address historical trauma, genocide and institutional racism.

It is understood that each woman and family is unique. Care and treatment should address unique needs and preferences. However, it is also recognised that some population groups may be at increased risk of experiencing trauma.

## Safety

Service providers and maternity staff work with women to ensure they feel physically, culturally, religiously, socially and psychologically safe.

## Trustworthiness

Service providers are transparent, and seek to build and maintain trust among women, staff and other services. Being trustworthy involves being reliable, accountable, respecting boundaries, and not sharing information that is not yours to share.

## Collaboration

Staff recognise the importance of healing through relationships where power and decision making are shared. Collaboration occurs directly in interactions with women and more broadly in service management.

## Empowerment

The strengths and agency of women, and their families, are recognised, built upon, and validated both in direct service provision and organisational management. Women's voices and opinions are included in the development of resources, policies and procedures.

## Choice

Service providers and maternity staff aim to strengthen the experience of choice for women, and their families, carers and significant others.

## Integration

Care is seamless, effective and efficient, responding to all of a person's health needs in partnership with women, their carers and family.

You are not alone, ITIC is a systems approach! For more information on the ITIC Framework and how the system is supporting your work click the link.\*

[Click here](#)



# Every interaction makes a difference

## Practice examples\*

Not integrated or trauma-informed

Integrated trauma-informed practice

### Area of care: All maternity care

Inclusive of all maternity care contexts and settings such as pregnancy care in antenatal clinics and emergency departments, Early Pregnancy Assessment Service (EPAS), inpatient care during pregnancy, labour and birth and postnatal and care in the home or community at any time.

### Collaborative Care

Maternity care is provided as a discrete service, is fragmented and disconnected from other services the woman may be accessing. The woman holds the responsibility for accessing her care.

Maternity care is provided as part of a coordinated, holistic care plan developed in collaboration with the woman.

For example:

- Support to coordinate care including case conferencing and case management is provided where required.
- Women are linked into appropriate services including cultural and/or psychosocial supports as part of the holistic care provided.

Care plans are determined by staff without adequate collaboration with the woman.

Women contribute to and develop their care plan in collaboration with their maternity care providers.

### Respectful Care

Assuming a woman who did not experience any specific complications during birth has not experienced birth trauma.

Maternity staff ask women about their maternity experiences. Respect and incorporate a woman's experience into her plan of care and provide individualised support.

Maternity staff make assumptions about a woman without understanding her personal circumstances.

Maternity staff focus on establishing a relationship and environment where the woman feels safe to disclose experiences of trauma throughout her maternity journey.

Little consideration is given to how use of medical terminology may make women feel.

E.g. 'incompetent cervix' or 'geriatric pregnancy' may cause distress to women.

All maternity staff consider how women will experience and react to medical terminology.

Maternity staff use terminology that is unlikely to cause harm, shame, distress, or re-traumatise women in person and in documentation.

\* please note this is not an exhaustive list

Cultural Safety

Maternity staff assume knowledge about a woman's culture/ethnicity/religion or family arrangements.

Women's culture, beliefs and experiences are respected and acknowledged including different family structures.

Cultural safety for Aboriginal women and families may not be considered.

Cultural safety for Aboriginal women is seen as crucial to service provision. Specific models of care for Aboriginal women and families are offered where appropriate.

Environment

The care setting is only considered in terms of its physical safety.

Consideration is given to how the care setting is likely to make people feel. For example ambient noise, climate control, ease of navigation and lighting are considered important.

Area of care: Management, planning and care coordination, including collaboration with partner agencies (All health care contexts and settings)

Management, planning and care coordination is crucial to integrated, trauma-informed care. It can help establish choice, give women back control, reduce the likelihood of re-traumatisation and ensure care is focused on what is important to the woman.

Booking into and accessing care

The role of maternity staff at initial contact of each visit and/or admission is process-oriented only.

Initial contact is used to build rapport, with all maternity staff providing a welcoming environment and building trust through open and honest communication.

History taking, screening and assessment

Women may see different maternity staff throughout their pregnancy journey. Women may have to tell their story multiple times to multiple staff. General notes on history or background aren't reviewed prior to each appointment with a clinician.

A multidisciplinary team approach is used where appropriate, and relevant information is shared with the team/other staff with the knowledge of the woman.

For example:

- Clinicians review documentation to identify what screening and assessment information is available and identify known history of trauma.
- Notes on background and previous concerns are reviewed by staff before speaking with the woman to ensure women feel heard and do not repeatedly need to raise the same concerns.
- Continuity of care is established, and women have a relationship with an individual clinician.

Consent

Maternity staff may not provide adequate information to women to ensure true and valid consent has been given.

Trusted clinicians provide women with individualised information that gives them the information they need to make informed decisions and to provide valid consent prior to procedures.

Women's decisions and choices are documented and respected.

Inclusion of partners and families

The number and type of support people a woman is allowed may be restricted.

Information is communicated to women early about support people throughout maternity care provision, including any limits to the number of support people who can be present in a clinical space.

A plan is developed with women who may request additional support people e.g. the use of technological support such as video calls or swapping support people if appropriate.

Maternity staff focus their communication with the woman only and do not include their partner or family when they are present.

Maternity staff help support people to feel valued and integral; showing warmth and compassion, asking direct questions, and using their names.

Area of care: Breastfeeding

Breastfeeding responses can be shaped by past trauma. A trauma informed approach can support choice and help empower women to feel respected and in control of their feeding decisions.

Maternity staff focus on physical technique and outcomes of breastfeeding, such as latch and milk supply.  
Feeding plans are developed by staff which prioritise the baby's needs over the woman's needs.

Maternity staff recognise and respond to the emotional and psychological elements of breastfeeding as well as the physical ones. Feeding plans are developed in collaboration with the woman to ensure the plan is safe, respectful, and tailored to her needs and goals.

Breastfeeding concerns raised by the woman may be overlooked or minimised by maternity staff, for example with reassurances such as "breastfeeding is natural and your baby will know how to do it."

Maternity staff take time to explore concerns around breastfeeding with the woman. Staff listen to her feelings and work together with her to plan what support she wants and needs to address her concerns and achieve her feeding goals.

## Area of care: Perinatal Loss

Perinatal loss is a deeply personal and often traumatic experience. A trauma informed approach honours grief and respects women and their families individual needs and choices.

Women who have or are experiencing perinatal loss are cared for with other pregnant women and/or newborn babies.

Provisions are made to ensure that maternity and emergency department waiting areas/units can provide privacy for women who have or are experiencing perinatal loss.

The location should be individualised and carefully considered in relation to the woman's wishes and clinical care requirements.

## Area of care: Consumer resources

Consumer resources should be clear, respectful and accessible and support informed decision making.

Consumer resources do not provide a balanced overview of the risk and benefits associated with a procedure.

Consumer resources provide women with balanced, evidence-based information to ensure women can make an informed decision and provide valid consent.

Consider use of the BRAIN technique:

**Benefits** -What are the benefits of making this decision?

**Risks** -What are the risks associated with this decision?

**Alternatives** -Are there any alternatives?

**Intuition** -How do I feel? What does my 'gut' tell me?

**Nothing** -What if I decide to do nothing/wait and see? What happens next?

Women have timely opportunities to discuss the information provided to them and ask questions about their individual circumstances.

Information is presented in a way suited to highly educated or health literate women.

Accessible education and information is provided to ensure everyone can understand regardless of age or literacy level.

More detailed information is available for women who wish to learn more.

## Area of care: Complaints processes

A trauma informed complaints process ensures people feel safe, heard and respected.

Complaints processes may feel adversarial and may not focus on the experience of the complainant. Support for workers receiving complaints may be limited.

Complaints processes are not adversarial, are complainant centred and consider both clinical outcomes and the experience of the complainant. Workers involved in complaints processes receive adequate support.

## Area of care: Transition into the community post birth

The postnatal period can be a vulnerable time. Trauma informed care supports a safe respectful transition into the community. This includes clear communication, and appropriate referral pathways.

## Discharge

The hospital discharge process and checklists are the priority.

Time and resources are allocated to in-hospital woman-centred discharge care and planning for postnatal home recovery.

Discharge conversations and documentation may not consider the individual communication needs and priorities of the woman.

Discharge communications consider the communication needs and priorities of the woman and/or her family to ensure a seamless transition between her GP, maternity care providers, child and family health services and other postnatal services.

Maternity staff provide appropriate referrals, in consultation with the woman for ongoing postnatal care, including when required - lactation care, physiotherapy, maternal health care, social work, and social support programs.

## Care Evaluation

Services may rely on clinical outcomes only to measure success.

Services use validated patient reported experience measures to gain feedback on women's experiences and use these findings to improve maternity care.

## Debriefing

Women are not provided with an opportunity for a birth debrief or staff offer an informal birth debrief without consideration of additional supports that may be required.

All women are offered a postnatal debriefing opportunity before transitioning to care in the community.

Maternity staff are supported with skills to effectively undertake informal birth debriefing and recognise when a woman may require more formal supports.