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Teaching Trauma-Informed Care, Harm Reduction, and Cultural Safety in Pregnancy Care to Health Care Professionals in North America: A Scoping Review Protocol

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ADMINISTRATIVE INFORMATION**Support** - NA.**Review Stage at time of this submission** - Data extraction.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY2026100113**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 October 2026 and was last updated on 26 October 2026.**INTRODUCTION**

Review question / Objective How are trauma- and violence-informed care, harm reduction, and cultural safety incorporated into severe maternal morbidity-related health professions education and training curricula in North America?

Background Severe maternal morbidity (SMM) encompasses life-threatening complications arising during pregnancy, labor, delivery, or the postpartum period that result in severe illness, prolonged hospitalization, or long-term physical and psychological consequences. Beyond a serious medical event, SMM represents a critical disruption in maternal health, one that can leave enduring physical and emotional effects long after hospital discharge. Incorporating elements of trauma-informed care, harm reduction, and cultural safety is essential to ensure healthcare professionals can care for individuals experiencing SMM in a psychologically safe way while tending to their medical needs.

Rationale Mapping existing literature and curricula is essential to characterize educational initiatives addressing these concepts. A scoping review suits the expected heterogeneity of settings, curricular approaches, terminology, and evaluation methods.

METHODS

Strategy of data synthesis SS, our information specialist, designed the search strategy that was used to inquire searched Ovid MEDLINE(R) ALL for articles published between 1946 and February 11, 2026. The search strategy combined controlled vocabulary terms and free-text terms across five concepts: (1) pregnancy, childbirth, maternal health, and related complications; (2) trauma-informed care, cultural safety and competency, harm reduction, and health equity; (3) education, training, curriculum development, and program evaluation; (4) healthcare professionals and trainees; and (5) North American countries, states, and provinces.

Eligibility criteria Population: Healthcare students and professionals, including nurses, midwives, and obstetrics and gynecology residents, fellows, and practicing clinicians

Concept: SMM-related education or training incorporating TVIC, harm reduction, and/or cultural safety

Context: Education and training programming in North America relevant to pregnancy, childbirth, postpartum care, or maternal care.

Source of evidence screening and selection All retrieved citations were uploaded to Covidence for screening and data extraction. Duplicates were identified and removed prior to screening. Citation screening was done in two stages. Stage 1: Title and abstract screening: Two reviewers independently screened titles and abstracts against the predefined eligibility criteria. Records that either reviewer considered potentially eligible proceeded to full-text screening.

Stage 2: Full-text screening: Two reviewers independently assessed the full texts of potentially eligible sources. Reviewers documented reasons for exclusion at the full-text stage. A third reviewer resolved disagreements.

Data management The data extraction form captured information on program characteristics, geographic locations, target audiences, outcomes, key findings, strengths, and limitations. It also documented the extent to which each initiative incorporated trauma- and violence-informed care, harm reduction, and cultural safety.

Reporting results / Analysis of the evidence Descriptive and narrative synthesis will summarize findings. The captured educational programs will be categorized by their integration of trauma- and violence-informed care, harm reduction, and cultural safety. In case a program covers more than one concept, it will appear under all the relevant categories.

Presentation of the results Results will be presented in a narrative format in addition to numerical summaries to describe educational initiatives by location, target audience, and the covered concepts.

Language restriction Only studies published in English were included.

Country(ies) involved Canada.

Keywords trauma- and violence-informed care; cultural safety; harm reduction; continuing medical

education; health professions education; maternal mortality and morbidity.

Dissemination plans Findings will be published in a peer-reviewed journal and may be presented at relevant conferences.

Contributions of each author

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