PROJECT J-FIT
November 30, 2016

1) Toolkit name: Improving Intrapartum Care for Pregnant and Laboring Survivors of Sexual Trauma

2) Project manager contact information:

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4) Objectives
   a. To provide intrapartum providers with tools to improve the labor and delivery experience of survivors of sexual trauma
   b. To provide prenatal providers with tools and resources to screen patients for a history of sexual trauma and to appropriately respond to a positive screen
   c. To empower intrapartum patients by providing them with a guide to labor and delivery

5) Key words for searches
   Sexual assault, sexual trauma, survivor, childbirth, trauma, trigger, labor, delivery

6) Target audience
   a. Health care providers: physicians, midwives, physician assistants, nurses
   b. Trainees: fellows, residents, medical students, nursing students
   c. Patients: Obstetric patients, particularly those with a history of sexual trauma

7) Dates of project and timeline
   a. Dates of project: Toolkit developed May 2016 – Present.

8) Venue: Labor & Delivery unit
9) Contact person email address & ACOG JF: Katherine Hicks-Courant, MD;
hichscourant@tuftsmedicalcenter.org

10) Number of participants (approx.): 100 Physicians, Residents, and Nurse providers

11) List of all supplies needed:
   a. Color printer
   b. Whiteboards for labor/delivery rooms

12) Project prep time: 1 month
    a. Number of volunteers needed: 1-5
    b. Delegation of projects/responsibilities
       i. One person to meet with physician team for education/implementation
       ii. One person to meet with resident physicians for education/implementation
       iii. One person to meet with nursing staff for education/implementation
       iv. One person to meet with anesthesia team for education/implementation

13) Advertisement: none. Contact was within our organization via word of mouth, formal team meetings, and change in protocols

14) Budget: $50 for printing materials

15) Funding: fully funded by departmental and clinic sources

16) Summary: Please attach a detailed description of your project. Include an overall summary including positive points of the event, things to improve on, and impact on the community or women's health (limit 750 words)

In the United States, an estimated 1.3 million rape-related physical assaults occur against women annually, according to the National Intimate Partner and Sexual Violence Survey. As many as 1 in 5 women are affected. The many survivors of sexual trauma face particular challenges when it comes to labor and delivery. The associated cervical exams, lack of control, intense pain, and loss of privacy can be challenging for all women, but especially challenging when such experiences trigger memories of past sexual trauma. Indeed, evidence suggests that women who have experienced sexual violence tend to have increased risks of maternal distress during labor and delivery, as well as prolonged first or second stage of labor and instrumental delivery. Given the incidence of sexual violence as well as the associated adverse outcomes during labor and delivery, it is imperative that care providers be prepared to support and meet the needs of laboring survivors of sexual violence in order to achieve the best possible outcomes and experience.

Having identified this area for improvement, our team, comprised of obstetrician-gynecologists and certified rape crisis counselors, created a toolkit to implement on our hospital Labor & Delivery (L&D) floor. The toolkit is primarily targeted at L&D providers, with some components for patients as well. With this toolkit, we aim to provide intrapartum providers with tools to improve the labor and delivery experience of survivors of sexual trauma. To achieve this aim, the toolkit contains a guide that includes sample
scripts for screening patients for history of sexual trauma, recommendations for communicating among providers, recommendations to improve cervical exams for patients with a history of sexual trauma, and recommendations for improving these patients’ general experience on L&D. The guide also includes stress reduction exercises for providers to use with patients, as well as a resource guide for patients.

For providers, we offer the tools and resources to identify patients who have a history of sexual trauma, and to respond to their unique needs. For example, the sample scripts in our guide cover not only screening patients for sexual trauma, but also responding to disclosures of sexual trauma. We also include recommendations for communicating a patient’s history and birth plan with colleagues. This includes color-coded flower images to be placed on Labor & Delivery doors to indicate patient status to the care team in a discreet manner (e.g. orange = antepartum, blue = term laboring, purple = laboring survivor of sexual assault, green = pre-op).

For patients, we aim to empower them by providing a guide to the labor and delivery process. The guide should be distributed to patients during the late prenatal period and upon admission to L&D. The guide explains what to expect upon admission, the roles of different care team members, cervical exams and tips to improve the exam experience, the various pain management options available to patients, and effective stress reduction techniques. The guide also includes reflections on childbirth written by survivors of sexual trauma.

While we are excited to implement this toolkit on our L&D unit, there are several areas for continued assessment and improvement. First, we would like to identify providers’ barriers to screening patients for a history of sexual trauma. We will conduct a survey of our providers to better understand providers’ knowledge, comfort level, and barriers to screening. Second, we intend to expand the toolkit to include tools for the postpartum period.

As we are in the early stages of implementing this toolkit in our hospital, we are not yet able to assess its impact on the community. However, we will be seeking survey feedback. We anticipate that the toolkit will improve providers’ comfort taking care of patients with a history of sexual trauma, and improve our patients’ experiences on L&D.

17) Photography/pictures (mandatory, limit 5). (Please Attach)
Improving Intrapartum Care for Pregnant and Laboring Survivors of Sexual Trauma: a Toolkit

Practice guidelines, tips, and resources for providers working with pregnant and laboring survivors of sexual violence

WHY is this toolkit and guide relevant?
Sexual violence refers to a sexual act committed against someone without that person’s freely given consent.¹ The National Intimate Partner and Sexual Violence Survey estimated that 1.3 million rape-related physical assaults occur against women annually.² The many survivors of sexual trauma face particular challenges when it comes to labor and delivery. The associated cervical exams, lack of control, intense pain, and loss of privacy can be challenging for all women, but especially challenging when such experiences trigger memories of past sexual trauma. Evidence suggests that women who have experienced sexual violence tend to have increased risks of maternal distress during labor and delivery, as well as prolonged first or second stage of labor and instrumental delivery.³⁴ Given the incidence of sexual violence as well as the associated adverse outcomes during labor and delivery, it is imperative that care providers in labor and delivery be prepared to support and meet the needs of laboring survivors of sexual violence in order to achieve the best possible outcomes and experience.

WHO should use this toolkit?
• Health Care providers: doctors, midwives, physician assistants, nurses
• Trainees: fellows, residents, medical students, nursing students

WHAT will I find in this toolkit?
• General guide for caring for survivors of sexual trauma on Labor & Delivery
• Sample scripts for providers detailing how to screen for, and respond to, disclosures of sexual trauma
• Guide to help providers improve cervical exams for survivors of sexual trauma
• Guide and orientation to Labor & Delivery for distribution to survivors of sexual trauma
• Labor & Delivery door markers for discreetly alerting providers to sexual trauma history

⁴ Nerum H, Halvorsen L, Oian P, Særlie T, Straume B, Blix E. Birth outcomes in primiparous women who were raped as adults: a matched controlled study. BJOG 2010;117:288–294.
A Provider Guide to Improving Intrapartum Care for Pregnant and Laboring Survivors of Sexual Trauma

THEMES TO REMEMBER
• Survivors of sexual assault often struggle with:
  o Experiences that remind them of or cause them to re-experience their trauma (i.e. triggers)
  o Feelings of lack of control over their body
  o Distrust of healthcare providers and/or authority figures
  o Fear of or discomfort with physical exams and physical exposure
  o Uncertainty about who to trust with disclosure of their sexual trauma history

IDENTIFYING SURVIVORS OF SEXUAL TRAUMA
• See included sample scripts for providers on how to screen for and respond to disclosures of sexual trauma
• Screening patients for a history of sexual trauma should occur during their prenatal care
  o Patients should generally not be screened once they arrive on Labor & Delivery
• Prenatal providers should ask a patient’s permission to flag her chart in order to communicate with colleagues that the patient is a survivor of sexual trauma
• Prenatal providers may encourage survivors of sexual trauma to complete a birth plan in order to better prepare them for the Labor & Delivery experience by helping them to identify potential triggers and potential coping plans and skills
  o The birth plan should be reviewed with the patient and her support people during a prenatal visit to identify any obstacles, potential conflicts, or uncovered territory
  o Birth plans should be shared with other providers and nursing staff prior to the patient’s arrival on Labor & Delivery
• Prenatal providers should assure patients that their care team will do everything they can to respond to their concerns and accommodate their particular needs.
• On Labor & Delivery, providers may consider asking patients if they have difficulty with pelvic exams in order to help identify patients who may be survivors of sexual trauma
• Some patients may not be comfortable disclosing a history of sexual trauma. Treat any patient who you suspect has a history of sexual trauma as though she does, even if you are not certain.

COMMUNICATING WITH COLLEAGUES
• Communication with colleagues, including resident physician teams, nursing teams, and anesthesia teams, is crucial to improving care for all patients, including survivors of sexual trauma
• Flag a patient’s prenatal chart (after obtaining permission from the patient to do so), so that the information can be easily conveyed to the care team without rescreening the patient
  o Each practice should agree on how best to flag the chart
    ▪ Some practices may use a code phrase, so as to better protect a patient’s privacy (e.g. “particular difficulty with pelvic exams”)
• If the patient has completed a birth plan, the birth plan should be included in the patient’s chart. The patient should also be given a copy.
• Use an identifying phrase on Labor & Delivery provider sign outs (e.g. “difficulty with pelvic exams”)
• Consider using door markers to provide a visual reminder for providers. These are included in this toolkit.
  o In order to avoid calling attention to door markers, we recommend using door markers on all Labor & Delivery rooms, with different colors indicating different clinical situations (e.g. orange = antepartum, blue = term laboring, purple = laboring survivor of sexual assault, green = pre-op)

LABOR & DELIVERY TEAM
• Remember that the most important member on the team is the patient. Their trust and cooperation is essential to success.
• Upon admission, write down the names of the team on the board in the patient’s room (e.g. nurse, intern, resident, attending, student, etc.)
• Ensure that all team members have met the patient at a time when everything is calm and controlled, if possible
• Try to minimize different providers being involved in the patient’s care
  o Prioritize having the same nursing staff and residents taking care of the patient day-to-day

ADMISSION
• Introduce the team to the patient
• If the patient has a birth plan, sit down and review it with her and her support people. Review it with the entire care team, including the nursing and anesthesia teams.
• Consider having a code phrase the patient can use to express that her memories/emotions of trauma are being triggered without disclosing her history to anyone else in the room (e.g. family members or unaware providers)
  o This may be best determined during prenatal care
  o Examples include “what time is it?” “I think my foot fell asleep,” “this isn’t what I thought it would be like,” etc.

CERVICAL EXAMS
• See included guide to help providers improve cervical exams for survivors of sexual trauma
• Explain the purpose of the cervical exam to the patient
• Prioritize having the same provider perform cervical exams on the patient each time
• Minimize repeated cervical exams when possible
• Keep in mind that while epidural or spinal anesthesia may assist the provider with ease of cervical examinations, some survivors of sexual trauma may elect to avoid having such anesthesia in order to maintain control of their bladder, bowels, and limbs.

LABOR
• Minimize repeat cervical exams, if possible
• For inductions of labor, consider oral or buccal Misoprostol rather than vaginal prostaglandins or cervical catheters as the clinical situation allows and per your hospital’s policies and protocols.
• Normalize! Reassure her that everything she is feeling is normal
• Reinforce that there is no right way to labor or deliver a baby
• Assess the patient for anxiety versus pain

POSTPARTUM
• Take time to debrief with the patient postpartum. Ask about how she feels about her experience
• Offer social work support as needed
• Consider early postpartum follow up as needed

HELPFUL METHODS FOR IMMEDIATE RELIEF OF STRESS

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5 Adapted from When Survivors Give Birth By Phyllis Klaus, MFT LCSW and Penny Simkin, PT
• Stress relief exercises may be helpful for your patients. Below are several exercises that a patient may lead herself through or be led through.

• **Breath awareness**
  1. Place one hand on the chest and one hand on the abdomen
  2. Observe which hand moves further during breathing
     a. If the hand on the chest has greater range of motion, then shallow breathing is occurring and breathing exercises may correct it.

• **Breathing exercise**
  1. Lay flat on your back, with knees bent, and the body relaxed.
  2. Place one hand on the chest and one hand on the abdomen to monitor breathing technique.
  3. Take a series of long, deep breaths through the nose, attempting to raise the abdomen instead of the chest. Air is exhaled through the relaxed mouth.
  4. This exercise can be performed up to twenty minutes. After the exercise is complete, check your body for tension.
  5. Once this technique is mastered, you can use deep breathing at any time or place as a quick method of stress management.

• **Deep Relaxation: For immediate relief of stress**
  1. Let your body become loose and relaxed, like a rag doll, arms and legs loose, shoulders sagging, head and neck loose, hands open and relaxed, palms up.
  2. If you have been breathing shallowly or rapidly, on your next exhalation, make a long “ssss” sound through your mouth, until there is no more air to exhale. This automatically leaves more room in your lungs for the next breath to fill them with oxygen.
  3. Now begin slow, deep breathing, saying to yourself, “I am taking a deep, slow breaths through my nose, while counting to 2, 3, 4 or 5 slowly. 1...2...3...4...5... and exhaling fully and completely through my pursed lips.”
  4. Try to make your out-breath a bit longer than your in-breath, but do not pressure yourself. Let it become natural. Continue this type of breathing for about 3 or 4 breaths.
  5. This practice may bring some immediate relief, after which you can continue with a more involved relaxation method.

• **Heart Breathing: Another breathing technique**
  1. Focus your attention in the area of your heart-(your heart chakra). It may help to put your hand in the center of your chest which is closer to the heart.
  2. Now focus on breathing slowly, and a little more deeply than usual, imagining that your breath is flowing in and out through the heart area. Continue this until your breathing feels smooth and balanced.
3. As you continue this you may notice your emotions and thoughts quieting down and feel less tension.

4. The next step is to recall a time when you experienced a truly positive feeling and an inner sense of calm or comfort. This could be a beautiful place in nature, a special person, or happy activity. This could be a deep feeling of gratitude or love. Make an effort to reexperience this fully with all your senses and imagery as you continue to breathe easily and deeply through your heart chakra.

5. This can be practiced anywhere and can help you shift feelings out of stress into calm, and enable your heart to develop and regain a coherent (balanced) rhythm.

• **Sixty Second Stress Release: A variation to the above relaxation technique**
  1. With eyes open or closed, as you prefer, breathe slowly and evenly as described in the above exercise.
  2. Look at or imagine some pleasant object and focus on it, staying in the present.
    a. Continue breathing.
    b. Now think about something upsetting, take two deep breaths and say to yourself out loud: “Leave my body out of this!” Wink first with one eye and then the other. Imagine an inner smile and an outer smile
    c. Imagine a place of comfort and safety. See this place and imagine being there in your mind’s eye. Take two big breaths in and let them out.
    d. Then imagine yourself in the scene using safe self-talk (out loud, if you wish): “I am safe. I can breathe. It’s okay. I am alive.” Use the above statements with the rhythm of your breathing, in this way: On the breath in, say out loud or repeat in your mind, “I am safe. I can breathe. I am alive.” On the breath out: “I am letting go. I am okay. I am releasing.”

• **Horse Lips: For self-calming and relaxation**
  1. Take a long full breath, and with your lips closed but relaxed, exhale through your mouth, so that your lips flip flop. Do this once as a quick way to release tension and center yourself, or do it repeatedly until you are calm (or a contraction ends).
  2. Your flapping lips, may help relax your perineum and release tension throughout your trunk.
  3. The “safe place” exercise
    a. Think of an environment that creates a feeling of safety, calm, and peace. It may be fantasy (e.g., being inside a large pink bubble, surrounded by light that keeps distressing feelings or memories outside). Maybe imagine enjoyment and comfort at a beach, in a garden, in a special place in nature. It may be real – a lovely memory of a place where you have
always felt safe – a favorite room, a friend’s home, or an outdoor spot of peace and beauty. Most importantly it is a sanctuary where you feel protected, relaxed, and safe.

b. You can choose to include a special person with them: real people (a grandmother, teacher, big sister or neighbor with whom she always felt safe); or symbolic (a queen, hero, spiritual figure, or goddess who is protective and trustworthy). The choices are as varied as the women.

c. You can develop a scene where all the sensory connections with the environment are intensified to connect the safe place exercise and make it easier to recall at other times. These techniques work well to contain distressing feelings, especially if combined with stress releasing techniques such as relaxation breathing and muscular tension releasing exercises.

• The Beach: Relaxation Exercise

1. Imagine you’re walking down a long wooden stairway to a very beautiful, expansive beach. It looks almost deserted and stretches off into the distance as far as you can see. The sand is very fine and light...almost white in appearance. You step onto the sand in your bare feet and rub it between your toes. It feels so good to walk slowly along this beautiful beach. The roaring sound of the surf is so soothing that you can just let go of anything on your mind. You’re watching the waves ebb and flow... they are slowly coming in...breaking over each other...and then slowly flowing back out again. The ocean itself is a very beautiful shade of blue...a shade of blue that is so relaxing just to look at. You look out over the surface of the ocean all the way to the horizon, and then follow the horizon as far as you can see, noticing how it bends slightly downward as it follows the curvature of the earth. As you scan the ocean you can see, many miles offshore, a tiny sailboat skimming along the surface of the water. And all these sights help you just let go and relax even more. As you continue walking down the breach, you become aware of the fresh, salty smell of the air. You take in a deep breath...breathe out...and feel very refreshed and even more relaxed. Overhead you notice two seagulls flying out to sea...looking very graceful as they soar into the wind...and you imagine how you might feel yourself if you had the freedom to fly. You find yourself settling into a deep state of relaxation as you continue walking down the beach. You feel the sea breeze blowing gently against your cheek and the warmth of the sun overhead penetrating your neck and shoulders. The warm, liquid sensation of the sun just relaxes you even

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6 From the Boston Area Rape Crisis Center: Rape Crisis Counselor Training
more...and you’re beginning to feel perfectly content on the beautiful beach. It’s a lovely day. In a moment, up ahead, you see a comfortable-looking beach chair. Slowly, you begin to approach the beach chair...and when you finally reach it, you sit back and settle in. Lying back in this comfortable beach chair, you let go and relax even more, drifting even deeper into relaxation. In a little while you might close your eyes and just listen to the sound of the surf, the unending cycle of waves ebbing and flowing. And the rhythmic sound of the surf carries you even deeper...deeper still...into a wonderful state of quietness and peace.

• **Grounding Techniques**
  o The following exercises, techniques, and suggestions can be used to help ground yourself when you feel you are out of touch, if you feel that you are dissociating, or if you feel you are not staying in the present moment.
  o **Tracking**
    ▪ Try to notice the times or sensations that arise when you feel that you are dissociating. As patterns become recognizable, they become easier to notice and work with.
      • Is there a pattern or rhythm to it?
      • Is there a consistent response in your body that lets you know that you are on your way in or out of the present moment?
      • Are there times that you are touched or things that make you feel that you are blank, numb, or frozen?
      • What do you tell yourself when you dissociate?
      • What sends you back?
  o **Returning**
    ▪ It can be helpful to track these changes in your body and mind, and try to say to yourself:
      • “I am in the present”
      • “I am safe right now”
      • “I can stop this when I want to”
      • “I am in control”
    ▪ Stop the act that you are involved in, and communicate your feelings to yourself and to your partner. Try deep breathing. Notice the sensations you are feeling and think about the following:
      • Can you change the sensations to feel good again?
      • Can you get up and move your body?
      • Increase your blood flow by swinging your arms or shaking your legs?
      • Bring focus back to your body?
If you can't feel a particular area in your body that is numb (apart from anesthesia), rub it to try to bring it back

RESOURCES
The following compilation is a (not exhaustive) list of resources available to patients, their loved ones, and their providers.

Local State & Town Resources

National Organizations
- Rape, Abuse & Incest National Network. https://www.rainn.org
- Speaking Out About Rape. www.soar99.org

Screening & Disclosure of Sexual Trauma

Clinical Care
• Parker C. An innovative nursing approach to caring for an obstetric patient with rape trauma syndrome. JOGNN 2015;44:397-404.

For Survivors
• Pandora's Project: support and resources for survivors of rape and sexual abuse. http://www.pandys.org/articles/survivorsgivingbirth.html
• Rising Lotus: maternity services for mindful families and sensitive support for survivors of violence. http://www.risinglotusdoula.com/survivors
Sample Scripts for Providers on How to Screen for and Respond to Disclosures of Sexual Trauma

<table>
<thead>
<tr>
<th>Prenatal screening patients for a history of sexual assault or sexual trauma</th>
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<tbody>
<tr>
<td><strong>Do</strong></td>
<td></td>
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<tr>
<td>● Create a space conducive to sharing information. Make sure that the space is quiet and private, that the patient does not feel she will be overheard by others, and that you will not be interrupted</td>
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<tr>
<td>● Normalize prior to asking (e.g. “Many women have...”)</td>
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<td>● Explain why you are asking (e.g. “In order to give you the best care suited to your needs...”)</td>
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<td>● Ask on paper and/or verbally</td>
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<td>● Give the patient undivided attention, and put aside documentation/computer screens</td>
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<tr>
<td>● Be prepared to respond if a patient discloses a history of sexual assault or trauma</td>
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<tr>
<td>● Give the patient control over the disclosure</td>
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<td><strong>Do Not</strong></td>
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<tr>
<td>● Initiate the conversation while other things are happening</td>
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<td>● Lead the answers (for example: “You haven’t experienced _____, have you?”)</td>
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<td><strong>Examples</strong></td>
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<tr>
<td>● <em>Many adult women were abused as children, that is, hit or beaten, shouted at, or forced to do sexual things. Did anything like that ever happen to you or is it happening today?</em></td>
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<tr>
<td>● <em>In my experience, many young women who have had unpleasant sexual experiences, like being forced to have sex, have trouble with vaginal exams. Has anything like that ever happened to you?</em></td>
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<tr>
<td>● <em>Many women have had unpleasant sexual experiences such as being pressured or forced into sex or have been physically abused. Have you ever experienced anything like that?</em></td>
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</table>
### Responding to patients who disclose a history of sexual assault or sexual trauma

<table>
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<tr>
<th>Do</th>
<th>Do Not</th>
<th>Examples</th>
</tr>
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<tbody>
<tr>
<td>● Always believe the patient</td>
<td>● Ignore the disclosure</td>
<td>● I am sorry you had to go through this. If there are some things that come up with the exams, procedures, planning for labor and delivery, or anything else that seems particularly upsetting, please let me know.</td>
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<tr>
<td>● Respond to the patient, thank her for sharing with you</td>
<td>● Pressure for any details or additional disclosure</td>
<td>● I’m glad you’ve shared your experiences with me. It’s important, because sexual abuse can continue to have an impact, even in adulthood.</td>
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<tr>
<td>● Explain how the disclosure impacts your care of her</td>
<td>● Express in any way that you do not believe the patient’s history</td>
<td>● I imagine it is hard to tell me these things. It takes a lot of courage and I respect you for it.</td>
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<tr>
<td>● Ask how she has coped with the assault/trauma</td>
<td>● Make the patient feel that she has upset you or must comfort you</td>
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<td>● Ask whether she has disclosed in past or sought professional help</td>
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<td>● Ask if she has any concerns about how it may impact her care</td>
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<tr>
<td>● Have resources available (e.g. information, rape crisis center resources, etc.)</td>
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<td>● Respect the patient’s privacy</td>
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<td>● Be sure to follow through on the disclosure and ensure that care plans are in place for the patient when she arrives on L&amp;D</td>
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<td>● Minimize the number of times the patient will need to disclose this information to other staff or providers. If possible, let the patient know that your colleague may be the one taking care of her on the L&amp;D floor but that with the patient’s permission, you will be sure to follow up and make sure that your colleague is aware of the plans you create together</td>
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Guide to Help Providers Improve Cervical Exams for Survivors of Sexual Trauma

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<tr>
<th>Examining patients who have difficulty with pelvic exams during labor</th>
<th>Say</th>
<th>Do</th>
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<tbody>
<tr>
<td>Before exam</td>
<td></td>
<td></td>
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<tr>
<td>● Describe purpose and procedure of pelvic exam</td>
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<td>● Ask permission</td>
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<td>o &quot;Is it all right to go ahead now?&quot;</td>
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<td>o Give the patient the opportunity to say no</td>
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<tr>
<td>● Be aware that the exam may trigger memories or emotions of past trauma</td>
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<td>● Offer a mirror so that the patient may watch the exam</td>
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<td>● Offer to let patient guide examiner’s hand during exam</td>
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<td>● Ask what can be done to make the patient more comfortable</td>
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<tr>
<td>● If patient has a known history of sexual assault/trauma, consider naming specific elements that the exam and abuse have in common to help patient assess what aspects of the exam may be especially distressing (e.g. bimanual exam)</td>
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<td>● Ask about experience with prior exams</td>
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<tr>
<td>● Remind her you are working together with her and that your job is to take care of her</td>
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<td>● Let her know that expression of emotion is okay and</td>
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<td></td>
<td>Limit the number of people in the room</td>
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<td>Prepare patient for exam while she is still covered and/or dressed</td>
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<td>Limit the number of providers examining the patient over labor course</td>
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<td></td>
<td>Look for possible symptoms of prior sexual abuse: distrust of you, marked body tension, dissociation, fear or crying at the possibility of a pelvic exam</td>
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</table>
**Before Exam**

- Explain that trying to avoid tensing her muscles during the exam can help the overall exam be more comfortable
  - Slow rhythmic abdominal breathing
  - Discuss visualization
- Let her know that she has control over
  - Timing of exam
  - Pacing of exam
  - Position
  - Presence of a support person
  - Use of a mirror so that the patient may watch the exam
  - Chance to explore workings of speculum before the exam
  - Being told findings as go or at end of the exam
  - Whether or when to stop the exam
- Explain overall process of exam and tell her that you will keep her informed every step of the way
- Ask her to empty bladder beforehand

**During Exam**

- Talk through the steps of the exam
- Drape her
- Make sure she can see your face
- Tell patient what she will feel
  - Fingers on outside
  - Speculum, pressure, etc.
- Keep letting her know where you are in the progress of the exam
- Keep telling her she is doing well in a specific way (e.g. keeping legs relaxed, etc.)
- Allow the patient to react in whatever way she may
- Allow the patient to control the pace of the exam
- Encourage slow rhythmic breathing
- Assist her to position
- Elevate her pelvis to bring cervix more anterior
  - Have patient place fists under pelvis
  - Have patient propped on bedpan
  - Use labor stirrups if indicated
- Keep patient covered as much as possible
- Coach patient to open her legs as follows
| After exam | ● Praise patient  
|           | ● Discuss results of exam and why they are useful  
|           | ● Ask if there is anything that can be done to make it easier for the patient | ● Set expectations for next exam (e.g. when, why) |

Phrases to avoid:  
● “Open your legs”  
● “Relax your bottom”  
● “This will only hurt a little”  
● “Relax and it won’t hurt so much”  
● “Trust your body”  
● “Do what your body tells you to do”  
● “Trust me”

A Patient Guide to Labor & Delivery

Welcome to Labor & Delivery!

Every woman’s process and experience of labor and delivery is different. Sometimes women come to us in labor. Sometimes women come to us in order to induce labor. Sometimes women come to us needing emergency delivery. During labor, things can change quickly. Your team will work with you closely to help you have the best experience you can.

In our experience, laboring and delivering a baby can be especially difficult for women who have a history of sexual assault, abuse or trauma. This affects as many as 1 in 5 women in the United States. Given that many of our patients have survived sexual trauma, we put together this handout for ALL of our patients to help prepare them for laboring and delivering their babies. We hope that you will find it useful.

YOUR TEAM

Your team includes:

• **You:** You are the most important member of this team! We are all here to work with you and your body to help you have your baby. In our experience, every woman has different wishes and expectations for their labor experience. We want to hear about these so we can work together better as a team to help you have your baby in the most comfortable and safest way possible. During your labor and delivery, we will also be asking you to work very hard. We know this can be difficult, but you are up to the challenge!

• **Your Support System:** Your support system (e.g. family, friends, doula, etc.) is an important part of our team. They advocate for you and support you.

• **Nurse:** A highly skilled member of your medical team, your nurse will be your “go-to person” during this process. They may often be the one you see in the room to check in on how you are doing, give you medicines, help carry out different parts of your medical plan, make sure your monitors are working well, and help you to adjust so that you are in the best position for you and your baby throughout your labor.

• **Obstetrics Intern or Resident Physician:** Obstetrics resident physicians are doctors who have completed medical school and are completing training in obstetrics. Intern is a term that is used for a first year resident physician. All interns and residents are
overseen by a senior attending physician. Your intern/resident physician will also be monitoring the progress of your labor, and will perform cervical exams to see how you are progressing. The intern and resident physician will take care of you both during your stay on Labor and Delivery, and on the Mother-Baby unit after you deliver.

- **Obstetrics Chief Resident Physician:** The supervising resident on your medical team, the chief resident is in her/his last year of obstetrics training. The Chief Resident will also play an important role in assessing how your labor is progressing and how to respond accordingly. Often, the chief resident is supervising the entire labor floor. So, while you may not see them each time you interact with your medical team, they are constantly monitoring and overseeing your care.

- **Obstetrics Attending Physician:** The obstetrics attending physician is the head physician in charge during your labor and delivery. The attending physician is in charge of the resident physicians. If the attending physician during your time on labor and delivery is not the provider you normally see for your prenatal visit, they will be a trusted colleague of your provider. They are ultimately responsible for your care during the labor and delivery process.

- **Medical Student:** You may have a medical student on your team during your labor process. The medical student is here to support you and to learn as much as they can about the labor and delivery process. The student might interview you when you first arrive, and may also check in at various points to see how you are feeling and report back to the team.

- **Anesthesiology Resident Physician:** Anesthesiology resident physicians are doctors who have completed medical school and are training in anesthesiology. The anesthesiology resident is part of the anesthesia team. The anesthesia team will work with you to discuss your options for pain management during your labor, and if you choose to have an epidural, will perform the procedure to place the epidural.

- **Anesthesiology Attending Physician:** The anesthesiology attending physician is the head physician in charge of your anesthesia care during your labor and delivery. The attending physician is in charge of the anesthesiology resident. Like the obstetrics attending physician, the anesthesiology attending physician will ultimately be responsible for your anesthesia care during this process.

**ADMISSION PROCESS**

- Meet the team
- A painless electronic monitor is placed on your belly to check your baby’s heart rate and your contraction pattern
- Interview with your nurse
- Interview with the medical student and intern or resident physician
• Blood is drawn for routine laboratory tests. An IV line is placed.
• A cervical exam is performed to check your labor progress
• You will meet the anesthesia team to discuss options for pain management during labor
• If you have a birth plan, the nurse and obstetrics resident physician team members will sit down with you and review the birth plan so that your entire team understands your birth plan
  o Because many women have experienced sexual assault or trauma in the past, we are aware that the labor and delivery experience can trigger distress for many. In our experience, it can be helpful to have a code phrase with your team to indicate if and when you are experiencing such feelings. This can allow your team to be aware of what you are experiencing and to better help you without disclosing your history to other people in the room. Discuss any code phrase and any other concerns during this meeting.

BIRTH PLAN
• If you have a birth plan, it may be useful to let your providers know about your trauma history so that they understand why elements of the birth plan are so important
  o It can be useful to brainstorm things that may be useful to you. While labor and delivery can sometimes be unpredictable requiring everyone to be flexible, what are the things that would help make the experience less threatening? What are things that could help you feel more in control?
• You do not have to discuss or go into detail about your trauma history, but you can let them know that you have had experiences that can make things like pelvic exams difficult for you
• Discuss your fears and concerns so that your medical team will know what things might be particularly challenging for you and can work with you to make things more manageable

CERVICAL EXAMS
• In our experience, many women have difficulty with cervical exams. Women who have a history of difficulty with pelvic exams and/or have a history of sexual assault or trauma, may find them particularly difficult. We will work with you to make the exam as safe as possible.
• Why do we do cervical exams?
  o Cervical exams are the best and most important tool we have to monitor the progress of your labor
    • Before labor, the cervix is long (on average 4cm) and closed. The contractions help the cervix dilate, or open up, and efface, or thin out.
When the cervix is 10cm dilated and 100% effaced (paper thin), it is time to start pushing.

- The cervical exam helps your team know how to best take care of you and your baby. It changes what interventions your team will recommend (if any).

**How can we make the exams better?**

- It is completely normal to find these exams uncomfortable.
- Please let us know if there is anything that has helped make pelvic exams less difficult for you in the past. We will also ask you about this.
- Empty your bladder before the exam.
- Lifting the pelvis can help bring the cervix farther forward:
  - We may ask you to place your fists under your pelvis
  - We may ask you to prop your pelvis up on a bedpan
  - We may ask you to put your feet in the labor stirrups during your exam
- Relaxing your body and your muscles can help (but is more easily said than done...)
  - Slow rhythmic abdominal breathing
  - Visualization exercises
- Remember, you are in control!
  - You control the timing and pace of the exam
  - You control who is in the room during the exam
  - You control what position you are in during the exam
  - You may want to use a mirror to watch the exam
  - You may want to take a look at the speculum, if a speculum exam is indicated
  - You should be told the findings of the exam during and/or at the end of the exam
  - You always control whether or when to stop the exam!

**LABOR**

- Every woman’s labor is different
- You may labor on your own or your team may recommend medications to help your labor progress
- Your team will recommend checking your cervix regularly (every 2-4 hours, usually), depending on how your labor is progressing and whether you are being induced or laboring without medication
- Please let us know how we can make this experience more comfortable for you.
• Things can change very quickly in labor, depending on many factors, most of which are out of your control. This can be very alarming for many patients. The health and safety of you and your baby are your team’s top priority.
  o Sometimes, we are unable to follow requests or birth plans because of changes in circumstance
  o Labor often does not go according to plan, so we ask for your patience and flexibility
• Whenever you are wearing the monitor, we are watching the baby’s heart rate on the monitor. It is normal for the baby’s heart rate to move up and down. Sometimes the baby’s heart rate and may go down and stay down. When this happens, several members of your team (and sometimes some other nurses), may come into the room suddenly, give you oxygen, move you around in the bed, and possibly check your cervix. Sometimes we give a medication to help stop the contractions. If the baby’s heart rate continues to stay down, we would consider recommending a cesarean section. However most of the time, the baby recovers well without further intervention.
  o This can be very alarming for patients, and we like to tell you about it ahead of time!

PAIN CONTROL
• How you choose to manage your pain during the labor and delivery process is a personal decision and we are here to support you in your choices
• Some women choose to labor without pain-relieving medicines, while others will choose to use pain-relieving medicines
• There are generally two main types of pain-relieving drugs:
  o Analgesics: relieve pain without a total loss of feeling
    ▪ Systemic analgesics typically work on the whole body to relieve pain, not on a particular area
    ▪ Usually intravenous (through your IV) and/or intramuscular (shot) medications
    ▪ Typically cannot be given close to delivery because they can affect the baby’s transition
    ▪ Some side effects that patients may experience include nausea, drowsiness, and difficulty concentrating.
  o Anesthetics: block all feeling, including pain
    ▪ Anesthesia can be local (injected to numb a small area of the body) or regional (act on a specific region of the body)
    ▪ Usually epidural or spinal anesthesia (regional)
• An epidural block is medicine given through a tiny tube placed in the lower back
• A spinal block is medicine that is injected one time in the lower back
  ▪ One thing to be aware of is that the epidural block causes some temporary loss of feeling in the lower areas of your body, and may make it difficult to move your legs or walk around. While some women prefer having the epidural block to manage pain, others report that they do not like the idea of losing some sensation or not being able to walk around.
• The anesthesia team will review all of your options with you.

HELPFUL METHODS FOR IMMEDIATE RELIEF OF STRESS

Many times, during stressful times, we take quick, shallow breaths. Shallow breathing can lead to shortness of breath, increased muscle tension, increased feelings of anxiety, and inadequate oxygenation. Breathing exercises can help you be aware of your breathing patterns and prevent shallow breathing. Below are some relaxation and stress relief exercises that we have found to be useful. You may choose to lead yourself through one of theses exercises, or your support person or one of your medical team members may help lead you through the exercise.

• **Breath awareness**
  1. Place one hand on the chest and one hand on the abdomen
  2. Observe which hand moves further during breathing
     a. If the hand on the chest has greater range of motion, then shallow breathing is occurring and breathing exercises may correct it.

• **Breathing exercise**
  1. Lay flat on your back, with knees bent, and the body relaxed.
  2. Place one hand on the chest and one hand on the abdomen to monitor breathing technique.
  3. Take a series of long, deep breaths through the nose, attempting to raise the abdomen instead of the chest. Air is exhaled through the relaxed mouth.
  4. This exercise can be performed up to twenty minutes. After the exercise is complete, check your body for tension.
  5. Once this technique is mastered, you can use deep breathing at any time or place as a quick method of stress management.

• **Deep Relaxation**: For immediate relief of stress
  1. Let your body become loose and relaxed, like a rag doll, arms and legs loose, shoulders sagging, head and neck loose, hands open and relaxed, palms up.

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1 Adapted from *When Survivors Give Birth* By Phyllis Klaus, MFT LCSW and Penny Simkin, PT
2. If you have been breathing shallowly or rapidly, on your next exhalation, make a long “sssss” sound through your mouth, until there is no more air to exhale. This automatically leaves more room in your lungs for the next breath to fill them with oxygen.

3. Now begin slow, deep breathing, saying to yourself, “I am taking a deep, slow breaths through my nose, while counting to 2, 3, 4 or 5 slowly. 1...2...3...4...5... and exhaling fully and completely through my pursed lips.”

4. Try to make your out-breath a bit longer than your in-breath, but do not pressure yourself. Let it become natural. Continue this type of breathing for about 3 or 4 breaths.

5. This practice may bring some immediate relief, after which you can continue with a more involved relaxation method.

- **Heart Breathing:** Another breathing technique
  1. Focus your attention in the area of your heart-(your heart chakra). It may help to put your hand in the center of your chest which is closer to the heart.
  2. Now focus on breathing slowly, and a little more deeply than usual, imagining that your breath is flowing in and out through the heart area. Continue this until your breathing feels smooth and balanced.
  3. As you continue this you may notice your emotions and thoughts quieting down and feel less tension.
  4. The next step is to recall a time when you experienced a truly positive feeling and an inner sense of calm or comfort. This could be a beautiful place in nature, a special person, or happy activity. This could be a deep feeling of gratitude or love. Make an effort to reexperience this fully with all your senses and imagery as you continue to breathe easily and deeply through your heart chakra.
  5. This can be practiced anywhere and can help you shift feelings out of stress into calm, and enable your heart to develop and regain a coherent (balanced) rhythm.

- **Sixty Second Stress Release:** A variation to the above relaxation technique
  1. With eyes open or closed, as you prefer, breathe slowly and evenly as described in the above exercise.
  2. Look at or imagine some pleasant object and focus on it, staying in the present.
     a. Continue breathing.
     b. Now think about something upsetting, take two deep breaths and say to yourself out loud: “Leave my body out of this!” Wink first with one eye and then the other. Imagine an inner smile and an outer smile
     c. Imagine a place of comfort and safety. See this place and imagine being there in your mind’s eye. Take two big breaths in and let them out.
Then imagine yourself in the scene using safe self-talk (out loud, if you wish): “I am safe. I can breathe. It’s okay. I am alive.” Use the above statements with the rhythm of your breathing, in this way: On the breath in, say out loud or repeat in your mind, “I am safe. I can breathe. I am alive.” On the breath out: “I am letting go. I am okay. I am releasing.”

• **Horse Lips**: For self-calming and relaxation

1. Take a long full breath, and with your lips closed but relaxed, exhale through your mouth, so that your lips flip flop. Do this once as a quick way to release tension and center yourself, or do it repeatedly until you are calm (or a contraction ends).
2. Your flapping lips, may help relax your perineum and release tension throughout your trunk.
3. The “safe place” exercise
   a. Think of an environment that creates a feeling of safety, calm, and peace. It may be fantasy (e.g., being inside a large pink bubble, surrounded by light that keeps distressing feelings or memories outside). Maybe imagine enjoyment and comfort at a beach, in a garden, in a special place in nature. It may be real – a lovely memory of a place where you have always felt safe – a favorite room, a friend’s home, or an outdoor spot of peace and beauty. Most importantly it is a sanctuary where you feel protected, relaxed, and safe.
   b. You can choose to include a special person with them: real people (a grandmother, teacher, big sister or neighbor with whom she always felt safe); or symbolic (a queen, hero, spiritual figure, or goddess who is protective and trustworthy). The choices are as varied as the women.
   c. You can develop a scene where all the sensory connections with the environment are intensified to connect the safe place exercise and make it easier to recall at other times. These techniques work well to contain distressing feelings, especially if combined with stress releasing techniques such as relaxation breathing and muscular tension releasing exercises.

• **The Beach: Relaxation Exercise**

1. You’re walking down a long wooden stairway to a very beautiful, expansive beach. It looks almost deserted and stretches off into the distance as far as you can see. The sand is very fine and light...almost white in appearance. You step onto the sand in your bare feet and rub it between your toes. It feels so good to

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2 From the Boston Area Rape Crisis Center: Rape Crisis Counselor Training
walk slowly along this beautiful beach. The roaring sound of the surf is so soothing that you can just let go of anything on your mind. You’re watching the waves ebb and flow... they are slowly coming in...breaking over each other...and then slowly flowing back out again. The ocean itself is a very beautiful shade of blue...a shade of blue that is so relaxing just to look at. You look out over the surface of the ocean all the way to the horizon, and then follow the horizon as far as you can see, noticing how it bends slightly downward as it follows the curvature of the earth. As you scan the ocean you can see, many miles offshore, a tiny sailboat skimming along the surface of the water. And all these sights help you just let go and relax even more. As you continue walking down the breach, you become aware of the fresh, salty smell of the air. You take in a deep breath...breathe out...and feel very refreshed and even more relaxed. Overhead you notice two seagulls flying out to sea...looking very graceful as they soar into the wind...and you imagine how you might feel yourself if you had the freedom to fly. You find yourself settling into a deep state of relaxation as you continue walking down the beach. You feel the sea breeze blowing gently against your cheek and the warmth of the sun overhead penetrating your neck and shoulders. The warm, liquid sensation of the sun just relaxes you even more...and you’re beginning to feel perfectly content on the beautiful beach. It’s a lovely day. In a moment, up ahead, you see a comfortable-looking beach chair. Slowly, you begin to approach the beach chair...and when you finally reach it, you sit back and settle in. Lying back in this comfortable beach chair, you let go and relax even more, drifting even deeper into relaxation. In a little while you might close your eyes and just listen to the sound of the surf, the unending cycle of waves ebbing and flowing. And the rhythmic sound of the surf carries you even deeper...deeper still...into a wonderful state of quietness and peace.

- **Grounding Techniques**
  - The following exercises, techniques, and suggestions can be used to help ground yourself when you feel you are out of touch, if you feel that you are dissociating, or if you feel you are not staying in the present moment.
  - **Tracking**
    - Try to notice the times or sensations that arise when you feel that you are dissociating. As patterns become recognizable, they become easier to notice and work with.
      - Is there a pattern or rhythm to it?
      - Is there a consistent response in your body that lets you know that you are on your way in or out of the present moment?
- Are there times that you are touched or things that make you feel that you are blank, numb, or frozen?
- What do you tell yourself when you dissociate?
- What sends you back?
  - Returning
    - It can be helpful to track these changes in your body and mind, and try to say to yourself:
      - “I am in the present”
      - “I am safe right now”
      - “I can stop this when I want to”
      - “I am in control”
    - Stop the act that you are involved in, and communicate your feelings to yourself and to your partner. Try deep breathing. Notice the sensations you are feeling and think about the following:
      - Can you change the sensations to feel good again?
      - Can you get up and move your body?
      - Increase your blood flow by swinging your arms or shaking your legs?
      - Bring focus back to your body?
    - If you can’t feel a particular area in your body that is numb (apart from anesthesia), rub it to try to bring it back

FOR YOUR LOVED ONES AND SUPPORTERS

Birth is messy and complicated for any family, but if your partner is a survivor of sexual violence, this ‘cheat sheet’ may be helpful.

While there are a ton of resources out there for birth partners of both genders, there are few geared specifically towards survivors of sexual assault, which I find remarkable given that 25% of pregnant moms have likely experienced sexual violence at some point in their lives.

Survivors have a unique set of experiences to consider around pregnancy, labor, and delivery. On the one hand, watching your body do something absolutely incredible has the potential to be an empowering, correcive. On the other hand, many of the circumstances around labor and delivery are strong triggers for survivors. After all, most of it takes place at the scene of the
If your partner is a survivor, or if you suspect she may be, you are going to want to be extra prepared. With that in mind, here are a few things you can do to help prepare her for the experience:

1. **Reassure her that everything she is feeling is normal.** Seriously, everything. Here is a list of some of the things I felt during pregnancy and labor:
   
   *My body isn’t working*
   *I’m afraid I’m going to die*
   *I’m afraid the baby is going to die*
   *I wish I had never gotten pregnant*
   
   *This is supposed to be the happiest day of my life, but I feel emotionally wrecked and exhausted*
   
   *When I talked about my experiences with friends and with professionals after the fact, I learned that all of those feelings were normal. So if your birthing mama expresses any of these emotions, just reassure her the best you can and know she’s not losing her mind. She’s just articulating the way that birth can feel really scary and out of control.*

2. **Don’t let anyone convince you that there is a right way to have a baby.** When I was in labor, I was really worried that I wasn’t “doing it right.” I thought there was something inherently defective about my body, which was reinforced when I ended up having an emergency c-section for my son and a c-section after a long labor for my daughter. If my body was “normal,” the baby would have been positioned better, his heart rate wouldn’t have dropped, my pushing would have worked. Survivors already have lots of feelings about their bodies, often negative, so it’s important to keep the perspective that no matter what happens, her body is awesome and doing an awesome thing.

3. **Recruit a bigger team.** You don’t have to go it alone! The more people you have who can support you before, during, and after childbirth, the better. If your budget allows, consider a doula who is trained in supporting women in labor and can also support YOU. It was really difficult for my husband to watch me scream in terror and pain during my first delivery, so we hired a doula to work with us the second time around. When things got intense, she was able to support him so he was better able to support me. Most hospitals allow more than one support person, whether a doula, friend, or trusted family member.

4. **Talk about what might trigger her, but expect the unexpected.** Talking about potential triggers in advance is going to be a lot less traumatic than dealing with them in the moment. Even if the conversation feels scary, do yourselves a favor and bring it up. Some triggers are
obvious, like pelvic exams or being touched without consent. But others may not be as obvious. For me, the moment that induced a panic attack was having an oxygen mask put over my nose and mouth.

There are varying degrees of modesty that can be supported throughout labor and delivery. For example, I wore a tube top and a skirt for most of my labor, which allowed me to feel covered, was more comfortable than a hospital gown, and still provided access for exams. Sometimes a desire for modesty might be in conflict with other desires, like the desire for skin-to-skin contact, breastfeeding, or even receiving an epidural. Talk these things through with your provider if possible, so you know what the options are in your health care setting.

5. **Consider managing for anxiety rather than pain.** Most childbirth classes teach you techniques to cope with pain. Those same techniques can be used to manage anxiety. Some survivors may want to birth without pain management because the pain keeps them in their bodies. Others might find that their emotional energy is zapped trying to manage pain, and may opt for pain management. Depending on what birth circles you are in, there can be some judgment about pain management. Don’t buy into it.

6. **Ask questions during appointments and birth classes.** If your partner is comfortable with it, you can raise the issue of sexual violence directly. But even if your partner isn’t comfortable disclosing her history, you can ask good questions if you have a sense of what her triggers might be. No birth is predictable, but health care providers and birthing instructors have more points of reference than you do, so take advantage of their experience and expertise. No question is too small or too dumb.

7. **Find time to process after the fact.** Having a baby is a big deal, and can bring up powerful emotions in all women, whether or not they are survivors of sexual violence. Even though I had processed so much of my experience, new emotions arose after each of my births. I spent time with a social worker, and with my husband, exploring these feelings. If your partner is triggered by the experience, she’ll need time to process and heal. You can help give her permission to do so at her own pace. You can also offer extra help with the baby so she can see a therapist or just take some solo time to reflect and care for herself.

**FURTHER READING**

• Pandora’s Project: support and resources for survivors of rape and sexual abuse. http://www.pandys.org/articles/survivorsgivingbirth.html
• Rising Lotus: maternity services for mindful families and sensitive support for survivors of violence. http://www.risinglotusdoula.com/survivors
Labor & Delivery Door Markers