

Survivor Moms' Companion Policy Brief: Support for new moms coping with trauma

The research is clear: unresolved maternal trauma and PTSD in the childbearing year raises risk for adverse perinatal outcomes and impaired parenting. Every mother and child deserve a healthy and strong start, but this can be a difficult time for families. Some mothers do not know how to cope in a safe and healthy manner; black, indigenous, and people of color (BIPOC) may avoid established healthcare due to systemic discrimination, and low-resource communities do not always have access to the assistance they need.

The Survivor Moms' Companion (SMC) is a well-researched, targeted intervention program for mothers navigating trauma and PTSD. It can serve any mom who identifies as having maltreatment history and can be delivered by community health workers, doulas, and perinatal professionals as a primary care approach. This policy brief outlines how SMC fits into the Trauma Informed Care (TIC) framework to serve as a Tier II, psychoeducational program that provides moms with information, skills, and support for learning.

Frontline trauma interventions that tailor to childbearing needs are programs that match mothers to trained professionals who do not require diagnosis or individual treatment. By connecting moms early in their pregnancy or motherhood to resources and information, targeted interventions are a crucial piece of a larger system that helps new parents cope with trauma and cultivate healthy relationships with their healthcare providers and children.

The Survivor Moms' Companion (SMC) program follows the targeted trauma intervention framework of goals:

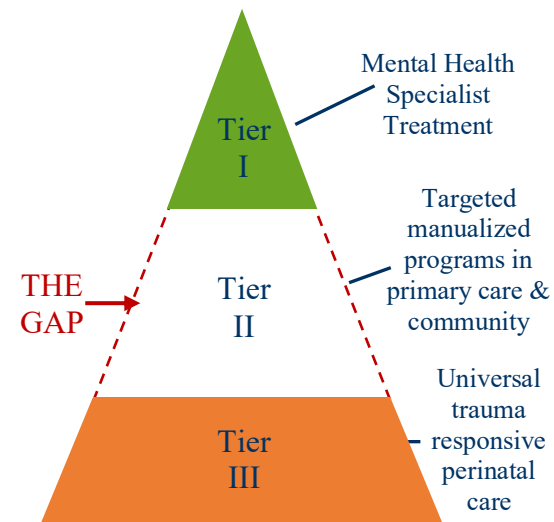
- Supports individuals who self-identify as suffering from the effects of trauma/PTSD effects.
- Provides clients with necessary information and coping skills.
- Trains frontline staff, paraprofessionals, or peer advocates to support education without needing a specialist.
- Helps manage symptoms and prevent risky coping mechanisms.
- Aligns with the CDC's safe, nurturing, and reliable parenting initiatives to prevent ACES (adverse childhood experiences).

What Moms say about the program:

"This was the most helpful thing I did during pregnancy. It made a big difference, particularly the vignettes — a bigger difference than I expected."

"The program made me feel like there was still hope for me moving forward."

SMC Fills a Crucial Gap



- A study found that **1 in 5 women have maltreatment history.**
- **1 in 12 pregnant women meet diagnostic criteria for PTSD.**
- In low-resource, urban settings in which the population is predominantly Black, **the rate of PTSD among pregnant individuals is 14% to 30%.**
- The need to address maltreatment related PTSD in pregnancy is **currently unmet.**



In order to effectively support mothers and the diverse needs of their families, institutions and the government must adopt **two specific intervention criteria:**

1. Companions and tutors:

Ensure an accessible and trained professional who provides support throughout the perinatal cycle and educates mothers about trauma coping mechanisms that can support relationship cultivation in the long run.

2. A comprehensive and guided workbook:

Provide mothers with a book that allows them to learn about working through trauma in the perinatal cycle with real-life examples, self-reflection activities, and content-based questions that they can work on with their tutor.

Recommendations

➤ 1. Strengthen federal and state funding:

- a. Current funding for SMC is partial. Reimbursements or payments to tutors who are equipped to deliver SMC would vastly expand accessibility to trauma intervention for mothers.
- b. Low-income families have less access to trauma/PTSD intervention alternatives on their current plans. Medicaid coverage for SMC would allow mothers to intervene early on to build healthy outcomes with their providers and children.

➤ 2. Continue state-wide and national implementation:

- a. Evidence on targeted trauma interventions exists. Further implementation and evaluation of this program is essential to contribute to this evidence base and to continue its expansion.
- b. Connections with healthcare providers and governmental institutions, like Medicaid, are essential to providing SMC locally and nationally. Additional partnerships with SMC will promote its mission, expand its provider network, and support more moms in navigating their unique experiences with trauma.

In Michigan, SMC exists as an inclusive and a well-researched intervention program for individuals in the perinatal cycle who suffer from trauma or PTSD. Currently, the government does not provide reimbursement for this program or coverage by Medicaid, and as a result, the current program falls short of expanding into more regions and serving the hundreds of thousands of families who may benefit.

“Training completely met my expectation in building my confidence and understanding how to use the tools provided to have the most effective sessions.”
-SMC Tutor

“SMC is like primary care. The tutor can refer on if the learner needs or wants treatment for PTSD.”
-Julia Seng President/CEO

“I have several people in mind that I feel would benefit greatly from SMC, which could really change how they experience pregnancy, labor, postpartum and parenting.”
-SMC Tutor

References

- Michopoulos, V., Rothbaum, A. O., Corwin, E., Bradley, B., Ressler, K. J., & Jovanovic, T. (2015), Psychophysiology and posttraumatic stress disorder symptom profile in pregnant African-American women with trauma exposure. *Archives of Womens Mental Health*, 18(4), 639-648.
- Seng, J. S., Low, L. K., Sperlich, M. I., Ronis, D. L., & Liberzon, I. (2009) Prevalence, trauma history, and risk for posttraumatic stress disorder among nulliparous women in maternity care. *Obstetrics and Gynecology*, 114(4), 839-847.
- Seng, J., & Sperlich, M. (2019). *Survivor Moms' Companion: Help for new moms coping with trauma*. Sidran Traumatic Stress Institute.