


**Trauma-Informed Birth Support
for Pregnant Survivors of Abuse**
Bridging a Doula and Advocate Partnership

Presenters
Kenya Fairley, National Resource Center on Domestic Violence
Fern Gilkerson, Consultant

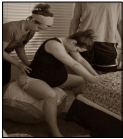


**Why Promote an
Advocate & Doula Partnership?**

- Victim advocates and doulas are service providers working toward similar goals
 - Protection and well-being of women and babies
 - Building protective factors for expectant women and their babies
- Primary prevention and intervention are complimentary in this model

What is a doula?

Pronounced "doo-lah"
Ancient Greek word for "woman who serves"



- In modern terms, doula refers to a compassionate, well-trained and experienced birth professional who guides a mother and her partner through pregnancy, labor, delivery and postpartum recovery.
- **A doula is not a midwife.** Midwives are medical professionals that can help women deliver their babies, much like an OB but with different philosophies and approaches to childbirth, labor, delivery and patient care.
- Doulas offer face-to-face prenatal visits and birth planning, continuous labor support through delivery and immediately after, postpartum follow-up visits, help with breastfeeding, and referrals to other community resources.

Objectives

- Understand the complexities presented by pregnant survivors of abuse.
- Learn about trauma-informed strategies when working with these women.
- Receive a “blueprint” for ways that victim advocates and birth doulas can build capacity for violence prevention through unique partnerships.

“Men who beat their pregnant wives understand that the pregnancy, the desired child, is often the most important thing in the world to that woman. What better way to make the woman suffer than to be able to cause her both excruciating physical pain and to lose what she values most in life?”

-- Paltrow, 2004




Understand the complexities presented by pregnant survivors of abuse.

OBJECTIVE I

Experiencing abuse during pregnancy may result in...

- Direct injury to the fetus
- Miscarriage
- Preterm labor and delivery
- Low birth weight
- Maternal or fetal hemorrhaging
- Placental abruption
- Still birth
- Maternal or fetal Death



When survivors are pregnant...

Domestic violence may begin or worsen

- May be more common than conditions for which pregnant women are routinely screened
- Possibly associated with coerced, unwanted, or unintended pregnancy, delayed prenatal care, smoking, alcohol and drug abuse

Living in shelter may lead to greater need for support

- Including physical safety; health, well-being and medical attention; mental, emotional and social support; economic and food security

Survivor may need help to understand, identify and mitigate possible triggers

- Experiences, people, places, smells, feelings, birth positions or medical procedures that may bring up deep memories

Trauma Symptoms: Before the birth

- Avoidance
- Emotional numbing
- Sleep problems
- Disordered eating
- Appearing to lack motivation
- Suicidality
- Flashbacks
- Depression
- Anxiety/panic disorder
- Dissociation

Regardless of experiencing domestic violence or sexual assault, many women may experience trauma in childbirth.

Trauma Echoes: During the birth

- Women may feel out of control of their body and/or mind
- Intense sensations of the baby moving through the birth canal may cause distress
- Use of some body positions for labor (on back, legs spread wide) and negative attitudes may create trauma echoes
- Significant discomfort with fetal monitors, IVs, blood pressure cuffs, catheters, and other medical instruments may lead to feelings of being trapped or restrained
- Use of dim lighting or closed door; small spaces (like bathrooms or showers) may trigger painful memories
- Frequent exposure and the physical demands of breastfeeding may increase women's feelings of vulnerability and powerlessness

Learn about trauma-informed strategies when working with these women.

OBJECTIVE 2


What can advocates do?

"In one case, the woman was 5 months pregnant without having seen any medical provider; when she finally came to the shelter, she had her first prenatal care visit in the emergency room."

From Bostangra, H.T., Rostovseva, D.P., Khers, S., & Godhwani, N. (2010). Birth control sabotage and forced sex: Experiences reported by women in domestic violence shelters. *Violence Against Women, 16*(5) 601-612.

Advocates can:

- Conduct safety planning, explore child custody
- Assist survivors in accessing prenatal and postpartum care
- Help Moms obtain needed baby care supplies
- Share and promote positive birth stories
- Support Moms in parenting their children
- **Healthcare professionals: screen and refer**



What can the DV program and shelter do together?



- Allow doulas to use program space for appointments with expectant survivors receiving services
- Accompany survivors to healthcare provider appointments
- Ensure adequate and healthy foods are available at the program and shelter, including prenatal vitamins
- Allow flexibility with shelter expectations
- Host cross training opportunities between doulas and advocates, promote cross referrals
- Support advocate participation in doula training
- Welcome doulas into domestic violence training workshops

How can doulas help?




- **IN ADVANCE:** Help mom be an agent in her own birth through education, empowerment and planning.
- Listen to and validate the laboring woman's concerns and needs.
- With birth planning, ask about the possibility and impact of past or ongoing sexual assault and abuse
- Respect physical space and change the environment as requested.
- Help mom become centered within her body. If helpful, repeat empowering mantras.
- Ask for monitors to be removed, suggest different positions, change comfort measures, use positive affirmations.
- If permission is granted by the laboring woman, discuss her unique needs with the medical team and develop a plan.
- Suggest someone else be at the birth for support if the partner can't or won't be there.

Receive a "blueprint" for ways that victim advocates and birth doulas can build capacity for violence prevention through unique partnerships.


OBJECTIVE 3

Doula + Advocate Partnerships



- Work together to develop program and shelter policies and protocol to better support pregnant and postpartum survivors
- Engage in critical dialogue to understand domestic violence, trauma-informed services and the signs of abuse across a spectrum of tactics, particularly within the context of pregnancy and birth
- Share updated lists of doulas and care providers who are knowledgeable about domestic violence, sexual assault and trauma
- Agree on a regular, safe and appropriate meeting space for doulas and pregnant survivors at the program and shelter
- Share resources and attend relevant conferences together
- Mutually support each other's role in the lives of pregnant survivors

Doula + Advocate Partnerships (continued)



- Seek out maternity and baby care supplies so the shelter is equipped to host pregnant and post partum survivors
- Coordinate with public health nurses to conduct shelter visits, particularly for women following a Cesarean section
- Mutually understand safety planning strategies, protective orders, and birth options for survivors
- Work together to train reproductive health care providers on understanding the impact of abuse in pregnancy
- Meet with legal advocates to understand custody and abuse potential, and the impact on pregnant women, their babies, and protection measures
- Meet regularly to keep communication and information lines open!

EXAMPLE: Doula + Advocate Partnership

Working together includes asking the survivor about whether or not the abusive partner will be at the birth and if she thinks he/she will become abusive in that setting.

- If so, what is the plan for response?
 - Will the woman's family or friends deal with him/her?
 - Should they call hospital security?
 - Call the police?
- If he/she will not be there, is there a protective order in place that will keep him/her from coming to the birth location?

For safety reasons, it is our practice to display your last name on a white board in a central location on the unit. Should you have concerns, please ask to see the Nurse Manager.

An advocate can help the survivor develop a safety plan. With the survivor's permission, the doula may be involved to answer questions about the birth location and to ensure everyone understands the plan.


 **RESOURCES**

Domestic Violence and Pregnant Women

Applied Research Paper
Violence During Pregnancy and the Postpartum Period -
http://vawnet.org/Assoc_Files_VAWnet/AR_DVPregnancyPostpartum.pdf

TA Question of the Month
How can I support pregnant survivors of abuse? -
<http://www.vawnet.org/news/2014/07/pregnant-survivors/>

Technical Assistance Guidance
Birth Doula and Shelter Advocates: Creating Partnerships and Building Capacity -
http://www.vawnet.org/Assoc_Files_VAWnet/FINAL-April2014-DV-DOULAS.pdf



Sexual Abuse and Pregnant Women

Books
When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse in Childbearing Women by Penny Simkin and Phyllis Klaus - <https://www.pennysimkin.com/shop/when-survivors-give-birth/>

Survivor Moms: Women's Stories of Birthing, Mothering and Healing after Sexual Abuse by Mickey Sperlich and Julia Seng -
<http://www.survivormoms.com/books/survivormoms.asp>

Handouts
Strategies for Specific "Triggers" of Anxiety in Childbirth from Penny Simkin and Phyllis Klaus - <http://bit.ly/1d4jffT>


Clinical Challenges in Childbirth Related to Childhood Sexual Abuse from Penny Simkin - <http://bit.ly/1ctGWkj>

Video

When Survivors Give Birth by Penny Simkin (6mins 15secs)
<http://youtu.be/YhEY2k9DWw>



Survivor Perspectives



- **I Was Pregnant When He Hit Me. Here's #WhyIStayed** - <http://www.thedailybeast.com/articles/2014/09/10/i-was-pregnant-when-he-hit-me-here-s-whyistayed.html>
- **A Sexual Assault Survivor's Reflections on Birth** - http://www.huffingtonpost.com/sarah-beaulieu/a-sexual-assault-survivors-reflections-on-birth_b_4831780.html

Online Resources

Evidence Based Birth:

- **The Evidence for Doulas** - <http://evidencebasedbirth.com/the-evidence-for-doulas/>

For Doulas:

- **toRaise Questions Doula Podcast, hosted by toLabor - Episode 11 - Abuse Survivors**, released April 09, 2014 - <http://tolabor.memberlodge.org/page-1577947>

For Moms:

- **eBook - Healing The Pain of a Traumatic Birth Experience** by Nicola Hogg - <http://www.amazon.com/Healing-Pain-Traumatic-Birth-Experience-ebook/dp/B00EILWISO>

Positive Birth Stories



bloomablog.com

- A deep breath and come-as-you-are safe place to dive into the questions, laughs, tears, and joys of pregnancy, birth and motherhood.

birthwithoutfearblog.com

- Began as a simple passion to let women know they have choices in childbirth. Evolved to become an inspiration and support to women and their families through their trying to conceive, pregnancy, birth and post partum journeys.



Find advocacy and support

National Domestic Violence Hotline
 1-800-799-7233 (SAFE) – 24/7/365
 Live chat: <http://www.thehotline.org/what-is-live-chat/>

RAINN: Rape, Abuse, Incest National Network
 1-800-656-4673 (HOPE) – 24/7/365
 Live chat: <https://ohl.rainn.org/online/>

DOULAS

- Radical Doula – radicaldoula.com
- Doula Match – doulamatch.net
- Doulas of North America (DONA) – dona.org

Contact Us

The **National Resource Center on Domestic Violence** (www.nrcdv.org) provides a wide range of free, comprehensive, and individualized technical assistance, training, and specialized resource materials.

Online TA Request Form – <http://www.nrcdv.org/contact-us/>
 800-537-2238 | nrcdvt@nrcdv.org

Kenya Fairley, M.S.Ed
Senior Director of Capacity Building & Education
 800-537-2238 | kfairley@nrcdv.org

Fern Gilkerson, M.A.
Consultant
 717-598-9231 | b.gilkerson@yahoo.com