Supporting Patients in Pregnancy: ACEs and Maternal Health – Webinar Transcript

December 2, 2020

Sam Mills: Hello and welcome to today's ACEs Aware Webinar: “Supporting Patients in Pregnancy: ACEs and Maternal Health.”

Sam Mills: This is our ninth educational webinar designed to respond to the valuable feedback you've shared with us and to provide practical information on screening for adverse childhood experiences and providing trauma informed care. My name is Sam Mills and I'm with Aurrera Health Group, and we're proud to support the ACEs Aware initiative. Before we introduce our speakers for today, I want to cover a couple of items that we've updated based on the feedback we've received from you all, as it relates to questions, handouts, and continuing medical education credit. Many thanks to those for submitting questions in advance. We use those questions to guide our presentation and share them with our speakers.

Sam Mills: While attendees are muted, you can submit questions at any point in time via the chat on the right hand side of your screen and our ACEs Aware team will be with you shortly. In the chat, you'll also find a PDF of today's slide deck in the handout section in the same window in case you'd like to follow along. Also in response to your feedback, today's webinar will be the first ACEs Aware webinar to offer continuing medical education and maintenance of certification credit. All information related to CME and MOC credits are also included in the handout section of the window on the right-hand side.

Sam Mills: And finally, if you run into any technical difficulties and get disconnected, we will be posting this video and transcripts later this afternoon at acesaware.org. Now let's go ahead and get started. The mission of ACEs Aware is to change and save lives by helping providers understand the importance of screening for adverse childhood experiences by training providers to respond with evidence-based interventions and trauma informed care to mitigate the health impacts of toxic stress. Today, we'll

hear from three faculty speakers about ACE screening and maternal health practice.

Sam Mills: We'll hear from an OB-GYN, Dr. Carey Watson from Kaiser Permanente, a certified nurse midwife, Mimi Mateo from True Care and a Behavioral Health Consultant, Jeannie Vetter from True Care as well. On today's webinar, Dr. Watson will discuss the value of ACE screening and science and impact of ACEs and toxic stress in maternal health practice. Then we'll go to her and Mimi who will both share some practical tips on implementing ACE screening and response, and then Mimi and Jeannie will walk through case studies on ACE screenings and response in maternal health practice. Lastly, we'll end with question and answer. And with all that said, I'm excited to hand it over to Dr. Carey Watson.

Dr. Carey Watson: Hi, I'm Carey Watson. I'm a practicing OB-GYN physician in Antioch, California with Kaiser Permanente. I'm also the Medical Director for the Northern California Kaiser Permanente Family Violence Prevention Program, and I'm talking with you today about maternal health, ACEs screening, and the importance of resilience.

Dr. Carey Watson: So let's start our conversation talking about what are ACEs? ACEs are adverse childhood experiences, and they stand for 10 particular traumatic experiences that people may have had before they turn 18. This includes five that are about abuse, so physical, emotional, sexual abuse, as well as physical or emotional neglect. And then the other five are in a broad category sometimes called household dysfunction, and that includes witnessing intimate partner violence in the household. Having a household member suffering from mental illness or a household member who's incarcerated or abusing substances or the loss of a parent through death or divorce.

Dr. Carey Watson: Another thing that is important to know about ACEs is they're very common. More than 60% of people will have experienced at least one, if not more than one, adverse childhood experience. That's the majority of us. The other important thing to know about ACEs, is that they are linked with poor health care outcomes later in life, and these are related to the things that you would expect, worst mental health, poor coping strategies,

such as substance abuse, but also things that are less intuitive like heart disease or stroke, worsening asthma. And the way that these are related is in a dose response relationship. That means that as the ACE score increases, so does the severity of the poor health outcome.

Dr. Carey Watson: So if we look at this graph here, with an ACE score of one, we can see the relationship to these poor health outcomes listed. All the things here include mental health outcomes, such as depression or anxiety or suicidality. It also includes diabetes, heart disease, pregnancy complications, and STDs. As the ACE score increases and we move to this new graph, this is from the CDC, we start to see the bubbles getting quite big. And the information contained on this one graph is quite dramatic, so I'm going to spend a little bit of time here.

Dr. Carey Watson: What catches our eye first are the really big bubbles. So for instance, the large green bubble represents a twelvefold increase in suicidality, which is hard to imagine, but that's what happens on average for people who have an ACE score of four or more. There's also a large yellow bubble, and this represents a sevenfold increase in self-reported alcoholism for people who have an ACE score of four or more.

Dr. Carey Watson: These larger bubbles really capture our attention, but if they weren't there, we would be just as shocked by the smaller bubbles. Some of these such as the medium blue ball represents more than a two-fold increase in heart disease. There's another small ball that represents more than a two and a half fold increase in stroke. These are dramatic and sweeping effects on a person's health, all related to what happened during childhood.

Dr. Carey Watson: Another way to look at this is to look at the dose response relationship on another graph from the CDC. We can see going from left to right as the ACE score increases poor health outcomes, but also opportunity really starts to become a major problem. So worsening health outcomes and less opportunity as that ACE score goes up.

Dr. Carey Watson: We need some good views here because that's pretty shocking and sobering, but the good news is that adverse childhood experiences don't

have the last word. What's very important is fostering resilience and fostering healthy coping to mitigate the stress of ACEs, or what we also call toxic stress.

Dr. Carey Watson: There are seven pillars to responding in a healthy way to stress. These include supportive relationships, particularly those between caregivers and children, but also others. They also include healthy sleep, as well as healthy diet, exercise, time out in nature is really critical to help mitigate stress and the effects of stress. And then access to really high-quality mental health care is also important when it is appropriate.

Dr. Carey Watson: So now let's think about this in our world in obstetrics. Recent public health data in California from 2013 to 2015 shows that a quarter of pregnant women who are having their first baby have two or more child hardships. Child hardships are another way to think about adverse childhood experiences. So all that we've been talking about with ACEs is really relevant to our work in our obstetric practice, because our patients have experienced this and we know it's going to impact their health.

Dr. Carey Watson: That means that our pregnant patients and their partners who've experienced adverse childhood experiences are more likely to have children who grow up and experienced adverse childhood experiences.

Dr. Carey Watson: While this is sobering news, it's also a point of hope because if we could consider one point in the life course of a person or the life course of a family where we could potentially interrupt that cycle, it's prenatal care. And we already know this intuitively, we invest quite a bit of energy, time, and resources into prenatal care.

Dr. Carey Watson: We do it in health care, but our patients do it as well. They spend a lot of time with us when they're pregnant. And we also watch our patients make very healthy choices, healthy changes that they might not make outside of pregnancy. It's a really motivating time. We can see pregnant patients quit smoking. We see them get their A1C under control. And if we're able to talk about family stress and toxic stress, I think it's also a time when we can

help interrupt that intergenerational cycle by fostering some healthy parenting and healthy coping strategies.

Dr. Carey Watson: And here's a moment for some more good news. Adverse childhood experiences are not inevitable. They are preventable. The CDC has laid out several ways to prevent ACEs in children, and many of those naturally overlap with prenatal care. Some of these include changing social norms to support healthy parents and positive parenting. It also includes enhancing parenting skills to promote healthy child development. We can also intervene to prevent harm and prevent future risk.

Dr. Carey Watson: Let me tell you some about some of the work we've been doing at Kaiser Permanente to investigate the utility of ACEs and resilience screening in prenatal care. To do this, we had a few community benefit grants and we're able to publish a few papers, including one that's under review that has a lot of relevant data, which I'll share with you today.

Dr. Carey Watson: In our first study, we simply wanted to know if it was feasible to use ACEs and resilience screening in the prenatal setting. The original ACEs study was a research study and we didn't know if it would be practical or doable in a busy obstetric practice, so that's what we set our eyes to learn. We did pre and post surveys with our clinicians and staff, as well as further conversation with our clinicians after the pilot was completed. Everyone agreed that they had really increased their knowledge and their confidence in talking about these issues with patients.

Dr. Carey Watson: One clinician commented that screening for ACEs and resilience and prenatal care was easier than screening for depression, which we do a lot and is really important. So they felt this was quite doable. The data from patients was also encouraging, 85% of patients agreed or strongly agreed that ACEs screening should be included in prenatal care. They also reported that they felt this conversation increased trust with their clinician.

Dr. Carey Watson: So finding that this was indeed feasible, we wanted to take the next step and learn how to make this a beneficial interaction for our patients and to really hear their voice about what they wanted in these interactions.

Dr. Carey Watson: One of the first questions we wanted to ask was about the appropriate or the right resources for patients. One of the biggest concerns our clinicians and our staff had as we started the screening was knowing if we would have the right resources to refer our patients to you. No obstetrician wants to open a door and then not be able to solve the problem that comes up. So we asked our patients and the majority of patients did not want additional resources.

Dr. Carey Watson: When we do ACEs screening, we offer patients the two questionnaires for ACEs and for resilience, and then we also offer everyone a resource handout regardless of their disclosure. And patients were satisfied with this, as well as the conversation with their clinician, and the referral options that they had, based on their ACE and resilience score, but also based on their felt need. We asked again about the patient's willingness and desire to include ACEs screening during prenatal care, and again, a majority of patients thought it should be included.

Dr. Carey Watson: I want to read some of the patient comments about this because they're really insightful. One patient said, "Any experience that a woman has had can affect her during pregnancy. Emotional and physical stress can bring back trauma from the past."

Dr. Carey Watson: Another patient said, "We emulate our parents. If you had a bad situation with your parents, you will likely copy that. It's best to know how to avoid it. To be prepared to get help, because some people may not even realize they can do it differently. New parents need to be ready to recognize why they act the way they do and that they can do it differently than their parents did."

Dr. Carey Watson: When we asked about resilience, 92% of patients felt conversations about resilience should be included in prenatal care. Let me read some of their comments here. One patient said "For some people, pregnancy is an extremely stressful time. It's a crazy time in their lives, and those conversations about ACEs and resilience might help them."

Dr. Carey Watson: Another patient said, "Raising children is very difficult and emotionally taxing. If the parent is not prepared, both the parent and the child suffer."

Dr. Carey Watson: And then another patient said, "Some people don't go through experiences that build resilience, or they don't know how to cope. Having the opportunity to learn about that might be beneficial."

Dr. Carey Watson: And then one of the questions I have had throughout all of this work is how to include not just our pregnant patients, but also their partners. We asked patients about this, and 72% of patients felt that partners should be included. Let me read some of their comments.

Dr. Carey Watson: One person said, "A pregnant woman's life experiences may be different from that of her partners because they had different parents, and that the pregnant woman tends to get more opportunity to talk about themselves and their feelings compared to their partners. Partners who want to be included should have the opportunity because partners need a chance to talk about this as well."

Dr. Carey Watson: And then another person commented, "Both are raising the child and they may not have talked about these issues. So this could help open up a conversation for them to see both of their experiences and potentially get help if needed."

Dr. Carey Watson: So this brings us back to the important question, can ACEs and resilience screening in prenatal care prevent ACEs in the future? Well, it's a very big question and it's going to take a long time to know the answer, but I think that it will at least set us on the right path. That conversations about ACEs and resilience in prenatal care is an important part of the puzzle as we work to prevent ACEs in children. And again, this is because our work in prenatal care really overlaps with those CDC recommendations of how to prevent ACEs for children.

Dr. Carey Watson: We can help promote positive parenting and help promote resilience strategies for parents. It's really the conversation that our clinicians have

most often in these interactions, reminding people that the foundation of healthy parenting is good and appropriate self-care. And then we can also make referrals and intervene with mental health support, with drug or alcohol support and counseling and support for intimate partner violence. We can intervene in those moments so that those experiences don't continue for that family. And we can also educate about the harms of untreated mental health problems, domestic violence, or others.

Dr. Carey Watson: Even these brief conversations with our patients can nurture resilience. Again, not just for the patient in front of us, but also for that growing child. And here in obstetrics, we can support resilient families. If we move beyond the traditional model of obstetrics, which is a healthy mom and a healthy baby at delivery, and we start thinking about health over the life course of that whole family, we can really have a major impact on public health. Now we're going to hear from Mimi Mateo.

Mimi Mateo: Hi my name is Mimi Mateo and I'm the director of midwifery here at TrueCare. And, I'm so pleased to have this opportunity to be here to talk to you about prenatal care and ACE screening.

Mimi Mateo: My goal this afternoon is really to try to convince you that prenatal care and ACE screening are a completely natural fit. And once you get over your first little sense of being uneasy with it, you're going find that it's an amazing tool for connecting with the women you care for.

Mimi Mateo: So just to lay a little foundation, I think we can all agree that pregnancy itself is a stress test for a woman's body. Frequently, it is the first time that certain medical issues may arise for a woman, diabetes, hypertension, also mental health issues sometimes emerge for the first time. And we know that these diagnoses are highly associated with positive ACEs.

Mimi Mateo: What else do we know about pregnancy? We know that for most women, it serves as a gateway to medical care. That's when women show up. We know that pregnancy is a time of peak motivation for learning about health and for making really positive lifestyle changes to impact health. What else do we know about pregnancy? Anyone who cares for pregnant women

knows that pregnancy for women is a time of reflection and vulnerability. She's looking back on her life and the parenting she received, while simultaneously looking forward probably with some anxiety about how she's going raise her child.

Mimi Mateo: So what I believe, is that all of this presents a perfect opportunity for us to support her in her care and to really promote pregnancy as an opportunity for healing engagement that may mitigate some of the ACEs in her past.

Mimi Mateo: In our setting, the very first encounter a woman has is an intake visit that she does with someone called, "a perinatal coordinator." This coordinator is a health educator and serves as a referral clerk, and has her finger on the pulse of all the resources available. At this intake visit, the coordinator will get a comprehensive medical history, family history, psychosocial history. And at that time, she will do the ACE screening with the woman.

Mimi Mateo: After all of that is done, the woman will have all her routine lab work drawn. What happens next is the new OB visit. So the provider, and in our setting, it's typically a midwife, will see the patient for the first time. And at that visit, not only will she have all of this documentation about history and the results of the lab work. I have copied here on the slide just a little clip of what our lab flow sheet looks like.

Mimi Mateo: And if you look at the top, the second line, we put the ACE score right there on the lab flow sheet, so everyone who cares for the patient is aware of her ACE score. We have found in our setting that women experience the screening as a symbol of us really caring about her and her past, and what her experiences have been. At the new OB visit, the provider, like in any visit, is going to take a comprehensive history and do a physical exam.

Mimi Mateo: In our setting, we really try to promote relationship centered communication and what that means in terms of history taking is letting the patient lead that process. In this way, it gives the provider the opportunity to really explore her understanding of her own health status, her family history, anything that may have gone into vulnerability she may be experiencing.

Mimi Mateo: We also get an opportunity to really identify how motivated she is to engage in care. And most importantly, when we listen carefully, we can hear about the strengths that she's bringing to the table. Sometimes, she herself may not identify them as strengths, and that's where our careful listening is so important. And in this process, it's kind of a natural evolution that her desire for support in some of those basic pillars of self-care that we know can mitigate ACEs for a woman may emerge.

Mimi Mateo: Now, I have the very good fortune of practicing in a really resource rich environment. I have behavioral health consultants. I have registered dietitians, childbirth educators, lactation consultants, but I'm going challenge you that you can actually engage a woman in these pillars of self-care in a routine prenatal visit just one-on-one, the midwife, the NP, the physician.

Mimi Mateo: What do we know about pregnancy? The physiologic changes impact every part of a woman's life. Her sleep is disrupted. She may not be able to be active in the way that is familiar to her. She's probably on an emotional roller coaster. And so all of that status has changed. Her relationships with people she really cares about are impacted. All of these things are things that we address and try to educate women about ways to approach these areas of her life. Again, to understand if they're not addressed, they may be a source of ongoing toxic stress for her.

Mimi Mateo: And if they are addressed, maybe that stress can be impacted, not only for her, but we actually explain the epigenetic potential, maybe by interrupting that toxic stress we're impacting intergenerational health, we're making her baby even healthier. So actually, the reason I'm here to speak to you today is really to promote this idea of healing engagement with patients as a way to overcome positive ACEs.

Mimi Mateo: When I was invited to speak, I was really asked to try to be specific and to offer all of you and the audience some little tips and tricks, some real concrete tools that I use when I'm in the exam room.

Mimi Mateo: So I'm one of those people that believes that language is really important. What we say and how we say it is what really invites healing engagement for these women who come to us sometimes with really high ACE scores. And it's simple what we're asking. I want you to always try to lead with a spirit of inquiry, be- be curious and bring some humility to listen to what she has to say.

Mimi Mateo: And the kind of listening you're going do is going to be reflective so she knows that you are really listening to her. And in your reflective listening, we want to think about empathy. We want to take the opportunity to affirm her strengths and to really acknowledge her desire to do the best for her and her baby. So healing engagement, how does that really work? So when I'm doing a new OB visit, I start with an open-ended question.

Mimi Mateo: So tell me: “How did you feel when you realized you were pregnant?” You know you could get anything back with that. You might get, "Oh, I was so happy and excited. I was trying so hard and, and now I'm kind of scared and nervous, 'cause I don't know what to expect." So you want to respond with empathy: "I really hear your excitement about having your first baby. And I hear your nerves and that's really normal. Guess what? Not just with the first baby, but with every baby."

Mimi Mateo: And then you want to loop it back. “Tell me, is there anything specifically that you're nervous about?” She might say anything. She might bring up something about her health status. She might bring up concerns about not having adequate support. She may bring up: "Well, I really want to be a different kind of mother than I had." Again, you're going to go back to responding with empathy and an affirmation, "What I really hear you saying is that you want to do your best to have a healthy pregnancy and give your baby a good start."

Mimi Mateo: “And, you've been thinking about your own past. Can we talk about the ACE screening that you did?” It really comes together very nicely and kind of automatically. I use this a lot, especially when women have an overlying diagnosis or comorbidity like diabetes or hypertension, how did you feel when you found out your glucose test came out positive? More often than not, the floodgates open with a lot of self-blame. Women talk about,

"Well, I was stressed. I have a bad diet. I don't exercise." Again, an open invitation for us to connect the dots for her.

Mimi Mateo: "Yeah, I hear you talking about things that can impact our blood sugar. You've identified that already. Would it be okay if I could tell you about how maybe stressing your childhood set you up to be experiencing this now?" So the kind of things I want you to think about saying are affirmations that are really going to build partnership and trust. We all know that women frequently come into the office with somatic complaints that are really just anxiety dressed up in symptoms.

Mimi Mateo: And what is that anxiety really telling us? It's telling us that she wants her baby to be healthy. She's trying her best. Don't be shy to reflect that back. When a woman tells me, "I'm worried my baby's not moving enough," I'll say, "Wow, I can hear you're really tuned into your baby and you're worried about that. And you know what that means? You're really starting to grow your mother bear muscles so you can protect your baby."

Mimi Mateo: All the time I tell women, "You know, we think pregnancy takes nine months to grow a baby? What it really takes is nine months to grow a mother." And even if it's not her first baby, I remind her, "You've never been a mother to this baby. You've never been a mother to three children and so these nine months are part of your process to grow into that. And what I see is you are right on target."

Mimi Mateo: And finally, please don't be shy to reflect back to her, "Wow, I hear that you are doing everything possible you can to take care of yourself and your family." Think about what women juggle. They're going to work. Now, they're homeschooling and they're trying to come into prenatal visits. Affirm what she's doing and why she's doing it. And then ask, "What do you need from us?"

Mimi Mateo: Really simple little things that I do in the exam room all the time is take a moment to do some mindfulness and baby connecting. We've all heard, "Oh, I had a big fight with my partner and I'm so worried all my crying hurt the baby." So I say, "Let's take a minute. Put your hands on your belly right

now. Close your eyes. Take some deep breaths. And tell your baby, oh I was so upset and it had nothing to do with you."

Mimi Mateo: And then I encourage, we all do in our setting, do you want to write a letter to the baby? Go out for a walk as you enjoy the sunshine on your skin and, uh, feeling of the breeze and you smell the flowers. Put your hands on your belly and tell your baby all about it. We really encourage daily affirmations. I tell women, "Put it up on the bathroom mirror, pregnancy is hard work. My body's really changing and I'm doing it. Labor is hard work and I can do it."

Mimi Mateo: And finally, a little something that you could think about doing in your practice that we do here, we started it with note cards, welcome home baby cards when a woman has her baby, the midwife or the doctor who was with her at the hospital writes a little note card thanking her for the honor of being able to be at her baby's birthday and offering some affirmative statement, "You are so strong. You are so brave. What a lucky baby to have chosen you."

Mimi Mateo: We also send a card when the baby turns one. It's a great reminder, "Happy 1st Birthday, baby." And the best gift you can give your baby is to come in for your well woman exam, just to promote that ongoing healing engagement with us in our setting. So to recap, I hope I've made a case for you to believe that ACEs are a natural fit in prenatal and obstetric care. Always think about connecting the dots for her, how you can explore the impact of ACEs, validate her strengths, always lead with empathy, offer whatever resources you have, whether that's a moment of mindfulness in a prenatal visit, or if you live in a world like mine and you get to send someone to the registered dietitian, so that she can make healthier choices in her diet that will help mitigate that toxic stress that she is experiencing because of her positive ACEs.

Mimi Mateo: One of the most exciting things that we have been incorporating lately in addition to the moment of mindfulness is a little self-compassion, especially when I'm working with women who have diabetes or high blood pressure and I'm asking a lot of self-care from them, blood pressure checks, blood sugar checks, eating a certain diet, logging her diet, I really

ask them when they start to feel that stress bubble up to just put their hand over their heart, take a deep breath and tell themselves, "I am doing the best that I can to make my baby healthy and strong. I am doing my best."

Mimi Mateo: It's pretty powerful what research tells us about that self-compassion with a little touch. I'm going to invite you as a healthcare provider to try it too and see what it does for your stress.

Mimi Mateo: And now that we talked a little bit about how ACE screening can actually give us some structure to create healing engagement, I want to invite one of my colleagues, a member of our team that really helps us move the ACE screening and trauma in born care forward. I have the greatest fortune of working with Jeanie Vetter. She's a licensed clinical social worker and she's a behavioral health consultant here at TrueCare.

Mimi Mateo: Jeanie and I wanted to give you some specific examples, some case studies of women that we have worked with and how the ACE screening has informed our approach to her. So I can start by telling you about a young woman that I took care of, a 26-year old who came to us. And she was having her second baby and she really wanted this labor and birth to be different from her first. She had had a caesarian the first time around and she was hoping to deliver vaginally.

Mimi Mateo: Her routine ACE screening gave her a score of three. Her medical history was significant for obesity and asthma. We did identify together some risks that she had. The father of the baby was not local. She had experienced some unemployment and homelessness. Remember though in the exam room, we also try to identify what her strengths are, and she did have significant support from her family. And she was engaged with her church.

Mimi Mateo: What was interesting to me was that we were really entering into the third trimester and I could not get her to engage in childbirth preparation, though she continued to say she wanted to have a vaginal birth. I was confused that I couldn't penetrate so that she would actually prepare for

that experience. And so she agreed to see Jeanie. Jeanie, I'm going to let you take it from here.

Jeanie Vetter: Thank you, Mimi. Well, I wanted to start by saying that for every patient, I provide psycho education on adverse childhood experiences and trauma and the mind body connection. Um, it's so often that women will ask, "Why am I so upset about something that's not that big of a deal? Is it my hormones? What's wrong with me?" And that gives me the opportunity to tell them about how trauma can be stored in the body, and that the changes in the body with the pregnancy can act as triggers for things that may have happened to them in the past.

Jeanie Vetter: Most of the time it will really resonate for them and a lot of times, this will help them engage and answer more honestly when I go to reassess for ACEs, because they are naturally curious about themselves. So in the initial assessment, even if I see an ACE score on their chart, I almost always reassess because there's so much information not just in the score, but how a patient might answer the questions.

Jeanie Vetter: Sometimes the patient will hear herself answer yes to one of the questions and that'll open some doors. I'll even say, "You probably remember filling out this form, but sometimes it can be hard to answer such personal questions onto paper." And I'll say, "I don't want you to feel like you have to share a lot of details in today's appointment, but if you notice anything physical, you know, lump in the throat, something funny in the tummy, sometimes it can be a good indication that it would be helpful to talk about it at some point during the pregnancy."

Jeanie Vetter: What was interesting about this patient was that she had filled out the ACE form three times in the past year. And each time she had answered zero, but in my initial assessment with her, she scored a three. And the fact that she had such a difficult time answering them honestly, I do wonder if that was her actual score.

Jeanie Vetter: The original denial of these experiences and her reluctance to talk about her relationships gave me information on how I might need to build

rapport. So when she came back for another assessment, she was now struggling with a housing issue, and she was staying in a shelter. I provided resources, and we talked about her options. We also talked about coping with change, normalizing stress, and identified the current situation as a risk for postpartum depression.

Jeanie Vetter: But the rapport was really built by staying solution-focused, and strengths focused and also starting to plant the idea and concept of self-care by using the full cup analogy, “how you can't fill anyone else's cup if you don't fill up your own.” What engaged her was to talk about how important it would be to take care of herself in order to have the energy to take care of her child in this especially stressful situation.

Jeanie Vetter: It’s important to know that the concept of self-care has reached the general public on some level, but it's also become a little distorted. We talked about how self-care doesn't have to look just like getting your nails done, or your hair done, or going on a long vacation, but it could also mean drinking a full glass of water every day with the intent to care for yourself. It could also mean noticing any negative self-talk that was occurring and replacing it with positive self-talk.

Jeanie Vetter: So when Mimi suggested that she come back to meet with me in order to work on her birthing plan, I think the seeds to the foundation of making that plan had been planted with psycho- education. She found housing for herself through her church. We talked about how part of making a plan for the upcoming labor and delivery could come from figuring out what happened in our previous experience. And talking about some of those fears to see if there's anything we could do differently this time around.

Jeanie Vetter: There was so much that the patient learned about herself in that situation to help her feel more prepared for the upcoming childbirth. We did a lot of timeline work, meaning using insight into herself to notice when she was reacting to the past or the current one. When you see people who are triggered, they often are in a time machine. They'll respond to what's happened to them, not what is happening in that moment.

Jeanie Vetter: So that insight into herself was also empowering, because it gave her a sense of agency and also helped her to realize how she can be an advocate for herself. So while preparing for this childbirth, she had in many ways healed these emotional wounds from her first childbirth experience. We talked about using the five senses to get out of the mind, helping patients prepare for labor and delivery using their five senses can look like, what they pack in their hospital bag, bringing with them an image of a superhero in their lives, a relaxation and motivation playlist, some calming oils or creams that can wake up the sense of smell, some candy or gum like the taste of cinnamon are meant to jog the tasting sensation.

Jeanie Vetter: And a squeezy ball or a favorite sweater or stuffed animal that can be grabbed or touched, to get out of the mind and to be more in the body, and open and accepting of what's happening during this labor in the present moment.

Mimi Mateo: I think this case is really a wonderful example of showing the power of having a team that can work together. Now, I recognize that not everybody is as fortunate as I am. Not everyone has someone like Jeanie to help a woman connect the dots. What we also know though is that not every woman is going to require behavioral health involvement. If you have other resources available, we have pretty robust childbirth education here and some women who are struggling to prepare, engage in their labor and birth and that I suspect that their positive ACEs might be informing that.

Mimi Mateo: Our childbirth education also tries to incorporate mindfulness connection with the body. I do really want to plant the seed though that this case demonstrates that labor and birth is a pretty stressful situation. It's happy, but it's stressful. And so it is a doorway sometimes that is what triggers women to get involved with the behavioral health provider as they plan for that experience.

Mimi Mateo: Now, I would like to tell you about another patient that Jeanie and I had the good fortune to work with. This was a woman known to me in her first pregnancy especially a 31-year old having her second baby. She came to us with a significant mental health history of depression and anxiety. She's been diagnosed with diabetes in her first pregnancy, but in the second

pregnancy, she did not screen in for diabetes care and so I didn't really get much opportunity to work with her.

Mimi Mateo: She too, as she entered the third trimester, started to develop real anxiety around her upcoming labor and birth. And so once again, I reached out to Jeanie to see if she could help the patient prepare for her labor. Jeanie?

Jeanie Vetter: So this patient was very aware of her trauma history and in her initial assessment she was very forthcoming about her adverse childhood experiences. And she was also very activated while answering the questions, which again gave me a lot of information about how much her anxiety might be related to the ACEs. When things that have happened in the past need attention, they'll make themselves known no matter how much we try to ignore them. This is part of the mind body psycho education that I'll provide to all patients.

Jeanie Vetter: I'll say that anxiety is usually sending a message that something needs attention and it will find a way to get out. And oftentimes, it can be through the body. And that's why it's not so unusual to hear when someone might say, "I'm so stressed. I have a terrible headache or a neck ache or a stomachache." However, she didn't want to engage in therapy, because she had just terminated with an outside provider, and she felt that she had made enough progress to discontinue.

Jeanie Vetter: And she said that she had felt great until around 30 weeks in her pregnancy when she had that appointment with Mimi and she was tearful in sharing that she was anxious about her labor and delivery and that she was losing a lot of sleep because of those worries. It really helped when Mimi shared that with me that the patient had told her that she didn't want to talk about distressing topics and therapy, which of course I always kind of have to recalibrate things in my therapist's mind to accommodate.

Jeanie Vetter: When someone has had as much trauma as this patient and especially in her childhood, it can be really difficult to regulate emotions, because clearly there's a lot that needs attention. So what needs attention can try to get through the body and also try to get one's attention when the

brain's most vulnerable, which is when of course it's that moment when you've had a long day and you just want to go to bed and your head hits the pillow.

Jeanie Vetter: So we focused on some sleep hygiene: reducing screen time, journaling before bed, affirmations and increasing exercise. We talked about walking as a way to reduce anxiety and I provide some psycho education on how bilateral stimulation of walking will stimulate both sides of the brain, which can help it process information better and in a more positive way.

Jeanie Vetter: We talked about increasing self-care by increasing positive self-talk. And the challenging thing about this patient was her awareness of the traumatic experience she had but wanting to know why she just wasn't over them yet, and not being ready to give those things the attention that they were needing.

Jeanie Vetter: And this close to labor and delivery, because of her resistance to processing her past experience, we had to stay very focused on her strengths and use of that self-awareness as a tool. So we talked about using the wise mind, which honors all those emotions that are coming up, and also allowing herself to listen to her rational mind. We also helped her shift that focus of like that really hyper vigilance of all the scary possibilities, related to childbirth and taking that hypervigilance and trying to notice what kind of thoughts that she was having and what they were trying to tell her, because her thoughts included negative self-talk that would be ingrained by her earliest caregivers.

Jeanie Vetter: They say that your inner voice is that of your earliest caregivers. We had the patient identify a time in her life where she felt really proud of herself and strong and used that as guided imagery of how she would see herself during childbirth and it helped her connect with her own sense of empowerment and ability.

Mimi Mateo: I think the key takeaway we want to think about with this case, and what actually we want to think about all the time is that ACE screening gives us a space to normalize the inquiry and as Jeanie keeps pointing out for helping

women make the connection between early adversity and current health struggles they may be having, whether they're mental health struggles or things going on in their body.

Mimi Mateo: And as we talked about, pregnancy is when all of this can come up. And so it offers a perfect opportunity to engage in behavioral health and always with the invitation that it could impact not just how the mother does, but also her baby's well being.

Mimi Mateo: And we would also like to share a case of a young woman who came to us with a history of type two diabetes. She had a pretty significant trauma history and she was initially really struggling to engage in the care that we were asking for in terms of her diabetes, a lot of self-care required. Initially, she really didn't want to engage with behavioral health, but as she got further along in her pregnancy, and her struggle to engage to come to appointments to check her blood sugar, to take her medicine really started to rise.

Mimi Mateo: Once again, I reached out to Jeanie to find out how maybe we could work as a team to help her.

Jeanie Vetter: So this patient had her initial assessment, at 16 weeks. And she didn't necessarily mind coming to therapy and she was receptive to the psycho education on adverse childhood experiences and trauma and the mind body connection, risks for post-partum depression and anxiety. She was also very calm, had a calm demeanor, a positive attitude and seemed to have a good grasp on information that was being shared to her but there had to be something going on, because she wasn't engaging in the self-care or treatments that she needed for the diabetes.

Jeanie Vetter: When there's a significant lack of self-care, it can be a result of not knowing how one is to be cared for. If you weren't cared for, then it's pretty difficult to know what that might even look like. So how do you give that to yourself?

Jeanie Vetter: Her ACE score was telling me that this may be the case for this patient. So it's a real opportunity for us to help patients understand what that looks like and that can be demonstrated to them in every visit even just by being mindful of the tone of voice that we may be using. If we as a provider are irritated because you know, we've had a long day, that's not how it's going to feel to the patient. They're going to think that it's about them.

Jeanie Vetter: It was around 29 or 30 weeks after the patient was hospitalized, reporting glucose control when she started to open up about her in her sessions. She started sharing some distressing events in her life related to her mother. She had been hoping that her mother would be there for the childbirth and now she wasn't going to be. So this gave the patient the opportunity to really express and explore these conflicting feelings about her mother related to both her anger and disappointment as well as sadness as, they had just begun to reconnect.

Jeanie Vetter: This opened up the opportunity to really discuss the impact of adverse childhood experiences and intergenerational trauma. She got to process those complex feelings of disappointment and lack of attachment through the lens of intergenerational trauma. She was able to honor feelings, that she had about her mother while also understanding that her mother had also experienced her own traumas that were left unhealed, which would cause poor judgment leading to her inability to be present for her childbirth as the patient had hoped.

Jeanie Vetter: This gave the patient permission to her own healing, because she was able to make the connection between unhealed trauma and realizing that she wanted something different for her child. In addition to some trauma focused therapy, she started writing in a journal as a way to process all these feelings that were coming up. And the writing process helped increase communication with her husband who had really been in the dark about what was going on for her.

Jeanie Vetter: And the patient began to have a better sense of what she was thinking and how she was feeling and so there's more to share with him. And that increased communication motivated him to be more engaged with preparing for the childbirth and arrival. We also focused on increasing

support as she realized that it felt good to let people in. She started engaging in conversations when in public. She got on the Peanut app and made some friends.

Jeanie Vetter: And she acknowledged that though her family had experienced a lot of challenges, that they also shared some common joys to like playing music together. So with these changes came control over her sugar levels, which was what we were really hoping for. She was receptive to the labor and delivery preparation and we were able to explore possible outcomes and keep her open-minded and was able to help her have a positive experience.

Mimi Mateo: Thanks Jeanie so much for that. And I think there's a couple of important takeaways with this story. One is that initially, a woman may not really engage in behavioral health or she may engage kind of superficially and at any point in the pregnancy, that can certainly change. We talked about how in the exam room, the seven pillars of self-care come up routinely in pregnancy.

Mimi Mateo: And I really want all of us to remember the very powerful suggestion that Jeanie gave us. And that is one of the pillars we're really trying to promote for these women is a creation and identification of support of relationships in their lives. Well, that begins with us. And that takes us full circle to the idea that by having supported relationship in the exam room with the behavioral health consultant, at the front desk, this is how we create healing engagement.

Mimi Mateo: So in the end, I think we've made a pretty stir on case for how important ACE screening is in pregnancy. It really can help us help women make the connection between early childhood adversity and their current health experiences in this pregnancy and beyond. And remember, not just for her but for her baby. We're looking to create long-term resilience for her and her child and of course engagement with the healthcare provider who can help her achieve that.

Sam Mills: Thank you, Mimi and thank you Jeannie, for your great presentation and for the overview of those great case studies. Next step, we'll go to answer a few questions that were submitted by you all in advance. Our first question is for Dr. Watson and as an OB GYN, how do you talk to other OB GYNs or other maternal health providers about the importance of ACE screening?

Dr. Carey Watson: Oh, that's a good question. As information about ACEs is more and more available to us, I think many people are making the connection between ACEs screening and prenatal care because they see prenatal care is the beginning of the life course of children and if we want to have an impact to reduce ACEs, prenatal care makes sense. It's a great place to start. So that's usually what I talk about. And then I like to add in the value of resilience because ACEs screening by itself really keeps patients thinking about the past, but in this kind of intervention, we want patients to think about the future and resilience helps make that shift.

Dr. Carey Watson: I had one patient say to me, she looked at the ACEs score and she had a high ACE score and she said, "This one makes me feel really sad." But then she had a very high resilience score because she had done a lot of work to get some support in her life and really changed the trajectory of her life. And she said, "This resilience score makes me feel hopeful. It makes me feel like my family actually is doing well." And I think that shift when you include resilience in the ACEs conversation allows patients not to dwell or focus too much on what's happened, but start to think proactively, creatively about the future and making helpful, positive change for themselves and their family.

Sam Mills: Thank you, Dr. Watson. Our next question is for Jeannie and Mimi. During this time of great uncertainty and COVID and other competing priorities. How do you prioritize getting your providers to take the Becoming ACEs Aware screening and to implement ACE screening in clinical practice?

Jeanie Vetter: Well, COVID times is also a very triggering time for people as well like pregnancy. Especially because people are home with their families and spending more time than usual. Um they are having to face a lot of the

things that may have been distracted by you know, every day life that they're not having anymore.

Jeanie Vetter: And so, um, to know what people have experienced before can help, uh, you know, address the things that they're going through now.

Mimi Mateo: I think I'm going to say too that doing ACE screening and addressing it, especially as Jeanie says, COVID is a stressful time. We know that there are more issues coming up for women from the isolation, from the financial stressors they're feeling. So I really think of engaging in ACE screening and discussing it with a woman. It's like an investment I make upfront that is going to pay off at every single visit, because I can reach back and say, "Remember what we talked about? I wonder how that's playing into what's going on for you right now."

Mimi Mateo: So taking that little bit of time in the beginning is going to do so much for every visit that follows. So it isn't really just one more thing, it is the important things you want to do.

Sam Mills: Thank you both for those responses. Our last question is for Dr. Watson. And the question is what would you recommend for tips or specific strategies for maternal health providers that are new to ACE screening on how to respond to an ACE score?

Dr. Carey Watson: This is a good question as well and it's worth sort of thinking through your responses ahead of time so you're ready in the office. When I am reviewing an ACE score and a resilience score with a patient, I usually start by just normalizing the conversation. Thanking them for completing it and then reminding people that these are really common. 60% of people will have at least one, if not more. And then I acknowledge the score and just say, "I'm sorry that this happened to you," if it's a positive score. And then I'll mildly say, "Hey, I'm glad this didn't happen to you," if it was a score of zero. But I don't really want to make a big deal out of a high score or a score of zero.

Dr. Carey Watson: First of all, not every patient is going to answer that questionnaire accurately or truthfully. So you don't want to make people feel bad if their ACE score is actually different than what's written in front of you. And then I like to make the transition between the ACE score and the resilience score by talking about what happened to us when we were younger is important, but what is more important is our ability to cope with stress. And then we talk about the resilience score, and if it's low, that's always the time and the space where I want to know more. So instead of asking more questions about the ACE score, we really ask more questions about resilience and offer more education there about how patients can help foster resilience.

Sam Mills: Thank you, Dr. Watson, and thank you, Jeannie and Mimi. That wraps up our question and answer and thanks to the attendees who submitted those questions in advance, and again, to our speakers for sharing their time and expertise. As we wrap up today, I want to highlight the ACEs Aware Provider Training, which is a free, comprehensive training for providers that offers continuing medical education credit, and maintenance of certification credit. The training covers the science of ACEs and toxic stress, how to screen for ACEs, how to implement trauma informed care and Medi-Cal policies and requirements.

Sam Mills: More information, links to our training site and the self attestation form are all available at acesaware.org. Also on the acesaware.org website, you'll find a lot of resources on a wide range of topics, including screening, clinical response, resilience building interventions, and our new provider directory. We'll also continue using your feedback to inform future webinar topics. So please be sure to complete the webinar evaluation you'll receive later today, via email.

Sam Mills: As we end today's webinar, I want to thank our great speakers for sharing their expertise, time, and experience, and also to thank all of you for attending. And finally, a recording of this webinar will be emailed to all attendees and posted on the ACEs Aware website later today. Please be sure to check it out and share with any colleagues or others in your network that might be interested. Thank you again and take good care.