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Trauma-informed care (TIC) is a movement gaining momentum in healthcare. It has been adopted by national health organizations, such as the Substance Abuse and Mental Health Services Administration (SAMHSA). It has not been widely adopted among providers caring for childbearing women, but it is something we need to seriously consider if we want to increase breastfeeding rates and improve mothers' mental health.

Unfortunately, traumatic experiences are remarkably common among women. According to the National Center for PTSD (2015), findings from a large national mental health study show that more than half of women will experience at least one traumatic event in their lives. The most common trauma for women is sexual assault or child sexual abuse. This affects one in three women. Women are also more likely to be neglected or abused in childhood, to experience domestic violence, or to have a loved one suddenly die. One in every nine of these women will develop posttraumatic stress disorder (PTSD).

Trauma exposure also increases the risk of depression during pregnancy and in the postpartum period. In a study of 374 women recruited from a low-income, inner-city obstetrics clinic, 39% reported experiencing at least one traumatic event (Robertson-Blackmore et al., 2013). The most common events were child sexual abuse, having a close friend or family member experience violence, and unexpected death or illness of someone close. Trauma-exposed women were up to 4 times more likely to be depressed during pregnancy. Depression during pregnancy can lead to many complications, including preterm birth (Kendall-Tackett, 2017).

Trauma-Informed Approach

Women who have experienced trauma are also at risk for being retraumatized in medical settings, which is why healthcare providers must be mindful of their needs. The SAMHSA have outlined the principles of TIC (SAMHSA, 2015). The TIC makes sense for every patient and is especially relevant during the perinatal period, when women are particularly vulnerable.

According to SAMHSA, a trauma-informed approach to care

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery.

For perinatal women, trauma increases the risk of depression, anxiety disorders, substance abuse, and PTSD. It may also influence birth outcomes, including preterm delivery and birth-related PTSD.

2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system.

The perinatal period is a unique opportunity to recognize trauma and its effects. Trauma can be effectively treated, and helping mothers to identify it can be the first step in their healing.

3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices.

The effects of trauma are pervasive in the populations we serve. Yet, healthcare providers often do not recognize its existence or the impact it can have on every area of a patient's life. IBCLCs can counter this by recognizing trauma and instituting policies and practices that follow the principles of TIC.

4. *Seeks* to actively resist *retraumatization*.

Birthing women are at high risk for experiencing medically induced psychological trauma, so much so, that the World Health Organization (2014) has issued a statement calling for respectful care for birthing women. During the postpartum period, high levels of oxytocin increase mothers' bonding with their babies. Unfortunately, oxytocin also increases mothers' openness, which increases their vulnerability to harsh or indifferent care from postpartum providers (K. Uvnäs-Moberg, personal communication, July 16, 2017). How mothers are treated can set the stage for either breastfeeding success or failure. If we want to increase breastfeeding rates, gentle care can make all the difference.

TIC is not designed to treat trauma. Rather, it is an approach designed to address the consequences of trauma and to facilitate healing. The goal is to make healthcare safe from trauma survivors.

SAMHSA's Six Key Principles of a Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices

or procedures. These principles may be generalizable across multiple types of settings.

Safety

Safety is essential. If a mother does not feel safe, for whatever reason, breastfeeding will not succeed. When mothers do not feel safe, their fight-flight response is activated. This causes the oxytocin response to be downregulated and can actually stop the flow of milk (Uvnäs-Moberg, 2015).

Trustworthiness and Transparency

Mothers need to feel they can trust their providers. Otherwise, breastfeeding will fail. TIC teaches providers how to gain mothers' trust and work with them most effectively.

Peer Support

Peer support has always been an important part of breastfeeding support. It is right in line with the principles of TIC.

Collaboration and Mutuality

Mothers must feel that they are working with their healthcare providers as part of a team. If they do not, they will not feel safe. Providers must never grab mothers or force babies to the breast. Fortunately, our field is moving in this direction already, and our change in paradigm is in line with TIC.

Empowerment, Voice, and Choice

All healthcare providers need to empower patients. Period. When we "help" too much, mothers are left with the belief that they cannot do it on their own. We rob them when we do too much. Help mothers see the competencies they already possess. Breastfeeding can be an important part of the healing process for mothers.

Cultural, Historical, and Gender Issues

We must always recognize that every mother is unique. Listen. Ask questions. And assist where you can. Some of

my colleagues have suggested that *cultural humility* is a better term than *cultural competence*. I agree. It implies an openness and willingness to learn what the families need, not what we think they need. Fortunately, our field is moving in this direction also.

The Goal of Trauma-Informed Care

According to SAMHSA, healthcare providers can promote the linkage to recovery and resilience for people impacted by trauma. Services and supports that are trauma-informed build on the best evidence available, and consumer and family engagement, empowerment, and collaboration.

TIC is an excellent model of care and one I hope we adopt as a comprehensive approach to breastfeeding support.

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Editor-in-Chief

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