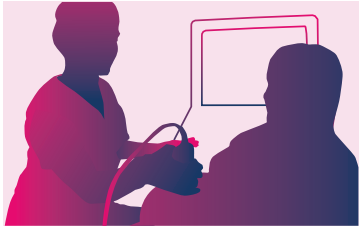


Caring for patients with a history of childhood or sexual trauma? Concern for medical discrimination?



1st or 2nd Trimester Prenatal Visit

- Share education with every patient about the supports available for survivors or marginalized populations during pregnancy and early parenting
- Screen for childhood maltreatment, sexual trauma, and symptoms of PTSD, anxiety and depression
- Treat with SSRI's, therapy, psychoeducation or peer support as needed
- Consider extra prenatal visits for high-risk patients

3rd Trimester Prenatal Visit

- Discuss the possibility of triggers during labor, or sensitive birth plan needs.
- Be honest about what accommodations can be provided or not, and plan for coping with triggers that cannot be eliminated.
- With patient permission, document positive trauma history and care requests clearly for the inpatient team
- Assess postpartum support

Delivery

- Knock and await an answer before entering the room
- Seek consent before touch and check-in throughout exams
- Use chaperones for all sensitive exams, ask about their preference for companions to stay or leave the room for exams
- Be as gentle as possible, and transparent about all anticipated pain and procedures
- Give recommendations and guidance rather than directives or demands

4-6 Weeks Postpartum

- Assess for symptoms of PTSD, anxiety and depression
- Assess support and quality of support relationships
- Refer to programs for survivor parents, social work or therapy as needed
- Consider SSRIs

The Postpartum Year

- Consider extra postpartum visits throughout the first year

