

Preventing Maternal Death

Recommendations from the Alaska Maternal Child Death Review Committee (MCDR)

Issue 3, August 2021 (revision 1.0, October 2021)

Improve the understanding and impact of Adverse Childhood Experiences (ACEs)

The MCDR committee reviews every Alaska maternal death and makes prevention recommendations. The committee has found that most maternal deaths are potentially preventable.** MCDR recommends urgently implementing culturally appropriate trauma-informed care, which starts with an understanding of and sensitivity to ACEs as an integral part of healthcare.



What are ACEs?

Adverse Childhood Experiences, or ACEs, are traumatic events that occur before the age of 18. ACEs include all types of abuse and neglect and, as identified in a Kaiser Permanente study, are common across all populations.

The study assessed the health of over 17,000 patients, one of the largest investigations into the effects of abuse and neglect on later-life health and well-being and found: ⁽¹⁸⁾

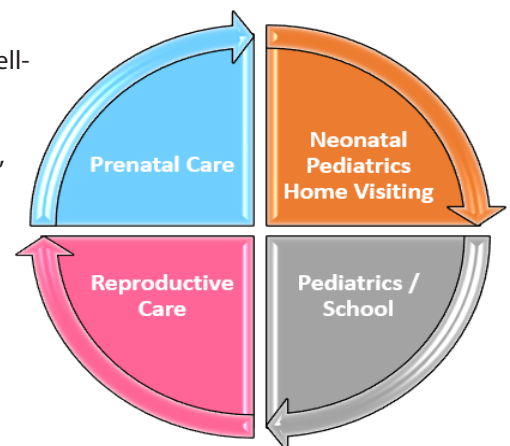
- A clearly defined dose-response relationship exists between ACEs (such as physical, emotional, or sexual abuse, neglect, household dysfunction, witnessing domestic violence, or a parent who has a substance use disorder or mental illness) and negative health and well-being later in life. ⁽⁶⁾
- ACEs are prevalent across populations regardless of race or income.
- The more ACEs a child is exposed to, the higher the stress hormones, and the greater the risk that child will experience poor health outcomes in their lifetime. ⁽¹⁰⁾

Screening pregnant people and their partners for ACEs promotes better outcomes for families.⁽¹⁴⁾

How are ACEs connected to child & maternal health?

"Maternal mental health can be thought of as the 'first ACE' which then cascades into physical and mental illness in the child and family for generations, playing a role in the perinatal physical health outcomes of both moms and their babies." ⁽⁸⁾

Research indicates there is a strong correlation between adverse childhood experiences early in life and subsequent maternal health issues such as unintended pregnancy, pregnancy complications, increased rates of interpersonal violence, and fetal death. ⁽¹¹⁾



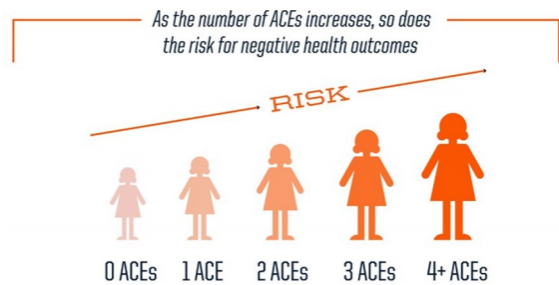
Children whose mothers have very good or excellent health are less likely to experience ACEs

**MCDR Committee indicated there was at least some chance to alter the outcome.

Source: Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017. ⁽⁴⁾

Beginning April 1, 2021, Alaska Medicaid authorized reimbursement for **ACEs screening** and **maternal depression screening** during pediatric appointments, up to one year postpartum.

Effective screening is an essential part of becoming a trauma informed care facility.



Source: rwif.org and cdc.gov, 2014 ⁽⁵⁾

Why is this important for Alaska?

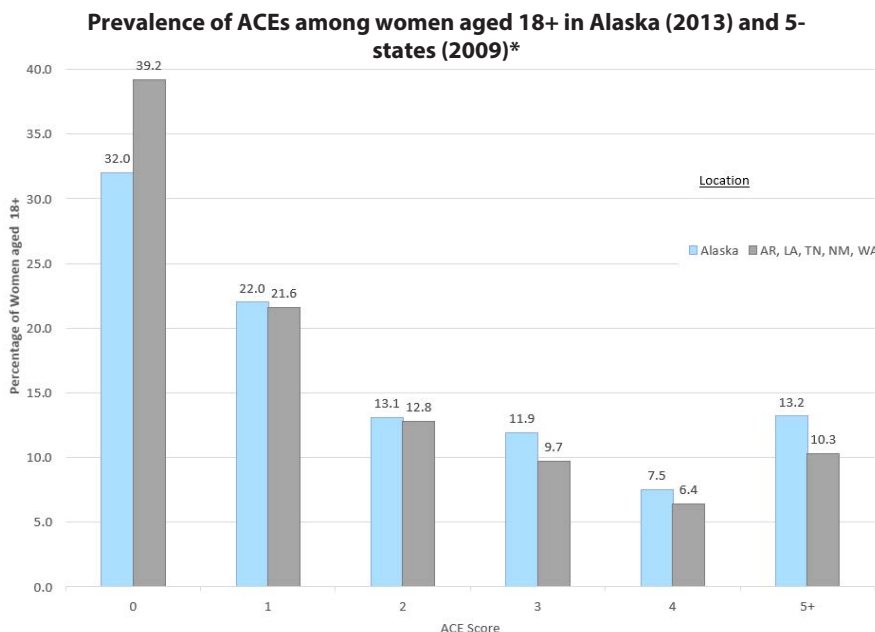
In the report, *Adverse Childhood Experiences: Overcoming ACEs in Alaska*, Alaska ranked highest when compared to five other states (AK, LA, NM, TN, WA) in sexual abuse, incarceration of family members, exposure to substance use in the home, and experiencing separation/divorce in family of origin. Alaska was also second-highest for emotional/verbal abuse, physical abuse, and exposure to domestic violence. ⁽¹⁷⁾ As well, Jared Parrish, Et al. published, in their journal article, "Maternal Intimate Partner Violence Victimization Before and During Pregnancy and Postbirth Child Welfare Contact: A Population-Based Assessment", the following: ⁽¹³⁾

- 8% of Alaskan birthing people reported some form of intimate partner violence (IPV) during the 12 months prior to or during pregnancy (during 2009-2011)
- 25% of these caregivers with a history of IPV had their child reported to OCS by age 2
- Approximately one quarter of all children reported to OCS were exposed to IPV

ACEs and Resilience

The presence of protective factors and particularly safe, stable, and nurturing relationships have been shown to support resilience and can help mitigate the consequences of ACEs. (MN Dept. of Health) ⁽¹²⁾

Why this is important? Whether an ACE score is 1 or 10, there are personal strategies and community resources that can provide support. Having strong, stable relationships, seeking support when needed and reaching out to trusted community members are ways to build resilience. **Resilience can assist in breaking the cycle of ACEs.**

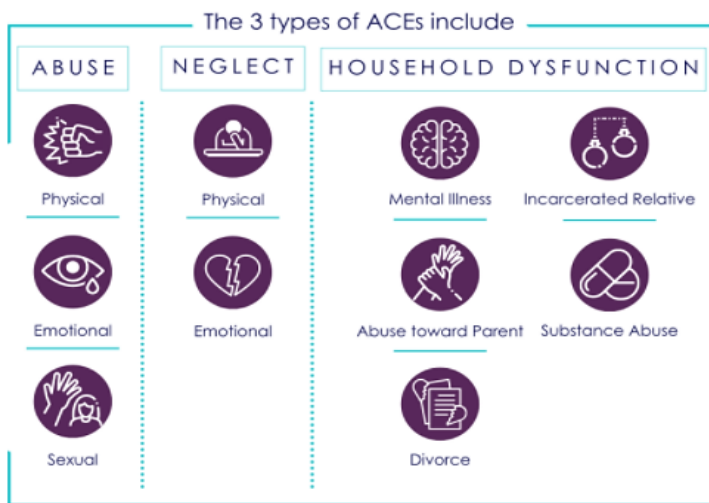


ACEs are preventable!

The Alaska Longitudinal Child Abuse and Neglect Linkage (ALCANLink) project recently reported that children born to mothers who have the ability to access financial support when needed and feel comfortable asking for help had a lower risk of experiencing multiple ACEs at 3-years of age compared to children whose mothers did not have these protective factors. ⁽²⁾

*Alaska data is from 2013, collected by the Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services, Division of Public Health, Section of Chronic Disease Prevention and Health Promotion. 5-state data is from 2009, collected by health departments from each state and presented in the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Report.





Source: CA Office of the Surgeon General <https://osg.ca.gov/aces-and-toxic-stress>⁽¹⁾

Three types of childhood adversity

Understand how ACEs can affect positive outcomes for maternal & child health

"Some of the lasting effects of adversity studied through research indicates that there is a strong correlation between adverse experiences and maternal health issues." ⁽¹¹⁾

Physicians and care providers can play an important role in identifying risk and supporting patient education on specific community supports and resources for positive parenting that can help break the cycle of intergenerational trauma from ACEs such as the [Circle of Security](#) model. ⁽³⁾

The Center for Healthcare Strategies created a [technical assistance toolkit](#) to help guide clinicians regarding considerations for screening adults and children for ACEs and trauma. ⁽¹⁶⁾ The resources are based upon the experience of pilot sites that participated in the [Advancing Trauma-Informed Care \(ATC\)](#). While there is increasing support to screen adults and children for trauma, there is a variety of thoughts regarding when and how to screen.

The technical assistance toolkit includes multiple resources and examples to help incorporate screening into your workflow, including considerations for [screening for ACEs and Trauma](#), when and how to screen, choosing the right tools, addressing trauma, and adapting E.H.R.'s to improve screening and referral. ⁽¹⁵⁾

Become a
Trauma-Informed
Care Facility

Highlights of the toolkit's recommendations include:

- Treatment setting and patient population should guide screening
- When incorporating ACEs and trauma screening into the clinical workflow, many pilot sites recognized that their electronic health records (EHRs) needed to be updated to reflect new clinical processes to better coordinate and manage care among providers
- There should be a strategy in place for utilizing the screened information in a way that supports a patient's health
- Care coordination should be employed to avoid re-screening
- Prior to screening for ACEs or other traumatic experiences, providers should have referral processes in place to ensure that patients identified with behavioral, social, or trauma-specific service needs can be connected to trained professionals (who are ideally also "practitioners" of trauma-informed care)
- While best practice continues to evolve, co-located or integrated behavioral health care can help provide a more seamless delivery of whole-person care
- [Training should precede screening](#) and trauma-informed care should [not be a burden](#) to adopt

ACEs Resources

- [Screening for Adverse Childhood Events and Trauma](#): A toolkit providing insight and lessons learned from organizations piloting Trauma Informed Care.
- [Trauma Informed Care Implementation Resource Center](#): Resources for trauma-informed care leaders.
- [Centers for Disease Control and Prevention](#): More about the original ACEs study and subsequent research.
- [ACEs Aware Screening Tool](#): provides more information on the benefits of ACEs screening and screening tools.
- [ACEs Too High](#): A site focused on news and research around ACEs.
- [2020 Mom](#): A California Maternal Mental Health Collaborative, which has evolved as a national organization with a mission to close gaps in maternal mental health care.
- [Substance Abuse and Mental Health Services Administration](#): Information on trauma-informed approaches and trauma-specific interventions.
- [Nadine Burke Harris: How childhood trauma affects health across the lifespan, Ted Talk](#)
- [Paper Tigers](#): Film on trauma and resilience
- [Resiliency](#): building practices
- [Building resiliency](#): with children who have experienced ACEs
- [Reducing effects of adversity](#): Harvard University Center for the Developing Child
- [We Can Prevent Childhood Adversity](#): An easy to read info graphic with useful information about the potential positive to impact to one's health when ACEs is reduced.

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