# Marce of North America Newsletter

NOVEMBER 2020

Marcé
of North America
*Promoting Perinatal Mental Health*

# Marce Medal of Honor

At the 2020 Biennial Conference of the International Marcé Society (held virtually), MONA member Dr. Cheryl Beck was presented with the prestigious award of the Marcé Medal. This award is given in recognition of an individual's outstanding research contribution to the field of perinatal mental health.

As International Marcé Society President Lisa Segre stated in her remarks during the Opening Ceremony of the conference, “Dr. Beck's research contributions have been substantial, and span all research methods from qualitative - with her lived experiences of postpartum depression - to quantitative, with the development of the post-partum depression screening scale and the publication of two widely-cited meta-analyses on the predictors of postpartum depression, as well as the effects of postpartum depression on children. Her significant contribution is quantitatively captured as an h index of 71.” Professor Segre also noted that Dr. Beck’s selection is particularly fitting as 2020 is designated by the World Health Organization as the “International Year of the Nurse and the Midwife” in honor of the 200th anniversary of Florence Nightingale’s birth. Please find the photos of Dr Becks three publication titles listed below.

Dr. Beck is a Distinguished Professor at the University of Connecticut, School of Nursing. She also has a joint appointment in the Department of Obstetrics and Gynecology at the School of Medicine. Please read more about Dr. Beck’s career, publications, and recognition below in her attached CV.

Congratulations Dr. Beck on this well-deserved recognition, and thank you for all your contributions to MONA, the International Marcé Society, and the field of perinatal mental health!

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Beck CV October 2020.doc

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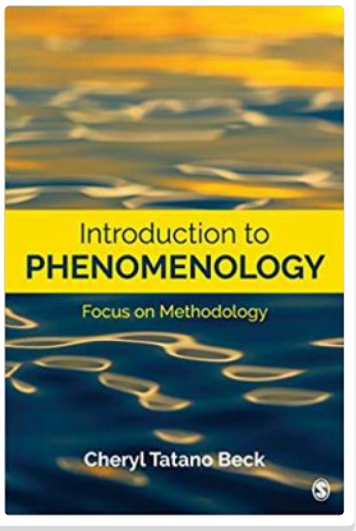
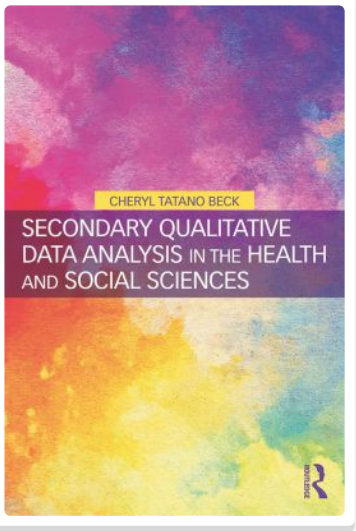
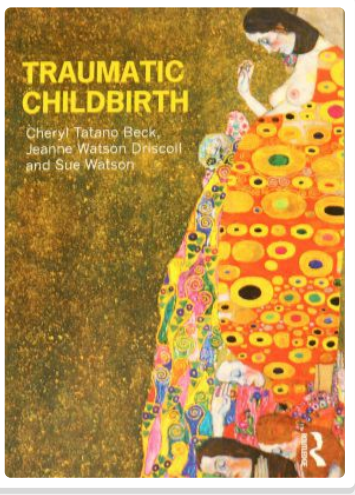



**Introduction to Phenomenology**




**Secondary Qualitative Data Analysis in the Health and Social Sciences**




**Traumatic Childbirth**


**WELCOME NEW OCTOBER MONA MEMBERS!**

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

**Welcome to our Newest Members!!**

**Trainees**

Erin Bider, MD, University of Arkansas
Lindsey Goldman, PhD, Standford University School of Medicine
Kandyce Hylick, PhD student, MPH, University of Georgia
Jodie Lisenbee, University of North Carolina Charlotte
Sara Moyer, RN/Pre Doctoral Student, Virginia Commonhealth University

**Professional**

Erin Burger, DO, MPH
Rachel Goldstein, MD
Jennifer Webb, PhD
Brian Werneburg, PhD

# GIVING TUESDAY & AMAZON SMILE

With the holidays right around the corner, we wanted to make you aware of "GIVING TUESDAY" which is traditionally observed after Black Friday on December 1st. We would love for you to keep MONA in mind for your philanthropic donations. No Amount is too small for donations and your donations will support multicultural initiatives and future programming. Please donate here through PayPal Link on our secure website, https://marcenortham.com/make-a-donation

In Addition, we are now registered with AmazonSmile! Amazon Smile donates a percentage of sales to the charity/non profit organization of your choice.

**Unique AmazonSmile link**

Always share your unique link in your email, social media and on your website. When customers sign up for AmazonSmile, they're asked to select one of over a million charities to support. When customers click on your unique link, they skip this charity selection process. Instead, they're taken to smile.amazon.com and are automatically asked if they want to support Perinatal Mental Health Society Inc.

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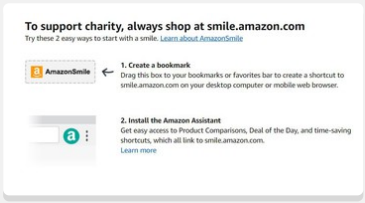


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Add Perinatal Mental Health Society to your account. Amazon gives a 1/2 percentage of sales back to the organization as a donation. This can really add up !


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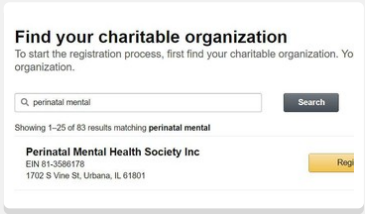



## Find your charitable organization

Perinatal Mental Health Society Inc (operating as MONA)

# MEMBER OF THE MONTH: Kristina Deligiannidis, M.D.

MEMBER OF THE MONTH: Kristina M. Deligiannidis, M.D.

**Director, Women's Behavioral Health, Zucker Hillside Hospital, Queens, NY**
**Associate Professor of Psychiatry and Obstetrics & Gynecology at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and the Feinstein Institutes for Medical Research, Manhasset, NY**

**1. What is your current professional role?**
I am the Director of Women's Behavioral Health (WBH) at Zucker Hillside Hospital, Northwell Health. Northwell Health is the 9th largest health system in the U.S. and the largest in New York State, delivering more than 40,000 infants annually. Zucker Hillside Hospital is the psychiatry division of Northwell Health, serving a catchment population of 5 million residents in Queens, NY and Nassau, Long Island counties. The Women's Behavioral Health Division at Zucker Hillside Hospital includes research, clinical care (inpatient Women's Unit,
ambulatory Perinatal Psychiatry Center and WBH Consultation-Liaison Psychiatry) and education (medical student, resident and fellow) subdivisions. As Director, I lead the Division and develop and implement strategic planning across its subdivisions, each of which are integrated with initiatives in the Northwell Departments of OB-GYN, the Katz Institute for Women's Health at Northwell Health and the Feinstein Institutes for Medical
Research at Northwell Health. By serving on steering committees within psychiatry, obstetrics, women's health and research and at our medical school, I collaboratively develop policies promoting women's behavioral health, health system-wide in metro NY/western Long Island.

**2. What drew you to the field of Perinatal Mental Health?**
My research background is in behavioral (neuro)endocrinology and in medical school, I enjoyed clinical rotations in psychiatry, neurology, neuroimaging, endocrinology and obstetrics. During my adult psychiatry residency internship year, I cared for a woman with postpartum psychosis who was admitted to our general inpatient psychiatric unit. She was the first patient with a reproductive mood disorder that I cared for, and the experience was transformative for me. Reproductive psychiatry, especially perinatal psychiatry, was the field
which brought together my diverse interests in neuroscience/psychiatry, endocrinology and obstetrics. Subsequent patient experiences further solidified my commitment to reproductive psychiatry. As a physician scientist, I apply my research skills to

understand perinatal depression pathophysiology and to further novel therapeutic development.

**3. What is your current research involvement?**

I currently serve as Principal Investigator (PI) on NIMH R01 funded research examining perinatal depression and as an NIMH R01 sub-award PI on an antenatal depression clinical trial (Dr. Katie Sharkey,R01 PI). I also serve as PI on 8 additional perinatal depression research studies. I lead a research team of research coordinators and assistants, perinatal psychiatry research track residents and medical students and collaborate with physicists, chemists, biostatisticians and bioengineers as well as other perinatal psychiatrists. I actively contribute to national scientific committees and give scientific presentations nationally and internationally. I serve on Council for the Society of Biological Psychiatry (SOBP), the Board of Directors for the American Society of Clinical Psychopharmacology (ASCP) and on the Education and Training Committee for the American College of Neuropsychopharmacology (ACNP) as well as on the Advisory Board for the journal Acta Psychiatrica Scandinavica. Thrice annually I serve as an invited reviewer for the NIH Center for Scientific Review where I review federal grants in women's behavioral health, behavioral endocrinology and neuroimaging.

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

Most days include early morning exercise and getting my children ready for day-camp or school (remote, hybrid or in-person these days) and then some combination of: participation in local and national committee or research meetings, supervision of perinatal psychiatry research residents and fellows on their research projects, evaluation of women enrolled in our perinatal depression research studies, management of the administrative aspects of our clinical research, manuscript writing and review, grant writing and review, preparing educational sessions for nurse practitioners, medical students, resident, fellows, and the community, public relations and fundraising, and caring for perinatal patients in a small private faculty practice. After work activities include preparing dinner for my family, family board games and sometimes includes time for a neighborhood walk.

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

I am thrilled to extend my K23-funded research through a currently funded R01 study and am delighted to work collaboratively with such esteemed perinatal psychiatry colleagues on several multi-site studies. Increasing the bandwidth of our funded research has furthered team growth, increased PMAD awareness in our clinical providers and community, increased obstetric patient research participation across our region and has increased research training opportunities for our learners.

**6. What's one of the most important things you've learned from a mentor or role model?**
I was told that being a woman is still an impediment to career advancement in academic medicine and that to overcome existing inequities I should learn advancement strategies from senior leaders in the field and to develop a strategic plan for advancement. I continue to use this advice and now mentor my female senior residents and junior faculty on how to develop their strategic plan for advancement in academic medicine.

**7. What are your favorite things to do outside of work?**
I love to spend time with my family traveling on Long Island and in NYC and to Europe (pre-pandemic). I also enjoy our local beaches, photography, morning jogs, foreign language, live jazz performances, and reading British murder mysteries.

2020mom.org/

## #Marce2020 CONFERENCE HIGHLIGHTS

# What We Learned? Results from a multi-site pilot study of pregnant women with opioid use disorder Symposium #23

MARCE Conference: What we learned? Results from a Multi-Site Pilot Study of Pregnant Women with Opioid Use Disorder • Abstract ID #: 23 Jessica Coker (pictured), Amanda Falli-Bennett, Marcela Smid, Sherry Weitzen

Since 2017, collaborators from four CTSA hubs have been working together on projects focused on the evaluation and treatment of opioid use disorder among pregnant and postpartum women. Investigators from University of Arkansas for Medical Sciences (UAMS) (Jessica Coker, MD), University of New Mexico (UNM) (Sherry Weitzen, PhD, MD), University of Utah (UU) (Marcela Smid, MD) and University of Kentucky (UK) (Amanda Fallin-Bennett, PhD and Kristin Ashford, PhD) completed a pilot project that successfully harmonized core measures and implemented collection of these measures utilizing a tablet device in each of their respective clinical sites. In addition to quantitative data collection, they collected qualitative data from each site by conducting focus groups with both providers and patients. Data from this pilot project was presented in a symposium at the 48th Anniversary of The International Marcé Society for Perinatal Mental Health.

A unique aspect of their collaboration is the variability in approach to treating this vulnerable population and something the group noticed early on. During the symposium, this variability was also noted amongst participants. Clinics across the nation have varying departments and leaders (i.e., obstetrics, psychiatry, family medicine, nursing, etc) that have been identified as the champions for this population. Extensive discussion surrounding the feasibility of integrated care was discussed as well as future research needs on effective models of care to improve access.

During the symposium, there was also discussion regarding challenges of treating this population during the COVID-19 pandemic. A primary impact discussed included the inability to provide as robust psychotherapy services during the pandemic in order to reduce face-to-face contact. While televideo has become instrumental in providing care, there are challenges that programs are facing in implementing this as well as gaining patient buy in. Drs. Coker, Smid and Weitzen enjoyed the dialogue and the ideas that were discussed on how to provide these services at such a crucial time. Lastly, the future of research in this area was explored by the group and the uptake of contingency management was a highlight as well as the importance of addressing polysubstance use in this population.

Opioid use disorder during the perinatal period remains a hurdle in our field. A key finding of this group included building a practice based research network that demonstrated the ability to recruit and retain pregnant women with opioid use disorder. By continuing to work on collaborative research projects as well as building larger networks, the future research in this area is promising and we look forward to moving this field forward in the common goals of reducing maternal morbidity and mortality.

Virtual

## Tackling Perinatal Behavioral Health Care Across a Large Health System

MARCE Conference: Tackling Perinatal Behavioral Health Care Across A Large Health System: Models of Care Meeting Patients Where They Are • Abstract ID #: 15 Priya Gopalan, Elizabeth Hovis, Eydie Moses-Kolko, Meredith Spada

Worldwide psychiatrist shortages combined with rising rates of depression have created a dire need for innovative health care delivery models. This is particularly true when considering the perinatal population. While the World Health Organization reports that 1 in 5 women require mental health care during the perinatal period, there is a dearth of physicians, therapists and other providers with perinatal expertise. In an effort to better address the gap in access to perinatal mental health care, organizations have moved towards innovative clinical and educational models such as perinatal psychiatry access programs, perinatal phone lines as well as national curricula aimed at training needs in pregnancy and postpartum care.

At our institution, perinatal psychiatric needs are being addressed by leveraging a large, consolidated health system to deliver care across vast geographical areas. In this symposium, we will present four initiatives developed over the past three years in an effort to address gaps in perinatal/postpartum access to care. These initiatives include integrated care in OB-GYN practices, telepsychiatry consultation to a rural labor and delivery unit, screening/referral for postpartum depression and posttraumatic stress disorder in a high-volume neonatal intensive care unit, and a trauma-informed care curriculum aimed at OB-GYN frontline staff. Using an interactive format, we will outline the evolution of these programs, present descriptive and patient outcome data related the four initiatives, and discuss lessons learned from our experience with each program. Attendees will participate in a question-and-answer session that will include opportunities to discuss existing programs at their own institutions as well as brainstorm ideas and initiatives to take home.

**Neonatal ICU**

Mothers of hospitalized infants are more likely to report severe symptoms of depression and anxiety compared to their counterparts, and research indicates that mothers of infants hospitalized in the neonatal intensive care unit (NICU) report rates of depression that are double compared to their non-NICU counterparts. Without treatment, mothers of hospitalized infants continue to report high levels of depression that persist for at least one year. Untreated postpartum depression (PPD) can lead to a variety of negative consequences including impaired maternal-infant bonding, which can have long term effects on an infant's cognitive and emotional development.

Ten years ago, back in 2010, that the American Academy of Pediatrics put out a clinical report describing the rationale for screening for PPD in pediatric office visits. The policy stated that pediatric practices can establish a system to implement postpartum depression screening and recommended to identify and use community resources for the treatment and referral of the depressed mother. The

rationale for this process was to break the cycle of depression and its negative consequences on children, thereby supporting the mother-child (dyad) and ultimately improving health outcomes for children and their families. Then, in 2013: Recommendations for mental health professionals in the NICU were published. These recommendations included screening for depression in parents of infants hospitalized in the NICU.

With this in mind, in 2018, a screening and referral pilot program was created at our institution's women's hospital (UPMC MWH) to target mothers of infants in the NICU. This program connected mothers who screened positive for depression to mental health care with the goal of breaking the cycle of depression and its negative consequences on moms and their children. Women with positive screens were linked to our hospital's call service and offered an appointment at our perinatal health clinic. Due to successful implementation in the pilot, screening for PPD has become a standard protocol in our NICU. Since its initiation, 1637 women have been given the screen; approx. 25% filled out the screen; 27% of those women have screened positive for PPD. About half of women contacted through our call service have scheduled an appointment. In summary, we have learned that Screening and referral to treatment for PPD for mothers of infants hospitalized in the NICU is feasible, and our screening efforts are ongoing.

**Trauma Summary from the Conference**

Since the Adverse Childhood Experiences Study (ACES) demonstrated the detrimental mental and physical health effects of childhood trauma, more attention has been paid to recognizing and accounting for an individual's history of trauma and systematically implementing trauma-informed care (TIC) to healthcare delivery. Trauma-informed care "recognizes the importance of and takes steps to promote recovery from trauma while preventing retraumatization" (Polmanteer, 2019). While strides have been made to implement trauma-informed care within certain healthcare settings- specifically, mental health and primary care settings, there is a dearth of standardized TIC training within perinatal care settings.

Although there is evidence linking maternal prenatal mental illness to poor obstetric outcomes including preterm birth and low birthweight, the effects of trauma on pregnancy health and obstetric outcomes is relatively understudied (Blackmoore, 2016). In the perinatal population, up to 8-9% of women giving birth are diagnosed with PTSD (Seng, 2013; Vignato, 2017) and another 18% are considered at risk (Vignato, 2017). Prior traumatic experiences may be triggered or exacerbated in the perinatal period by adverse birthing experiences (Seng, 2013) with up to ⅓ of women classifying their childbirth experience as traumatic (Dekel, 2017). Going on, it is common for trauma-related symptoms to persist following birth with postpartum PTSD (PPTSD; The negative effects of such are vast and include maternal-infant bonding impairment which in turn can result in negative childhood outcomes, intergenerational transmission of trauma and chronic psychiatric morbidity for both the mother and the child (Seng, 2013). Thus, the perinatal period serves as a potential time to interrupt such transmission by recognizing and promoting recovery from past trauma as well as preventing retraumatization through trauma-informed care

UPMC Magee Women's Hospital is a high-volume, tertiary care referral birth center in Pittsburgh, Pennsylvania that has been recognized as a National Center of Excellence in Women's Health by the Department of Health and Human Services. Between 8,000- 11,000 babies are born at Magee each year. Although there is a Psychiatric Consultation and Liaison service embedded within Magee Women's Hospital in the event that women report trauma-related symptoms following childbirth, it would be beneficial to put into effect a standardized, trauma-informed care curriculum that could prevent or mitigate potential postpartum trauma-related symptoms. Currently, no such curriculum or education exists. Because of such, I developed A perinatal trauma informed cafe curriculum that I have presented to front line OB providers including OB anesthesiologists and maternal-newborn nurses.

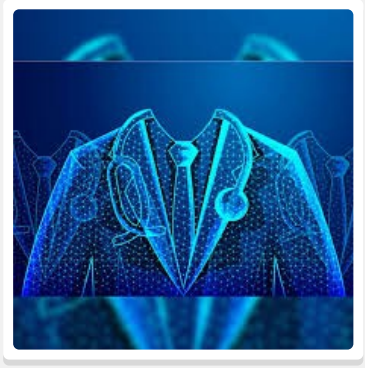
**Behavioral Health clinical practices and perspectives in OB-GYN Settings**

Screening for and treatment for perinatal mental health disorders in the OB-GYN clinic has the potential to provide first time treatment of previously unrecognized health burden among women, improve obstetric outcomes, and reduce healthcare and societal costs. We compared rates of diagnosis and psychotropic treatment of perinatal mental health disorders in the OB-GYN clinic between clinics with and without a part-time integrated psychiatrist.

In-person, patient encounters (n=97,456) were analyzed for all women age 18 or older who had a live birth between 3/1/18 – 2/28/19. Women were either treated in a clinic with (n=7 clinics) or without (n=18 clinics) access to an integrated psychiatrist. All mental health diagnoses were abstracted except for substance use disorders. All psychotropic medications were abstracted with exception of anticonvulsants and medication treatment for substance use disorders.

We found that OB-GYN Clinicians (n=111) diagnosed BH disorders in 15% of patients with integrated psychiatrist access and 14.6% of patients without. OB-GYN Clinicians prescribed psychotropics medications in 7.1% of patients with integrated psychiatrist access and 8.2% of patients without. OB-GYN physicians treated a higher percentage of patients with BH diagnoses (11.8%) relative to their colleagues (nurse practitioner 7.9%; nurse midwife 6.7%; physician assistant 3.4%). OB-GYN physicians prescribed psychotropics at a higher rate (6.1%) relative to their colleagues (nurse midwife 4.1%; physician assistant 2.8%; nurse practitioner 2.6%).

These results demonstrate that in our system, OB-GYN Clinicians are diagnosing and prescribing psychotropics for perinatal women with BH disorders at the expected rates. There was no significant difference between rates of diagnosis and psychotropic prescription based upon whether a clinic had access to an integrated psychiatrist. OB-GYN Physicians diagnose and prescribe for BH disorders at a higher rate that their colleagues. These data highlight the important role of frontline providers at the OB office in recognizing and treating BH disorders in their large patient population. Further investigation is needed to examine the role of collaborative care models to sharpen OB-GYN diagnostic and prescribing skills and thus optimize treatment outcomes.



## What's Right with Dads? Toward an Intersectional Strengths-Based Understanding of Paternal Perinatal Mental Health

MARCE Conference: What's Right with Dads? Toward an Intersectional Strengths-Based Understanding of Paternal Perinatal Mental Health • Abstract ID #: 10 Daniel Singley, Brian Cole, Alyssa Dye, Sheehan Fisher

**What's Right With Dads? Toward a Strengths-Based Understanding of Paternal Mental Health**

**General Description:**

The majority of research on fathers' perinatal mental health has focused on deficits including depression, anxiety, and insufficient or problematic involvement with their infants. In order to develop a more holistic understanding of the psychology of early fatherhood, researchers need to expand their focus by addressing fathers' areas of strength along with problematic issues. Doing so will not only further research in paternal perinatal mental health, but will also pave the way for more balanced, evidence-based approaches to clinical interventions with fathers. The first speaker will present findings from a study addressing the extent to which a strengths-based measure of hope in parenting (Snyder, ???; Cole et al., in press) predicts fathers' involvement with their infants. The second panelists will review findings from research which factors in both well-being and mental health symptoms to locate fathers in one of four categories (Keyes & Lopez, ???; Flourishing, languishing, struggling, and floundering) to determine how this understanding of their functioning relates to their involvement with their infants. The third speaker will review findings from a study validating a self-report instrument of Latino fathers' involvement with infants (Paternal Involvement with Infants: Singley et al., 2017). Panelists will focus on application of results for clinical utility as well as future avenues of research addressing fathers' strengths and well-being.

**Topic: Validation of the Paternal Involvement with Infants Scale with Latino Dads**

Fathers' involvement with their infants is associated with positive outcomes for each family member. Variations in father involvement due to child, familial, societal, and cultural factors emphasize the need for further research with specific populations of fathers. As Latinx are a growing minority group in the U.S., assessing father involvement for Latino fathers can inform practitioners, programmatic efforts, and policies. Addressing this need, this study examined father involvement with infants for Latino fathers using a validated multidimensional measurement of father involvement. Psychometric properties of the Paternal Involvement with Infants Scale (PIWIS) were examined with a sample of 203 Latino fathers ($M$ = 28.3, $SD$ = 5.9) of infants up to 12 months of age ($M$ = 5.8, $SD$ = 3.4). Results provide support for a five-factor model validating the PIWIS as a multidimensional measurement of father involvement with Latino fathers of infants. Construct validity was demonstrated, as the PIWIS subscales correlated in theory-consistent ways with related constructs. Exploratory correlations between multiple constructs revealed unique relationships between the five PIWIS subscales with each construct emphasizing the utility of the PIWIS for Latino fathers. Variability in the relationships between dimensions of father involvement and related constructs are discussed to inform further research and practice. Taken together, the findings from this study suggest that the PIWIS reflects a valid and reliable instrument to deepen our understanding of the interrelationships among well-established aspects of fathers' involvement with infants, mental health, partner support, familial support, and cultural factors.

**Development of The Hope for Parenting Scale**

Hope is goal directed thinking that is best described as the belief that the future can be better than the present, and the belief that you have the ability to make it so (Lopez, 2013; Snyder et al., 1991). For nearly three decades, researchers have explored the role of hope in academic success, physical and mental health, romantic relationships, and athletic performance. Across studies, hope has been identified as positive and preventative, serving as a buffer to psychological distress (Gallagher & Lopez, 2018).

The perinatal period is a time of acute and dramatic transition as a man navigates entry into fatherhood (Carlson, Kendall, & Edleson, 2015; Singley & Edwards, 2015). Previous examinations of paternal mental health indicate that fathers of infants may experience increases in stress, anxiety, and depression (Bronte-Tinkew, Moore, Matthews, & Carrano, 2007) and consequently lower levels of

paternal involvement (Roggman, Boyce, Cook, & Cook, 2002).

Although there is some evidence that hope is associated with higher levels of warmth, nurturing parenting styles, and adaptive coping with parenting related stress, as well as lower rates of postpartum depression, previous research has explored these relations among samples consisting primarily of mothers and older children (e.g., Kashdan et al., 2002; Thio & Elliot, 2005). To date, relatively little is known about the positive functioning of fathers of infants. Thus, this presentation shares findings on relations between hope, well-being, mental health (e.g., depression and anxiety), and paternal involvement with infants. Preliminary data analysis suggests that hopeful fathers of infants report higher levels of paternal involvement, less depression, anxiety, and stress, and higher levels of well-being. A newly validated domain specific hope scale for parenting (Hope for Parenting Scale) will be presented.

**Flourishing Fathers**
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Flourishing Fathers: The complete state model of mental health and paternal involvement with infants
The perinatal period is a time of change and stress. There is evidence that perinatal depression and anxiety negatively affect paternal involvement, but little is known about the positive and preventive factors that promote paternal involvement with infants.
The Complete State Model of Mental Health (CSM) is a conceptualization of functioning in which mental health and mental illness are assessed on two separate continuums. It is grounded in the belief that the absence of symptom distress (e.g., depression, anxiety) is not indicative of the presence of mental health. By combining scores on these two continuua, individuals are conceptualized as flourishing (low distress, high well-being), languishing (low distress, low wellbeing), struggling (high distress, high well-being), or floundering (high distress, low well-being).
Past research suggests that these categories are predictive of health outcomes, productivity at work, and relationship quality, but no research has explored their relation to parenting behaviors. Thus, the current study used the complete state model of mental health to explore differences in paternal involvement with infants across the five domains of the Paternal Involvement with Infants Scale (PIWIS, Singley et al., 2018).
Fathers of infants (N=413) completed the Depression Anxiety and Stress Scales 21 (DASS-21;), Mental Health Continuum-Short Form (MHC-SF;), and the Paternal Involvement with Infants Scale (PIWIS; Singley et al., 2018). Participant scores on the DASS-21 and MHC-SF were utilized to categorize participants into the four quadrants of functioning identified in the CSM: floundering (n=58), struggling (n=36), languishing (n=28), and flourishing (n=81).
Pairwise comparison of mean scores from the PIWIS revealed unique patterns of paternal involvement across the four quadrants of the CSM. These findings suggest that well-being is a stronger predictor of involvement than symptom distress. Clinical and research implications of the CSM approach to perinatal mental health of fathers will be presented.
DEVELOPMENT OF AN INTERVENTION TO UTILIZE FATHERS AS ASSETS TO PREVENT PERINATAL DEPRESSION

**Background and aims:** The prevalence of maternal depression is 21.9% over the first postpartum year. The strongest risk factors for postpartum depression are history of depression and anxiety disorders, interparental distress, childcare stress, and lack of social support. Social support interventions have been effective at preventing and reducing depressive symptoms in women, but mainly include both the

mother and father. The aim of this study is to develop an intervention that will empower fathers to be a resource for mothers to reduce maternal stress without requiring the mother's participation. This prenatal intervention has 4 modules addressing key components that mitigate maternal stress by targeting fathers': 1) prenatal and postpartum family involvement; 2) mental health psychoeducation; 3) interparental communication and relationship skills; and 4) balanced division of family tasks.
**Methodology:** The protocol includes modules that target key areas that have the most robust impact to reduce maternal depressive symptoms by developing effective social support, providing fathers mental health psychoeducation to assist mothers' treatment compliance and behavioral activation, and training fathers to use healthy communication and relationship skills to reduce the risk for interpersonal distress. Prenatal sessions will be structured with: 1) a brief introduction to the skills and the relevance to their partners' depression, 2) presentation of the skills with opportunities for interactive learning/questions, 3) a summary, and 4) the father sharing a plan of how he intends to use the information. The intervention includes 2 postpartum review sessions to address areas of improvement or topics on which the father requests additional support.
**Conclusion:** Pre-pregnancy and pregnancy onset of depression is associated with worse postpartum symptoms, so early intervention is necessary and can be mitigated independent of mothers' involvement in the treatment. Interventions should consider utilizing and training fathers to be assets to prevent the onset of perinatal depression.


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NORTHWESTERN Perinatal and Women's Mental Health Instructor-Level Clinical Psychology Scholar

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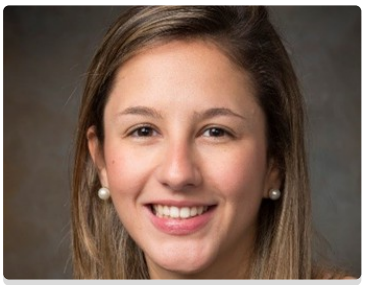
# Poster Award Recipients: Tuesday Competition: International Marcé Society Conference Site

Greetings,

Thanks to those who attended the poster videos competition! By way of background, all of the posters presented in today's session had received perfect ratings during the peer review of abstracts. Today the attendees viewed six of those posters and voted on first and second place videos. I am pleased to announce the award recipients:

Congratulations to the award recipients on their excellent presentations!



## First Place: Amalia Londono Tobon Yale University

**First Place: Amalia Londono Tobon: Yale University**

Abstract ID 313 Prevention Track-Psychosocial subtheme

"Long-Term Effects Of Minding The Baby; An Attachment-Based Home Visiting Program on

Parenting and Child Problematic Behaviors"

## Second Place: Melesse Biniyam: University of Illinois Urbana Champaign

**Second Place: Melesse Biniyam: University of Illinois Urbana Champaign**

Abstract ID 159 Prevention Track-Bio/psychosocial subtheme "Associations Between Labor Pain and Management and Depressive and Anxiety Symptoms in
Latinas"

## CONGRATULATIONS TO MEMBER AMY SALISBURY!!

VCU School of Nursing has announced the appointment of Amy L. Salisbury, Ph.D., RN, PMH-CNS, BC, a leading nurse scientist and clinician, as associate dean of research, scholarship, and innovation, effective Aug. 1, 2020. Salisbury, currently an associate professor at the Alpert Medical School at Brown University and a clinical nurse specialist at Women & Infants' Hospital in Providence, R.I., has contributed significantly to teaching, research and clinical nursing for more than 20 years.

"Dr. Salisbury brings extensive experience with federally funded research and leveraging national collaborations to advance discoveries in health care," said Jean Giddens, Ph.D., RN, FAAN, professor and dean of the VCU School of Nursing. "I'm confident that she will contribute greatly to our school's continued advancement as a leading research-intensive nursing school in the nation."

Salisbury's research and clinical interests include neurobehavioral development, fetal and infant development, sleep development and disorders, perinatal and infant mental health, prenatal exposures, autism, and child psychopathology. Through her work, she has developed a standardized protocol for fetal neurobehavioral assessment combining ultrasound recorded fetal behaviors and fetal heart rate monitoring, called the Fetal Neurobehavioral Coding System (FENS). The FENS has been used in numerous grant funded projects, including two nationally and one internationally.

Salisbury is currently conducting a National Institute of Mental Health study on fetal and infant neurobehavioral development in relation to maternal depression and antidepressant treatment during pregnancy.

# CANADIAN PERINATAL MENTAL HEALTH COLLABORATIVE

Greetings to all and Canadian members in particular!

The Canadian Perinatal Mental Health Collaborative is seeking your anonymous participation in a survey to help us understand the state of perinatal mental health care in Canada.

The survey should take approximately 10 minutes to complete. Click here to begin the survey: https://bit.ly/perinatalhcp.

The survey has been reviewed and approved by the Conjoint Faculties Research Ethics Board (CFREB), University of Calgary and we intend to publish the results in 2021. Once again, your participation in this survey will be anonymous.

The survey is intended for health care practitioners in Canada who deal directly with women or men seeking help for a perinatal mental health concern which can include preconception, prenatal or postpartum depression, anxiety, bipolar disorder, obsessive-compulsive disorder, and psychosis, etc. "Health care practitioner" may include family doctors, obstetricians, midwives, registered nurses, nurse practitioners, social workers, psychiatrists, psychotherapists, psychologists, and doulas, etc.

The survey was launched during Mental Illness Awareness Week, October 4-10, 2020, and we are kindly asking that should you choose to participate, that you please complete the survey by November 15th, 2020.

Furthermore, we would greatly appreciate it if you could forward this letter to your networks.

The Canadian Perinatal Mental Health Collaborative (www.cpmhc.ca) is Canada's first and only perinatal mental health advocacy organization calling on the federal government to enact a national perinatal mental health strategy. Our National Committee is composed of numerous healthcare practitioners, researchers, and individuals with lived experience representing all provinces and territories.

We thank you in advance for your time and look forward to sharing the results with you. Should you have any questions, please contact us at canpmhc@gmail.com

Rosa Caporicci, Perinatal Psychotherapist
Montreal, Quebec
on behalf of the Canadian Perinatal Mental Health Collaborative
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## New York Times: In Her Words: Managing Mothers Health

Congrats to Tiffany Moore Simas, Catherine Monk and other leaders whose work is featured in this in-depth NY Times article. It's incredible to see the attention maternal mental health is starting to receive in the U.S.!

In Her Words: Managing Mental Health

When mothers have depression, their children can be affected too.

View in browser|nytimes.com

Continue reading the main story

The New York Times

**Catherine Monk PhD**

**Tiffany Moore Simas MD, MPH**

# Webinars for Perinatal Mental Health

Good afternoon!

Writing to share an opportunity with you in hopes that you might be able to attend and share with your networks.

-Do you want to know more about perinatal depression research?
-Do you want to know how to participate in research studies? Or how to use research in practice?
-Do you want to know more about perinatal health and mental health during COVID-19?
-Do you want to meet other people with an interest in women's health?

If you answered yes to any of these, please do join us for a free perinatal health webinar series!

For the next two Thursdays (11/5, 11/12) at 4 p.m. EST, we have a dynamic line up of international and U.S. Based speakers on the topics of:
-Perinatal Depression
-Maternal Mortality and Morbidity
-Preterm Birth and Mental Health during COVID-19

Register for to receive a link to the Zoom meeting and access to the recording: bit.ly/3lv6o0p

Many thanks for considering this invitation and hope to see you there,

Karen

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## EMDR Foundational Training for Perinatal and Infant Mental Health Specialists

There are still a few spots in the Online Intensive version of EMDR Foundational (Basic) Training for Perinatal and Infant Mental Health Specialists. If you'd like to get the whole EMDR Foundational Training (Parts I and II) in one shot, check this out and join us!

Information and Registration for the Intensive Style Foundational Training<https://icm.thinkific.com/courses/online-emdr-therapy-intensive-for-pmh-specialists>

If the Intensive format isn't for you, we will have two rounds of the traditional 6-day program (two rounds of 3-days each) in 2021.

Options for EMDR Foundational Training for Perinatal and Infant Mental Health Specialists<https://icm.thinkific.com/collections/emdr-foundational-training-for-pmh-specialists>

Questions about EMDR Foundational Training?

https://www.touchstoneinstitute.org/foundational

Questions about this program (set of programs) in particular?

https://www.touchstoneinstitute.org/faq-s

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