

The Pregnancy Foundation 2014 Garite Mini-Sabbatical Recipient

“Mood Disorders in Pregnancy and the Postpartum Period”

M. Camille Hoffman
Department of Obstetrics & Gynecology
University of Colorado School of Medicine



Mentor:
Kathy Wisner, MD
Professor of Psychiatry and Behavioral Sciences
Northwestern University Feinberg School of Medicine

Recipient Statement and Summary:

Perinatal mood disorders are the most common pregnancy complication and have multigenerational effects that span the lifetime health of the mother, the child, and the family. Thus, perinatal mental health (PMH) is pertinent to most of the care that we provide yet formal instruction in PMH management is not traditionally a part of obstetrics and MFM training. Through this experience, I worked with experts in the field of perinatal mental health across the spectrum, from translational research on biomarkers through healthcare systems delivery and policy, and gained skills to create a formal instruction program for obstetric care providers in Colorado (and hopefully beyond).



During the first part of the mini-sabbatical in January 2015, I worked with Vivette Glover, PhD at Imperial College London and in affiliation with the Queen Charlotte's and Chelsea Maternity hospital. Dr. Glover spent a lot of time mentoring me directly, discussing translational aspects of maternal hypothalamic-pituitary-adrenocortical axis (HPA) influence on pregnancy, infant, and childhood outcomes such as anxiety and behavioral and neurodevelopmental disorders. She also analyzed data with me from a longitudinal study of maternal-fetal HPA relationships I have ongoing in Denver. At least one manuscript will result from this collaboration. This experience with Dr. Glover influenced the research side of my maternal-fetal medicine practice and also expanded my network of potential research collaborators, as well as my network of perinatal mental health practitioners. While a biologist by training, Dr. Glover is at the forefront of perinatal mental health efforts in the UK and she connected me to the head of the “Maternal Mental Health Alliance,” Alain Gregoire, MD, with whom I worked at an inpatient mom-baby perinatal psychiatry unit in Winchester, UK and who also invited me to attend a day-long workshop on management of mental illness in pregnancy and the postpartum period that he presented to Ob-Gyn residents in Southampton, UK.

The other major connection through Dr. Glover was to a clinical and research group at King's College London. With this group, headed by perinatal psychiatrist and researcher Carmine Pariante, MD, I was able to experience the clinical side of perinatal mental health practice from the level of home visitation (with PMH trained advanced practice nurses) to the level of an inpatient mom-baby unit at the historic Bethlem Hospital (origin of the word "bedlam") in South London. Through this connection I was also able to attend PMH events going on at King's College such as a lecture on the "NICE Guidelines on Perinatal Mental Health," presented by Prof. Louis Howard (senior author of the recent Lancet series on Perinatal Mental Health) and a seminar given by Prof. Alan Stein (another Lancet series author) on adverse attachment in relation to postpartum obsessive-compulsive disorders.



Dr. Glover is the quintessential translational research mentor to many psychologists and psychiatrists internationally. She went out of her way to mentor me and introduce me to many others in the field. It was interesting (and fun) to meet collaborators and visitors, who "dropped in" from all over Europe and the U.S. to visit her while I was there. I am the first obstetrician she has worked with in this capacity. In sum, the first part of the mini-sabbatical was rich beyond my expectations and became an incredibly interdisciplinary experience with great breadth and depth, clinical application to MFM, and invaluable networking.



The second phase of my mini-sabbatical occurred in February 2015 at Northwestern University with an internationally known researcher and perinatal psychiatrist, Dr. Katherine L. Wisner. During my time with Dr. Wisner, I saw pregnant patients with her in her perinatal psychiatry clinic, critically assessed a very large body of literature generated by Dr. Wisner and her peers on screening, assessment and treatment (psychology and psychopharmacotherapy) of women with perinatal mood disorders, and designed future clinical research collaborations with Dr. Wisner and members of her perinatal psychiatry group. Through this experience, I gained confidence in the management and assessment of patients who need pharmacotherapy for their depression, anxiety, bipolar disorder, or mixed diagnosis beyond what I have previously been comfortable discussing and prescribing to pregnant patients with mental health concerns. I was also invited to give a talk on my perinatal HPA research and received feedback from Dr. Wisner's group that helped formulate a manuscript that is currently in review. Dr. Wisner's mentorship was excellent, her enthusiasm is contagious, and her generosity in taking on a non-psychiatrist as a mentee beyond my expectation. She and I have continued to communicate frequently, sharing literature and research ideas. I will maintain close contact with both Dr. Glover and Dr. Wisner.

The Pregnancy Foundation mini-sabbatical experience in perinatal mental health has changed my MFM career in three major ways:

1. Research: It enabled me to spend time with an internationally known researcher in perinatal mental health and this experience was invaluable in helping me with hypothesis generation, study

design, narrowing my outcomes of interest focus, analysis of my own data, manuscript preparation, and connecting me with research collaborators for years to come.

2. Clinical Practice: This experience gave me confidence to delve into perinatal mental health with patients, their families, and their newborns without fear of “opening Pandora’s box” and then not knowing what to do with the information. Because I have personally worked in practice models (from home visitation to inpatient perinatal psychiatry units) that have given me perspective, I now have practical skills to know what to do for women struggling with perinatal mood disorders, including psychosis. This experience has also inspired me to emphasize screening, assessment and treatment of women with perinatal mood disorders with the fellows, residents and medical students whom I teach.
3. Healthcare Delivery: At the level of healthcare systems and policy, this experience has underscored the prevalence of perinatal mental illness and the importance of integrated healthcare to improve perinatal care (the only form of primary care for many vulnerable women). As prenatal care providers we are in an ideal position to positively change PMH by becoming the front-line of care for the mothers and babies we treat. However implementation of perinatal mental health into standard prenatal care (beyond administering a screen that gets a cursory glance) will require system’s change and a change in the way that we educate students, residents and fellows.

From this mini-sabbatical experience my research, clinical and policy/political interests have aligned. That The Pregnancy Foundation and SMFM supported these efforts gives me great optimism that we may be able to accomplish more in integrated physical and mental health, through prenatal and postnatal care, in this era. These accomplishments will improve maternal and child health, and thus the health of our society, beyond most other interventions.