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Trauma-Informed Care
in the Perinatal Period

ASTRA: Trauma-Informed Care in the Perinatal Period

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presents:

Innovations in Addressing Gender-Based Violence and Trauma- and Violence-Informed Health Promotion

A NATIONAL CONFERENCE

Oct 1–2, 2025

Agenda

- Team
- Description of the training
 - Characteristics
 - Target audience
 - General objectives
 - Teaching materials
 - Sample of content covered in the training
 - Practice support materials
- Ongoing study + preliminary results
- Social media and media kit
- Next steps

Content Development



Marie-Ève Grisé Bolduc, M.Sc.
Coordinator, STEP Team
Department of Nursing
Université du Québec à Trois-Rivières



Dr. Nicolas Berthelot, Ph.D.
Full professor, clinical psychologist, and
director of the STEP Team
Department of Nursing
Université du Québec à Trois-Rivières

Acknowledgements



Scientific Review

Dr. Roxanne Lemieux, Ph.D.
Professor and clinical psychologist
Department of Nursing Science

Isabelle Landry, (c)Ph.D.
Professor and Perinatal Nurse
Department of Nursing Science

Marie-Josée Martel, Ph.D.
Professor and Nurse Practitioner
specialized in Neonatology
Department of Nursing Science

Collaborations

Chantal Couture and Bruno Poulin
Educational Technology Advisors
Information Technology Department

Gabrielle Fleury
Continuing Education Advisor
Continuing Education

Martin Grandbois
Multimedia Technician
Information Technology Department

Véronique Marchand and Dany Bellemare
Web Design and Integration Technicians
Information Technology Department

Tristan Milot, Ph.D.
Professor
Department of Psychoeducation
and Social Work

Dr. Christine Drouin-Maziade, D.psy.
STEP Team Clinical Director
Department of Nursing Science

Research Assistants

Jinny Poirier-Plante, (c)Ph.D.
STEP team

Gabrielle Duguay, (c)Ph.D.
STEP team

Kim Deschênes, (c)Ph.D.
STEP team

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Characteristics of the ASTRA training

- Online
- Asynchronous
- Length: around 4 hours
- Free (Continuing Ed: 25\$ + taxes)
- Launch: February 11th, 2025

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Target Audience for the ASTRA Training

The ASTRA training program is intended for all individuals who provide care and services during the perinatal period. Emphasis is placed on the periods of pregnancy and childbirth.

- OB/GYNs;
- Midwives;
- Nurses, nursing assistants, and nursing aides;
- General practitioners;
- Medical interns and residents;
- Doulas, birth coaches, perinatal educators, or consultants;
- Patient care assistants;
- Medical ultrasound technologists;
- IBCLC lactation consultants;
- Occupational therapists;
- Physical therapists;
- Anesthesiologists;
- Radiologists;
- Pediatricians;
- Psychiatrists;
- Psychologists, psychoeducators, social workers, sexologists;
- College or university students from various disciplines (e.g., medicine, midwifery, nursing).

General Objectives of the ASTRA Training

- Acquire knowledge about trauma experienced during childhood and its consequences;
- Understand how trauma experienced during childhood can affect the perinatal experience;
- Know the principles and key assumptions of a trauma-informed approach and understand the rationale behind its relevance in the context of perinatal care and services;
- Consider ways in which care and services provided during the perinatal period can be adapted to be sensitive to [possible] childhood trauma experienced by expecting parents;
- Know how to respond to traumatic reactions and disclosures of trauma and prevent (re)traumatization during care and services.

Teaching Materials

- Video clips
- Case studies
 - Exercises (optional)
- Reflexive exercises (optional)
- Readings
- Graphics
- Metaphors/Analogies
- Downloadable tools (for service providers and expecting parents)
- Quiz



[Introduction](#) >



[TRANSCRIPTION TEXTUELLE DE LA VIDÉO](#)



< MENU >

Recognize

Respond

Resist

The 4 Rs in Action

Education: An
Essential Component

References

DEMO



Dr. Biron, a family physician, is monitoring Mélissa and Anthony's first pregnancy. She already knows the couple, as they were her patients before Mélissa's pregnancy.

Dr. Biron is worried: she knows that Anthony has a history of alcohol use disorder that began during his adolescence. Since the announcement of Mélissa's pregnancy, he seems nervous and smells of alcohol when she sees him. She has him tested and, after analyzing his file, she notes that his blood pressure and diabetes are poorly controlled.

Dr. Biron recently completed training in trauma-informed approaches. She now realizes that trauma can be the root of various difficulties, whether physical or psychological. She therefore recognizes that Anthony's alcohol consumption and poorly controlled medical problems may have their origins in the experience of interpersonal traumas experienced during childhood, which could be reactivated by expecting a child.

In this type of situation, Dr. Biron realized that she tended to have a blaming attitude toward her patients and to place full responsibility for their difficulties in their hands. Previously, she would have adopted a moralizing attitude and urged Anthony to make the right choices, which could have caused different emotional or behavioural reactions in him, such as shame, a feeling





MENU



Reflection

The “Realize” key assumption can be supported, in particular, by training healthcare and service providers on the points mentioned above.

At your workplace or in your own practice, what are the challenges and strengths of training and development for providers (clinical and non-clinical) to acquire and improve their knowledge on the above points?
and improve their knowledge in relation to the points above:

Challenges

Strengths

Only the responses of people who agreed to participate in the research project related to ASTRA training will be retained.



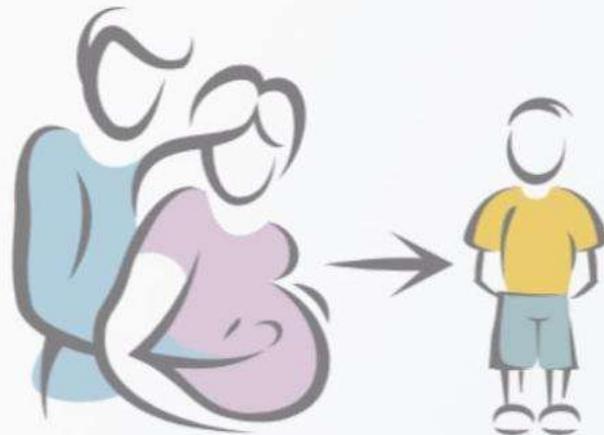
Save my reflection





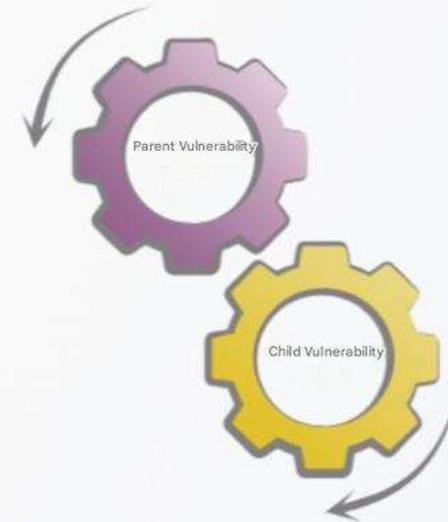
In the absence of protective factors, trauma transmission can take two forms. Click on each image to learn more.

Intergenerational Cycles



DETAILS

Intergenerational Repercussions



DETAILS





MENU



Integrating universal measures for trauma-informed healthcare: the pathogen-spread analogy.

Regardless of who they are caring for, healthcare professionals all wear gloves. This helps prevent the spread of pathogens, whether or not patients are carriers.

A parallel can be drawn with universal measures, a key concept in trauma-informed approaches, which involve putting on metaphorical gloves to avoid the risk of retraumatization, i.e., avoiding traumatizing people with a history of trauma again. These metaphorical gloves can include, for example, adapting our policies and practices to be “trauma-informed,” paying attention to interactions between staff and patients, etc. (University of Buffalo, 2022).

The key assumptions and principles of trauma-informed approaches will be presented in the following modules and will provide you with more details on how these universal measures can be implemented.



Premises

- One third (1/3) of expecting parents have experienced at least one interpersonal trauma during childhood (Garon-Bissonnette et al., 2022).
- Trauma experienced during childhood can have consequences on the perinatal care experience and on the relationship with care and service providers (Berthelot and Garon-Bissonnette, 2022; Leeners et al., 2013; Reeves, 2015; Sexton et al., 2018).
- Trauma is not always disclosed.
- Trauma-informed approaches are therefore a response that aims to take universal precautions to avoid unintentionally (re)traumatizing people who are expecting a child (SAMHSA, 2014; 2023).

Trauma-Informed Approaches

Encourage and promote an organizational culture change process

Neutralize the environment

Understand trauma, its presentation and its prevalence

Retraumatization, Trauma Responses, and Trauma Triggers

Examples of trauma triggers

Trauma triggers: when a policy, procedure, care, service interaction, physical environment, or the very experience of pregnancy literally or symbolically replicates aspects of a person's initial trauma, whether they are a patient or a care or service provider. This can occur unintentionally and even when care and services are provided with *good intentions*.

Trauma responses similar to the various symptoms of post-traumatic stress disorder can then be triggered and manifest themselves in the behaviours, thoughts, emotions, and physiological sensations of expecting parents.

In this context, certain care and services may be particularly unpleasant and difficult for these individuals to tolerate, or even cause distress.

Retraumatization

During pregnancy:
Fetal movements; physical experience of pregnancy itself; prenatal classes, etc.

This can occur:
The use of various medical procedures or equipment; certain birthing positions; the passage of the baby through the pelvis and birth canal; being under sedation, etc.

During the post-partum period:
Feelings related to breastfeeding or exposing the breasts while breastfeeding; seeing the baby in vulnerable positions, etc.

At any moment during the pregnancy:
Examinations, tests, care, and use of instruments; having to undress, inevitable pain and physical changes, etc.

(Abu-Ghanem et al., 2012; Bell & Seng, 2013; Kimberg & Wheeler, 2019; Raatikainen et al., 2017; SAMHSA, 2017; University at Buffalo, 2022)

Bell et Seng, 2013; Gerber, 2019; Harris & Ayers, 2012; Hobbins, 2004; Montgomery, 2013; Mosley & Lanning, 2020; Nader, 2008; Sperlich, 2015; Sperlich & Seng, 2008; Sperlich & Seng, 2015)

Birth



“Having experienced difficulties myself during my childhood, I wish this topic had been discussed when I found out I was pregnant with my daughter. I was terrified at the thought of having a girl and prayed constantly that the ultrasound was wrong. I remember thinking that little girls tend to go through difficult things, but I didn’t understand why I felt that way. When she was born, I immediately remembered the smell of my grandfather’s breath, a mixture of brandy and onions, a specific TV show, and a band singing a particular song. That night and all those nightmarish moments came flooding back as if they had just happened again. That’s why I didn’t want to have a girl! She is now 16 and I am extremely protective of her.” (adapted from Olsen et al., 2021)



Intrusion

Avoidance

Negative cognitions and moods

Reactivity

Dissociation

See the correct answer



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Labor



Faced with his partner's incessant pain and crying during labour, Steve could no longer control himself. He didn't understand why the hospital staff wasn't taking better care of her and helping to ease her pain. Every time a member of staff walked through the hospital room door, he raised his voice, even going so far as to insult the doctor, calling him incompetent. His partner didn't recognize him anymore. Steve felt so helpless, just like when he was a child and cried alone in his room, with no one to comfort him after his father's angry outbursts...



Intrusion

Avoidance

Negative cognitions and moods

Reactivity

Dissociation

See the correct answer-



Practice Support Materials



Approches Sensibles aux TRAUMAS dans les soins et services offerts aux personnes en attente d'un enfant

Distinction entre les approches

sensibles aux traumatismes et les pratiques centrées sur les traumatismes

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Cet outil-mémoire est destiné aux prestataires de soins et de services



Approches Sensibles aux TRAUMAS dans les soins et services offerts aux personnes en attente d'un enfant

Comment agir auprès des personnes

en attente d'un enfant en présence de réactions traumatiques

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Cet outil est destiné aux prestataires de soins et de services en périnatalité



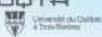
Approches Sensibles aux TRAUMAS dans les soins et services offerts aux personnes en attente d'un enfant

Retraumatismes et déclencheurs traumatiques

dans les soins et services offerts durant la période périnatale

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Approches Sensibles aux TRAUMAS dans les soins et services offerts aux personnes en attente d'un enfant

Plan de soutien

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Cet outil est destiné aux personnes en attente d'un enfant qui reçoivent des soins et services durant la période périnatale



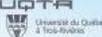
Approches Sensibles aux TRAUMAS dans les soins et services offerts aux personnes en attente d'un enfant

Les quatre critères des approches

sensibles aux traumatismes : les « 4 R »

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Practice Support Materials



Approches Sensibles aux TRAUMAS dans les soins et services offerts aux personnes en attente d'un enfant

Les 6 principes des approches sensibles aux traumatismes



(SAMHSA, 2014)

Pour en savoir plus et accéder à la formation « ASTRA » :

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Prise de décision partagée :
l'acronyme B.R.A.I.N.

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Cet outil est destiné aux patients et patientes qui reçoivent des soins et services.

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Exercice de la visite à pied

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Preliminary Results – Baseline Knowledge (T1)

They rate their level of knowledge as **low, fair, or uncertain** regarding...

- PTSD symptoms: 54%
- C-PTSD symptoms: 83%

Trauma- and violence-informed approaches: 66%

4 key criteria of trauma- and violence-informed approaches: 89%

6 principles of trauma- and violence-informed approaches: 94%

Retraumatization: 75%

Possible trauma triggers during care and services offered in the perinatal period: 75%

Trauma reactions: 59%

How to respond when trauma reactions occur: 79%

How childhood trauma can affect later experiences of healthcare or helping services: 66%

Attitudes and behaviours to adopt when trauma is disclosed: 64%

Preliminary Results – Practices (T3)

n = 22

“Please describe the impact you believe the ‘ASTRA’ training will have on your practice or workplace.”

“Improved knowledge about trauma.”

“Being more attentive and better equipped to intervene and to receive information from clients.”

“I believe this training will have a positive impact on the sense of safety among expectant parents and will help them regain trust in the care and services provided.”

“When judgments and biases come to mind and influence my interventions.”

“[...] I think this will change our entire way of approaching service users, especially those with whom we experience more difficulties (those who appear reluctant, critical, distant, unapproachable, inaccessible, who arrive late, etc.). We can often feel frustration with these individuals, but by considering what they may have experienced and by approaching our relationships as if they could be trauma survivors, we will be more open and empathetic in all situations.”

“A better understanding and a reduction in discomfort regarding the topic of abuse and trauma.”

Preliminary Results – Satisfaction (T3)

n = 22

- I would recommend this training to colleagues in my field/profession: 100%
- I believe I have gained meaningful knowledge and/or skills that I can apply in my work: 100%
- I am satisfied with the learning methods offered in the training (readings, video clips, analogies, reflective questions, case studies, images, downloadable tools): 100%
- Training and content... concrete, clear, comprehensive, accessible, varied, easy to apply in practice, reflective, diverse case studies (women and men).
- Awareness-raising, increased understanding, not too academic, provides reference points, practical solutions, and strategies.

Preliminary Results – Satisfaction (T3)

n = 42

Testimonials:

“This training is a valuable tool for all professionals and environments involved in maternity care and childbirth. It should be included in professional health education programs.” – C., midwife

“I am convinced that this training should be part of the core curriculum for all professionals working in perinatal care—whether gynecologists, residents, physicians, or nurses. Empathy, understanding, and compassionate support from care providers are essential when someone is going through a difficult experience. It is more than time for this knowledge to become a fundamental pillar of trauma prevention. Congratulations to the entire team for this invaluable initiative!” – S., nurse assistant to the immediate supervisor

“This training is highly relevant for providing safe care to individuals who have experienced trauma in the past. It fosters a better understanding of trauma, its prevalence, and its potential implications for individuals’ health. It equips professionals to better identify and intervene appropriately in order to provide respectful care while avoiding retraumatization. It also offers avenues for reflection regarding the delivery of services at the institutional level.” – Anonymous



Social Media

26 Video Clips
Free and Exclusive



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Next Steps

Knowledge transfer on social media Promotion (e.g., conferences, practice settings, college or university courses)
Translation of training into English (Fall 2025) Data collection and analysis
Publications and presentations of results

Enter your email address so we can notify you when the English version of the ASTRA training course is available!

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Thank you!



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marie-eve.grise.bolduc@uqtr.ca

Reference:

Grisé Bolduc, M.-È. & Berthelot, N. (2025). *ASTRA: Grossesse et périnatalité*. Projet STEP : Soutenir la transition et l'engagement dans la parentalité, Université du Québec à Trois-Rivières.

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