

Marce of North America Newsletter

SEPTEMBER 2020



WELCOME NEW AUGUST MONA MEMBERS!

Please view our member spotlight section below for many exciting achievements to recognize!

Welcome to our Newest Members!!

Trainees

**Kimberly Evans, Texas Institute for Graduate Medical Education and Research
Milicent Fugate, MD, Brown University**

**Julia Riddle, MD, Johns Hopkins
Kelly Schaepkens, Kansas City University
Elise Scott, Vanderbilt
Morgan Sherer, Johns Hopkins**

Professional

**Zehra Aftab, MD
Zobeida Diaz, MD , MS
Heather Graham, MD
Valerie Loehr, PhD
Tom O'Connor PhD**

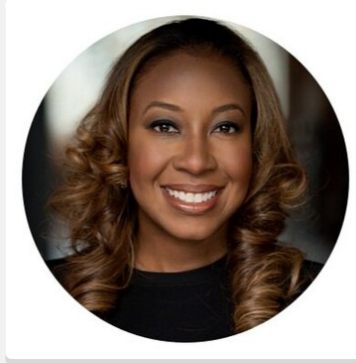
Margo Nathan, MD
Anne Ruminjo, MD, MPH
Archana Vidyasankar, MD, FRCPC

August Webinar Feature: Black Maternal Health Webinar



**Louisa Olushoga,
MD**

Psychiatrist
Northwestern University
Feinberg School of Medicine



**Crystal Clark, MD,
MSc**

Associate Professor of
Psychiatry and Behavioral
Sciences & Obstetrics and
Gynecology
Northwestern University
Feinberg School of Medicine



**Karen Tabb Dina,
PhD**

Associate Professor, School
of Social Work
University of Illinois at
Urbana-Champaign

Thank you for joining us on Wednesday August 12th for the webinar featuring Dr Karen Dina Tabb and Dr. Louisa Olushoga on Black Maternal Mental Health: State of Affairs, Practical Tips, and Future Research.

PLEASE VIEW RECORDING ON OUR WEBSITE at www.marcentnortham.com under the Resources Tab-->Professional Trainings--> Black Maternal Mental Health



MEMBER OF THE MONTH: Adrienne Griffen , MPP

Adrienne Griffen

What is your current professional role?

I am the Executive Director of Maternal Mental Health Leadership Alliance (MMHLA), a nonprofit organization focused specifically on national-level policy around maternal mental health. MMHLA's focus is not just legislative policy, but also advocating for regulatory and administrative changes, such as ensuring Medicaid and health plans include performance measures around screening for depression during the perinatal period.

What drew you to the field of Perinatal Mental Health?


My personal experience with postpartum depression and anxiety following my son's birth in 2001 led me to this work. It took me six months to find the help that I needed, despite being well-resourced (I speak English, have a partner, had insurance and access to healthcare, had a strong support system, etc. etc.). During this dark time in my life, I decided that I needed to do something so that other new mothers didn't suffer needlessly as I did. I started volunteering with Postpartum Support International in 2005, then launched Postpartum Support Virginia (a separate nonprofit organization) in 2009, which I led for 10 years before moving to MMHLA in 2019.

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

get up around 7 each morning, say a quick "thank you" prayer that I am alive (I am a cancer survivor), have breakfast, then exercise ("boot camp" class or walk 4 miles or swim) and walk the dog. My workday is usually 10-5. I have always worked from home, so my routine has not changed much since the pandemic started. My family (husband and three teenagers) are also working from home, so we gather to make and eat dinner together every night. Each of us takes a turn cooking, so my teenagers are becoming quite adept in the kitchen. We play games after dinner (Ticket To Ride and Sequence are current favorites) and enjoy our fire pit. Since the pandemic started, we meet our neighbors on Friday evenings for a social-distanced happy hour. I am actually enjoying the slower pace of life during the pandemic.

What is your current research involvement? What are you most excited about in your current work?

I am one of the very few members of MONA who is not a researcher or clinician. My lived experience with maternal mental health issues, coupled with my degree in public policy and my experience working in the federal government, give me the skillset to advocate for change at the national level. I love seeing the big picture and identifying specific levers for change that will impact maternal mental health at a high level. Things that I am working on right include advocating for specific policies (such as extending Medicaid for a full year postpartum), creating content about maternal mental health for policy makers and practitioners (see MMHLA's new Fact Sheets at mmhla.org/factsheets), educating others about maternal mental



health (MMHLA hosted a Virtual Congressional Briefing in May with almost 450 participants), and working on issues that benefit the entire field of maternal mental health (such as finding funding for additional psychiatry fellowships and PSI's warmline). I love gathering with like-minded people and have missed seeing colleagues as conferences have gone virtual during the pandemic.

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

My father taught me to look for the good in everyone; my mother taught me to have good manners; and my children taught me patience. My favorite mentor taught me that everyone in the room has something to add to the conversation.


What are your favorite things to do outside of work?

I love to exercise, read, garden, do the Sunday crossword puzzle, sit by the fire (whether inside or outside) with a good glass of wine. I walk in the woods every day to clear my mind.

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

I've been binge-watching *The West Wing* during the pandemic (it takes me back to my earlier work life as a Naval intelligence officer -- my last job in the Navy was working in the White House Situation Room). I also recommend the miniseries *Chernobyl* -- dark but very well-done. My two favorite books of the last year are both by Amor Towles: *A Gentleman in Moscow* and *Rules of Civility*. I don't listen to many podcasts -- I feel like there is already enough noise in my life.

 mmhla.org/





Women's Preventative Services Initiative NEWS UPDATE

An official recommendation to screen all girls and women over 13 years of age went into effect this past month! Thanks to the Women's Preventative Services Initiative of the Department of Health and Human Services including our MONA member Dr. Maureen Sayres Van Niel for her efforts.

These screenings can be done on any woman age 13 and up at any medical visit, including an annual well woman visit, a perinatal visit, an adolescent visit, or during a mental health visit . Many clinicians have found it easiest to pair this new screening with the screening that is already being done for depression. We would like practitioners to know about this new screening so I have enclosed the following information: This service is paid for and covered for patients age 13 or over **without a copay**, so it is available to all women. .

Here is the information on the new guideline as it appears in the Annals of Internal Medicine:

<https://www.acpjournals.org/doi/10.7326/M20-0580>

This article from Psych News gives further information:

<https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.7b6>

✉ maureen.vanniel@gmail.com

🌐 [acpjournals.org/doi/10.7326/M...](https://www.acpjournals.org/doi/10.7326/M20-0580)



SEPTEMBER PAPER OF THE MONTH

MONA PAPER OF THE MONTH

Overview by Melissa Magdalene Goslawski MD, MS, Perinatal Psychiatry Fellow,
Northwestern University, Chicago, IL USA

Lithium exposure during pregnancy increases fetal growth. Poels E et al. *Journal of Psychopharmacology*.

<https://doi.org/10.1177/0269881120940914>

Introduction:

Lithium is a beneficial treatment for manic and depressive episodes and it is currently the most effective drug for relapse prevention. Because the onset of bipolar disorder occurs before the age of 25 years old, many women of child-bearing age are frequently prescribed it. Several research studies show several maternal benefits, including lower risk of relapse, however lithium freely crosses the placenta. Studies documenting lithium's association with spontaneous abortion, preterm birth, and increased birth weight are controversial. The main aim of the study was to examine the association of prenatal exposure to lithium on fetal growth and birth weight.

Methods:

This was a retrospective observational cohort study. Data were collected from 2 academic centers in the Netherlands. Pregnant women who took lithium and were referred for advanced fetal ultrasound between March 1994- January 2018 were evaluated for eligibility. Inclusion criteria included singleton pregnancies with daily lithium use from conception until 20 weeks gestation and availability of an advanced 20-week fetal ultrasound (n=119). As a control population, participants from the Generation R study that had singleton pregnancies, no lithium exposure, and a 20-week ultrasound were used (n=8184). In the lithium exposed group, information on psychiatric diagnosis, lithium dose, duration of use, lithium blood concentrations, and additional psychotropic medication use were extracted from medical files. In the control group, women were categorized with a bipolar spectrum disorder if they had at least one depression and (hypo)manic episode in their history. For fetal growth measurements, records of the 20-week ultrasound scans were evaluated using head circumference (HC), transcerebellar diameter (TCD), abdominal circumference (AC), and femur length (FL).

The authors investigated the association between prenatal lithium exposure, fetal growth measurements, and birth weight using separate multiple linear regression analyses. Models for fetal growth and birth weight were adjusted for maternal age, maternal BMI, gestational age at time of measurement, parity, smoking, and psychotropic medication use other than lithium. Interactions between the covariates and lithium use were tested for significant improvement of model fit. The authors compared their results to previous studies and to assess clinical relevance by calculating odds

ratios for preterm birth and large for gestational age using binary logistic regression analyses, while adjusting for the same covariates above. Ten imputed datasets were generated and analyzed, with pooled effect estimates and their 95% confidence intervals reported. Sensitivity analyses were also performed in the control group to account for broadly defined bipolar disorder without lithium exposure and to compare them to control pregnancies in women without bipolar disorder. An additional sensitivity analysis excluded pregnancies with gestational diabetes in the lithium group to investigate whether associations of lithium with fetal growth was driven by gestational diabetes.

Results:

In the lithium-exposed group, most of whom were women diagnosed with a bipolar spectrum disorder (n = 110), were older, and had a larger BMI. Within the control group, 282 pregnancies were from women with a bipolar spectrum disorder based on self-reported depressive and hypo (manic) episode. Gestational diabetes was present in 4.2% of pregnancies in the lithium group and 1.0% of pregnancies in the control group. Gestational age at ultrasound and sex of the child was comparable in both groups. The mean percentiles of HC, AC, and FL were higher in the lithium-exposed group whereas the percentile of the TCD was comparable in both groups. In the lithium exposed group, the rates of premature birth and large for gestational age (LGA) were higher than the control group. The average daily lithium dose was 1007 mg divided on an average of 2.8 doses per day. The mean lithium level close to the time of ultrasound was 0.44 mmol/L. Lithium use during pregnancy was significantly associated with an average increase in most growth parameters at 20 weeks of gestation, including: HC of 1.77mm (95% CI: 0.53, 3.01), AC of 5.54mm (95% CI: 3.95, 7.12), FL of 0.59 mm (95% CI: 0.22, 0.96), and estimated fetal weight of 21.05 grams (95% CI: 12.29, 29.81). Lithium use during pregnancy was associated with an average increase in birth weight of 142.43 grams (95% CI: 58.01, 226.89), and also associated with gestational duration with an average increase in 1.41 weeks (95% CI: -1.78, -1.05). Results from binary logistic regression analyses showed that lithium use during pregnancy was associated with LGA (adjusted odds ratio (OR)= 1.85, 95% CI: 1.09, 3.12) and premature birth (adjusted OR= 3.26, 95% CI 1.86, 5.74). Sensitivity analyses showed no association of bipolar spectrum disorder with 20 weeks fetal growth, birth weight, and gestational duration.

Conclusion:

The authors concluded that in the lithium exposed group, an increase in fetal growth at 20 weeks of gestation was found, and that prenatal lithium exposure was related to an increase in birth weight, whereas the average gestational age at birth was lower.

Furthermore, lithium use was associated with LGA and preterm birth. Comment: The authors acknowledge that confounding is a threat to the validity of the results, as is the case in all observational studies, which do not have the advantage of randomization. Women with

bipolar disorder who do not continue to take lithium in pregnancy differ from those who are treated during pregnancy, particularly with respect to severity of disorder and medical and psychiatric comorbidities. The effect of untreated bipolar disorder on infant outcomes may incur greater risk for offspring health in the short and long-term than lithium (or other drug) exposure. In addition, among those who continue therapy, infant outcomes may differ among those who remain in remission and those who have symptom recurrence which is not addressed in this observational study. Many of the women on average had serum lithium concentrations below the established therapeutic range(0.6 mmol/L – 1.0 mmol/L). Longitudinal studies of medical and physical development following in-utero lithium exposure would be an advance to this evolving literature.

MEMBERSHIP CORNER



#marce2020



Biennial Meeting

Innovations in Research,
Policy and Clinical Care

October 5-8, 2020

Iowa City, Iowa,
United States

THE UNIVERSITY
OF IOWA





International Marce Society for Perinatal Mental Health Conference

THE MARCE International Conference coverage to highlight MONA Speakers including –Samantha Meltzer-Brody , Crystal Clark, Jennifer Payne , Deborah Rich and Emily Miller

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.

ASYNCHRONOUS 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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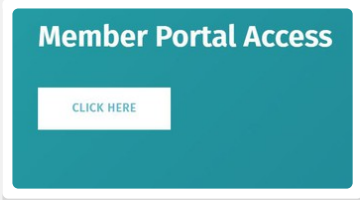


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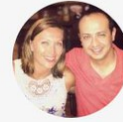
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Member Directory

The Member Directory is Located within the Member Portal on our website. Here you can find other MONA members to connect with your colleagues.

Member Portal Access

This can be accessed on the Home Page of our website www.marcenortham.com. Here you will find a variety of Member Only features Including an archive of Papers of the Month, Members of the Month, Past Newsletters and How to Join a Committee! Check It Out!

Edit Your Profile

After logging into the website at www.marcenortham.com you can personalize your profile information Under "Edit your Profile" that will be available on the membership directory including your Name, Email, Professional Designation, Institution and upload a Photo. We encourage you to Log in and complete your profile for the directory.



**MEMBER
SPOTLIGHT**



Editorial: The Association Between Antidepressant Exposure and Birth Defects—Are We There Yet?

Editorial

August 5, 2020

The Association Between Antidepressant Exposure and Birth Defects—Are We There Yet?

[Katherine L. Wisner, MD, MS1, 2, 3](#); [Tim F. Oberlander, MD, FRCPC4](#); [Krista F. Huybrechts, MS, PhD5](#)

JAMA Psychiatry. Published online August 5, 2020.

doi:10.1001/jamapsychiatry.2020.1512

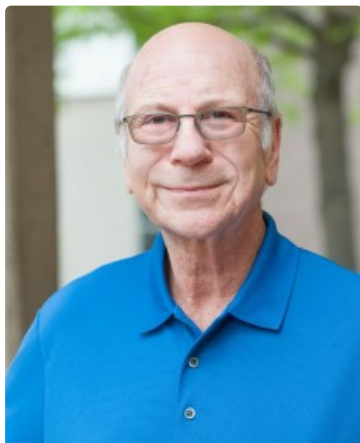
Michelle Nutlis CAS project—Sandaluz Lara—Cinisomo

University of Illinois undergraduate psychology student Michelle Nutlis does a voiceover for her video on her work in the Laboratory for Emotion and Stress Assessment (LESA). She is an intern for Dr. Sandraluz Lara-Cinisomo, who is teaching her students to better understand the unique circumstances faced by women experiencing postpartum pain and depression. Nutlis' work was part of her training with the Community-Academic Scholar for Brain Health program. Find out more about the program [here](#).



[Michelle Nutlis C...](#)

mediaspace.illinois.edu

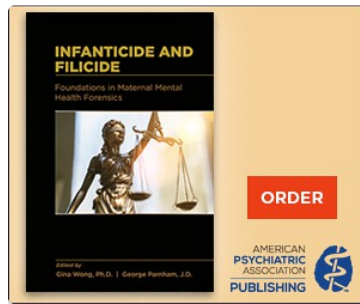
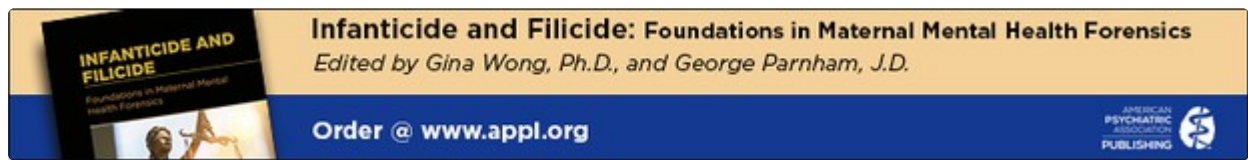


Michael O'Hara PhD

CONGRATULATIONS ON 40 YEARS at the University of IOWA!

<https://psychology.uiowa.edu/people/michael-ohara>

DR GINA WONG BOOK ANNOUNCEMENT:



Infanticide and Filicide: Foundations in Maternal Mental Health Forensics

I am proud to announce my new book

Infanticide and Filicide: Foundations in Maternal Mental Health Forensics published by the American Psychiatric Association, co-edited with George Parnham J.D. (Wong & Parnham).

The book includes 17 chapters with over 30 contributing authors who represent 8 countries. The book is out later this Fall. A special advanced edition will be available to attendees at the upcoming MARCE conference in October. MARCE is hosting a live book launch panel presentation on October 6 at 2:00-4:30pm CST.

I also initiated and founded the Centre for Perinatal Psychology and Forensics International and will be developing CPPFI over the next 6-12 months.

 appl.org



Psychoneuroendocrinology on neuroactive steroid profiles in perinatal women


Dr. Kristina Deligiannidis and her research team received a 5-year NIMH R01 grant to further investigate relationships between neuroactive steroids and functional connectivity in women with postpartum depression. Additionally, they just published a manuscript in Psychoneuroendocrinology on neuroactive steroid profiles in perinatal women.

Deligiannidis KM, Kroll-Desrosiers AR, Tan, Y. Debuque M, Shaffer SA. (2020) Longitudinal proneuroactive and neuroactive steroid profiles in medication-free women with, without and at-risk for perinatal depression: a LC/MS analysis. *Psychoneuroendocrinology, online ahead of print.*

Free manuscript PDFs available at:

<https://authors.elsevier.com/a/1bbm615hUdQboT>

<https://pubmed.ncbi.nlm.nih.gov/32828068/>

 pubmed.ncbi.nlm.nih.gov/32828068/



Webinars for Perinatal Mental Health

We have two new awards from PCORI to address perinatal mental health. The first upcoming project is titled "Engaging Stakeholders in Perinatal Depression Research in the Context of COVID-19" and the main deliverable will be a patient-centered outcomes research webinar series held on 3 Thursdays this year - 10/29, 11/5, 11/12 at 4 p.m. EST. The second upcoming project is titled "Convening PCOR/CER Stakeholders to Address Issues in Rural Perinatal Health" and the main deliverable will be a two day virtual conference held on April 23-24, 2021.

<https://www.perinatalconnect.org/>

<https://www.pcori.org/research-results/2020/convening-pcorcer-stakeholders-address-issues-rural-perinatal-health>

[https://www.public-health.uiowa.edu/news-items/university-of-iowa-team-receives-100000-engagement-award-to-host-conference-on-rural-maternal-mental-health/#:~:text=A%20University%20of%20Iowa%20team,Outcomes%20Research%20Institute%20\(PCORI\).](https://www.public-health.uiowa.edu/news-items/university-of-iowa-team-receives-100000-engagement-award-to-host-conference-on-rural-maternal-mental-health/#:~:text=A%20University%20of%20Iowa%20team,Outcomes%20Research%20Institute%20(PCORI).)

 [perinatalconnect.org/](https://www.perinatalconnect.org/)



Save the Date

Perinatal Depression Research Engagement Webinar Series

Oct 29, Nov 5 & 12
Thursdays • 3pm

 **Perinatal Connect**

Acceptability and Perceived Benefits of Exercise Among Pregnant and Postpartum Women Seeking Psychiatric Care


Cynthia L. Battle,^{1-3,*} Brie L.D. Scott,² Anne E. Fritzon,⁴ Margaret Howard,^{1,3} and Ana M. Abrantes^{1,2}



Journal Article by Member Cynthia Battle

Here is a link to the paper, which is open access.

<https://www.liebertpub.com/doi/pdf/10.1089/whr.2020.0039>

 [liebertpub.com/doi/pdf/10.1089/whr.2020.0039](https://www.liebertpub.com/doi/pdf/10.1089/whr.2020.0039)

Open Letter from Psychiatrists Featuring MONA President Crystal Clark

In partnership with a team of Black psychiatrists, MONA President Crystal T. Clark published an open letter in support of former First Lady Michelle Obama's public acknowledgment of recent mental health concerns. The psychiatrists expressed appreciation for Mrs. Obama's openness in addressing her "low-level depression" during the pandemic and culture of racial injustice in the United States. On behalf of the International Marcé leadership team, thank you Crystal for your advocacy and care for women's mental health!

To learn more about the letter and the circumstances around it, please visit


<https://www.chicagotribune.com/columns/heidi-stevens/ct-heidi-stevens-black-psychiatrists-open-letter-michelle-obama-0817-20200817-fibkfcidrd7jnuqjctezat4mu-story.html>




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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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