



# Post-traumatic Stress Disorder (PTSD) & Trauma-informed care

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# Objectives



- Describe the prevalence of trauma and post-traumatic stress disorder (PTSD)
- Understand how adverse childhood experiences and trauma impact health
- Describe the principles of trauma informed care
- Understand how to incorporate trauma informed care when caring for those with birth trauma



“Trauma is fear that  
doesn’t turn off.”

—Dr. Alisha Moreland

Founder & Director of McLean Hospital’s  
Institute for Trauma-Informed Systems Change  
Psychiatrist at Harvard Medical School

# TRAUMA

Community strength,  
intersecting identities

Collective  
Trauma

Medical trauma,  
interpersonal impacts

Interpersonal  
Trauma

Acute/Chronic Illness

Individual  
Trauma

# The Three Es in Trauma

Events

*Events/circumstances*  
cause trauma.

Experience

An individual's  
*experience* of the event  
determines whether it is  
traumatic.

Effects

*Effects* of trauma include  
adverse physical, social,  
emotional, or spiritual  
consequences.



Trauma is in the Eye of the Beholder

# Ubiquity of Trauma Exposures

- WHO World Mental Health Survey (2022)
  - N=22 countries (>65K surveyed)
  - Lifetime Trauma exposure – 71%
  - Lifetime substance use disorder more common among those with trauma (14.5% v. 5.1%)
- World Mental Health Survey Consortium (2016)
  - N=27 countries
  - Lifetime trauma exposure >70%; 30.5% >4
  - <https://www.sciencedirect.com/science/article/abs/pii/S0376871622003118>
- Averse Childhood Experiences (ACE) Study (1998) N=17,377
  - 63% at least one trauma exposure, 20% >3

# IMPACT OF CHILDHOOD TRAUMA



The CDC and Kaiser Permanente surveyed 17,000 of the health plan's members to ask whether they'd had adverse childhood experiences defined as:

## ABUSE

Psychological  
Physical  
Sexual

## NEGLECT

Emotional  
Physical

## HOUSEHOLD CHALLENGES

Family member experiencing:  
Domestic abuse  
Mental illness  
Imprisonment

The landmark study found those with adverse childhood experiences were at higher risk for:



HEART, LUNG, AND LIVER DISEASE



OBESITY



DIABETES



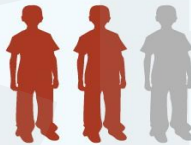
DEPRESSION



SUBSTANCE ABUSE

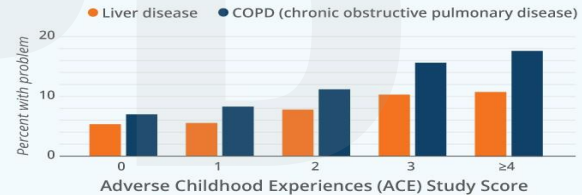
## THE STUDY ALSO FOUND

**NEARLY TWO THIRDS**



of those surveyed experienced at least one event.

The higher the score on ACE survey, the more likely people were to be in poor health:



Sources: CDC ACE Study page <https://www.cdc.gov/violenceprevention/acestudy/> and V. J. Felitti and R. F. Anda, "The Relationship of Adverse Childhood Experiences to Adult Health, Well Being, Social Function, and Health Care," from *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (Cambridge, England: Cambridge University Press, September 2010).

# Trauma exposures in women

- Sexual assaults
- Physical abuse
- Emotional abuse
- Accidents
- Birth Trauma
- Medical Trauma

# Intimate Partner Violence: Incidence and Prevalence

WHO study in 10 countries found that  
**13-61% of women**  
reported experiencing  
violence by a partner



**Over 1 in 3 women**  
in the US experience IPV  
during their lifetimes

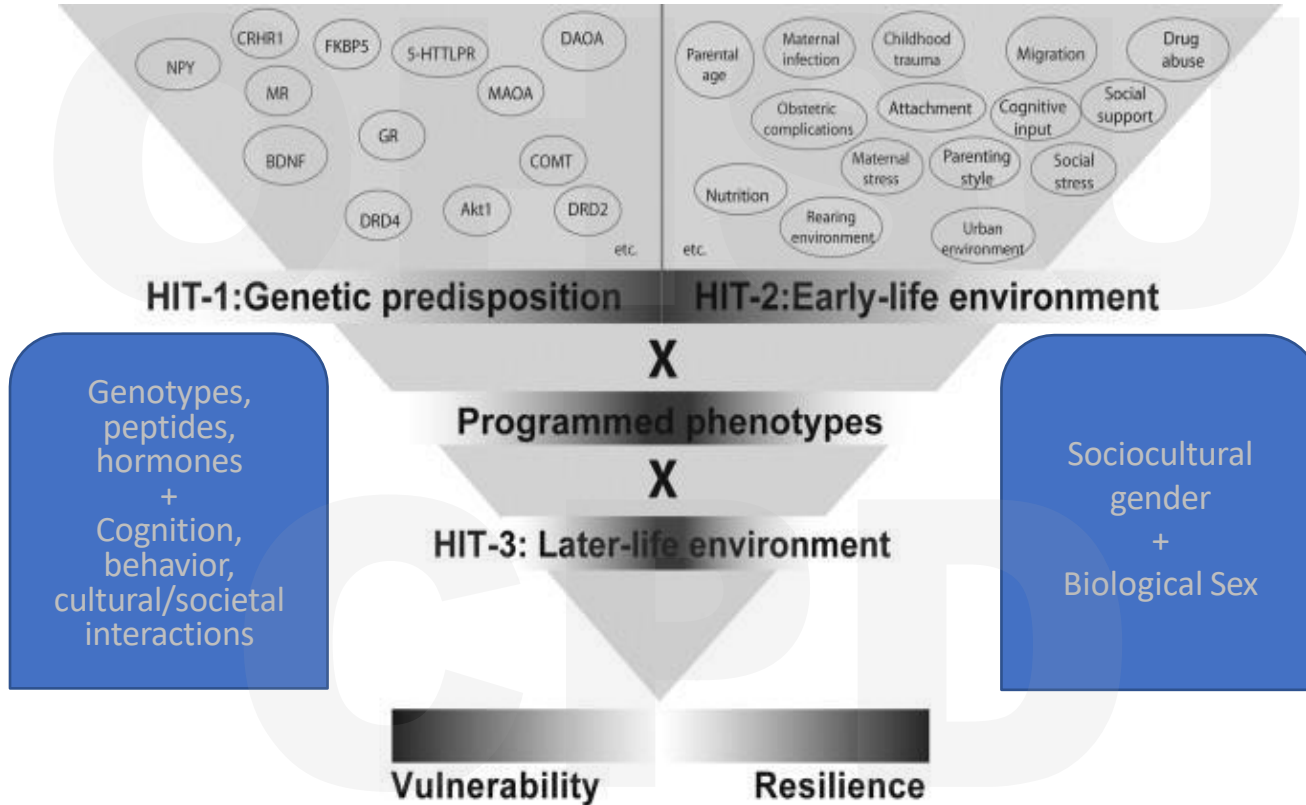
World Health Organization, 2012  
National Intimate Partner and Sexual Violence Survey, 2015

<https://www.cdc.gov/violenceprevention/nisvs/2015NISVSdatabrief.html>

Slide credit:

Nomi C. Levy-Carrick, MD, MPhil

# Resilience vs Vulnerability to Trauma







## Trauma and PTSD: Common Co-morbidities

- Depression
- Anxiety
- Substance use disorders
- Functional Neurologic Disorders
- Cardiovascular disease, diabetes
- Sexual dysfunction
- Social isolation



# Barriers to Accessing Care

- Internalized stigma
- Fear of judgment
- Avoidance of trauma triggers
- Gaps in care
- Lack of awareness/education

Xu L, Boama-Nyarko E, Masters GA, Moore Simas TA, Ulbricht CM, Byatt N. Perspectives on barriers and facilitators to mental health support after a traumatic birth among a sample of primarily White and privately insured patients. *Gen Hosp Psychiatry*. 2021 Nov-Dec;73:46-53.

# Treatment Approaches

## Trauma-Informed Approach

vs

## Trauma-Focused Treatment

- Focus on optimizing engagement
  - Universal precautions
  - Universal framing
  - Avoid retriggering
  - Variability of role and context of care
- Addressing trauma experience directly
  - Treatment focused on resolution of trauma-related symptoms
  - May require detailed trauma history as part of the treatment



## The 4R's of Trauma Informed Care

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** how trauma affects all individuals involved in an organization, including its own workforce
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- **Resists** re-traumatization



# Screening for Trauma

“Traumatic events are very common and can have direct effects on physical and mental health. For these reasons, I’ve begun asking all my patients about any prior difficult experiences they’ve had and whether they feel comfortable sharing them.”

## **ACOG COMMITTEE OPINION**

Number 825

### **Committee on Health Care for Underserved Women**

*This Committee Opinion was developed by the American College of Obstetricians and Gynecologists’ Committee on Health Care for Underserved Women in collaboration with committee members Colleen McNicholas, DO, MSCI, Serina Floyd, MD, MPH, and Melissa Kotke, MD, MPH, MBA.*

**Caring for Patients Who Have Experienced Trauma**



# Screening for Trauma

## Screening

### Verbal Option

“Do you feel as though certain events in your life have impacted your health? What would you want me to know about that?”<sup>43</sup>

### Verbal or Written (Self-Administered) Option

“Have you ever experienced an unusually or especially frightening or traumatic event?”

*If NO: stop screen*

# Responding to a Disclosure

- Thank you for sharing that with me.
- I'm so sorry that happened to you.
- You did not deserve that.
- Would you like me to know anything else about that experience?
- Would you like some resources that have been helpful for others, or did you want me to just be aware of your experience?
- Would you like me to document anything about that in your chart, and if so, what wording would be comfortable for you?



# Screening for PTSD

*If YES: “In the past month, have you...”*

- Had nightmares about the event(s) or thought about the event(s) when you did not want to?
- Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
- Been constantly on guard, watchful, or easily startled?
- Felt numb or detached from people, activities, or your surroundings?
- Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

*3/5 is a reasonable cut point to minimize  
false negative responses<sup>42</sup>*



# Trauma-Informed Care: 6 Principles

Safety: Physical &  
psychological

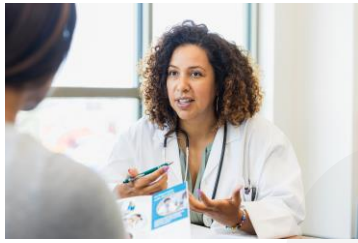
Trustworthiness &  
transparency

Peer Support

Collaboration &  
Mutuality

Empowerment,  
Voice, Choice

Cultural Humility  
and  
Responsiveness



# Trauma informed care

## Patient-Centered Care

- Identifying issues considered most important
- Say what you will do before you do it (ex: we will start by asking more about your symptoms, then we will do an exam)
- Permission prior to physical exam
- Letting the patient know they can decline to answer questions about their trauma



# Birth Trauma

Approximately one third of birthing people experience birth as traumatic

# Childbirth Related Trauma

- Perception of danger to the lives of the parent and baby
- Limited understanding of the medical procedures
- Often decisions that need to be made quickly
- Can create a sense of disconnection with the body



# Medical Factors Associated with Birth Trauma

- Cesarean birth
  - Particularly Emergency C/S
- Greater blood loss/postpartum hemorrhage
- Preterm birth
- Unexpected medical diagnosis
- Preeclampsia
- Forceps delivery
- Manual removal of the placenta
- NICU admission
- Stillbirth
- Pre-existing mental health conditions
- Complications with the newborn



## Psychological Factors in Birth Trauma

- Feelings of powerlessness
- Lack of autonomy in decision making
- Loss of sense of control
- Lack of information/not being fully informed
- Negative interactions with medical staff
- Low levels of perceived support
- Lack of continuity of care
- Intense physical pain

# The Importance of Subjective Experience

- Many birthing people who experience obstetrical complications do not experience adverse psychological symptoms
- On the opposite end, some patients have births that might be considered “normal” but go on to experience significant psychological distress



# Psychological Effects

- Symptoms of PTSD, anxiety, and depression
- Feelings of disengagement and poor attachment to baby
- Impact on breastfeeding
- Feeling incompetent in their role as caregivers
- Excessive fear and anxiety about the safety and health of their baby
- Disruption in the emotional and sexual relationship with their partner
- Tokophobia/avoiding a future pregnancy entirely
- Psychological symptoms in a subsequent pregnancy



Negative interactions with care providers have been found to be the strongest predictor in the development of PTSD following childbirth



# Perinatal PTSD

1. Intrusive symptoms
2. Avoidance
3. Negative changes in mood and thought
4. Hyperarousal and reactivity

- At 6 weeks postpartum, affects 3-5% in the general population
- Increases to 15% in at-risk perinatal populations
- Increases to 25-30% after stillbirth or death of infant in NICU



# Protective Factors

- Choice and control
- Trust and communication
- Respect and support
- Feeling well informed
- Acknowledgment and understanding
- Flexible care tailored to the patient's unique needs
- Inclusion in decision-making
- Access to information about their prenatal care

# Lack of Screening in Standard Prenatal Care

- Recommended to screen for birth related anxiety and trauma to identify pregnant people at risk
  - Research indicates only ½ of practitioners screened for birth related anxiety and trauma
- Early assessment of the potential risk for birth trauma by identifying history of prior trauma as a part of routine prenatal care

# Interventions

- Identify issues most important
- Identify wishes around birth
- Providing education around birth (ex: difficult situations that can arise)
- Available supports and how to access them
- Trauma informed birth plan (goals, activating factors, alleviating factors)

# Takeaways

- Every person has survived some adversity
- Trauma is in the eye of the beholder
- Trauma is ubiquitous and impacts medical care
- Screen for trauma
- Ask about the impact of the trauma
- Collaboration and communication goes a long way!



**Thank you!**