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Summer 2017

## Letter from the President



### Dear Marce Society Colleagues,

The Marcé Society's regional and language groups have been active in convening scientific meetings this year, which is between the years in which there are International Congresses.

In October, the Australasian Marcé Society led by President Lyndall White held a conference with the theme *When the Bough Bends, Resilience in the Perinatal Period* in Brisbane, Queensland. Invited speakers presented syntheses of evidence about interpersonal violence, substance use in pregnancy, assisted reproductive technologies, perinatal loss, and fatherhood, and the relevance of each to perinatal mental health. There were well attended

sessions by local experts in paediatrics and obstetrics discussed how mental health is being included in their practices and services.

Also in October Dr Signe Dørheim as President, led the *Second Conference of the Nordic Marcé Society*, with expert presentations on violence in close relationships during the perinatal period, epigenetic changes associated with anxiety and depression during pregnancy, the most recent evidence on postpartum psychoses and access to maternity leave.

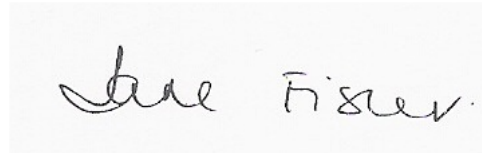
In November, President Kathie Wisner convened the very successful *Third Conference of the Perinatal Mental Health Society of North America, Mental Health and Well-Being for Childbearing Women, Their Children and Families* in Chicago. There were diverse expert presentations including addressing recent evidence about psychiatric medication use during pregnancy, the baby's perspective on perinatal mental health, principles of lactation for mental health professionals and translation of science to inform maternal health-related public policy. In 2018 the Perinatal Mental Health Society of North America will become the Marcé Society of North America (MONA) and we welcome their members warmly to the International Marcé Society.

All these conferences attracted large groups of registrants who appreciated the opportunity to hear the most recent research evidence on understanding and addressing perinatal mental health problems among women and men, new approaches to prevention, early intervention and treatment and broader implications for health and social policies.

I want to thank in particular the convenors, scientific committees, sponsors, presenters and participants in these conferences for advancing the field through their work as clinicians, academics and advocates. I want also to thank in particular the members of the International Marcé Society's Executive Board who supported each of these conferences as speakers and workshop convenors, demonstrating not only their expertise, but their energy and generosity.

The [call for abstracts](#) for presentations at the 2018 International Marcé Society Conference in Bengaluru is now open and I hope you will all consider joining us there.

With my best wishes,

A handwritten signature in black ink that reads "Jane Fisher". The signature is written in a cursive, flowing style.

Jane Fisher  
President 2016 - 2018

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## Perinatal Mental Health: Global Experiences, Global Dialogues, Global Responses

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The  
Marcé  
Society  
for Perinatal Mental Health



## Perinatal Mental Health

Global Experiences, Global Dialogues, Global Responses

**International Marcé  
Society Biennial  
Scientific Meeting 2018**

26<sup>th</sup> - 28<sup>th</sup> September 2018  
NIMHANS Convention Centre  
Bengaluru, India



### Highlights

- ❖ The First international Marce Society congress to be held in a middle-income country
- ❖ Provides opportunities to learn about initiatives from across the Global North and the Global South.
- ❖ World renowned Plenary Speakers, Stimulating Symposia on recent topics
- ❖ Skill building Workshops
- ❖ Special Program for Young Professionals and an Opportunity to visit different labs and facilities at NIMHANS.
- ❖ We welcome the perspectives of community groups and people with lived experiences of perinatal mental health problems.

*The conference will be of interest to mental health professionals, obstetricians, pediatricians, nurses, policy makers and public health professionals.*

## Letter from the Editor of the Archives of Women's Mental Health

Dear Colleague,

With this mail I would like to thank you for your ongoing support for the Archives of Women's Mental Health and to share some recent developments with you. As I am sure you know, the 2016 Impact Factors were released recently, and we are pleased to announce that the Impact Factor of Archives has increased to 3.379.

I would like to invite you to submit articles - if possible, also outside the field of peripartum psychiatry. I feel that the field of women's mental health is a much greater one than just peripartum and I would therefore like to also publish articles from many other fields, such as gender differences in mental disorders and in risk factors for mental disorders, or regarding stress, neuroimaging, neuropsychology, and body image, to name just a few. Lab research, animal studies, and psychoendocrinological studies relevant to women's mental health are also welcome, as are studies on gender differences in child and youth psychiatry, and gerontopsychiatry. And of course there are the big epidemiological questions still seeking answers, such as gender differences in the prevalence of depression and anxiety disorders or in suicide. Last not least there are issues of training and education in the field of women's mental health and of mentoring for female professionals.

Overall, the journal would like to widen its scope. Systematic reviews and meta-analyses are especially welcome.

Thank you for your help and also for asking your colleagues!

Kind regards,  
Anita Riecher-Rössler

# Marce Members Featured Publications

## Archives of Women's Mental Health Articles Marce members in Bold

### [Early life maltreatment but not lifetime depression predicts insecure attachment in women](#)

Anna-Lena Zietlow, Nora Nonnenmacher, **Corinna Reck**, Mitho Mueller, Sabine C. Herpertz, Corinne Neukel, Anna Fuchs, Felix BERPpohl, Daniel Fuehrer, Dorothea Klucznik, Catherine Hindi Attar, Charlotte Jaite, Katja Dittrich & Katja Boedeker

### [Short stay vs long stay postpartum psychiatric admissions: a population-based study](#)

Inbal Shlomi-Polachek, Kinwah Fung, **Samantha Meltzer-Brody** & **Simone N. Vigod**

### [Associated symptoms of depression: patterns of change during pregnancy](#)

Rita T. Amiel Castro, Claudia Pinard Anderman, **Vivette Glover**, Thomas G. O'Connor, Ulrike Ehlert & Martin Kammerer

### [Can exercise or physical activity help improve postnatal depression and weight loss? A systematic review](#)

Maryam Saligheh, Daniel Hackett, **Philip Boyce** & Stephen Cobley

### [Pregnancy and postpartum antidepressant use moderates the effects of sleep on depression](#)

Kristen C. Stone, **Amy L. Salisbury**, Cynthia L. Miller-Loncar, Jennifer A. Mattera, **Cynthia L. Battle**, Dawn M. Johnsen & Kevin E. O'Grady

### [Acceptance and commitment therapy for perinatal mood and anxiety disorders: development of an inpatient group intervention](#)

Alexa Bonacquisti, Matthew J. Cohen & **Crystal Edler Schiller**

### [A community-based randomized controlled trial of Mom Power parenting intervention for mothers with interpersonal trauma histories and their young children](#)

Katherine L. Rosenblum, **Maria Muzik**, Diana M. Morelen, Emily A. Alfafara, Nicole M. Miller, Rachel M. Waddell, Melisa M. Schuster & Julie Ribaudo

### [Rating scale item assessment of self-harm in postpartum women: a cross-sectional analysis](#)

**Jessica L. Coker**, Shanti P. Tripathi, Bettina T. Knight, Page B. Pennell, Everett F Magann, D. Jeffrey Newport & Zachary N. Stowe

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## Generating an efficient version of the Edinburgh Postnatal Depression Scale in an urban obstetrical population

**Jackie K. Gollan<sup>a</sup>**, Stephen R. Wisniewski<sup>b</sup>, James F. Luther<sup>b</sup>, Heather F. Eng<sup>b</sup>, John Louis Dills<sup>b</sup>, Dorothy Sit<sup>a</sup>, **Jody D. Ciolino<sup>c</sup>**, **Katherine L. Wisner<sup>a</sup>**

An efficient identification tool may reduce maternal disability associated with postpartum depression (PPD). One way to accomplish this goal is to use a reliable and efficient screening questionnaire that both patient and clinician can review together. The most commonly used screening questionnaire worldwide for PPD is the 10-item Edinburgh Postnatal Depression Scale (EPDS). This one-page questionnaire is designed to assess depressive symptoms experienced by the patient within the last seven days.

Though this questionnaire is popular and simple to use, research shows that several EPDS items refer to anxiety symptoms. Our goal was to investigate the 'structure' of the EPDS and to test the ability of the 'depression only' items to predict the diagnosis of depression as determined by a reliable clinical interview. This secondary analyses used a dataset of women during early postpartum (N=15,172). Exploratory and confirmatory factor analyses, Receiver Operating Characteristic curves, and logistic regression analyses were conducted. Our results indicated a seven-item, one factor scale (EPDS items 1, 2, 6, 7, 8, 9, 10) emerged with a high Goodness of Index Fit Index (GFI) =0.96, relative to the ten-item, two factor version of the EPDS (GFI =0.94).

Additionally, the seven-item EPDS achieved good sensitivity and specificity in predicting the 10-item EPDS, with a cut point score of 4 on the seven item EPDS to predict a 10-item EPDS score of 10 or more (sensitivity=95%, specificity=91%). The seven and 10-item EPDS showed a similar ability to predict a



diagnoses of depression (area under the ROC curve=0.795 for the 10-item, 0.770 for the seven-item EPDS). Logistic regression analyses showed similar predictive ability between the seven- and 10-item scales in predicting scores higher than 18 on the clinical interview.

This work suggests that the seven-item (one factor) version of the EPDS is an efficient and effective measure of depression and may be used in clinics to identify PPD.

[http://www.jad-journal.com/article/S0165-0327\(16\)31223-X/abstract](http://www.jad-journal.com/article/S0165-0327(16)31223-X/abstract)

<sup>a</sup> Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine, 676 North St Clair Street, Suite 1000, Chicago, IL 60611 USA

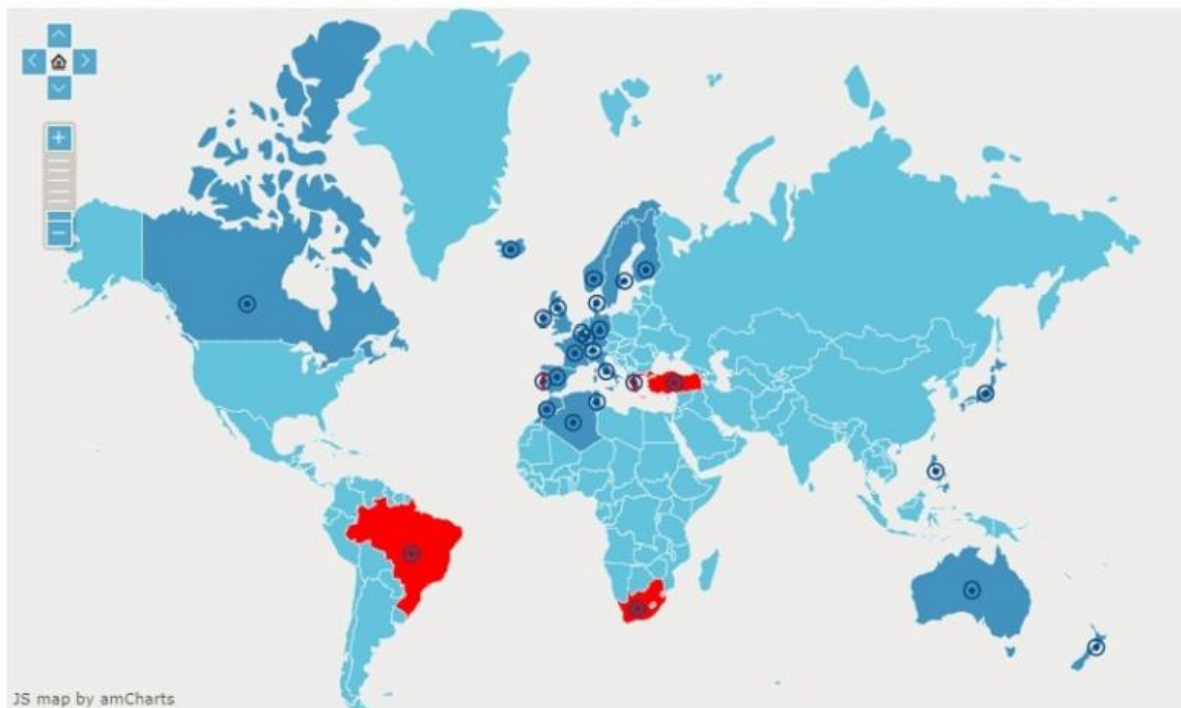
<sup>b</sup> Epidemiology Data Center, Graduate School of Public Health, University of Pittsburgh, 127 Parran Hall, 130 DeSoto Street, Pittsburgh, PA 15261, USA

<sup>c</sup> Department of Preventive Medicine-Biostatistics, Northwestern University Feinberg School of Medicine, 680 N Lake Shore Drive, Suite 1400, Chicago, IL 60611 USA

## Regional Group Updates

Regional Groups of the Marcé Society as of May 2017

Established Regional Groups in blue; Emerging Regional Groups in red. Click link in box for more information.



### Italian Regional Group

The second congress of the Italian Marcé Society for Perinatal Mental Health will be held in Padua, Italy on May 12th, 2018. There will be many international guests and an important representation of the Italian Ministry of Health. In particular:

Lisa Segre (President-elect of International Marcé Society)

Anita Riechler-Rössler (Editor in Chief of Archives of Womens' Mental Health)

John Cox (with Lectio Magistralis: Edinburgh Postnatal Depression Scale EPDS - Use and Misuse)

Mike O'Hara (with topic presentation: Screening for Perinatal Mental Health and Marcé Position Statement)

Serena Battilomo (Director of the Women's Health Office - Italian Ministry of Health)

Gianfranco Joric Jorizzo (Head of Birth Path - Italian Ministry of Health)

Giorgio Tamburlini (Collaborator with WHO and Unicef)

Please join us in Padua!

Pietro Grussu and Rosa Maria Quatraro

Primo annuncio



**Società  
Marcé  
Italiana**  
per la Salute Mentale Perinatale  
[www.marcesociety.it](http://www.marcesociety.it)

First  
announcement

**CONGRESSO NAZIONALE 2018 CON OSPITI INTERNAZIONALI**

<b>TITOLO DEL CONGRESSO</b> <b>SALUTE MENTALE PERINATALE:</b> dalle attuali politiche socio-sanitarie italiane alle attività dei servizi offerti alla popolazione	<b>Sabato 12 Maggio 2018</b> <b>PADOVA</b> Sala Congressi, Centro Culturale Altinate San Gaetano, Via Altinate 71
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Relatori Italiani			Ospiti internazionali			
<b>Serena Battilomo</b> <small>Ministero della Salute, Roma</small>	<b>Gianfranco Joric Jorizzo</b> <small>Comitato Percorso Nascita Nazionale</small>	<b>Giorgio Tamburlini</b> <small>Centro Salute Bambino, Trieste</small>	<b>John Cox</b> <small>Keele University UK</small>	<b>Michael O'Hara</b> <small>University of Iowa USA</small>	<b>Anita Riecher-Rössler</b> <small>Basel University Switzerland</small>	<b>Lisa Segre</b> <small>University of Iowa USA</small>
						

con il contributo di:



**Responsabili Scientifici del Congresso:** Pietro Grusso e Rosa Maria Quatraro  
[congresso.padova2018@marcesociety.it](mailto:congresso.padova2018@marcesociety.it)  
 Comitato Direttivo della Società Marcé Italiana per la Salute Mentale Perinatale:  
 Alessandra Bramante, Pietro Grusso, Viviana Lamarra, Laura Orsolini, Rosa Maria Quatraro

[Visit the Italian Regional Group website to learn more!](#)

## Spanish Regional Group

The Sociedad Marce Española (Spanish Regional Group of the International Marce Society for Perinatal Mental Health) has organized an online training on perinatal mental health, which will run from February to June 2018. This course is aimed at different health providers, including psychiatrists, psychologists, nurses, obstetricians, neonatologists, pediatricians, etc. The course will cover the following major topics: i) pregnancy and maternity, ii) mental disorders across different reproductive stages, from preconception to pregnancy and postpartum, and iii) evidence based interventions, both from psychological, psychosocial and psychopharmacological perspective.

## CURSO DE ESPECIALIZACIÓN EN SALUD MENTAL PERINATAL

formación  
psicoterapia

**Salud Mental Perinatal**

**Sociedad Marcé Española**

Vínculo  
genética  
interacción  
perinatal  
cuidado  
desarrollo



Sociedad  
Marcé  
Española  
(MARES)

**UAB**

Universitat Autònoma  
de Barcelona



Please, you can find program details at: [http://sociedadmarce.org/IMAGES\\_35/informacion-general-curso-de-salud-mental-perinatal-uab-mares.pdf](http://sociedadmarce.org/IMAGES_35/informacion-general-curso-de-salud-mental-perinatal-uab-mares.pdf)

The course will be taught in Spanish. The registration period is now open and, for Marce Society members there will be a special discount.

For more detailed information about the course and registration procedure, please, visit our website at: <http://www.sociedadmarce.org/detall-agenda.cfm/ID/7700/ESP/curso-especializacion-salud-mental-perinatal-uab-mares-.htm>

If you have any question, please, do not hesitate to contact us at: [secretaria@sociedadmarce.org](mailto:secretaria@sociedadmarce.org)

Best regards,  
Dra. Gracia Lasheras.  
Chairwoman of the Sociedad Marce Española

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## Marce Member News



Kathie Wisner visited Nine Glangaud in Paris in September

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## Reflections on the PSI Conference by Marce Society Board Member Lita Simanis

The first Postpartum Support International Conference I attended was the 17th Annual Conference in 2005, held in San Jose, California. I've had the good fortune to be able to join nearly all of the conferences since then, including the most recent that was held in Philadelphia on July 14 and 15, 2017.

This year's conference had 500 people in attendance, and started with the 2-day Perinatal Mood Disorder Certification Course on July 12 and 13, with 134 attendees.

Because most of the lectures and breakout sessions took place on the beautiful and historic campus of the University of Pennsylvania, there was perhaps slightly more gravitas to the atmosphere this year.

The keynote speakers did not disappoint: Fayth Parks, PhD kicked off the conference on Friday morning by sharing about cultural strengths, health disparities, and postpartum families. Later, Dr. Samantha Meltzer-Brody provided an update on the PPD ACT App for screening and large-scale research, for which she is the founder and a lead investigator.

I had the privilege of serving on the Conference Selection Committee this year, work that is both challenging and exciting. Challenging because we had to whittle down from so many excellent submissions, exciting because those of us on the committee got "sneak peeks" at all the brilliant and

important work being done. There were so many outstanding submissions, in fact, that the conference offered eight breakouts per session, more than at other conference in the past. On Friday, some of the breakouts included information on the SAGE 547 trials, dialectical behavior therapy for the perinatal woman, postpartum OCD, fathers, trauma-informed care, women of color and insomnia, just to name a few.

Friday afternoon also included a brief poster session and new member welcome, which was followed by the banquet in the evening. The banquet this year was especially moving as PSI unveiled a second memorial quilt to remember lives lost to perinatal mood disorders. Donna Kreuzer of Austin, Texas, who lost her daughter several years ago, created the quilt to honor her daughter and lovingly shared her story. Deartrice Baker (stage name Chyna) performed her original song "Brighter Days" about her struggle with Postpartum Depression. Dr. Margaret Spinelli raised a glass to honor and thank founder Jane Honikman, who could not attend the 30th annual conference as she was celebrating her own wedding anniversary.

Saturday's keynotes started with the beloved and prolific Karen Kleiman and Amy Wenzel on therapeutic strategies of intervention. Dr. Neill Epperson was the next keynote speaker, and she brought together science and clinical aspects of postpartum depression including ACES (adverse childhood experiences) and their effects on maternal/obstetric outcomes. Lastly, Dr. Joanna Cole from the Center for Fetal Diagnosis at CHOP presented on fathers' experiences of perinatal loss.

Breakout sessions on Saturday included presentations on post-adoption blues, NICU families, medication-assisted treatment for opioid-use disorders and infant feeding, trauma and birth, intimate partner violence, and infanticide and the law, among several other excellent topics.

I'm sure others who have attended many conferences will agree that each time we gather to learn and share, we are delighted and energized by the information and experience. We welcome meeting the new attendees and members of PSI that come into the fold and feel the passion and excitement that they bring. As well, we are always sad to leave the group of motivated and caring professionals, survivors, and family members, all working to improve the lives of perinatal families. So we end by looking forward to the next time we can meet again, 2018 in Houston. Hope to see you there!

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## The Members Only List Serv: Making Connections!

[Check out the archives](#) to make sure you are up to date on some key topics:

- Brintellix and breastfeeding
- Postpartum psychosis screening tools
- Guidelines in perinatal suicide prevention
- IVF for patient with bipolar disorder
- Topirimate in pregnancy
- Anxiety medications during first trimester

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## Other News

### Posters for the 2017 World Maternal Mental Health Day

The poster for this year's (2017) World Maternal Mental Health Day (WMMHD) Campaign, initially designed by one of our partners from the Spanish Regional Group (Dr. Elena Serrano), was shared with the members of the WMMHD Task Force in order to translate it into various languages. People from all around the world helped to do it and the poster was finally adapted into at least eight languages. This collaborative process was really inspiring and encouraging, and arised some nice anecdotes (e.g. the Arab version was done by two women that were pregnant at that time). Hopefully this year we will be able to translate it into several other languages that may help to reach even more countries/people all around the world.

Elena Serrano Drozdowskyj  
Spanish Regional Group, the Marce Society



**עדיפות לנושא בריאות הנפש של אימהות**

לחדר טיפול הולך ישי הסיוע רצינית על הימנות העינות, הסיוע והחברה וכלל החברה

כ-75% מן לא מאובחנות ולא מקבלות כל עזרה מקצועית או עזרה

2 מכל 10 נשים סובלות מבעיות בריאות הנפש במהלך ההיריון והא בכמה שאלה הלידה בטהר שאלה הלידה

**מדוע יש צורך בהכרזת "יום בינלאומי לבריאות הנפש של אימהות"?**

- להעביר מודעות לבעיה
- להעביר על הסיוע החברתי
- לשפר איתור, אבחון וקבלת טיפול הולם במידת הצורך
- להקצות יותר משאבים לבריאות הנפש של האם והתינוק

**השתתפו!**

**הצטרפו למאמץ ולהפצה "מסר"**

#maternalMatters  
#SaludMentalMaternaImporta  
#wintheday.postpartum.net

בכרז על יום ה-4.5.2017 מאי בכל

**"חיום הבינלאומי חשי לידים בריאות הנפש של האם"**

**בריאות הנפש של האימהות חשובה!!**

**La Santé Mentale Maternelle est une priorité**

2 femmes sur 10 présentent un problème de santé mentale pendant la grossesse et le 1<sup>er</sup> an après le naissence

50 à 75% des femmes ne sont pas diagnostiquées et ne reçoivent pas les soins nécessaires

L'absence de soins adaptés entraîne des conséquences pour la mère, le bébé, la famille et la société

**Pourquoi devons nous instaurer une Journée Mondiale de la Santé Mentale Maternelle?**

- Afin de donner davantage de visibilité à ce problème
- Afin de combattre l'étiquetage
- Afin d'améliorer le dépistage (diagnostic) et le traitement
- Afin d'attirer davantage de moyens à la santé mentale maternelle et infantile

**Participez!**

**Rejoignez et diffusez la campagne**

#maternalMatters  
#wintheday.postpartum.net

Dédions chaque année le premier mercredi du mois de mai Journée Mondiale de la Santé Mentale Maternelle

**La Santé Mentale Maternelle est importante.**

**Saúde Mental Materna é Prioridade**

2 em cada 10 mulheres apresentam problema de saúde mental durante a gravidez e um ano após o parto

Mais de 75% das mulheres não são diagnosticadas e não recebem tratamento e suporte adequado

Não ter tratamento adequado tem consequências importantes para a mãe, o bebê, a família e a sociedade em geral

**Porque precisamos declarar um Dia Internacional de Saúde Mental Materna?**

- Para dar maior visibilidade para esse problema
- Para combater o estigma social
- Melhorar a detecção (diagnóstico) e o tratamento
- Destinar mais pesquisas e recursos humanos e materiais

**Participe!**

**Junte-se à campanha e espalhe a palavra!**

#maternalMatters  
#SaudeMentalMaternaImporta  
#wintheday.postpartum.net

Vamos declarar a primeira quarta-feira de Maio de cada ano - Dia da Saúde Mental Materna

**Saúde Mental Materna Importa**  
**Maternal Mental Health Matters**

**Die PSYCHISCHE GESUNDHEIT VON MÜTTERN hat Priorität!**

2 von 10 Müttern haben Probleme mit der psychischen Gesundheit während der Schwangerschaft und im ersten Jahr nach Geburt des Kindes

Über 75% der Frauen werden nicht diagnostiziert und erhalten keine passende Behandlung und Unterstützung

Ihren keine passende Behandlung zu geben, kann erhebliche Konsequenzen nach sich für die Mutter, das Kind, die Familie und die Gesellschaft im allgemeinen

**¿Warum müssen wir einen Internationalen Tag der Psychischen Gesundheit von Müttern ausrufen?**

- Um diese Problematik sichtbar zu machen und gegen die soziale Stigmatisierung zu kämpfen
- Um Früherkennung und Behandlung zu verbessern
- Um mehr und bessere Hilfe aufzuwenden bei der Beachtung der psychischen Gesundheit von Mutter und Kind

**¡Machen Sie mit!**

**Schliessen Sie sich dieser Kampagne an und verbreiten Sie sie:**

#maternalMatters  
#SaludMentalMaternaImporta  
#wintheday.postpartum.net

Erklären Sie jedes Jahr den 1. Mittwoch im Mai zum Internationalen Tag der psychischen Gesundheit von Müttern

**Die Gesundheit von Müttern is**

**La SALUTE MENTALE MATERNA è una priorità**

2 donne su 10 soffrono di un problema di salute mentale durante la gravidanza e nel primo anno dopo il parto

Oltre 75% di queste donne non ricevono una diagnosi o un'assistenza adeguata

La mancanza di un trattamento adeguato ha importanti conseguenze sulla madre, sul bambino, sulla famiglia e sulla società in generale

**Perché vi è la necessità di istituire una Giornata Mondiale della Salute Mentale Materna?**

- Per dare una maggiore visibilità riguardo al problema
- Per combattere l'etichetta sociale
- Per migliorare la diagnosi e il trattamento
- Per indirizzare maggiori risorse nella salute mentale materno-infantile

**Partecipa!**

**Aderisci e diffondi la campagna!**

#maternalMatters  
#SaludMentalMaternaImporta  
#wintheday.postpartum.net

Alfichiamo il primo mercoledì di Maggio di ogni anno sia la Giornata Mondiale della Salute Mentale Materna

**La Salute Mentale Materna è importante**

**孕产妇心理健康日是一个优先事项**

怀孕期间和生完后的第一年，20名中有2名女性患有精神健康问题

超过75%的妇女没有得到诊断，没有获得足够的医疗和支持

没有足够的医疗对母亲、宝宝、家庭和社会都有重大的后果

**为什么要宣布世界孕产妇的健康日？**

- 为了更多地了解这个问题
- 为了打破社会歧视
- 为了改善检测（诊断）和治疗
- 将更多的资源用于孕产妇和婴儿心理健康

**参加！**

**加入运动，传播世界！**

#maternalMatters  
#SaludMentalMaternaImporta  
#wintheday.postpartum.net

让我们宣布每年可能的第一个星期三为孕产妇心理健康日

**孕产妇心理健康日**

**Maternal Mental Health is a priority**

2 in 10 women have a mental health problem during pregnancy and in the first year following the birth

Over 75% of women do not get diagnosed and do not receive adequate treatment and support

Not having adequate treatment has important consequences for the mother, the baby, the family, and society in general

**Why do we need to declare a World Maternal Mental Health Day?**

- To give more visibility to this problem
- To combat social stigma
- To improve detection (diagnosis) and treatment
- To earmark more resources to maternal and infant mental health

**Participate!**

**Join the campaign and spread the word!**

#maternalMatters  
#SaludMentalMaternaImporta  
#wintheday.postpartum.net

Let's declare the first Wednesday of May each year to be Maternal Mental Health Day

**Maternal Mental Health Matters**

**صحة الأم النفسية من الأولويات**

2 من أصل 10 نساء يعانين من مشاكل الصحة النفسية أثناء الحمل وفي السنة الأولى بعد الولادة

أكثر من 75% من النساء لا يتم تشخيصهن ولا يحصلن على العلاج اللازم

عدم توفر علاج مناسب له من شأنه أن يترتب عليه عواقب خطيرة على الأم، الطفل، الأسرة والمجتمع

**لماذا نحن بحاجة لإعلان يوم عالمي لصحة الأم النفسية؟**

- من أجل إلقاء الضوء على هذه القضية
- من أجل مكافحة الوصم الاجتماعي
- من أجل تحسين الكشف والعلاج
- من أجل توجيه المزيد من الموارد للصحة الأم والطفل النفسية

**شاركوا!**

**انضموا وانضموا إلى هذه الحملة!**

#maternalMatters  
#SaludMentalMaternaImporta  
#wintheday.postpartum.net

لنعلن كل سنة، أول يوم الأربعاء من شهر أيار مايو يوم عالمي لصحة الأم النفسية

**صحة الأم النفسية مهمة**

**La SALUD MENTAL MATERNA es una prioridad**

2 de cada 10 mujeres presentan un problema de salud mental durante el embarazo y el primer año tras el parto

Casi la mitad de estas mujeres no recibirán la atención adecuada

No dar un tratamiento adecuado tiene importantes consecuencias para la madre, el niño, la familia y la sociedad en general

**¿Por qué necesitamos que se declare un Día Mundial de la Salud Mental Materna?**

- Para dar mayor visibilidad a este problema y combatir el estigma social
- Para mejorar la detección y el tratamiento
- Para que se destinen más y mejores recursos a la atención de la salud mental materno-infantil

**¡Participa!**

**Súmate y difunde la campaña**

#maternalMatters  
#SaludMentalMaternaImporta  
#wintheday.postpartum.net

**FIRMA LA SOLICITUD** (<http://www.sociedadmarce.org/>)

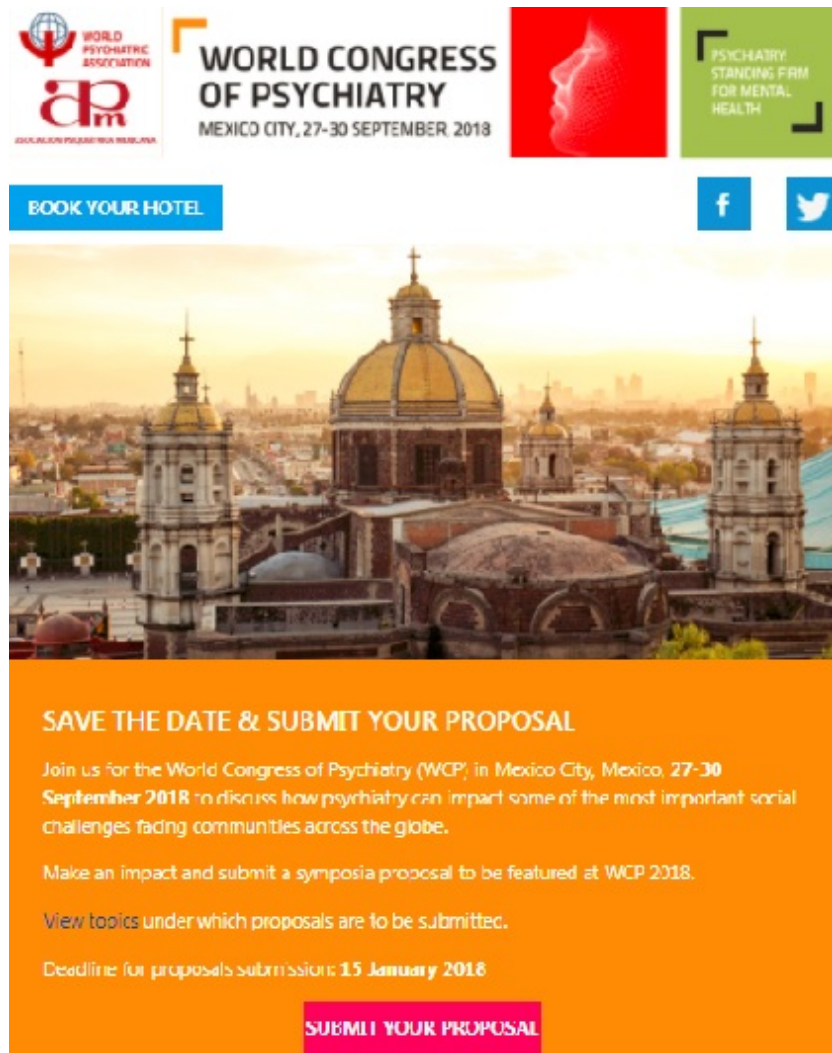
Para que declare el primer miércoles de mayo de cada año el Día Mundial de la Salud Mental Materna

**La Salud Mental Materna Importa**

# Thank You to our 2017 Diamond Members!

Safiyah Abdul-Rahman  
Aline Borsato  
Renee Bruno  
Kimothi Cain  
Christine Clemson  
Pietro Grussu  
M. Camille Hoffman  
Masako Nagata  
Lucy Puryear  
Rosa Quatraro  
Milica Stefanovic  
Hiroko Suzumiya  
Edwin Trevathan  
Anja Wittkowski  
Hiroshi Yamashita

## Upcoming Conferences



The banner features a collage of logos at the top: the World Psychiatric Association logo, the World Congress of Psychiatry logo with the text 'MEXICO CITY, 27-30 SEPTEMBER 2018', a red silhouette of a head, and a green logo for 'PSYCHIATRY STANDING FIRM FOR MENTAL HEALTH'. Below the logos is a blue button that says 'BOOK YOUR HOTEL.' and social media icons for Facebook and Twitter. The main image is a photograph of a large, ornate cathedral with multiple domes and spires, set against a hazy, golden-hour sky. At the bottom, an orange box contains the text 'SAVE THE DATE & SUBMIT YOUR PROPOSAL' followed by details about the conference, a deadline, and a pink button that says 'SUBMIT YOUR PROPOSAL'.

**WORLD PSYCHIATRIC ASSOCIATION**  
**WORLD CONGRESS OF PSYCHIATRY**  
MEXICO CITY, 27-30 SEPTEMBER 2018

BOOK YOUR HOTEL.

PSYCHIATRY STANDING FIRM FOR MENTAL HEALTH

**SAVE THE DATE & SUBMIT YOUR PROPOSAL**

Join us for the World Congress of Psychiatry (WCP) in Mexico City, Mexico, **27-30 September 2018** to discuss how psychiatry can impact some of the most important social challenges facing communities across the globe.

Make an impact and submit a symposia proposal to be featured at WCP 2018.

View topics under which proposals are to be submitted.

Deadline for proposals submission: **15 January 2018**

**SUBMIT YOUR PROPOSAL**

To submit your proposal, click [here](#)

## 31st Annual Postpartum Support International Conference July 13-15, 2018 | JW Marriott Houston | Houston, TX

The annual PSI conference provides an opportunity to meet, learn together, and share ideas with others involved in the field of perinatal mood and anxiety disorders (PMADs). This professional event is a unique training and networking opportunity, last year attracting more than 500 participants. The purpose of the

conference is to bring together and inform medical and mental health providers, childbirth professionals, support and resource providers, caregivers, policy-makers, researchers, volunteers, families, and educators who want to improve their understanding of PMADs and improve their ability to serve pregnant, postpartum, and post pregnancy-loss families.

[Learn More](#)

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**Send updates on careers, publications, etc. to the [Executive Office](#) for future newsletters.**

**Marce Society**

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