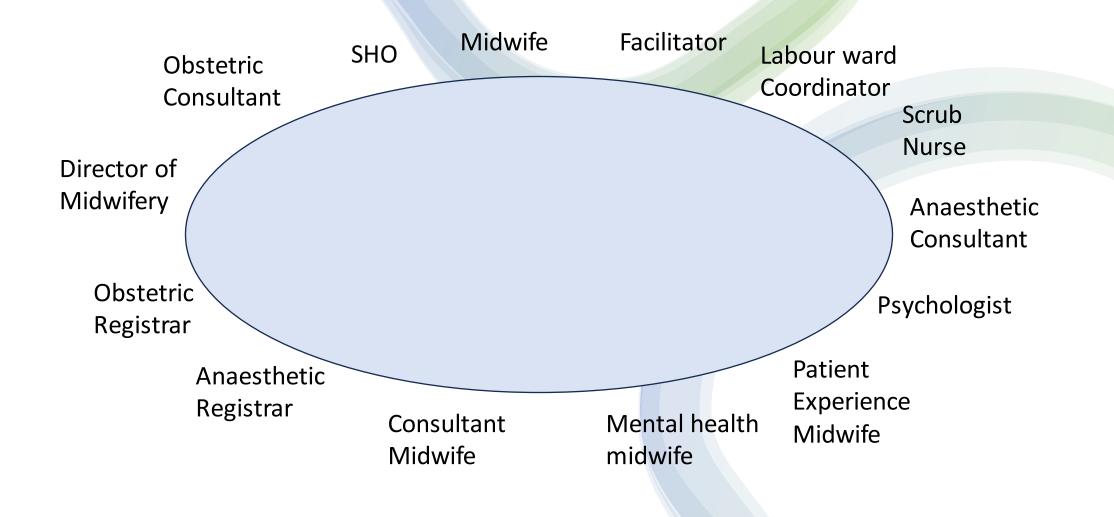
Birth trauma, advocacy and personalised care planning

Danni Gupta and Nadia Muspratt-Tucker, Buckinghamshire Healthcare NHS Trust

Culture workshop

MDT event facilitated by an external speaker Ensured psychological safety in the room Created a rich learning environment Session was based around a patient's story following a traumatic delivery Powerful conversation starter We then split into MDT groups of 5 to discuss Factors that contributed to trauma for this patient and others What can be done to try to improve this The goal was to generate ideas that can be taken forward by the department

Culture Workshop



How do we play a role in creating trauma?

- In more than half of cases, poor treatment by staff play a part in the trauma
 - Patients voicing a concern but being ignored or laughed at
 - Repeatedly being asked for pain relief but told they can't have it
 - Not being told what is happening during an emergency
 - o Being denied support
 - Having a procedure or examination without consent



of women who give birth develop PTSD – approximately 30,000 a year.



of birth partners develop PTSD after birth



Impact of birth trauma

- Relationship with their baby
- Avoiding contact with medical professionals
- Relationship difficulties
- Physical problems
- Development of PTSD



Birth Trauma Inquiry Launched in UK Parliament

PLEASE NOTE THE FINAL DATE FOR SUBMISSIONS IS TUESDAY 2024

MASIC is calling on parents across the country to give their views and of birth trauma as a first ever parliamentary inquiry on the issue is law

'Overwhelming' response to birth trauma inquiry



What staff factors contribute to birth trauma?

• Group think

GroupThink

Groupthink is a phenomenon that occurs when a group of wellintentioned people makes irrational or non-optimal decisions spurred by the urge to conform or the belief that dissent is impossible.

The problematic or premature consensus that is characteristic of groupthink may be fuelled by a particular agenda—or it may be due to group members valuing harmony and coherence above critical thought.

What staff factors contribute to birth trauma?

- Group think
- Grey area

The 'Grey' area

Policies Guidelines Protocols	The Grey Zone	No go area
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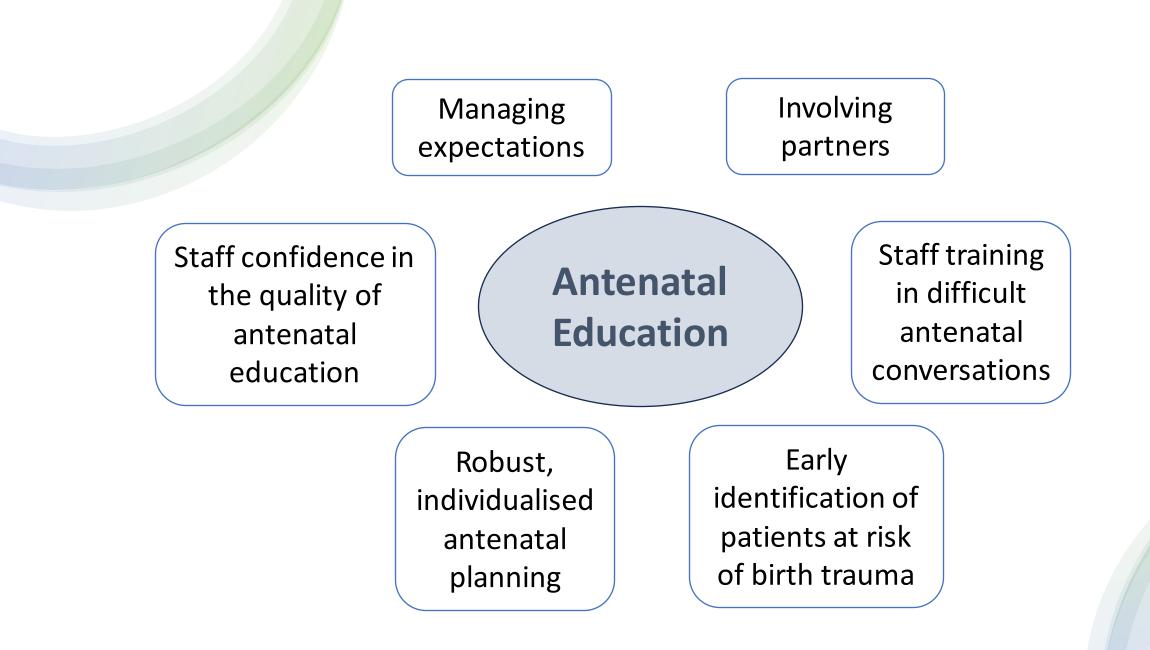
What staff factors contribute to birth trauma?

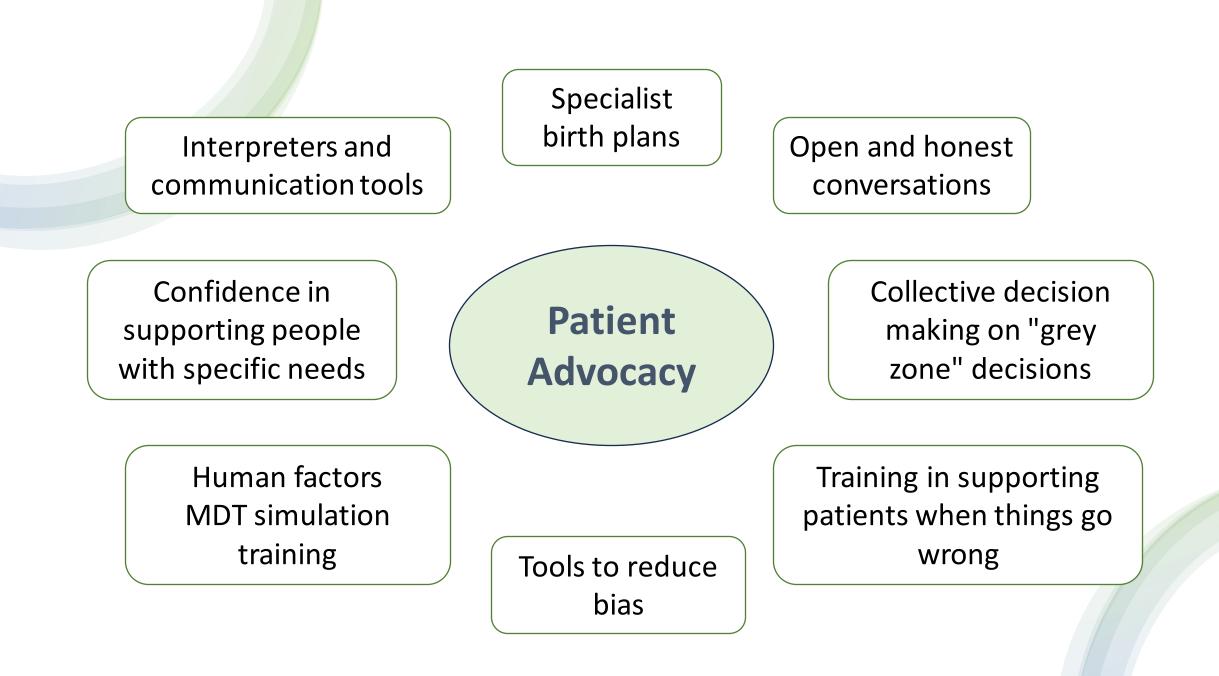
- Group think
- Grey area
 Bias
 STAFFING

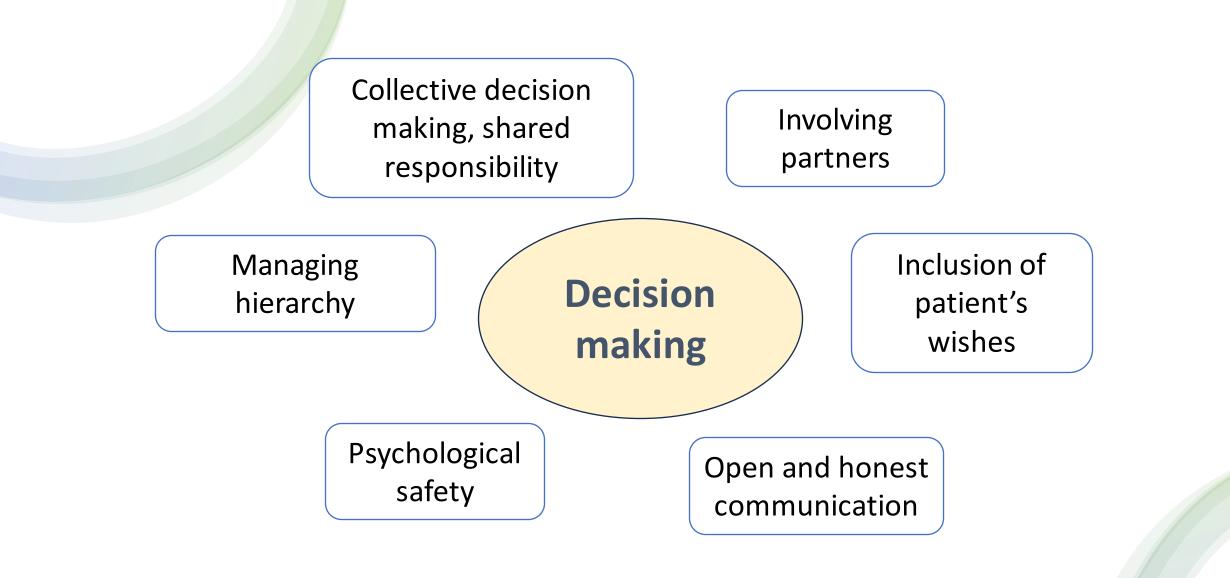
What can prevent birth trauma?

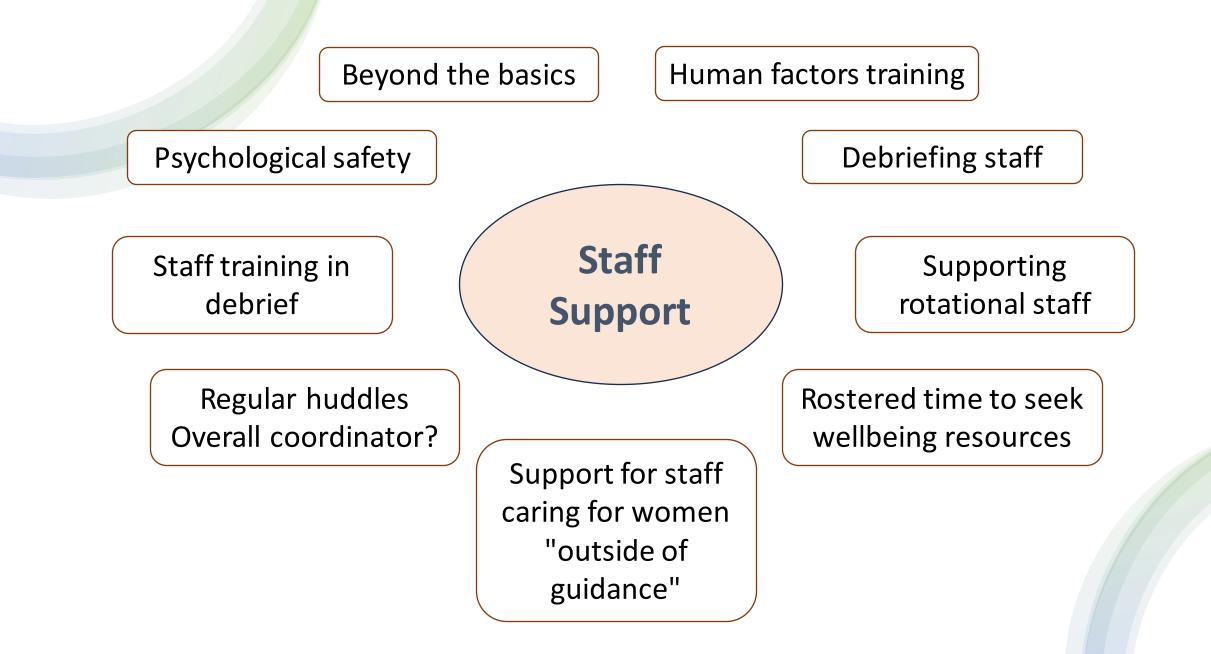
- Antenatal education
- Ensuring informed consent
- Listening to women's concerns
- Offering pain relief when requested
- Informing women of their choices
- Explaining what is happening
- Showing sympathy when women are distressed













Next steps – Birth trauma community of practice

- Improve antenatal education for women
- Education on debriefing women and staff
- Birth trauma themed academic half day \checkmark
- Development of a framework for 'safe rule breaking'
- Time in the rota for wellbeing enforced
- Improved psychological support for staff