ACEs and Pregnancy: Time to Support All Expectant Mothers

James J. Hudziak, MD

In their article, "Maternal Adverse Childhood Experiences and Infant Development," Racine et al[1] add another important piece to what is known about the importance of maternal health and wellness in infant health outcomes. The authors collected data from a questionnaire as a proxy measure of the Adverse Child Experience Scale from nearly 2000 mothers during pregnancy.[2] The authors compared these self-reported Adverse Child Experiences Scale scores to later psychosocial risk and hostile parenting when their infants were 4 months of age and to measures of child development at age 12 months.

The main finding resonates with all of us who work in this field. Carrying an infant in the womb is not easy work, and the authors claim this job is made even more difficult if a mother has endured adverse childhood experiences (ACEs) during her own childhood and adolescence, thus demonstrating a transmission of vulnerability to her child's development through maternal behavior.[1] However, it is important to understand the limitations of this study. Most importantly, the study is built almost entirely on maternal self-report.

The study was also conducted among a mature group of mothers (mean age = 30.87 years) who were highly educated (91% had some college and 79% had a college or graduate degree) and not living in poverty (75% of families earned $80 000 per year). Interestingly, older maternal age, higher education, and lack of poverty are protective for positive child outcomes. This study reveals that even with these protective factors, ACEs still matter. The findings of this study would likely reveal the impact of ACEs to be many times more powerful had the mothers been teenagers, undereducated, living in abject poverty, or in the grips of poly-substance abuse, in which cases Adverse Child Experiences Scale scores are typically so much higher.

The take-home point is clear. Maternal adversity, regardless of economic or educational attainment, needs to be asked about and addressed. The scars of adversity are carried from 1 generation to the next and have been shown to impact parenting and subsequent child development. These findings are not isolated. Other groups have demonstrated the impact of maternal emotional behavioral health on brain size, subsequent behavior, and substance use and abuse.[3–14]

This transgenerational transmission of ACEs risk is a sobering call to duty for health care professionals who care for children and in turn must also ensure that their caregivers are also cared for or will be in the future. All expectant mothers deserve the best health promotion, illness prevention, and treatment options available. For mothers who carry stress into pregnancy, great progress has been made in the areas of mindfulness, exercise, and cognitive behavioral therapy.[15–17] For women struggling with alcohol and drug abuse, treatment programs need to be specialized for pregnancy.

Overall health depends critically on emotional behavioral health.

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Nowhere is this clearer than in the special relationship between a mother and child. The literature is now full of powerful evidence that maternal antenatal adversity, anxiety, depression, substance use and abuse, and socioeconomic disadvantage may lead to long-term negative consequences in a child's emotional, behavioral, and general medical health.[18,19] As evidenced in the article by Racine et al,[1] this is a story of all mothers who have endured adversity over the course of their lives.

ABBREVIATION

ACE: adverse childhood experience

COMPANION PAPER: A companion to this article can be found online at www.pediatrics.org/cgi/doi/10.1542/peds.2017-2495.

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