

## CHCF CHIP Summary

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**CHIP title:** Developing a Perinatal Trauma-Informed Network of Care: What does it mean?

*Journeying from collective (& personal) trauma to community (& personal) healing*

**Project Description:** As indicated in the subtext of my CHIP title, I'm sharing a mix of project and leadership journeys. Especially in the pandemic era, it seems (at least for me), the threads of personal and professional experience are increasingly intertwined. For my CHIP, I started with the question of: **How might we** develop and implement a respectful, comprehensive, and **trauma-informed model of care** for pregnant and parenting people that better coordinates existing medical, behavioral health and social services and creates continuity across the birth divide? This project is important to me as a perinatal psychiatrist, as a mother, and as someone who identifies as having experienced depression across different phases of my own life course. By altering our approach to perinatal healthcare, we can improve individual maternal and child health outcomes, disrupt the intergenerational transmission of trauma, and move toward public health equity.

### Key Findings and Lessons Learned:

- The question of how might we “develop and implement a trauma-informed model of care” has fundamentally changed for me, for healthcare, and for our society since 2019.
- State focus on ACEs (Adverse Childhood Experiences) provides opportunity for leverage, scale, funding, and a leadership opportunity to bring community input forward.
- Early in 2021, I aligned my CHIP with an ACEs funded planning grant focused on building a cross-sector approach to perinatal trauma-informed care across San Francisco County.
- Community partner input suggested that healing-centered may be a better frame than trauma-informed, highlighting a strengths-based over deficit-focused approach.
- Other key themes emerged: 1) healing-centered work will require addressing the intersection of racism and trauma; 2) respectful, healing-centered, and trauma-informed care requires relationship building--- with patients, but also with community partners; 3) effective care coordination will require a digital solution shared across healthcare and other social services.

### Next Steps:

- Use the disruption and collective trauma of Covid as an opportunity to think outside the box, continue the disruption, and radically change how we approach perinatal healthcare.
- Remain committed to individual and institutional work that addresses white supremacy as a collective trauma that impedes our ability to move toward healing-centered care.
- With recent additional \$1M+ ACEs award, implement and evaluate the Support Sister Pilot Program designed to answer the new question of: “How do we optimize the role of maternity community health workers (MCHWs) to promote healing centered approaches to prenatal care?”
- Look for synergistic opportunities to align with and influence state-wide scale across ACEs, the Comprehensive Perinatal Services Program (CPSP), and Cal-AIM
- Prioritize self-care and kindness as key elements of leadership and healing-centered care.