Integrative Healer | Integrative Medicine Policy Research

Policy Brief
March 2026

Protecting Birth: Trauma-Informed Reform in U.S. Maternity Care

Executive Summary

The United States faces a maternal health crisis. Rising maternal mortality rates, persistent racial disparities, increasing intervention rates, and workforce burnout signal systemic failure. While public attention often focuses on patient outcomes, less recognized is the parallel psychological toll on the maternity workforce.

Perinatal trauma and obstetric violence impact not only birthing individuals but also nurses, midwives, doulas, and obstetric staff who bear witness to these events. Vicarious trauma (VT) among birth workers is measurable, cumulative, and preventable, yet largely unaddressed in policy.

This brief outlines the urgent need for trauma-informed maternity reform that protects both patients and providers through institutional accountability, workforce protection, and legislative action.

Dr. Deilen Michelle Villegas, trauma-informed holistic health practitioner and clinical mental health professional with specialized experience in perinatal mental health, nervous system regulation, and trauma recovery.

The Problem

1. Perinatal Trauma Is Widespread

- 9–45% of birthing individuals report traumatic birth experiences.
- 3–6% meet criteria for postpartum PTSD.
- Black women are 2–3 times more likely to die from pregnancy-related causes than white women.
- Emergency interventions, non-consented procedures, racial bias, and lack of control are key predictors of trauma.

Birth trauma is a public health issue, not an isolated emotional response.

2. Obstetric Violence Remains Underrecognized

Obstetric violence includes:

- Non-consented procedures
- Coercive or threat-based consent
- Dismissed pain
- Racial bias in treatment
- Forced or pressured C-sections

While recognized internationally as a human rights concern, obstetric violence lacks formal acknowledgment in many U.S. policy frameworks.

3. Vicarious Trauma in Birth Workers

Research indicates:

- 30–50% of midwives report secondary traumatic stress symptoms.
- Labor and delivery nurses exhibit PTSD-like symptoms following traumatic births.
- Moral distress and compassion fatigue contribute to workforce attrition.

Unlike burnout, vicarious trauma stems from repeated exposure to others' trauma and alters professional identity, worldview, and psychological stability.

The maternity workforce shortage is exacerbated by unaddressed trauma exposure.

Call To Action

Legislators have the opportunity to shift maternity care from:

Procedural → Relational
Reactive → Preventative
Profit-driven → Patient-centered
Trauma-inducing → Trauma-informed

Birth should not be a site of preventable psychological injury. It should be protected ground.

Systemic Contributors

- High U.S. C-section rate (~32%)
- Time-driven hospital productivity models
- Liability-driven intervention
- Staffing shortages
- Profit-oriented maternity systems
- Limited protected debriefing spaces
- Institutional retaliation concerns when staff challenge unsafe practices

Without systemic reform, trauma continues to compound, for patients and providers alike.

Why Legislative Action Is Necessary

Institutional change alone is insufficient. Structural reform requires policy alignment.

Maternal mental health, racial equity, and workforce retention are interconnected public health priorities.

Failure to intervene results in:

- Increased maternal morbidity
- Rising workforce burnout and attrition
- Escalating healthcare costs
- Widening racial disparities
- Reduced public trust in maternity care systems

Policy Recommendations

1. Recognize Obstetric Violence as a Public Health Issue

- Establish standardized federal definitions.
- Fund national data collection on traumatic birth experiences.
- Require institutional reporting mechanisms.

2. Mandate Trauma-Informed Maternity Training

Require trauma-informed certification for all obstetric care providers, including:

- Consent-based communication
- Bias and anti-racism training
- Nervous system regulation awareness
- Cultural humility

Tie federal funding incentives to compliance.

3. Protect Birth Workers Through Workforce Reform

- Implement safe staffing ratio standards in maternity units.
- Require protected debriefing sessions after traumatic births.
- Mandate access to confidential mental health services for perinatal staff.
- Provide federal workforce mental health grants for maternity professionals.

4. Expand Support for Community-Based Birth Models

- Increase Medicaid reimbursement for doulas.
- Fund midwifery-led birth centers.
- Support culturally concordant care models.

Evidence shows community-based models reduce intervention rates and improve satisfaction.

5. Address Racial Disparities Through Accountability

- Require hospitals to publicly report maternal outcome data disaggregated by race.
- Establish bias audits for maternity units.
- Fund research on racialized birth trauma.

6. Fund Research on Vicarious Trauma in Healthcare

- Allocate NIH funding for research on secondary trauma in obstetric settings.
- Develop evidence-based prevention programs.
- Integrate moral resilience training into clinical education grants.

Economic Rationale

Trauma-informed reform reduces:

- **Litigation costs**
- **Preventable intervention expenses**
- **Workforce turnover**
- **Recruitment shortages**

Investing in prevention lowers long-term public health expenditure.

Public Health Impact

Improved trauma-informed maternity systems will result in:

- **Reduced postpartum PTSD**
- **Lower maternal morbidity**
- **Increased patient trust**
- **Higher workforce retention**
- **Improved birth equity**

Healthy births require healthy systems.
Healthy systems require supported providers.

References

Bingaman, S., & Vang, Z. M. (2023). Structural racism and maternal mortality in the United States: A review of the literature. Journal of Racial and Ethnic Health Disparities, 10, 1293–1304. https://doi.org/10.1007/s40615-022-01289-6

Davis, D. A. (2019). Obstetric racism: The racial politics of pregnancy, labor, and birthing. Medical Anthropology, 38(7), 560–573. https://doi.org/10.1080/01459740.2018.1549389

Dr. Deilen Michelle Villegas authored this research brief.

Perinatal Trauma, Obstetric Violence, and Vicarious Trauma in Birth Workers: A Trauma-Informed Analysis of Systemic Maternity Care Reform