Considerations for both patient and provider to consider to make internal exams and other invasive medical procedures less stressful:

- Have the provider and patient discussed whether the patient’s history affects their ability to tolerate being examined – prior to starting the physical exam?
- Do both agree that the exam is useful or necessary, or could the exam be declined or the information be obtained another way?
- Does the patient know the details of how the exam will be done?
- Does the provider know what the patient wants the examiner to do if the patient seems a little stressed (e.g. pause or stop/reassure their/distract their)?
- Does the patient know they can stop the exam by as little as a hand signal? Does the provider know to watch for such a signal?
- Does the provider know to avoid asking sensitive or complex questions while the patient is coping with the exam?
- Does the patient have control over comfort issues like having a female examiner, if desired, or a chaperone, keeping some clothing on, draping, having a friend present, raising the head of the table, inserting the speculum themselves, using a mirror, etc.?
- Is the patient ready and has enough time been allotted for the visit, or should another time be scheduled so there is no rush?
- Will the patient have time to talk to someone if they experience strong emotions or flashbacks with the exam?

The 8 A’s of Trauma-Informed Perinatal Care:

- ASK about abuse history, how it is affecting them, what they need from you. At each visit thereafter, ask how they are doing with regard to posttraumatic stress concerns.
- ACKNOWLEDGE that trauma has long term effects on some people, that they are not the only one and that you are willing to work with them or can refer them to a more appropriate provider.
- ASSESS repeatedly their risk for associated problems: substance use, revictimization (current abuse), high-risk sexual practices, disordered eating, self-harm, postpartum mood and attachment disorders and safety for their infant.
- ASSUME, in the absence of disclosure but in the presence of posttraumatic stress reactions, that the patient could be a survivor and respond to them therapeutically, but without forcing the issue.
- AVOID triggering posttraumatic stress reactions by learning individual clients’ triggers specifically and by increasing awareness of aspects of maternity care that are generally triggering.
- ARRANGE more extensive contact that meets their needs via longer or more frequent visits with the main care provider or appointments with team members, and be ready to arrange connections to domestic violence, substance abuse, or mental health services.
- ADVOCATE for appropriate program and financial resources to meet these clients’ trauma-related needs, and consider using a secondary diagnosis of PTSD for patients who meet diagnostic criteria.
- ASCERTAIN by follow-up or individuals and evaluation of practice over time whether trauma-related outcomes are being met in concert with perinatal goals.