

Marce' of North America Newsletter

NOVEMBER 2023



Marcé
of North America

Promoting Perinatal Mental Health

2023 MONA Conference Recap!

This past week, over 400 people gathered in-person and virtually at the 2023 Marce of North America Conference. What an extraordinary event it was! From October 25th to October 28th, physicians, researchers, and advocates from across the continent gathered together to share knowledge, foster collaboration, and promote positive change.

The conference kicked off on Wednesday with a day of pre-conference workshops. Attendees participated in interactive discussions, attending sessions such as Getting Your Grant Off on the Right Foot and How to Teach Reproductive Psychiatry. The main conference delved into the diverse array of issues encompassed by the Marce of North America community. Our keynote and abstract presenters covered a wide range of topics, including gender equality, racial justice, healthcare access, the effects of Covid-19 on infants born during the pandemic.

Other highlights include the poster reception, riverboat cruise on the Potomac River, and the awards ceremony where the very first MONA Pioneer Award was given to Katherine L. Wisner, MD.



It was heartening to see so many like-minded individuals coming together. Thank you to everyone who contributed to the success of this year's conference. Your enthusiasm, passion, and commitment are what make the Marce of North America community so special.

We look forward to seeing you again in 2025!





The International
Marcé Society
for Perinatal Mental Health

4—8
SEP.
2024

The International Marcé Society Conference 2024. La Fira, Barcelona.



Member of the Month- Margo Pumar, MD




What is your current professional role?

I am currently the medical director for perinatal psychiatry at UCSF. I have a joint appointment in the departments of Psychiatry and Behavioral Sciences and Women's Health & Reproductive Sciences (aka OBGYN). I direct our outpatient Perinatal Wellness Program which includes our interdisciplinary team to provide collaborative care (therapy), group therapy, and individual psychiatry. In addition, I have 1-4 longitudinal psychiatry residents, CL fellows, and psych NPs who rotate with me. In the past year I started an inpatient perinatal psychiatry consult service which has been in high demand.

What drew you to the field of Perinatal Mental Health?

My background is in behavioral health integration and I have over a decade of experience building embedded services, including collaborative care programs. In my former role as the Director of Integrated and Collaborative Care I established the primary care collaborative care program at UCSF.



Looking to scale throughout the medical center, I found the colleagues in the OB department to be fabulous collaborators. As I began my own clinical work in OB I found my calling as a perinatal psychiatrist. I tremendously enjoy the patient population as well as the teamwork with my obstetric colleagues.

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

Hopefully I will wake up before my kids so I can enjoy some quiet, pray and drink my coffee before starting the day. Then I'm getting my kids up and ready for school. I really like to have the chance to fill both their bellies and their emotional cups before they are off for the day. I work hybrid, so I'm either home or in the hospital birthing unit. Virtually, I am providing direct patient care, staffing resident visits or in meetings with my amazing clinical team or with collaborators working to make the "magic happen". In person, I'll be rounding on the various units in the birth center and connecting with the nurses, social workers and obstetric teams prior to seeing our patients for psychiatric consultation. Most common consults are actually for patients struggling with trauma related symptoms or severe anxiety. It is very intense work but rewarding. At some point in the day, I have to do something physical to balance out the emotional demands. I enjoy weightlifting, walking our dog, or riding my bike to work. After work, I am hoping I can put together a quick healthy meal so I can sit down and enjoy my husband and kids

What are you most excited about in your current work?

I am currently leading an effort to roll out trauma informed care and systems for obstetrics. As a quaternary referral center, both inpatient and outpatient OB clinics are very intense places full of complicated and challenging cases. As such, we are traumatized people caring for traumatized people, and childbirth can be... a little traumatizing. So, we are implementing trauma informed care and systems training and universal screening for trauma and substance use disorders, in addition to our existing anxiety and depression screening. And we are working on some cool interventions to hopefully improve outcomes, patient experiences and make UCSF a better place to work.

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

Don't let the perfect be the enemy of the good. As someone who likes to build new programs and services, I have to spend time researching, learning and listening to come up with a plan that will actually meet the stated needs. But at some point, you just "gotta move." I think that in the last few years I've learned to be really decisive, and thus, I have become more efficient at accomplishing my goals. I've learned that I can and will need to pivot as unexpected things arise or change. It's been a very energizing thing to learn and put into practice.

What are your favorite things to do outside of work?

My biggest priority is being with my kids and husband, and our other family and friends. We are a soccer family - somehow I even ended up coaching girls soccer - and this can take up a lot of time. I also love being outdoors, hiking or at the beach. I enjoy playing music and woodworking as well.

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

"The Emotional Lives of Teenagers" by Lisa D'Amour - if have or will have a teenage kid, she is the author to read. I highly recommend listening to her via audiobook as well.

Lots and lots of YA Fantasy and Science Fiction - I love the genre and I love that it is PG-13!

Paper of the Month





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

Article: Postpartum Opioid-Related Mortality in Patients With Public Insurance. Elizabeth A Suarez 1, Krista F Huybrechts, Loreen Straub, Sonia Hernández-Díaz, Andreea A Creanga, Hilary S Connery, Kathryn J Gray, Seanna M Vine, Hendrée E Jones, Brian T Bateman, *Obstet Gynecol.* 2023 Apr 1;141(4):657-665, PMID: 36897177

The Problem: Pregnancy-related mortality (defined by the CDC as “*deaths that occur during pregnancy, at the time of delivery, or within 1 year postpartum, regardless of the cause, location of pregnancy, or pregnancy outcome*”) continues to increase in the US. The majority of pregnancy-related deaths are preventable and stark disparities exist with American Indian, Alaska Native, and Black birthing people dying at 2-3x the rate of White birthing people. While the CDC has started their ERASE Maternal Mortality Program, and supports Maternal Mortality Review Committees (MMRCs) in individual states, there are no national guidelines for how to conduct these reviews, nor is there a central database to track maternal and pregnancy-related mortality. This has left perinatal care providers with a limited understanding of who is dying, why they are dying, and how we can prevent future loss of life for birthing people. Currently available data indicate that about 10% of pregnancy-related deaths are due to opioid overdose, yet we do not know what the rate is among individuals with opioid use disorder or whether these individuals are receiving treatment for their OUD.

The Study: This is a retrospective cohort study using data from the Medicaid Analytic eXtract (MAX) database linked to the US National Death Index from 2006 to 2013 for all pregnant individuals with a live birth or stillbirth (4.9 million pregnancies). The authors examined the rate of pregnancy-related mortality (delivery to 1 year postpartum) from opioid overdose among individuals with and without opioid use disorder (OUD).

The Findings: The authors found an overall rate of 5.4 postpartum deaths attributable to opioid overdose per 100,000 deliveries for all parturients and a rate of 118 per 100,000 deliveries for parturients with OUD. Among individuals with OUD the rate of postpartum death was six times higher compared to deliveries for individuals without OUD. Individuals with OUD who had comorbid mental health disorders or other substance use disorders were at the highest risk of death from opioid overdose. In addition to a roughly 20x increased risk of postpartum death from opioid overdose, individuals with OUD were at higher risk of death from other drug and alcohol related deaths (15x), suicide (11x, not including opioid overdose), and circulatory deaths (5x) when compared to those without OUD. Treatment of OUD with medication-assisted treatment (MAT) with medications (e.g. buprenorphine, naltrexone or methadone) was associated with a 60% lower risk of death

Comments: Opioid overdose is known to be a leading cause of preventable death among pregnant individuals, accounting for about 10% of deaths in the postpartum period. While deaths related to opioid overdose are more common among individuals with OUD, the use of MAT decreases this risk and the risk of death from other causes (such as death from other substances, suicide, and accident). While data supporting the safety and efficacy of MAT in pregnancy are widely available the rates of treatment remain low and few programs to support birthing individuals with OUD exist. In addition, screening for OUD and other substance use disorders are spotty at best. Without identifying individuals with OUD we are not able to connect them to treatment that can be lifesaving. This paper highlights the importance of identifying individuals with OUD, ensuring opportunities to initiate MAT, and maintaining a connection to treatment in an effort to decrease pregnancy-associated mortality.

Further reading:

For more information on the CDC's ERASE Maternal Mortality Campaign visit this [link](#)

For more information about treating birthing and parenting individuals with opioid use disorder you can refer to this excellent [guide](#) from SAMHSA

Check out the faculty positions and job postings below

We are sorry! It looks like we did not receive any job postings this month.

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

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!




Marce of North America

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