**Identifying the Contribution of Adverse Childhood Events (ACEs) to Clinical Characteristics of Psychiatric Admissions in the Perinatal Period to a Mother and Baby Unit (MBU) in Perth, Western Australia**

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*Background*

Adverse childhood events (ACEs) are commonly reported by patients during psychiatric admissions to Fiona Stanley Hospital (FSH) Mother and Baby Unit (MBU). The experience of multiple ACEs is known to increase rates of physical and psychiatric disorders in adulthood. There is limited research on the experience of multiple ACEs on psychiatric presentations in the perinatal context. Clinical experience suggests that the experience of multiple ACEs increases the complexity and severity of psychiatric presentations in the perinatal period with important implications for treatment and outcomes.

*Objectives*

This paper will examine the relationship between number of reported ACEs experienced by mothers admitted to the FSH MBU and the associated clinical characteristics of their perinatal mental health presentation, service utilization and outcomes.

*Methods*

Retrospective case note audit of admissions to the FSH MBU, to examine rates of reported ACEs and clinical correlates including past psychiatric diagnoses, current primary psychiatric diagnosis and psychiatric and physical comorbidities, symptom severity and functional impairment, psychosocial needs and outcomes. Furthermore, service utilization data such as length of stay (LOS) and readmission rates will be examined.

*Expected Findings*

Mothers with a history of multiple ACEs present with increased severity and complexity of psychiatric presentations, with increased functional impairment and psychosocial needs. As a result, these mothers often face multifaceted challenges in the perinatal period and require comprehensive assessment and intensive treatment. They are at risk of increased lengths of stay in the FSH MBU and are at increased risk of psychiatric readmission to the FSH MBU or other services.

*Conclusions*

Data collected and analyzed will be essential to the understanding of the needs of these women and their families as well as the necessary service provision. Collaboration between Australian MBUs with regards to further outcomes research and development of treatment models for this patient group is needed.