

Healing Conversations: Nurse-Led Postpartum Debriefing to Improve Maternal Outcomes

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Objectives

01

Discuss the prevalence of childbirth trauma and its implications for maternal mortality.

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Recognize and assess postpartum patients at high risk for birth trauma.

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Explore effective nursing interventions and support mechanisms for addressing childbirth trauma.

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- I have no disclosures
- I'm speaking as a peer, not an expert
- I make errors and have my own bias
- I am always learning, lets learn together


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The Leading Cause of Maternal Mortality in the U.S.

- Postpartum Hemorrhage
- Heart Disease
- Hypertension Disease of Pregnancy
- Mental Health Conditions
- Infection/Sepsis
- Racial disparities

Which one is it???

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MATERNAL SUICIDE IS A LEADING CAUSE OF MATERNAL MORTALITY IN THE U.S.

The 2022 CDC report on pregnancy-related maternal mortality revealed **mental health conditions*** as the **leading** underlying cause of pregnancy-related deaths

*made up of suicide and accidental overdose/poisoning deaths

POLICY CENTER
for Maternal Mental Health

LEARN MORE: [POLICYCENTERMMH.ORG](https://policycentermmh.org)

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Types of Postpartum Mood Disorders



- Postpartum Depression
- Postpartum Anxiety and/or Panic Disorder
- Perinatal OCD
- Bipolar Disorders
- Postpartum Psychosis
- Substance Use Disorders

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Increases Risk for PMAD

Hx of
Depression
or Anxiety

Lack of
emotional
support

Financial
Stress

Biological
Factors

Birth
Trauma

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Birth Trauma

1 in 3 birthing people report their birth as traumatic

- includes physical, emotional, and psychological distress during or after childbirth.
- Mental health conditions, including depression and anxiety
- 1 in 10 may develop PTSD

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“Red Flags” for Birth Trauma & Risk for PPMD

- | | |
|-------------------------------------|----------------------|
| • Hx of mental health | • Unplanned cesarean |
| • Previous Trauma | • Preterm delivery |
| • Social Factors | • NICU Admission |
| • Transfer from intended birthplace | • Complicated birth |
| • Experienced racism or biases | • Operative birth |
| | • Perinatal Loss |

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Can we help in the hospital?

Therapeutic communication by nurses can significantly reduce birth trauma.

Fostering a supportive and empowering environment in L&D

Postpartum is a critical time for recovery, reflection, and connection.

Providing Trauma informed care for every patient

Utilize Nurse-led postpartum debriefing with patients with “red flags” for trauma/PMAD

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What is Nurse-Led Postpartum Debriefing?

A structured, trauma informed conversation led by a nurse during postpartum recovery, that invites the birthing person to share their story, ask questions, and receive emotional validation, clarification about what occurred, and guidance for recovery and follow-up.

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Evidence

Studies show
debriefing within 72
hours postpartum can:



Decrease symptoms of PPMD and
CB-PTSD

Improve satisfaction with birth

Strengthen patient-provider
relationships

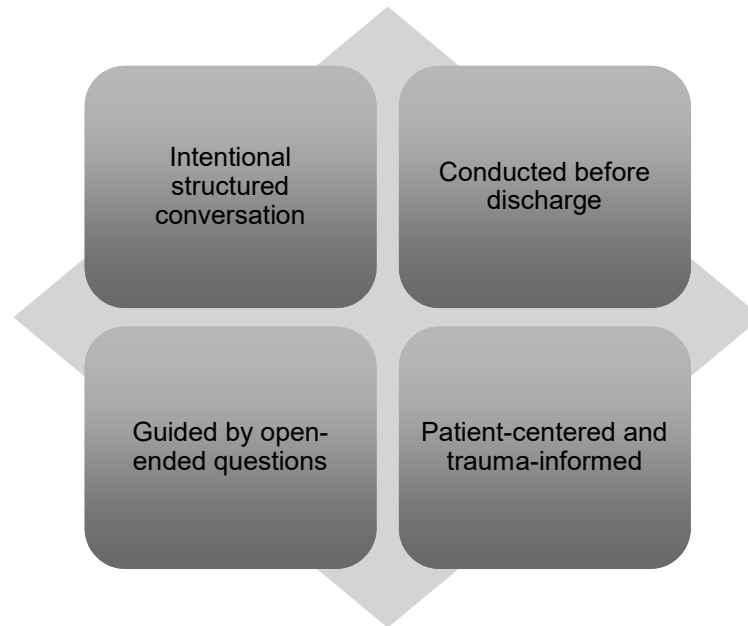
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Goals of Nurse-Led Debriefing

- Provide a safe space to **process the birth experience**
- Offer **clarity** about clinical events and decision-making
- Identify emotional and psychological **needs early**.
- Reinforce **support systems and coping strategies**
- Identify “**red flags**” for mental health referrals

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What it looks like



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Elements of Conversation

Active listening to the birthing person's version of events

Clarifying medical details if needed (or connecting them to someone who can)

Validating emotions and reactions—whether joy, grief, guilt, fear, or confusion

Offering resources for mental health support, lactation, physical recovery, etc.

Screening for postpartum depression or trauma symptoms, and refer

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Trauma-Informed Debriefing

1. Ask Permission

"I'd love to check in about your birth. Would now be a good time, or would you prefer later?"

2. Invite Storytelling

"Can you tell me what you remember most?"

"What parts stand out emotionally or physically?"

3. Reflect + Validate

"That sounds like it was a lot to carry."

"It makes so much sense that you're feeling that way. You showed so much strength through that experience."

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Trauma informed Debriefing

4. Clarify If Asked

"Would you like to talk through what happened, medically or step-by-step?"

"I'll share what I know—and help you connect to your provider if needed."

5. Support Regulation If Distress Arises

"Let's take a breath together—you're safe right now."

"We can pause. You're in control of this conversation."

6. Close with Connection

"Thank you for sharing with me. You're not alone."

"How can I support you right now?"

"Would it help to talk to someone more, or get connected to a support resource?"

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Which patients benefit most?

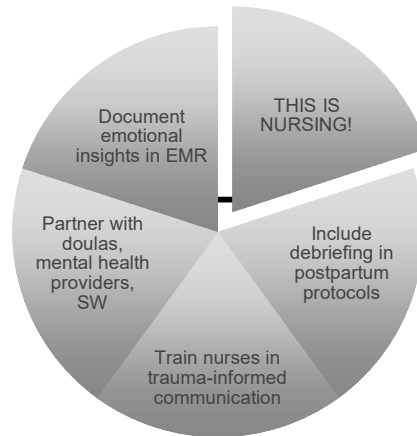
- Everyone
- Pt with “red flags”
- Access your assignment for signs of red flags.
- Prioritize those pts with a structured conversation

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Example: Patient Report

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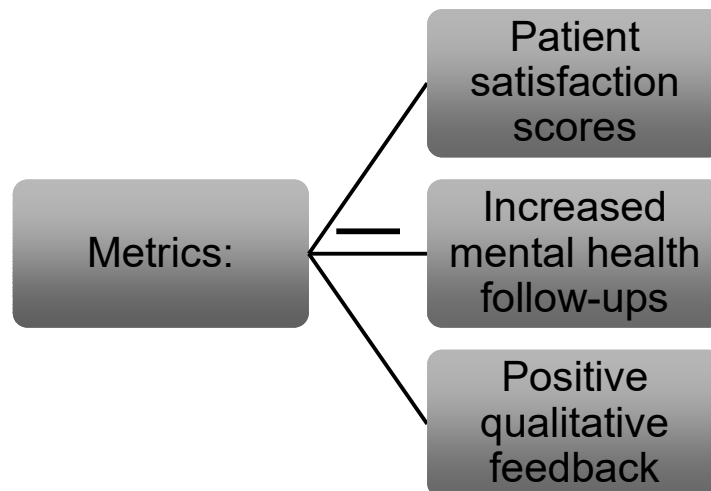
I'm in! How do I do this at my hospital?



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Measuring Impact

Use data to support QI projects and policy change



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Challenges and Consideration



Time and staffing limitations



Emotional load on nurses

—



Resource availability for follow-up



Cultural and linguistic barriers

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Small Group Exercise

Divide into groups of 2-4: Pick someone to be the “patient” and someone to be the nurse, then observers.

Pick a Scenario/Patient: Groups pick a postpartum case scenario Why did you choose that patient? What were the red flags?

Lead the Conversation: The “nurse” uses a trauma-informed debriefing (e.g., validating emotions, offering reflection, ensuring safety, etc.) to guide a brief (3-5 min) postpartum debrief.

Group Feedback & Reflection:

- Observers give feedback: *What went well? What could be improved?*
- The “birthing person” reflects on how supported they felt.
- All share key phrases or techniques that stood out.
- What resources do you know that are available in your area or site?

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Resources and References

- Postpartum Support International (www.postpartum.net)
- National Maternal Mental Health Hotline
- Social Work
- Local Therapist
- Support Groups
- In-Patient Programs (red Leaf)

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Questions and Discussion

What would
this look like
on your unit?

What support
would you
need?

What barriers
do you
foresee?

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Final Thoughts



- Birth trauma is common and serious
- Nurses are uniquely positioned to help
- Healing conversations save lives
- “Every birth story deserves to be heard.”
- Invite discussion and questions
- Debriefing is not a one-time fix
- Pt remember how we made them feels
- Every conversation is a chance to promote healing and prevent harm.

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