



Government of **Western Australia**  
Department of **Health**



# **Adverse Childhood Experiences (ACEs)**

## **CLINICAL AUDIT**

### **FIONA STANLEY HOSPITAL**

### **MOTHER AND BABY UNIT**



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# Fiona Stanley Hospital (FSH) Mother and Baby Unit (MBU)

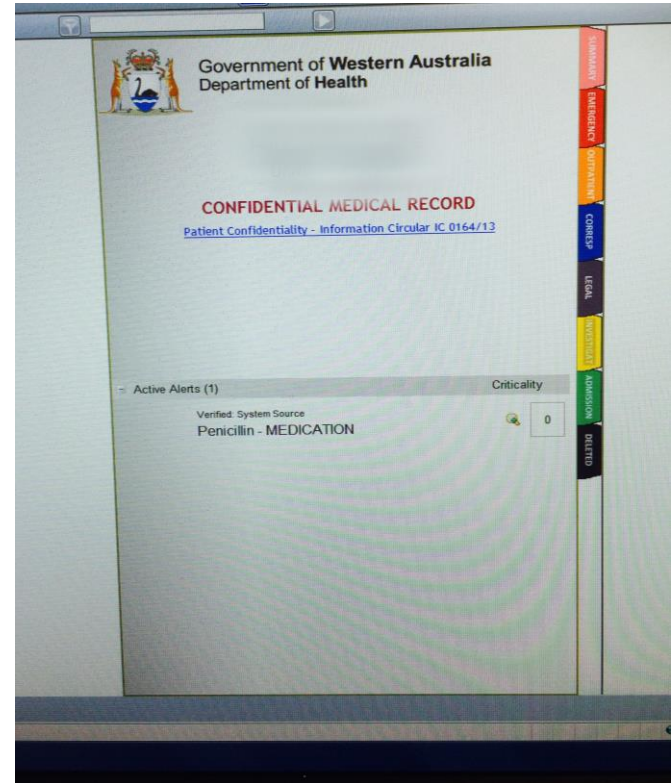
- ✧ FSH MBU -a purpose built 8-bed psychiatric inpatient unit for joint care of mothers and infants
- ✧ Catchment - southern metropolitan and rural regions of WA
- ✧ Comprehensive psychiatric, psychosocial and functional assessment by MDT
- ✧ Stabilisation of mental health symptoms & Support bonding and attachment
- ✧ Engagement of partners, families and other caregivers

# Background:

- Large evidence about ACEs and the impact on physical, mental and social life outcomes
- Limited research in the perinatal context
- Developing evidence to suggest significant impact of maternal ACEs and outcomes of child, mother and dyad
- Possibility of early identification, early interventions and reduce the intergenerational impact

# Study design/methods

- ✧ Retrospective observational study
- ✧ Research governance approval
- ✧ Digital medical record (DMR)
- ✧ Concordance with data collection
- Data Analysis



# Demographics

Table 1

n = 96

Age (years)	<18	0 (0%)
	18-25	20 (20.8%)
	26-35	55 (57.3%)
	>35	21 (21.9%)
Number of children	1	62 (64.6%)
	2-4	30 (31.2%)
	>4	4 (4.2%)
Marital status	Single	15 (15.6%)
	Married/defacto	81 (84.3%)
CALD	Yes	19 (19.8%)
	No	75 (78.1%)
	Not recorded	2 (2.1%)
ATSI	Yes	5 (5.2%)
	No	86 (89.6%)
	Not recorded	5 (5.2%)

# Physical Comorbidity

**Table 2**

<b>Medical Comorbidity</b>	Yes	22 (22.9%)
	No	74 (77.1%)
<b>Obstetric Complications</b>	Yes	55 (57.3%)
	No	41 (42.7%)
<b>Previous pregnancy loss</b>	Yes	18 (18.7%)
	No	46 (47.9%)
	Not recorded	32 (33.3%)
<b>Fertility treatment</b>	Yes	14 (14.6%)
	No	52 (54.2%)
	Not recorded	30 (31.2%)

# Psychiatric diagnosis & Comorbidity

Psychiatric diagnoses	n=96	%
Depressive disorder	83	89.6%
Bipolar Affective disorder	10	10.4%
Anxiety disorder	21	21.9%
Obsessive compulsive disorder	7	7.3%
Post- traumatic stress disorder	1	1.0%
Psychotic disorder	11	11.4%
Personality disorder	6	6.2%
Significant comorbidity complicating current presentation	57	59.4%

# ACEs:

## Household dysfunction


- ✧ Parental loss
- ✧ Parental separation
- ✧ Parental mental illness
- ✧ Parental drug/alcohol use
- ✧ Parental DV
- ✧ Parental incarceration

## Maltreatment

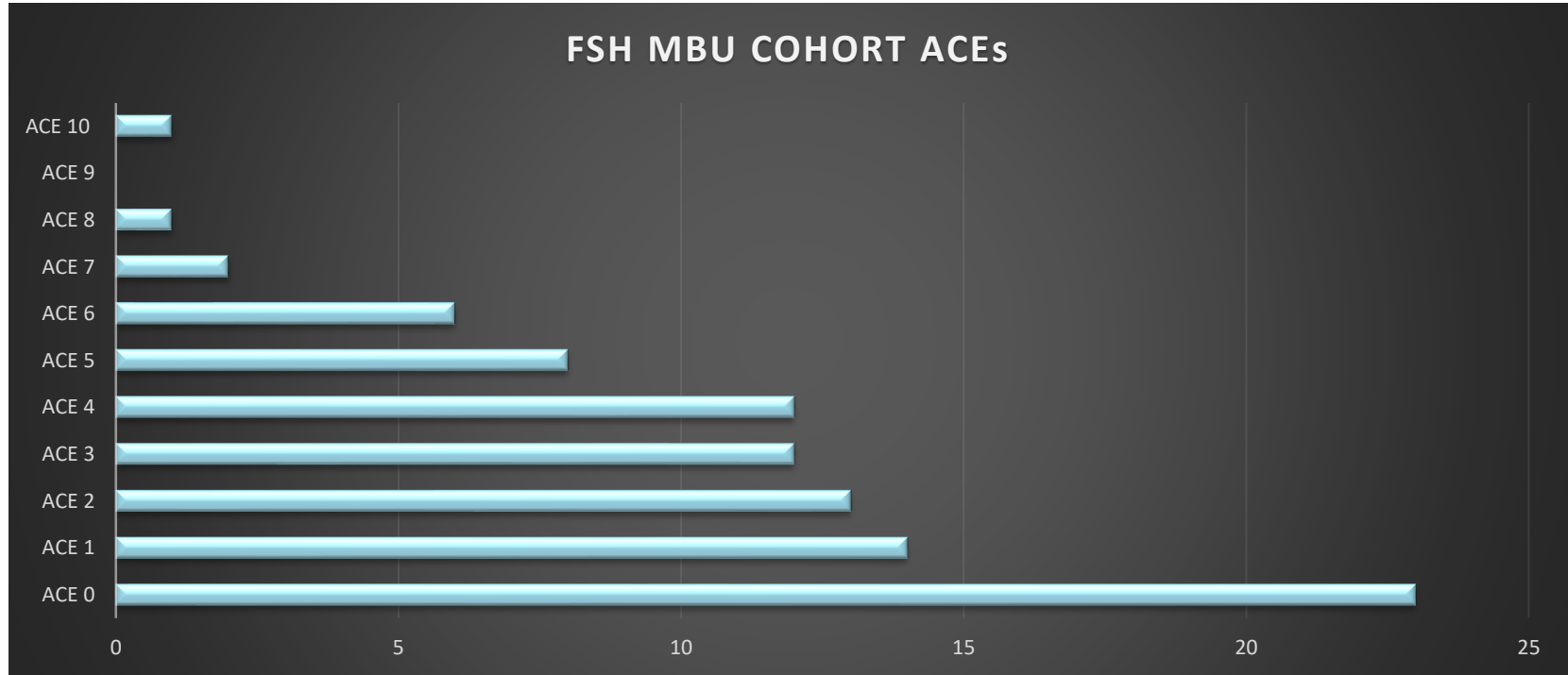
- ✧ Physical abuse
- ✧ Emotional abuse
- ✧ Sexual abuse
- ✧ Physical neglect
- ✧ Emotional neglect
- ✧ Peer emotional abuse
- ✧ Peer physical abuse



# Please go to:

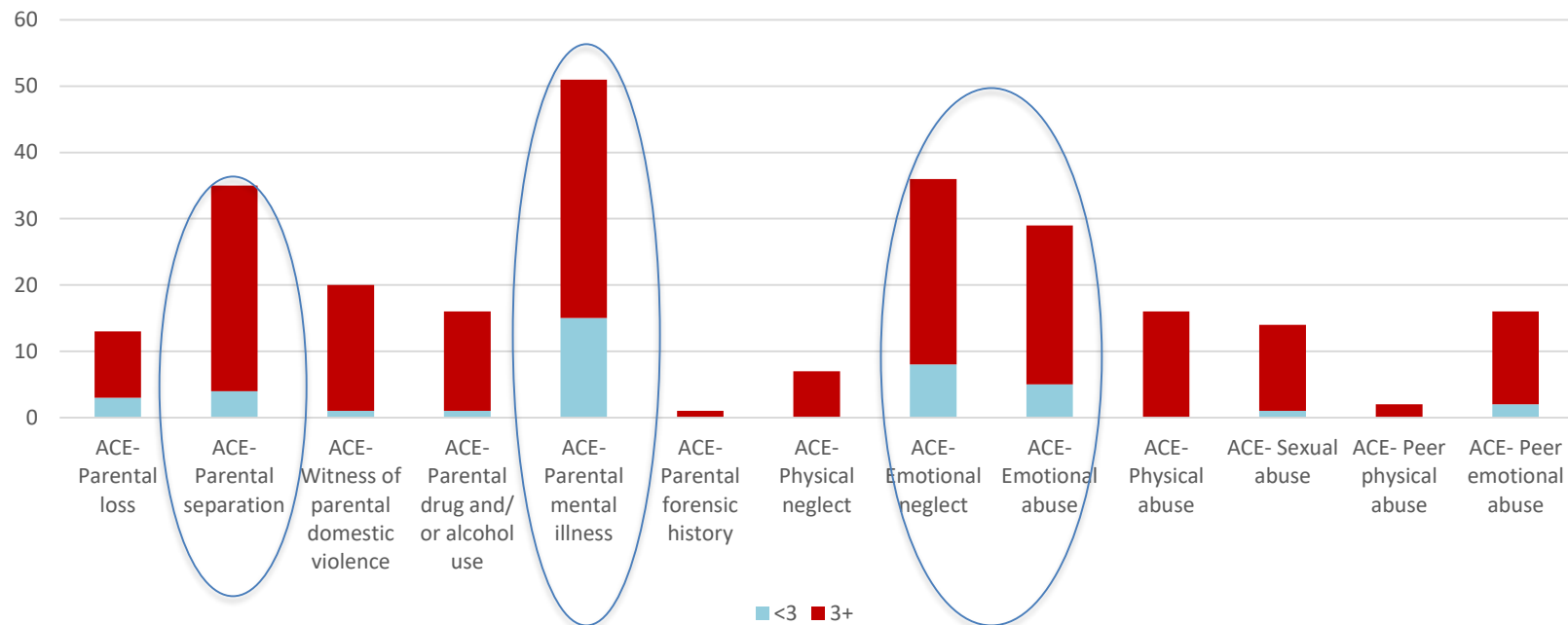
- [www.menti.com](https://www.menti.com)
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# Adverse Childhood Events (ACEs)



# <3 ACEs group compared to 3+ ACEs group

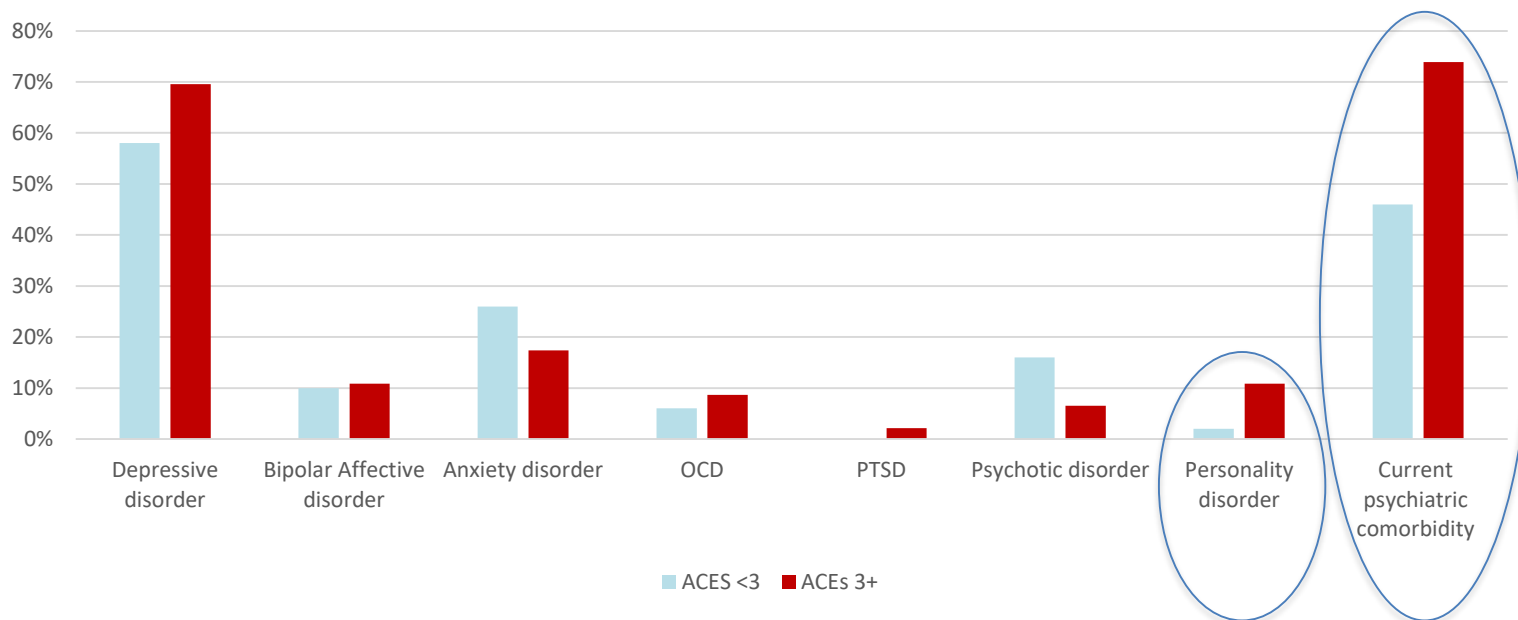
FSH MBU COHORT ACEs



# MBU Psychiatric Diagnoses

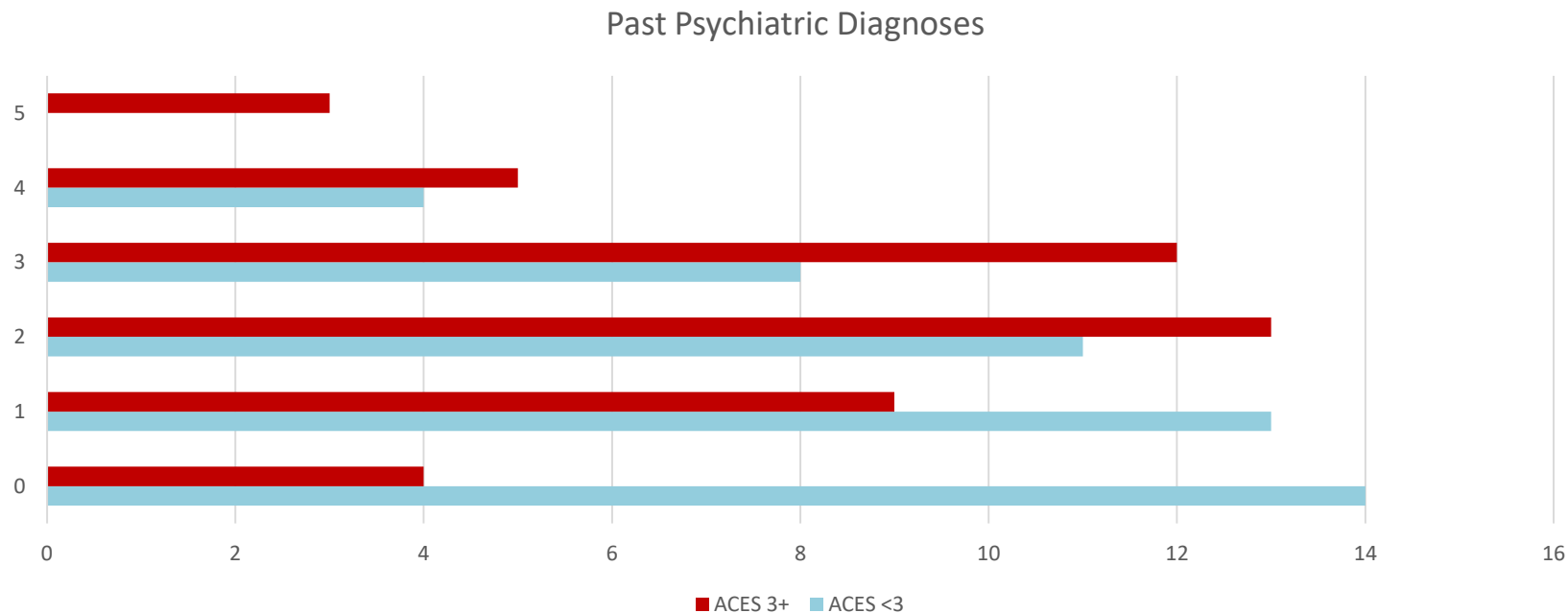
## <3 ACEs & 3+ ACEs comparison

MBU admission diagnoses

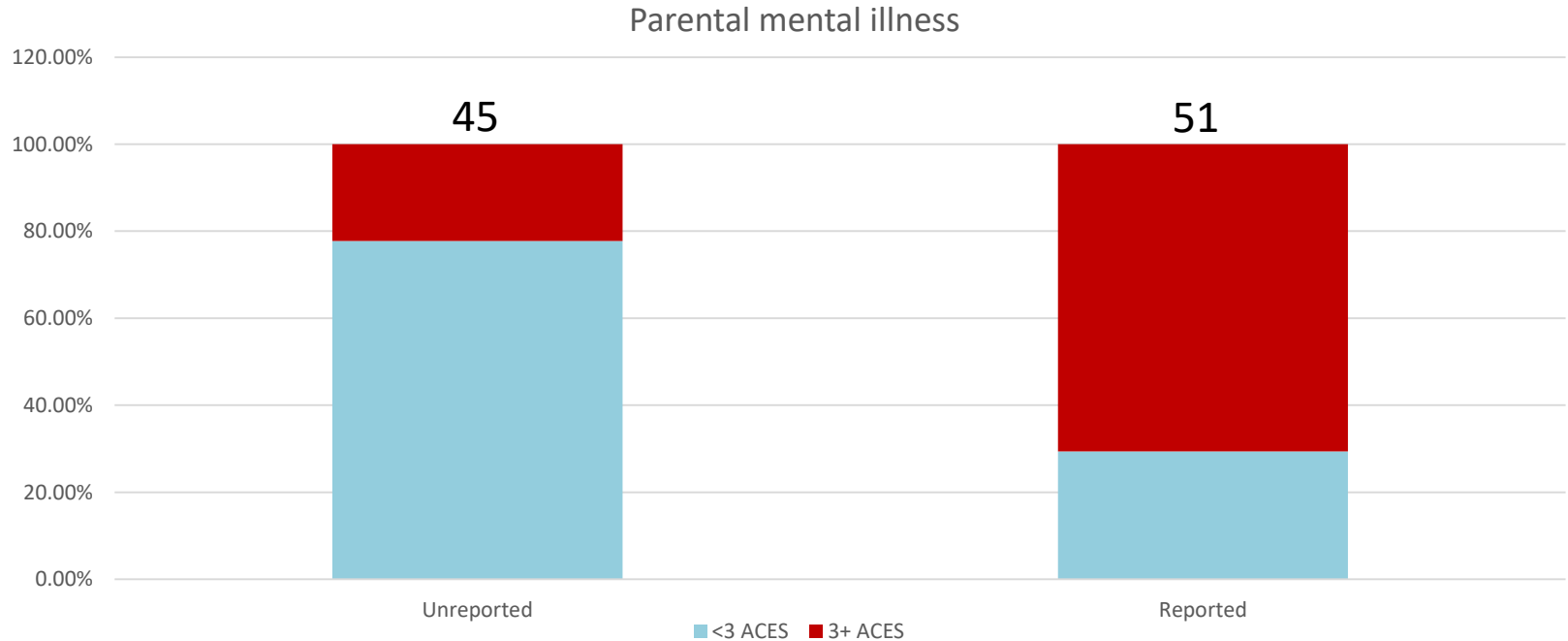


# Past Psychiatric Diagnoses

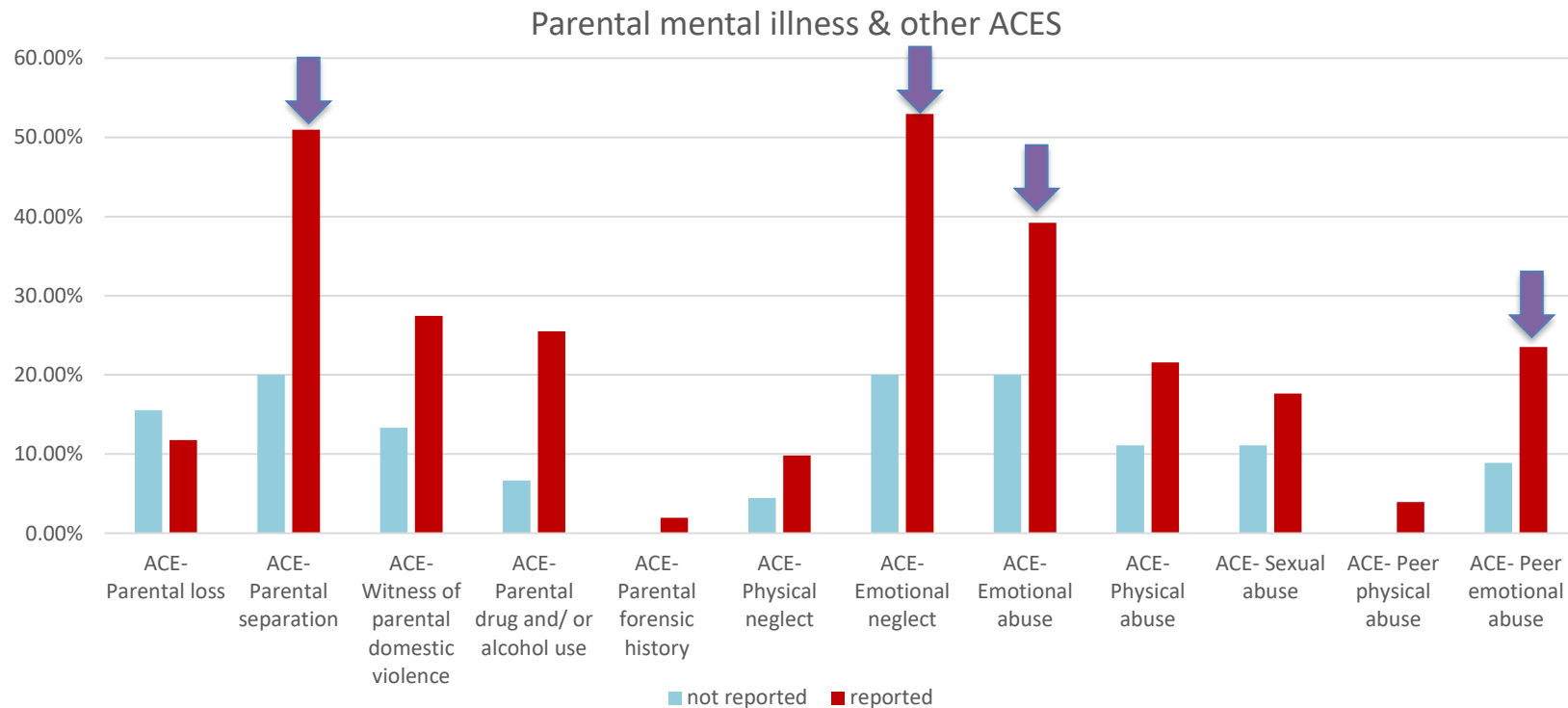
## <3 ACEs & 3+ ACEs comparison



# Parental mental illness



# Parental mental illness & other ACEs



# Intergenerational impact of ACEs:

Generation 1: Adverse Childhood Experiences

Abuse, Neglect, poor parenting, household dysfunction, etc.

Development of poor self and other appraisals, cognitive styles and coping strategies

Poor mental health, increased stressor experiences, increased reactivity to stressors in adulthood, increased interpersonal sensitivity

Parental deficits – decreased sensitivity and responsiveness, abuse, neglect, etc.

Generation 2: Adverse Childhood Experiences – Recapitulates Generation 1

# Intergenerational impact of untreated parental mental illness

## Genetic/Epigenetic & Organic factors

Intrauterine maternal cortisol, alcohol, cigarettes, drugs, obstetric and physical complications

## Neurobiological impact and substance use

impeded maturation of fronto-limbic connections,  
Organic effects of substances

**EMOTIONAL  
VULNERABILITY**

**CHILDHOOD ADVERSITY &  
ATTACHMENT FAILURES**

## Mother-infant relationship

Misattunement,  
Reduced sensitivity  
and responsiveness

## Subsequent relationships

Enacted behavioural patterns – intrinsic procedural memory; domestic violence, instability of relationships

Parental  
Mental Illness

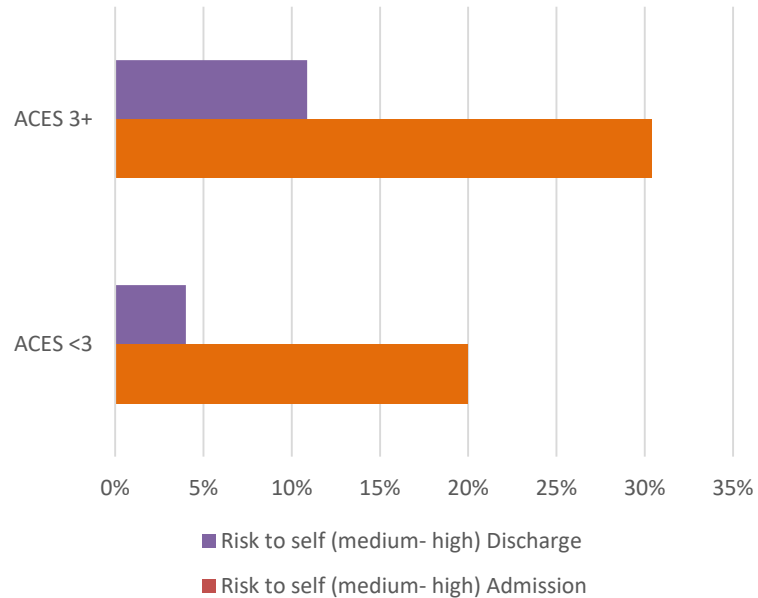
**INSECURE  
ATTACHMENT**

***Love and Fear***

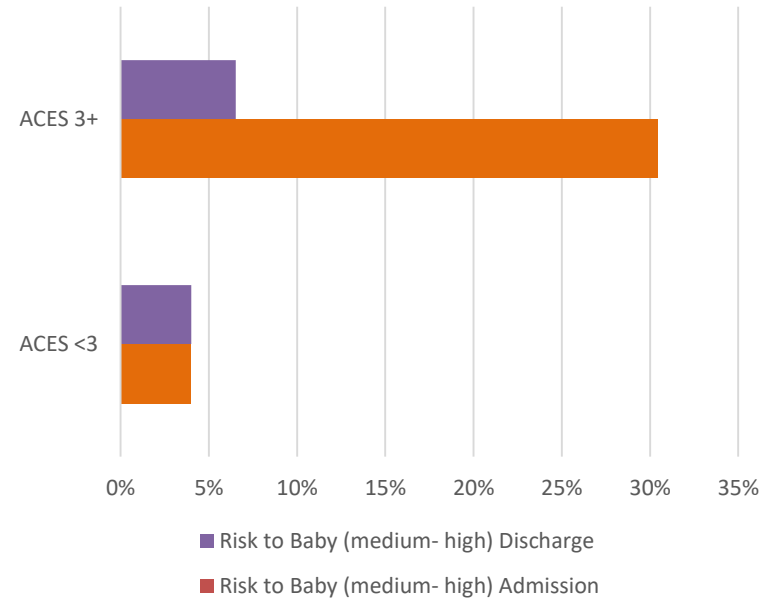
Loss of security in relationships

# Risk assessment

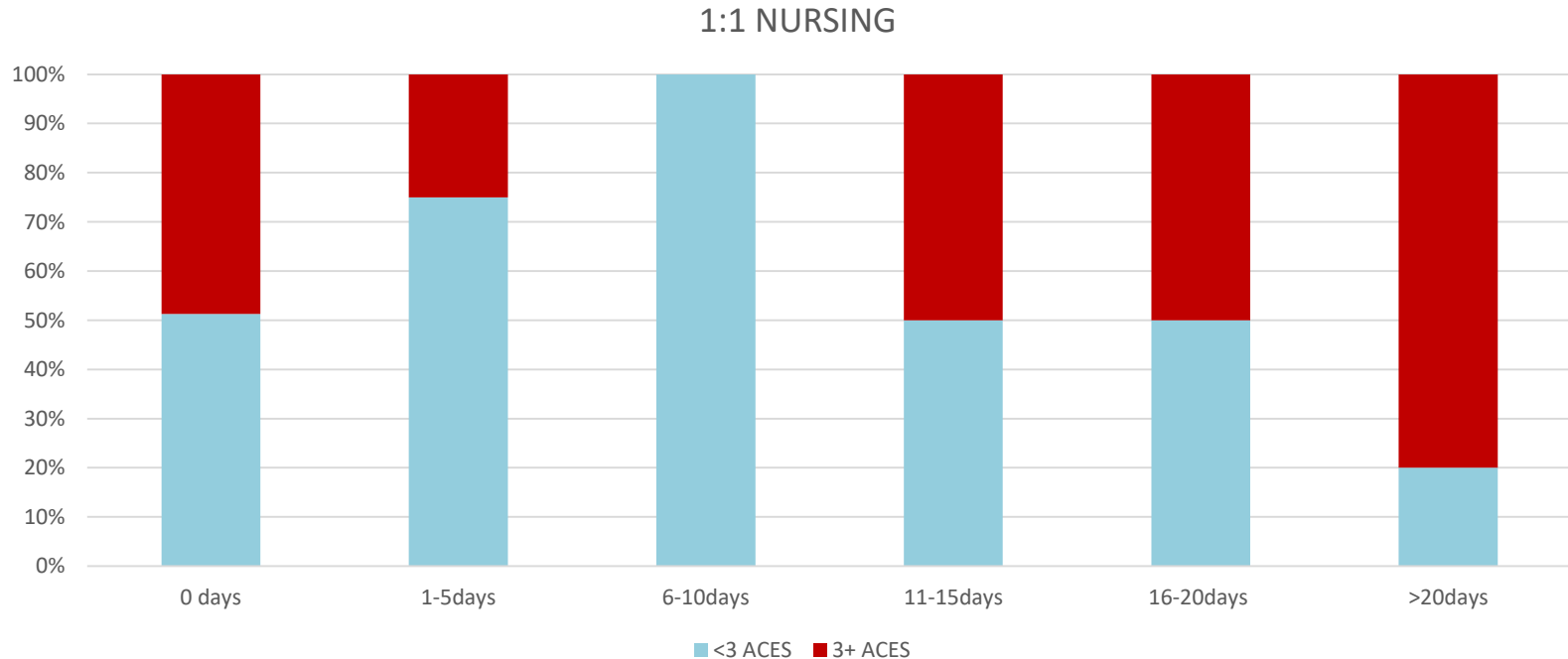
Risk to Self



Risk to Baby

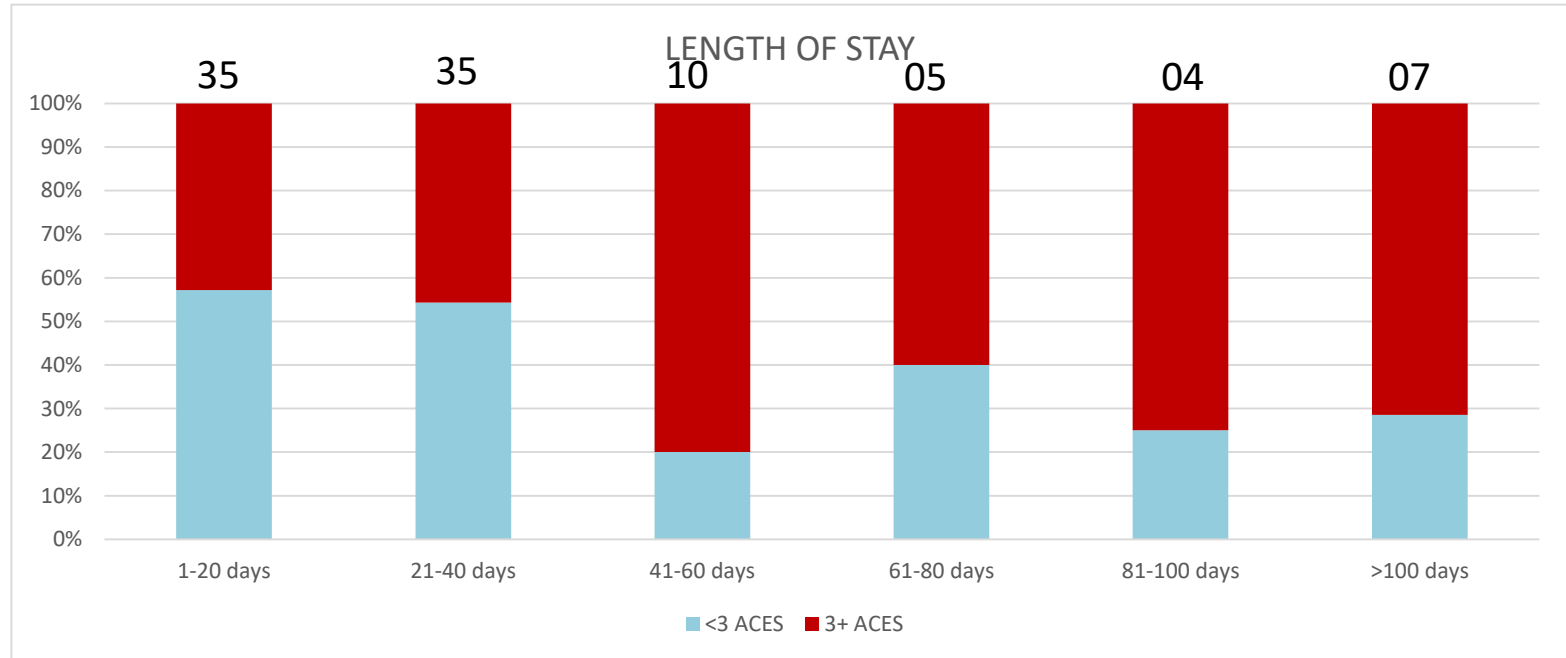


# Severity of presentation 1:1 nursing during MBU admission



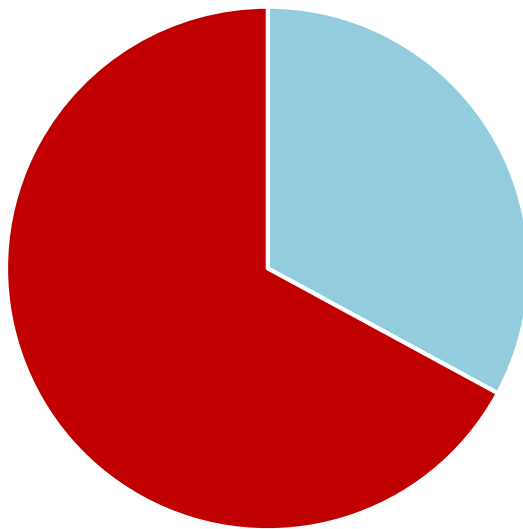
# Service utilization

## MBU Length of stay



# Readmission to MBU or Adult Psychiatric unit

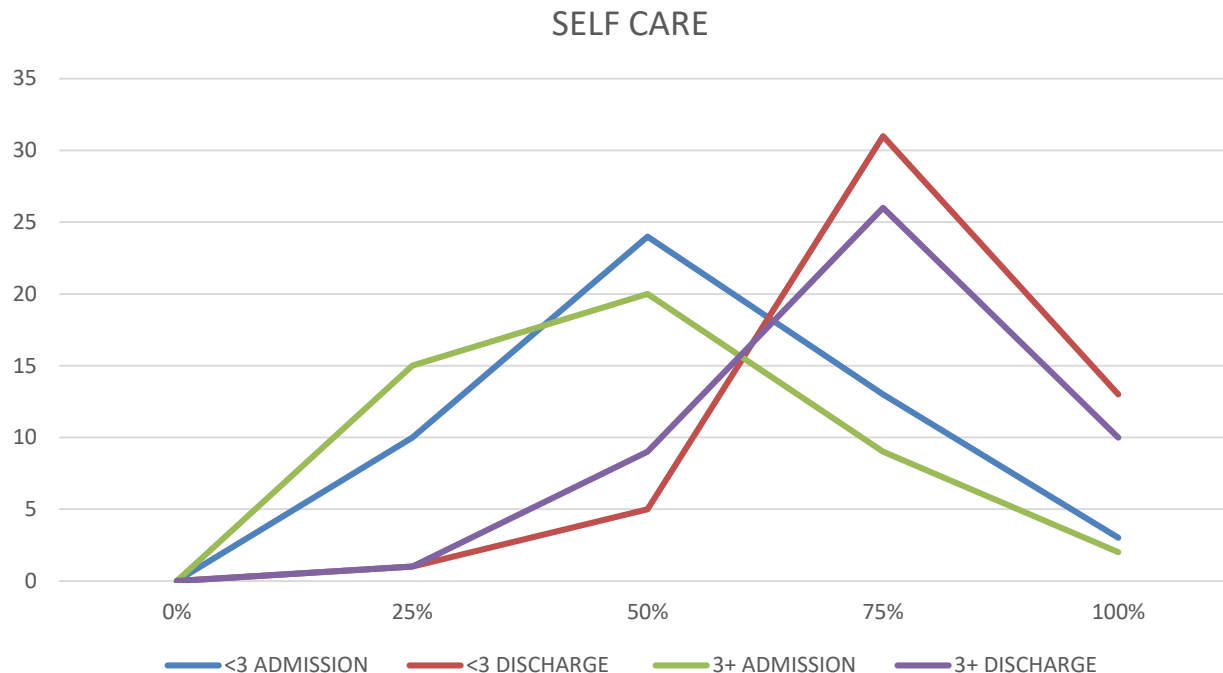
Patient re-admitted to MBU/ other mental health inpatient unit



■ ACES <3 ■ ACES 3+

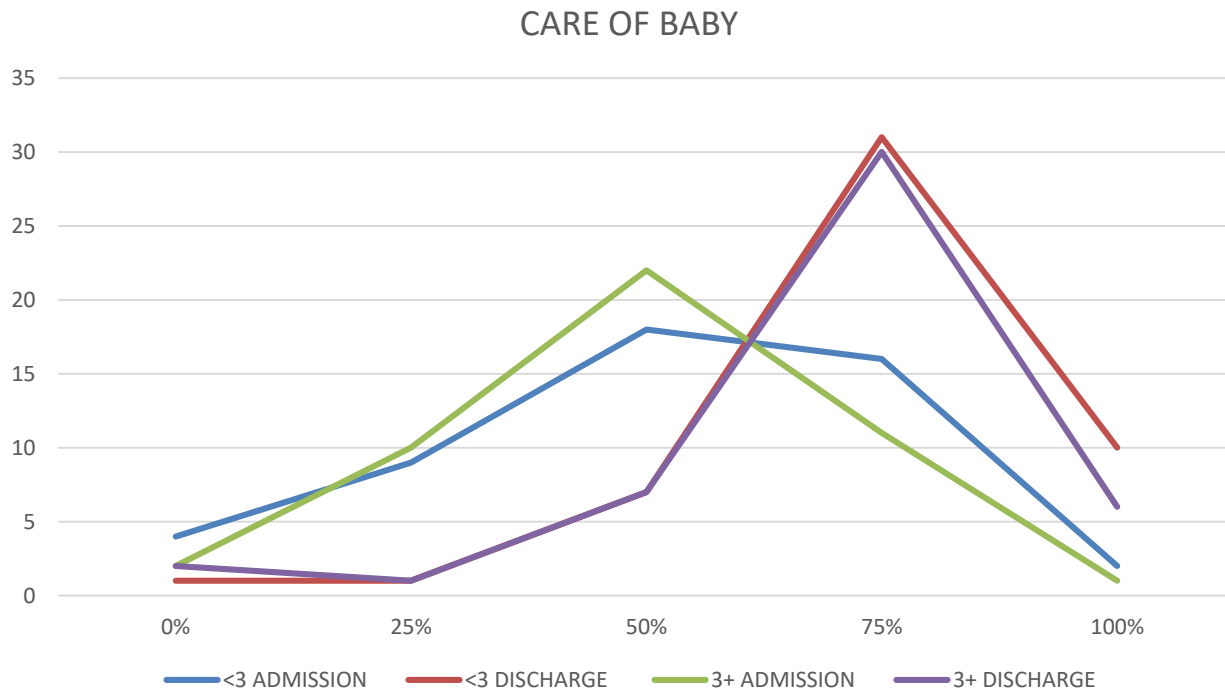
# Functional outcomes of MBU admission

## SELF CARE



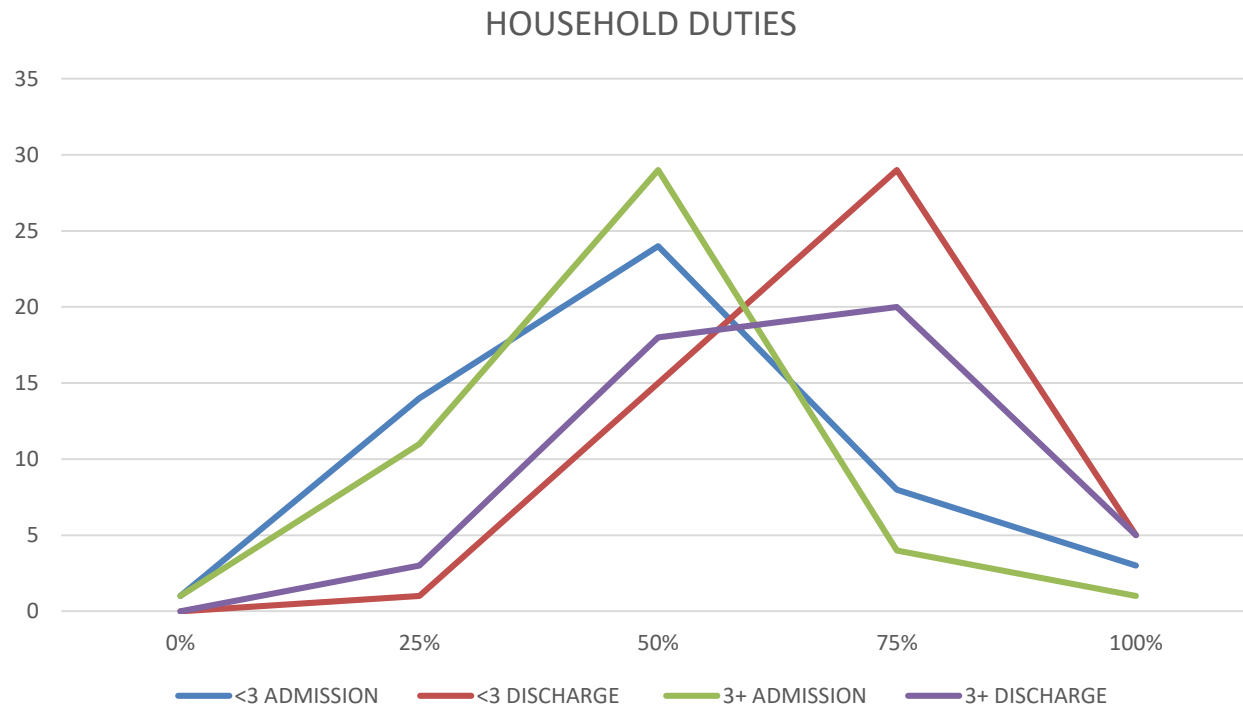
# Functional outcomes of MBU admission

## CARE OF BABY



# Functional outcomes of MBU admission

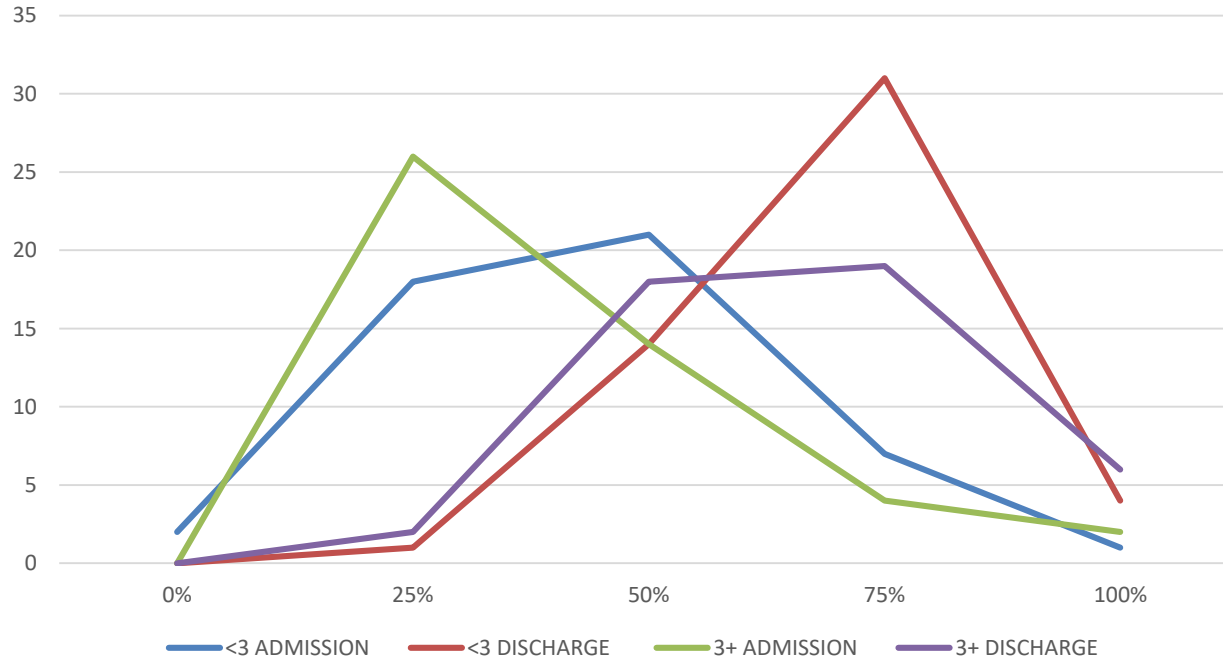
## HOUSEHOLD DUTIES



# Functional outcomes of MBU admission

## SOCIAL & COMMUNITY ENGAGEMENT

SOCIAL & COMMUNITY ENGAGEMENT

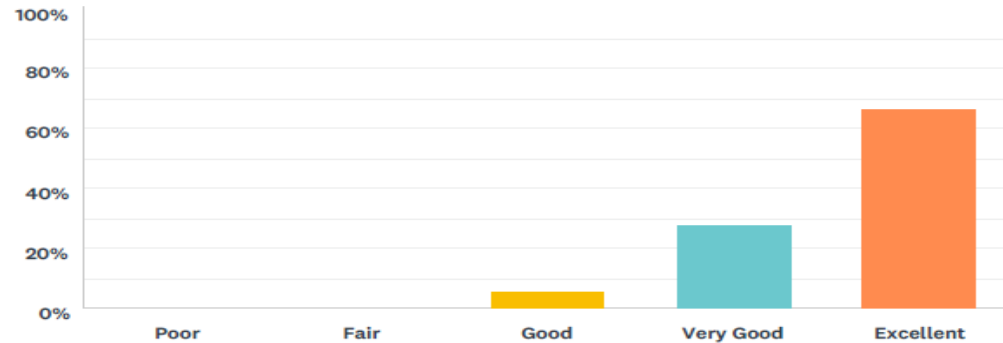


# **YES (Your Experience of Service) Survey**

**FSH Mother & Baby Unit**

**1 July 2019 – 30 September 2019**

# Overall, how would you rate your experience of care with this service?



ANSWER CHOICES	RESPONSES	
Poor	0.00%	0
Fair	0.00%	0
Good	5.56%	1
Very Good	27.78%	5
Excellent	66.67%	12
TOTAL		18

# Limitations of this study:

- Retrospective observational study
- Based on recall/reporting/documentation
- Small numbers
- Data suggesting clinical significance and may not be necessarily statistically significant
- Long term outcomes not known

# Future Directions

## ✧ Clinical

- Early identification of high risk mother-infant dyads/families
- Early and timely intervention to encompass biopsychosocial management
- Post-discharge transition to community based mental health care and specific support services able to address the multiple psychosocial vulnerabilities

## ✧ Integration of care

- Development of links with services providing mental health care for high risk dyads to facilitate early antenatal/postnatal intervention
- Development of inter-sector partnerships with organizations providing targeted community based interventions for the mother, infant and family

## ✧ Research

- Prospective studies in collaboration with MBUs nationally and internationally





