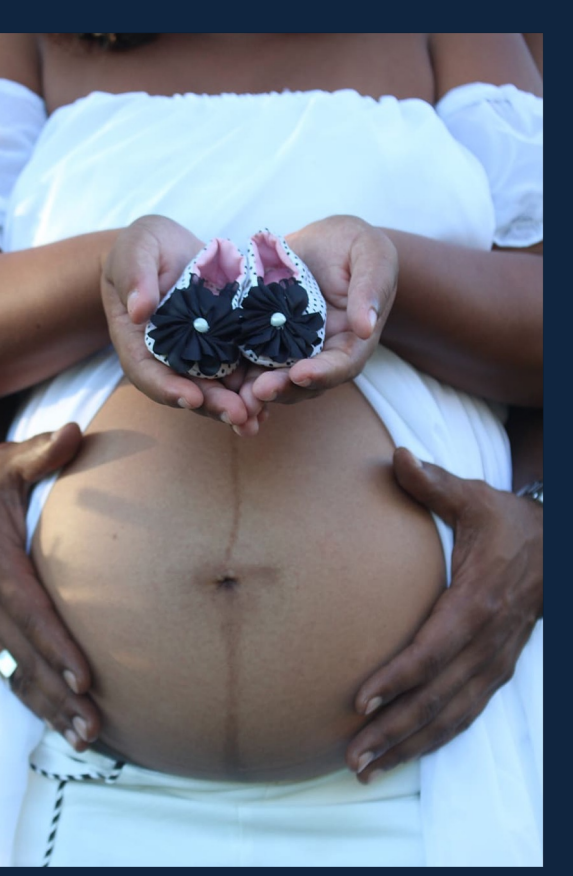


# Somatosensory Experience to Facilitate Healing Trauma for Perinatal Parents

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## BACKGROUND OF MENTAL HEALTH EXPERIENCES OF PERINATAL PARENTS

Mothers with Perinatal Mental Health are at risk for developing debilitating depression and anxiety symptoms before childbirth, which is one of the most underdiagnosed obstetric complications in America.

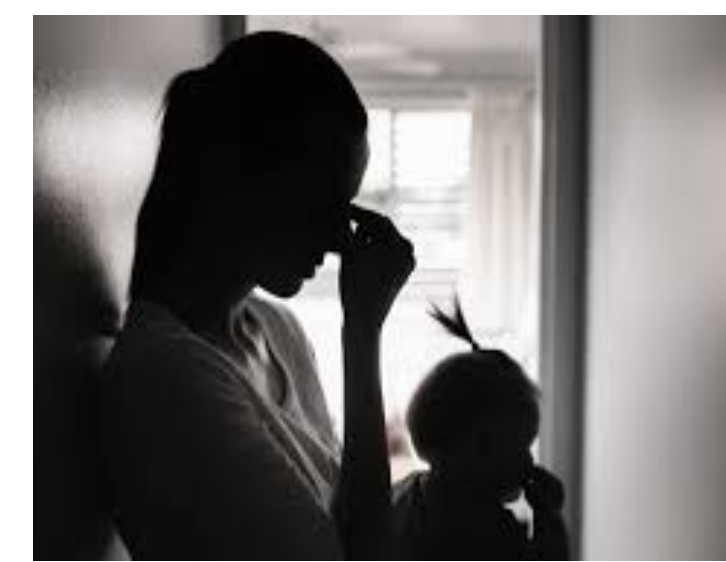


1 in 5 women will experience Perinatal Mood or Anxiety Disorder (PMD) for up to a year after birth, and research suggests that depression in

one partner is significantly correlated with depression in another partner, which indicates that the partner's mental health conditions can be underdiagnosed.



Parents exposed to trauma have a higher risk for postnatal depression. They can lead to adverse childhood, such as depressed mothers having thoughts of harming infants, reduced likelihood of continued breastfeeding, problems sleeping, fewer preventative services, and more ER visits for infants.



Some emotional costs include unaffectionate parenting from parents, which may lead to insecure attachment that is linked to affected child relationships, leading to increased social and emotional problems, conduct disorders, and behavior problems.

(Biebel & Alikhan, Shums, 2016; Chaudron, 2003; CS/CS/HB937 Perinatal Mental Health, 2018; WHO, 2022)

## CONTENT & ACTION



Research supports that a fetus can recognize and respond to the touch of the mother and father's hand strokes in utero.

An early pregnancy intervention using somatic therapy modalities can aid in promoting positive emotional regulation by reducing depressive symptoms and maternal physiological traumatic stress; while, increasing somatosensory stimulation of the fetus to facilitate secure attachment.

Post birth, mother and infant can recognize each other's scents. This can decrease infant distress when exposed to their mother's scent of skin or clothing.

(Bigelow, et al., 2012; Marx, 2017; Kaitz, et al. 1987; Schafer & Croy, 2021; Sullivan and Toubas, 1998.

## LESSONS LEARNED

Somatosensory therapy, or utilizing somatosensory techniques, can treat the bodies response to trauma and stress by facilitating connections to somatic sensations, such as: headaches, muscle aches, tension, stomach aches, and any other problematic physical sensations the client may be experiencing.

Mind-body integration combines somatic sensory stimulation with awareness, where an individual can notice their presence, intensity, and quality of somatic input to bridge the brain-body disconnect to optimize cognitively focused intervention.

Encouraging a re-connection with the felt body experiences of movement and touch within a positively valenced therapeutic alliance will contradict previous negative valenced multisensory experiences and attachment disruptions, leading to upstream regulation of arousal and affect, modulation of exteroceptive sensory input, and embodied cognitive capacities.

(Cavaiola, et al., 2018; Emerson, 2015.; Kearny & Lanius, 2023; Van der Kolk, 2015)

## IMPLICATIONS FOR PRACTICE

Somatic therapy uses a bottom down approach (body processing versus cognitive) using multi-sensory modalities throughout pregnancy and after birth can promote healthy secure attachments for mother and child to heal and facilitate regulation of trauma responses to reduce anxiety and depressive symptoms related to PMD.

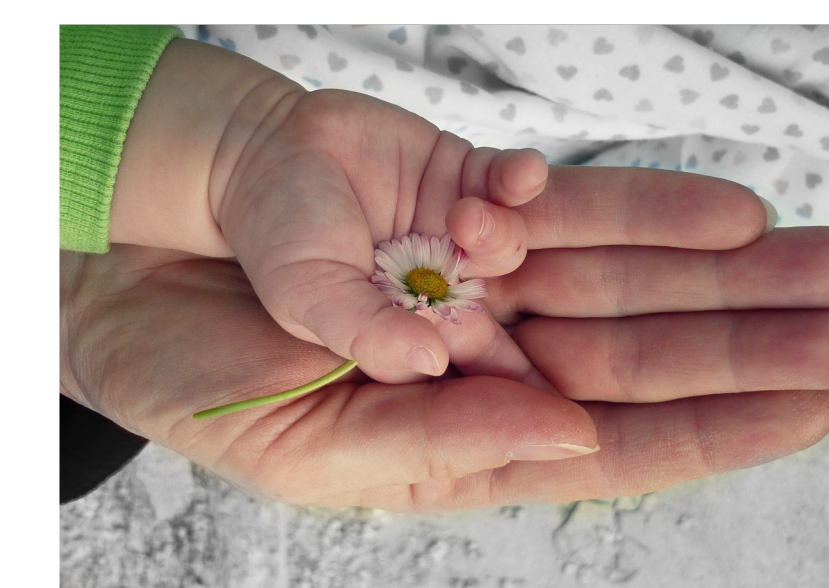
Somatic therapy facilitates an environment that ensures and offers compassionate, comprehensive, and respectful care to all individuals, regardless of abilities.



Encourage parents to utilize and connect with their sense of smell and use multi-senses while bonding and holding their child. 90% of women tested can identify their newborns my smell after only 10 minutes to 1 hour exposure to their infants. All women recognized their babies' odor after exposure periods greater than 1 hour.

Maternal odor facilitates nursing, soothes crying infants, and reduces pain response during medical procedures. Encouraging deep regulating breaths and cueing the caregiver to remember feelings and thoughts of safety can reduce feelings of anxiety and promote secure attachments.

Maternal presence and care works as a safety signal. Touch and care allows the infant to allocate less attention to negative signals and free cognitive capacities in the infant for other processes, thus reducing stressors and alleviating a trauma response. This response pattern can be characteristic to develop a secure attachment and bonding, while the infant learns to respond to potential threat signals in their environment.

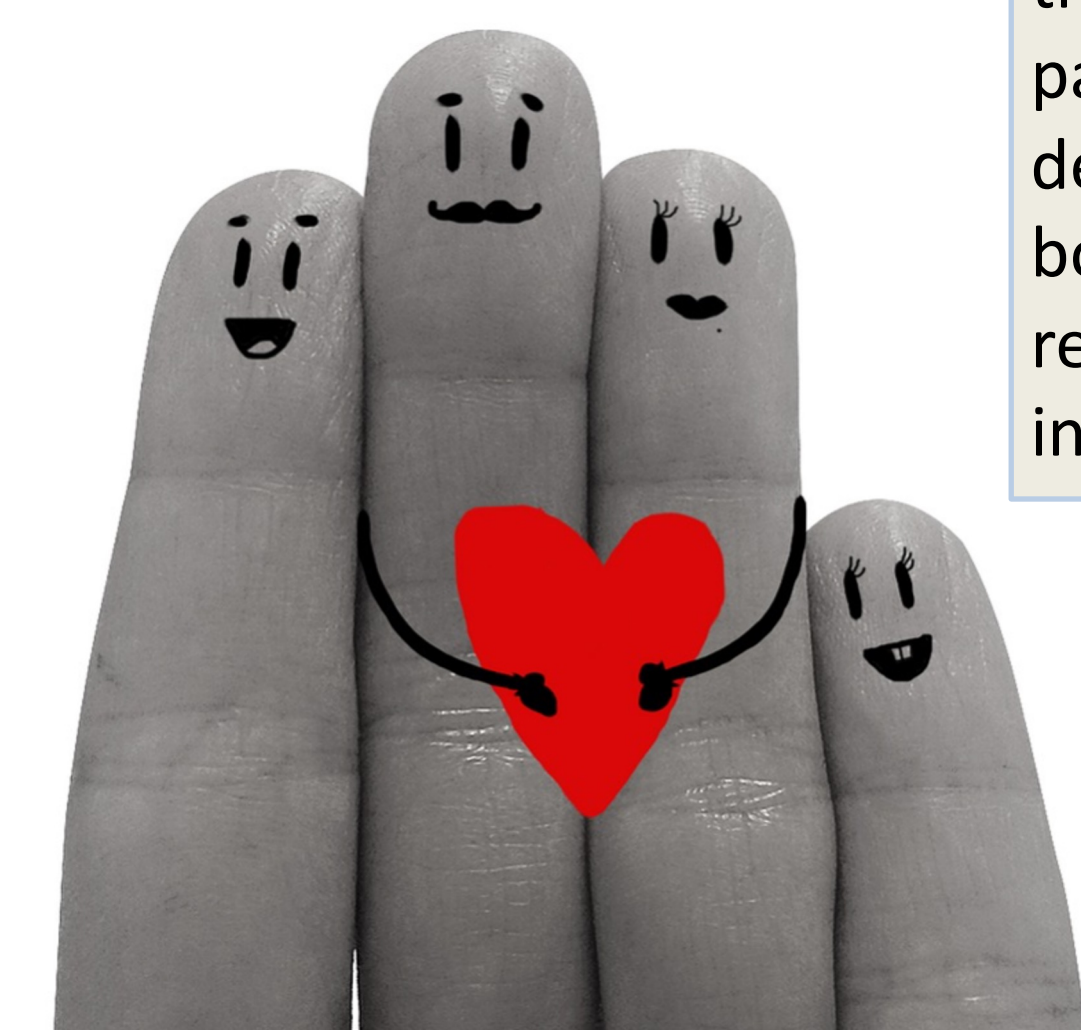


Continue skin contact from conception to after the birthing process. Touch is the first sense to emerge around 8 weeks of gestation during ontogenesis. Fetuses can respond to touch on a mother's stomach by reaching out to touch the uterus wall and can react by self-touch in the third trimester.

Touching the mother's stomach and rubbing facilitates connection with the fetus and increases oxytocin levels, while reducing cortisol. Utilizing deep breathing, grounding, meditation, and incorporating multiple somatic techniques can reduce depression and trauma response.



Moderate pressure in utero (not light) stimulates the vagal nerve, and via vagal stimulation, influences the cardiorespiratory and gastrointestinal system, including increased absorption and it is hypothesized that this has a function in promoting social affiliation and attachment.



Touch reduces depressive symptoms and psychological stress during the postpartum period, and shows a greater reduction in a mothers' salivary cortisol levels

(Bigelow, Power, Maclellan-Peters, Alex, McDonald, 2012; Field, Diego, Hernandez-Reif, Schanberg & Kuhn, 2009; Kaitz, Good, Rokem, Eidelman, 1988; Hooker, 1952; Hooker, 1959; Humphrey and, Piontelli et al., 1997; Nishitani et al., 2009; Porges, 1995; Sullivan & Toubas, 1998; Viola Marx, 2017; Zhang et al., 2018).

## DISCUSSION



**Promote** use of all senses for parents, you can be creative in its application, and it is low to no cost as cognitive based therapy can be expensive or hard to obtain for low-income clients.



Proposing an intervention that increases and assists parental bonding with their child increases positive interaction between the family that results in healthy attachments that are linked to increase in positive growth, social and emotional development, decreased dependence on long term mental health care, decreased risk of cardiovascular disease, stroke, type 2 diabetes, and decreased likelihood of negative employment and income outlook in adulthood.

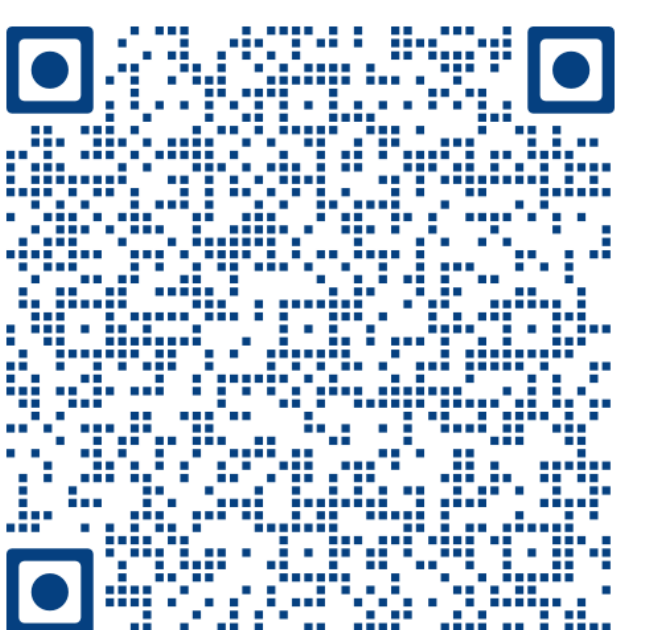
(Bigelow, Power, Maclellan-Peters, Alex, McDonald, 2012; Mental Health, 2018; CS/CS/HB 937 Perinatal)



## REFERENCES

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