



Supporting Patients in Pregnancy: ACEs and Maternal Health

California ACEs Aware Initiative

ACEs Aware Mission



To change and save lives by helping providers understand the importance of screening for Adverse Childhood Experiences and training providers to respond with trauma-informed care to mitigate the health impacts of toxic stress.

Continuing Medical Education and Maintenance of Certification

Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the Postgraduate Institute for Medicine, the Office of the California Surgeon General, the California Department of Health Care Services and Aurrera Health Group. Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

See [ACEsAware.org](https://www.acesaware.org) for full accreditation information.



JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

Faculty

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Certified Nurse Midwife and Clinical Director of Midwifery, TrueCare

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Behavioral Health Consultant, TrueCare

Agenda



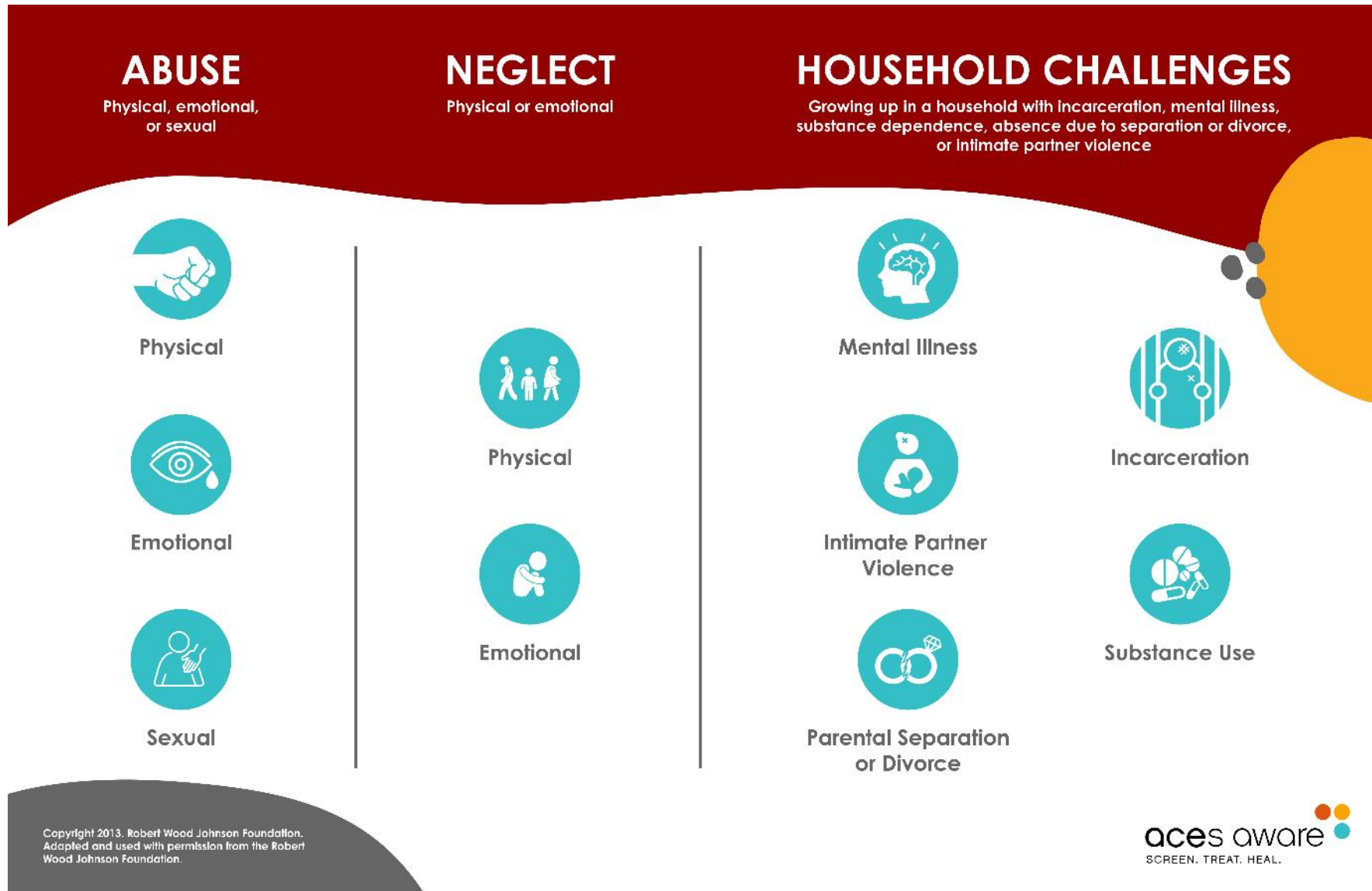
1. Discuss the value of ACE screening and the science and impact of ACEs and toxic stress in maternal health care practice
2. Share how to implement ACE screening in clinical practice
3. Present case studies on ACE screening and response in maternal health clinical practice
4. Answer audience questions



Maternal Health, ACEs Screening & the Importance of Supporting Resilience

Carey Watson, MD, FACOG

What are Adverse Childhood Experiences?



How Common are ACES?

ACE Study

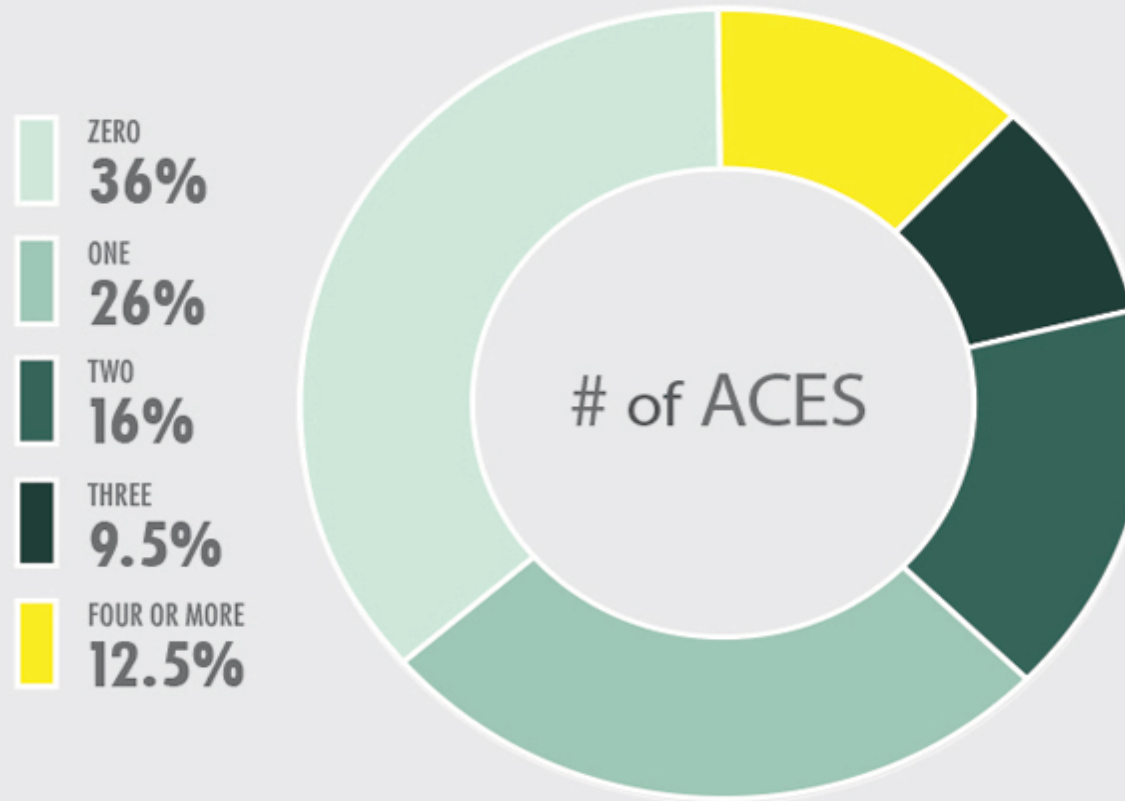


Image courtesy of CDC –
www.cdc.gov/violenceprevention/aces

Early Adversity Has Lasting Impacts

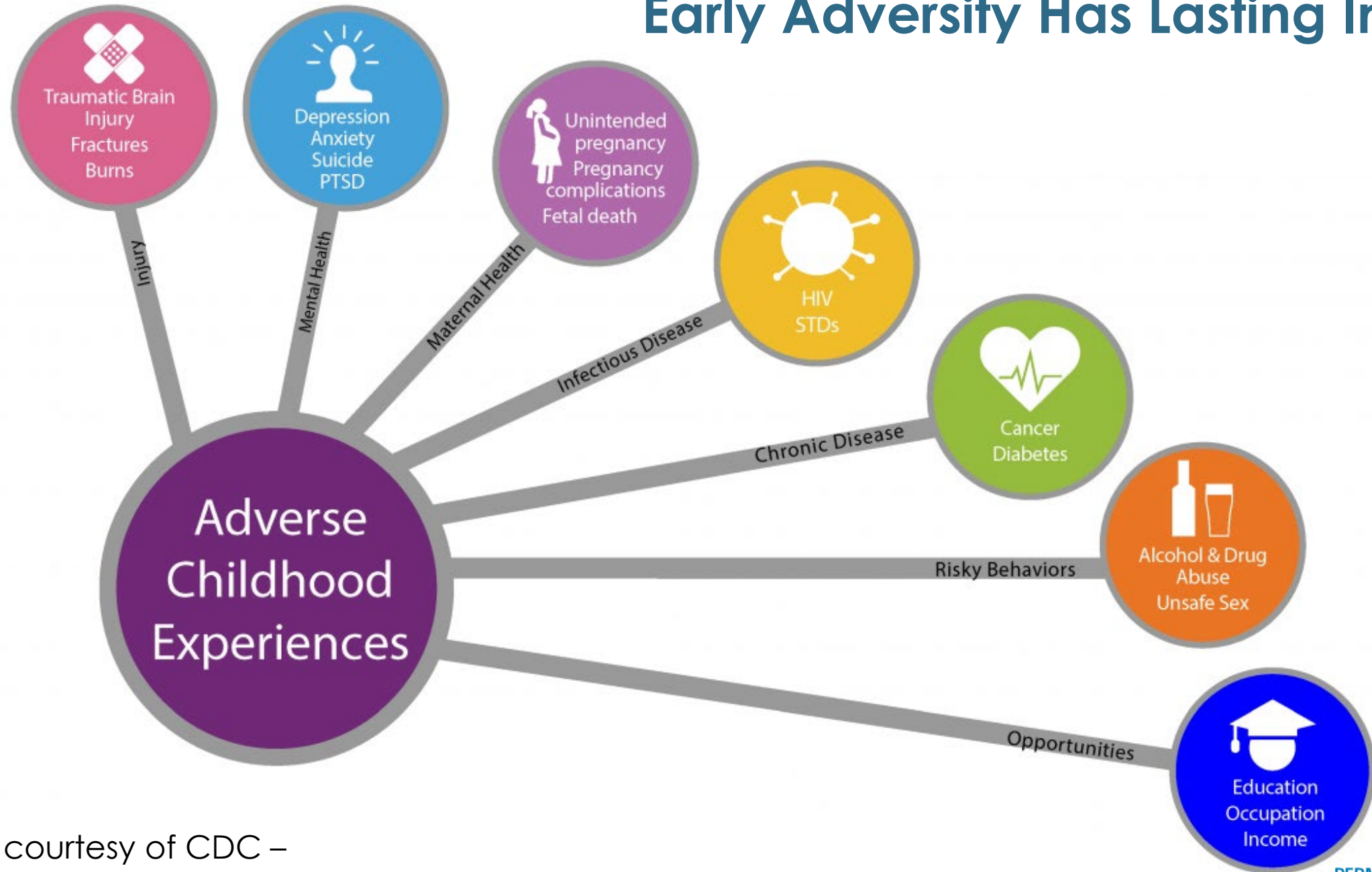
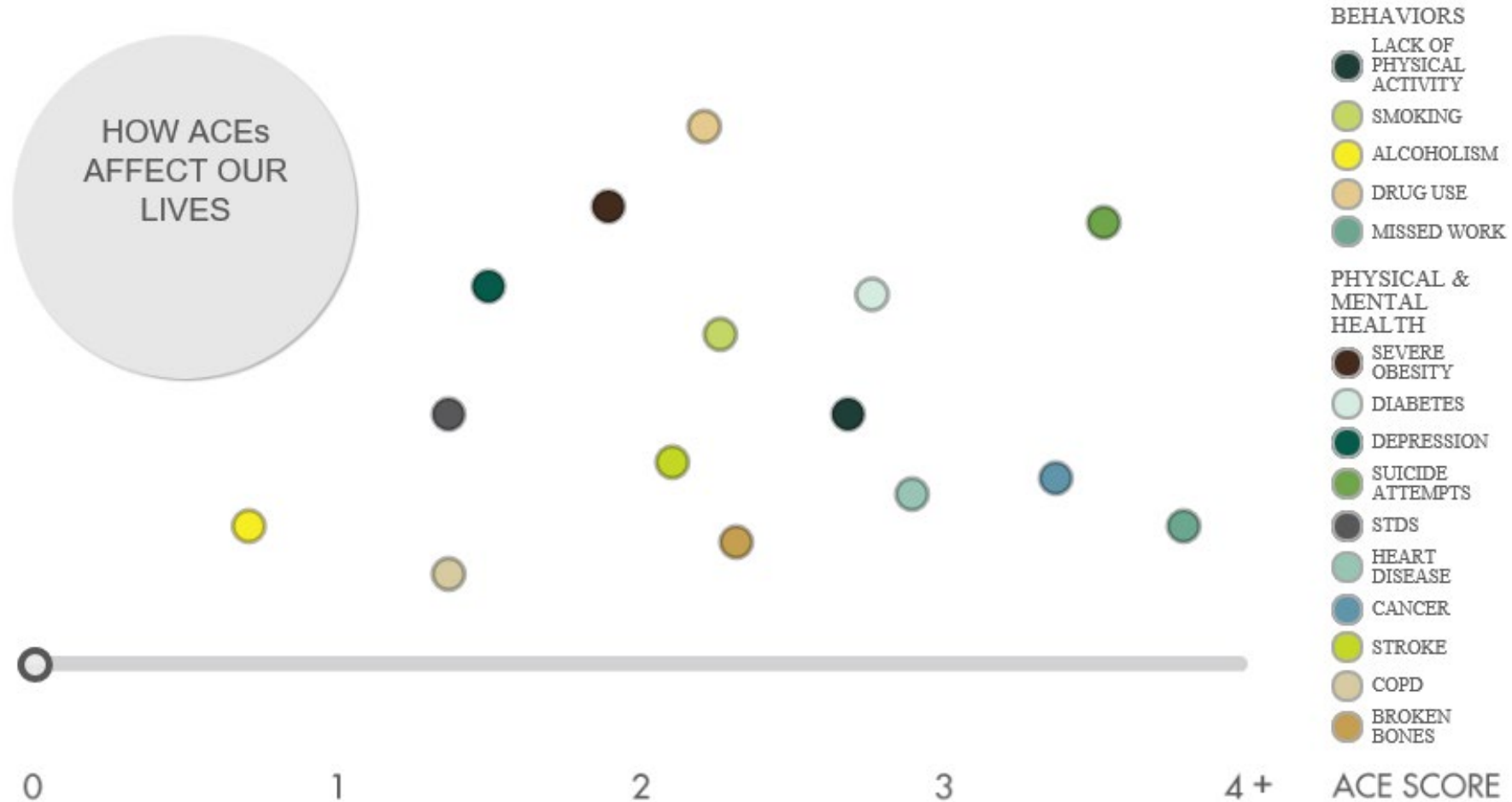


Image courtesy of CDC –
www.cdc.gov/violenceprevention/aces

HOW DO ACEs AFFECT OUR LIVES?

ACEs CAN HAVE LASTING EFFECTS **ON** BEHAVIOR & HEALTH...

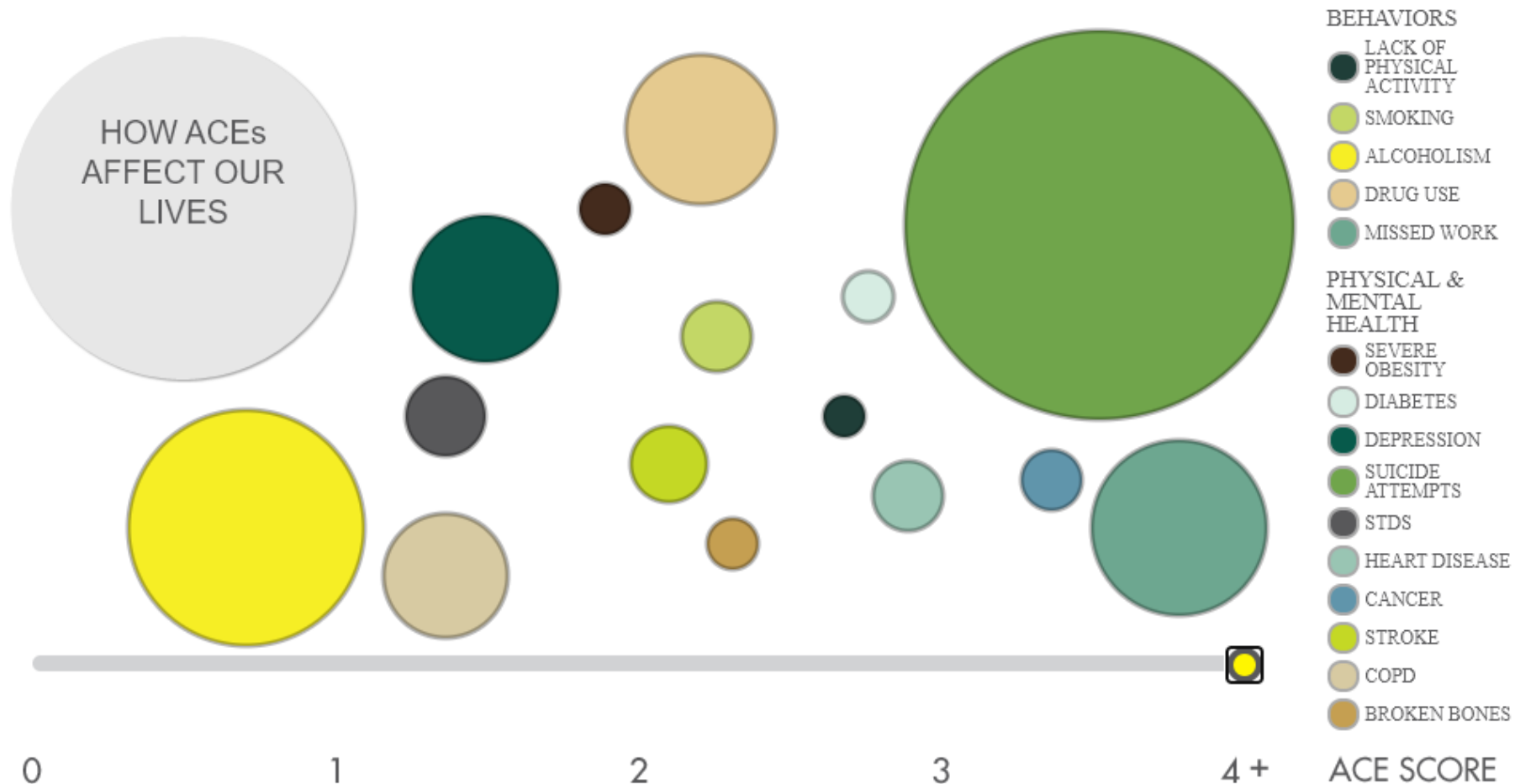
Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and **the leading causes of death**.



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ACEs can have lasting effects on...



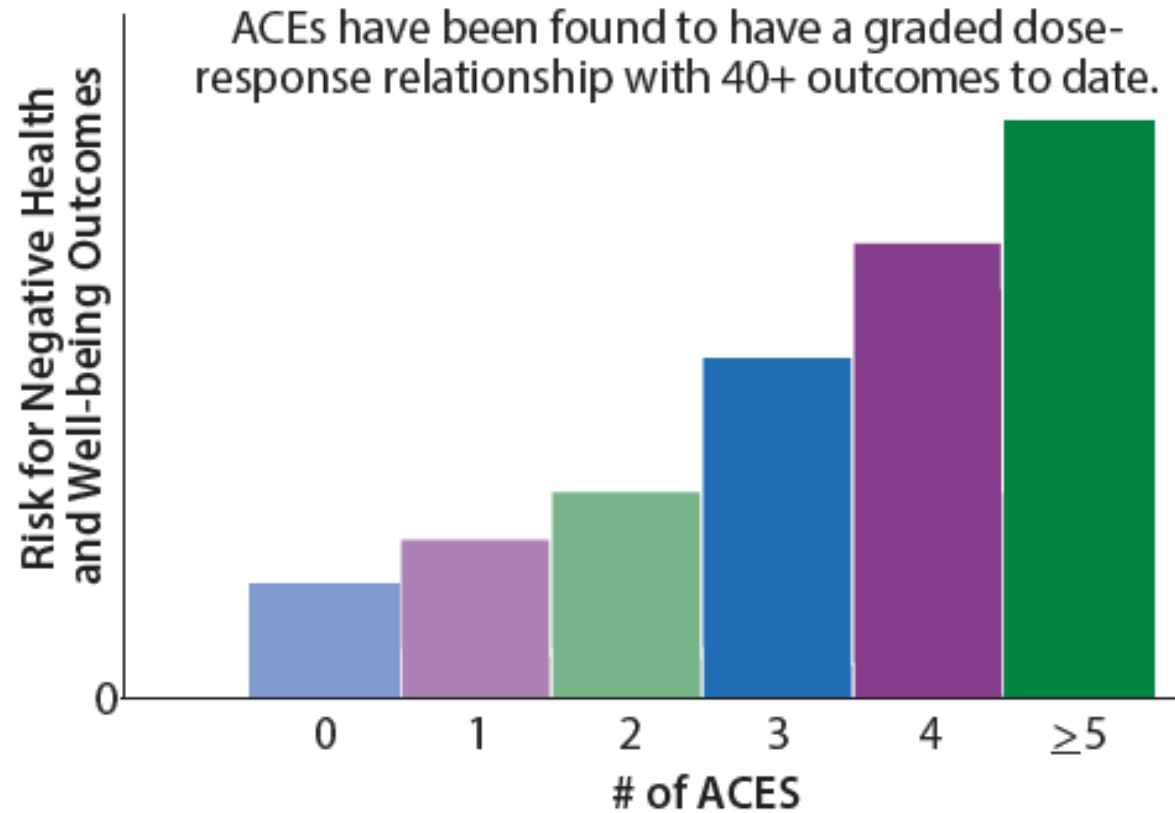
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)




*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Pillars to Regulate Stress

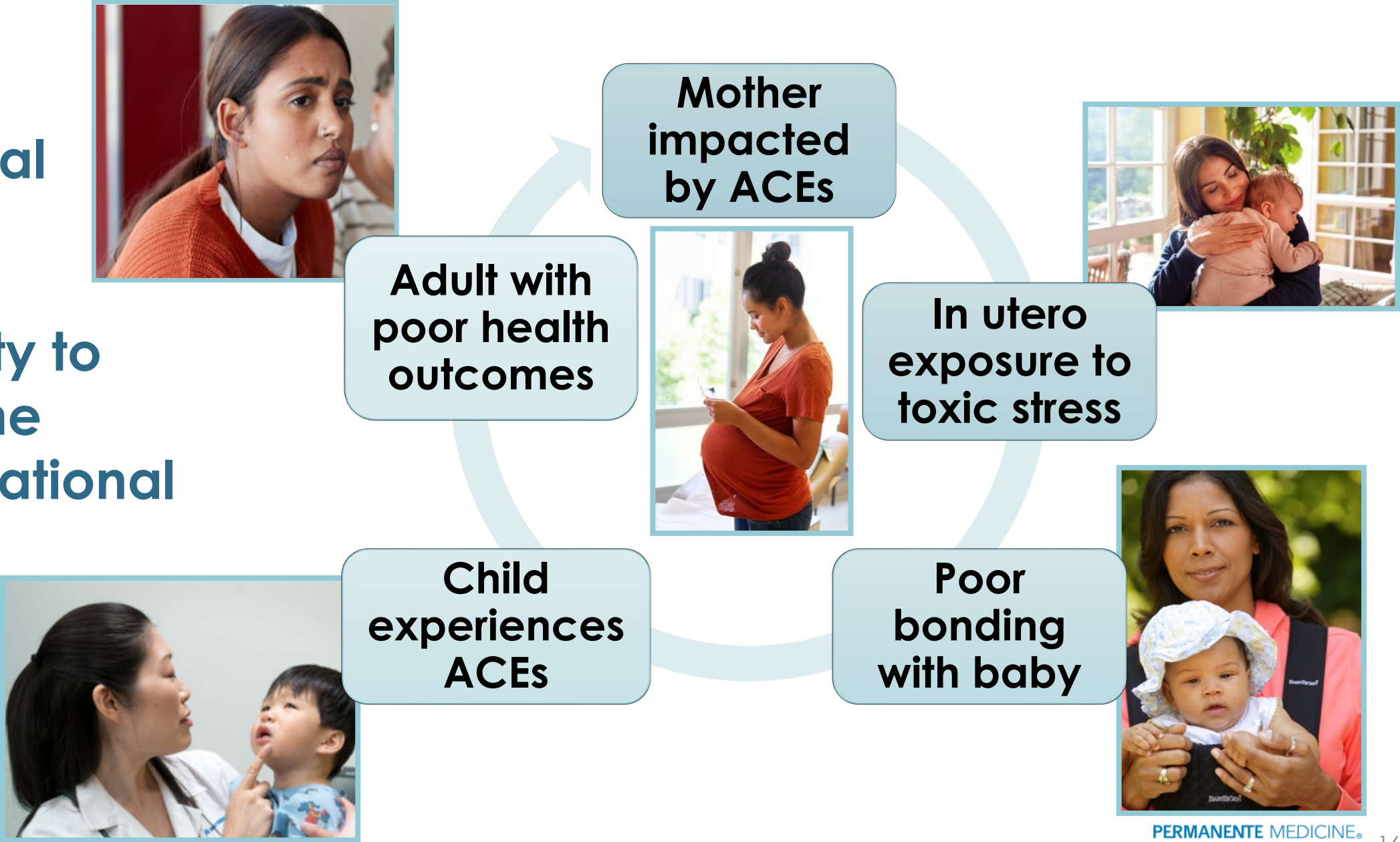


From the California Surgeon
General's Playbook at
COVID19.CA.gov



**1 in 4 pregnant women
in California
has two or more
childhood hardships**

The Prenatal Setting: A Critical Opportunity to Interrupt the Intergenerational Cycle



ACEs are Preventable



Strengthen economic supports to families

- Strengthening household financial security
- Family-friendly work policies



Change social norms to support parents and positive parenting

- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment



Provide quality care and education early in life

- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation



Enhance parenting skills to promote healthy child development

- Early childhood home visitation
- Parenting skill and family relationship approaches



Intervene to lessen harms and prevent future risk

- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

Feasibility of Screening for Adverse Childhood Experiences in a Prenatal Population

Funded by a Kaiser Permanente Community Benefits Grant 2016

- Feasibility and Acceptability of Screening for ACEs, Published January 2018
- Adverse Childhood Experiences and Mental and Behavioral Health Conditions During Pregnancy: The Role of Resilience, Published September 2018

Adverse Childhood Experiences, Resilience, and Maternal Health outcomes

Funded by a Kaiser Permanente Community Benefits Grant 2019

- Adverse Childhood Experiences and Pregnancy Intentions among Pregnant Women Seeking Prenatal Care, Published October 2020
- Adverse Childhood Experiences and Early and Continued Breastfeeding: Findings from an Integrated Healthcare Delivery System, Accepted for Publication October 2020
- Pregnant women's perspectives on screening for adverse childhood experiences and resilience during prenatal care, under review October 2020

Screening Feasible for Providers and Staff

- Increased knowledge, confidence
- Decreased concerns
- “Easier than screening for depression”

We screened over 84% of eligible patients



Feasible for Patients

85% of patients felt very or somewhat strongly that providers should ask about ACEs in prenatal care



82% of patients

Think prenatal care
should include
conversations about
ACEs



92% of patients

Think prenatal care
should include
conversations about
resilience

72% of patients

Think it would be helpful for their partners to be screened for ACEs and Resilience during prenatal care





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Can ACEs and Resilience interventions in prenatal care prevent future ACEs?

Even brief conversations can nurture resilience



We support resilient families





ACE Screening in Maternal Health Practice

Mimi Mateo, CNM, MSN, CDE

Opportunities in Prenatal Care



Prenatal care is the IDEAL time for ACE screening:

- Pregnancy as a ***stress test*** & ***gateway***
- Health issues - both physical & mental may emerge
- Peak motivation for learning and change
- Time of reflection
- Time of vulnerability

Ideal opportunity for supportive care planning and the promotion of “*healing engagement*”

Prenatal Care Provides the Framework

- Intake visit with a perinatal coordinator prior to seeing the Certified Nurse Midwife
- History taking, labs and ACE screening
- ALL women are offered Behavioral Health Consultant visit, dietary counseling & other referrals
- ACE screening score included for a new OB visit for provider review

	08/07/20 10:18a	08/07/20 09:19a	03/09/20 06:47p	03/09/20 04:00p
All Items				
<input type="checkbox"/> Edinburgh Depression Scrn				
<input type="checkbox"/> ACE Score-Pt				1
Hematology				
<input type="checkbox"/> Blood Type			O	
<input type="checkbox"/> ABO Grouping			RH(D) POS...	
<input type="checkbox"/> Blood Type			NO ANTIBO...	
<input type="checkbox"/> Rh Factor				
<input type="checkbox"/> Antibody Screen				
<input type="checkbox"/> Hemoglobin-NCHS				
<input type="checkbox"/> Hemoglobin	11.7		12.9	
<input type="checkbox"/> Hematocrit	34.2 L		37.8	
<input type="checkbox"/> MCV	89.5		87.9	
<input type="checkbox"/> Platelets	143		166	
<input type="checkbox"/> Hemoglobin Solubility				
Glucose/A1c				
<input type="checkbox"/> Glucose, Serum				
<input type="checkbox"/> Glucose-Fasting	118 H			
<input type="checkbox"/> Glucose 1-Hour	245 H			
<input type="checkbox"/> Glucose 2-Hour	218 H			
<input type="checkbox"/> GTT 1-Hour				
<input type="checkbox"/> HgA1c (at NCHS)				
<input type="checkbox"/> Hemoglobin A1c			5.4	
Serology/Infectious Disease				
<input type="checkbox"/> PPD induration (mm)				
<input type="checkbox"/> QuantGold			NEGATIVE	
<input type="checkbox"/> Chlamydia				NOT DETE...
<input type="checkbox"/> Chlamydia NAA				
<input type="checkbox"/> Gonorrhoea				NOT DETE

Relationship Centered Communication

(Academy of Communication in Healthcare)

Patient-led history taking:

Explore understanding of current health status, family history, and any etiologies.

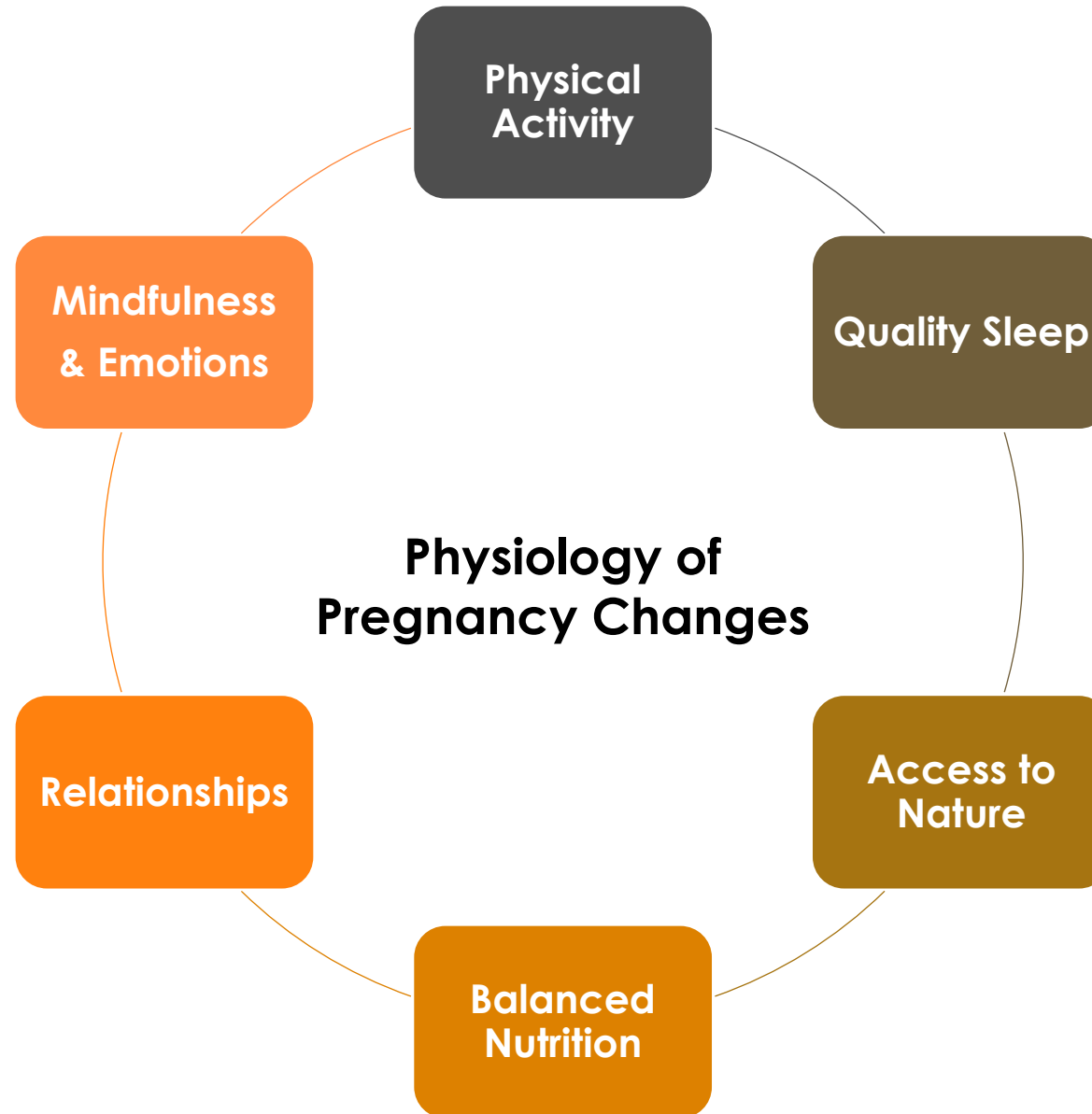
Identify desire to engage in her own health, motivation

Help identify strengths



Opportunity to share further resources in support of the pillars of self-care that may help her interrupt the intergenerational impact of ACEs

Self Care as Routine Part of Each Prenatal Visit



Healing Engagement

Prenatal Visit

Postpartum Visit

Examples of Language that Invites *Healing Engagement*

- Lead with inquiry
- Reflective listening that:
 - **Conveys** empathy
 - **Affirms** and respects strengths
 - **Acknowledges** desire for health & well-being

Healing Engagement

A	Ask an open-ended question or an invitation, to which you may not know the answer
R	Respond to what was said with empathy or an affirmation, and only then
T	Tell loops, thoughts and opinions

Source: [The Academy of Communication in Health Care](#). 2020

Affirmations that Build Partnership & Trust

“You are growing your mother bear strength and protection muscles.”

“It doesn’t take 9 months to grow a baby, it takes 9 months to grow a mother too.”

“You are doing all you can to take care of yourself and your family. What do you need from us?”

Easy Practices to Incorporate in the Exam Room & Beyond



Mindful baby
connection



Daily affirmations



Note cards

Recap: Having the Conversation on ACE Screening



- Validate her strengths, explore ACE impact, and partner with her
- Respond with empathy
- Offer resources and stress-regulation strategies
- Invite self-compassion and mindfulness

Case Studies: ACEs and Maternal Health



Mimi Mateo, CNM, MSN, CDE

Certified Nurse Midwife and Clinical Director
of Midwifery, TrueCare



Jeanie Vetter, LCSW

Behavioral Health Consultant TrueCare



Case Study #1

26-year-old woman

Desires vaginal birth after cesarean,
11 weeks pregnant

Case Study #1 – ACE Score, Exam & Assessment

ACE Score	3
Medical History	Obesity, asthma
Risks	Brief period of homelessness, patient unemployed, father of baby not in the country.
Strengths	Supportive mother and brother, church involvement
Assessment	Unable to formulate a birth plan without support

Case Study #1 – Prenatal Care Provider Plan

Assessment	Patient ACE score was 0 when assessed 3 times during year prior. Patient re-assessed by BH and scored 3. This provides insight to patient's discomfort with sharing personal information that may affect care.
1	Educate on ACEs and mind-body connection, process of change, trauma, postpartum depression/anxiety risks, and self-care.
2	Re-assessment when housing situation changed. Provided solution-focused treatment and case management while continuing to build rapport and reiterated/expanded upon mind-body connection.
3	Use trauma processing and timeline work with 5 senses tools packing hospital bag to focus on relaxation and empowerment.
4	Review themes of mind-body connection, trauma response, appropriate support and self-advocacy, expectations, and negative/positive self-talk.

Case Study #1 – Key Takeaways

The need for ACE-informed treatment plans identified within routine prenatal care

- **May not require direct intervention by a behavioral health provider**

- Health education by certified nurse midwife at each visit
- Referral to support services: Childbirth Education

OR

- **Readiness to engage in behavioral health treatment driven by upcoming L&D**

- BH can reassess ACE scoring, provide solution & trauma focused therapy
- Offer specific tools to allow engagement with other resources offered



Case Study #2

31-year-old woman
Committed relationship, hairstylist

Severe anxiety related to labor and delivery causing sleep disturbances, tearful during exam, 30 weeks pregnant

Case Study #2 – History, ACE score, Assessment

ACE Score	7
Medical History	Diabetes, morbid obesity, major depressive disorder
Risks	Postpartum depression
Strengths	History of good rapport with Mimi through previous pregnancy, no GDM during this pregnancy, stable relationship with partner
Assessment	Patient arrived to care with outside BH provider with whom patient had good rapport. Patient had limited amount of sessions with that provider and had not re-engaged in treatment at the clinic. Patient agreed to initial assessment at 30 weeks of pregnancy, when anxiety related to labor and delivery became evident.

Case Study #2 – Prenatal Care Provider Plan

Assessment	ACEs re-assessed – no change, educate on mind-body connection, postpartum depression/anxiety risks, trauma response, process of change, medicating feelings, stress and treatment options.
1	Provide help with anxiety related to labor and delivery only as patient did not want to discuss any other distressing topics. Addressed sleep hygiene.
2	Help patient identify “wise-mind” (honoring both emotional mind and rational mind) as patient was already aware that fears were related to past and not current situation.
3	Educate on brain’s trauma response and searching of patterns and similarities between previous experience and new experience and creating mindful awareness of this response.
4	Review 5 senses bag packing, grounding techniques to identify negative self-talk to be replaced with intentional self-talk.
5	Use guided imagery to connect to patient’s own ability and power: helping woman out of an overturned truck.

Case Study #2 – Key Takeaways

Many prenatal care patients enter care with medical and behavioral health conditions which can be managed holistically with a trauma informed approach.

The integrated behavioral health team approach to prenatal care including ACE screening allows for care which:

- **Offers support from a behavioral health provider**
- **Can impact health outcomes for both the mother and the baby**



Case Study #3

22-year-old woman
Married, works mid-sized company

Type 2 diabetes, uncontrolled blood
sugar, Generalized Anxiety Disorder,
16 weeks pregnant

Case Study #3 – History, ACE score, Assessment

ACE Score	6
Medical History	Diabetes Patient's biological father passed away during childhood. Patient reported challenging relationship with mother.
Risks	Low support, toxic stress due to parental relationship
Strengths	Strong relationship with husband and dog, enjoys music
Assessment & Outcome	Patient didn't want ongoing BH support. Patient was hospitalized at 29 weeks due to poor diabetes control. Patient then engaged in ongoing BH with positive outcomes including controlled blood sugar until delivery at 38 weeks.

Case Study #3 – Prenatal Care Provider Plan

Assessment	Focused on education and building rapport due to ACEs and diabetes. First sessions patient had only positive responses regarding relationships.
1	Began to share feelings related to childhood and relationship with mother. Educate on ACEs, intergenerational trauma and attachment.
2	Identify origins of resiliency and ability care for self. Identified healing self to change pattern of intergenerational trauma.
3	Use of journal to increase sense of self agency, which increased communication with husband. Patient increased ability to communicate fears and prepare for labor and delivery.
4	Explore family traumas while also identifying areas of positive connectedness with family through music.
5	Prepare for labor and delivery with focus on 5 senses-- mindfulness based grounding techniques, and inclusion of husband as support and normalizing his role.

Case Study #3 – Key Takeaways

A patient with initial resistance to behavioral health support may become more open to intervention later in pregnancy or with additional stressors.

Intergenerational trauma and toxic stress can be interrupted:

- **Use the 7 pillars as a framework for buffering the impacts of ACEs**
 - **Healthy relationships, mindfulness in this example (journaling, music)**
- **Can impact health outcomes for both the mother and the baby**

Overview of Treatment Goals for Patients with History of ACEs

1	Enhance understanding of: <ul style="list-style-type: none">○ Impacts of toxic stress○ Self-care strategies○ Stress management
2	Improve symptom identification and management <ul style="list-style-type: none">○ Develop healthier coping skills○ Identify behavioral changes desired & long-term vision
3	Promote resilience <ul style="list-style-type: none">○ Enhance natural strengths○ Increase sources of support



Audience Questions & Answers

ACEs Aware Provider Training



1. Get trained at www.ACEsAware.org/training

- Free, 2-hour online course that offers CME and MOC credits
- Includes information on:
 - Medi-Cal policies and requirements
 - Science of ACEs and toxic stress
 - How to screen for ACEs
 - How to implement trauma-informed care

2. Fill out a form to self-attest to completing the training at www.Medi-Cal.ca.gov/TSTA/TSTAattest.aspx

- List of Medi-Cal provider types eligible to receive payment at www.ACEsAware.org/eligible-providers/



Resources By Topic

The ACE resources below are organized to help you find a resource more quickly. Select a topic to view corresponding resources.

Visit [Advanced Search](#) to filter the resources and search by keyword.

COVID-19 & Stress

Educational Events

Provider Toolkit

ACEs Aware Grants

ACE Resources

right

Resources by Type

Clinical Resources for Adult Providers

Clinical Resources for Pediatric Providers

Organizational Toolkits

Patient/Family Education Handouts

Policy, Research and Advocacy Briefs

Resources by Topic

Resilience-Building Interventions

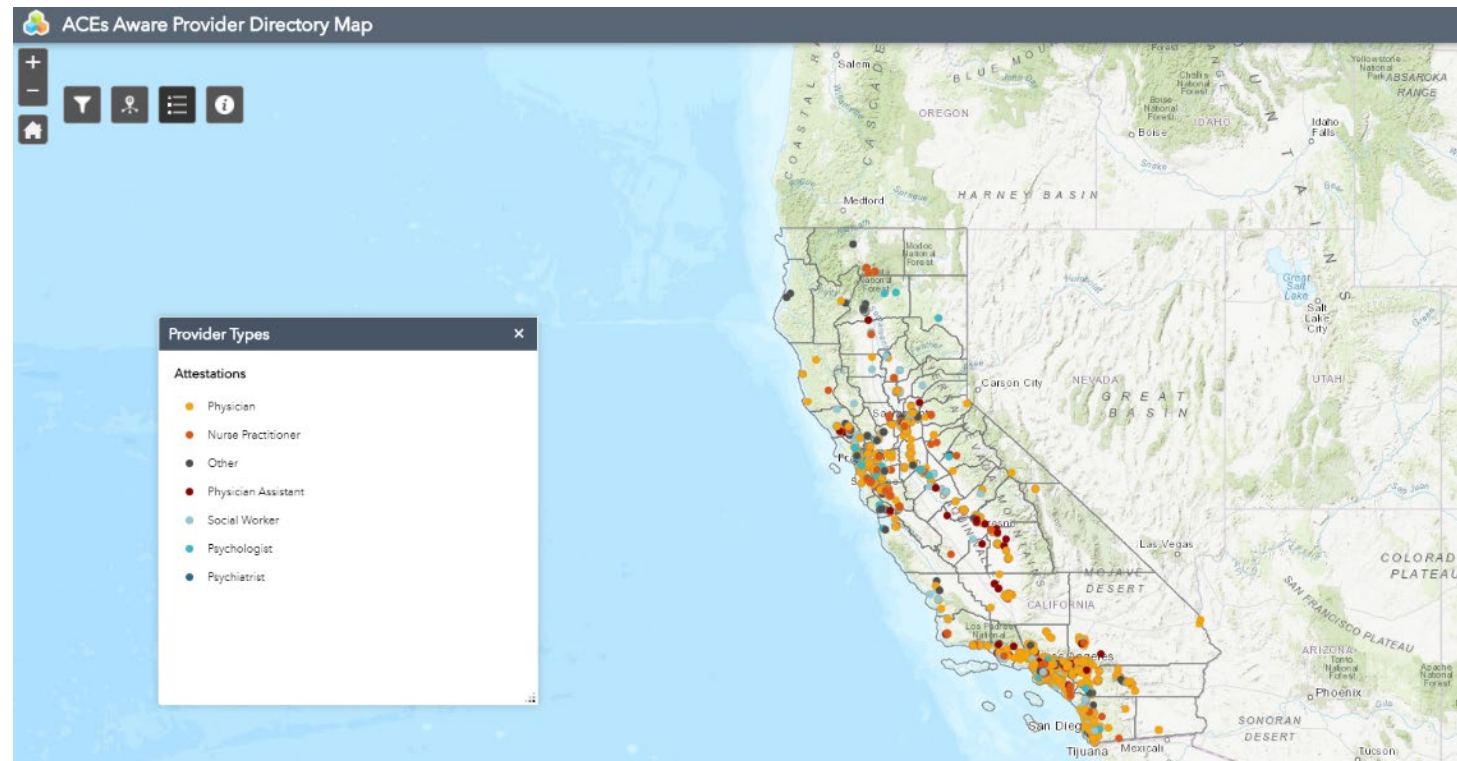
Science of Toxic Stress

Screening & Clinical Response

Self-Care Tools

Trauma-Informed Systems

ACEs Aware Provider Directory – Now Live



Website: www.acesaware.org/provider-directory



Upcoming Webinars

Register for Webinars and Find Webinar Recordings at:

www.ACEsAware.org/educational-events



Questions?

Contact Us



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