Marce' of North America Newsletter

JANUARY 2024

Marcé of North America

Promoting Perinatal Mental Health

MONA Podcast
Studying Perinatal Well-being

Dr. Simone Vigod, MD (2024-2026 MONA President)

https://www.buzzsprout.com/2221370/14236093

Helping patients make decisions about treatment during the perinatal period is a critical process for the birth person and their provider. Dr. Simone Vigod, MD, explains how her team developed a patient decision aid. Dr. Vigod also shares the research benefits of large datasets.

Dr. Simone Vigod (MD 2003, FRCPC 2009) is a Professor in the Department of Psychiatry, Temerty Faculty of Medicine at the University of Toronto, and Head of the Department of Psychiatry at

Women's College Hospital, one of the University of Toronto's nine fully affiliated academic health sciences centers. Dr. Vigod is a leading expert in perinatal mood disorders and has conducted some of the largest studies worldwide on maternal mental illness around the time of pregnancy. Mental illness at this life stage poses unique risks to mothers and their children at a critical juncture in both of their lives. Her research is helping raise awareness about gaps in access to specialized perinatal mental healthcare and identifying vulnerable populations where these gaps are most prominent. She also designs and evaluates novel health system interventions to improve access to and care uptake for affected women. Dr. Vigod leads a clinical research program at Women's College Hospital as a Senior Scientist and the Shirley A. Brown Memorial Chair in Women's Mental Health Research at the Women's College Research Institute. She is a Senior Adjunct Scientist at ICES in Toronto, Ontario, where population-level administrative health data for her epidemiological studies are securely held.

MONA Membership

As we embark on another year filled with opportunities, growth, and shared experiences, we want to express our deepest gratitude to our MONA members for the continued support. Your commitment has been instrumental in shaping the success and vibrancy of our society. With that, we want to inform all members of an important update in the handling of membership dues. Beginning in January 2024, MONA membership fees are now being paid via Marcé International, as MONA is a regional group of Marcé. Any active memberships have been transitioned over to Marcé International. All membership fee transactions, renewals, and related financial matters will be handled through Marcé International. If you need any assistance joining, renewing, or checking on the status of your membership, please contact Marcé International at info@marcesociety.com.

Registration | The International Marce Society for Perinatal Mental Health

Joining a Regional Group vs. International Group The International Marcé Society for Perinatal Mental Health consists of a central International organization and individual Regional Groups which act as branches of the Society. The Society supports and encourages Regional Groups so that colleagues who are closer geographically or who share a common language can collaborate, communicate, and build relationships.

marcesociety.com

The International Marcé Society for Perinatal Mental Health

Renew your Membership | The International Marce Society for Perinatal Mental Health

Your Membership Makes a Difference The Society welcomes members from across the globe with the aim to grow and sustain the international perinatal mental health community to promote research and high quality clinical care around the world. We invite you to renew your membership at the level that best reflects your needs.

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Member of the Month

Lauren Gamble, MD

1. **What is your current professional role?**
Assistant Professor in the Obstetrics and Gynecology Department at the University of Utah

2. What drew you to the field of Perinatal Mental Health?
In residency I noticed that birthing individuals were not always receiving treatment for mental health conditions. Obstetricians are often advocating for pregnant or postpartum individuals to receive standard of care (if reasonable safety data exists, or if the alternative puts the birthing individuals life at risk), yet I didn't notice this discussion occurring as often around mental health conditions. The focus clinically seemed to be around the development of the pregnancy, which while important, left out the factors associated with the mental health of the birthing individual. My Dad is a psychiatrist and has been sending me articles on the treatment of mental health during pregnancy since I started residency. I was surprised at the amount of safety data that existed for the use of SSRIs yet it always seemed to be a topic of debate for the patient clinically. I was drawn to the complexity- at the system, provider, and patient level, while also traversing cultural and gender norms, socio-economic pressures, mental health stigma, and access to mental health care providers which was not unique to the perinatal time period. There seemed to be a window during pregnancy and postpartum that had the opportunity for day to day improvement in individuals lives and potentially change the trajectory of their relationships with themselves, their baby, and their family, as well as with their understanding of mental health. My research in residency compared treated anxiety to untreated anxiety in the perinatal period, and my interest in perinatal mental health continued to grow from there.

3. What is your current research involvement?
I'm currently 20% research which equates to around 1 day per week.

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

Oh gosh- the fun of an Ob-Gyn is that no day is the same. Lately I have gotten into Cross-Fit and wake up most mornings to go to the gym before work- I can now do real pull ups! Work is either research, operating room, or clinic- a mix of gynecology and obstetrics or in office procedures. Some weeks I am on inpatient service which means I am either on labor and delivery during the day or at night taking call, or I am on gynecology inpatient service at the hospital during the day or at night on home call. After work is typically dinner with my husband, or a run if I didn't work out in the morning, and then closing charts, checking emails and heading to bed. By that time it is midnight- only kidding- with age comes earlier bed time which often means I sacrifice something else in its place.

5. What are you most excited about in your current work?
We are working on a pilot to increase Ob-Gyn residents ability to screen, diagnose and treat perinatal mood and anxiety disorders in the outpatient setting. We are collaborating with the NRCPOBx team which has been one of the most enthralling parts. Working with people at other institutions on similar challenges is dynamic- it has propelled the work and brought a lot of enthusiasm to the project.

6**. What's one of the most important things you've learned from a mentor or role model?**
To keep doing the things that you love outside of work.

7. What are your favorite things to do outside of work?
I am spoiled in Utah- trail running, camping, and traveling. Talking on the phone with my family who lives out of state, or best friends from childhood who also live out of state. Otherwise, my husband is an avid fly fisherman, and I'm working on my casting.

8. What is the most interesting book, podcast, TV series, or movie you've encountered in the past year?
My favorite podcast is This American Life- the podcast chooses a theme and has three stories each related to the theme. I also started listening to 20 Minutes with Bronwyn who is a life coach that helped me to ask for more when I was looking for a job- but recently had a fun episode on "Unraveling Evolution: A Brief History of the Female Body". Books- recently I listened to Going Clear: Scientology, Hollywood and the Prison of Belief by Lawrence Wright on Audible and it was a phenomenal book on Scientology, religion, and society looking for aspects of community, beliefs and group mentality. Maybe You Should Talk to Someone by Lori Gottlieb was also a great book to listen to on Audible- a sad but well written and interesting book on a therapists experience in providing therapy.

Paper of the Month

Review written by:
Amanda Yeaton-Massey, MD, PMH-C

Article:
Perry MF, Bui L, Yee LM, Feinglass J. Association Between State Paid Family and Medical Leave and Breastfeeding, Depression, and Postpartum Visits. Obstet Gynecol. 2024 Jan 1;143(1):14-22. doi: 10.1097/AOG.0000000000005428. Epub 2023 Nov 2. PMID: 37917931.

The Problem:
While over 70% of US mothers, and nearly all US fathers work, the US is one of only 7 countries in the world that does not mandate paid maternity leave. Instead, each state is left to determine what paid maternity leave, if any, to provide for new mothers both in terms of duration of leave, pay, and job protection. While the 1993 Family Medical Leave Act (FMLA) provides job protection to eligible employees, it does not provide compensation, thus failing to offer the needed economic protection many mothers require in order to be off work. The lack of paid family leave in the US creates a situation where mothers return to work before they are physically or psychologically ready, increasing the risk of postpartum mental health complications along with downstream economic consequences for mothers, their families, and society as a whole.

The Study:
This is a cross-sectional study using data collected by the CDC's Pregnancy Risk Assessment Monitoring System (PRAMS) for births between 2016-2019. The authors evaluated the association between state paid family and medical leave policies and likelihood of breastfeeding, symptoms of postpartum depression, and attendance of postpartum visits. Postpartum depression symptoms were defined as present if respondents answered "often" or "always" to (1) *since your new baby was born, how often have you felt down, depressed, or hopeless?* and/or (2) *since your new baby was born, how often have you had little interest or pleasure in doing things?*

The Findings:
Data were analyzed for approximately 143,000 deliveries in 43 states and Washington DC. Eight states and Washington DC had "the most generous" paid family and medical leave (26.2% of respondents), 9 states had "some" paid family and medical leave (20.5% of respondents), and 26 states had "little or no" paid family or medical leave (53.3% of respondents). There was a correlation between increasing rates of breastfeeding and decreasing rates of postpartum depression symptoms for states with the "most generous" paid family and medical leave. Notably, the impact of paid leave on increasing rates of breastfeeding (adjusted incidence RR 1.32, 95% CI, 1.25-1.39) and decreasing postpartum depression symptoms (adjusted OR 0.85, 95% CI, 0.76-0.94) was most pronounced for birthing people with Medicaid insurance. Paid family and medical leave did make a statistically significant difference in attendance of postpartum visits.

Comments:
The US lags behind the rest of the world in paid maternity leave but leads in maternal morbidity and mortality, especially for women of color and women living in poverty. This study adds to the existing body of data that rates of postpartum depression increase among women who do not have paid family and medical leave. In addition, it demonstrates the particular importance of paid family leave for mothers who are covered by Medicaid (a proxy for socioeconomic disadvantage). Even among women who live in states with "the most generous" paid family and medical leave policies, what is offered is much less than the paid maternity leave mandated in other economically developed nations. If the US truly aims to decrease maternal morbidity and mortality, we must take steps towards providing mandated maternity leave that actually allows new mothers to not only care for their newborns but to also care for themselves.

Recently Published Members

Establishing the validity of a diagnostic questionnaire for childbirth-related posttraumatic stress disorder

Labor and delivery can entail complications and severe maternal morbidities that threaten a woman's life or cause her to believe that her life is in d...

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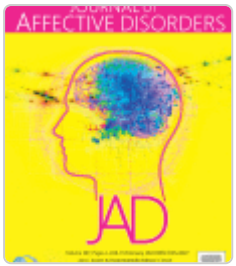

Screening for post-traumatic stress disorder following childbirth using the Peritraumatic Distress Inventory

Post-traumatic stress disorder (PTSD) following traumatic childbirth may undermine maternal and infant health, but screening for maternal childbirth-r...

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Preventing Post-Traumatic Stress Disorder following Childbirth: A Systematic Review and Meta-Analysis

Women can develop post-traumatic stress disorder (PTSD) in response to experienced or perceived traumatic, often medically complicated, childbirth; U....

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Faculty Positions & Job Postings

UMass Chan Medical School - UMass Memorial Health WMH Faculty Position.pdf

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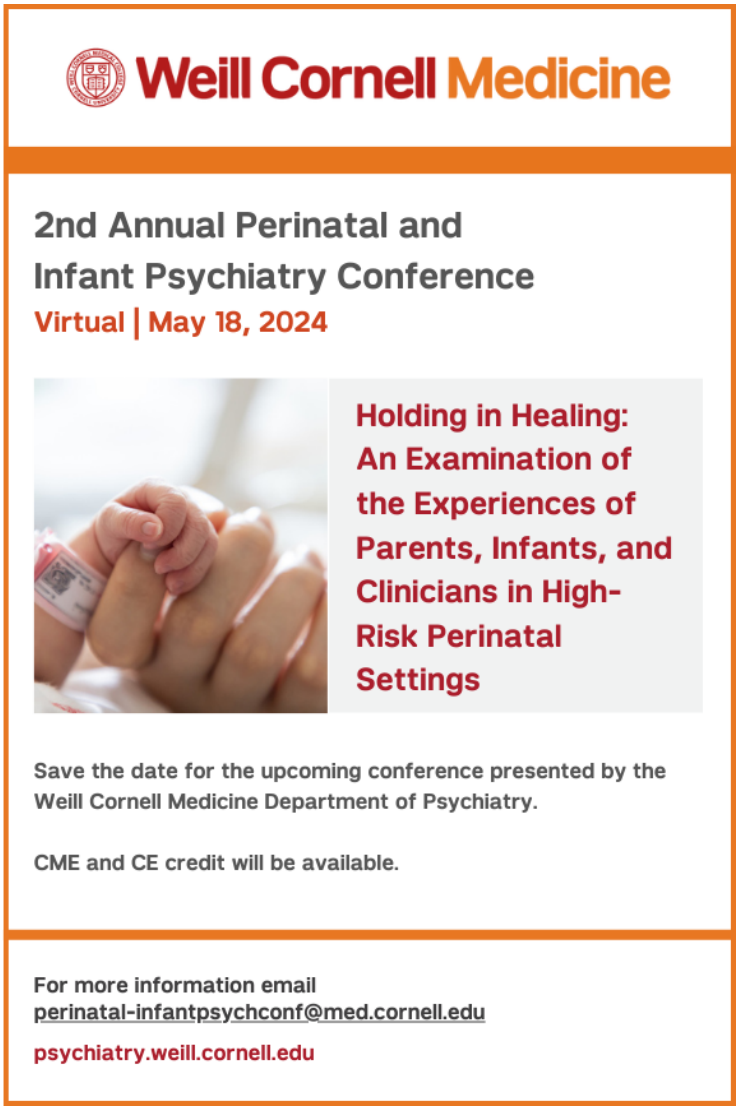
Trainings



Marce of North America (MONA) and Marce International LISTSERV

Hello Members!

As a reminder you are encouraged to use the MONA Listserv for professional advice, referrals, trainings, announcements and important topics that you would like to share with the Marce of North America Community.

You must be a member to post on the Listserv with your email registered. Once you send something to the listserv it is always held for review and approve before it is posted. You will be added to the listserv after enrolling for membership. You will have to confirm via email and opt in.

Please Email MONA@simplelists.com to send a message to the Marce of North America Listserv.

International Marce Society Discussion List

To post to this list, send your message to:discussion@lsrv.marcesociety.com

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Do you have something to share?

Please email job postings, fellowships, awards, publications, members in the media , advocacy news, etc to Marce@meetingachievements.com for future newsletters, we would LOVE to hear from you!

Marcé of North America
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Marce of North America

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

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