



The
Marcé
Society

for Perinatal Mental Health



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July 2015



Marcé Members In the News

Jeannette Milgrom

[Mental Health Care for Mothers and Babies Starts in the Womb](#) in The Age

President Elect Jane Fisher

[Swept Under the Carpet: The Psychological Side of Maternal Health](#) in NewSecurityBeat

Dr. Katherine Wisner

[FDA to require new](#)

Letter from the President



Dear Marce Members,

I hope this newsletter finds you all well.

We have a great deal of exciting news to share with you in this issue, including new initiatives and a focus on members' research. Read also what our Regional Groups are doing and the range of activities happening around the world as well as great conferences coming up this year.

At the International level, we are now in an exciting phase of planning for our upcoming **2016 International Marce Society Biennial Scientific Conference** in Australia, which is only a little over a year away! We have formed a Scientific Committee, as well as a Local Subcommittee which meets on a monthly basis. We are also in the process of establishing an Advisory Group to assist with preparation for the conference, and are happy to consider approaches from interested members. If you would like to be a part of this initiative, please **contact us**. In addition, we have been hard at work on securing strong and informative speakers for our upcoming biennial conference in Melbourne, September 2016.

Read on for updates!

[information for prescribing medications during pregnancy](#) in the Chicago Tribune

Nancy Byatt, DO

[UMMS receives \\$2.5 million CDC grant to help ob/gyns treat depression during, after pregnancy](#) in umass med NOW

Elaine Hanzak

Publication of new book, [Another Twinkle in the Eye](#)

June 2015

Archives of Womens Mental Health Journal

Marce Members in Bold

[Is serotonin transporter polymorphism \(5-HTTLPR\) allele status a predictor for obsessive-compulsive disorder? A meta-analysis](#)

Lauren Mak, David L. Streiner, **Meir Steiner**

[The impact of perinatal depression on the evolution of anxiety and obsessive-compulsive symptoms](#)

Emily S. Miller, Denada Hoxha, **Katherine L. Wisner**, Dana R Gossett

[Perinatal Dyadic Psychotherapy for postpartum depression: a randomized controlled pilot trial](#)

Janice H. Goodman, Joanna Prager, Richard Goldstein, Marlene Freeman

Thank you for your support of the Marce Society.

Jeannette Milgrom
President, International Marce Society for Perinatal Mental Health

MOMS: A Success Story

El Camino Hospital is a community-based not-for-profit hospital located in the Silicon Valley of California. Our hospital has a 24 bed inpatient psychiatry unit that serves our very diverse community. Since the late 1990s, there has been a steady decline in the number of inpatient psychiatry beds in the state of California. However, our local department has continued to grow.

In 2006, a community task force was established by the hospital to assess the unmet need of perinatal mental health in the community. The task force comprised a multidisciplinary team from obstetrics and gynecology, paediatrics and psychiatry. Based on their recommendation and support from the El Camino Hospital foundation, in April 2007, [Maternal Outreach Mood Services \(MOMS\)](#) - an intensive outpatient program - was launched.

MOMS has been very successful since its inception. It provides free screening and assessments to mothers struggling with pregnancy and postpartum related mental health issues. Patients with moderate to severe symptoms are often treated at Partial Hospital level and then at MOMS. The hospital, in an effort to support the growing mental health needs of MOMS, also facilitated an inpatient track where patients with severe depression, suicidality, mania, and psychotic disorders could be treated in a setting that supported breast feeding and was mother-baby friendly.

Over time, the program (based on feedback from patients and families) added a group for fathers, an aftercare group for our graduating patients, and video based feedback about attachment and bonding.

Currently, the average daily census is 4-6 patients. The program has screened over a thousand moms and treated over one hundred patients.

The success of MOMS in our community indicates that solar programs can be created in other parts of the country and the world to support maternal mental health.

Nirmaljit Dhama, M.D
Medical Director MOMS
El Camino Hospital
Mountain View, California
Marce Society Board Member

Regional Group Updates

Australasian Regional Group

Anne Sved Williams
President, Australasian Marce Society for Perinatal Mental Health

Our main news is of the forthcoming regional Australasian

Personality and risk for postpartum depressive symptoms

S. I. Iliadis, P. Koulouris, M. Gingnell, S. M. Sylvä, I. Sundström, L. Ekselius, F. C. Papadopoulos, **A. Skalkidou**

New Initiatives

New Mental Health Initiative Announced by Two NIH Institutes and a large African-American Women's organization to launch the Mental Health Across the Lifespan Initiative focused on women's health.

Authors: Jacqueline Gollan, Ph.D. & Kristin Juskiewicz, M.S.

On July 16, 2015, a new educational initiative was launched representing a collaboration between the National Institute of Mental Health (NIMH), the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) and the Delta Sigma Theta Sorority, Inc. This initiative aims to increase public awareness of women's health conditions, including postpartum depression, aging, and exposure to violence. Educational resources will be distributed by the Delta Sigma Theta Sorority, Inc.

Also, the NIMH and NICHS will provide a workshop to present the initiative and how to engage the community. As a part of this initiative, a new video on postpartum depression has been placed on the NIH website for public education.

Learn more about the initiative [here](#). Learn more about the video [here](#).

Conference, to be held this year in beautiful Adelaide (in South Australia) from October 22-24, 2015 at the Adelaide Convention Centre. Information is available on our web-site at marce2015.com.au full of the exciting treats in store, including Professor Megan Gunnar from USA and Professor Ian Jones from UK, and many wonderful Australian speakers including Prof Jayashri Kulkarni, Prof Jenny Gamble, Stephen Malloch and AssPro Felice Jacka. A rich social program is planned, breakfasts in conjunction with Australian Association of Infant Mental Health and consumer groups, a book event and after dinner speakers. In addition, our local mother-baby unit, Helen Mayo House, has held a conference for South Australian professionals for decades, and this year will hold its conference in conjunction with Marce which I believe should add to the richness of content. Workshops on the Marce pre-conference day and that will be from Nancy Bardacke in the USA on mindful birthing and also Frances Thomson-Salo on countertransference when working with perinatal populations. Registrations are open with early bird closing on August 31st.



We would love to see people from our region including Australia, New Zealand, Japan, Singapore, Philippines, India, Indonesia, Papua New Guinea and Vietnam. And of course people from all over the world are more than welcome although with the World Marce in Melbourne in 2016 (September 25-28 for your long term planning!) I guess a lot of you will wait until then to visit our exciting country.

In Australia, we have had a richness of clinical work, teaching and research with perinatal and infant mental health populations, and with successful lobbying by previous Marce stalwarts such as Professor Anne Buist, there has been Australia wide funding (National Perinatal Depression Initiative or NPDI) for screening perinatal women for the last 6 years but sadly that funding will finish in June of this year. Marce will need to keep a voice going to ensure that great message from the UK is heard: "No health without mental health" so we don't lose the gains made during these last years. Screening is now routine in most parts of Australia and pathways to care well established, and so perinatal mental health is much more widely accepted as a routine part of care - at the moment! With special ambassadors through the NPDI training many midwives, child health nurses and others a huge boost has taken place which we will need to continue to build on post-NPDI. It will be a challenge.

Other great work in the recent past includes the publication of Psychopharmacology and Pregnancy: Treatment Efficacy, Risks and Guidelines by Megan Galbally, Martien Snellen and Andrew Lewis (Springer, 2014) which provides a first-class overview of the many challenges facing those of us who prescribe for antenatal populations. Jeanette Milgrom and Alan Gemmill's book on screening: Identifying Perinatal Depression and Anxiety: Evidence-Based Practice in Screening, Psychosocial Assessment and Management, is also just hitting the shelves and will be an excellent addition to perinatal literature. There are also many peer-reviewed papers by a large range of other researchers in international journals.

New on the Marce Website

Click [here](#) to view Conference Sessions Streams from the 2014 Biennial Conference in Swansea.

Thank You to our Diamond Members!

Safiyyah Abdul-Rahman
Najlaa Alhaj
Tahany Banoub
Diana Barnes
Roseanne Clark
John Cox
Jane Honikman
Catherine Lager
Aarti Mehta
Samantha Meltzer-Brody
Lucia Porta Cubas
Lucy Puryear
Verinder Sharma
Milica Stefanovic
Sarah Wakefield
Katherine Wisner
Hiroshi Yamashita

See you in Australia this year or next - it's just a hop and a jump away in those big new planes!

Japanese (Emerging) Regional Group

Tadaharu Okano
Chair, Japanese Society of Perinatal Mental Health (JSPM)



The Japanese Society of Perinatal Mental Health (JSPM) has basically an activity and aims similar to the Marce society.

The aim of JSPM is listed below according to the regulations of a society:

1. General Assembly and held academic conference per one year
2. Research on mental health of mother and children.
3. Issuance of publications such as Journal of JSPMH
4. Collaboration with other societies

In order to perform the meeting of Society, the next meeting is organized:

1. The General Assembly
2. Council
3. Board

Our society consists of multidisciplinary members such as psychiatrists, obstetrician, pediatricians, psychologist, academics scientist, midwives, psychiatric community nurse, psychiatric, liaison nurse, health visitor, social workers so on.

There are about 415 members of JSPM at present .

You can see the recent our congress of 11th Japanese Society of Perinatal Mental Health

The numbers of participants for the latest conference in Japanese metropolitan were 385 people.

<http://www.waaint.co.jp/jspmh11th/index.html>

There were 35 poster sessions, five workshops, three case conferences, and four lectures in this conference.

The link of the JSPM with the Marce International Society is also through the Japanese members of the Marce: Hiromi Miyazaki, Tadaharu Okano, Hitomi Seino, Keiko Yoshida and Saya Kikuchi who are already belonging also to the JSPMH. We would like to make announcements to our JSPM members, directors, councilors to join the Marce society.

In Japan, we will investigate the suicide rate during the perinatal period in collaboration with the Japanese Society of Obstetric and Gynecology.

Congratulations to Tadaharu Okano for successful activity in perinatal mental health in Japan.

Basically, activity and aims of JSPM are similar to the International Marce society and therefore when there will be enough International Marce International Society Japanese members (30 active members according to regional guidelines for regional groups) Keiko Yoshida and Tadaharu Okano will set-up an official Japanese regional group of the Marce International Society. We will support this process.

Nine Glangeaud, Marce Society Officer

Nordic Regional Group

Gro Vatne Brean



The [first Nordic Marce Conference](#) is to be held for researchers and clinicians on September 7. - 8. 2015 in Oslo. The theme of the conference is *Mental health during the perinatal period - focus on the mother, father and child*. Keynote speakers will be Professor John Cox, past president of the International Marce Society, Professor Kathy Wisner from the Feinberg School of medicine, internationally renowned researcher and lecturer and Professor Trine Munk-Olsen, who will present data from her large scale epidemiological studies on psychiatric disorders in the perinatal period.

There will be plenary lectures, poster presentations and parallel symposia in fields like fear of birth, risk factors, treatment, children and parenthood, prevention and health services. Both international researchers and clinicians will participate.

A number of the presentations will be in English, some in Scandinavian language. We wish to invite you to Oslo to participate in this first Nordic Marce Conference. In addition to the academic program, generous breaks for socializing are scheduled.

We congratulate Malin Ebehrard-Gran, Kari Slinning and Marit Rognerud with the Norwegian Medical Association's price for preventive medicine, for their article "Screening for postnatal depression - a summary of current knowledge." The article, published in the Journal of the Norwegian Medical Association 3/2014, describes a method of screening for early diagnosis of postnatal depression. Early and correct diagnosis of postnatal depression is an important secondary preventive measure to help inflicted women and their families, but in this field, both under- and overdiagnosis can pose a problem. The article is found [here](#).

Spanish Regional Group

"WOMEN AT HIGH RISK FOR PSYCHOSIS THROUGH PREGNANCY AND THE POSTPARTUM PERIOD".
María Luisa Imaz, MD. Perinatal Psychiatric Program.
Hospital Clinic. University of Barcelona. Spain.

Presented at Symposium: "Psychosis over the reproductive life span", conducted by Borja Farré-Sender in the European Meeting on Women's Mental Health Psychosis and of Gender in Barcelona (Spain), May 7th-8th, 2015.



Barcelona, May 7-8 2015

European Meeting on Women's Mental Health
WMH
PSYCHOSIS AND GENDER

Pregnancy and the postpartum period are associated with an increased risk of severe mental disorders. That can occur as a relapse of chronic psychotic illness or as a new onset, often shortly after childbirth. In this period, psychosis is associated with

an increased risk of relapse particularly for bipolar disorder in the first few months after childbirth. By contrast in schizophrenia the magnitude of the risk is lower along the entire first postnatal year. These episodes can result in substantial distress and have long-term implications for the well-being of the woman, her children, her family, and society in general(1).

Postpartum psychosis is a psychiatric emergency characterised by sudden onset and rapid deterioration(2). The best established risk factor for postpartum psychosis is a history of bipolar disorder or previous postpartum episodes. Several other potential risk factors for post-partum psychosis have been investigated, such as obstetric, psychosocial, hormonal, immunological and genetic factors, changes in medication, sleep deprivation and factors identified in neuroimaging studies(2). The treatment options available need to be considered from a medication and electro-convulsive therapy (ECT) as well as a social and psychological standpoint, and services such as mother and baby units(3).

Reference:

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3. Jones I, Chandra PS, Dazzan P, Howard LM. Perinatal mental health 2. Bipolar disorder, affective psychosis, and schizophrenia in pregnancy and the post-partum period. Lancet 2014; 384: 1789-1799.

Behavioral Activation Treatment for Perinatal Depression

Authors: Jacqueline Gollan, Ph.D. & Kristin Juskiewicz, M.S.

Perinatal depression is diagnosed with endorsement of two consecutive weeks of daily pervasive sadness and/or marked disinterest, with appetite and sleep disturbances, low energy or fatigue, difficulty concentrating, psychomotor agitation or retardation, and recurrent thoughts of death or dying. These symptoms can substantially impede a mother's ability to function and adhere to prenatal medical care and postnatal infant care (1). Between 9-16% of women in postpartum experience depression, and up to 41% of women who experienced postpartum depression are at risk for recurrence (2). Untreated depression during pregnancy leads to many risk factors including low birth weight, preterm delivery, having a small-for-gestational-age infant, and having a newborn with disorganized sleep patterns.

Many women prefer not to take medications during pregnancy and while breast-feeding. As a result, psychotherapy may be the best option for the treatment of perinatal depression. Moreover, psychotherapy can be tailored to unique treatment-related needs focused on parenting and family functioning. For example, psychotherapy focused on achieving routine regulation and a sense of mastery can be used to reduce stressful situations (i.e., unexpected infant reactivity, barriers to self-care, and variable infant schedules).

Recent reports indicate that Behavioral Activation (BA) treatment

helps to reduce perinatal depression (3, 4, see 5 for meta-analysis for efficacy of BA for depression). Specifically, this is a 12-week structured program that helps depressed women to focus on modifying their routines that promote a sense of mastery and pleasure and reducing passivity and avoidance. Treatment strategies include tracking and changing activities to increase a sense of reward, modifying avoidance towards more active coping, and reducing negative rumination.

There is initial support for the use of BA. In O'Mahen et al., (2014), an internet based BA program was compared with a non-interventional Treatment as Usual (TAU) approach and ~62% of the women in the BA group showed clinical change at the end of the treatment, compared with 29% of the TAU group. In addition, Beck et al., (2014) reported from a four-site Phase II randomized clinical trial that 45% of pregnant women who had enrolled with depressive symptoms showed a 50% reduction of depression by the end of the 10 week treatment.

Finally, there is evidence that BA can be used by non-medical staff and professionals in OB/GYN clinics. Specifically, Beck et al., (2014) taught BA to OB/GYN nurses who provided the treatment from the OB/GYN clinics, over the telephone, or in the patient's homes. This suggests that BA is particularly well-suited for a perinatal population as it allows flexibility regarding the types of professionals that can be trained to deliver the treatment, i.e. mental health experts as well nurse practitioners and midwives. BA has also been shown to be effective when delivered over the telephone making it more accessible for pregnant women and new mothers.

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5. Cuijpers, P., van Straten, A., & Warmerdam, L. (2007b). Behavioral activation treatments of depression: A meta-analysis. *Clinical Psychology Review*, 27(3), 318-326. doi: 10.1016/j.cpr.2006.11.001

Related Conferences



Second Biennial Perinatal Mental Health Conference

Translational Research in Perinatal Mental Health: Laboratory to Bedside to Community Practice

November 4-6, 2015
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