

HEALthy Brain and Child Development Study

Michelle Freund, NIDA

CRAN Council May 10, 2023



HEALthy Brain and Child Development Babies · Brains · Bright Futures



What is HBCD?

- A prospective longitudinal study recruiting in 2nd trimester of pregnancy –following through ages 9-10
- Multi-modal assessments of brain, cognitive and emotional development, including influence of substances and environments from birth through childhood
- Characterize neurodevelopmental trajectories from large sample (~7,500 dyads)
- Determine how substance exposure and other environmental factors affect developmental trajectories
- Valuable resource; large dataset will be broadly shared with annual releases













UC San Diego

Cincinnati Children's Hospital Children's Hospital Los Angeles/USC University of New Mexico Cedars Sinai Arkansas Children's Hospital Boston Children's Hospital Northwestern University of North Carolina Penn State University Of Maryland Children's Hospital of Philadelphia *University of Minnesota

25 Research Sites





University of Vermont Oregon Health Sciences University Oklahoma State University New York University Vanderbilt University of Florida Emory University Hopkins/Kennedy Krieger *Washington University University of Alabama University of Wisconsin, Madison





HBCD Study Aims

- What are typical neurodevelopmental trajectories and what is the normal range of variability in brain development from birth through childhood?
- How do biological and other environmental exposures affect these developmental trajectories?
- How do genetic influences interact with environmental factors to influence neurodevelopment and cognitive, emotional, and social behavior?
- How does early life exposure to opioids, other substances, and/or other adverse environmental circumstances affect developmental trajectories?
- Are there key developmental windows during which the impact of adverse environmental exposures (e.g., stress, COVID-19) influence later neurodevelopmental outcomes?
- Are there key developmental windows during which ameliorating influences (e.g, substance use disorder treatment; social/economic support) are protective against the potential neurodevelopmental insults of early adverse exposures?
- What is the impact of early parent/caretaker interactions with their children on later health and other outcomes?



• Need To Accomplish Both Internal And External Validity

Descriptions of developmental trajectories

Questions regarding substance use effects on child health and developmental trajectories

Questions regarding other exposures and/or effect modifiers on child health and developmental trajectories

External Validity / Generalizability

Representativeness of results to target population

- *intermediate target*: local source population
- *ultimate target for consortium*: US population

Internal validity

Ability to make causal inference (from observational data) by minimizing bias and confounding



HEALthy Brain and Child Development Study



Goal 1: 7500 pregnant women (300 women in each of the 25 sites)

Goal 2: 25% (1,875 total or 75 per site) of whom report or have biomarkers indicative of substance use during pregnancy

Goal 3: To recruit a study population that reflects birthing women ages 15-49 in the US (2020 US Census)

Goal 4: To recruit women similar to those who used substances during pregnancy to ensure reasonable balance of potential confounders and improve the internal validity for scientific questions of substance use during pregnancy and child development







Visit Structure Considerations

- Ability to address the Study Aims
- Estimation of trajectories, including impacts of various factors, including:
 - Time-invariant (e.g., genetics, prenatal environment)
 - Time-varying (e.g., family environment)
 - Mediators (e.g., neurodevelopment)
- Good (longitudinal) coverage of the entire 0-48 months age span
- Facilitate statistical analyses without undue complexity
- Enough flexibility to maximize data collection and retention



Child Cognition and Neurodevelopment



DEVELOPMENT







Remote assessments will take place at visits 5 (10-17 months), 7 (16-50 months), and 8 (36-60 months).





Visit 1 <u>Assessments</u>

Health V1 **Timeline Follow Back ASSIST V1 Demographics V1** APA Level 1 DSM5 Severity Acute Stress or PTSD APA Level 2 PACES (Current) **BFY** – Benefits/Services, Economic Stress **PROMIS Perceived Stress/Social Support Edinburgh Postnatal Depression Scale** Personal and family psychiatric history **PhenX+** Discrimination eHITS PhenX+ Neighborhood Safety/ Geocode

Protective Factors Available Resources Risks Stressors Vulnerability Factors Parental Health Parental Mental Health

Biospecimens

Blood, urine, saliva (maternal)

Visit 2 <u>Assessments</u>

MAP-TL, Version: Infancy (< 1 year) APA Level 1 DSM5 Severity Acute Stress or PTSD APA Level 2 PROMIS Perceived Stress/Social Support Edinburgh Postnatal Depression Scale Breast Feeding History 2-Item Food Insecurity Participant Feedback Form- Main Study Health V2 Timeline Follow Back ASSIST V2

Biospecimens

Child - urine, stool, saliva Birth parent – saliva, nails Protective Factors Available Resources Risks/Stressors Vulnerability Factors Parental Health Parental Mental Health Infant Health

Anthropometrics

Infant height, weight, head circumference

Wearable Biosensors

Child (sent home, wear72 hours and return) to measure sleep cycle, activity, heart rate

<u>MRI</u>

Structural (T1/T2) Diffusion, Functional, Quantitative MRI MR Spectroscopy

Abstraction from obstetric and birth records

Visit 3 Assessments

SPM-2 Infant **IBQ-R Very Short Form + Behavior Inhibition** MAP-TL, Version: Infancy (< 1 year) APA Level 1 ASSIST V3 **DSM5** Severity Acute Stress or PTSD **APA Level 2 PROMIS Perceived Stress/Social Support Edinburgh Postnatal Depression Scale** ecPROMIS (<1 y/o) - Caregiver Child Relationship Scale **Breast Feeding History** 2-Item Food Insecurity ERICA NIH_BTB Cognitive/Executive Function/Memory **NIH BTB Language**

Biospecimens

Child - urine, stool, saliva Birth parent – saliva Protective Factors Available Resources Risks/Stressors Vulnerability Factors Parental Health Parental Mental Health Infant Health Infant Behavior

Anthropometrics

Infant height, weight, head circumference

Wearable biosensors

Child (sent home, wear 72 hours and return) to measure sleep cycle, activity, heart rate

<u>MRI</u>

Structural (T1/T2), Diffusion, Functional, Quantitative, MR Spectroscopy

EEG

Baseline, Auditory Oddball, VEP, Faces

HEALthy Brain and Child Development Study

Race/Ethnicity of Pilot Participants

MRI Protocol - Visits 2 and 3

- T1, T2 structural MRI
- Resting fMRI
- Diffusion MRI
- qMRI
- MRS

Pilot EEG data collection

Total EEG Collected By Site

The EEG team evaluates the data for quality. Updated 5/2/2023

Wearable Technology Visits 2 & 3

■ Passed ■ Failed

Pilot Biospecimen Collection

Biospecimen by Type

■ Blood Spot Card ■ EPPL ■ EPSE ■ Urine ■ Stool ■ Saliva ■ WB ■ EPBC

Biospecimens Received @ Sampled

Positive for use on the TLFB
Positive Biospecimen

■ Positive Biospecimen ■ Positive for use on the TLFB ■ Positive Biospecimen and Positive for use on TLFB

Preliminary analysis of pilot samples

HBCD pilot N = 63

National Positivity rate N ~ 1500

Questions?