

Humanizing the Cesarean Experience: Standardizing Trauma-Informed, Patient-Centered Care in the Obstetric Operating Room

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Background

- **Cesarean delivery (CD):** Can be experienced as distressing¹
- **Prevalence:** ~33% report birth as traumatic; higher with unplanned CD.²
- **Contributors:** Loss of autonomy, limited communication, separation from support persons.
- **Gap:** Trauma-informed, patient-centered care recognized—but inconsistent in CD practice.
- **Aim:** To promote trauma-informed, patient-centered practices in the OB OR.

1. Psychiatr Q. 2021;92(4):1839-1853

2. Birth. 2000;27(2):104-111.

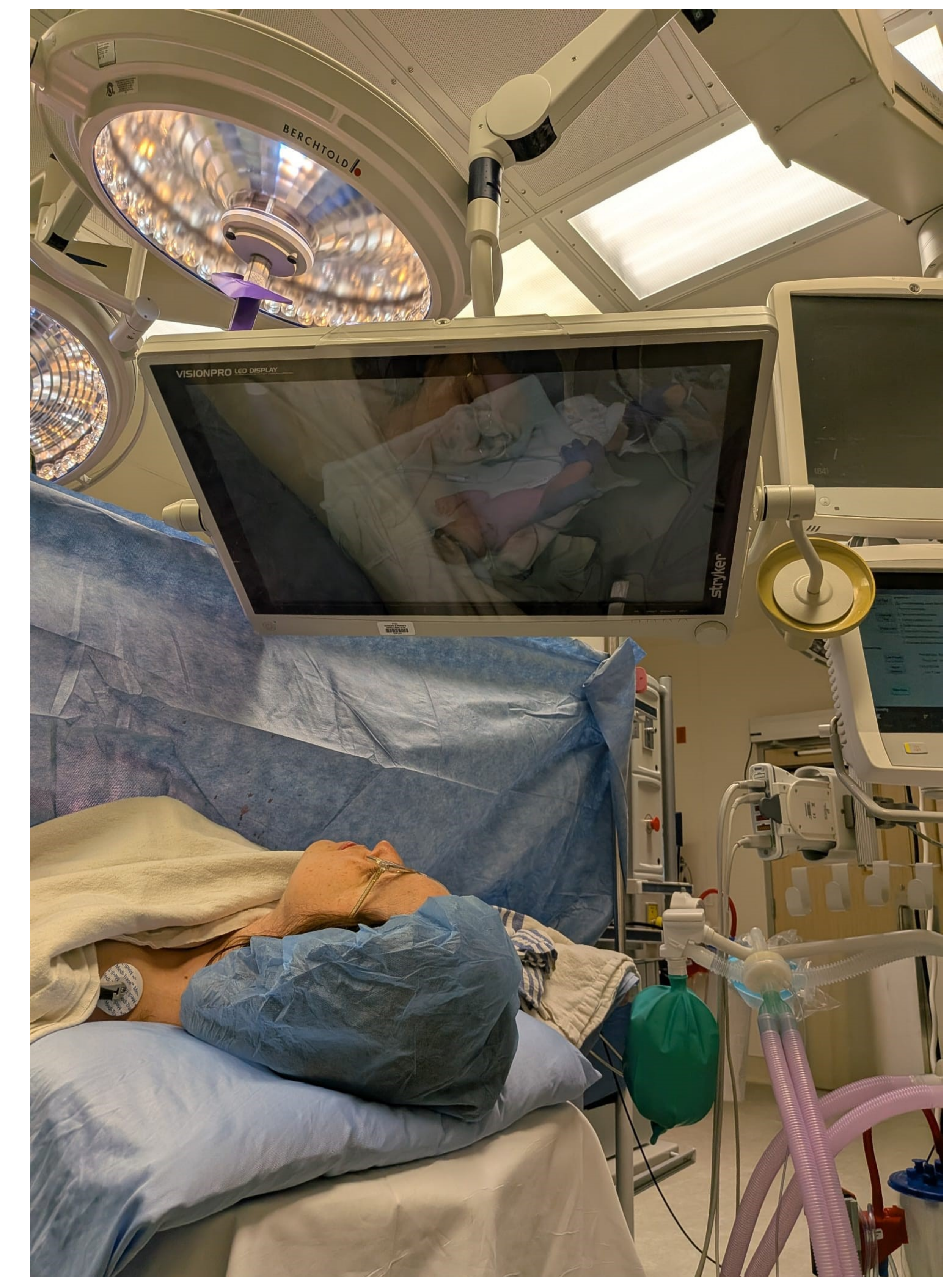
Study Design and Methods

- **Setting:** MDT at tertiary center (>7000 deliveries/year; CD rate 42%)
- **Design:** Quality improvement implementation study to standardize trauma-informed, patient-centered cesarean delivery practices.
- **Focus areas:** Shared patient–provider values, staff education.
- **Approach:** Integrate patient-centered options into existing workflows without introducing new interventions.



Results

- **Standardized options for elective and urgent CD (when appropriate):**
 - Support person present during neuraxial anesthesia placement
 - Patient selected music in the OR
 - Temporary draping during catheter insertion and prep
 - Support person present at delivery (if under GA)
- Immediate skin-to-skin contact
- Live video of neonatal care if separation required
- Option for additional support (doula, midwife, extra support person)



Patient feedback themes:

- Greater feelings of involvement in their own care
- Increased sense of respect and dignity during the procedure
- Enhanced emotional support during what can be a vulnerable experience

Discussion and Conclusion

- **Standardization:** Embedding patient-centered practices into protocols supports trauma-informed cesarean care.
- **Scalability:** Approach may be generalizable to other centers.
- **Next steps:** Develop a preoperative preference tool to enhance engagement and individualize care plans.