



# 19th Annual Perinatal Center Conference

## **Pregnancy and Maternal Mental Health: Diagnosis, Counseling, and Treatment**

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Wednesday, October 30, 2019  
The MetroHealth System  
[metrohealth.org/events/perinatal-conference](https://metrohealth.org/events/perinatal-conference)

# Disclosures

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The following speaker(s) have no relevant financial relationships to disclose:

- Kelly S Gibson, MD

## Choosing a topic

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## This is common

- Perinatal depression affects 1 in 7 women
- Perinatal anxiety disorder affects 13–21% of women
  - 11–17% postpartum women
- Bipolar disorder affects 1 in 25 women
  - 25-35% postpartum depression, psychosis
- Schizophrenia affects 1 in 100 women
  - Often worsens postpartum
- All associated with adverse effects for women and their children if untreated

**You're prepared for  
ALMOST anything...**

 Hundreds of dirty diapers

 Dozens of loads of laundry

 Middle-of-the-night feedings

**But are you prepared for  
the possibility of  
depression and anxiety?**

If you're like many pregnant women, nothing could be further from your mind. But depression and anxiety can happen before or after birth. Learn these signs.

 Intense anger, worry, or unhappiness

 Extreme mood swings

 Difficulty caring for yourself or your baby

 Less interest in things you used to enjoy

  Changes in your eating or sleeping habits

**Reach Out. Get Help. You Matter.**

To learn more, visit [nichd.nih.gov/MaternalMentalHealth](https://nichd.nih.gov/MaternalMentalHealth).  
To find a mental health provider in your area, call 1-800-662-HELP (4357).

  Eunice Kennedy Shriver National Institute of Child Health and Human Development



# National Perspective



## MATERNAL MENTAL HEALTH: PERINATAL DEPRESSION AND ANXIETY

*Consensus Statement*

### Consensus Bundle on Maternal Mental Health

*Perinatal Depression and Anxiety*

*Susan Kendig, JD, MSN, John P. Keats, MD, CPE, M. Camille Hoffman, MD, MSCS, Lisa B. Kay, MSW, MBA, Emily S. Miller, MD, MPH, Tiffany A. Moore Simas, MD, MPH, Ariela Frieder, MD, Barbara Hackley, PhD, CNM, Pec Indman, EdD, MFT, Christena Raines, MSN, RN, Kisha Semenuk, MSN, RN, Katherine L. Wisner, MD, MS, and Lauren A. Lemieux, BS*





## How do we treat patients?

- Antidepressants and antipsychotic agents have been associated
  - Structural malformations
  - Adverse perinatal outcomes such as preterm birth
- Women with psychiatric illness are at risk of relapse if medication is discontinued
- Medications:
  - Stop, continue, change?
  - Breastfeeding?
- Counseling:
  - Referral, access, timing?



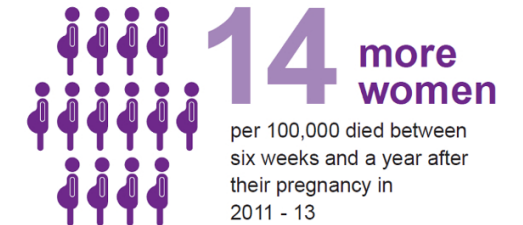
## Acute treatment needs

- Pregnancy-associated suicide risk 1.6-4.5 per 100,000 live births
- Care after a stillbirth impacts immediate and long-term psychological well being
- Nurses exposed to aggressive behaviors reported higher levels of anger-related provocation

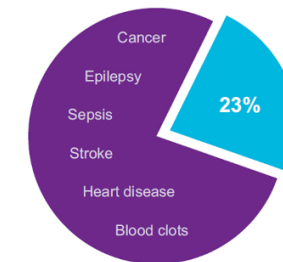


## Key messages

from the report 2015



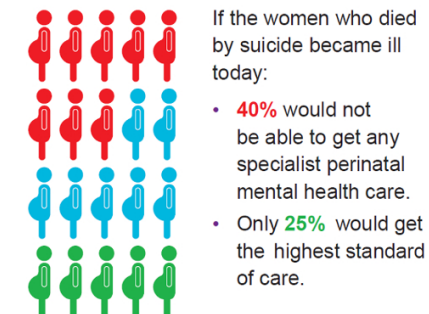
### Mental health matters



Almost **a quarter** of women who died between six weeks and one year after pregnancy died from **mental-health related causes**



### Specialist perinatal mental health care matters\*



### It's OK to tell

The mind changes as well as the body during and after pregnancy.

#### Women who report:

- New thoughts of violent self harm
- Sudden onset or rapidly worsening mental symptoms
- Persistent feelings of estrangement from their baby

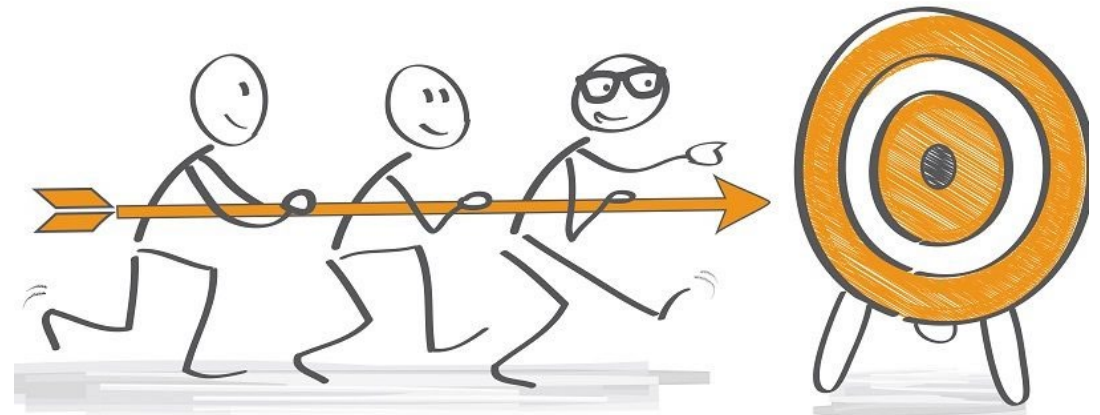
**need urgent referral to a specialist perinatal mental health team**



# Objectives

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- Describe the risk factors, tools for identification, and options for treatment of perinatal depression during pregnancy and lactation as well as the negative short- and long-term effects of missed diagnoses.
- Review the impact of trauma and grief on a woman's mental development and the management of anxiety and other psychiatric disorders in pregnancy.
- Demonstrate tools for breaking bad news, dealing with acute grief and bereavement, and counseling a suicidal or hostile patient





# Agenda

- Welcome
- Morning Keynote Lectures
  - Break\**
- Group 1 Simulations
- Group 2 Focused Lectures
  - Lunch\**
- Group 1 Focused Lecture
- Group 2 Simulations
  - Mid-Afternoon Break\**

*\*Chances to complete vendor passport*

## AGENDA

7:45-8:00 am	<b>Welcome and Introduction</b> Kelly S. Gibson, MD Director, Labor and Delivery; Department of Obstetrics and Gynecology Division of Maternal Fetal Medicine, The MetroHealth System Assistant Professor, Case Western Reserve University School of Medicine
8:00-8:45 am	<b>Perinatal Depression:</b> <b>Where We Should Be and Where We Should Go</b> Emily S. Miller, MD, MPH Assistant Professor, Department of Obstetrics and Gynecology Division of Maternal Fetal Medicine; Northwestern University
8:45-9:30 am	<b>Perinatal Anxiety Disorders:</b> <b>Etiology, Diagnosis and Treatment in 2019</b> Nicole Harrington Cirino MD, CST, IF Reproductive Psychiatrist Associate Professor, Departments of Psychiatry and Obstetrics/Gynecology Division Chief, Women's Mental Health and Wellness Co-Director, Menopause and Sexual Medicine Program OHSU Center for Women's Health, Oregon Health Science University
9:30-10:00 am	<b>BREAK</b> to Visit Vendors

### Group 1

#### 5C Simulation Area

30-minute simulation rotations – Lead Facilitator: Kelly Gibson, MD

Room A	Crisis Counseling of a Suicidal Patient
Room B	Hostile/Psychically Aggressive Patient
Room C	Breaking Bad News (IUFD)
Room D	Dealing with an Angry Patient
Room E	Suicide/Overdose Maternal Code

See Simulation Session Facilitation and Debriefing above right

12:30-1:30 pm **LUNCH** in Rammelkamp Atrium

#### Scott Auditorium

30-minute focused lectures – Lead Facilitator: Sally MacPhedran, MD

1:30-2:00 pm	<b>The Suicidal Pregnant Patient: Crisis Management</b> Katy LaLone, MD
2:00-2:30 pm	<b>Breastfeeding and Psychiatric Medications</b> Meaghan Combs, MD
2:30-3:00 pm	<b>Acute Grief and Bereavement: Breaking Bad News to Patients</b> Pam Rodriguez, BSN; Judith Szerencsy, BSN; Jim Kulma, M.Div.
3:00-3:15 pm	<b>BREAK</b>
3:15-3:45 pm	<b>Schizophrenia, Bipolar, ADHD, and Other Psychiatric Conditions in Pregnancy</b> Swapnil Khurana, MD
3:45-4:15 pm	<b>Addressing Maternal Mental Health: Practical Tips and Community Resources</b> Avril Albaugh, Project Director Cleveland Regional Perinatal Network

## Simulation Session Facilitation and Debriefing:

Emily S. Miller, MD, MPH  
 Nicole Harrington Cirino MD, CST, IF  
 Alison Bauer, MD (MFM Fellow)  
 Megan Weatherborn, MD (MFM Fellow)  
 Manesha Putra, MD (MFM Fellow)  
 Tani Malhotra, MD (MFM Fellow)  
 Cuyahoga County Perinatal Depression Task Force Members  
 MetroHealth Simulation Center Team

### Group 2

#### Scott Auditorium

30-minute focused lectures – Lead Facilitator: Sally MacPhedran, MD

10:00-10:30 am	<b>The Suicidal Pregnant Patient: Crisis Management</b> Katy LaLone, MD
10:30-11:00 am	<b>Breastfeeding and Psychiatric Medications</b> Meaghan Combs, MD
11:00-11:30 am	<b>Acute Grief and Bereavement: Breaking Bad News to Patients</b> Pam Rodriguez, BSN; Judith Szerencsy, BSN; Jim Kulma, M.Div.
11:30-12:00 pm	<b>Schizophrenia, Bipolar, ADHD, and Other Psychiatric Conditions in Pregnancy</b> Swapnil Khurana, MD
12:00-12:30 pm	<b>Addressing Maternal Mental Health: Practical Tips and Community Resources</b> Avril Albaugh, Project Director Cleveland Regional Perinatal Network

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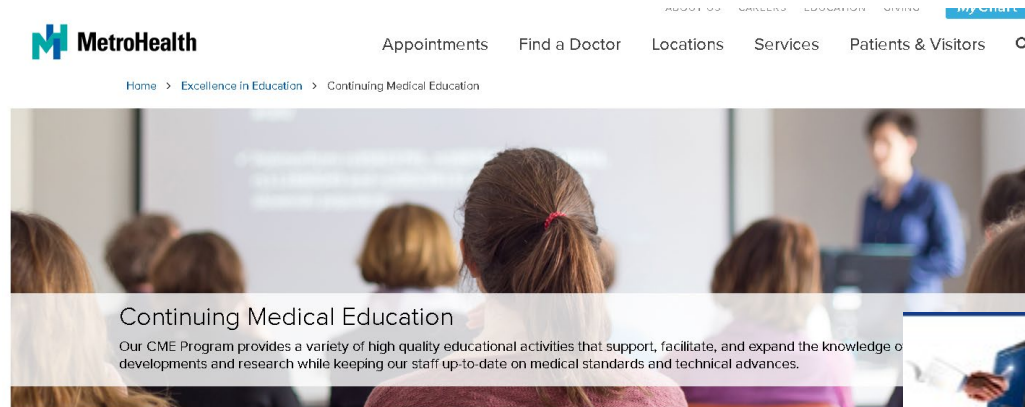
See Simulation Session Facilitation and Debriefing on top of page



## Housekeeping

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- Slides available at [www.metrohealth.org/cme](http://www.metrohealth.org/cme)
  - Log on with MHDATA (Metro employees) or MHGUEST to follow along today
- Evaluations (CME, CEU credits) will be sent via email from [myevaluations.com](http://myevaluations.com) later this week
- Food for breaks will be in the back hall, lunch will be served in the Rammelkamp Atrium
- Staff will be available for any questions
- Enjoy the conference!



### Continuing Medical Education

The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. Please use the forms below to submit CME events to CME Office at MetroHealth.



