




Patient Debriefing after a Severe Event

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Patient Partner Acknowledgements

Grace Stephanie Danielle & Ashley




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Objectives


- 1 Describe the importance of debriefing with patients and the patient's support network after a severe event
- 2 Identify best practices for effectively conducting a patient debrief
- 3 Identify strategies to ensure patients and the patient's support network are debriefed after a severe event

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Outline




Psychological Birth Trauma



DEBRIEF

Debriefing Definition and Evidence



Suggested Approach

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Psychological Birth Trauma

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Definitions

- **Post-traumatic stress disorder (PTSD):** a psychiatric disorder resulting from exposure to death or threatened death or serious injury, experienced or witnessed.
- **Psychological birth trauma:** interactions and/or events directly related to childbirth that cause overwhelming distressing emotions and reactions, and can have negative impact on women's well-being
- **Childbirth-related PTSD (CB-PTSD):** PTSD stemming from events that threaten the woman's life or cause her to believe that her life, or her infant's life, is in danger
 - CB-PTSD is a separate (though often co-existing) condition from postpartum depression
 - Recognized as a distinct subtype of PTSD

Dekel S, Papadakis JE, Quaglini B, et al. Preventing posttraumatic stress disorder following childbirth: a systematic review and meta-analysis. Am J Obstet Gynecol. 2024;230(6):610-641.e14.



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Symptoms of CB-PTSD

- Childbirth-related intrusive symptoms, such as:
 - Flashbacks and nightmares
 - Attempts to avoid reminders of childbirth
- Negative alterations in cognitions and mood
- Marked arousal and reactivity, such as:
 - Irritability
 - Sleep and concentration problems
 - Hypervigilance

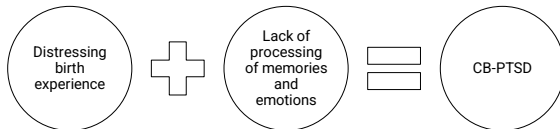


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Pathway to CB-PTSD



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What is birth trauma?



“An event that occurs during the labor and delivery process involving actual or threatened serious injury or death to the mother or her baby”

- 25-40% of women will describe their birth as traumatic in some way
- Approximately 5% of women will develop PTSD related to their birth

Sun X, Fan X, Cong S, et al. Psychological birth trauma: A concept analysis. *Front Psychol.* 2023;13:1065612.
Dekel S, Papadakis JE, Quagliarini B, et al. Preventing posttraumatic stress disorder following childbirth: a systematic review and meta-analysis. *Am J Obstet Gynecol.* 2024;230(6):610-641.e14.



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Attributes of Birth Trauma

Subjective experience

- Not all objectively complicated births will be perceived as traumatic
- Medically uncomplicated births can be perceived as traumatic



Sun X, Fan X, Cong S, et al. Psychological birth trauma: A concept analysis. *Front Psychol.* 2023;13:1065612.



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Attributes of Birth Trauma



Emotionally painful

- Fear and anxiety
- Hopelessness and despair
- Deprivation of dignity
- Neglected and abandoned
- Loss of control

Sun X, Fan X, Cong S, et al. Psychological birth trauma: A concept analysis. *Front Psychol.* 2023;13:1065612.



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Attributes of Birth Trauma

Originates in the birthing process

- Traumatic events, especially if the patient perceives they could have been avoided
- Quality of interactions with healthcare providers can influence perception
- Birth may trigger memories of past trauma, such as sexual violence



Sun X, Fan X, Cong S, et al. Psychological birth trauma: A concept analysis. *Front Psychol.* 2023;13:1065612.



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Attributes of Birth Trauma

HOW TO KNOW IF YOU HAD A Traumatic Birth

- Sudden, flashbacks of the birth or nightmares, dreams, intrusive thoughts.
- Avoiding reminders of the event or talking about your birth.
- Increased irritability, anger, mood swings.
- Increased anxiety, panic attacks, sweating, heart palpitations, low mood, inability to bond with baby
- Feeling startled, hyper vigilant, on edge, or on guard
- Doesn't feel safe in your body.

Persists postpartum

- Studies estimating incidence of birth trauma vary in their timing (5 days to months postpartum)
- Birth anniversaries can be emotionally painful
- PTSD can be diagnosed when symptoms persist for more than 3 months postpartum

Sun X, Fan X, Cong S, et al. Psychological birth trauma: A concept analysis. *Front Psychol.* 2023;13:1065612.



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Debriefing



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What is debriefing?

- Definition: an immediate brief intervention designed to manage normal stress reactions after a traumatic event.
 - 4 RCTs with mixed results
 - Limited evidence to support debriefing (as defined) as an effective secondary prevention strategy against CB-PTSD
- Suggestion: debriefing is a continuous process that arises naturally within effective patient-centered communication and may allow providers to better recognize evolving mental health concerns, such as postpartum mood disorders and CB-PTSD

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Post-event communication

<p>Patient Debriefing</p> <ul style="list-style-type: none"> • Focused on the emotional well being and recovery of the patient • Acknowledging outcome occurred does not imply admission of an error 	<p>Team Debriefing</p> <ul style="list-style-type: none"> • Focused on the emotional well being and recovery of the healthcare personnel • May include discussion of what went well and opportunities for improvement 	<p>Event Reviews</p> <ul style="list-style-type: none"> • Formal event reviews • Understand if care deviated below standard resulting in harm (safety event) • Identifying opportunities for systems improvement 	<p>Error Disclosure</p> <ul style="list-style-type: none"> • If outcome is determined to have arisen from an error (individual or system) • Disclosure is often done with support of legal team (CANDOR)
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One goal is to disrupt the pathway from a potentially traumatic event to CB-PTSD



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    graph LR
      A((Distressing birth experience)) -- "+" --> B((Lack of processing of memories and emotions))
      B -- "=" --> C((CB-PTSD))
    
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Additional goals...

- Ensure good understanding of their condition and care
- Provide good communication
- Answer questions
- Ensure the patient feels valued and cared for





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Evidence-based interventions to reduce CB-PTSD

- Brief counseling session during the postpartum hospitalization
 - Delivered by obstetrical provider (midwife)
 - Focused on empathetic listening, support, and problem-solving
 - Reduced CB-PTSD symptoms and PPD
- Early skin-to-skin contact for at least 1 hour
 - Reduced CB-PTSD symptoms

Dekel S, Papadakis JE, Quaglini B, et al. Preventing posttraumatic stress disorder following childbirth: a systematic review and meta-analysis. *Am J Obstet Gynecol.* 2024;230(6):610-641.e14.




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A word of caution on the limitations of literature on debriefing

- Evidence on debriefing to reduce PPD or CB-PTSD is mixed
 - Some positive studies, some negative studies
- Most studies had a singular debriefing intervention
- The debriefing intervention varies between studies
 - Unstructured vs structured
 - Timing of debriefing intervention
 - Relationship between patient and the debriefer
- Many studies report patients found the debriefing valuable, even if the study result was negative

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Evidence on debriefing for providers

- Repeated exposure to potentially traumatic events can impact healthcare provider's physical and mental health
- Both direct and vicarious trauma can be problematic
- Event debriefing may be therapeutic
 - Opportunity for reflection
 - Gaining a shared experience
 - Important to have the right peer facilitator
- May reduce PTSD symptoms and most staff feel this is useful

Scott Z. O'Curry S. Mastroyannopoulou K. The impact and experience of debriefing for clinical staff following traumatic events in clinical settings: A systematic review. *J Trauma Stress.* 2022;35(1):278-287.



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A Framework for Debriefing



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Patient Partner Acknowledgements



Grace



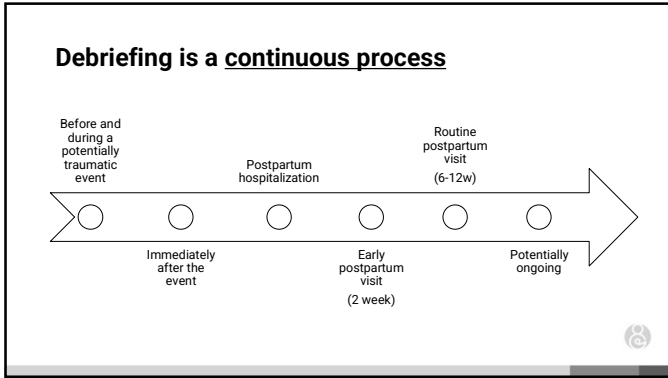
Stephanie



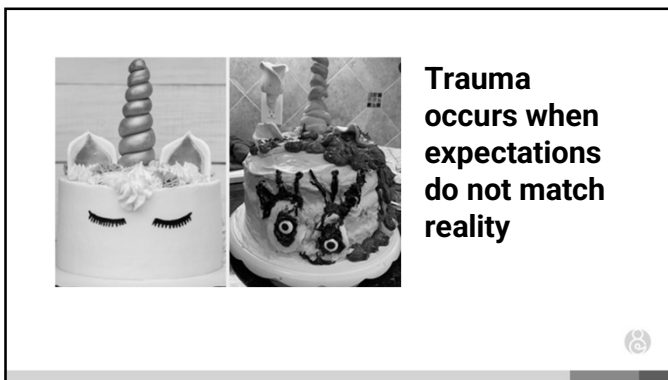
Danielle & Ashley



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Prevention of trauma through communication

AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE
— BENJAMIN FRANKLIN

- Improved communication during care can prevent or lessen the experience of trauma
 - Pre-brief on anticipated course of care (reduces fear of unknown)
 - Shared decision making about interventions during labor (maintains control)
 - Permission before performing exams or interventions (maintains dignity)
 - Ensure adequate pain control (reduces hopelessness)

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Immediately after an event

- Sit with your patient
 - Recommend delivering provider and/or primary nurse
- Acknowledge that a traumatic event just occurred and ask them if they want to discuss this
 - May not be ready to talk right away; but may want to talk later, or the next day
- Ask the patient to express how they feel about the incident
 - Validate their feelings
 - Ensure patients feel heard and respected.



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Information that your patient may want to discuss



- Discuss what happened
 - Diagnosis and definition
 - Why might this have happened?
- Review care provided
 - Explain the care they saw occur
 - Signpost actions taken that reflect best practices to keep them safe
- Discuss short and long-term plans
 - Additional care right now
 - Postpartum hospitalization
 - Recovery and long-term health



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During the postpartum hospital stay

- Delivering provider or primary nurse check in to see if patient has any new questions and how they are feeling
 - "I'm curious how you are feeling about your birth and if you have any new questions for me today?"
 - Quality documentation and handoff can assist with continuity of discussion
- If you were not part of the care team
 - Debriefing can be done by anyone with an understanding of events and care
 - "Would you like to talk about your birth?"
 - "I know Dr. Smith talked through things after your birth yesterday, I'm just checking if you have any new questions today?"



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Avoid re-traumatization

- Always ask permission to start the debriefing
 - "As you saw, you had some extra bleeding after your baby was born. I'd like to talk through what happened and next steps, is now an OK time?"
 - "I know you experienced extra bleeding when you gave birth yesterday, would it be OK if we talked a bit more about that and how it may impact your recovery?"
- Ask the patient to share how they are feeling about the event
 - Validate their feelings
 - Ensure patient feels heard and respected
- Once the patient has been debriefed, avoid repeatedly bringing it up unless relevant to ongoing care
 - Ensure initial debriefing discussion invites the patient to raise new questions at any time



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Early postpartum follow-up



- Ideally with delivery provider or primary obstetrical provider
 - Someone known to the patient
- Opportunity to check in on recovery, mood symptoms, and new questions
- Early connection to mental health resources if patient is exhibiting signs of distress
 - Disrupt the pathway toward PTSD



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Routine postpartum visit

- New questions may have arisen
- Expect patients may have read their hospital notes
- Additional topics that may be useful to cover:
 - Extended recovery
 - Timing of next pregnancy
 - Implications for next pregnancy / delivery / long-term health



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Ongoing needs may vary



- Ensure availability for new questions that may arise
- Expect for severe events that the patient may need to discuss things multiple times
 - Reassurance
 - Part of the trauma healing process
- PTSD symptoms may worsen prior to another pregnancy
- Continuity with the patient may be healing for the provider too



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Applying QI methods



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Structural supports for debriefing

- Determine your desired institutional best practice / standard
- Create EHR prompts and note templates
- Pocket cards with suggested scripting
- Simulated debriefing events for providers and nurses to practice



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Documenting and measuring

- Standardized documentation of debriefing allows it to be measured
- EHR check-boxes, drop down documentation menus, or flowsheet rows can be used for reporting
- Quantitative measures of debriefing, can't capture the quality as easily



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Epic Delivery Summary Example

If "Obstetric Hemorrhage" is selected as a delivery complication, the following section pops up:

Treatment/Management	B-Lynch Suture	D&C	Jada Device	Oxytocin IM	Tranexamic Acid
	Bakri Balloon	Hemabate	Methergine	Oxytocin IV	Vaginal Packing
	Bimanual Massage	Hysterectomy	Misoprostol SL		

Was patient/family debriefed following delivery?
 Yes No



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Take home points

- There is a potential for psychological birth trauma whenever events deviate from what the patient was expecting
- Good communication before, during, and after events may prevent or reduce psychological harm
- Every patient will have a different experience
 - Ask permission to debrief
 - Validate experience and emotions
 - Provide information they request
 - Expect their journey may be long, or short!
- Debriefing may reduce emotional harm experienced by the provider as well




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Resources




- Postpartum Support International (PSI)
 - Birth Trauma Support Group
 - <https://postpartum.net/group/birth-trauma-support/>



- Birth Trauma Association
 - UK-based non-profit with excellent information for both patients and healthcare providers
 - <https://www.birthtraumaassociation.org/>




- Preeclampsia Foundation
 - Birth trauma resource repository
 - Facebook groups for traumatic birth survivors
 - <https://www.preeclampsia.org/birth-trauma-resources>




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Thank you for listening!



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