

Marce' of North America Newsletter

DECEMBER 2023



Marcé of North America

Promoting Perinatal Mental Health

MONA Podcast

Studying Perinatal Well-being



Dr. Bolea-Alamanac, PhD (episode 4 offered in Spanish)

<https://www.buzzsprout.com/2221370/14065128>

In English:

This month, we discuss sex-specific research and the role of sexism on perinatal mental health with Dr. Blanca Bolea-Alamanac. Listen to the insightful observations and findings Dr. Bolea-Alamanac has made using large datasets and through her Spanish-language radio program offered in Toronto, Ontario.

Dr. Bolea-Alamanac is an Assistant Professor in Psychiatry at

Women's College Hospital at the University of Toronto, Centre for Addiction and Mental Health,

and Director of SCOPE (Seamless Care Optimizing the Patient Experience). Dr. Bolea-Alamanac received a PhD in Psychiatric Epidemiology focusing on maternal and child health from the University of Bristol, UK, and a master's degree in Affective Neuroscience from Maastricht University, Holland. Her research interests include Maternal Perinatal Mental Health, Adult ADHD, Gender Psychopharmacology, Burning Mouth Syndrome, and Psychiatric Epidemiology. Learn more about Dr. Bolea-Alamanac at:

<https://psychiatry.utoronto.ca/faculty/blanca-bolea-alamanac>

<https://ca.linkedin.com/in/blanca-bolea-73a92842>

<https://www.researchgate.net/profile/Blanca-Bolea>

En Espanol:

Este mes, discutimos la investigación específica del sexo y el papel del sexismo en la salud mental perinatal con la Dra. Blanca Bolea-Alamanac. Escuche las perspicaces observaciones y hallazgos que la Dra. Bolea-Alamanac ha realizado utilizando grandes conjuntos de datos y a través de su programa de radio en español ofrecido en Toronto, Ontario.

La Dra. Bolea-Alamanac es profesora asistente de psiquiatría en el Women's College Hospital de la Universidad de Toronto, Centro de Adicción y Salud Mental, y directora de SCOPE (Seamless Care Optimizing the Patient Experience). La Dra. Bolea-Alamanac recibió un doctorado en Epidemiología Psiquiátrica centrado en la salud materno-infantil de la Universidad de Bristol, Reino Unido, y una maestría en Neurociencia Afectiva de la Universidad de Maastricht, Holanda. Sus intereses de investigación incluyen la salud mental materno-perinatal, el TDAH en adultos, la psicofarmacología de género, el síndrome de boca ardiente y la epidemiología psiquiátrica. Obtenga más información sobre el Dr. Bolea-Alamanac en:

<https://psychiatry.utoronto.ca/faculty/blanca-bolea-alamanac>

<https://ca.linkedin.com/in/blanca-bolea-73a92842>

<https://www.researchgate.net/profile/Blanca-Bolea>

Member of the Month



MaryEllen Maccio, MD

1. What is your current professional role?

Perinatal Behavioral Health Program Advocate and physician in clinical practice at Valley Women's Health Care, Valley Medical Center, Renton, Washington.

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

As a family physician, addressing and treating mood disorders has always been an integral part of my work. When I joined an OB group 20 years ago, my OB colleagues were uncomfortable with postpartum depression, so they referred patients to me. Moved by their struggles to overcome shame and isolation, I pursued additional training to fill the gap in patient care. It has been fascinating to see how the understanding of perinatal mood disorder has evolved over the last two decades.

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

In 2021, Amritha Bhat MD at University of Washington Perinatal Psychiatry introduced me to the concept of Collaborative Care as a model for addressing perinatal mental health issues. This transformed what felt like an impossible problem– the explosion of perinatal mood disorders that occurred during Covid– into an opportunity to implement an effective treatment program.

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

In 2022, we launched a collaborative care program for OB patients, Perinatal Behavioral Health Integration Program (P-BHIP). In addition to helping patients, our program aims to educate OB clinicians to improve their ability to diagnose and treat perinatal mood disorders. The most exciting part of my work is the chance to empower obstetricians and midwives. It is meaningful to see my colleagues begin to embrace perinatal mood disorders as part of their scope of practice.

5. What is your current research involvement?

Though I'm not directly involved in research, patients enrolled in P-BHIP have the opportunity to participate in a research project through University of Washington Perinatal Psychiatry Department. It is gratifying to connect our diverse population with the project, providing opportunity for patients and benefit to researchers. The recent MONA conference underscored an important part of addressing equity is to ensure that study participants reflect the diversity of communities. There is a natural synergism between researchers and clinicians that can help promote that goal.

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

My days start early with walking or biking to the train. My clinical time is divided between seeing general OB GYN patients and telehealth visits for perinatal mood disorder patients who can't be accommodated in our collaborative care program. Each week I have a few hours of administrative time for ongoing development of P-BHIP. End of day walk or ride back home provides time for decompression, and I prefer solitude in the evenings after a work.

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

Joyful activities for me are hiking and traveling with grandkids. For rejuvenation, I turn to reading and long-distance cycling.

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

I recently saw *The Quiet Girl*. I loved the contrast between the lush landscape and sparse dialogue. But most striking was the impact of the death of a child, underscoring the ubiquitous themes of secrets, loss and repair in family life.

Paper of the Month

Review written by:

Amanda Yeaton-Massey, MD, PMH-C

Article:

Millan DM, Clark CT, Sakowicz A, Grobman WA, Miller ES. [*Optimization of the Mood Disorder Questionnaire in identification of perinatal bipolar disorder*](#). Am J Obstet Gynecol MFM. 2023 Jan;5(1):100777. doi: 10.1016/j.ajogmf.2022.100777. Epub 2022 Oct 22. PMID: 36280148.



The Problem:

Bipolar disorder is an important clinical issue for perinatal patients with significant implications, especially if unrecognized and untreated. While up to 1 in 5 people who screen positive for depression in the perinatal period have bipolar disorder, routine screening has yet to be systematically implemented in the vast majority of OB practices. In June of 2023 the American College of Obstetrics and Gynecology took the important step of formally recommending that OB providers screen for bipolar disorder “...before initiating pharmacotherapy for anxiety or depression, if

not previously done” in their [Clinical Practice Guideline](#). ACOG suggests screening with the Mood Disorder Questionnaire (MDQ), which has been validated in perinatal populations, but not among patients who screen positive for depression outside of psychiatric settings. This study aims to answer the question of how well the MDQ performs in identifying bipolar disorder among perinatal patients who screen positive for depression in an OB clinic setting.

The Study:

This is a retrospective cohort study at an academic medical center of individuals enrolled in a collaborative care program for perinatal mental health services from 2017 to 2021. All patients completed the MDQ and had a diagnostic psychiatric evaluation with a licensed mental health professional. The discriminatory capacity and test characteristics of the MDQ were evaluated at each score threshold and compared to the results of the diagnostic psychiatric evaluation.

The Findings:

In this cohort of 1510 perinatal patients enrolled in a collaborative care program for the treatment of perinatal mental health disorders there was a rate of bipolar disorder of 4.1% (N=62) using a diagnostic psychiatric evaluation. Using the MDQ, a score of ≥ 7 on question 1 had a sensitivity of 60% for identifying bipolar disorder in this cohort. When the threshold for “screen positive” using the MDQ was lowered to ≥ 4 for question 1 the sensitivity increased to 81%. This decrease in threshold from ≥ 7 to ≥ 4 on question 1 lowered the specificity from 88% to 69% for the diagnosis of bipolar disorder.

Comments:

Over the past decade we have seen increased awareness among OB providers of the importance of identifying and treating mental health disorders among perinatal patients. Screening for depression (most often with the PHQ-9 or EDS) is now considered a routine aspect of OB care, and there are a growing number of OB providers offering pharmacologic management of depression to their patients. However, screening with a validated instrument for possible bipolar depression is not routinely done in OB clinics. The latest ACOG Clinical Practice Guideline that recommends screening for bipolar disorder with the MDQ is an important step to increase awareness of this critical aspect of care, especially prior to initiating treatment for depression with an SSRI. The authors demonstrate that a lower threshold for “screen positive” on the MDQ with a score of ≥ 4 on question 1 can improve the ability to identify patients who may have bipolar disorder and who would benefit from a diagnostic psychiatric evaluation. While this increased sensitivity comes at the cost of specificity, in the OB clinic setting it is imperative that we not miss patients with bipolar disorder. Not only is it important to avoid potential harms of starting an SSRI but also to ensure that patients connect to mental health care beyond their pregnancy. As with many clinical issues,

representing a chance to improve health outcomes not only for the pregnancy but over the lifespan.

Recently Published



Establishing the Validity of a Diagnostic Questionnaire for Childbirth-related Post-traumatic 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...

[sciedirect.com](https://www.sciencedirect.com)

Faculty Positions & Job Postings

JOB POSTING

The Department of Psychiatry in the Carver College of Medicine at the University of Iowa is seeking a Psychologist to join our clinical track faculty. The position is a 1.0 FTE and consists of 75% clinical, 20% academic, and 5% leadership time. This Psychologist will join the Women's Wellness & Counseling Service (WWC) team. 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 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 to clinicians and student-learners, and design research protocols that highlight the value of our clinical and training efforts. Since its founding in 2007 the WWC has experienced tremendous growth which has resulted in the development of innovative initiatives including a Health Psychology program with the Center for Advanced Reproductive Care (hospital fertility clinic) and an Inpatient Antepartum Mental Health Care Clinic, as well as embedded mental health care in the OB-GYN Maternal Substance Abuse Disorders Clinic and Stead Family Children's Hospital's Level IV Neonatal Intensive Care Unit.

The primary foci of this position will be threefold: 1) the Psychologist will join the Center for Advanced Reproductive Care's current Health Psychologist/WWC Clinic Director to provide fertility counseling and third-party reproduction consultations/evaluations, 2) the Psychologist will play an integral role in the implementation of a robust clinical research program with a reproductive health foundation, and 3) the Psychologist will serve in a leadership role as Assistant Clinic Director

For additional information and application instructions, please go to <https://jobs.uiowa.edu/faculty/view/75038> and/or contact WWC Director Stacey Pawlak, PhD at stacey-pawlak@uiowa.edu.

FUNDING OPPORTUNITY

I'm reaching out on behalf of the national **Maternal Mental Health Equity Fund (MMHEF)** - a new pooled fund that seeks to address the inequities that exist within the maternal mental health field. More specifically, this fund is prioritizing maternal mental health solutions that are community-centered and led by people of color. **We encourage you to share across your networks and with any partners who may be interested in applying.**

As you of course know, in 2021, mental health was the leading preventable cause of maternal mortality, with maternal mental health, which includes, but is not limited to, anxiety, depression, mood disorders, psychosis, post-traumatic stress disorder, affecting one in seven birthing women and nearly one in four new mothers of color experiencing postpartum depression. It also intersects with many societal issues, including child development, housing and family economic security. Further, most pregnant and parenting people of color are not getting the help they need.

Unfortunately, these inequities directly impact how the problem is defined, who is leading the work, how programs are built and sustained, how success is measured and defined, and how systems and policies do or don't address the families who need maternal mental health supports the most. Given this reality, several funders came together in late 2022 to develop a nationally focused pooled fund that seeks to directly support the mental health and well-being of BIPOC families.

Request for Proposals

MMHEF will be investing in a national cohort of organizations and leaders from within communities - and across the country - who are delivering models of care that are built in and by Black, Indigenous, People of Color (BIPOC) communities. We are launching an open [Request for Proposals \(RFP\) Process](#) for interested organizations and leaders.

We are seeking programs or initiatives that are: (1) built within and by BIPOC communities (2) led by BIPOC leaders with a community-oriented focus; and (3) demonstrating impact and addressing maternal mental health inequity. Selected grantees will become partners in a 3-year national Learning Community with funding ranging from \$50,000 - \$100,000 per year. Eligibility details along with proposal questions and RFP submission details can be found [here](#).

Proposals are due by **Friday, January 12, 2024 at 11:59pm PST** and interested applicants are encouraged to attend an [informational webinar](#) on **Tuesday, December 12, 2023 at 3:30pm EST / 12:30pm PST**.

Who We Are

MMHEF is a national pooled fund that is currently supported by the Perigee Fund, W.K. Kellogg Foundation, Community Health Acceleration Partnership (CHAP), Maritz Family Foundation, and Roots & Wings Foundation, as well as several others who are actively exploring joining the fund.

Questions?

Please don't hesitate to reach out or feel free to send your questions directly to our project team at contactmmhef@gmail.com.

Trainings

We are sorry! We have no trainings to share 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@srv.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

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

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Tarah Hamby

Tarah is using Smore to create beautiful newsletters

