

branches & blossoms

Where strength branches out and joy blooms

CCYSB YOUTH SUICIDE INTERVENTION & PREVENTION SERVICES

FEBRUARY 2026

PACes: Supporting Healing Across Generations

Every parent brings a lifetime of experiences into pregnancy and postpartum—some painful, some protective, and many complicated. PACes (Protective and Adverse Childhood Experiences) acknowledge this full picture. Rather than focusing only on adversity, the PACes framework highlights resilience, connection, and the power of supportive relationships. This perspective is especially meaningful in the perinatal period, a time when healing and growth are both possible.

What Are Adverse Childhood Experiences (ACEs)?

Adverse Childhood Experiences are potentially traumatic events that occur before the age of 18. These may include:

- physical, emotional, or sexual abuse
- neglect
- household substance use or mental illness
- domestic violence
- incarceration of a caregiver
- parental separation or divorce

High ACE exposure has been associated with increased risk for:

- depression and anxiety
- substance use disorders
- chronic health conditions
- difficulties with stress regulation
- challenges in parenting and relationships

Importantly, ACEs increase risk — they do not determine outcomes.



What's Inside:

**PACes: Supporting
Healing Across
Generations**

**Breastfeeding & Mental
Health: Supporting
Choice, Autonomy, and
Well-Being**

**Helpline & Crisis
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Support, Advocacy, &
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Prevention @ CCYSB!



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What Are Protective Childhood Experiences (PACEs)?

Protective Childhood Experiences are **positive, stabilizing experiences** that help buffer the effects of adversity and support healthy development. Examples include:

- having at least one safe, supportive adult
- feeling valued and loved
- consistent routines or structure
- positive school or community connections
- opportunities for play, creativity, or achievement
- feeling a sense of belonging

Protective experiences strengthen coping skills, emotional regulation, and resilience — even in the presence of adversity.

Why the “P” in PACEs Matters

Early ACE research focused primarily on risk and long-term negative outcomes. While valuable, this approach sometimes unintentionally reinforced a sense of inevitability or hopelessness. The PACEs framework shifts the conversation by asking:

- What helped this person survive?
- What strengths already exist?
- What supports can be strengthened now?

This perspective is especially important in maternal mental health work, where shame and self-blame are common.

PACEs and the Perinatal Period

Pregnancy and postpartum are powerful windows for healing and change. During this time:

- unresolved childhood adversity may resurface
- stress responses can intensify
- attachment patterns may become more visible

At the same time, the perinatal period offers opportunities to:

- build new protective experiences
- strengthen supportive relationships
- interrupt intergenerational cycles of trauma
- create safe, nurturing environments for children

Supporting PACEs in parents benefits both the parent and the next generation.

PACEs Are Not a Scorecard

Unlike ACEs, which are often measured numerically, protective experiences are not about “canceling out” adversity. One protective experience does not erase harm — but it can meaningfully reduce its impact. A single supportive relationship can:

- reduce stress responses
- increase emotional safety
- improve mental health outcomes
- support healthier parenting practices

Why This Matters for Maternal Mental Health

Parents with high ACE exposure are not “damaged” — they are often highly adaptive survivors. When maternal mental health care:

- acknowledges past adversity
- recognizes existing strengths
- actively builds protective supports

...outcomes improve. A trauma-informed, PACEs-oriented approach shifts the focus from “What’s wrong?” to:

“What has helped, and what support would help now?”

Breastfeeding is often discussed in terms of nutrition and bonding, but its relationship to mental health is complex and deeply personal. For some parents, breastfeeding feels empowering and grounding. For others, it becomes a source of stress, pain, grief, or guilt. Mental health support requires acknowledging this full spectrum of experiences.

The Emotional Landscape of Breastfeeding

Breastfeeding exists at the intersection of biology, culture, expectations, and identity. Emotional experiences may include:

- pride and connection
- anxiety about supply or feeding schedules
- pain or physical discomfort
- grief when breastfeeding does not go as planned
- pressure to continue despite distress

None of these experiences indicate failure — they reflect the reality of feeding in a demanding postpartum context.

Mental Health Conditions and Feeding

Perinatal mood and anxiety disorders can affect feeding in many ways. Depression may reduce motivation or enjoyment. Anxiety may heighten worry about intake or weight. Trauma history can complicate physical closeness or body autonomy. Conversely, feeding challenges can also worsen mental health symptoms, creating a cycle of stress and self-blame.

The Importance of Choice

Mental health outcomes improve when parents feel they have agency and support, not pressure. Feeding decisions should be informed, flexible, and centered on the well-being of both parent and baby. Supportive language includes:

- “Fed is best — and so is your mental health.”
- “You are allowed to change your plan.”
- “Your worth is not measured by how your baby is fed.”

Medication, Breastfeeding, and Mental Health

Many parents worry about medication use while breastfeeding. While some medications require caution, many are compatible with breastfeeding. Decisions should involve individualized risk-benefit discussions with informed providers. Avoiding needed treatment due to fear can increase risk to both parent and baby.

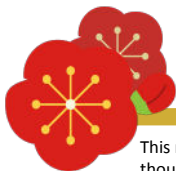
Supporting Mental Health Around Feeding

Mental health care should support *your* feeding journey — not a rigid ideal. Helpful supports may include:

- lactation consultants trained in mental health sensitivity
- therapists familiar with perinatal feeding experiences
- peer support groups that avoid judgment
- permission to supplement or transition if needed

A Compassionate Perspective

Breastfeeding does not determine bonding, attachment, or parental love. Mental health support requires honoring the emotional realities of feeding and prioritizing safety, autonomy, and connection.



Helplines & Crisis Resources

This newsletter is for educational and supportive purposes, not a substitute for mental health diagnosis or treatment. If you experience suicidal thoughts, thoughts of harming your baby, or severe symptoms, please contact emergency services, go to the nearest emergency department, or call 988 / crisis line immediately.

National Suicide & Crisis Lifeline

Call or Text

988

Chat: <https://988lifeline.org/chat>

National Maternal Mental Health Hotline

Call or Text

**1-833-TLCMAMA
(1-833-852-6262)**

Postpartum Support International (PSI)

www.postpartum.net

1-800-4PPD (4773)

Doulas: Emotional Support, Advocacy, and Mental Health Protection

Doulas are often associated with labor support, but their role extends far beyond birth. For many families, doulas provide emotional continuity, advocacy, and validation — all of which are protective factors for mental health.

What Is a Doula?

A doula is a trained support person who provides non-medical emotional, physical, and informational support during pregnancy, birth, and/or postpartum. Unlike medical providers, doulas focus on the **experience** of care.

There are different types:

- birth doulas
- postpartum doulas
- full-spectrum doulas

How Doulas Support Mental Health

Research suggests doula support is associated with lower rates of birth trauma and increased satisfaction with care. Doulas support mental health by:

- offering consistent emotional presence
- normalizing emotional responses
- helping families navigate complex systems
- advocating for informed consent
- reducing feelings of isolation

Postpartum Doula Support

This support can be especially valuable for parents at risk of postpartum mood disorders. Postpartum doulas support:

- adjustment to parenthood
- emotional processing of birth
- sleep and feeding support
- light household tasks
- validation and reassurance

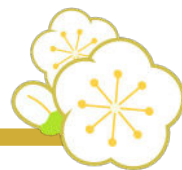
Access and Equity

Access to doula care is uneven. Cost, insurance coverage, and geographic availability remain barriers. However, many communities are expanding access through grants, Medicaid reimbursement, and community-based doula programs.

Considering Doula Support

Doulas complement — not replace — medical or mental health care. If exploring doula care, consider asking:

- What training do you have in mental health support?
- How do you support emotional well-being?
- What happens if plans change?

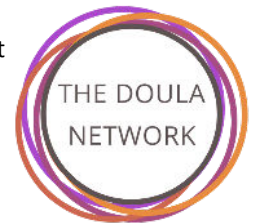


DONA.org

A searchable directory of certified birth and postpartum doulas across the U.S. from DONA International, one of the world's leading doula training and certification organizations. You can search by zip code to find someone near you.

A doula-owned and managed organization that supports community-based birth doulas, advocates for Medicaid and insurance reimbursement, and connects families with resources.

thedoulanetwork.com



COMMUNITY
DOULA ALLIANCE

An organization focused on increasing awareness of doulas, with a mission to advocate for diverse, culturally responsive doula care and improved maternal health outcomes.

communitydoulaalliance.com

Advocacy and Empowerment

For parents who feel overwhelmed, unheard, or marginalized, doulas can help translate information and support decision-making. This advocacy reduces helplessness — a key factor in trauma prevention.

PEARL will be a rolling admission group held at the Carroll County Youth Service Bureau every Wednesday 10 – 11 am. A licensed therapist will lead the group with the support of a peer support specialist. Medicaid and private insurance accepted. Referrals can be placed by contacting the Referral Coordinator at 410.848.2500, option 0. For more information on PEARL, please contact Bobby Jarrett, LCPC at 443.244.8657 or rjarrett@ccysb.org.