

Building Resilience Through Debriefing in Obstetric Care

Quality in Action

Safety Action Series, Tuesday, September 15, 2026, 1 – 2 pm ET



Advancing ob-gyn care for all.

Before We Get Started



This webinar will be recorded



If you need help during the call, please private chat an ACOG staff member



Submit your questions throughout this session using the Q&A box



Any questions following this webinar can be sent to obgynsafety@acog.org

Who are we?

Quality
in **Action**

AN ACOG
FOUNDATION
PATIENT SAFETY
ORGANIZATION

A Partner in Quality and Patient Safety

Combining ACOG's trusted expertise with real-world services to help hospitals and health systems deliver safer, more equitable care.

- Safety event review
- Plan to support review of patient safety work
- Tailored support for frontline teams
- Designed for measurable impact

Let's improve ob-gyn care—together.

Safety Action Series



A webinar series designed to equip multidisciplinary team members with practical strategies to improve patient safety and quality of care through teamwork and communication excellence, effective debriefing, and leadership engagement.

Continuing Medical Education

We are excited to offer **CME credit** to attendees of this live session

To receive your certificate:

- 1. Complete the post-webinar evaluation linked in the follow-up email**
- 2. You need to create an ACOG account to complete the survey**

ACCREDITATION INFORMATION

ACCME Accreditation

The American College of Obstetricians and Gynecologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA Category 1 Credit(s)[™]

The American College of Obstetricians and Gynecologists designates this live activity for a maximum of **1 AMA PRA Category 1 Credits[™]**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

College Cognate Credit(s)

The American College of Obstetricians and Gynecologists designates this enduring activity for a maximum of **1 Category 1 College Cognate Credits**. The College has a reciprocity agreement with the AMA that allows AMA PRA Category 1 Credits[™] to be equivalent to College Cognate Credits.

Continuing Education Credits

We are excited to offer **continuing education (CE) credit** to attendees of this live session.

To receive your certificate:

- 1. Attend at least 60 minutes of the live activity**
- 2. Complete the post-webinar evaluation linked in the follow-up email**

Certificates will be sent via email in 2 weeks

ACCREDITATION INFORMATION

This activity is approved by the Continuing Education Approval Program of the National Association of Nurse Practitioners in Women's Health for 1 continuing education contact hour, including 0 hours of pharmacology content. **NPWH Activity number 26-18.**

The Continuing Education Approval Program of the National Association of Nurse Practitioners in Women's Health, is accredited as a provider of continuing by the **California State Board of Nursing, Provider Number CEP 13411**

ACOG'S QUALITY IN ACTION: BUILDING RESILIENCE THROUGH DEBRIEFING IN OBSTETRIC CARE

September 15, 2026



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Executive Director
Debriefing the Front Lines, Inc.

Objectives



Describe at least three benefits of regular, structured obstetric debriefs.



Identify the essential elements of conducting an effective debrief.



Describe best practices for a debrief that promotes psychological safety.

The presenter(s) have no relevant financial relationships, commercial interests, or conflicts of interest to disclose related to the content of this presentation.

The Role of Structured Debriefing in Obstetric Practice



The Hidden Burden on Obstetric Providers

Adverse events leave a measurable emotional toll on the clinicians who respond to them.

64%

of OB/GYN nurses report being involved in an adverse outcome (Finney et al., 2021)

92%

of those nurses experienced 1–5 adverse events across their careers (Finney et al., 2021)

~50%

reported feelings of secondary victim trauma (Finney et al., 2021)

95%

of OB/GYN physicians reported involvement in an adverse medical event (Kruper et al., 2021)

Common symptoms after a severe event

- Anxiety (81%) and disrupted sleep (58%) — Kruper et al., 2021
- Guilt (62%) and traumatic stress symptoms (75%) — Kruper et al., 2021
- 37.2% of maternity nurses/midwives met PTSD criteria — Çankaya & Dikmen, 2020

“A provider who cannot process the event carries both the clinical memory and the emotional burden — often silently.”

Why Obstetrics Is Different

Obstetrics combines healthy patient population, high-risk emergencies, unpredictable catastrophic events, intense emotional investment, litigation concerns, multidisciplinary care -- in ways few other specialties face.

What makes an OB event traumatic

- Two patients, one event — mother and baby simultaneously at risk
- Maternal or neonatal death, stillbirth, or fetal loss
- Hemorrhage and other sudden, unpredictable events
- Difficult deliveries (e.g., shoulder dystocia)
- High emotionality and acute sensory experiences
- Perceived preventability of the outcome

U.S. Population-level data

- *U.S. has the highest maternal mortality ratio among industrialized nations*
- *60,000 women experience severe maternal morbidity each year*
- *Black women die of maternal causes 2x the rate of White women*

What Happens Without Debriefing

Cumulative Care-Taking Trauma®

Overexposure to abnormal and traumatic events with no time for:

- Acknowledgment
- Discussion
- Processing
- Recovering safety

When the system says “just move on”

- Normalization of adverse events as “part of the job”
- Low participation in peer support/EAP resources
- No structured debriefing, or debriefers lack training

Left unaddressed:

**PTSD symptoms
>30 days**

**Burnout &
compassion fatigue**

**Intent to leave
the profession**

**Impact on
patient safety**

Why Debrief ? What Are the Benefits?

The goal is not to eliminate all trauma, but to prevent avoidable additional harm by responding well after the unavoidable happens.



Team support

- Normalizes reactions and restores connection among the team
- Identifies who needs follow-up support before it is missed
- Connects staff to peer support and EAP resources
- Reduces isolation — addresses being “left alone with the emotional surge”



Systems learning

- Surfaces communication gaps and workflow or equipment issues
- Turns individual events into organizational quality improvement
- Builds a predictable, trusted “culture of debriefs” (huddles)
- Includes multidisciplinary perspectives — and the family's, where possible

91% of surveyed obstetric physicians wanted an institutional system of care after a severe event (Slade et al., 2020, N=839).

The Many Faces of Provider Trauma

Beyond clinical symptoms, adverse events reshape how providers see themselves and their work.

Negative emotions

Anxiety, disturbed sleep, and lost self-confidence following the event

Responsibility & regret

Impacts on decision-making, teamwork, and capacity for empathy

Challenged identity

Guilt, insecurity about organizational support, and intentions to leave the profession

Loneliness

“Left alone with the emotional surge” after a severe event on the ward

“Left alone with the emotional surge”

Midwives and obstetricians describe powerlessness in advocating for patients and inadequate support from colleagues and organizations after severe events — shaping their ability to cope and their decision to stay in the profession.

Trauma-Informed Care: Foundations for Debriefing

SAMHSA's framework gives debriefing its structure and its purpose:

Realize

the widespread impact of trauma and understand paths for recovery

Recognize

the signs and symptoms of trauma in patients, families, and staff

Respond

by integrating knowledge about trauma into policies, procedures, and practices

Resist

re-traumatization of patients and staff alike

Huang et al., SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

Six principles in every debrief:

● **Safety**

● **Trust & Transparency**

● **Peer Support**

● **Collaboration & Mutuality**

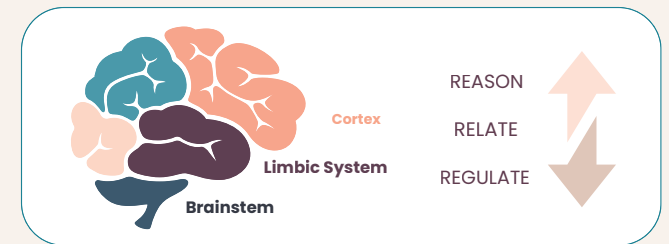
● **Empowerment, Voice & Choice**

● **Cultural & Historical Issues**

SAMHSA six principles of a trauma-informed approach; Wignall, Nurs Leadersh. 2021;34:24–33

Sequence of Engagement: Regulate → Relate → Reason

Trauma-responsive leadership changes the order of operations after a severe event.



1 REGULATE

Ground the team. Slow the physiology.
Prioritize safety and connection first.



2 RELATE

Validate the experience. Restore
connection. “Am I seen? Do I belong?”

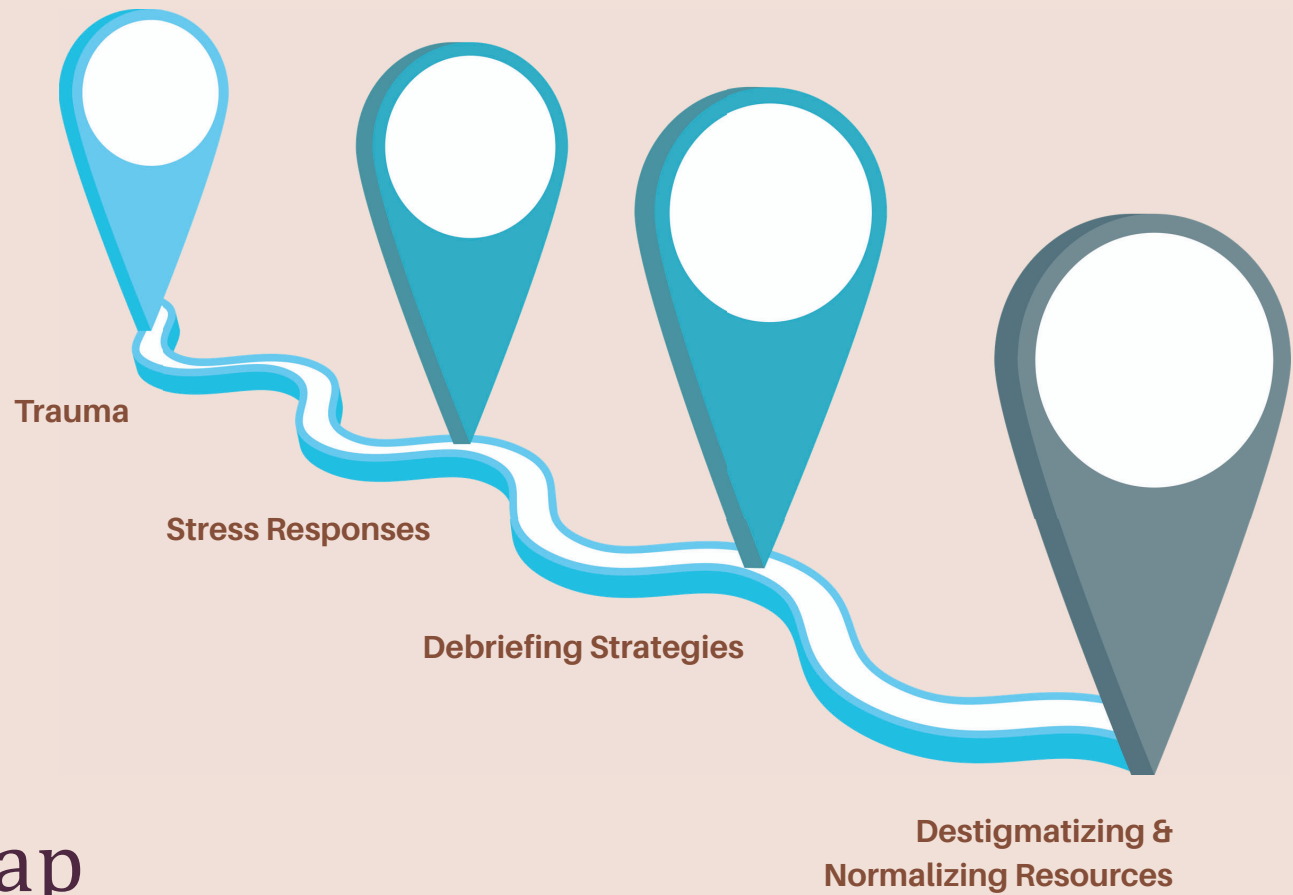


3 REASON

Learn, analyze, and improve — once the
team can actually think clearly



Session Road Map



Trauma

Trauma occurs when the nervous system experiences something that is too big, too fast, too soon, too hurtful or too little for too long.

Kolk, V. D., & Bessel, A. (2014). *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*



Normalizing Trauma Responses

- Trauma responses are protective measures.
- Understanding more about our own responses prepares us to navigate them so we can best support our nervous system.



Fight



Flight



Freeze



Fawn

Cumulative Care Taking Trauma®

Overexposure of abnormal and traumatic events with no time for

- **A**cknowledgement
- **D**iscussion
- **P**rocessing
- **R**ecovering (a sense of internal safety)
- **N**ormalizing the use of supportive resources

that results in physical, emotional and spiritual suffering



Not being able to delineate where one trauma ends and another begins



Paralyzed in trauma manifesting as decision fatigue



Shame, grief, guilt that spills over into life outside of work and contributes to limiting beliefs



Inability to rest, continual urgency, anxiety, panic and dread



Episodes and flashbacks of personal and childhood trauma



Detachment, disconnection and isolation

Language Shared Understanding

Safety

Individual's physical, psychological, and emotional well-being are protected
**Universal Precaution: Treat every interaction (with patients & staff) as if trauma is present to ensure a baseline of safety and respect.*

Just Culture

A values-based framework of shared accountability that balances an organization's responsibility for system design with an individual's accountability for their behavioral choices

Trauma-Informed Communication

Intentional awareness of how past trauma shapes a person's ability to process information, trust others, and respond to stress.
It is not a separate task, but a foundational lens that builds trust, elevates quality, and mitigates organizational risk.

Trauma Responsive Leadership

The active real-time application of trauma-informed knowledge to human interactions and organizational systems. It centers on supporting nervous system regulation, facilitating co-regulation, and honoring our shared humanity.

Role of Debriefing

Quality & Safety Debriefings
with Clinicians

Psychological Debriefings
with Clinicians

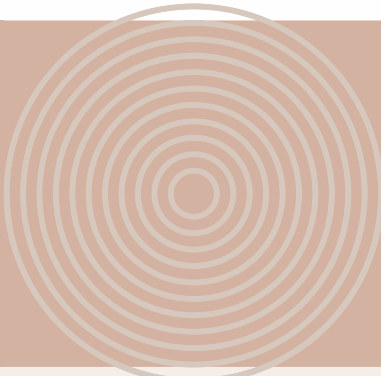
Bedside Debriefings
with Patients

Debriefing Lexicon

What does safety
mean to you?

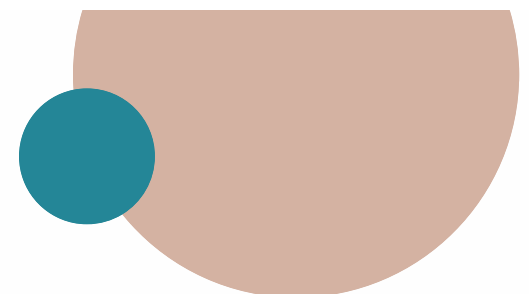


Language: Psychological Safety



Psychological safety is the absence of interpersonal fear.

It is an intention as opposed to a declaration.

- 
- **System Consideration:**
Not fostering a just culture, absence of trauma informed care models.
 - **Personal Consideration:**
Pre-existing trauma
Childhood trauma

30.5% of OB-GYNs experienced personal birth trauma leading to significantly higher flashbacks, amnesia, and insomnia (Whelan et al., 2025)

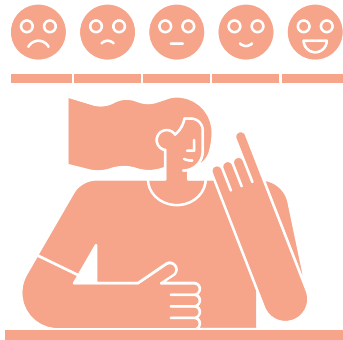
82.6% of L&D nurses had levels of secondary traumatic stress consistent with PTSD (Runyon et al., in press)

Multi-disciplinary perinatal clinicians recommended proactive leadership, consistent debriefing protocols, trauma education, and improved access to counseling after traumatic births (Xu et al., in press)

Debriefing to Bridge the Gap

Quality & Safety Debriefings
with Clinicians

Emotional Response

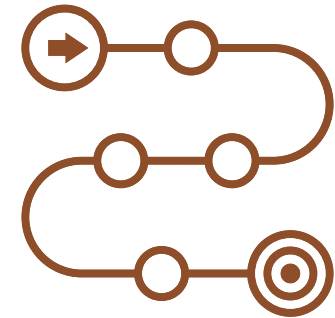


Mixed and varied
emotional responses
are expected.



DEBRIEFING

Policy Change

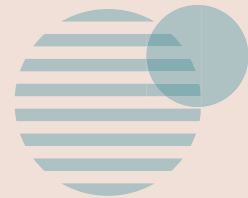


Identification of
opportunities to improve
or strengthen
current policies.



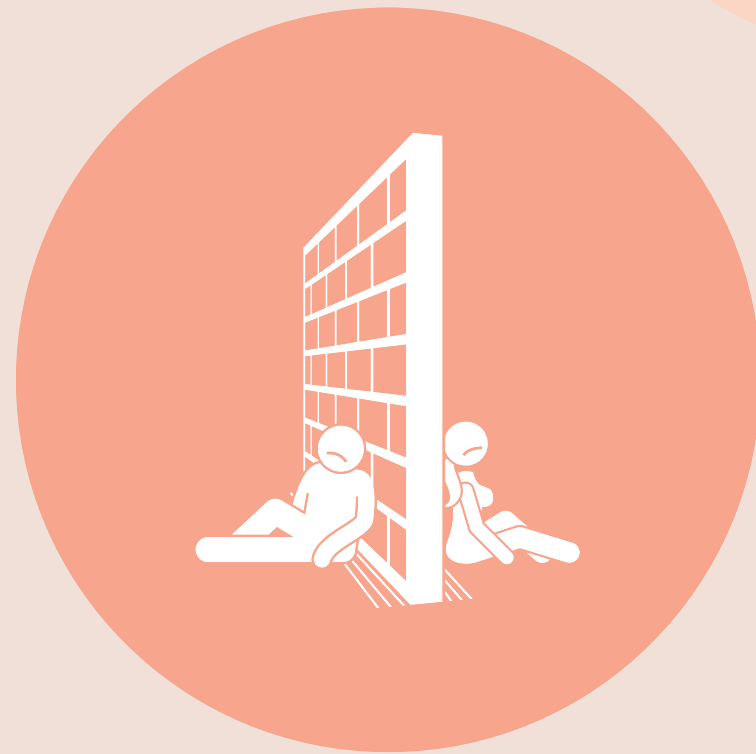
Pitfalls in Debriefing

What happens when we try to reason
before we're regulated?



Barriers to Debriefing

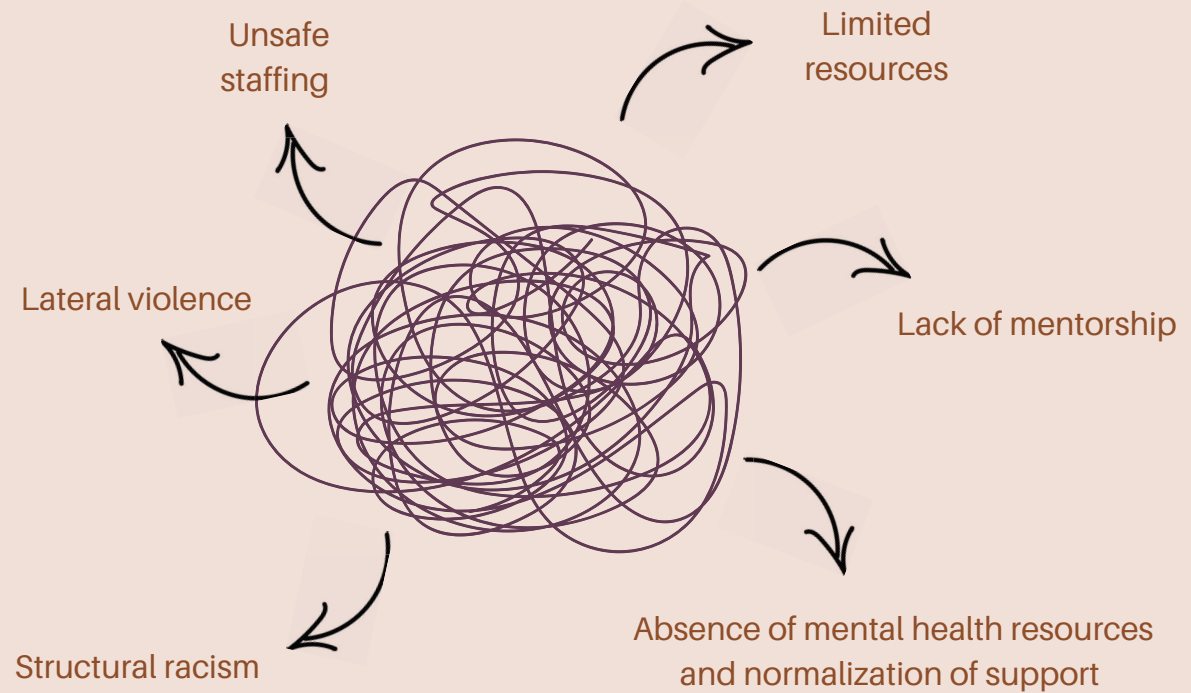
- Concerned about timing of debriefing.
- Staff feel too emotionally involved to facilitate debriefing.
- Do not see merits of debriefing in terms of tangible outcomes.



These factors contribute
to feelings of

Institutional Betrayal

Actions that defy the expectation for
safety and violate relationships
between individual and institution; a
violation of trust that carries a
psychological weight



Interventions to Address Trauma

Institutional Courage®

A pledge to protect and care for those who depend on the institution.

01

Truth + Moral Action

Despite unpleasantness, risk, and short-term cost

02

Pledge

To protect and care for those who depend on the institution



03

Compass

Oriented to the common good of individuals, institutions and the world

04

Force

Transforms institutions into more accountable, equitable, effective places for everyone

Interventions to Address Trauma

Acknowledge trauma and just culture model

- Formal peer support, **communication and debriefing training**
- Recognize and validate the impact of experiences

Rapid access to processing support

- **Collegial support**
- **Peer-to-peer responders**
- A peaceful location for recovering a sense of psychological safety

Self-help for early stress responses

Techniques that healthcare professionals can use to **manage stress immediately following high-pressure situations** (Example - Debriefing)

Resource support and education

- Additional staffing resources to provide off unit (break nurse)
- Initiating a Code Lavender response team or cart
- **Structured debriefing**

Several interventions in the literature have been outlined as a potential means to address trauma after a serious event. (Crawford & Williams, 2024; DeMarco & Resnicoff, 2024; Kruper et al., 2021)

Suggested Events for Debriefing

WHEN: FORMULATE CRITERIA REGARDING
WHEN TO INITIATE A CLINICAL DEBRIEFING



Rapid Response



**Massive
Hemorrhage**



**Stressful or challenging
interactions with patients,
families, or colleagues**



Cardiac Arrest



**Neonatal
Resuscitation**



**Any event in which
an individual asks
for a debriefing**



**More than one severe
events within a short
period of time**



**Abuse and intimate
partner violence**

Consider what other events warrant
debriefing within your workplace.



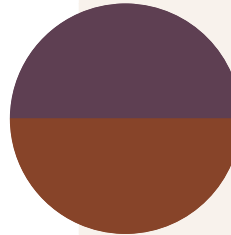
WHERE: DEBRIEFING ENVIRONMENTS

There are several best practices to support debriefing:

- Private space to support confidentiality.
- Equitable seating for all participants.
- Circular seating arrangement.
- Outside of the patient care environment (not in a room.)
- Single entry/exit for control of dynamic and follow-up.

Questions to consider as you identify your ideal debriefing environment:

- What is an easily accessible space with room for 4-10+ participants to sit together?
- What are the biggest challenges/barriers with space?



These ideas are shared with recognition that all units and practice environments are set up differently, and it may not be possible to reach all of these.

WHY: DEMONSTRATE THE IMPORTANCE OF DEBRIEFING AND NORMALIZE THE USE OF DEBRIEFING AS A RESOURCE

- **Articulate** the positive evidence of debriefing to colleagues who may be unfamiliar with the benefits.
- **Ensure** teams understand the focus is on team building, providing emotional and well-being support, foster co-regulation and in turn enhances quality, safe patient care.
- **Consider:** Hanging flyers in your unit, sharing short digestible education surrounding the benefits of debriefing in newsletters and staff meetings.



ADPRN Debriefing Framework for Clinicians



Acknowledge

Recognize our shared humanity and the impact of our experiences.

Create a shared mental model among teammates.

1

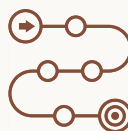


Discuss

Discuss quality and safety measures openly in a retaliation free environment.

Suggested system categories: Tools and Technology, Communication, Environment, Processes.

2



Process

Share experiences and explore emotions to better understand feelings.

3



Recover a sense of safety

Focus on regaining a sense of safety through co-regulation within the team utilizing a strengths-based approach.

4



Normalize

Close the debrief while promoting self-care, collegial check-in's and normalizing the utilization of mental health resources and support systems.

5

Acknowledge



Acknowledge

Recognize our shared humanity and the impact of our experiences.

Create a shared mental model among teammates.

1



Situational Considerations

The Basic Assumption Statment is the minimum acknowledgement

Facilitator judgement and situational awareness

The Basic Assumption Statement

"We believe that everyone on this team is intelligent, capable, cares about doing their best, and wants to improve."

Center for Medical Simulation

Acknowledge

"The debriefing aims to recognize our shared humanity, acknowledge each person's emotional and physical challenges, and foster mutual respect and empathy through education, quality improvement, and emotional processing among peers in a confidential space."

*Option: Debriefing Facilitator offers the team to read out loud together.



Core Emotion Check In Tool

PURPOSE

Use alone or in groups to identify and express feelings with **one word** to build emotional awareness foster communication and create a supportive environment where all voices are heard.

INSTRUCTIONS

In a quiet place, ask each member of the group to

Describe how you are feeling in one word.

TIPS

Be consistent.
Be honest.
Accept emotions without judgement.
Be cognizant of body language.

BENEFITS

Echos a collective message
Validates feelings
Recognizes humanity
Creates a sense of safety in numbers
Fosters emotional intelligence

Discuss



Discuss

Discuss quality and safety measures openly in a retaliation free environment.

Suggested system

categories: Tools and Technology,
Communication,
Environment, Policy

2

“Next, we’ll discuss our perspectives on patient safety and how this event could influence practice.”

Tools and Technology:

Were there any concerns related to the tools and technology used during care?

Communication:

How did the communication pathway impact patient care?

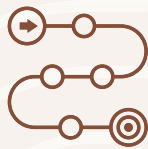
Environment:

What issues, if any, did you experience with equipment?
How did staffing affect this event?

Process:

Where could processes be improved?

Process



Process

Share experiences
and explore emotions
to better understand
feelings.

3

We're now moving into conversation to
share how this experience made us feel."

How did caring for this patient make you
feel?"

"Describe how caring for this patient made
you feel."

Or circle back to Core Emotion Check In.

Recover a sense of safety



Recover a sense of safety

Focus on regaining a sense of safety through co-regulation within the team utilizing a strengths-based approach.

4

“What do you need in this moment?”
or

“What would be most helpful in this moment?”

Option: Mindfulness Exercise

Normalize



Normalize

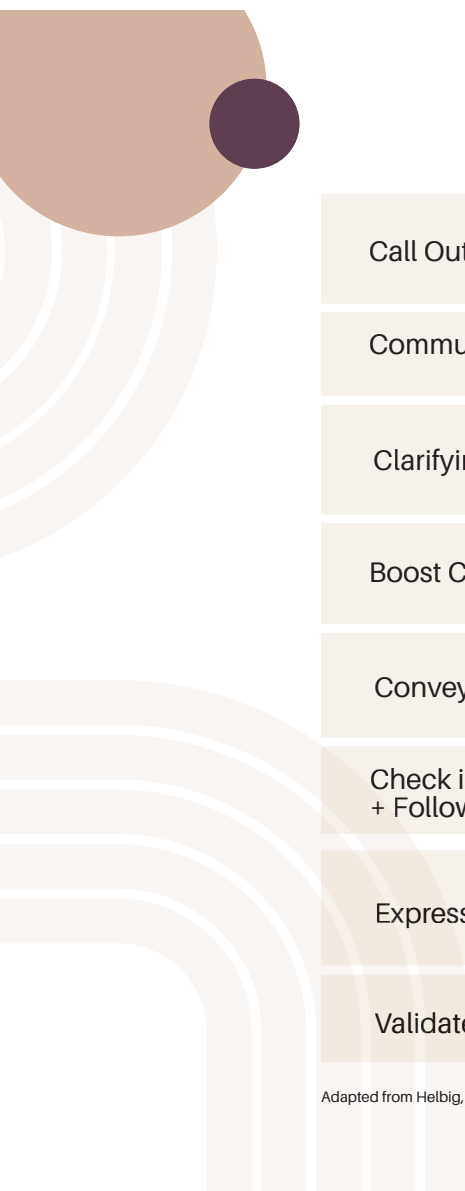
Close the debrief while promoting self-care, collegial check-in's and normalizing the utilization of mental health resources and support systems.

5

"Thank you for taking care of the patient and for your presence.

Your input is valuable moving forward.
We recognize you may need more support and want to offer additional resources."





Debriefing in Daily Work

Call Out Courage	>>>	"Thank you for trusting me with this/your heart/your thoughts."
Communicate Courageously	>>>	"What am I missing?" "Tell me more."
Clarifying Your Understanding	>>>	"From what I'm hearing, you are feeling ____."
Boost Character	>>>	"This is a difficult situation and you've shown ___ in how you are handling things."
Convey Caring	>>>	"I am here to support you, what do you think would be most helpful right now?"
Check in + Follow Up	>>>	"I will check in on you on ___" "What has been the biggest challenge since we last met?"
Express Gratitude	>>>	"Thank you again for coming to me with your concerns and knowing it is a safe space to do so."
Validate	>>>	"It's important to acknowledge your feelings."

Adapted from Helbig, K., & Norman, M. (2023). The Psychological Safety Playbook: Lead More Powerfully by Being More Human.



Navigating Debriefing Dynamics

Promote Collaboration
+ Redirect



"What solutions can we bring forward as a team?"
"How can we support each other moving forward?"

Champion Choice



"Although we deeply value your presence, participation in the debriefing is voluntary."

Appreciate Being Challenged



"I appreciate this discussion/your viewpoint so that we can grow together"

Create Space for
Shared Conversation



"Thank you for your input, lets open the conversation for those who have not spoken yet."

Navigate Interruption



"Can we please take a moment to listen to each other without interruption."

Navigate Anger



"I can see this situation has upset many of you, I feel it too. I acknowledge that emotions are high. What do you need at this moment?"

Closing Conversation
+ Normalizing support



"Thank you for sharing your feelings, your input is valuable moving forward. Here are some additional resources."

Adapted from Helbig, K., & Norman, M. (2023). The Psychological Safety Playbook: Lead More Powerfully by Being More Human.

Facilitator Traits

What is inherent within you?



Are Intentional

Naturally creates safety for others and is known for this in the workplace.

Understands psychological safety as an intention versus a declaration.



Are Willing to Go First

Initiates brave and bold conversations.

Actively participates in solution oriented discussions about quality, safety and well-being.



Is a Life Long Learner

Engages in continuous learning and improvement.

Doesn't have all the answers.

Desires to be part of the solution.



Cultivates a Thoughtful Mind

Contemplative, Curious, Creative, Open-minded, Attentive, Observant, Empathetic, Perceptive, Introspective



Post-Session Support for Debriefing Facilitators



Nervous System



Somatic



Reconnection



Movement



This isn't just emotional work, it's physiological. Your body deserves as much care as your heart.

Normalizing Use of Resources

- We are humans, not heroes.
- Promote resources with each debriefing.
- Move beyond having access to resources to actively using resources



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Questions?

Please enter your questions in the Q&A box at the bottom of your screen.



Advancing ob-gyn care for all.

Thank You!

Scan here for CME credit survey:



Scan here for CE credit survey:



For more information about Quality in Action
please contact us at obgynsafety@acog.org