



Trauma and the Birth Experience: Assessing Perinatal Care Providers' Knowledge, Comfort, and Competency in Providing Trauma-Informed Care

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ABSTRACT



Problem Statement: A history of trauma can compromise a patient's emotional and psychosocial experience, elicit poorer outcomes, and complicate treatment. Pregnant patients are particularly predisposed to experiencing retraumatization during birth due to the unique vulnerability, power dynamics, and fear of the unknown in the birthing process. Nurses are positioned to have a positive impact on the birth experience but are not consistently educated on effects of trauma and on providing trauma-informed care (TIC).

Approach: This quality improvement project assessed knowledge and attitudes about trauma-informed care among future and current perinatal care providers. Senior and junior nursing students, labor and delivery nurses, and certified nurse midwives completed a demographic form and a 23-item pre-test and post-test questionnaire. The questionnaire was adapted from the "Attitudes Related to Trauma-Informed Care (ARTIC) Scale" to assess attitudes around trauma and the "Trauma-Informed Care Organizational Self-Assessment" to assess knowledge around trauma-informed care principles. The ARTIC portion of the questionnaire utilized the ARTIC-45 Human Services subscale. Both the ARTIC and the Trauma-Informed Care Organizational Self-Assessment used a Likert scale and added up to a single score. The educational intervention consisted of a multimedia presentation on trauma triggers in birth, principles of TIC, and a patient testimonial.

Findings: The sample included 42 participants, 25 (59.5%) of whom had received formal perinatal education. Thirty-three (78.6%) of survey respondents reported that they received no TIC education during their formal education. Of the 11 practicing perinatal clinicians who took the survey, 7 (63%) reported that they did not receive any TIC education during their orientation. There was a statistically significant difference between the pre-test and the post-test questionnaire after the educational intervention ($p = 0.02$). Thus, students' and clinicians' TIC knowledge and attitudes improved after the immersive educational intervention. Attitudes towards people with a history of trauma ($p = 0.026$) and participants' ability to manage TIC ($p = 0.0002$) improved after the educational intervention.

Conclusion & Implications: This project demonstrated that comprehensive education on TIC may be an effective way to increase knowledge about TIC and belief in its effectiveness. Integrating trauma-informed care education into nursing curriculum, onboarding, and workplace training may have a significant impact on improving experiences for birthing individuals.

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COMPETING INTERESTS

The author has no competing interests to declare.

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