

Marce of North America Newsletter

January 2021



Marcé
of North America

Promoting Perinatal Mental Health



2021 ANNUAL MEMBERSHIP DUES RENEWAL INFORMATION!

MEMBERSHIP RENEWALS BEGAN JANUARY 1st and must be renewed by March 1st in order to stay active on the Listserv and Newsletters!

Membership renewals began on January 1st, 2021 and all renewals must be received by March 1st, 2021 to maintain membership benefits. Also, please note that all MONA members will receive a

discounted rate on this year's Virtual Conference which will take place October 21st - 24th.

PERKS OF MONA MEMBERSHIP

- Listserv access (including expert discussion on clinical challenges, posts about new programs and research, and up to date information on conferences)
- Discount on the MONA conference
- Free access to MONA webinars
- Access to the online membership portal (including webinar videos, papers of the month, and other exclusive info)
- Access to special interest groups
- Monthly Newsletter with privileges to share announcements
- Silver Level Membership to Marce International - all members of MONA automatically become Silver Level members of the global organization

2021 Membership Annual Rates--January 1st 2021-December 31st 2021

- U.S. - \$225 (U.S. Dollars) for professionals; \$100 for students, trainees, etc
- Canada - \$275 (Canadian Dollars); \$115 for students, trainees, etc
- Mexico - \$55 for professionals/1100 Pesos; \$30 for students/600 pesos

2021 & 2022 Membership Rate for Two Years

*This two year membership will ensure that you will not need to renew your MONA membership again until 2023 and you will receive a 10% discount as well.

- \$405 for U.S professionals; \$180 for U.S. students, trainees, etc.
- \$495 for Canada professionals; \$205 for students, trainees, etc.
- \$90 Mexico professionals/1800 Pesos ; \$50 for students/1000 Pesos

**CLICK HERE TO RENEW YOUR MONA
MEMBERSHIP FOR 2021!**

MEMBERSHIPS ARE ANNUAL FROM JANUARY 1st 2021 to December 31st 2021

SAVE THE DATE

**MARCÉ OF NORTH AMERICA (MONA)
2021 *VIRTUAL* CONFERENCE**

OCTOBER 21-24, 2021





JANUARY 2021 MONA MEMBER OF THE MONTH : LOUISA OLUSHOGA MD

Member of the Month Answers

What is your current professional role?

I currently work for a Federally Qualified Health Center (FQHC) on the west side of Chicago called Lawndale Christian Health Center (LCHC). I am one of two psychiatrists working alongside primary care doctors to deliver care to the 60,000 people in the North Lawndale community and its surrounding areas. Additionally, I am affiliated with Northwestern University Feinberg School of Medicine where I supervise medical students and maintain continued involvement in research.

What drew you to the field of Perinatal Mental Health?

I came to medical school with the intention of becoming an obstetrician/gynecologist so in retrospect, it seems I was headed in this direction without even realizing it. I did not enjoy my OB rotations except for the opportunities I got to sit down and spend time talking with patients about their various psychiatric concerns that were impeding care or limiting their functioning throughout pregnancy. In residency, there was a very specific case of a young, pregnant, bipolar woman for whom our team was consulted. Learning about/working through her case really highlighted perinatal mental health as a subspecialty to pursue.

What is your current research involvement?

I completed my Women's Mental Health fellowship at Northwestern University and continue to work closely with the Asher Center for the Study and Treatment of Depressive Disorders. Additionally, I am directly involved in the ongoing development of psychiatric collaborative care work with Northwestern Department of Obstetrics and Gynecology. My research interests include mental healthcare access and management of complex mental health issues within the context of trauma particularly in women of color.

What does a typical workday look like for you-including before and after work?

In these COVID times, my day starts with getting my children (6 and 9yoa) situated at their computers/lpads for remote learning. If I'm feeling particularly motivated (most often by my overindulgence the night before), I may do a 25-minute home workout prior to getting the kids awake for school. Once everyone else is settled for their day, I'll get situated in front of my computer to see patients or work on consult requests sent by primary care providers. However, my favorite part of the workday since I began working at LCHC, is my weekly visit to Chicago homeless shelters. On these days, I go on-site to various homeless shelters in Chicago (I rotate through four) to deliver in-person psychiatric care to shelter residents/people experiencing homelessness. By far, the most enjoyable and most fulfilling part of my job. At the end of my workday it's usually dinner with the family (which has been a silver lining in this COVID craziness), dessert (we love desserts in our house and as such, it

deserves to be highlighted as its own occurrence separate from dinner), family time (which is more like everyone doing their own activity within the same space), bath/bed time for the kids, then the (dreaded) notes/documentation that needs to be completed from the day. To bed then we do it all over again 😊

What are you most excited about in your current work?

It has been a very long journey to get here and I am so excited to be working in the community as was my goal so many years ago when I set out to be a physician. I am most excited about my ability to bring my perinatal psychiatric expertise to these underserved communities- specifically, those experiencing homelessness. There is so much work to be done and so much room for development. It's great to be on the ground floor as we learn/develop better ways to deliver these much-needed services.

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

It's very okay and necessary to say 'no.' I have been fortunate to have some amazing mentors along the way who have encouraged me in all my different pursuits and interests. But in this medical training process, I've also become a mother, a wife, and have had some significant health challenges. Learning to balance it all is something I'm still working on. However, learning to say no (and not feeling guilty for doing so) is a lesson that stands out from each of my mentors. I am not great at it but I'm getting better and appreciate more and more the value/power in it.

What are your favorite things to do outside of work?

I love listening to music, planning get-togethers with friends (though not this year, of course), laughing with my kids, BOARD GAMES, watching movies and naps (definitely naps).

What is the most interesting book, podcast, TV series, or movie you've encountered in the past year?

I can't choose!

Book: *The Fifth Season* by NK Jemison (though I'm reading *The Silent Patient* by Alex Michaelides right now and it's really interesting so far)

TV Series: *Queen's Gambit* (2020), *The Undoing* (2020)

Movie: *The Platform* (2019), *Run* (2020), *Wander Darkly* (2020)

PAPER OF THE MONTH: LOUISA OLUSHOGA , MD

MONA PAPER OF THE MONTH

Overview by Louisa Olushoga, MD

Does premenstrual syndrome before pregnancy increase the risk of postpartum depression? Findings from the Australian Longitudinal Study on Women's Health. Sifan Cao et al. *J Affect Disord.* 2021; Published online October 6, 2020. doi: 10.1016/j.jad.2020.09.130

The problem: Premenstrual syndrome (PMS) is believed to be associated with an increased risk for the development of postpartum depression (PD). However, prior data has not accounted for prior history of depression (known risk factor) when making this association. Furthermore, there have been no longitudinal studies to support this association.

The Study: In this prospective/longitudinal study, Cao et al studied the association between PMS and PD in the 1973-78 cohort of the Australian Longitudinal Study on Women's Health (ALSWH). The ALSWH collects information through survey data (every three years) regarding women's health issues and access/use of Australian health services. For this paper, the 1973-78 cohort data was examined over a period of 15 years (Survey 2 – Survey 7) – from ages 22-27 through 37-42. Data was collected via self-report surveys administered at 3-year intervals during the 15-year period. Information regarding PMS symptoms were collected from the survey that immediately preceded birth, while PD data was reported retrospectively on surveys following live births. Presence of PMS was indicated on 4pt Likert scale in response to "In the last 12month have you had premenstrual tension?" PD was assessed with "In the past 3 or 4 years have you been told by a doctor that you have postnatal depression?" 5479 women were included in the study. Study participants were not pregnant at baseline (Survey 2), had at least one live birth between Survey 2 and 7, and had no history of PD. Sociodemographic and PMS risk factors were collected with each survey. These included marital status, history of depression/antidepressant use, highest level of education, comorbid medical conditions, family support, income level, and reproductive history. Univariable analyses were performed to determine association between each covariate and occurrence of PD—those with significance were included in multivariable analyses.

The Findings:

A significant dose-dependent relationship was found between PMS and PD in both crude and adjusted analyses. Statistical significance was set at $p < 0.05$. Fully adjusted analyses included sociodemographic factors (highest level of education, marital status, ability to manage income), reproductive factors (maternal age, parity, gestational diabetes, pre-term birth, pre-pregnancy BMI, physical activity, smoking, OCP use) history of depression and social support. Compared with women who had no PMS symptoms, women who 'sometimes' had PMS were found to be at higher risk for PD than those who 'rarely' experienced PMS. Those with PMS 'often' were at the highest risk of PD development. In the crude analysis, RR of PD was found to be 1.52 (CI: 1.27-1.83) and 2.20 (CI: 1.77-2.74) for women who 'sometimes' and 'often' experienced PMS, respectively. While RR decreased in fully adjusted models, this dose-dependent relationship remained consistent: 1.31 (CI: 1.09-1.57) 'sometimes' PMS and 1.51 (CI: 1.22-1.87) 'often' PMS.

Comments:

The results of this study provide concrete data regarding the association between pre-pregnancy PMS and PD. It points to the importance of obtaining a detailed reproductive history that specifically inquires addresses cyclical mood changes. By identifying women with frequent PMS symptoms, we can better counsel about the risk of PD and importance of treatment if appropriate. Most notably in this study is the persistent dose-dependent association between PMS and PD after accounting for other variables (e.g. history of depression, poor social support) known to confer increased risk of PD. Women with PMS should be identified and counseled re: increased risk of development of PD.



NATIONAL CURRICULUM IN
REPRODUCTIVE
PSYCHIATRY

NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY TRAINEE FELLOWSHIP

Marce of North America is pleased to announce the inaugural appointees of the National Curriculum in Reproductive Psychiatry (NCRP) Trainee Fellowship. Please welcome Taber Lightbourne and Heva Jasmine Saadatmand! We look forward to continuing the pursuit for the mission and goals of the NCRP.



Taber Lightbourne MD, MHS

A native New Yorker, Taber was on the pre-professional track at Dance Theater of Harlem before studying history and Italian at Middlebury College. She then completed a post-baccalaureate pre-medical program at CUNY Hunter College, while working as a research assistant for clinical trials at Sloan-Kettering Cancer Center. She eventually matriculated at Yale School of Medicine. During her time at Yale, Taber received a NIH fellowship for translational research to work for a year in the laboratory of Amy Arnsten, studying neural circuits underlying working memory. She also served on the leadership board of Student National Medical Association (SNMA) where she helped run local outreach programs for disadvantaged students at both the high school and elementary school levels.

She is currently in her final year of psychiatry training at Columbia University Medical Center, where she is completing a fellowship in women's mental health and continuing her studies in psychoanalysis through a year-long evening seminar at Columbia's Center for psychoanalytic training and research. She is committed to bringing evidenced-based mental health care to underserved communities and advancing mental health literacy among providers and the public alike. She is excited to learn and gain more experience in mental health education through the NCRP fellowship.



Jasmine Saadatmand, MD, MPH

Jasmine Saadatmand became interested in medicine and public health at Brown University, where she received Honors in Human Biology with a focus on health and human disease. After this, she attended Columbia University's Mailman School of Public Health, where she earned a Master of Public Health in Epidemiology as well as a scholarship to study women's sexual and reproductive health in the setting of HIV/AIDS in Durban, South Africa. Before returning to Columbia for medical school, she was awarded a fellowship through the Centers for Disease Control and Council of State and Territorial Epidemiologists to work at the public health department's Infectious Disease division in San Francisco, where she was involved in a variety of public health interventions and field work focusing on community education and outreach. In medical school, Jasmine continued her work in women's health, conducting research in the field of OB/GYN, including involvement in a prospective study at the intersection of reproductive health and neurology. She was moved to pursue the field of Psychiatry due to her interest in longitudinal care, women's health, and framing patient care within the context of personal narratives.

Currently as a third-year resident in Psychiatry at Yale, she is spending part of her outpatient year rotating in the Primary Care Mental Health Integration Women's Clinic, is a co-leader of a weekly women's PTSD therapy group, and is involved as a trainee member of the VA's national Reproductive Psychiatry Consultation team, which offers national consultation to clinicians presenting complex cases in reproductive psychiatry. As a part of the Women's Mental Health Conference at Yale planning committee, she helped to launch the inaugural student- and resident-run Women's Mental Health Conference at Yale, which brought together experts from across the country while shedding light on the salient issues in women's mental health for a broader audience. She is currently designing a PGY-4 reproductive psychiatry chief year. During this time, she will remain as a consulting psychiatrist at the integrated Women's Clinic while designing and implementing reproductive psychiatry trainings and didactics geared toward clinicians and trainees and working with the multidisciplinary eating disorders treatment team. She plans to pursue a fellowship in reproductive psychiatry and women's mental health following residency training. Her interests lie primarily in reproductive psychiatry and women's mental health both in the general mental health outpatient setting as well as in an integrated care model of practice, collaborating across specialties and disciplines.

She is honored to have been selected as one of the first NCRP fellows and thrilled for this opportunity to connect with and learn from mentors as well as her co-fellow. She looks forward to continuing building skills in education, communication, and application of the

literature, as well as building fund of knowledge of reproductive and perinatal psychiatry as part of the team.



Post Doctoral Fellowship Position in Womens Mental Health at Lifeline4Moms

Please find the opportunity for a Post-doctoral Fellowship Position in Women's Mental Health and Integrated Care at [Lifeline4Moms](#) / UMass Medical School. We are beginning to set up interviews and welcome additional applications. <https://www.ummsjobs.com/job/5536/>



Lifeline for MOMS.pdf

[Download](#)

78.5 KB

PSYCHIATRY FELLOWSHIP LISTING

An updated list of psychiatry fellowships focusing in reproductive help is now available! Published in November 2020, this directory has information about 16 fellowship programs (15 in the United States and 1 in Canada). This directory will be posted on various websites, including MONA, NASPOG, and MMHLA. Directory is also attached.



Fellowship Programs 2020 Final_11.14.20.pdf

[Download](#)

290.2 KB



Women's Mental Health Scholar Flyer- Clinical Psychology
2021 MONA.pdf

NORTHWESTERN Perinatal and Women's Mental Health Instructor-
Level Clinical Psychology Scholar

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137.5 KB

FELLOWSHIP TRAINING IN WOMENS MENTAL HEALTH: BROWN UNIVERSITY

fellowship training in Women's Mental Health with a focus on perinatal mental health.



PhD Women's Mental Health fellowship 2021-2022.pdf

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127.5 KB

DIVERSITY FELLOWSHIP OPPORTUNITY

Augustana College, Rock Island, IL: Our **Diversity Fellowship** program supports a doctoral candidate or recent doctoral graduate from an underrepresented group to engage in teaching and research in a liberal arts college environment and prepare for a tenure-track position.

This fellowship is open to all disciplines and begins in August of the 2021-2022 academic year, with possible renewal for an additional year upon mutual agreement. We invite applications from graduate students who will use the fellowship to complete their dissertation or early career scholars within two years of completing their terminal degree who will use the fellowship to hone teaching skills and advance their scholarly agenda.

Applicants must be a member of a group or population that has been historically underrepresented in faculty positions at Augustana College or in higher education, or otherwise contribute to diversity. This includes, but is not limited to, racial and ethnic diversity, sex and gender, LGBTQ+ individuals, individuals with disabilities, and individuals with other diverse backgrounds.

Total compensation in the first year is \$40,000 (to be split between research support and salary, at the discretion of the fellow); the fellowship also comes with benefit eligibility and a relocation allowance. In the first year, the fellow will teach three courses, preferably, one fall semester course, one intensive J-term course, and one spring semester course.

For more information about the position, benefits, and how to apply, visit:

<https://augustana.interviewexchange.com/jobofferdetails.jsp?JOBID=126592>

KAISER PERMANENTE FELLOWSHIP POSTDOCTORAL FELLOW IN WOMENS MENTAL HEALTH

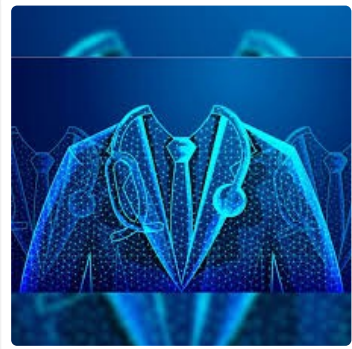
We are excited to share that we have an opening for a Postdoctoral Fellow in Women's Mental Health and Substance Use at Kaiser Permanente Northern California's Division of Research. We would appreciate it if you would share it with anyone that may be interested. Please reach out with any questions.



Kaiser Permanente Fellowship.docx

Download

238.4 KB



MEMBER SPOTLIGHT



CNN COVERAGE OF PROJECT RESCUE: Catherine Limperopoulos

The #stress a woman feels during pregnancy can affect the developing brain of her unborn child as documented on fetal brain scans, according to a new study by @devbrainlab published Dec. 7 in @JAMANetworkOpen Via @cnn:

[https://urldefense.com/v3/_https://www.cnn.com/2020/12/07/health/pregnancy-stress-fetal-impact-studywellness/index.html_!!FMDsIA!M94yNxVLeFytE26T84ZRegRTc9hE408wgg82h18eGmHDwPrmz8TIPX-WwUfncXIPEweXKetq\\$](https://urldefense.com/v3/_https://www.cnn.com/2020/12/07/health/pregnancy-stress-fetal-impact-studywellness/index.html_!!FMDsIA!M94yNxVLeFytE26T84ZRegRTc9hE408wgg82h18eGmHDwPrmz8TIPX-WwUfncXIPEweXKetq$)

VIEW FLYER IN ENGLISH:

<https://archives.simplelists.com/mona/cache/15677861/2.jpg>

VIEW FLYER IN SPANISH:

<https://archives.simplelists.com/mona/cache/15677861/4.jpg>

NEW BOOK RELEASE by Karen Kleiman MSW

New book, coming out next year for new parents!

Baby Crazy: A Guide for Safeguarding Your Over-Anxious, Over-Extended, Sleep-Deprived Relationship which is a follow up to our recent popular book **GOOD MOMS Have Scary Thoughts**

The demands of a new baby can test a couple's relationship like nothing else! When we factor in sleep deprivation, hormonal changes, depression and anxiety, and different personalities, life with a newborn can feel a bit CRAZY. Couples tend to misinterpret this rough patch as a sign that something is wrong with the relationship, but when couples take steps toward open communication and safeguard their relationship, they can face everything new parenthood throws at them together. From the team behind the bestselling *Good Moms Have Scary Thoughts* comes a new guidebook of short essays, comics, and quick journal prompts about the stressful newborn stage, the struggles that so many new parents face, and the skills you need to tap into your strength as a couple.

Second Edition of **Dropping the Baby and Other Scary Thoughts** released Nov 2020. Updated and revised edition for clinicians and families.

https://www.amazon.com/Dropping-Baby-Other-Scary-Thoughts/dp/0367223902/ref=sr_1_1?dchild=1&keywords=Dropping+the+Baby+and+Other+Scary+Thoughts&qid=1609774948&s=books&sr=1-1

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IG: @postpartumstress

[12 hr PostGraduate Advanced Training Program](#)

EMDR THERAPY TRAINING

When

*Monday, Jan. 25th, 8am to Wednesday,
Jan. 27th, 4:30pm*

Where

This is an online event.

More information

Two types of EMDR therapy training are coming up!

First, for those with no prior EMDR exposure, the entry level training (Foundational or Basic Training): My last scheduled EMDR Foundational training (for perinatal & infant mental health specialists) has only a handful of spots remaining. If you've been eying this training, don't delay -- I don't expect to have another one on the calendar until at least fall, 2021.

Part I: Jan 25-27, 2021

Part II: March 15-17, 2021

To register, and for more information about the training, click

<https://icm.thinkific.com/bundles/emdr-therapy-online-training-for-perinatal-mental-health-specialists-january-march>

Second, for those already EMDR trained:

[The Advanced Practice of EMDR for Perinatal & Infant Mental Health](https://icm.thinkific.com/courses/the-advanced-practice-of-emdr-for-perinatal-infant-mental-health)

<https://icm.thinkific.com/courses/the-advanced-practice-of-emdr-for-perinatal-infant-mental-health>

February 22-24, 2021

10am-6pm CST

Save the Date!

EMDR fundamentals: Reboot Through the Perinatal Lens

April 26-27, 2021

Optional Practicum Day April 28, 2021

Registration will open in early January

More information at the links above.

Hope to see you there!

Warmly,

Mara

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Marce of North America

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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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