

Marce of North America Newsletter

May 2020 Edition

Letter from the President Crystal Clark

Dear MONA members,

I am excited to welcome several new MONA members! I hope this newsletter finds you all safe and well!

The month of May is Mental Health Awareness Month. Given the global pandemic mental health is as important, if not more so, than it ever has been. As healthcare professionals, many of us are experiencing and/or witnessing the stress and trauma of the pandemic. The recent suicide of the esteemed ER doctor in New York, Dr. Lorna Breen, as well as the publicized suicides of nurses in Europe and London reminds us that healthcare professionals are not immune from the emotional impact of the pandemic. Some may already have a history of mental illness which has the potential to be exacerbated and others may develop symptoms for the first time during these unprecedented challenges. I urge us all to use the month of May to think about what we are doing daily to protect or get help for our mental wellness. Please find ways to take a moment for yourself. Eat healthy meals, get adequate sleep, and check in with loved ones. Consider establishing one-on-one peer check-ins with colleagues or developing a clinician support group. Generate a list of resources available for colleagues that need to speak with a mental health professional. I invite everyone to share what you have done at your institutions, in your personal lives, and other ideas you have for maintaining mental wellness on the listserv.



In addition to Mental Health Awareness Month MONA will also celebrate Maternal Mental Health Week from May 4th – 8th in support of our perinatal patients and all the new moms we know. Due to the pandemic, new moms are experiencing unusual challenges and atypical isolation. In addition to being confined to their homes, many women are unable to benefit from the support of family and friends who may have flown in or come over to help. They need us more than ever. We will be launching a Twitter campaign #MONAMentalHealth next week. Please share ideas on how you are supporting your patients as well as postpartum resources tips for new moms in these unusual times. Follow us on Twitter @marcenortham and post your comments. You can also retweet or like the posts by @marcenortham to show engagement.

Please join MONA for a free webinar on COVID-19 and mental wellness for our membership and all healthcare professionals and trainees. The date is Wednesday May 13th, 2020 for the webinar and additional details will be provided.

Remember – Together we can!!

Crystal T. Clark

MONA President

Celebrating MATERNAL MENTAL HEALTH WEEK May 4-8th



WELCOME NEW MONA MEMBERS!



We would like to welcome back our returning members and give a special recognition to our brand new members in the following categories:

Professional:

Jill Zechowy MD,MS

Rachel Feuer, PhD

Riah Patterson, MD

Danielle Schuman-Olivier, CNM, PMHNP

Trainees:

Ruth Grant

Sarah Kauffman

Kanthi Raja
Sarah Slocum
Elizabeth Wenzel
Catriona Hippman



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Please check out our new look at www.marcenortham.com

Facebook @Marcenortham

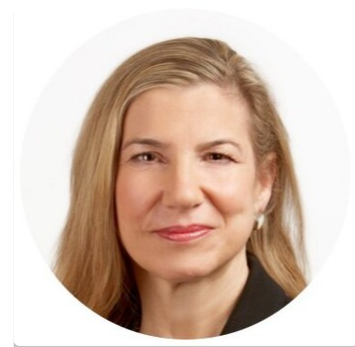
We have a new look and a new website that was just unveiled in April. Please check us out at www.marcenortham.com and renew your membership by May 15th to avoid being removed from the list serv email list. The website features a members only Portal with access to papers of the month and a membership directory. If you have already paid your dues in since January 2020 and have not yet signed in on the new website , please contact Heather de Gortari at heather@meetingachievements.com for your Log In code.

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 219-465-1115 marcenortham.com

May Member of the Month: Catherine Monk Phd


1. What is your current professional role?

I feel very fortunate that my professional life straddles different roles including overseeing my research lab, Perinatal Pathways, focused on maternal stress and prenatal programming as well as developmental neuroscience research, and carrying out clinical care via our newly established Women's Mental Health @Ob/Gyn service, which I direct. I find it so interesting and affirming to move between meetings interpreting data, administrative meetings to reach research or clinical goals, and the provision of direct psychotherapy all focused on improving the lives of women (and their children) in the pregnancy/postpartum periods.



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

I guess I need to say there is manifest and latent factors in that! I trained as a clinical psychologist in a program that very much emphasized the developmental origins of mental health/illness so I was



oriented to treating parents as a way to help them and their future child. The clinical work I do now pushes back that time frame even earlier. During graduate school I also worked in a developmental research lab at Cornell that brought together biology and psychology across development, really how the social context can shape biological functioning. I knew I wanted to pursue research and heard Myron Hofer, a seminal researcher on the biological underpinnings of attachment using an animal model, give a lecture. I wrote him a fan letter, the old-fashioned kind of hard copy letter, and he generously responded. We met, he rightly interpreted I was not suited to switching to animal work, and introduced me to his colleague Bill Fifer studying fetal learning, with whom I worked for three years as a NIH postdoc in developmental psychobiology. This led to my interest in maternal experience during pregnancy influencing fetal and child development. I had thought studying the fetus in relation to maternal experience might be simpler, fewer variables, than the child and his/her mother in the postnatal world. That was naïve.

The other factor that influenced my career path is my personal history. My mother experienced a significant postpartum depression when I was born at a time when there was nothing to offer women – nothing whatsoever. She published a short story in *The Yale Review* called *A Mother* describing this wretched period, and frankly, how removed she felt from her child. Her misery and lack of bonding with her child are palpable in this story and just what we now know from research and much needed clinical attention in this area. I like to think of my work as contributing to making my mother's experience unknown to women (and babies) today.

3. What is your current research involvement?

I have a few different foci right now: for example, I lead a NIH R01 that is a RCT investigating our intervention aiming to prevent postpartum depression and identify psychological and biological mechanisms for the effects; I also am part of a multiple principal investigator team on a NIH ECHO study examining intergenerational transmission of adversity, starting *in utero*, mediated via epigenetic changes in the placenta.

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

That question makes me feel the sadness for our former lives – though I realize there are other, graver outcomes of this pandemic. I am an early riser, use to work out first thing, get to work around 10 and frankly spend most of the day in meetings and at the end of the day either happy to be home or out with friends for dinner, or at a work-related meeting. Writing papers or grants or reviewing manuscripts largely happens at night and on the weekends – as I think is common.

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


We recently published a paper in PNAS showing that social support plays a significant role in reducing risk for early birth in women with high stress. I think social support is a very actionable target for intervention, one I'm excited to learn more about in future research and bring more specifically into clinical practice.

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

Gee, hard to pick one; I would say being prepared to tolerate rejection as that is a huge part of a research career and (see, had to pick at least two) and choosing your path based on talking to people doing the work you think you want to do and hearing from them how actually they spend their days.

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

Being outdoors, going to art museums esp for photography shows, enjoying good wine and food with friends, exercising. Oh yes, and clothes.



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

I recently read *The Great Pretender* by Susannah Cahalan, the author of *Brain on Fire*. This book (*The Great Pretender*) is a 'who done it' mystery in research unearthing inconsistencies in seminal research about how easily 'sane' people can get labeled 'insane, so relevant today in the time of challenges to replicating findings, and a philosophical quest to understand the challenges in mental illness classification from someone who received multiple diagnoses before her autoimmune disease was identified. She is a compassionate, thoughtful writer, and a very engaging one.

INDUSTRY CONFERENCE INFORMATION



International Society for Bipolar Disorders conference is going VIRTUAL June 18-21, 2020

The full list of keynotes and a preliminary program are now available on the conference website at www.isbd2020.com.

Registration will be opening on October 15, and symposia submissions will remain open until October 16th.

40th Anniversary
The International Marce Society for Perinatal Mental Health

#marce2020

Biennial Meeting
Innovations in Research,
Policy and Clinical Care
October 5-8, 2020
Iowa City, Iowa,
United States

THE UNIVERSITY OF IOWA

MARCE International Society Conference October 5-8th 2020

A Message to Participants

You may be wondering whether we are still having the 2020 Marce conference in light of the pandemic. As of today (April 7), the conference is six months away. In consultation with our

Executive Board and the University of Iowa Center for Conferences, recognize that the trajectory of this pandemic is uncertain. We will continue to evaluate travel restrictions/recommendations and keep you informed of all decisions about the conference here on the conference website.

On a positive note, we are pleased that there were over 450 submitted abstracts! The Scientific Committee-both chairs and reviewers- are currently reviewing the abstracts exactly as we would in normal circumstances. We plan to send out notification letters as soon as these reviews are complete. We know that abstracts that are reviewed and accepted are still of value to you, whatever the eventual status of the meeting.

PAPER OF THE MONTH: May 2020 by Jessica Obeysekare, MD

Posttraumatic stress, anxiety and depression following miscarriage and ectopic pregnancy: a multicenter, prospective, cohort study.

[Posttraumatic stress, anxiety and depression following miscarriage and ectopic pregnancy: a multicenter, prospective, cohort study. Farren J, Jalmbrant M, Falconieri N, et al. American Journal of Obstetrics & Gynecology 2020;222:367.e1-22.](#)

Introduction: Early pregnancy loss is unfortunately quite common; however, studies of the psychological sequelae are limited. The physical consequences may include pain, bleeding, instrumentation/procedures, and hospital admissions. As there can be a delay between a threatened abortion and completed abortion (or the appropriate medical/surgical management for early pregnancy loss), women may also need to manage uncertainty and waiting, as well as the loss of the pregnancy. Further research on the psychological consequences, including among women with ectopic pregnancies, is needed.

Methods: Adult, English-speaking women with a diagnosis of early (<20 weeks) pregnancy loss (including miscarriage, molar pregnancy, ectopic pregnancy, or failed pregnancy of unknown location) were invited to participate in the study. They were emailed links to surveys at 1, 3, and 9 months after their diagnoses. The control group included women with a viable pregnancy, and these women were sent questionnaires once viability was confirmed during routine ultrasounds. Women were recruited from three hospitals in London. The questionnaires included the Hospital Anxiety and Depression Scale (HADS; 14 items) and the Posttraumatic Stress Diagnostic Scale (PDS; 17 items), which used the pregnancy loss as the identified trauma and was based on DSM-IV PTSD criteria. The authors used multivariable logistic regression to compare between the loss and control groups, and generalized linear mixed models to assess psychiatric symptoms across the 9-month follow-up in the women with early pregnancy loss. Covariates included if the pregnancy was a result of IVF and whether a further loss or a successful pregnancy were experienced during the follow-up period.

Results: Seven hundred thirty-seven women with early pregnancy losses and 171 control subjects with viable pregnancies consented to participate. Sixty-seven percent of the early-pregnancy loss group completed the first questionnaire at month 1, 58% at 3 months, and 46% at 9 months. Fifty-one percent of the control subjects completed their questionnaire. In the control group, 13% described moderate/severe anxiety and 2% endorsed moderate/severe depression. In the early pregnancy loss

group, posttraumatic stress symptoms were present in 29% at month 1, 21% at month 3, and 18% at month 9; moderate/severe anxiety symptoms were present in 24% at month 1, 23% at month 3, and 17% at month 9; moderate/severe depressive symptoms were present in 11% at month 1, 8% at month 3, and 6% at month 9. At month 1, the adjusted odds ratio for women with loss versus the control group was 2.14 (95% CI, 1.14-4.36) for moderate/severe anxiety and 3.88 (95% CI, 1.27-19.2) for moderate/severe depression. Although they also completed analyses for subtype of early pregnancy loss (miscarriage versus ectopic pregnancy) the confidence intervals were too wide to compare the trajectories.

Comments: A large portion of women experience symptoms of posttraumatic stress, anxiety, and depression after early pregnancy loss. The rates of these symptoms decline over the 9 months subsequent to the loss, though the numbers remain clinically significant. As early pregnancy loss is quite common, I think we can become inoculated to it as providers and can underestimate the potential detrimental impact that it may have. As the authors state, "For many women, an early pregnancy loss will be the most traumatic event that has happened in their lives."



MEMBERSHIP CORNER



FELLOWSHIP OPPORTUNITIES

We are excited to announce that we will begin accepting applications for our Women's Behavioral Health fellowship starting May 1, 2020 for the 2021–2022 academic year. The fellowship is open for physicians who complete their general psychiatry training by the end of the 2020–2021 academic year and are interested in pursuing additional training in women's mental health with a focus on perinatal mental health and reproductive psychiatry. We are proud of the educational opportunities provided to our fellows in the eight years running this program: clinical experience in the nation's first mother-baby psychiatric partial hospital program; consult liason experience; and treatment of perinatal substance use disorders. Housed in the Department of Medicine, Division of Women's Behavioral Health at Women

Psychiatry & Human Behavior at the Warren Alpert Medical School of Brown University. Further details regarding the training opportunities offered through the fellowship are available at our website:

<https://www.brown.edu/academics/medical/about/departments/psychiatry-and-human-behavior/overview-training-dphb/womens-mental-health-fellowship-overview>

Please see the attached flyer for more details regarding the application process.



WEBINAR FOR OUR MEMBERS: MANAGING STRESS & ANXIETY During COVID 19

SAVE THE DATE: Wednesday, May 13th, 2020 at 5pm CST/6pm EST

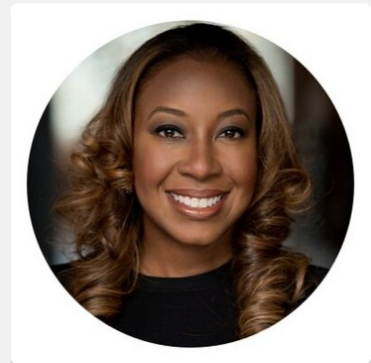
JOIN US for a webinar featuring Dr Jennifer Payne, Dr Nancy Byatt, and Dr Crystal Clark as they discuss self care, wellness, and best practices for providers during COVID 19 Pandemic. Additional information regarding the webinar can be found on the List Serv, website, and social media in the days to come.



Dr Jennifer Payne



Dr Nancy Byatt



Dr Crystal Clark

COMMITTEE CALLOUTS!! Join a Committee

Finance Committee: Seeking two members for our finance committee

If interested, please contact the Finance Committee Chair,
Sandaluz Lara-Cinisimo

Fundraising Committee: Seeking five members for our Fundraising Committee
chaired by Dr. Katherine L. Wisner.

Paper of the Month

If you have read a thought-provoking, timely, or
clinically relevant article that you would like to review
for MONA members in our Paper of the Month, please
contact our Secretary, Deepika Goyal at deepika.goyal@sjsu.edu.
Mentorship for writing the Paper of the Month is available upon request.



COVID19 and New Moms Study--please complete the Survey below

Dr. Deepika Goyal of [San Jose State University](https://www.sjsu.edu/) and Dr. Cheryl Beck of [UConn](https://www.uconn.edu/), are conducting a study
to understand the impact of Covid-19 on new mother's birth and postpartum experiences. If you gave
birth on **February 1, 2020** or later, please consider participating - complete the anonymous survey
<https://www.newmomsandcovid19.com/>

RENEW YOUR MEMBERSHIP BY MAY 15th!!!

MONA Members, please register on our new website to keep your membership active and remain on
the email listserv. We will be sharing new content with virtual webinars and valuable resources for
the perinatal mental health community!