

Marce of North America Newsletter

August 2020



WELCOME NEW JULY MONA MEMBERS!

We have had a wonderful month of growth!

Welcome to our newest Members:

Trainees

Asma Ahmed, MD, MPH, McGill University

Ariane Audet, PhD

Samantha Hellberg, University of North Carolina at Chapel Hill

Laurel Hicks PhD, LCSW, PMH-C, University of Colorado Boulder

Elizabeth Kern, MD Icahn School of Medicine at Mount Sinai Morningside & West Hospitals

Anna King, Licensed Clinical Social Worker, LCSW, PMH-C

Laurel Kordyban, BS, University of Colorado Boulder

Lauren Laifer, M.A., University of Nebraska Lincoln

Mylène Lapierre, BSc, PhD Student and Doula, Université de Montréal

Rebecca Leval, MD, MPH, Creighton/UNMC

Jordi Martinez, Universidad Autonoma del Estado de Morelos

Louisa Olushoga, MD, Northwestern University

Marissa Roth, Vanderbilt University

Elizabeth Samson, PhD, Women's Behavioral Health, Allegheny Health Network

Professional

Beatriz Penalver Bernabe, PhD

Bruma Palacios Hernandez, PhD in Clinical and Health Psychology

Suzanne King PhD

Brooke Laufer PsyD

Gabrielle Mauren, PhD

LeAnne Martin, MD

Meredith Spada, MD

Jennifer Tufts, MD

Sandra Weiss, Professor

Rheanna Platt, MD MPH

Christena Raines, Adjunct professor

August 12th Webinar: Black Maternal Health Webinar

PLEASE JOIN US FOR A WEBINAR NEXT WEEK

(Featuring our MONA Member Dr Louisa Olushoga):

Black Maternal Mental Health: State of Affairs, Practical Tips, and Future Research

Wednesday August 12th at 5:30pm CST

COMPLIMENTARY FOR MONA MEMBERS/\$25.00 for Non Members

Registration Link

<https://www.eventbrite.com/e/marce-of-north-america-focus-on-black-maternal-mental-health-registration-115118362120>



Marcé
of North America
Promoting Perinatal Mental Health



WEBINAR

BLACK MATERNAL MENTAL HEALTH: State of Affairs, Practical Tips, and Future Research

WEDNESDAY AUGUST 12, 2020 | 5:30pm CST / 6:30pm EST

SPEAKERS:

Dr. Karen Tabb Dina | Dr. Louisa Olushoga



Please register in advance by clicking the link in this post.
After registering you will receive a confirmation email
containing information about joining the webinar.



MEMBER OF THE MONTH: Nancy Selix, DNP, FNP-C, CNM, CNL

Nancy W Selix, DNP, FNP-C, CNM, CNL

Associate Professor

School of Nursing and Health Professions

University of San Francisco, San Francisco, CA

1. What is your current professional role?

I am an assistant professor at the University of San Francisco, CA, in the School of Nursing and Health Professions. I have been teaching for 11 years, primary teaching areas include healthcare policy/ethics and academic writing. I teach in the the family nurse practitioner track of our Doctor of Nursing Practice (DNP) program.

Due to the tremendous lack of perinatal mental health providers in California, I am also pursuing a certification as a psychiatric mental health nurse practitioner with a focus on perinatal mental health.

2. What drew you to the field of Perinatal Mental Health?

I've had a number of patients in my role as a nurse-midwife who experienced perinatal mood and anxiety disorders. I have been particularly interested in providing services for these women and have been a proponent of integrating mental health services into primary care.

3. What is your current research involvement?

My research encompasses perinatal mental health and policy and the ethical issues surrounding screening and treatment. Currently, I am co-PI in a study examining the perinatal experiences of transmen. In general, transmen experience a great deal of discrimination along with barriers to perinatal care. Given the limited research that has included transmen, it is important to explore their perspectives and lived experiences during the pregnancy, birth, and postpartum period.

4. What does a typical work day look like for you-including before and after work?

Typically, I teach or review student assignments and papers, perform peer review, and see patients in my clinic. However, since the pandemic, my clinic has been closed and I am not treating patients.

5. What are you most excited about in your current work?

I'm interested in the perinatal experiences of transmen and how they experience pregnancy parenting and birth. I enjoy working with students and seeing them learn and apply new information. I love writing and helping others learn how to write and publish articles.

6. What's one of the most important things you've learned from a mentor or role model?

I've learned to be patient and persistent, remaining true to myself and being of service to others.

7. What are your favorite things to do outside of work?

I love to travel, cook, garden, try new restaurants, and listen to music especially the Grateful Dead and blues.



Fellowship Opportunity: University of New Mexico School of Medicine

The University of New Mexico has a combined reproductive psychiatry and infant mental health fellowship that can be tailored to fellows interests. This is a 1 year clinical fellowship. Interested parties can contact me at negonzales@salud.unm.edu for more info.

Nina Gonzales, MD

Reproductive Psychiatry Fellowship Director

Department of Psychiatry & Behavioral Sciences

University of New Mexico, School of Medicine



Fellowship Opportunity Northwestern University

Perinatal and Women's
Mental Health Fellowship

The Asher Center in the Department of Psychiatry and Behavioral Sciences is committed to recruiting and training fellows to provide care for women across the reproductive lifespan and particularly during pregnancy and postpartum. We offer a one-year fellowship with an optional second year for two candidates.

Candidates will join a rich, collaborative environment with other clinicians and scientists in the Feinberg School of Medicine and throughout the University. The fellowship presents opportunities to complement existing clinical and research initiatives in women's and perinatal mental health. Clinical duties will be 50% time and include patient care and participation in departmental educational activities. Educational time is allocated for 50% time which includes didactics and protected time for the completion of the required scholarly project.



Fellowship Opportunity University of North Carolina Chapel Hill

**POSTDOCTORAL
FELLOWSHIP IN
REPRODUCTIVE MOOD
DISORDERS**

**Seeking qualified
applicants for the 2020 –
2021 academic year**

The Department of Psychiatry, University of North Carolina at Chapel Hill, hosts the only NIH-funded postdoctoral training program to train MD or PhD scientists in the pathophysiology of reproductive mood disorders (peripubertal, perinatal, premenstrual, and perimenopausal depression and anxiety). The University of North Carolina at Chapel Hill represents an ideal setting for this program because it possesses a well-known collaborative infrastructure, a vibrant women's mood disorder clinical program (which includes the first inpatient perinatal depression program in the country), and a critical mass of researchers in reproductive mood disorders.



Fellowship University of IOWA

The University of Iowa Department of Psychiatry/Women's Wellness & Counseling Service is thrilled to announce that we are currently accepting applications for 1 Postdoctoral Fellow in Perinatal Mental Health Care for the 2020/21 training period. The Women's Wellness & Counseling Service (WWC) is the product of a unique, highly impactful collaboration between the Departments of Psychiatry and Obstetrics-Gynecology. Located at the University of Iowa Hospitals & Clinics - Iowa's premier academic medical center - the WWC has the unique distinction of being the only clinic in the state to provide comprehensive, specialized perinatal psychotherapy and medication management services in an outpatient care setting. We serve women across the reproductive spectrum with a focus on the perinatal period. In addition to cutting-edge clinical services, we provide high-quality education and training to clinicians and student-

Fellowship Overview

Requirements & Eligibility

Eligible candidates will have completed a ACGME-accredited psychiatry residency program prior to the start date and will have board eligibility in general psychiatry. The candidate should have a strong clinical background with experience in the diagnosis and treatment of acute and chronic mental disorders. Applications for 2021-2022 fellowship year

We are pleased to announce that we are recruiting two psychiatrists seeking advanced training in women's mental health with a focus on perinatal mental health & reproductive psychiatry for a one year clinical fellowship beginning July/August 2021 with an optional second year for those interested in research.

Required documents:

- Current CV
- Personal Statement - (One page maximum) describing your interests in perinatal and women's mental health, achievements, and career goals (optional – include interests/goals in research)
- Two current letters of recommendation (to be emailed directly by the writer)


Application Process

To apply, submit the required documents by mail to Barbara Sutcliffe, Asher Center, Department of Psychiatry and Behavioral

The program's emphasis is on training in pathophysiological *mechanisms* that underlie reproductive mood disorders. The trainees will develop mastery in the following: reproductive hormonal physiology and signaling; methods for manipulating the reproductive system; and clinical phenomenology of reproductive mood disorders. Additionally, trainees will develop expertise in one of three methodological training tracks: Neurosciences, Genetics, or Stress Physiology. U.S. citizenship or permanent residency required.


Send your curriculum vitae and letter of interest to Susan Girdler, Ph.D. (co-Program Director with David Rubinow, M.D.) at susan_girdler@med.unc.edu

research protocols that highlight the value of our clinical and training efforts. Integrated care and collegial collaboration are our greatest strengths. Our staff is anchored by highly experienced perinatal psychologists and psychiatrists but also includes doctoral-level students, resident physicians, fellows, medical students, and other clinicians. Embedded within the Department of Psychiatry, the WWC benefits from the vast resources and support of this dynamic and diverse department. This departmental support has resulted in both the tremendous growth of our clinic since its founding in 2007 and the development of/collaboration on numerous state-of-the-art, innovative initiatives including telehealth care for postpartum women, an integrative Chronic Pelvic Pain Clinic, Inpatient Antepartum Clinic, IVF psychoeducational group treatment program (CALM-IVF), and a program to offer Brexanolone (brand name Zulresso) as a medication treatment for severe postpartum depression. The 2020/21 Postdoctoral Fellowship in Perinatal Mental Health Care will offer exceptional opportunities that will produce a highly-marketable, well-rounded graduate positioned to excel in a variety of desirable career settings. The



Sciences, Northwestern
University Feinberg School of
Medicine, 676 North Saint
Clair Street, Suite 1000,
Chicago, Illinois 60611 or by
email in a Word or PDF
format to Barb Sutcliffe at [b-
sutcliffe@northwestern.edu](mailto:b-sutcliffe@northwestern.edu)

fellowship program will
include approximately 2000
hours of specialized training
(including paid time off,
vacation, and sick leave) in
clinical psychology; 1500
hours will be supervised
professional experience as
required by the Iowa Board
of Psychology for licensure
purposes. 1. Applications
will be accepted until the
position is filled. If you have
questions please contact
WWC/Training Director
Stacey Pawlak, PhD at
stacey-pawlak@uiowa.edu.





PAPER OF THE MONTH: Soudabeh Givrad MD

MONA PAPER OF THE MONTH

Overview by Soudabeh Givrad, MD, Assistant Professor of Clinical Psychiatry, Weill Cornell Medicine, New York, NY, USA

The coronavirus pandemic has led to increased stress for pregnant and postpartum women. Below are two papers looking at maternal mental health during the pandemic, the first study conducted in China and the second in Italy.

1. **Perinatal depressive and anxiety symptoms of pregnant women during the coronavirus disease 2019 outbreak in China.** Wu Y, Zhang C, Liu H, Duan C, Li C, Fan J, et al. *American Journal of Obstetrics and Gynecology*. doi:[10.1016/j.ajog.2020.05.009](https://doi.org/10.1016/j.ajog.2020.05.009)

Introduction: COVID-19 initially presented in December 2019 in Wuhan, China, as several clusters of pneumonia of unknown etiology. Later on the WHO declared a public health emergency of international concern, and on January 20th, 2020 it was announced that SARS-COV2, the virus that causes COVID-19 is transmitted from human-to-human. In the beginning much was unknown about the routes of transmission and the morbidity and mortality related to this novel coronavirus. This study was initially started, as a cross sectional multicenter study, prior to the COVID-19 outbreak to determine mental health concerns during pregnancy. When the COVID-19 outbreak started this study became an opportunity to assess maternal mental health during the outbreak.

Pregnant women are a vulnerable group during viral outbreaks due to immunological changes during pregnancy. Mood and anxiety disorders are common during pregnancy and postpartum period, and the authors hypothesized that the rates of anxiety in pregnant women might be higher during this outbreak due to fears of vertical transmission from women to fetus. Moreover, authors noted an increase in loneliness, anger, boredom and psychological distress due to quarantine might also affect pregnant women negatively.

Method: This study was started in December 2019, prior to the COVID-19 outbreak, as a multicenter cross-sectional study to determine mental health concerns during pregnancy using EPDS. Data was collected from January 1, 2020 until February 9, 2020 and later on was categorized into two time points: prior to announcing human-to-human transmission of coronavirus on January 20th, and after that announcement. Once this announcement was made investigators also gathered information on numbers of suspected and confirmed cases of COVID-19 as well as deaths due to COVID-19. The study was performed in 25 centers across 10 provinces. 4124 women in their 3rd trimester participated, 1285 of whom were assessed after January 20, 2020. EPDS (with a cut off score of 10) and EPDS-3A were used to assess depression and anxiety. The investigators also looked at any associations between EPDS scores and daily changes in the number of suspected and confirmed cases of COVID-19, as well as deaths due to COVID-19. Additionally, they

investigated whether the increased risk for depressive symptoms was associated with the declaration of the COVID-19 epidemic. The analyses were adjusted for potential confounders such as age, body mass index (BMI), education levels, occupation, annual household income, parity, investigation site, family support, per capita living area, maternal only-child status, pregnancy complications, and exercise level.

Results: Pregnant women assessed after the declaration of coronavirus disease 2019 epidemic had significantly higher rates of depressive symptoms (26.0% vs 29.6%, $P=.02$) than women assessed before the epidemic declaration. This rate increased to 34.2% between Feb 5-9. Women in group 2 (Jan 20-Feb 9) had higher mean EPDS scores (mean \pm SD, 7.7 \pm 4.4 vs 7.4 \pm 4.3) and anxiety subscale scores (mean \pm SD, 3.4 \pm 1.7 vs 3.2 \pm 1.7) than those in group 1 (Jan1- Jan 20). Furthermore, awareness of the COVID-19 epidemic significantly increased the prevalence of depressive symptoms (EPDS \geq 10) (adjusted risk ratio [aRR], 1.20; 95% CI, 1.04–1.40; $P=.01$) and the risk of thoughts of self-harm (aRR, 2.85; 95% CI, 1.70–8.85; $P=.005$). The depressive rates were positively associated with the number of newly confirmed cases of coronavirus disease 2019 ($P=.003$), suspected infections ($P=.004$), and deaths per day ($P=.001$). Pregnant women who were underweight before pregnancy, primiparous, younger than 35 years, employed full time, in the middle income category, and had appropriate living space were at increased risk for developing depressive and anxiety symptoms during the outbreak.


Conclusion: The authors concluded the declaration of human-to-human transmission of coronavirus, and increasing rates of suspected and, confirmed cases of COVID-19, as well as deaths due to COVID-19 in addition to all of the unknowns about the disease during that time period resulted in increased rates of depression and anxiety and thoughts of self harm in mothers during their 3rd trimester. The main increase happened in the number of women experiencing mild depression rather than severe depression. A main anxiety might have been fear of vertical transmission to the fetus. They hypothesized the reason middle class employed women seemed to be at high risk might have been due to fears of losing their job, or the need to commute to their job and increased fears of infection. Their study also confirmed lack of physical activity to be a risk factor for depression.

2. Psychological impact of COVID-19 quarantine measures in northeastern Italy on mothers in the immediate postpartum period.

Zanardo V, Manghina V, Giliberti L, Vettore M, Severino L, Straface G.
International Journal of Gynecology & Obstetrics.

<https://doi.org/10.1002/ijgo.13249>

Introduction. Italy became the epicenter of COVID-19 in February 2020. On February 22, 2020 a lock down was imposed on parts of the country, which quickly expanded to 14 other northern provinces, and then was followed by a nationwide quarantine order. In response to the high rates of COVID-19, hospitals in the hotspots changed



policies around prenatal care, labor and delivery, and postnatal care, replacing office visits with remote checkups, sending pregnant women to an offsite laboratory for blood tests, cancelling birth center tours and other nonessential visits, and barring extra people (fathers, doulas, and visitors) from the delivery room and postpartum units in an effort to keep mothers and babies safe. This study was done to better understand the effects of the above on maternal mental health in the immediate postpartum period.


Method: This study was a non-concurrent case-control study on psycho-emotional distress in the immediate postpartum period in women who gave birth in a hotspot region in northern Italy and an antecedent group of matched postpartum women from a similar time period in 2019. The investigators used EPDS with a cut off score of 12 and looked at subscales of anhedonia, depression, and anxiety. Women received the EPDS on their second day postpartum and prior to discharge from the hospital (N=91). During the corresponding period in 2019, the EPDS had been distributed to mothers prior to discharge from the hospital (N=101). EPDS global score and values for the three subscales of anhedonia, anxiety, and depression were determined for the study and control groups. Continuous variables were analyzed by an independent sample t test, while the Fisher exact test was used to analyze qualitative variables. $P < 0.05$ was considered statistically significant.

Results: Mean EPDS scores were significantly higher in the COVID-19 study group (women who gave birth in a COVID-19 hotspot) compared with the control group (8.5 ± 4.6 vs 6.34 ± 4.1 ; $P < 0.001$). The percentage of high-risk women, those with a global EPDS score above 12, was also significantly higher in the COVID-19 group compared with the control group (28.6% vs 11.9%; $P = 0.006$). EPDS subscale analysis showed that mean scores for anhedonia, anxiety, and depression were all higher in the COVID-19 study group compared with the control group, although the differences were only significant for anhedonia (0.60 ± 0.61 vs 0.19 ± 0.36 ; $P < 0.001$) and depression (0.58 ± 0.54 vs 0.35 ± 0.45 ; $P = 0.001$).

Conclusion: The authors conclude that the results of their study indicate that quarantine and hospital containment measures adopted in a COVID-19 hotspot area in northeastern Italy had a strong psycho-emotional impact on women giving birth during this period, as indicated by increased EPDS scores and anhedonia and depression subscale scores in the immediate postpartum period.

In Summary

Many of us have been observing and treating increased rates of psychological distress in pregnant and postpartum women and their families during the past few months. The COVID-19 pandemic has led to changes in policies around medical care and labor and delivery, increased isolation and lack of social support for many postpartum mothers, and fear of infection or medical complications. It has also created a unique opportunity to study the effects of larger scale traumatic events and stressors on the perinatal population. These studies confirm the significant effects of such stressors and



emphasize the critical need to screen, support, and, when needed, treat perinatal women during such times.

MEMBERSHIP CORNER



Structural Solutions for the Rarest of the Rare – Underrepresented-Minority Faculty in Medical Subspecialties

[https://www.nejm.org/doi/full/10.1056/NEJMms2003544?](https://www.nejm.org/doi/full/10.1056/NEJMms2003544?utm_source=STAT+Newsletters&utm_campaign=650b242a64-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-650b242a64-150783797)

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[MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-650b242a64-150783797](https://www.nejm.org/doi/full/10.1056/NEJMms2003544?utm_source=STAT+Newsletters&utm_campaign=650b242a64-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-650b242a64-150783797)



International Marce Society for Perinatal Mental Health Conference

Registration for the online edition of Marce 2020 is now open!

OCTOBER 5: PRECONFERENCE

SYNCHRONOUS SESSIONS

Preconference workshops will take place live online at a variety of times to better accommodate international attendees. These will be capped at 30 participants to encourage interaction and participation over video link.

OCTOBER 6 & 7: CONFERENCE

SYNCHRONOUS SESSIONS

Workshops, case conferences, and other interactive formats will be delivered live online at a variety of times to better accommodate international attendees. These sessions will be capped at 30 participants to encourage interaction and participation over video link.

ASYNCRHONOUS SESSIONS

Pre-recorded plenary and oral presentations will be released online for you to view at your convenience. Each plenary presentation (as well as the collection of related oral presentations) will be paired with a scheduled 24-hour moderated discussion board, so that all attendees may participate during their own business hours.

Posters will become brief (2-3 minutes) prerecorded video presentations, grouped thematically, and included with the associated moderated discussion board.

 Virtual

 marce2020.com/registration



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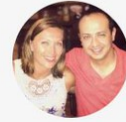


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Heather de Gortari

heatherldegortari@gmail.com

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Members in the News: Crystal Clark MD and Pooja Lakshmin MD

#sharethemedicalmic Follow the Campaign Amplifying Black Women in Medicine

After the success of [#ShareTheMicNow](#), an initiative aimed at expanding the dialogue around racial justice, two female physicians have launched a similar campaign to amplify Black voices in medicine. On July 22, the [#ShareTheMedicalMic](#) hashtag on Instagram was filled with posts from Black women physicians, in an effort to shed light on the racial disparities that still exist in healthcare.

The initiative was launched by doctors [Renée Rodriguez Paro](#) and [Lauren Powell](#). Forty women from a variety of specialties signed over their Instagram accounts in order to give their Black colleagues a platform to discuss some of the most pressing issues facing the Black community, including health conditions that disproportionately claim the lives of Black Women like heart disease and Maternal mortality. Just as important, the campaign brings attention to the lack of diversity and representation in medicine, and the ways racism seeps into the healthcare system.

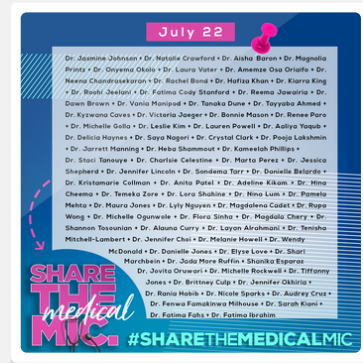
We encourage you to explore [the #ShareTheMedicalMic hashtag](#). Read, listen, and educate yourself on the topics presented, and be sure to follow the Black doctors who were involved in the campaign. Ahead, you'll find a full list of the doctors who participated, as well as a glimpse at some of the conversations sparked by this initiative.

<https://www.popsugar.com/fitness/what-is-sharethemedicalmic-campaign-on-instagram-47637100>

<https://abcnews.go.com/GMA/Wellness/female-doctors-share-mic-instagram-shine-light-black/story?id=71894694>

<https://www.goodmorningamerica.com/wellness/story/female-doctors-share-mic-instagram-shine-light-black-71894694>

<https://www.today.com/video/-sharethemedicalmic-amplifies-voices-of-black-female-doctors-to-address-disparities-88118853648>



#SHARETHEMEDICALMIC



INTRODUCTION TO REPRODUCTIVE PSYCHOLOGY Online Training by Julie Bindeman

Facebook @drjulieb

I'm offering our next year of an online live training: Introduction to Reproductive Psychology. This complete course enables clinicians to feel competent in beginning to work with reproductive cases around infertility, pregnancy loss, birth trauma, postpartum, ethics, culture, and third party consultations. A complete overview can be found here: <https://greaterwashingtontherapy.com/courses/> The course meets with a small cohort monthly over the span of 10 months for 3 hours each time. There is a total possibility of 30 CE's that are sponsored by Integrative Therapy of Greater Washington, an approved APA CE Sponsor.

It counts towards the required continuing education for PSI's Advanced training.

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greaterwashingtontherapy.com...



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The Marcé Society of North America is committed to the advancement of Clinical Care, Research, Advocacy, and Education.

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