

When New Parents Have Trauma Histories: Recognizing and Responding with Sensitivity

Past experiences can shape the way caregivers approach the addition of a new baby. When a caregiver has experienced trauma, their emotions are understandably heightened. Coping methods that used to be effective may no longer work, and the stress of having a new baby sometimes brings up difficult memories. Caregivers may not even realize how their past experiences are influencing their current thoughts and feelings. Of course, it is important that providers do not assume caregivers have trauma histories based on how they are behaving: the same behavior can have different origins in different people. Instead, awareness of common trauma signs and openness to the possibility that families may have difficult histories can help providers communicate support.



Recognize when caregivers:

Fear leaving their child

Childhood trauma can have a profound effect on how people see the world and evaluate risk and safety. Caregivers with trauma histories often describe intense worry that something terrible will happen to their baby or that their baby will feel abandoned if they leave. While hypervigilance may seem unnecessarily extreme to an outside person, keep in mind that these beliefs may have been shaped by the caregiver's real experiences.

Attempt to control care

When someone experiences things that are scary, senseless, and uncontrollable, it is common to respond by attempting to exercise control wherever possible. Caregivers may question care teams extensively, insist on changes to procedures, or voice skepticism about providers. This can be very difficult. Remember that caregivers are often motivated by the loving desire to give their baby a different childhood than they had.

Avoid

It is common for caregivers with trauma histories to avoid situations that remind them of their past, and many traumatic childhood events involve medical settings. If caregivers are reluctant to visit or quick to leave the hospital, this may be why.

Dissociate

Some caregivers who have experienced trauma may sometimes appear like they are not mentally present or are responding to a different situation entirely. They sometimes describe it as floating above the room or feeling numb. This is a coping mechanism that allows a person to tolerate overwhelming reminders of traumatic events. In hospital settings, caregiver dissociation can mean teams must repeat information many times.

Have sudden shifts in mood

Sometimes people with trauma histories have exaggerated changes in mood, like going suddenly from crying to laughing. Sudden shifts in mood give us a clue into the discomfort the person may be feeling on the inside.

Misattune to the baby's needs

Thoughts and feelings stemming from past trauma can make it hard to be present and attentive. This can mean that when caregivers are with their infants, they miss or misinterpret cues, like not noticing that the baby is turning away or taking certain normal behaviors personally (e.g., attributing the baby's pushing food away as a rejection of the caregiver).



Responding to caregivers:

Recognize your own thoughts and feelings toward the caregiver

Notice if you are feeling depleted, angry, or confused after patient interactions, or if you are having thoughts like “They are so difficult,” and “Their decisions make no sense.” This is a clue that something is probably going on for the caregiver.

Reframe the behavior

Ask yourself, “What is going on for this person?”, “What might have happened to this person?”, or “How did this person learn to meet their needs this way?”

Listen to Understand

Trauma can make it hard for people to trust their own perceptions, and to trust others. It can be helpful to listen with an open, empathic expression, and gently repeat back what the caregiver has said so that they feel heard. Try to avoid correcting, lecturing, or springing into action to “fix” how the caregiver is feeling.

Validate and normalize

If the caregiver shares concerns with you, you can provide empathic validation. Start by naming the emotion and describing what you see: “You are really scared/worried/sad for your baby. I can see how much you care about them.”

Make use of the principles of trauma-informed care

Trauma-informed care is based on safety, choice, collaboration, empowerment, and trustworthiness. In practice, this is calm, clear communication, asking regularly for input, honoring the caregiver as the expert about their child, and providing the caregiver with choices whenever possible.

