Supportive Communication After a Severe Maternal Event:
What Not to Say and Why

Your words matter after a severe maternal event. Patients are in an incredibly vulnerable state given what they've just experienced. This document was guided by input from patients with lived experience of a severe maternal event and experts in perinatal mental health. The words you use and the statements you make have the potential to stick with patients for the rest of their lives, for better or worse. Providers have the power to mitigate further trauma and start patients on the path toward healing after a severe maternal event.

Phrases To Avoid After a Severe Maternal Event:

Instead of: "You almost died, but we were able to save you"
Try: "You were quite sick, but your body is tough and resilient."
Why: No matter how hard the team may have worked, this comment is self-aggrandizing and takes away from the patient's strength and agency which will be needed to the patient to recover.

Instead of: "All that matters is that you and the baby are healthy."
Try: "I know this wasn't the birth experience you expected. It's okay to have feelings about that."
Why: A healthy parent and baby matter, but so does the patient's experience of their birth. This statement dismisses any feelings they might be having about almost dying.

Instead of: "I can't believe you're alive" or "You are very lucky to be alive" or "Thank God, you're OK".
Try: Provide a brief overview of what happened to the patient and the interventions used.
Why: After a Severe Maternal Event, most patients feel unsafe in the world. They wonder when the next time the rug will be pulled out from underneath of them, and they will almost die again. When someone on their medical team expresses disbelief at their survival, it further compounds this lack of safety and dismisses the on-going trauma.

Instead of: "Everything happens for a reason."
Try: "This wasn't your fault. Here's what we know about why this may have happened to you."
Why: This phrase is a platitude that attempts to put a positive spin on what is often a devastating experience. It is dismissive of the grief and trauma the patient has experienced.

Instead of: Anything that begins with "at least"
Try: "You've been through a lot. You are probably going to feel many complicated and conflicting emotions. That's normal after an event like this."
Why: The term "at least" uses comparison to dismiss a patient's experience. Something can always be worse, but that doesn't mean it's not traumatic.

Instead of: "You should be so grateful."
Try: "I know this might be scary and a lot to process. What questions can I help you answer?"
Why: There is nothing wrong with expressing gratitude, but forced gratitude is unhelpful, particularly after a severe maternal event. The provider's experience of this event often differs greatly from the patient's. For most patients, they walked into the hospital to have a baby and go home, instead they and/or their baby almost lost their lives. They are likely grateful to be alive, but they also need the space and permission to feel sad, angry, and devastated that this happened to them.

Summary For Why Not To Use These Phrases:
These statements are said with the intention to improve patient outcomes by helping patients move past the experience. Unfortunately, the impact can be the opposite, and these statements often dismiss or minimize a patient's experience. When a patient feels dismissed after trauma, especially by someone in a position of authority, they feel their experience of the birth and the emotions that come with it are not valid. This often leads to ignoring or suppressing emotions and inevitably delaying psychological recovery. When a patient is instead offered validation and empathy, the door is opened to access support and treatment for their experience, leading to better outcomes postpartum and longer term.

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