



## **Let's Talk **Perinatal Equity:****

Creating a Respectful Care Environment:  
lessons from a trauma-informed approach

Wednesday, May 22, 2024

# Continuing Education Notice

In order to receive contact hours (RN) for this webinar, please complete the evaluation via the link, which will be sent to you 48 hours after this webinar.

You must be in attendance on the webinar for a minimum of 50 minutes for a contact hour to be awarded.

# Logistics & Slide Deck



All attendees are muted upon entry.



Please use the Q & A function – we will do our best to answer questions during the webinar.



You are welcome to use any of the slides provided for educational purposes.



If you modify or add a slide, please substitute your institutional logo and *do not use* the CMQCC logos.



We welcome your feedback and recommendations for improving future webinars.

# Inclusive Language Notice

Currently recognized identifiers such as “birthing people,” “mother,” “maternal,” “they,” “them,” “she,” “her.” and “pregnancy-capable person” are used in reference to a person who is pregnant or has given birth.

We recognize not all people who become pregnant and give birth identify as mothers or women and will use the above-recognized terms interchangeably to represent all those present in this space receiving care for pregnancy services. All persons are equally deserving of respectful patient-centered care that helps them attain their full potential and live authentic, healthy lives. The healthcare team should respect individual patient preferences regarding gendered language throughout the course of their care.

The term “family” is used to refer to any persons the pregnant or postpartum patient designates as such (alternatives: partners, husbands, wives, support persons, loved ones).

The term “clinician” is used to denote nursing and medical staff, whereas the term “provider” refers to a clinician with diagnosing and prescribing authority.



# Webinar Objectives

- Describe the fundamental principles of trauma-informed care, through a reproductive health lens.
- Discuss practical applications of trauma-informed care as part of respectful perinatal and maternity care.
- Evaluate the role of unconscious bias and stereotypes play and the burden they place on historically marginalized people.
- Recognize privilege and understand unconscious beliefs, racial attitudes, racial identity, stereotypes, and bias as it relates to racism.

# Webinar Recording & Slides

- The webinar recording and slides will also be posted within 48 hours at:  
<https://www.cmqcc.org/resources-tool-kits/webinars>

# Today's Presenters



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La Clínica de La Raza &  
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# Providing Respectful Perinatal and Maternity Care

*Lessons from a trauma-informed approach*

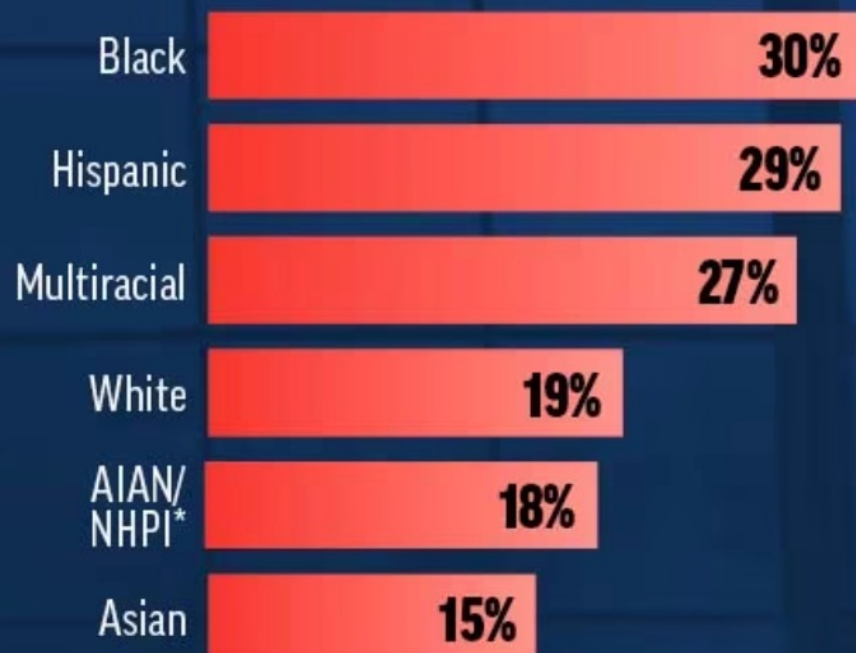
May 22, 2024

# Learning Objectives

- Define Respectful Maternity Care
- Describe the fundamental principles of trauma-informed care through a reproductive health lens
- Discuss practical applications of trauma-informed care as part of respectful perinatal and maternity care

# Women Report Mistreatment During Maternity Care

## By race/ethnicity



## By insurance type†



\*American Indian, Alaska Native, Native Hawaiian, and Pacific Islander

†At the time of delivery

**Vital**<sup>CDC</sup>**signs**<sup>™</sup>

Source: August 2023 Vital Signs



CS341682



# Respectful Maternity Care

- Honors the dignity, personhood, autonomy, and preferences of birthing people
- Prevents disrespect, mistreatment, or abuse toward individuals who are utilizing maternal care services
- Provides a practical paradigm for the delivery and receipt of peripartum care through a rights- and reproductive justice-based framework
- Includes standard elements of respectful care:
  - Freedom from abuse and violence
  - Consent
  - Privacy
  - Communication and shared decision-making centered around the birthing person
  - Dignity and respect
  - Safety (safe care environment)
  - Justice

Cantor et al 2024

# What is Trauma?

Individual trauma results from an **event** series of events, or set of circumstances **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.

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.



# Trauma and Reproductive Health

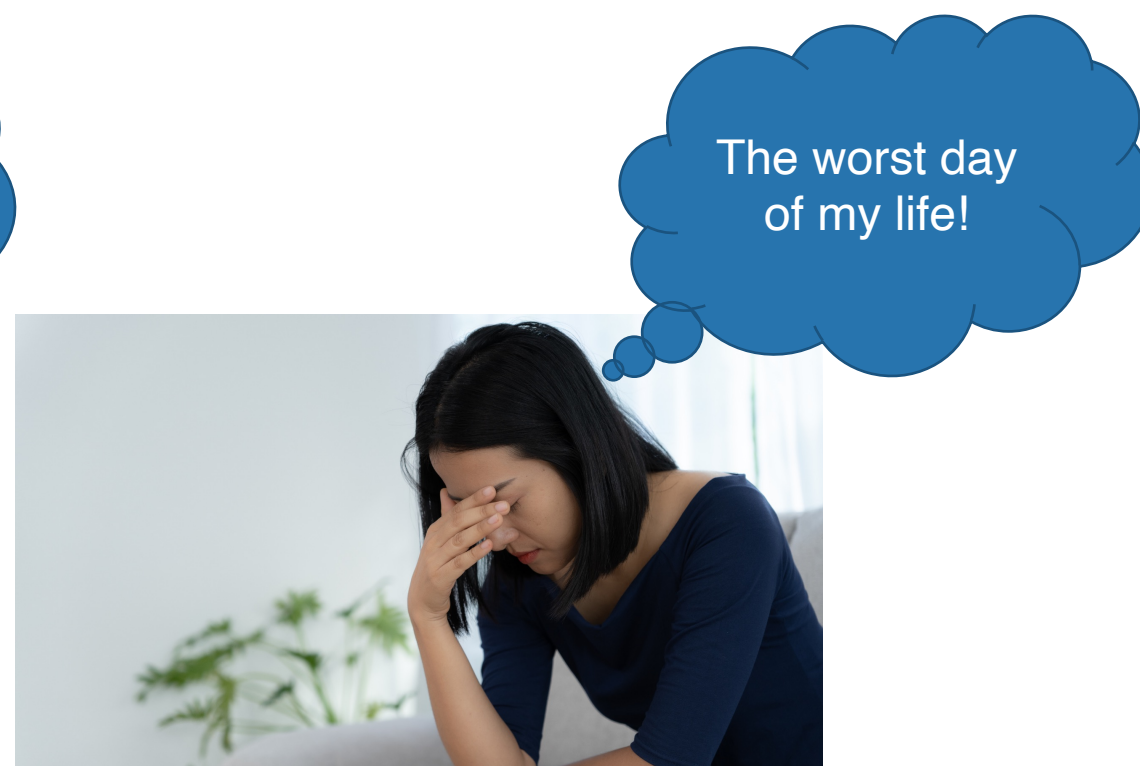
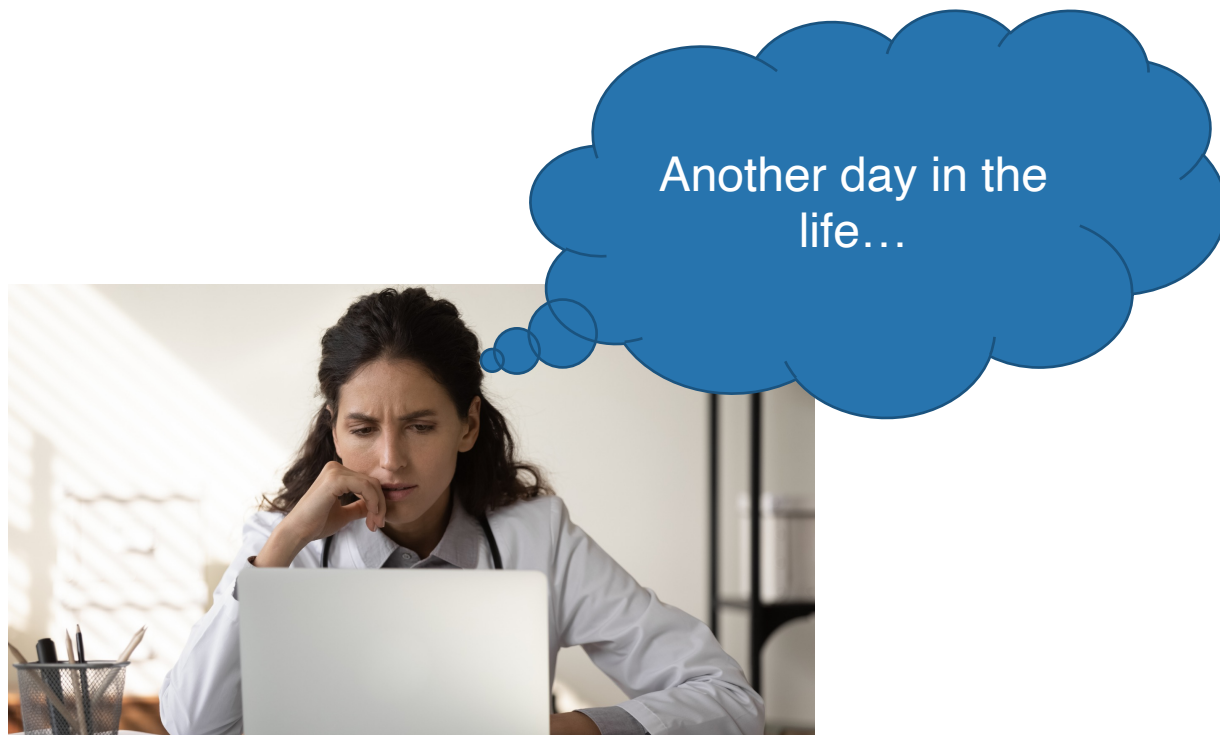
- Historical trauma at the root of our field
- Trauma is common
  - 70% of people will experience a traumatic event
  - Greater burden in marginalized and disadvantaged populations
- Trauma has an intergenerational pattern
- Reproductive health and maternity care
  - Intimate, invasive, life-or-death
  - Judgment, discrimination, mistreatment, and violence; inconvenience and stress accessing care
- Experiences of trauma providing reproductive health care



Michelle Browder's  
"Mothers of Gynecology"

Benjet 2016; Darilek 2018; Hill 2020; Dierkhising 2013; Slade 2020

# Lessons from the Traumatic Birth Literature



“Mothers perceived that their traumatic births often were viewed as routine by clinicians.”

Beck CT. Birth trauma: in the eye of the beholder. Nurs Res. 2004 Jan-Feb;53(1):28-35. doi: 10.1097/00006199-200401000-00005. PMID: 14726774

# Lessons from the Traumatic Birth Literature

“A [person’s] personal experience of the event is particularly salient in informing her risk of postpartum traumatic sequelae and may be informed by her history of earlier adversity or trauma.”

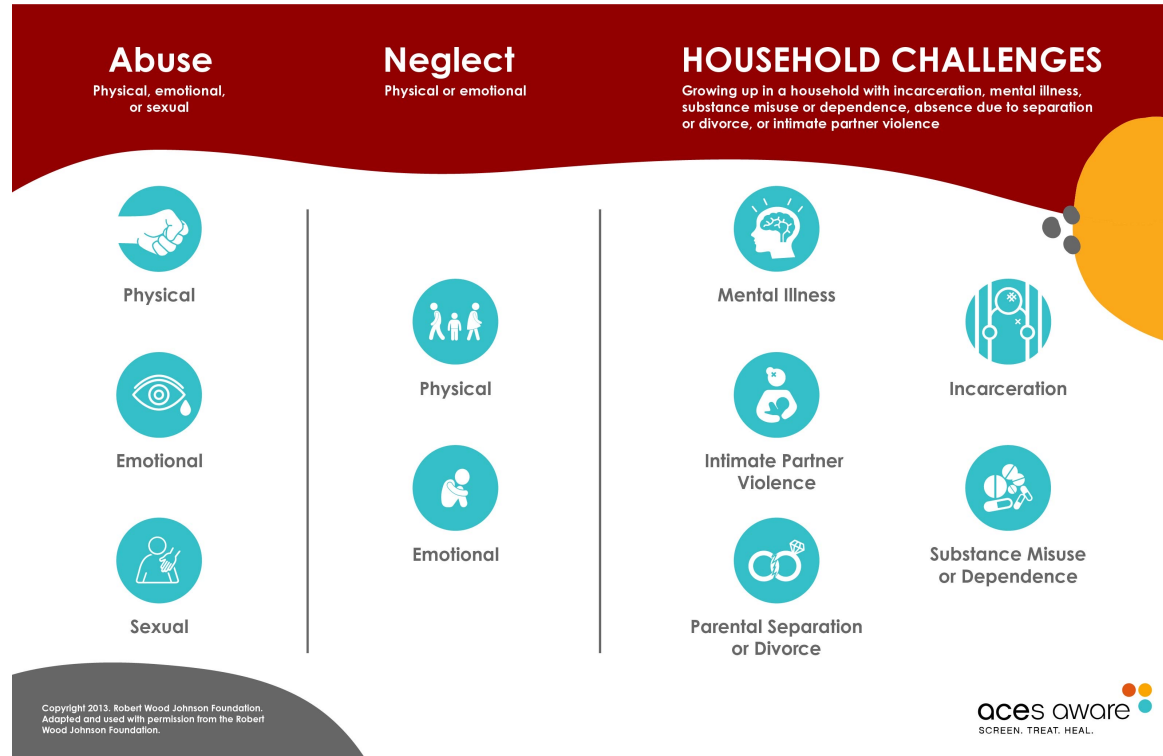
**“People see you not with their eyes, but with their lives.”**

Beck CT. Birth trauma: in the eye of the beholder. Nurs Res. 2004 Jan-Feb;53(1):28-35. doi: 10.1097/00006199-200401000-00005. PMID: 14726774

Brooks, David. *How to Know a Person: The Art of Seeing Others Deeply and Being Deeply Seen*. First large print edition. New York, Random House Large Print, 2023.

# Review

# 10 Categories of Adverse Childhood Experiences



National Center for Injury Prevention and Control, Division of Violence Prevention, Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study.

<https://www.cdc.gov/violenceprevention/aces/about.html#print>

•Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. Am J Prev Med. 1998 May;14(4):245-58. doi: 10.1016/s0749-3797(98)00017-8. PMID: 9635069.

# ACEs and Obstetrical Conditions

Condition	Odds Ratios for high ACEs relative to no ACEs*
<b>Mental Health in Pregnancy</b>	
Prenatal depressive symptoms	1.35 ( $\geq 1$ ACE)
PTSD	1.36 ( $\geq 3$ ACEs)
Probable postpartum depression risk	4.5 ( $\geq 5$ ACE)
<b>Substance Use in Pregnancy</b>	
Smoking	2.6
Alcohol	3.7
Illicit substances	6.1
<b>Low birth weight</b>	1.4
<b>Preterm birth</b>	1.5
<b>Hypertensive disorders of pregnancy</b>	2.03
<b>Select Drivers of Adverse Outcomes</b>	
Obesity	2.1
Diabetes	1.4

\*Note: Odds Ratios for  $\geq 4$  ACEs (relative to no ACEs) unless otherwise specified  
Angurud 2018; Atzl 2019; Chung 2010; Mersky 2019; Miller 2021; Petruccioli 2019; Hughes 2017)

# How Biography Becomes Biology



Shonkoff & Garner 2012

# Trauma-Informed Care

“What’s wrong with you?”



“What happened to you?”



# Six Guiding Principles to a Trauma-Informed Approach





# Why Talk about Resilience?

*"It matters that we continue to have a conversation about resilience because the meta-message is that the experience of trauma does not only yield pathology."*

-- Dr. Rachel Yehuda, trauma researcher

# What Is Resilience?

*Resilience is the ability to withstand or recover from stressors, but let's consider how we think about it.*



Or



## What is Post-Traumatic Growth?

*“I was broken...now I am unbreakable...” -- abuse survivor after an empowering birth experience*

Source: Bhushan D, Kotz K, McCall J, Wirtz S, Gilgoff R, Dube SR, Powers C, Olson-Morgan J, Galeste M, Patterson K, Harris L, Mills A, Bethell C, Burke Harris N, Office of the California Surgeon General. Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health. Office of the California Surgeon General, 2020. DOI: 10.48019/PEAM8812. p xxiv

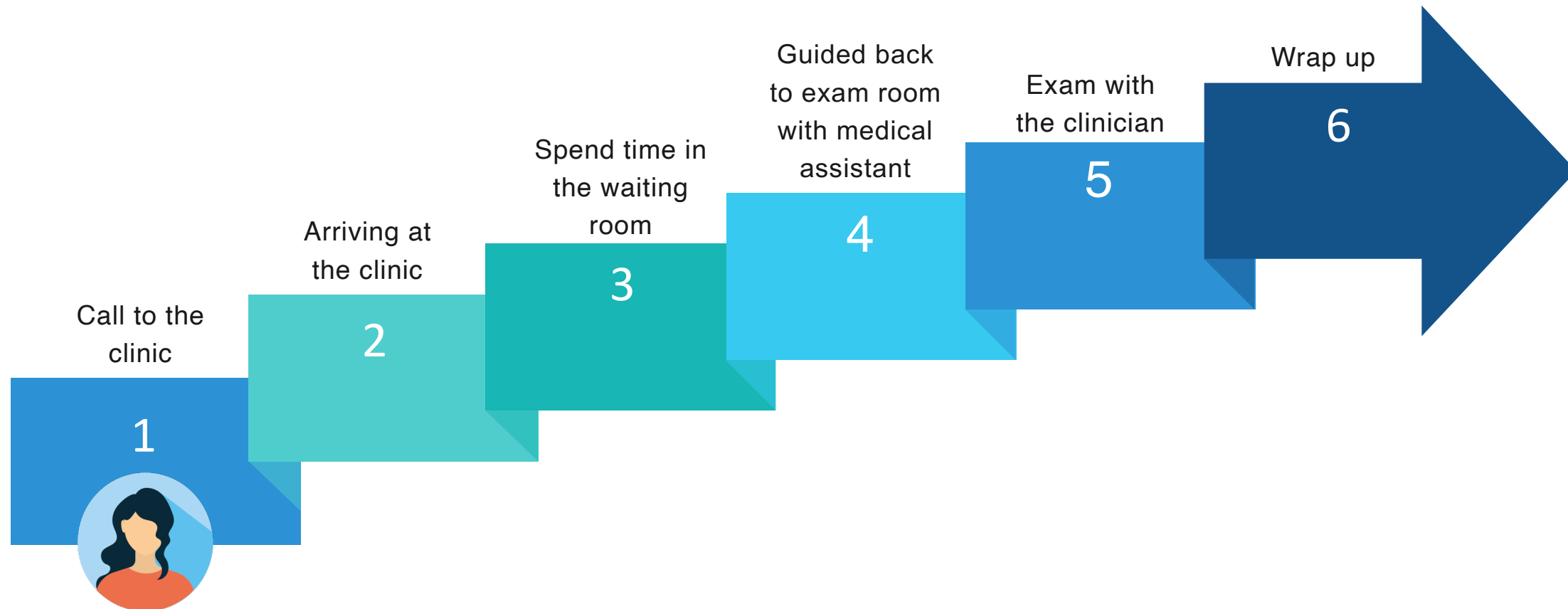
# Universal Trauma Precautions in Perinatal and Maternity Care



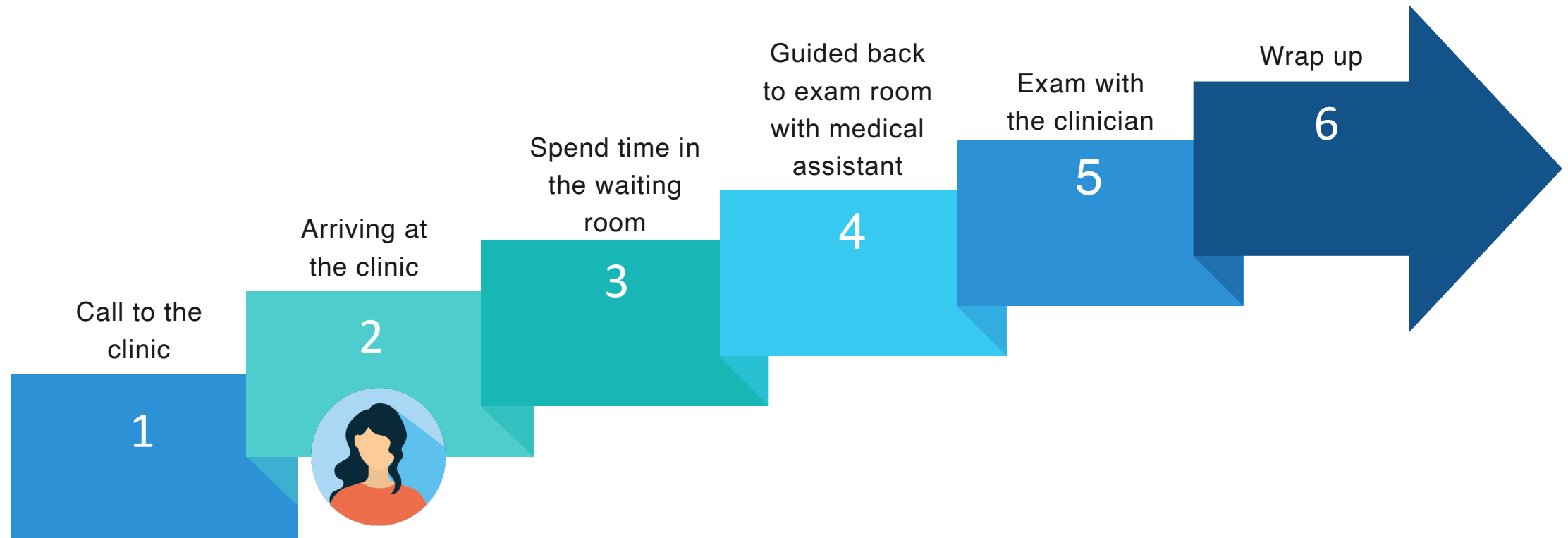
**Scenario 1: Mayra is expecting her first baby**

**What would it take to engage with Mayra in a respectful, patient-centered, trauma-informed way?**

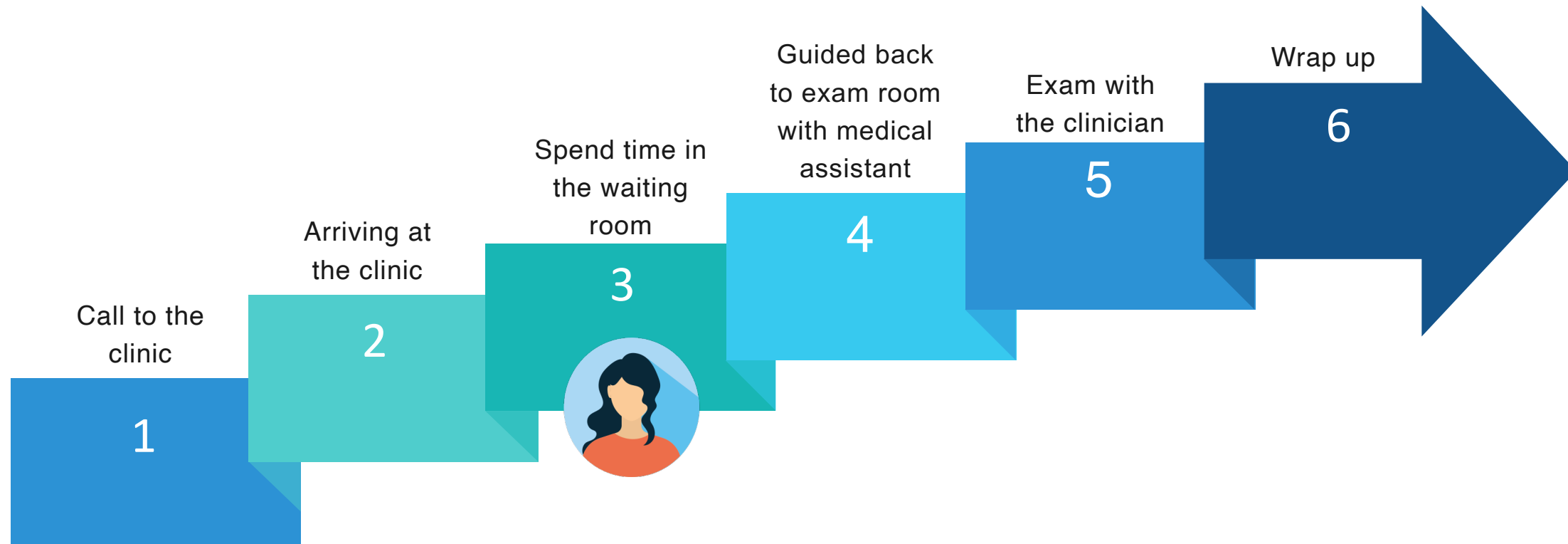
# Mayra's Journey through the Clinic Visit



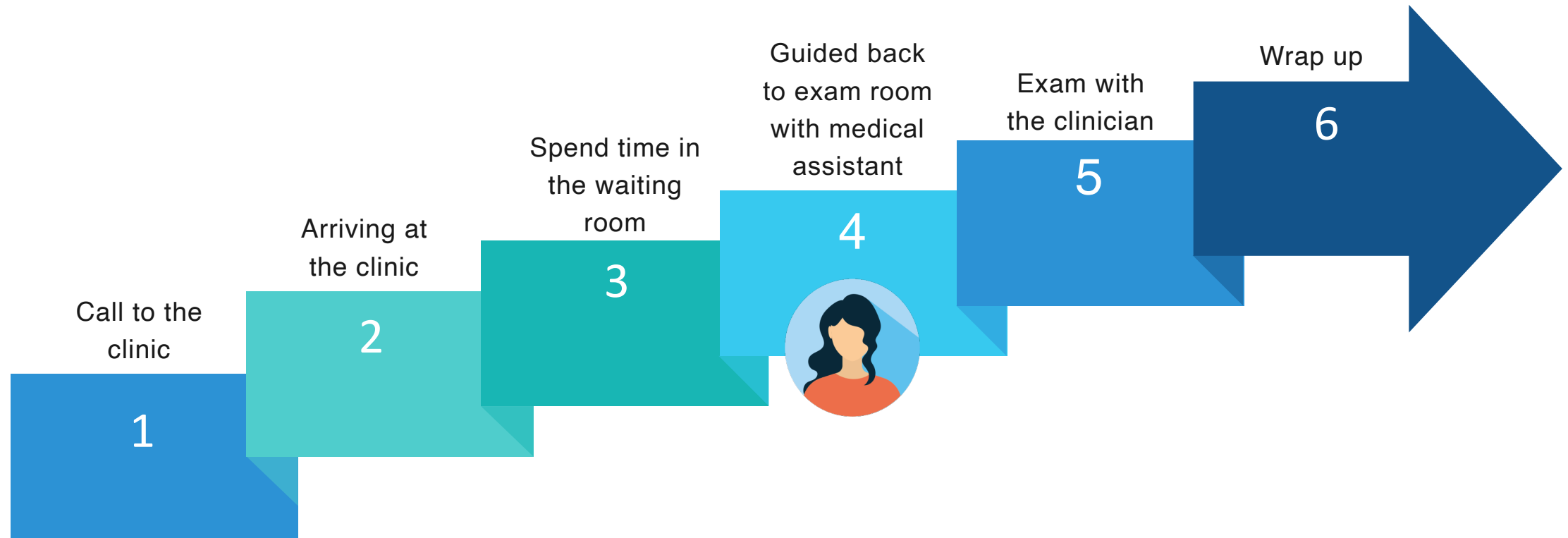
# Mayra's Journey through the Clinic Visit



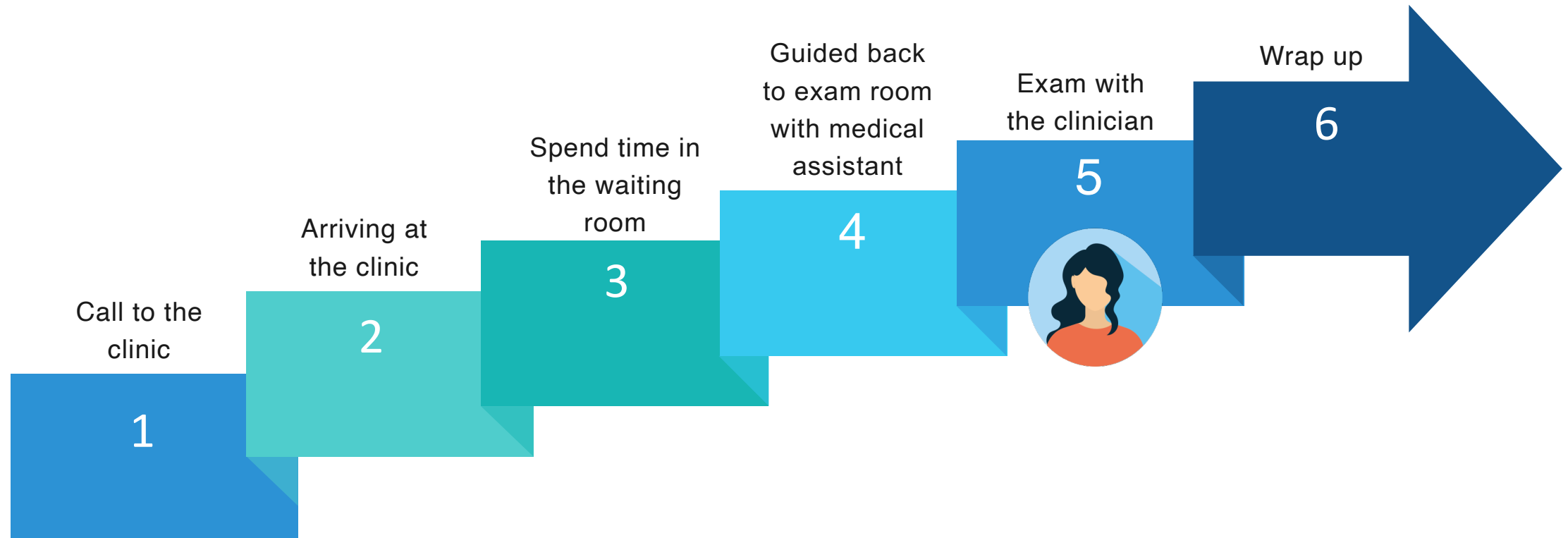
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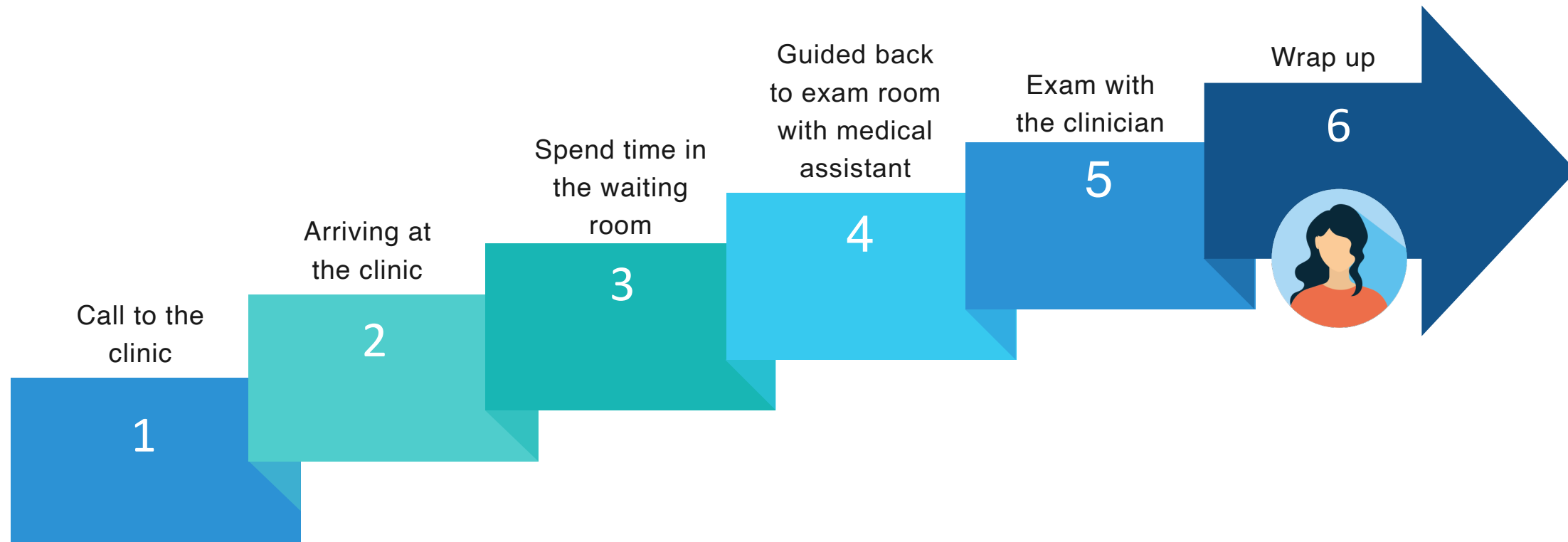


# Mayra's Journey through the Clinic Visit

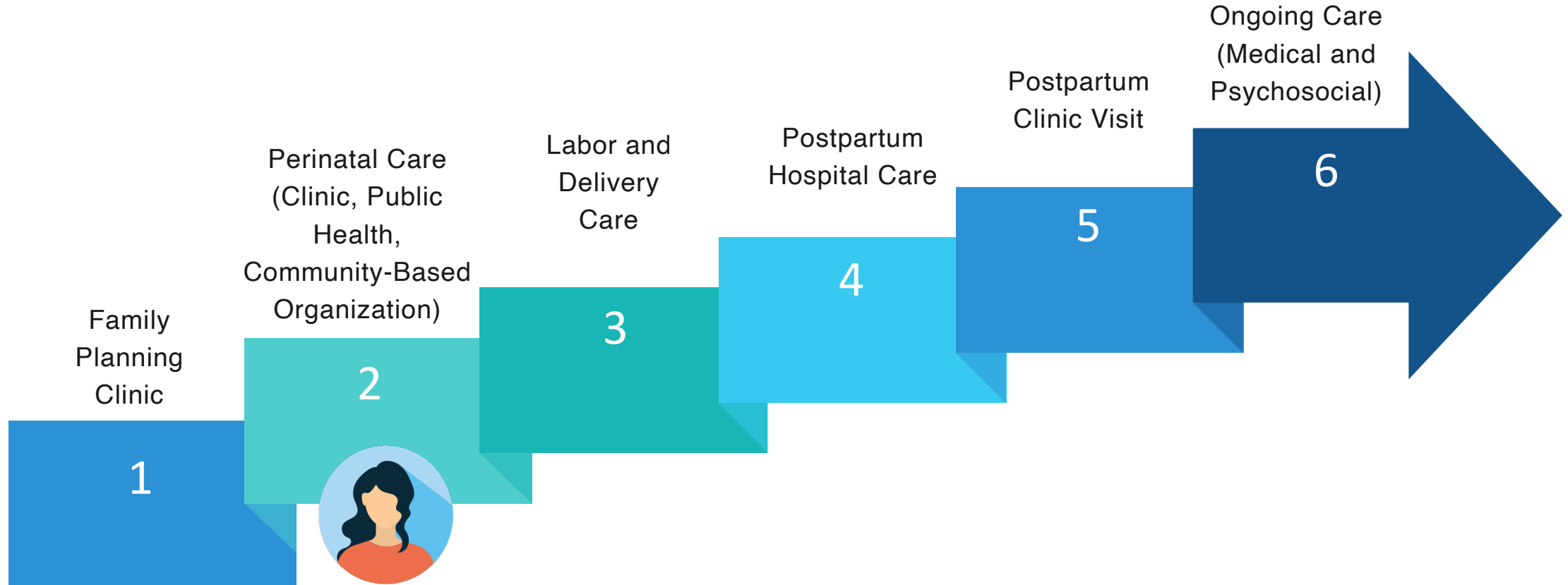




# Mayra's Journey through the Clinic Visit



# Mayra's Journey through the Perinatal Period



# Environmental Factors



- Will the patient feel in danger?
- Is the environment welcoming?
- Is there signage in appropriate languages describing standard procedures?
- Is there celebration of different perspectives and cultures?

# Verbal and Non-Verbal Factors

*Listen and speak to the patient's need, not the tone.*

- Have calm demeanor
- Introduce yourself (name and role)
- Greet warmly
- Protect privacy
- Avoid surprises
- Explain what you are doing and why
- Encourage questions
- Ask before touching
- Offer options



(Moudatsou et al., 2020)

# Examples of Considerations for a Pelvic Exam

Phrases	Alternatives	Rationale
<p>“I’m going to do the exam now.”</p>	<p>“Before we start, is there any of this you’d like to know more about: what the pelvic exam is for and/or how I’m going to do it?”</p> <p>“Is it okay if we do the exam now?”</p>	<p>Ask the patient, rather than tell the patient, whenever possible.</p>
<p>“Scoot your bottom down here on the bed until you feel like you’ll almost fall off.”</p>	<p>“When you’re ready, please move your hips to the edge of the exam table.” OR</p> <p>“There is more room here on the exam table for you to move down.”</p>	<p>Important note: “exam table” and not “bed”.</p>
<p>“Spread your legs for me” “Open your legs” “Relax”</p>	<p>“Can you please let your knees fall to the side, or towards the walls... now.”</p>	<p>Never push the patient’s legs apart to get them into the position.</p> <p>Let the patient move into position or move to the width of your hands.</p>
<p>Adapted from "Communication With Patients in Labor" by Ana Delgado CNM, Dominika Seidman MD, and Mara Fox CNM; used with permission</p>		

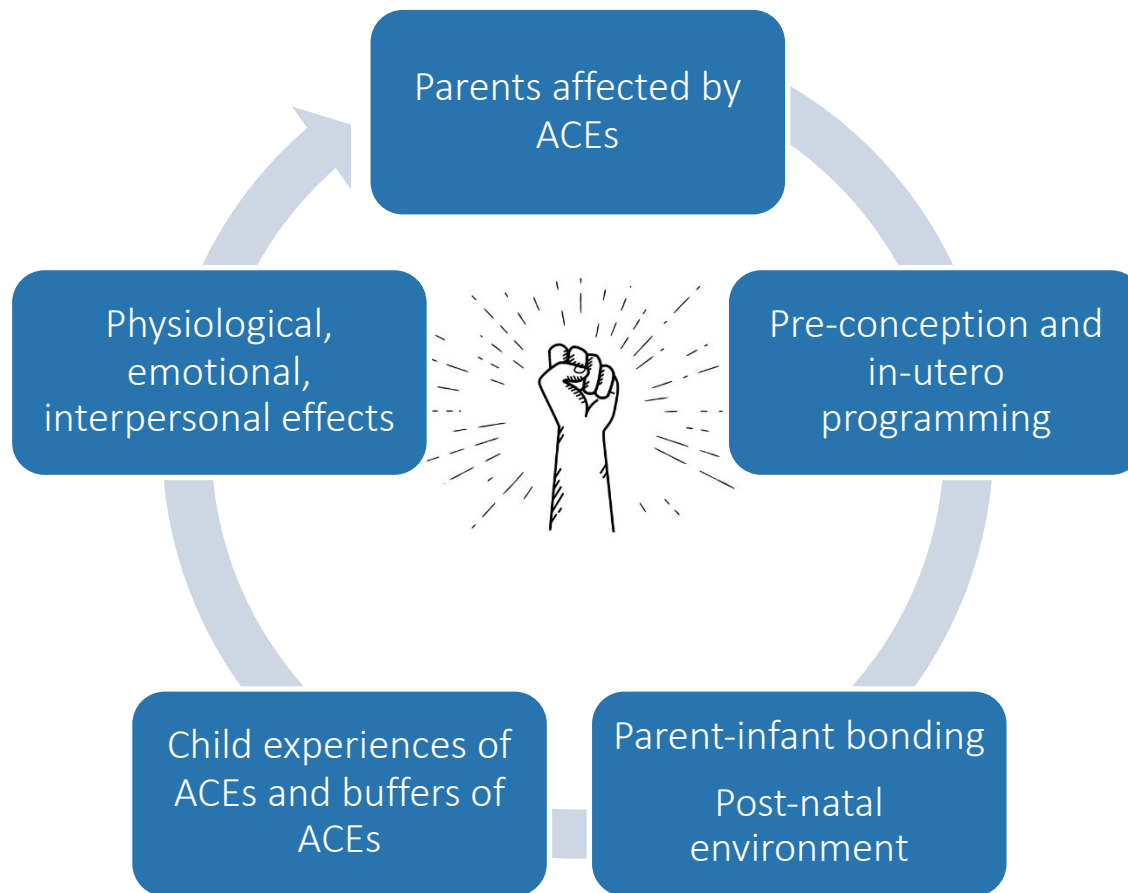
# Why Screen for ACEs as Part of a Trauma-Informed Approach to Reproductive Health Care?

## An opportunity to...

- Recognize the connection between early experiences and current health and stressors
- Show concern and support, and provide universal education, regardless of disclosure
- Collaborate to create individualized plans that build on strengths, address medical issues and needs, and engage network of care
- Shift health trajectories early in the life course, and for the next generation

# A Cycle...with Opportunities in Reproductive Health to **Shift and Interrupt**

- Engagement with Civic and Cultural Activities
- Safe, Stable Home Environment
- Positive Experiences at School
- Healthy Relationships with Peers and Other Adults



- Sexual and Reproductive Health Services
- Preconception Care
- TIC
- Mother's Resilience
- Parental Mental Health
- Strong Relationships
- Nutrition, Sleep, Exercise
- Responsive and Nurturing Care (safe, stable, nurturing environments)

(Young-Wolff et al., 2019; Atzl et al., 2019; Sege & Lickenbach, 2014; Bhushan et al., 2020; Sumbul et al., 2020; Mason et al., 2014; Elliott et al., 2005)

# What is a helpful response when a patient discloses history of trauma or ACEs?

Important Learnings from ACE Study:

“Asking, **listening**, and **accepting** are a powerful form of **DOING** that provides great relief to patients.” - Vincent Felitti

Felitti, V. J., and R. F. Anda. "Chadwick's child maltreatment: Sexual abuse and psychological maltreatment." (2014).



# Conclusions and Discussion

# Training: Becoming ACEs Aware Certified



- Qualified Medi-Cal providers are eligible for a \$29 payment for qualifying ACE screenings for pediatric and adult patients (up to age 65) with full scope Medi-Cal.
- The training offers 2.0 Continuing Education credits and 2.0 Maintenance of Certification credits upon completion.
- Providers who intend to receive Medi-Cal payment for ACE screenings must complete the training and provide their National Provider Identifier (NPI) information as part of the training evaluation.
- Certified clinicians are encouraged to join the [ACEs Aware Clinician Directory](#).

Take the training at:  
[training.acesaware.org/](https://training.acesaware.org/)

Key cases: #3, #8, #10

## Additional Resources

- Article: Addressing Adverse Childhood and Adult Experiences During Prenatal Care (Johnson, S, et al.)
- Handout: Communicating with Patients in Labor and Delivery (Adapted from Ana Delgado)
- Resource: Useful Scripts for Reproductive Health Encounters (Feminist Midwife)
- *Inclusive Conversations: Fostering Equity, Empathy and Belonging Across Differences* by Mary-Frances Winters

# Thank You

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# References

- Hillis, S. D., Anda, R. F., Dube, S. R., Felitti, V. J., Marchbanks, P. A., & Marks, J. S. (2004). The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial consequences, and fetal death. *Pediatrics*, *113*(2), 320–327. <https://doi.org/10.1542/peds.113.2.320>
- Mersky, J. P., & Lee, C. P. (2019). Adverse childhood experiences and poor birth outcomes in a diverse, low-income sample. *BMC pregnancy and childbirth*, *19*(1), 387. <https://doi.org/10.1186/s12884-019-2560-8>
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet. Public health*, *2*(8), e356–e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Racine, N., Zumwalt, K., McDonald, S., Tough, S., & Madigan, S. (2020). Perinatal depression: The role of maternal adverse childhood experiences and social support. *Journal of affective disorders*, *263*, 576–581. <https://doi.org/10.1016/j.jad.2019.11.030>
- Atzl, V. M., Narayan, A. J., Rivera, L. M., & Lieberman, A. F. (2019). Adverse childhood experiences and prenatal mental health: Type of ACEs and age of maltreatment onset. *Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, *33*(3), 304–314. <https://doi.org/10.1037/fam0000510>
- Alcalá, H. E., Mitchell, E. M., & Keim-Malpass, J. (2018). Heterogeneous impacts: adverse childhood experiences and cancer screening. *Cancer causes & control : CCC*, *29*(3), 343–351. <https://doi.org/10.1007/s10552-018-1007-2>
- Hargreaves, M. K., Mouton, C. P., Liu, J., Zhou, Y. E., & Blot, W. J. (2019). Adverse Childhood Experiences and Health Care Utilization in a Low-Income Population. *Journal of health care for the poor and underserved*, *30*(2), 749–767. <https://doi.org/10.1353/hpu.2019.0054>
- Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and youth services review*, *72*, 141–149. <https://doi.org/10.1016/j.childyouth.2016.10.021>

# References

- Ångerud, K., Annerbäck, E. M., Tydén, T., Boddeti, S., & Kristiansson, P. (2018). Adverse childhood experiences and depressive symptomatology among pregnant women. *Acta obstetrica et gynecologica Scandinavica*, 97(6), 701–708. <https://doi.org/10.1111/aogs.133278>
- Chung, E. K., Nurmohamed, L., Mathew, L., Elo, I. T., Coyne, J. C., & Culhane, J. F. (2010). Risky health behaviors among mothers-to-be: the impact of adverse childhood experiences. *Academic pediatrics*, 10(4), 245–251. <https://doi.org/10.1016/j.acap.2010.04.003>
- Frankenberger, D. J., Clements-Nolle, K., & Yang, W. (2015). The Association between Adverse Childhood Experiences and Alcohol Use during Pregnancy in a Representative Sample of Adult Women. *Women's health issues : official publication of the Jacobs Institute of Women's Health*, 25(6), 688–695. <https://doi.org/10.1016/j.whi.2015.06.007>
- Harris, H. R., Wieser, F., Vitonis, A. F., Rich-Edwards, J., Boynton-Jarrett, R., Bertone-Johnson, E. R., & Missmer, S. A. (2018). Early life abuse and risk of endometriosis. *Human reproduction (Oxford, England)*, 33(9), 1657–1668. <https://doi.org/10.1093/humrep/dep248>
- Kapoor, E., Okuno, M., Miller, V. M., Rocca, L. G., Rocca, W. A., Kling, J. M., Kuhle, C. L., Mara, K. C., Enders, F. T., & Faubion, S. S. (2021). Association of adverse childhood experiences with menopausal symptoms: Results from the Data Registry on Experiences of Aging, Menopause and Sexuality (DREAMS). *Maturitas*, 143, 209–215. <https://doi.org/10.1016/j.maturitas.2020.10.006>
- Demakakos, P., Steptoe, A., & Mishra, G. D. (2022). Adverse childhood experiences are associated with increased risk of hysterectomy and bilateral oophorectomy: A national retrospective cohort study of women in England. *BJOG : an international journal of obstetrics and gynaecology*, 129(9), 1481–1489. <https://doi.org/10.1111/1471-0528.17088>
- Miller, E. S., Fleming, O., Ekpe, E. E., Grobman, W. A., & Heard-Garris, N. (2021). Association Between Adverse Childhood Experiences and Adverse Pregnancy Outcomes. *Obstetrics and gynecology*, 138(5), 770–776. <https://doi.org/10.1097/AOG.0000000000004570>
- Tran, N., Callaway, L., Shen, S., Biswas, T., Scott, J. G., Boyle, F., & Mamun, A. (2022). Screening for adverse childhood experiences in antenatal care settings: A scoping review. *The Australian & New Zealand journal of obstetrics & gynaecology*, 62(5), 626–634. <https://doi.org/10.1111/ajo.13585>

# References

- Krantz, T. E., Andrews, N., Petersen, T. R., Dunivan, G. C., Montoya, M., Swanson, N., Wenzl, C. K., Zambrano, J. R., & Komesu, Y. M. (2019). Adverse Childhood Experiences Among Gynecology Patients With Chronic Pelvic Pain. *Obstetrics and gynecology*, *134*(5), 1087–1095. <https://doi.org/10.1097/AOG.0000000000003533>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Trauma-Informed Care Implementation Resource Center. (2024). *What is Trauma*. <https://www.traumainformedcare.chcs.org/what-is-trauma/>
- Sciolla, A.F., Wilkes, M.S. & Griffin, E.J. (2019). Adverse Childhood Experiences in Medical Students: Implications for Wellness. *Acad Psychiatry*, *43*(4), 369–374. <https://doi.org/10.1007/s40596-019-01047-5>
- Xu, J., Murphy, S. L., Kochanek, K. D., & Arias, E. (2022). Mortality in the United States, 2021. *NCHS data brief*, (456), 1–8.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245–258. [https://doi.org/10.1016/s0749-3797\(98\)00017-8](https://doi.org/10.1016/s0749-3797(98)00017-8)
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet. Public health*, *2*(8), e356–e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Petrucelli, K., Davis, J., & Berman, T. (2019). Adverse childhood experiences and associated health outcomes: A systematic review and meta-analysis. *Child abuse & neglect*, *97*, 104127. <https://doi.org/10.1016/j.chiabu.2019.104127>

# References

- Center for Youth Wellness. (2014). *A hidden crisis: Findings on Adverse Childhood Experiences in California*.  
<https://www.pacesconnection.com/g/california-essentials-for-childhood-initiative/fileSendAction/fcType/0/fcOid/429147167570313773/filePointer/429147167570313870/fodoid/429147167570313865/Center%20for%20Youth%20Wellness%20-%20%20A%20Hidden%20Crisis%20Nov2014.pdf>
- Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., Metzler, M., Jones, C. M., Simon, T. R., Daniel, V. M., Ottley, P., & Mercy, J. A. (2019). Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention - 25 States, 2015-2017. *MMWR. Morbidity and mortality weekly report*, 68(44), 999–1005. <https://doi.org/10.15585/mmwr.mm6844e1>
- Substance Abuse and Mental Health Services Administration. (2014) *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)
- Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., ... Koenen, K. C. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychological Medicine*, 46(2), 327–343.  
doi:10.1017/S0033291715001981
- Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: findings from the National Child Traumatic Stress Network. *European journal of psychotraumatology*, 4, 10.3402/ejpt.v4i0.20274.  
<https://doi.org/10.3402/ejpt.v4i0.20274>
- Hill, Maia A. (2020) "The Stain of Slavery on the Black Women's Body and the Development Gynecology: Historical Trauma of a Black Women's Body," *The Macksey Journal*: Vol. 1 , Article 86. <https://www.mackseyjournal.org/publications/vol1/iss1/86>
- Darilek U. (2018). A Woman's Right to Dignified, Respectful Healthcare During Childbirth: A Review of the Literature on Obstetric Mistreatment. *Issues in mental health nursing*, 39(6), 538–541. <https://doi.org/10.1080/01612840.2017.1368752>



# References

- Slade, P. & Balling, K. & Sheen, Kayleigh & Goodfellow, Laura & Rymer, J. & Spiby, Helen & Weeks, Andrew. (2021). Work-related Post-traumatic Stress Symptoms in Obstetricians and Gynaecologists: Findings From INDIGO, a Mixed-methods Study With a Cross-sectional Survey and In-depth Interviews. *Obstetric Anesthesia Digest*. 41. 15-16. DOI: 10.1097/01.aaa.0000732396.16645.47
- Beck, C. T., & Watson, S. (2016). Posttraumatic Growth After Birth Trauma: "I Was Broken, Now I Am Unbreakable". *MCN. The American journal of maternal child nursing*, 41(5), 264–271. <https://doi.org/10.1097/NMC.0000000000000259>
- Bhushan D., Kotz K., McCall J., Wirtz S., Gilgoff R., Dube S.R., Powers C., Olson-Morgan J., Galeste M., Patterson K., Harris L., Mills A., Bethell C., Burke Harris N., Office of the California Surgeon General. (2020). Roadmap for Resilience: The California Surgeon General’s Report on Adverse Childhood Experiences, Toxic Stress, and Health. # xxiv. DOI: 10.48019/PEAM8812. [https://www.acesaware.org/wp-content/uploads/2020/12/Roadmap-For-Resilience\\_CA-Surgeon-Generals-Report-on-ACEs-Toxic-Stress-and-Health.pdf](https://www.acesaware.org/wp-content/uploads/2020/12/Roadmap-For-Resilience_CA-Surgeon-Generals-Report-on-ACEs-Toxic-Stress-and-Health.pdf)
- Shonkoff, J. P., Garner, A. S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>
- Young-Wolff, K. C., Alabaster, A., McCaw, B., Stoller, N., Watson, C., Sterling, S., Ridout, K. K., & Flanagan, T. (2019). Adverse Childhood Experiences and Mental and Behavioral Health Conditions During Pregnancy: The Role of Resilience. *Journal of women's health (2002)*, 28(4), 452–461. <https://doi.org/10.1089/jwh.2018.7108>
- Atzl, V. M., Grande, L. A., Davis, E. P., & Narayan, A. J. (2019). Perinatal promotive and protective factors for women with histories of childhood abuse and neglect. *Child abuse & neglect*, 91, 63–77. <https://doi.org/10.1016/j.chiabu.2019.02.008>
- Center on the Developing Child at Harvard University (2010). The Foundations of Lifelong Health Are Built in Early Childhood. <http://www.developingchild.harvard.edu>
- Sege, R., & Linkenbach, J. (2014). Essentials for childhood: promoting healthy outcomes from positive experiences. *Pediatrics*, 133(6), e1489–e1491. <https://doi.org/10.1542/peds.2013-3425>

# References

- Sumbul T., Spellen S., McLemore M.R. (2020). A Transdisciplinary Conceptual Framework of Contextualized Resilience for Reducing Adverse Birth Outcomes. *Qualitative Health Research*, 30(1), 105-118. <https://doi.org/10.1177/1049732319885369>
- Narayan, A. J., Hagan, M. J., Cohodes, E., Rivera, L. M., & Lieberman, A. F. (2019). Early Childhood Victimization and Physical Intimate Partner Violence During Pregnancy: A Developmental and Person-Oriented Approach. *Journal of interpersonal violence*, 34(1), 3–26. <https://doi.org/10.1177/0886260516639261>
- Mason, E., Chandra-Mouli, V., Baltag, V., Christiansen, C., Lassi, Z. S., & Bhutta, Z. A. (2014). Preconception care: advancing from 'important to do and can be done' to 'is being done and is making a difference'. *Reproductive health*, 11 Suppl 3(Suppl 3), S8. <https://doi.org/10.1186/1742-4755-11-S3-S8>
- Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-Informed or Trauma-Denied: Principles and Implementation of Trauma-Informed Services for Women. *Journal of Community Psychology*, 33(4), 461–477. <https://doi.org/10.1002/jcop.20063>
- Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma informed care in medicine: current knowledge and future research directions. *Family & community health*, 38(3), 216–226. <https://doi.org/10.1097/FCH.0000000000000071>
- Seng J. S. (2002). A conceptual framework for research on lifetime violence, posttraumatic stress, and childbearing. *Journal of midwifery & women's health*, 47(5), 337–346. [https://doi.org/10.1016/s1526-9523\(02\)00275-1](https://doi.org/10.1016/s1526-9523(02)00275-1)
- Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020). The Role of Empathy in Health and Social Care Professionals. *Healthcare (Basel, Switzerland)*, 8(1), 26. <https://doi.org/10.3390/healthcare8010026>
- Flanagan, T., Alabaster, A., McCaw, B., Stoller, N., Watson, C., & Young-Wolff, K. C. (2018). Feasibility and Acceptability of Screening for Adverse Childhood Experiences in Prenatal Care. *Journal of women's health (2002)*, 27(7), 903–911. <https://doi.org/10.1089/jwh.2017.6649>

# References

- Watson, C., Wei, J., Varnado, N., Rios, N., Staunton, M., Ferguson, D., & Young-Wolff, K. C. (2022). Pregnant women's perspectives on screening for adverse childhood experiences and resilience during prenatal care. *Psychological trauma : theory, research, practice and policy*, *14*(8), 1299–1303. <https://doi.org/10.1037/tra0001166>
- Watson, C. R., Eaton, A., Campbell, C. I., Alexeeff, S. E., Avalos, L. A., Ridout, K. K., & Young-Wolff, K. C. (2024). Association of Adverse Childhood Experiences and Resilience With Depression and Anxiety During Pregnancy. *Obstetrics and gynecology*, *143*(5), 707–710. <https://doi.org/10.1097/AOG.0000000000005545>
- Gokhale, P., Young, M. R., Williams, M. N., Reid, S. N., Tom, L. S., O'Brian, C. A., & Simon, M. A. (2020). Refining Trauma-Informed Perinatal Care for Urban Prenatal Care Patients with Multiple Lifetime Traumatic Exposures: A Qualitative Study. *Journal of midwifery & women's health*, *65*(2), 224–230. <https://doi.org/10.1111/jmwh.13063>
- Stevens, N. R., Holmgreen, L., Hobfoll, S. E., & Cvengros, J. A. (2020). Assessing Trauma History in Pregnant Patients: A Didactic Module and Role-Play for Obstetrics and Gynecology Residents. *MedEdPORTAL : the journal of teaching and learning resources*, *16*, 10925. [https://doi.org/10.15766/mep\\_2374-8265.10925](https://doi.org/10.15766/mep_2374-8265.10925)
- University of California San Francisco. (2024) *What is Triads*. <https://cthc.ucsf.edu/triads/what-is-triads/>

# Respectful Accountability

CMQCC “Creating a Culture of Respectful Care”

May 22, 2024



**MemorialCare**<sup>™</sup>  
Miller Children's & Women's  
Hospital Long Beach

# Learning Objectives

1. Understand our lessons learned through our DEIB Journey and the implementation of Respectful Maternal Care
2. Evaluate the role of unconscious bias and stereotypes play and the burden they place on historically marginalized people
3. Recognize privilege and understand unconscious beliefs, racial attitudes, racial identity, stereotypes, and bias as it relates to racism
4. Understand the importance of Inclusive and Empathetic Leadership in holding team accountable

# Our Timeline



Long Beach Medical Center  
Miller Children's & Women's  
Hospital Long Beach

2019 Joined the  
CMQCC Birth  
Equity Pilot

2022  
Implemented  
RMC

2023 Skills Fair  
Microaggression  
Workshop

2024  
Development of  
our Staff  
Commitment

# Reflection: Breakthrough Moments & Solemn Missteps



Long Beach Medical Center  
Miller Children's & Women's  
Hospital Long Beach

- **The tincture of time would prove agonizing for those hoping for swift reform**
- **Changing what we do would be far easier than challenging ourselves to examine who we are and what we believe**
- **True leadership is allowing oneself to be led by those brave enough to call us to action**

# Unconscious Bias, Stereotypes and Privilege



# The Doll Test



[Click Video To Play](#)

The Clarks concluded that “prejudice, discrimination, and segregation” created a feeling of inferiority among African American children and damaged their self-esteem (Clark & Clark, 1950)

# What is “Privilege”?

- **unearned advantages & immunities granted & available to a particular group of people**

# Types of Privilege

If you don't have to worry about how to get up Lone Mountain, **you have able-bodied privilege.**

If you cannot be legally fired from work because of your perceived sexuality, **you have heterosexual privilege.**

If you're confident that the police exist to protect you, **you have white male privilege.**

If while growing up, college was an expectation of you, not a lofty dream, **you have class privilege.**

If you can use public bathrooms without stares, fear or anxiety, **you have cisgender privilege.**

If you don't have to think about it, **it's a privilege.**

# WHITE PRIVILEGE



"I can take a job with an affirmative action employer without having my co-workers on the job suspect that I got it because of my race."



"I do not have to educate my children to be aware of systemic racism for their own daily physical protection."



"I am never asked to speak for all the people of my racial group."



"I will feel welcomed and 'normal' in the usual walks of public life, institutional and social."



"If I have low credibility as a leader I can be sure that my race is not the problem."



"I can worry about racism without being seen as self-interested or self-seeking."



"If my day, week or year is going badly, I need not ask of each negative episode or situation whether it had racial overtones."

*SOURCE: Peggy Macintosh. "Unpacking the invisible Knapsack."*



Click Video To Play

Becoming aware of **privilege**

should not be viewed as a burden  
or source of guilt,  
but rather,

**an opportunity**

to learn and be responsible  
so that we may work toward

**a more just and inclusive world.**

# Conditions for Inclusive Conversations

## Brave and Psychologically Safe Spaces

- Brave spaces allow for the surfacing and sharing of each other's deep truths without fear of retribution.
- First, you must assess for psychological safety

When someone makes a mistake, it is often held against them

In this team it is easy to discuss difficult issues and problems

In this team people are sometimes rejected for being different

It is completely safe to take a risk on this team

It is difficult to ask other members of this team for help

Members of this team value and respect each other contributions

# Building Trust on a Team

## Building trust is about building relationships

- Frequent, honest communication – trust is built one interaction at a time
- Be impeccable with your words; do what you say you are going to do
- Show people you care about them and their interests, as much as your own
- Speak from the heart
- Offer your willingness to listen
- Express your feelings with compassion and understanding
- Own your mistakes



# Staff Commitment – L&D Team

## WE COMMIT...

- **To Being Anti-Racist, and Agree to Call It Out**
- To be Receptive to Feedback
- To be self-aware and take accountability for our own actions
- To be one Team, and to work towards that every day
- To respect each other and work together for the benefit of our patients (Professionalism doesn't require friendship.)
- To deal with concerns as close to the moment as reasonably possible
- To dealing with the uncomfortable
- To find a mutually safe moment for individual conversations
- To use “I” statements when expressing a concern or feeling
- To strive every day to be better and grow





# Getting the team's perceptions and feedback



# When our commitment statement is violated:

## Just Culture Algorithm applies!

- Focus on **behavioral choices** and the reasons behind them, not the error that took place
- **Promotes a fair and just environment**
- **Balances non-punitive culture with patient safety and employee satisfaction**
- **Improves error reporting/identification**
- **Improves staff engagement**

**The American Nurses Association (ANA) supports the Just Culture concept and its use in health care to improve patient safety**

Words matter. Words can hurt.  
Words can do irreparable  
damage. Or words can  
encourage. Words can affirm.  
Words can include and foster  
equity, empathy and inclusion.

Thank you.

Questions?

# Closing & Announcements

# Interested in Joining the Central Valley California Pregnancy-Associated Review Committee (CA-PARC)?



Apply to join the CA-PARC Central Valley Committee to investigate maternal deaths and make data-driven recommendations that inform practice, program, and policy changes with the ultimate goal of preventing future deaths.

The CA-PARC Project Team is forming a new CA-PARC Central Valley committee and is specifically recruiting new volunteer members from the following counties: Butte, Colusa, Glenn, Fresno, Kern, Kings, Madera, Merced, Placer, San Joaquin, Sacramento, Shasta, Stanislaus, Sutter, Tehama, Tulare, Yolo and Yuba.

**Apply before June 15, 2024.**

**SCAN ME**



**APPLY TODAY**

Questions? Contact the Program Coordinator, Christine Morton at [cmorton@stanford.edu](mailto:cmorton@stanford.edu)

# Help Remind Pregnant & Parenting Individuals to Renew their Medi-Cal Coverage

- Encourage the pregnant and parenting individuals you serve to update their contact info with their county.
- During the public health emergency (PHE), Medi-Cal members were able to keep their coverage regardless of any changes in circumstances.
- The annual Medi-Cal renewal redetermination process has resumed, and many members are at risk of being disenrolled.
- Medi-Cal Access Program & Medi-Cal Access Infant Program (MCAP/MCAIP) covers pregnant individuals and their babies at no cost through pregnancy and 365 days following it.
- Patients can renew their information now by mail, phone, in person, or online to help avoid a gap in their Medi-Cal coverage.
- Find more information at [benefitscal.com](https://benefitscal.com) and [KeepMediCalCoverage.org](https://KeepMediCalCoverage.org).

**Medi-Cal Access Program  
& Medi-Cal Access Infant  
Program have you and  
your baby covered**

Medi-Cal

Scan QR code to learn more



# Thank You For Joining Us Today!

End preventable morbidity, mortality, and racial disparities in California maternity care



## **TOOLKITS**

Evidence-based toolkits on leading causes of preventable maternal morbidity and mortality



## **IMPLEMENTATION**

Coaching on how to implement best practices and sharing among member hospitals



## **MATERNAL DATA CENTER**

Near real-time benchmarking data to support hospitals' quality improvement



## **ENGAGEMENT**

Engaging partners around aligned goals and promoting patient awareness

Follow us! Facebook, Instagram, Twitter, and LinkedIn