

Intergenerational Transmission of Toxic Stress: **Exploring the Role of the Infant Gut Microbiome**

INTRODUCTION

- Toxic stress = persistent elevation of the hypothalamic-pituitary-adrenal axis in response to chronic childhood stressors (e.g. maltreatment)¹
- Toxic stress increases risk for chronic disease, but underlying biobehavioral mechanisms are not well understood
- The gut microbiome regulates communication between gastrointestinal & central nervous systems $(e.g. "gut-brain axis")^2$
- Animal studies indicate gut microbiota are sensitive to early life stress, but this is not well studied in humans³
- Improved understanding of the relationship between stress & infant gut microbiome may uncover novel intervention targets for toxic stress prevention

OBJECTIVES

Purpose: To explore the relationship between maternal stress, infant stress, and the infant gut microbiome among mother-infant dyads.

Specific Aims:

- 1. Characterize the composition and structure of the gut microbiome of infants (age 2-6 months)
- 2. Examine associations between infant gut microbiome composition and indicators of infant stress
- 3. Examine associations between infant gut microbiome composition and indicators of maternal stress

This study is an innovative collaboration between the Yale School of Nursing & the Yale Microbial Sciences Institute & is funded by a Yale "All Points West" Pilot Grant

Sample: 40 maternal-infant dyads (infant age 2-6 months)

Exclusions: Infants eating solid foods, with a history of preterm birth (<37 weeks), or with gastrointestinal disorder

Procedures: Data collected remotely due to COVID-19 pandemic. Mothers completed online questionnaires and self-collected saliva and stool samples.

Infant Gut Microbiome: Community composition of stool based on 16S (V4) rRNA gene sequence analysis

Planned analyses: Multivariate regression, adjusting for maternal and infant characteristics (e.g. diet, medications)

Eileen M. Condon, PhD, APRN; Sylvie Estrela, PhD; Brianna Jackson, MSN, RN; Nancy Redeker, PhD, RN, FAAN; Lois Sadler, PhD, RN, FAAN

METHODS

Variables & Measures:

Indicators of Maternal Stress:

- Adverse Childhood Experiences (ACE questionnaire)
- Mental health (e.g. PTSD checklist, depression scale)
 - Sleep disturbance (Pittsburgh Sleep Quality Index)
- Parenting stress (Parenting Stress Index)
- Inflammation (salivary cytokines)
- COVID-19 pandemic (Covid Responses to Stress Scale)

Indicators of Infant Stress:

• Sleep (Brief Infant Sleep Questionnaire) Inflammation (salivary cytokines)

Maternal & Infant Characteristics:

- Infant birth and health history
- Mother & infant diet history
 - Demographic characteristics

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RESULTS

Data collection ongoing; 38 dyads currently enrolled

Preliminary Descriptive Findings:

Mean maternal age: 32.2 years

Mothers' self-reported race/ethnicity:

- 69% Non-Hispanic White
- 18% Hispanic/Latina
- 5.2% Asian
- 5.2% Native American/Pacific Islander
- 2.6% Non-Hispanic Black/African American

32% receiving state/federal aid (e.g. WIC, SNAP)

92% married or living with partner

• Infant sex: 55% female, 45% male

58% infants breastfed, 21% formula fed, 21% both

Next Steps & Study Timeline:

Data collection completion: expected April 2021 Lab & statistical analyses: Spring/Summer 2021 **Dissemination of findings: Fall 2021**

REFERENCES

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Contact Information for Q&A: eileen.condon@yale.edu