Appendix 1. Examples of Tools to Assess Resilience

Screening Tool	Self or Provider Administered	Number of Items	Used in Perinatal Setting	Benefits	Limitations	Key References
Conversation	Provider	Varies according to patient response	Yes	• Assesses a range of strengths. • May deepen trust and strength of relationship between patient and clinician. • May assist in developing a more comprehensive understanding of patient strengths and resources.	• Strengths may not be systematically assessed (e.g., not all patients will answer the same questions). • Administration may require greater clinician skill and training. • Varied administration time may impact workflow.	UCSF TRIADS Framework[1]
Connor-Davidson Resilience Scale (CD-RISC)	Self	25, 10, and 2 item forms available	Yes	• Widely used and researched. • Excellent psychometric properties. • Long and short forms available. • Assesses resilience as the capacity to adapt to change, cope with stress, and persist toward goals. • 10-item scale developed for clinical practice as a measure of stress coping ability. • Language translations available.	• License and fee required for use. • May be better suited to research than clinical practice.	Connor and Davidson, 2003[13] Campbell-Sills and Stein, 2007[14]
Brief Resilience Scale	Self	6 items	Yes	• Brief and simple. • Freely available. • Excellent psychometric properties. • Designed as an outcome measure to assess the ability to 'bounce back' or recover from stress.	• Assesses one dimension of resilience only. • Does not assess factors associated with resilience (e.g., social support). • Limited use in clinical practice.	Smith et al., 2008[15]
Resilience Scale for Adults (RSA)	Self	33 items	Yes	• Includes both intra- and inter-personal protective factors associated with adaptation to adversity. • Assesses resilience along five dimensions: personal strength, social competence, structured style, family cohesion, social resources. • Excellent psychometric properties.	• Long. • Response scale may be difficult for some patients to complete. • Limited language translations available.	Friborg et al., 2003[16] Friborg et al., 2005[17]

Social Provisions Scale	Self	24, 10, and 5 item forms available	Yes	• 24-item from assesses perceptions of social support along 6 domains: guidance, reassurance of worth, social integration, attachment, opportunities for nurturance, reliable alliance. • Long and short forms available.	• Assesses social support only. • Limited language translations available.	Cutrona and Russell, 1987[18] Caron, 2013[19] Orpana et al., 2019[20]

This is not an exhaustive list of measures to assess resilience or social resources; rather, these are examples only.

Appendix 2. Examples of Tools to Assess Adverse Childhood Experiences (ACEs) and Adverse Adulthood Experiences (AAEs)

Screening Tool	Self or Provider Administered	Number of Items	Assessment of Past or Present Trauma	Used in Perinatal Setting	Benefits	Limitations	Example References
Conversation	Provider	Varies according to patient response	Past and present	Yes	• Assesses adversity and distress (physical and emotional). • Assesses present and past adverse experiences. • May deepen trust and strength of relationship between patient and clinician. • May assist in developing a more comprehensive understanding of ACEs and AAEs experienced by the patient.	• ACEs and AAEs may not be systematically assessed (e.g., not all patients will answer the same questions). • Administration may require greater clinician skill and training. • Varied administration time may impact workflow.	UCSF TRIADS Framework[1]
Behavioral Risk Factor Surveillance System Questionnaire	Self	8 items	Past	Yes, in modified format	• Brief. • Tested in prenatal outpatient setting.	• Assesses a limited number of ACEs (*n*=8). • Does not assess ACE severity, frequency, duration, or timing.	Centers for Disease Control and Prevention[2] Flanagan et al., 2018[3]
ACE Questionnaire for Adults	Self or provider	10 items	Past	Yes	• Brief. • Widely used and researched. • Available in identified and de-identified formats. • Available in English and Spanish language. • Acceptability and feasibility data available in prenatal setting.	• Assesses a limited number of ACEs (*n*=10). • Does not assess ACE severity, frequency, duration, or timing. • May lead to under-representation of childhood physical neglect.	Felitti et al., 1998[4] Nguyen et al., 2019[5] Rariden et al., 2021[6]
Enhanced ACE Questionnaire for Adults	Self or provider	14 items	Past	Has been used with parents in pediatric settings	• Brief. • Includes 4 additional ACEs (repeated bullying; discrimination based on ethnicity, skin color, or sexual orientation; exposure to	• Does not assess ACE severity, frequency, duration, or timing. • Does not assess exposure to traumatic migration, food insecurity, or poverty.	Finkelhor et al., 2013[7] Gillespie & Folger, 2017[8]

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The authors provided this information as a supplement to their article.

					community violence; foster care). • Available in identified and de-identified formats.		
Childhood Trauma Questionnaire (CTQ)	Self or provider	28 items	Past	Yes	• Assesses frequency of five maltreatment subtypes. • Includes three additional items to assess respondents' tendencies to minimize, deny, or idealize childhood experiences.	• Greater administration time than the ACE Questionnaire. • May be considered more complex or burdensome to complete. • Repetitive and unpredictable questioning.	Bernstein & Fink, 1998[9] Bernstein et al., 2003[10]
PTSD Checklist for DSM-5 (PCL-5)	Self	20 items	Present symptoms	Several studies underway	• Assesses frequency and severity of traumatic stress symptoms in relation to a specific stressor. • Symptoms assessed along five dimensions: intrusion, avoidance, arousal or hyperactivity, mood, cognition changes.	• Does not assess a range of ACEs or AAEs.	Weathers et al., 2013[11] Blevins et al., 2015[12]

This is not an exhaustive list of measures to assess adversity and trauma; rather, these are examples only.

Note: If the **ACE Questionnaire for Adults** is used, we strongly recommend revision to include a more diverse list of adverse experiences.

Appendix 3. Case Studies Illustrating Trauma-Informed Clinical Responses in the Prenatal Care Setting

CASE STUDY 1 **Joanne has a history of physical abuse and neglect** **and experiences depression and chronic pain during pregnancy.**
Joanne is a White woman who was adopted at age 2 years out of a home where she reportedly experienced physical abuse and neglect. She does not remember these early experiences. She had a positive early childhood experience with her adoptive family. Over the course of her life, she has managed depression and chronic pain. In this pregnancy, fetal movements evoke a sensation of anger, followed by guilt and fear that she will not be a good mother and will not be able to bond with her baby. Joanne sees a psychologist, takes anti-depressive medication, and is in a supportive relationship. She worries that exercise many be dangerous to her pregnancy. **The plan for Joanne's care includes:** (1) continuing with mental health treatment, (2) offering guidance about safe exercise during pregnancy, (3) exploring the belief that she needs to be a "perfect mother", (4) explore ideas and concerns about infant care, and (5) referral to parenting classes and supportive parent-infant intervention programs. Joanne is also encouraged to bring her partner to prenatal visits and parenting classes.

CASE STUDY 2

Jada was sexual abused as a child and in early adulthood and

is uncomfortable with sexual intimacy

Jada is an African American woman who experienced sexual abuse as a child and was sexually assaulted in her early twenties. She felt shame and humiliation and did not disclose the sexual abuse to anyone at the time. Jada finds intimate contact difficult, including sexual intercourse and pelvic examinations. She finds relaxation and joy through gardening and cooking, which allow her to experience nature and connect with others.

The plan for Jada's care includes: The clinician asks Jada what would help to make her feel safe during vaginal examinations. She (1) refers Jada to childbirth education classes, and (2) helps her create a birth plan that involves minimizing vaginal examinations and choosing her own birthing position. She documents and communicates this plan with the hospital delivery team. Jada chooses a soundtrack that includes sounds of nature to help with grounding during birth. The clinician reinforces how connecting with others and with nature and eating nutritious food can help balance the health effects of adversity and positively influence both Jada's and her child's life.

CASE STUDY 3

Veronica has chronic health conditions,

experienced abuse as a child and her mother misused alcohol.
Veronica is an immigrant from Mexico who experienced physical abuse as a child and whose mother drank heavily. She experienced a sense of abandonment and believed she was alone in the world. Veronica has stress-associated health conditions, including obesity and Type 2 diabetes, and experiences social isolation related to being a new immigrant. She reports overeating as a way of coping with stress. She gets strength from prayer and her connection with church. She is motivated to engage in healthy behaviors by her desire to give her baby a good start. **The plan for Veronica's care includes:** The clinician enrolls Veronica in a local prenatal group to reduce her sense of isolation. The clinician also (1) treats the diabetes, (2) explores culturally-appropriate healthy eating options during pregnancy, and (3) connects Veronica with a primary care doctor after birth to continue to address long-term health risks.

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