

New psychology study finds adverse childhood experiences transfer from one generation to the next

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Women who suffer four or more adverse childhood experiences before the age of 18 are more likely to face pregnancy and postpartum

problems, which they may in turn pass on to their children in a "cascade of risk," according to a new study in the *Journal of Pediatrics*.

The study, led by the University of Calgary's Sheri Madigan—Canada Research Chair in the Determinants of Child Development, a member of the Alberta Children's Hospital Research Institute and an assistant professor in psychology—finds that [pregnant mothers](#) who report having experienced early [childhood](#) adversity are two times more likely to suffer pregnancy problems, such as gestational diabetes and hypertension. These mothers are also five times more likely to endure postnatal psychological challenges, such as postpartum depression and marital conflict.

The adverse childhood experiences include such factors as having a parent with mental illness or an alcohol/drug problem, witnessing parental conflict and/or suffering from sexual, physical or emotional abuse.

Negative [health](#) outcomes for the children of mothers who have experienced childhood adversity can include poor physical health, as well as depression and anxiety later in life.

"Our research demonstrates that a mother's early history can start a cascade of risks that transfers from one generation to the next, impacting her infant's health and development," says Madigan.

"These negative experiences tend to cluster together and it almost becomes a perfect storm. We can identify the various traumas and, when you look at them individually, they're not all significant predictors of risks. But we've found there's a tipover point where four or more adverse experiences tend to be associated with a greater likelihood of experiencing pregnancy and postnatal problems for the mother, and health and emotional problems for the child."

Madigan says it's important to better understand the factors that link the childhood traumas of mothers to problematic prenatal and postnatal outcomes, because this knowledge can aid in finding interventions that might effectively "break the cycle of cascading risks.

"If we want to break this continuity of risks across generations, the first target of intervention is to make primary care practitioners, who have the most frequent contact with [mothers](#) and children, comfortable with having open dialogues about the impacts of early adversity with their patients," Madigan says. "It's important that primary care practitioners talk about how early adversity can have a spillover effect on our health as adults, including our reproductive health, as well as our physical and mental health."

She adds: "When we can identify this link and openly talk about it in a supportive environment it can lead to greater awareness, and suggestions for how to cope with these adversities can be made. Referrals for additional support, such as interventions, can be made to reduce the burden of early [adversity](#). These, in turn, will help the children's health and development."

More information: Sheri Madigan et al. Maternal Adverse Childhood Experience and Infant Health: Biomedical and Psychosocial Risks as Intermediary Mechanisms, *The Journal of Pediatrics* (2017). [DOI: 10.1016/j.jpeds.2017.04.052](#)

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