#### June 2012 Newsletter

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http://www.infocongres.com/marce-eng/.

We invite you to the general assembly taking place at the Congress: 1:30-2:30 on Thursday October 4th. At this general assembly, we will vote on the

1:30-2:30 on Thursday October 4th. At this general assembly, we will vote on the new Officers for the Society.

To see a sneak peek of an example of one of the abstracts for the Paris program, you may click here and you will see what types of quality and innovative issues we have in progress to present to you in October: <u>http://marcesociety.com/Meeting.aspx</u>. The program is very good right up until the very last session on Friday!

# We Need Your Upcoming Vote on the New Marcé Leadership

You will be receiving an email later this week with the list of members who are willing to serve in leadership positions for the Society for 2013 and 2014. It is important that you reply to this email by the end of June with your vote so that we may approve the results at the meeting in Paris and install the new Officers, with enough voting participation of the membership. Thank you in advance for your response!



Marcé member Jane Honikman has completed a PPD Facilitators Training Guide, which can be downloaded: http://windowofopp.files.wordpress.com/2010/12/trainingguide1.pdf.

## The Newest Marcé Society Diamond Members

We would like to thank the following members for supporting the Marcé Society at the highest membership level possible: Flavio Arana, Tahany Banoub, Heather Flynn, Jane Honikman, Maureen Lagan, Michael Liepman, and Samantha Meltzer-Brody.



United States Marcé 2013 Meeting We are planning a meeting in Chicago for 2013, which will be held in the fall. We will let you know as soon as exact dates becomes available!

### Meetings Around the World Italy Meeting

This week, June 14th - 15th, Milan Italy will host a conference: Prevention, Treatment and Research on the Field of Perinatal Mental Disorders. We look forward to reporting on the success of this program.

## Spain Meeting

The New Spanish group of the Marcé Society had their first Working Day on May

11, at the USP University Institute Dexeus, in Barcelona, Spain. It was a well organized meeting with very interesting and good level of presentations and lively discussions. It was a very dense program from 9am till 9pm, in Spanish. There were about 150 participants: a big success for a first meeting, with a good participation of most of the main perinatal services of Barcelona and some services from Madrid. The expertise of the speakers were within a broad range of domains: obstetric and gynecology, psychiatry, pharmacology, children mental health, pediatry, genetic, sexuality and reproduction, neonatology, animal biology, psychology and psychometry, psychotherapy, attachment therapy, haptonomy.

There were several talks on perinatal psychiatry centers in Spain, pregnancy and mental health, postpartum depression, neonatal care units and mental health, and a final session about motherbaby psychiatric hospitalization units.

The group had their first General Assembly and elected an executive: a President (Lluïsa Garcia-Esteve), Secretary /Treasurer (M<sup>a</sup> Luisa Imaz), Scientific coordinator (Susanna Subirá), Publication editor (Jose M<sup>a</sup> Farré), Vice-president (Gracia Lasheras), International Representative (Ibone Olza), Vocals (Borja Farré and Marta Ros). At the international congress of the Marcé Society in Paris those Spanish colleagues will be very active with a symposium (including a talk by Gracia Lasheras on **Cross-Border Reproductive Care and Psychological Distress**, by Maria Luisa Imaz on **The association of postpartum depression and perinatal tobacco use: a longitudinal study,** by Lluïsa Garcia-Esteve on Selective **serotonin reuptake inhibitors (SSRI) discontinuation during pregnancy: risk or benefit?** and by Ibone Olza Fernández on **Neonatal attachment behaviour following brief maternal separation**)

For a complete report on this outstanding congress, please see: <u>http://marcesociety.com/Spanish-marce-society.aspx</u>. Best wishes for the future of this new Spanish group of the international Marcé Society. Nine Glangeaud, Marcé Society President

### **UKIMS Marcé Meeting**

THE UK and IRELAND MARCÉ SOCIETY Annual Meeting, September 6<sup>th</sup> 2012 The Athenaeum Club, 107 Pall Mall, London, SW1Y 5ER. *The Best of Perinatal Mental Health Research and Clinical Practice* Join us in our new central London venue to hear about the latest developments in perinatal mental health research and practice. Free registration and lunch for Marcé Society members – visit www.marcesociety.com to join (only £40). You can also join on the day. Key-note speaker Naomi Eistenstadt (first director of Sure Start). New research session and clinical updates. A great opportunity to present your research or clinical service developments -even if at an early stage. Places are limited and need to be booked in advance. To book your place or to submit a request for a presentation slot please email as soon as possible to: Prof Vivette Glover: v.glover@imperial.ac.uk.

### NASPOG Meeting

by Kathie Wisner, Marcé International Representative to NASPOG

The NASPOG (North American Society for Psychosocial Obstetrics and Gynecology) meeting was held April 22-25, 2012, at the Renaissance Hotel, Providence, Rhode Island. This meeting was the largest one in recent history, with nearly 200 attendees. The atmosphere was cordial and informal, with excellent organization (thanks to administrator Debby Tucker), superb talks, food and camaraderie!

President Teri Pearlstein MD and Margaret Howard PhD, both from Brown University,

chaired the Conference Committee. There were two symposia sponsored by the Marcé Society. The first was entitled SSRI during Pregnancy and Liability Issues, chaired by Kathie Wisner MD MS. The first talk was by Tina Chambers PhD, a reproductive epidemiologist from the University

of California, San Diego. She reviewed epidemiologic information about SSRI use and birth defects and pointed out that the SSRI are the most frequently studied agents used during pregnancy. The second talk was by Kathie Wisner from the University of Pittsburgh. She discussed the concept of exposure to SSRI and to depression. There is no consensus definition of exposure to either. Antenatal exposure to SSRI has been defined as being given a prescription during pregnancy, having filled a prescription during pregnancy, self-reported medication use, and self-reported use verified by pharmacy record. Rarely is any biological confirmation of drug exposure obtained in such studies. Similarly, depression is described as having depressive (and/or anxiety symptoms) symptoms or the diagnosis of major depressive

disorders. Comorbidities are common but rarely identified. Exposure is complex, and women with depression take other prescribed and over the counter drugs, smoke, experience environmental adversity and intimate partner violence and suboptimal nutrition. Randomization is the tool to equalize unmeasured variables in a population, but randomly assigning women to drug or placebo is difficult to justify ethically. Observational studies provide data that must be individualized to the woman. The third talk was by Pat Recupero MD JD from Brown University. She pointed out that lawsuits can result not only from an adverse outcome associated with prescribing a medication during pregnancy, but also for failing to diagnose and provide treatment for

depression. Documentation of the risk-benefit discussion in the record is crucial – "if it isn't written, it didn't happen." Kim Yonkers MD from Yale presented the final paper about her work with the Pink and Blue study, which emphasized the need to characterize women diagnostically in terms of depression and the variety of comorbidities they experience.

The second symposium was chaired by Margaret Howard. Amy Salisbury PhD, from Brown University described the MOTHER study of methadone vs. buprenorphine for opiate addiction during pregnancy. The outcomes for infants in terms of less severe withdrawal and shorter neonatal hospitalizations for buprenorphine were discussed. Debra Bogen MD from the University of Pittsburgh provided data to show that the serum levels of methadone decline across pregnancy and higher doses are needed, but that the dose must be decreased rapidly postbirth (over the first week to two weeks) to avoid substantial maternal sedation due to rebounding serum levels post-birth. Barry Lester PhD from Brown University emphasized the importance of the post-birth environment in shaping the future risk for substance use in children exposed during fetal life. Pauline Slade PhD, from Sheffield, UK, reminded us that perinatal post-traumatic stress

disorder impacts many women.

Other symposia topics included menopause, premenstrual disorders, complementary and alternative medicine, chronic pelvic pain, infertility, genital cosmetic surgery, body dysmorphic disorder and transgender health issues. The next NASPOG meeting will be in 2014 in Columbus, Ohio, with President Jonathan Shaffir MD.

Members in South Africa announce a recently published paper: Perinatal Mental Health Project flagship paper published in PLoS Medicine's series on Global Mental Health in Practice. New approach to screen pregnant women for mental health disorders: http://marcesociety.com/Articles.aspx.





Risk and protective factors associated with violence during pregnancy and its impact on postnatal depression in Mexican women.

### Work with Dr. Filipa de Castro from Mexico's National Institute on Public Health on the relationship between postpartum depression and violence.

From Marcé Member Jean Marie Place

There is increasing evidence that intimate partner violence during pregnancy, or the physical, sexual, or psychological abuse or threats perpetrated by a current of former partner, is strongly associated with increased risk for postnatal depression. Studies conducted in various countries, including Brazil, Peru, Hong Kong, and the United States, support this association. In Mexico, as well, there is burgeoning support for the mental health consequences of intimate partner violence. Recent surveys have indicated that as many as 25% of women report violence during one or more of their pregnancies. A team of researchers from Mexico's National Institute of Public Health and the University of South Carolina, USA have investigated the factors associated with violence during pregnancy in Mexican women and its impact on postnatal depression. Using data on

200 women from a cross-sectional study in Mexico City, Mexico results indicate that 22% of women report violence during their last pregnancy.

Given health care implications of intimate partner violence and postnatal depression, the team of researchers is currently conducting a qualitative study on the Mexican health system's role in detecting and treating violence and perinatal mental health issues. With additional research, evidence-based interventions can be further established to address issues that put at risk women's physical and mental health in Mexico.

Thank you for your investment in The International Marcé Society for Perinatal Mental Health. We welcome your feedback on all matters related to membership, the newsletter, upcoming meetings, or any other issue or opportunity we can assist you with. Please email us anytime at ngreer@parthenonmanagementgroup.com.