Reducing ACEs Through Prenatal Strategies
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Executive Summary

New and emerging research and Iowa child abuse data highlight the need to develop and enhance prenatal programs and strategies to reduce early childhood trauma and prevent intergenerational effects of parental adverse childhood experiences. In addressing this need, the Des Moines area can build on several efforts already in place.

First, area hospitals offer childbirth education classes – either in core instruction or separate modules – that address infant care, parenting issues, stress, and/or postpartum parent needs. This instruction warns of the risk of physical injury to newborns and describes how to handle parental stress and ensure infant safety. Some instruction also encourages and assists new parents in building support systems.

Second, Polk, Dallas, and Warren counties have home visiting programs that enroll parents prenatally, building positive relationships and providing support before birth. Providers see prenatal months as a good time to engage families, encourage reflection, discuss parenting hopes and goals, and lay the groundwork for strong parent-child attachments.

Third, the Des Moines area has group and individual support programs for pregnant young mothers that provide peer support, strengthen mothers' support, reduce the risk of violence, and meet concrete needs.

While these efforts are positive and deserve continued support, many opportunities exist to strengthen prenatal engagement to reduce childhood trauma. As outlined in this memo, they include, at a minimum:

- Increasing public/private support for prenatal engagement
- Ensuring continued support for home visiting programs
- Expanding childbirth education instruction and support
- Improving and enhancing MCO case management
- Advocating for prenatal engagement in Families First implementation
- Securing Medicaid funding for doulas
- Supporting lactation services

Introduction

Iowa professionals and advocates have developed and/or implemented a wide range of programs and strategies responding to research showing the long-range health impact of adverse childhood experiences (ACEs). Schools, treatment programs, health care organizations, and counselors have implemented trauma-informed strategies to improve treatment, education, counseling, and family support. Youth- and parent-serving organizations have worked to build resilience, parenting skills, and structures of support to prevent ACEs in future generations.

Less attention has been paid to programs and strategies directed at prenatal months. This memo seeks to provide background information to inform future efforts to fill this gap. The memo will set forth the case for effective prenatal strategies and programs, describe current efforts in the Des Moines area, and examine opportunities for expanded efforts.

I. The Case for Enhancing Prenatal Strategies to Prevent Childhood Trauma

An article in the April edition of *Pediatrics*[1] provides a strong research base for the importance of prenatal support for mothers. The researchers cite new and emerging research examining the "far-reaching intergenerational consequences of ACEs, transmitted from mother to offspring." They note that this research suggests that, "children of mothers who have been exposed to ACEs are at an increased risk of a multitude of poor health and developmental outcomes, including delayed achievement of developmental milestones and increased likelihood of parent-child relationship difficulties in infancy."[2]

The *Pediatrics* authors tried to identify any association between maternal ACEs and infant development at twelve months and determine what factors may have produced it. They sought to discover the antecedents and mechanisms leading to any association in order to "facilitate the development of preventive interventions that aim to break continuities of risk across generations."[3]

The researchers analyzed survey data collected in 2008-10 from 1,994 pregnant women from laboratory offices in Calgary, Alberta.[4] Survey data included information on eight categories of maternal ACEs,[5] pregnancy and postpartum risks, infant health risk, maternal hostile behavior,

[1] Racine, N, Plamondon, A, Madigan S, et al. Maternal Adverse Childhood Experiences and Infant Development. *Pediatrics.* 2018; 141(2):e20172495.
[2] Ibid. at p. 2.
[3] Id.
[4] Participants completed questionnaires at two points in pregnancy and in the postnatal period at 4, 12, 24, and 36 months.
[5] The categories included emotional, physical, and sexual abuse; exposure to familial substance abuse, mental illness, domestic violence, incarceration, and separation/divorce.

maternal socioeconomic risk, and child development outcome. Researchers used path analysis to test for the direct and indirect effects on infant development at twelve months.

The *Pediatrics* authors found that adverse infant outcomes occurred "via biophysical and behavioral mechanisms during pregnancy, which influence fetal and infant development." They specifically identified two pathways leading directly or indirectly to adverse outcomes at age twelve months: maternal hostile behavior at the four-month point and maternal psychosocial risk in pregnancy leading to maternal hostility in the postpartum period. They conclude that "[b]oth the prenatal and postnatal environments play a role in the transmission of maternal abuse to child development outcomes and provide windows for intervention to improve infant development outcomes."[6]

Dr. James Hudziak, also in the April *Pediatrics*, favorably cites this research in arguing that "[m]aternal adversity, regardless of economic of educational advancement, needs to be asked about and addressed." He asserts that:

> 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.[7]

Kathryn Harding and Kate Whitaker, senior research and training staff for the national Healthy Families America program – an infant mental health promotion home visiting program located in 35 states – highlighted prenatal engagement's importance to healthy child development. Harding and Whitaker observed that babies develop attachment patterns in the first several months of life, and these early patterns provide a world view that may follow them for life. If their experience with primary caregivers is loving, nurturing, and predictable, children grow up believing that people are predictable and that the world will respond to them. If their primary caregivers are neglectful or harmful, babies grow up fearing others, expecting people to hurt them, and viewing the world as unsafe and unresponsive.

Engaging parents in the prenatal period provides a good opportunity for family support staff to build relationships. In this regard, Lutheran Service of Iowa's Director of Early Childhood Services, Nancy Krause, noted that parents can be overwhelmed at birth, with things "moving in a blur." Much can be done in the prenatal time, with the chance to build connections, observe attachment, and assess smoking and the use of other substances. Harding and Whitaker similarly

[6] Racine, et al. at 6.
[7] Hudziak, JJ. ACEs and Pregnancy: Time to Support All Expectant Mothers. *Pediatrics*. 2018; 141(4): e20180232.

stated that prenatal engagement sets up the opportunity for a parent to have a healthy connection during the pregnancy and the hectic time after birth.

Prenatal engagement efforts are further critical because that time may be the only opportunity to prevent some early trauma. For instance, child protection system data starkly highlights the enhanced abuse risk for infants. According to Iowa child abuse data, summarized in Table One, the age cohort of those from birth to one year old is approximately twice as likely to suffer abuse as any other one-year cohort.[8] These data are consistent with national figures, which similarly show an incidence of abuse in the first year over twice that of any other one-year age cohort.[9]

Table One
Child Abuse in Iowa, by Age, 2014-16

	2014		2015		2016		Average, 2014-16	
Age	Children abused	Rate per 1,000	Children abused	Rate per 1,000	Children abused	Rate per 1,000	Children abused	Rate per 1,000
<1	1,108	28.6	1,186	30.0	1,361	34.4	1,218	31.0
1	606	15.5	540	13.6	725	18.1	624	15.7
2	617	15.8	581	14.8	657	16.3	618	15.6
3	572	14.8	576	14.6	603	15.1	584	14.8
4	532	13.3	492	12.7	577	14.6	534	13.5
5	554	13.8	496	12.3	504	12.9	518	13.0
6	580	14.0	491	12.2	510	12.6	527	12.9
7	480	11.5	467	11.2	513	12.7	487	11.8
8	438	10.6	442	10.6	457	11.0	446	10.7
9	392	9.7	397	9.6	404	9.6	398	9.6
10	361	8.8	395	9.7	385	9.3	380	9.3
11	331	8.2	302	7.4	370	9.1	334	8.2
12	321	8.1	288	7.1	287	7.0	299	7.4
13	307	7.5	303	7.6	332	8.2	314	7.8
14	280	6.8	282	6.9	264	6.6	275	6.8
15	263	6.5	264	6.4	273	6.6	267	6.5
16	192	4.7	223	5.5	211	5.1	209	5.1
17	132	3.2	140	3.4	115	2.8	129	3.1
Total	**8,066**		**7,865**		**8,548**		**8,160**	

[8] Some infant abuse is the result of finding illegal drugs in an infant's body because of maternal drug use – a type of abuse that can only be prevented by the cessation of substance abuse before birth.
[9] The Iowa and national figures are from the U.S. Health and Human Services' annual *Child Maltreatment* publications at https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.

II. Des Moines Area Childbirth Education Offerings

This section examines Des Moines-area programs that provide parenting education and support in the prenatal months. Excluding education focused on preparation for childbirth, labor, and delivery, the section examines programs preparing parents for newborn care, the consequent stress and emotional and physical impact, and infant safety.

Overview of childbirth education. Mercy, UnityPoint, and Broadlawns all offer childbirth education in the Des Moines area. Mercy's and UnityPoint's offerings are extensive and draw wide participation. Approximately one-fourth of Mercy's childbirth patients have attended a childbirth education class. Out of 4,365 babies delivered at the hospital in 2017, 739 families participated in a Mercy childbirth education class prior to delivery. Another 562 families previously attended a class at Mercy, and 161 families took education somewhere else. A total of 2,686 families did not attend any class. Mercy has delivered 1,608 babies in 2018 and reached a total of 486 families, while 48 families had education somewhere else. A total of 1,074 families did not receive any education.

Out of 5,270 babies born at UnityPoint Health-Des Moines in 2017, 2,389 couples attended childbirth education class, leaving 2,881 families either not attending classes, taking them elsewhere, or previously taking them at UnityPoint Health. In 2018, UnityPoint Health-Des Moines has delivered 2,563 babies and reached a total of 1,172 families, while 1,391 families previously took them at UnityPoint Health or elsewhere or did not attend any classes.

In contrast to Mercy and UnityPoint, Broadlawns' childbirth effort is modest. Since resuming classes in January 2018 after a hiatus, Broadlawns' seven-week *Plus One Childbirth Education* has drawn 11 families in its three separate offerings.

Instruction on parenting issues and infant and family needs. Mercy and UnityPoint core childbirth education classes do not address infant care, parenting issues, stress, or postpartum parent needs. Instead, those institutions offer this education and support in separate modules.

Five times a year, **Mercy** offers a two-hour module called *Postpartum Adjustments*[10] that 30-40 people attend each time and covers:

- Labor, delivery, and coming home
- Baby blues and postpartum depression

[10] The *Postpartum Adjustments* course description reads:

> Find out firsthand what adjusting to a new baby in the house is all about. Parents return with their baby to share with you from their recent and ongoing personal experience. Listen and ask questions to those presently going through the joys and challenges of life with a new baby. A postnatal educator will also share the physical, emotional and intellectual changes that occur postpartum, for both mom and dad, such as baby blues or postpartum depression.

- Dad involvement
- Intimacy and how it changes
- Coping with crying and its stresses
- Abusive head trauma (all families watch the *Period of Purple Crying*, produced by the National Center on Shaken Baby Syndrome)

UnityPoint has three separate modules offering parenting education and support: *New Dads, Newborn Care, and Baby Safety*. UnityPoint's *Understanding Birth: Multiples* class uses an extra two hours of instruction not offered in the core *Understanding Birth* class to address post-partum changes and challenges.

Broadlawns' seven-week core childbirth education class, *Plus One Childbirth Education*, covers a wide range of areas, including:

- Nutrition and prenatal care
- Baby fussiness and self-care
- Sexual adjustment issues
- Perinatal depression
- Birth and happiness expectations
- Anxiety, depression, and stress

The class is built around the concept that raising a child requires a community of support, which the class assists couples in building. The class seeks to encourage communication among class attendees, with the hope of building connections that lead to a community of support they lack.[11]

Table Two (next page) lists each of the course offerings, the education and support offered, class duration and frequency, and the number of attendees. Classes discuss the normality of baby fussiness or crying and resultant parental anger and frustration; highlight the need for parental self-care and mutual support and understanding; and describe possible emotional responses like "baby blues" or postpartum depression. Classes address infant safety, with most discussing the risk of abusive head trauma inflicted by stressed parents and the need to develop safety plans. Some classes show and discuss the *Period of Purple Crying* video.

Other Programs. Regarding other Des Moines-area childbirth education opportunities, Broadlawn's Dianne Wiedmann praised a 12-week program called Willow Song offered at Healing Passages Birth and Wellness Center in Des Moines. She appreciated the program's theme that "it takes a village to raise a newborn." The Willow Song program's volunteer instructor has left, however, so the offering is in hiatus awaiting a replacement.

[11] Toward that end, the class offers participants the chance to join a private Facebook group.

Table Two
Parenting Education and Support Instruction Offered by Des Moines Area Hospitals

Providers	Courses	Parenting Education and Support Provided	Duration and Frequency of Classes	No. of Attendees
Broadlawns	*Plus One Childbirth education*	Prenatal care, self-care, stress, perinatal depression, stress management, anxiety, building a support community	7 weeks; new class begins after preceding one ends	11 couples since Jan. 1, 2018
Mercy	*Postpartum Adjustments*	"Baby blues" and post-partum depression, Dad involvement; changes with newborn, coping with stress; abusive head trauma; watch and discuss *Period of Purple Crying*	Two-hour class held on Tuesday or Thursday 5 times a year	30-40 per class
UnityPoint	*Understanding Birth: Multiples*	Third session covers "baby blues" and postpartum depression; *Period of Purple Crying;* having supports in place; coping with crying and stress	Meets consecutive-ly for three weeks 7-8 times a year	4-8 couples per class
	New Dads	Father's role; understanding mother's experience and need to support her; changes in roles; handling stress, with need to avoid abuse (no direct discussion of *Period of Purple Crying*)	Monthly	12-15 per class
	Newborn Care	Normalizes anger and frustration, "baby blues," and emotions; discusses abusive head trauma and need to develop a safety plan; encourages provider contact if serious problems	Twice a month	15-22 per class
	Baby Safety	Nursery care, safe sleeping, home safety, baby proofing; prevention of unintentional injuries	Twice monthly	15-22 coup-les per class

Summary. Childbirth education is a good opportunity to address parenting issues because of the wide acceptability of these classes. Hospital childbirth education is limited in two important respects. First, all childbirth education classes are conducted in English, so attendance by those who do not speak English is limited. Second, the Mercy and UnityPoint modules are only two hours at most, providing little opportunity to address a range of parenting issues beyond the prevention of physical abuse.

III. Des Moines Area Home Visiting Programs

Polk, Dallas, and Warren counties have home visiting programs beginning in prenatal years until the child is two years or, in some cases, older. Visiting Nurse Services (VNS) and Lutheran Services of Iowa (LSI) are the two providers in Polk County. VNS, LSI, and Partners in Family Development offer services in Dallas County, and LSI and Partners in Family Development in Warren County. Table Three lists the providers, service models, area, and funding sources for the three counties.

Table Three
Home Visitation Providers in Polk, Dallas, and Warren Counties

Provider	Service Model	Area	Funding Sources
Visiting Nurse Services	Nurse Family Partnership	Polk	UWCI, Title V, Medicaid
	Healthy Start	7 zip codes in Polk	Federal, ECI
	Community Home Visitation	Polk, Dallas	Title V, UWCI, Medicaid
Lutheran Services of Iowa	Healthy Families America	Polk, Dallas, Warren	State, ECI
Partners in Family Development	Parents As Teachers	Dallas, Warren	ECI

This section describes the two program models with the strongest prenatal component: The Nurse-Family Partnership (NFP) and Healthy Family America (HFA) programs.

Nurse-Family Partnership. VNS is the only provider for the NFP program in the three-county area, and one of few in Iowa. NFP is distinct from other home visiting programs in using nurses exclusively in providing family support. NFP has had positive research results, beginning with a robust pilot program in Elmira, New York in the late 1970s.

VNS' NFP program seeks to start family engagement prenatally – preferably by the 28th week – and continues engagement until the child's second birthday. The average age of mothers enrolled by the local NFP program is 19 years. Like HFA national and local staff, VNS interviewees[12] see the prenatal period as a special window, offering a good opportunity to partner and build trust with mothers. For the first month of enrollment, nurses visit weekly and focus on healthy relationships, a mother's role, identifying role models, and building a supportive network. NFP nurses assist mothers in connecting with informal supports, figuring what to do differently, and determining must happen for her as a mother.

VNS nurses seek to assist mothers in visualizing how to be a successful parent and identifying realistic expectations – asking them to identify how the forthcoming childhood should be different from their own and what they might dream of for their babies. With VNS assistance, mothers develop a safety plan that identifies to whom the mother can turn for support in times of stress. After birth, NFP tries to engage mothers quickly and often – meeting within a few days of the birth and then weekly for the first six weeks.

VNS nurses have caseloads of 25 and, with 5.5 FTEs, engage with 135-140 mothers at one time. Approximately 50 of the mothers served at a time are enrolled prenatally. An average of 74

[12] Aubrey Villoti, the NFP Program Manager, and Jen Stout, VNS' Maternal and Child Health Director, are the resources for this information on NFP.

percent of mothers enrolled prenatally remain with the program after birth, and half of all NFP mothers remain with the program to "graduate" at the baby's second birthday.

Healthy Families America. LSI offers HFA services in many Iowa locations, including Polk, Dallas, and Warren counties. The Polk County program serves 60-80 families at one time and the combined Dallas and Warren combined program 30-40. The Polk program is diverse, with 1/3 English-speaking, 1/3 primarily Spanish-speaking, and 1/3 refugees – who are mostly Burmese.

HFA seeks to engage families prenatally, preferably by 32 weeks, with weekly visits following. As noted above, LSI's Nancy Krause sees the prenatal time as a good opportunity for engagement. Prenatal engagement can help parents by beginning to discuss future "pressure points," such as potty training, walking, and grabbing things. This engagement can also provide a baseline of perspective on issues, such as the length of infant crying and whether holding can lead to spoiling.

Relationships are critical for effective family support, including assessing a parent's relationship with her own parent(s) and discipline she received. Krause sees HFA prenatal engagement as ACEs-informed, recognizing the need for creative engagement and a strength-based approach because of a parent's past negative experiences. Relationships are critical, including assessing a parent's relationship with her own parent(s) and the discipline she received. Programs find out about parent trauma through a parent survey in the first month, which assesses risk factors and historical experiences. From this information, staff can prioritize and direct referrals regarding mental health, substance abuse, and other needs.

In correspondence, Harding and Whitaker point to HFA's trauma-informed approach:

> a) trauma impacts a parent's ability to function in the world, b) typical interactions with parents can often re-traumatize them (modeling can often reinforce the parent's personal belief that he or she is incapable, and c) evocative parenting behaviors are often a result of their own unresolved early childhood trauma. Understanding a parent's history of trauma means that home visitors avoid didactic teaching, rather establishing an honest and healthy relationship. They avoid being the experts and telling parents what they are doing wrong. HFA encourages home visitors to respond, if parent behavior is not seen as positive to think about "what happened to you?" instead of "what's wrong with you?"

Harding and Whitaker report that many HFA parents have experienced serious abuse issues themselves – over 25 percent have a history of abuse. Having no experience of what a healthy relationship is, parents may have trouble drawing a picture of what good parenting is. Coaching and teaching do not work well for families with unresolved early childhood trauma.

IV. Other Des Moines Area Group and Individual Prenatal Programs

Des Moines' Young Women's Resource Center has three programs offering to support to pregnant young women. These programs overall serve 65 pregnant women, with the capacity to serve 75. Its group support program for pregnant young women is run by a certified doula and

addresses birth plans and healthy outcomes. According to Program Director Tamra Jurgemeyer, the program seeks to build connections and secure attachments – providing positive social support to its participants, many of whom are isolated and stigmatized. The program addresses building healthy relationship and reducing the risk of domestic violence and physical or sexual abuse and seeks to meet an array of participants needs, including food, breast pumps, formula, car seats, and diapers. [13] Sexual abuse comes up a lot, because birthing can be traumatizing for mothers.

Participants in YWRC's individual support program for pregnant women have a wide range of concrete needs, including homelessness, food scarcity, WIC, Medicaid, and not going to prenatal visits. The program addresses those needs, as well as many others that the group program does.

YWRC has a Doula program that provides emotional coaching and social support through pregnancy. Doulas help participants address isolation and problems with boyfriends – through the birthing process and post visit. Doulas screen for depression and encourage breastfeeding and continue support after birth. There are 25 participants in the program annually.

Iowa's Family Development and Self-Sufficiency Program (FaDSS) provides services to families receiving cash assistance through the federal-state Temporary Assistance for Needy Families (TANF) program. These services include educating and supporting parents, some of whom have a repeat pregnancy following program enrollment. FaDSS staff provide referrals and information to pregnant clients but do not have specific support strategies for that stage of life.

Doulas offer support to both pregnant and parenting mothers. Since Medicaid does not pay for these services, they are not widely available to pregnant women facing economic challenges.

Iowa's Managed Care Organizations (MCOs) provide case management services to enrollees, including pregnant women. How well these case management services support pregnant clients is uncertain, since there is no evaluation of this function. Several interviewees observed that MCOS did not make referrals to their programs.[14] The ECI coordinator for Dallas and Warren counties, Deb Schrader, favorably noted that an MCO case manager sought out a pregnant client who missed a prenatal visit, discovered her homeless, and provided assistance and referrals.

Warren County Child Abuse Prevention has hosted a Young Parents program in Indianola, which includes some members with a repeat pregnancy. This program recently lost a major funding source, and its continuation is uncertain.

[13] The YWRC program has had considerable success encouraging breast feeding. While 38 percent of teen moms nationally (and 83 percent of all moms) initiate breast feeding, 92 percent of YWRC group mothers do.

[14] The YWRC program director Tamra Jurgemeyer noted that, while making no referrals, MCOs have contacted YWRC to assist in recruiting pregnant women to enroll.

V. Opportunities for Enhanced Prenatal Engagement

Research and interviews have helped identify several areas for enhanced prenatal engagement to reduce the risk of early childhood trauma. These include:

- **Increasing public/private support for prenatal engagement.** This memo grew out of a recognition of the importance of advocacy for prenatal engagement that reduces the incidence and consequence of early childhood trauma. The efforts identified in this memo all require private or public support for their sustenance. Increasing the visibility and urgency of prenatal engagement strategies will help sustain and enhance these efforts.
- **Ensuring continued support for home visiting programs**. Providing intense, home-based engagement, home visiting programs offer strength-based support reducing the risk of child abuse or neglect, substance abuse, and interpersonal violence. These programs rely on state and federal support, and all require legislation and appropriations to ensure their continuation. State and federal financial support is stable at present, thanks largely to a five-year extension of the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Extending MIECHV required substantial advocacy, however, and its continued support is subject to political crosswinds.
- **Expanding childbirth education instruction and support**. While all three hospital systems offer childbirth education that offers education and support for early parenting, local childbirth educators all expressed interest in new ideas or curricula and strategies for effectively engaging parents-to-be. This could include new module offerings or instruction added to existing core childbirth education.
- **Improving and enhancing MCO case management.** Enhancing prenatal engagement by MCO case managers would be welcomed. This enhancement should, at a minimum, include MCO referrals to home visiting and other prenatal support programs. For two years, ECI coordinator Deb Schrader has been exploring securing such MCO referrals. She has received positive responses from MCO staff, but these efforts have not been successful yet. Advocacy for this initiative could further this important objective, perhaps statewide.
- **Families First implementation.** In October 2019, Iowa will need to develop a plan to meet the requirements of the Families First Prevention Service Act.[15] The legislation seeks to re-direct some funding now going to foster and group care to provide services to families at risk of entering the child welfare system. Iowa is awaiting federal rules to inform its plan development and has not yet offered ways for organizations to engage. The Central

[15] Several organizations have summaries of this law, including the Alliance for Strong Families and Communities at https://www.alliance1.org/web/news/2018/feb/overview-provisions-family-first-prevention-services-act.aspx.

Iowa ACEs Policy Coalition should proceed with efforts to develop policy proposals for Families First and encourage group, rather than splintered, engagement.

- **Securing Medicaid funding for doulas**. YWRC's Tamra Jurgemeyer advocated for Iowa paying for doulas with Medicaid, as Oregon and Minnesota currently do.[16] New York State is also proceeding in this direction.[17]
- **Support for lactation services.** UnityPoint's lactation consultant observed that supporting breastfeeding mothers provides a good opportunity to discuss a range of parenting issues and challenges and support new mothers. She said that much of this consultation does not receive compensation.

[16] Further information on this subject is at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5530734/.
[17] See https://www.nytimes.com/2018/04/22/nyregion/childbirth-death-doula-medicaid.html.

Interviewees

The author of this memo wishes to thank the following professionals for describing their programs and sharing their views on strengthening prenatal engagement:

Jenn Callahan, Childbirth Education and Doula Services Manager, Mercy Medical Center

Val Cameron, Council Coordinator, Warren County Child Abuse Prevention

Kathryn Harding, National Director of Research, and Kate Whitaker, National Director of Training and Development, Healthy Families America (Chicago)

Audrey Villotti, Nurse-Family Partnership Program Manager, and Jen Stout, Maternal and Child Health Director, Visiting Nurse Services

Tamra Jurgemeyer, Program Director, Young Women's Resource Center

Nancy Krause, Director of Early Childhood Services, Lutheran Services of Iowa

Chantelle Lorton, Community Services Coordinator Childbirth Education Program, and six Childbirth Education Instructors, Blank Children's Hospital

Deb Schrader, Early Childhood Iowa Coordinator, Dallas and Warren counties

Jean Sullivan, Consultant, Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, Iowa Department of Public Health

Diane Wiedmann, Co-Instructor *Plus One Childbirth Education,* Broadlawns

Acknowledgement

The author acknowledges United Way of Central Iowa's sponsorship of this report and the advice and support of Central Iowa ACEs 360 Coalition in its design and drafting.