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Objectives: Psychiatric disorders are common in pregnancy, affecting 15-29% of pregnant women. Untreated depression has negative health consequences for mother and fetus. Electroconvulsive Therapy (ECT) is an effective option for the treatment of severe depression with high suicide risk, catatonia, medication-resistant illness, psychotic agitation, severe physical decline and other life-threatening conditions. However, there are no published protocols and few recommendations for the practice of ECT in pregnant patients. We seek to review the literature on this practice and reach a consensus for guidelines for administration of ECT in pregnancy.

Method: A comprehensive review of the relevant literature regarding ECT and psychotropic medications in pregnancy was performed, including meta-analyses of randomized controlled trials published in top-tier general medicine, anesthesiology, psychiatry and obstetrics journals and guidelines. Because there have been no randomized, controlled trials of ECT in pregnancy, the best available evidence was observational. We analyzed all 4 systematic reviews of use of ECT in pregnancy.

Results: Psychotropic medications have been associated with miscarriage, preterm birth and slow fetal growth, increased relative risk of preeclampsia or gestational hypertension and diabetes, transient adaptability problems, major malformations and withdrawal syndrome in the newborn and caesarian delivery. The safety of ECT during pregnancy has been well documented over the last 50 years. The risks in pregnancy are similar to the risks of ECT in any individual, i.e. memory disruption, confusion, muscle soreness, and headache. The most common risk to the mother is premature contractions and preterm labor, which is low and not increased by ECT. Miscarriages were observed in 0.3% - 7% of pregnant women receiving ECT, which is not significantly different from the miscarriage rate in the general population. Unlike medication, ECT poses minimal risk to the fetus. There have been no associations of ECT with congenital anomalies, either morphologic or behavioral.

Conclusion: ECT is safe and effective for management of many psychiatric disorders in pregnancy. It allows for treatment while minimizing potential adverse effects on mother and fetus associated with pharmacotherapy. Based on changes in physiology that occur during pregnancy, we considered recommendations for treatment modifications in performing ECT in pregnancy and consolidated them into a protocol that can be implemented by providers to both improve access and safety of ECT for pregnant patients.

Key Words: electroconvulsive therapy, ECT, pregnancy
Objectives: Perimenstrual psychosis is a relatively uncommon disorder, with very few cases reported in the literature. We describe two patients who were hospitalized in our inpatient unit for premenstrual psychotic exacerbations and review treatment strategies including antipsychotic medications and hormonal agents.

Method: The authors performed a comprehensive review of the relevant literature regarding perimenstrual psychosis and its treatment and described the hospital course of two patients hospitalized for recurrent perimenstrual psychosis on the inpatient psychiatric unit at the Brigham and Women’s Faulkner Hospital.

Conclusion: The exacerbation of psychotic phenomena in the perimenstrual period, with complete resolution or marked improvement at the onset of menses, has been described since the 18th century but very few cases have been reported in the literature and its pathophysiology remains vastly unknown. The authors performed a literature review and discussed the efficacy of antipsychotic medications and the role for new hormonal therapies to treat psychosis and mood symptoms that follow a cyclical pattern of exacerbation.
Title: Examining the Effect of Life Stressors on Postpartum Depression Related Symptoms: Analysis of 2012 - 2015 New York State Phase 7 PRAMS Data

Authors: Nicole Fisher, PA-S; Nathan Mahanirananda, PA-S; Khyati Parekh, PA-S; Jefferey Shebes, PA-S; Luke Zeolla, PA-S; Christina Ventura-DiPersia, MPH; Mary Banahan, MS, PA-C, LCCE

Affiliation: Hofstra-Northwell School of Graduate Nursing and Physician Assistant Studies, Department of Physician Assistant Studies, Hempstead, NY

Objective: The objective of this study is to determine how and which life-stressors are associated with postpartum depression-related symptoms in mothers from New York.

Methods: Analysis was conducted using Phase 7 NYS (without NYC) Pregnancy Risk Assessment Monitoring System (PRAMS) data from 2012-2015. Postpartum depression-related symptoms were assessed by whether an individual responded ‘always’ or ‘often’ to two separate questions related to mental health status since giving birth. Occurrence of stressful life events were analyzed based on twenty different questions that assessed stressors related to financial, relational, domestic, and pregnancy-related health outcomes within the last 12 months. The impact of individual stressors on postpartum depression-related symptoms was assessed using multivariate logistic regression with SPSS version 24. All regression models controlled for pregnancy intention, maternal history of depression, race, Hispanic ethnicity, education, and marital status.

Results: Of the 20 different life stressors evaluated in this study, 16 were found to have a statistically significant impact on the occurrence of postpartum depression-related symptoms, specifically, the inability to pay bills, placental problems, and domestic abuse during pregnancy were among the most significant predictors of increased odds of postpartum depressive symptoms, while being apart from a husband/partner, mother losing her job and being homeless appeared to be significant predictors of decreased odds of postpartum depressive symptoms.

Conclusions: Our research not only suggests that numerous life stressors are associated with postpartum depression-related symptoms, but that different types of stressors impact these symptoms differentially. Early recognition of significant life stressors in the perinatal period could greatly improve providers’ abilities to intervene in the progression and development of postpartum depression symptoms.
Postpartum Mood and Anxiety Symptoms and Barriers to Psychological Treatment among in Mothers in the Neonatal Intensive Care Unit

Alexa Bonacquisti, PhD¹, Pamela A. Geller, PhD¹,², Chavis A. Patterson, PhD³,⁴
¹ Department of Psychology, Drexel University; ² Department of OB/GYN, Drexel University College of Medicine; ³ Division of Neonatology, The Children’s Hospital of Philadelphia; ⁴ Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania

Objective: Accumulating evidence suggests that stressful reproductive events, such as an infants’ admission to a neonatal intensive care unit (NICU), may adversely impact maternal psychiatric functioning. NICU mothers have been found to have high levels of distress when compared to other postpartum mothers. This area remains understudied, despite the clear need to better understand and address postpartum mental health among mothers of NICU infants. The current study examined the relationships among depression, anxiety, and stress symptoms and maternal-infant attachment in NICU mothers. Additionally, this study assessed attitudes towards psychological treatment and barriers to treatment engagement in the postpartum period.

Methods: One hundred twenty-seven women were recruited from NICUs at three hospitals in the Philadelphia area and completed self-report measures while in the NICU and 8-12 weeks later. Descriptive analyses were conducted on the main variables, and a series of bivariate correlations and linear regression analyses were used to evaluate the primary study aims.

Results: Statistically significant findings revealed that depressive, anxiety, and stress symptoms were negatively correlated with maternal-infant attachment, while depressive, anxiety, and stress symptoms were positively correlated. Results indicated a significant decrease in depressive and anxiety symptoms from initial assessment to follow-up. Moreover, depressive symptoms during NICU admission predicted depressive symptoms at follow-up. The majority of NICU mothers identified logistical and systemic barriers to engaging in psychological treatment, with more favorable attitudes towards treatment associated with the perception of fewer barriers.

Conclusions: This study demonstrates that maternal psychological responses are exacerbated in the NICU environment, suggesting that NICU admission may heighten maternal risk for mental health symptoms, particularly among mothers with preexisting vulnerabilities and prior reproductive traumas. Implications for innovations in research and clinical applications, such as the inclusion of psychologists in the NICU and identifying specific targets for intervention within the NICU environment, will be discussed.
**Objective:** Depression and anxiety are the most prevalent psychiatric disorders during the perinatal period and confer significant risks and negative outcomes for both mother and infant. Despite adverse outcomes, these symptoms frequently remain untreated or under-treated, especially among urban low-income minority women, due to significant barriers that prevent the achievement of optimal perinatal mental health outcomes.

**Methods:** The current pilot study evaluated an enhanced screening protocol and innovative provision of perinatal medical and mental health service linkage to address these barriers. Participants in this study completed enhanced psychological screening at the Women’s Care Center at Drexel University College of Medicine during their initial prenatal medical appointment. Participants requiring mental health follow-up based upon screening results were provided with a targeted mental health referral to the Mother Baby Connections program at Drexel for specific perinatal mental health care. A patient navigator assisted the patient with scheduling and coordinating this mental health visit to reduce barriers and increase follow through and attendance. These participants were compared using retrospective chart review to a cohort of women receiving services from the Women’s Care Center the year prior to determine the effect of the enhanced screening and referral process.

**Results:** Seventeen pregnant women were enrolled in the study and 14 comparison charts were reviewed. Results demonstrated an increase in prenatal depression screening when the enhanced protocol was utilized compared to the historical cohort. Diagnostic impressions included major depressive disorder, generalized anxiety disorder, and dysthymia.

**Conclusions:** Developing and testing screening and referral procedures for perinatal women remains an important goal. This study adds to our understanding of the feasibility and acceptability of a co-located, perinatal and mental health service linkage system for pregnant women. The innovative provision of perinatal medical and mental health services has significant advantages for improving patient care outcomes.

**Acknowledgements:** This project was funded by an Urban Health Equity Pilot Grant, Drexel University College of Medicine.
The Impact of Perceived Barriers to Accessing Prescription Birth Control Among Female College Students: A Qualitative Study

Anamarie Booher, Dr. Jean Marie Place
Department of Nutrition and Health Science, Ball State University

Objective: College-aged women, 18-24 year-olds, experience the highest rate of unintended pregnancy of any age group (Finer & Zolna, 2016). While the majority of college females are sexually active, only 42% of sexually active female college students report using a form of prescription birth control (American College Health Association, 2015). The purpose of this study was to determine perceived barriers of accessing prescription birth control by female college students at risk of unintended pregnancy.

Methods: Two focus groups were conducted with female college students at risk of unintended pregnancy from Ball State University. A criterion sampling method was used to recruit participants with the following attributes: female, ages 18-24, heterosexual, sexually active, and not currently taking prescription birth control. The interview guide included 26 open-ended questions that assessed the opinions, knowledge, and behaviors of the participants towards accessing prescription birth control. The major analytic themes were determined using the constructed grounded theory approach (Charmaz, 2006) and NVivo software.

Results: After analyzing participants’ responses, four main barriers were identified that prevented female students from choosing to obtain prescription birth control: the opinions of their parents, independently financing birth control, locating a trustworthy gynecologist, and finding birth control without side effects.

Conclusions: Based on this study’s results, public health interventions aimed at increasing the amount of college females taking prescription birth control should focus on making quality reproductive health care free or low cost for college students and easily accessible. The barriers discovered in this study provide a basis for more targeted future research. More studies with a diverse sample population are necessary for supporting these barriers as common experiences of college females across the United States.
**Title of Abstract:** Optimal Medication Management of Mothers with Depression (OPTIMOM)

Cattan, M.\textsuperscript{1}; Stika, C.\textsuperscript{2}; George, A.\textsuperscript{3}; Avram, M.\textsuperscript{4}; Rasmussen-Torvik, L.\textsuperscript{5}; Ciolino, J.\textsuperscript{6}; Wisner, K.L.\textsuperscript{1,2}.

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**Objective:** Major Depressive Disorder is one of the most common complications of pregnancy, with 7.5% of women having an incident episode during the 9 months of pregnancy and 6.5% with an episode in the first 3 months postpartum. Selective Serotonin Reuptake Inhibitors (SSRIs) are the first line of treatment for depression. SSRIs doses used in non-pregnant women cannot be extrapolated to pregnancy due to the altered rate of drug metabolism during pregnancy. The goal of this funded study is to develop guidelines that optimize the safety and efficacy of SSRI antidepressant treatment in pregnant women and establish interdisciplinary approaches to understand the pharmacokinetics and/or pharmacodynamics of medications.

**Methods:** The changes in plasma SSRI and metabolite concentrations across pregnancy and after birth will be determined in an observational study. The association between depressive/anxious symptoms and plasma concentrations will be evaluated at monthly intervals in pregnancy and twice post-birth. To assess the subjects’ metabolic phenotypes, a probe drug cocktail will be given to determine activities of CYP2D6, 2C19, 2C9 and 3A4 during the third trimester (when activity change is maximal) compared to the non-pregnant state after birth.

**Results:** We anticipate that plasma concentrations of the selected SSRIs will decrease across pregnancy. Expected covariates include gestational age and genetic profile.

**Conclusion:** Due to a paucity of research on the subject, many women on SSRIs are not receiving adequate doses of SSRIs throughout pregnancy and, based on genetic profile, medication, and gestational age, will require changes in dosages.

**Acknowledgments:** We gratefully acknowledge the National Institute of Child Health and Human Development for their support of this grant.
**OBJECTIVE:** Untreated depression during pregnancy is the greatest risk factor for postpartum depression and is associated with increased risk for miscarriage, preterm birth, and low birth weight. Perinatal depression impacts not only maternal wellbeing, but also infant wellbeing: children of mothers with untreated perinatal depression are at higher risk for child maltreatment. Co-locating mental health services within an OB-GYN clinic can significantly increase access to behavioral healthcare for women at great risk of perinatal mental health conditions. However, few studies have investigated ways to integrate depression care with obstetrical care in diverse populations and none have addressed the maternal-infant relationship to target multi-generational mental health outcomes. This report describes the implementation of a new perinatal screening and intervention program into an urban OB-GYN clinic serving a high-risk population.

**METHODS:** We developed and administered 3 antenatal and 3 postpartum trauma-informed modules that included psychoeducation, mindfulness, and parenting education to women who scored >10 on the Edinburgh Postnatal Depression Scale (EPDS) during prenatal visit screening. Coordinators facilitated referrals to on-site psychotherapy and psychiatry, in addition to community resources. Outcome measures include module engagement, psychotherapy/psychiatry attendance following referral, EPDS scores, and infant outcomes.

**RESULTS:** N=499 women enrolled in the program. Module 1 was completed by 93% of enrollees; attendance for subsequent modules was significantly lower. Attendance rates for referred psychotherapy and psychiatry appointments were 50% and 32%, respectively. EPDS scores significantly decreased from Module 1 (m=13.8 SD=6.1) to Module 6 (m=8.4 SD=5.8).

**CONCLUSIONS:** The PBHS model of trauma-informed screening, brief intervention, and specialty mental health referral is promising for treating perinatal depression and anxiety in high-risk OB-GYN settings. Further work to increase engagement into the modules and mental health treatment is needed. Developing fidelity measures and further testing the module intervention is warranted.

**ACKNOWLEDGEMENTS:** This work was supported by the St. Louis County Children’s Service fund, Missouri Foundation for Health, The Steward Family Foundation, The Barnes Jewish Hospital Foundation, the St. Louis Children’s Hospital Foundation, and the Center for Brain Research in Mood Disorders.
EXPLORING FEMICIDE STATISTICS IN LATINAMERICA – ECUADOR

M.D. VICTORIA VALDEZ, JORGE GONZÁLEZ CROW, MELISSA DUEÑAS, JORGE LUIS VILLACRESES, SAMUEL TORRES, KARYN ZAMBRANO.

UNIVERSIDAD CATOLICA DE SANTIAGO DE GUAYAQUIL

FEMICIDE IS A VIOLENT CRIME AGAINST WOMEN. FEMICIDE HAS BEEN CONSIDERED FOR A LONG TIME A PSYCHOSOCIAL QUESTION, A SILENT PROBLEM. NOWADAYS FEMICIDE IS A RELEVANT CONCERN NOT ONLY IN MENTAL HEALTH BUT ALSO A POLITICAL DILEMMA FOR THE JUSTICE DEPARTMENT IN DIFFERENT COUNTRIES, FOR INSTANCE, ECUADOR JUST IN 2014 DETERMINED FEMICIDE AS A FELONY MURDER.

OBJECTIVE:

THE AIM OF THIS STUDY IS TO COLLECT AND ANALYZE THE ECUADORIAN FEMICIDE DATA SO WE CAN START A DATABASE ON THIS MATTER HERE IN THE COUNTRY AND BEGIN TO ELABORATE PREVENTION PROGRAMS.

METHODS:

WE COLLECTED INFORMATION FROM THE POLICE DEPARTMENT (MINISTRY OF INTERIOR), INEC (ECUADORIAN NATIONAL INSTITUTE OF STATISTICS AND CENSUS), HUMAN RIGHTS FOUNDATIONS AND NATIONAL PRESS MEDIA.

RESULTS:

DURING THE YEAR 2017 IN ECUADOR THERE WAS AN INCREASE OF +39 EVENTS IN THE CRIMES OF FEMINICIDE, REGISTERING A TOTAL OF 108 VICTIMS HIGHLIGHTING THAT ZONE 5 REGISTERS HIGHER INCIDENCE WITH A TOTAL OF 22 EVENTS, THAT IS, A CONTRIBUTION OF 20.37% OF THE INCIDENCE OF CRIME TO NATIONAL LEVEL.

CONCLUSION:

IT CAN BE CONCLUDED THAT DESPITE THE MEASURES TAKEN AND LAWS IMPLEMENTED, THESE HAVE BEEN INEFFECTIVE, SINCE IN NUMBERS IT IS EVIDENT. THE NUMBER OF FEMICIDES IN THE YEAR OF 2017 IS 108 CASES COMPARED TO THE NUMBER OF CASES IN 2016 THAT IS 69 CASES, WHICH LEAVE US WITH A QUANTIFIABLE INCREASE OF 39 CASES THAT WOULD REPRESENT AN INCREASE OF 42.12%. IF WE SEE THE NUMBERS THROWN BY THE ZONAL STRATIFICATION WE CAN SEE THAT PRACTICALLY ALL THE AREAS HAVE INCREASED IN NUMBER OF CASES. THIS SHOWS THAT MEASURES MUST BE TAKEN URGENTLY.
Development and Implementation of PSI Online Support Meetings
Who are our members?

Nicole Derish, MD\textsuperscript{1}; Daniel B. Singley, MD\textsuperscript{2}; Robin Muskal, MD; Birdie Meyer, Carly Snyder, MD\textsuperscript{1,3}
\textsuperscript{1}Mount Sinai Beth Israel, \textsuperscript{2}The Center for Men’s Excellence, \textsuperscript{3}Weill Cornell Medicine

Objective: Online support meetings are PSI latest initiative to facilitate access to mental health care for new mothers. Due to a variety of reasons (social, financial, location, etc.) women suffering from Postpartum Depression and Anxiety may not be able to access traditional treatment, this may be an innovative solution.

Methods: Through anonymous surveys we preliminarily describe demographic and clinical information of our users. This information is essential in improving referral programs and attract a wider audience. Survey responses remained anonymous and de-identified data from 50 participants who replied was gathered and analyzed.

Results: The majority of responders reported being a first-time parent (61.22\%) and only a minority reported having 2 other children (10.20\%), none reported 3 or more other children. Almost half of the participants (46.81\%) reported having a child older than 6months at time of signup. Few (6.38\%) were pregnant at that time. Half all responders (50\%) remember being screened for depression and anxiety. A similar number (52.17\%) report a positive screening and state they followed up with the options provided. The breakdown of respondents current treatment status is as follows: 23.91\% on medications alone, 8.7\% in therapy alone, 35.78\% on medications and therapy (most frequent) and 32.61\% are not in treatment. Most (57.78\%) report onset of symptoms after pregnancy. Most (62.2\%) report both depression and anxiety. Anxiety alone was reported 20\%.

Conclusions: Further comprehensive demographic research is warranted in order to continue to understand what are the varying needs of women in our groups. By collecting feedback from participants, we will continue to uncover opportunities for enhancements and improvements.
The Capacity Consult for Request for Abortion During Acute Psychiatric Illness: Two Cases

Nicole Derish, M.D. 1; Mallay Occhiogrosso, M.D. 2; Maureen Martino, M.D. 2; Carly Snyder, MD 1,2

1Mount Sinai Beth Israel, 2 Weill Cornell Medicine

Objective: This paper’s purpose is to show how the Medical Ethics Committees (MEC) of hospitals can be a resource to optimize patient care and minimize physician anxiety and uncertainty when dealing with ethically challenging cases. Given the overlap in age between onset of psychiatric illness and rate of induced abortions, it is inevitable that there will be pregnant women on psychiatric in-patient units, and that some will request elective termination of their pregnancies.

This work reviews the role of the MEC in helping to ensure the representation of the interests of pregnant women with mental illness who are requesting termination of previously planned pregnancies.

Methods: Through the presentation of two clinical case studios that illustrate the role of MEC in the context of assisting in decisions regarding pregnancy termination in the context of acute psychiatric illness.

Results: All women in the United States are afforded the same rights to an abortion. The ethical principle of justice dictates that a woman's mental health does not change her autonomous rights in any way. Both cases above are examples of such situations that were mediated effectively by consulted the MEC.

Conclusions: As experts in medical ethics and the law, the MEC provides specialized guidance that can benefit the treating team and the hospital on multiple levels. The MEC can help to ensure that decisions are consistent with current medical standards and all legal standards. Furthermore, the MEC can help to ensure that clinicians' biases do not inform a decision(s) inappropriately.
IDENTIFYING NICU PARENTAL DISTRESS THROUGH SCREENING

Christina DiSanza¹, Chavis A. Patterson², Pamela A. Geller¹, Casey H. Hoffman-Craven², Wanjiku F. Njoroge²
Drexel University¹, Children’s Hospital of Philadelphia²

Objective: Parents of infants admitted to a neonatal intensive care unit (NICU) are at significant risk for psychological distress. Identifying an appropriate screening and referral system is essential to ensure that those at the highest risk of developing severe symptoms of distress are provided appropriate, evidence-based treatments. This study assesses the feasibility of standardizing and formalizing such a screening and referral process for parents at the Children’s Hospital of Philadelphia (CHOP).

Methods: The Pediatric Psychosocial Preventative Health Model (PPPHM) is used as the theoretical framework. Mothers and fathers are screened one week after their baby’s NICU admission with the Impact of Events Scale–Revised and the Center for Epidemiologic Studies Depression Scale-Revised. If positive, a staff member follows up with the parents to further assess. A Clinical Global Impressions Scale is also completed to rate the severity of parental distress. Using the PPPHM model, individuals are matched to appropriate support.

Results: Preliminary results from the screening initiative will be presented, including differences between mothers and fathers.

Conclusions: The screening initiative assesses the emotional state of parents who have a baby in the NICU while creating a systematic pathway to triage parents, and connect them to resources that match the intensity of parental distress. Additionally, screening enhances parental understanding of their mental health risk by providing psychoeducation. Using the PPPHM as a model, the screening initiative has the potential to ensure that families at-risk for distress will be identified and connected with services, and that services specific to mothers’ and fathers’ needs can be offered.
SCREENING MOMS FOR POSTPARTUM DEPRESSION AND POST-TRAUMATIC STRESS DISORDER IN THE NEONATAL INTENSIVE CARE UNIT AT MAGEE-WOMENS HOSPITAL

Andrea Favini, MD.
Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center

Objective: Mothers of infants admitted to the neonatal intensive care unit (NICU) undergo heightened levels of emotional distress and are at increased risk of developing postpartum depression (PPD) and post-traumatic stress disorder (PTSD). In 2013, Hynan et al advocated for routine, early screening of parents in the NICU setting, yet literature on models for early detection and linkage to treatment in the NICU setting is limited [1]. To address the need for early identification and improved access to mental health care, we have developed a screening and referral program for mothers of infants admitted to our 77 bed, Level III NICU. Here, we report preliminary data. Results from our ongoing three-month pilot will be analyzed and outlined further.

Methods: We utilize the Center for Epidemiological Studies-Depression (CES-D) [2] to screen for depression and the Revised Perinatal Post-Traumatic Stress Disorder Questionnaire (PPQ) [3] to screen for PTSD. Initial screening occurs 7 – 14 days into admission with subsequent rescreening at one-month intervals. If a woman screens positive on either the CES-D (≥ 16) or PPQ (≥ 19), she is offered a referral to Magee’s existing perinatal psychiatry outpatient service. Women with substance use disorders are offered referral to dual diagnosis services.

Results: During initial implementation of this program, 47 screening packets were distributed and 13 women returned completed screening measures (26.77%). Of those 13, two women screened positive for depression (CES-D 18; 23) and one woman screened positive on both measures (CES-D 49; PPQ 29). Referrals for outpatient psychiatric evaluation were offered. Results regarding treatment utilization will be outlined further.

Conclusions: Mothers of infants admitted to the NICU have higher rates of PPD and PTSD, yet early detection and referral programs are lacking. We anticipate that our screening program will improve linkage to existing outpatient perinatal psychiatric services for a population that is currently underserved.

References:


Objective: Close to half of women who were smokers prior to conception quit smoking in pregnancy, when endogenous progesterone levels are high. However, at least half resume pre-pregnancy smoking levels within weeks after delivery and when progesterone levels drop. The current pilot study tested the feasibility and preliminary efficacy of postpartum progesterone replacement in preventing relapse to smoking in postpartum women with a history of pre-pregnancy smoking.

Methods: This was an 8-week, double-blind, parallel, randomized, placebo-controlled pilot trial of 41 women with a history of pre-pregnancy smoking who achieved abstinence by 32 weeks of gestation. Immediately following delivery women were randomized to oral micronized progesterone (200 mg twice daily) or placebo via computerized urn randomization program. The main outcome measures were descriptions of study feasibility: recruitment and retention. Secondary outcomes were 7-day point prevalence of abstinence at week 8, time to relapse and smoking cravings.

Results: The trial was feasible with adequate randomization, 64% (41/64) of eligible women, and trial retention, 78% (32/41) completed the trial. Women taking progesterone were 1.8 times more likely to be abstinent during week 8 and took longer to relapse (10 vs. 4 weeks) compared to the placebo group, although these differences did not reach statistical significance. After adjusting for age and pre-quit smoking level, the number needed to treat was 7. There was a 10% greater decline per week in craving ratings in the progesterone group compared to placebo ($\beta=0.10$, 95% CI: -0.15, -0.04, $p<0.01$). No serious adverse events occurred during the trial.

Conclusions: These preliminary findings support the promise of progesterone treatment in postpartum smokers and could become an acceptable and safe smoking relapse prevention strategy for use during lactation. If these findings can be evaluated and replicated in a larger study with sufficient power, this may constitute a therapeutic breakthrough.
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HISTORICAL REVIEW OF ATTENTION DIRECTED TOWARDS PSYCHOSOCIAL NEEDS OF PARENTS IN THE NICU

Pamela A. Geller, PhD; Ariana Albanese, BA; Gabrielle Russo, BS
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Objective: To review the historical evolution of research literature attending to the psychosocial responses and needs of parents with an infant hospitalized in a neonatal intensive care unit (NICU) and summarize recent efforts to extend and standardize psychosocial care.

With medical technological advances reaching their limit, the scope of NICU care has widened beyond the health outcomes of preterm and medically ill infants to include the emotional and psychosocial well-being of the parents and family. Despite healthcare providers’ awareness of the tremendous stress that NICU hospitalization presents to parents, there remains a general absence of dedicated staff and limited programming to address parental emotional responses and mental health.

Methods: Through review and analysis of the extant literature gleaned from Pubmed, PsychINFO, CINAHL, and Google Scholar, this poster will summarize the evolution of research in the NICU that has addressed parental stress and mental health responses and the development of psychosocial interventions targeting parents.

Results: Literature addressing parental experiences can be identified as early as the 1950s, but there has been significant growth since 2000 conducted by varied disciplines. Published research over the past two decades has documented the substantial negative parental responses to their child’s NICU hospitalization, such as heightened levels of anxiety, hostility, depression, and posttraumatic stress, and is now focusing on intervention approaches and developing recommendations for standards of psychosocial care.

Conclusions: Some individual and group intervention programs have been developed, and this has helped bring attention to the importance of parental and family support in the NICU. Recent momentum of mental health care providers and researchers is bringing into the spotlight the often traumatic experience of parents and the crucial need for psychosocial service provision, research, and advocacy in this context.
A MODEL OF RISK FOR PERINATAL POSTTRAUMATIC STRESS DISORDER

Rebecca Grekin, PhD1 & Michael W. O’Hara, PhD1

1Department of Psychological and Brain Sciences, University of Iowa

Objective: Existing research suggests that childbirth may be a significant trigger of postpartum posttraumatic stress disorder (PPTSD). Although literature presents important results regarding the prevalence and risk factors of PPTSD, several gaps remain. The current study examined whether subjective birthing experiences and objective childbirth characteristics mediated the relationship between childbirth and trauma related variables and PPTSD, and whether this model was uniquely predictive of PPTSD, or the shared dimensions of related disorders, including obsessive compulsive disorder (OCD) and depression.

Methods: 268 women were recruited during pregnancy from a large Midwestern hospital. Symptoms of PTSD, OCD, and depression, as well as risk factors for PPTSD were measured in pregnancy and at 4-, 8-, and 12-weeks postpartum. Additionally, structured clinical interviews were conducted to assess for depression, PTSD and OCD.

Results: A path model revealed that subjective perceptions of childbirth mediated the association between fear of childbirth (FOC) and PPTSD at 4-weeks postpartum. At 8-weeks postpartum, objective childbirth characteristics mediated the relationship between FOC and PPTSD and there was a direct association between FOC and PPTSD. The path model was uniquely predictive of PPTSD at 4 weeks, but not at 8 weeks postpartum.

Conclusions: The current study emphasizes the importance of FOC and both subjective and objective birthing experiences in predicting postpartum psychopathology. Future research should examine these symptoms and risk factors in a more diverse and at-risk sample. Additionally, reliable and valid assessments, and effective interventions for PPTSD should be further developed.
Relationships Matter: Neurocognitive Functioning among Women with Postpartum Depression

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1 Drexel University, Department of Psychology; 2 Drexel University College of Medicine, Department of OB/GYN; 3 The Children’s Hospital of Philadelphia, Department of Child and Adolescent Psychiatry and Behavioral Sciences

Objective: Postpartum depression (PPD) occurs in 10 – 20% of women and is associated with adverse consequences for mothers and families. Maternal PPD negatively impacts the child’s socioemotional, cognitive, and behavioral development. Mothers with PPD demonstrate more negative bonding patterns with infants, which affects maternal perceptions of children. Depressed mothers report that their babies are difficult, irritable, and present a more negative affect. Maternal negative perceptions of babies exacerbate symptoms of PPD. Mechanisms for the relationship between PPD and perception of one’s baby remain unclear.

Methods: The present study examined a potential mechanism to explain the relationship between PPD and emotion recognition and perception of the baby. Fifty women (18 – 45 years old) between one and six months postpartum participated. Measures included Edinburgh Postnatal Depression Scale (Cox et al., 1987); PENN Emotion Acuity Test (Erwin et al., 1992); Emotion Recognition Questionnaire; and Postpartum Bonding Questionnaire (Brockington et al., 2001).

Results: Mother-infant bonding significantly mediated the relationship between PPD and: recognizing emotion in baby ($b = -.042$, 95% CI [-.077, -.010]), perceiving baby as difficult ($b = .051$, 95% CI [.009, .108]), and perceiving baby as being in a bad mood ($b = -.029$, 95% CI [-.064, -.005]). Mothers with poorer bonding scores reported babies as more difficult, being in a bad mood more often, and had more difficulties recognizing emotions in babies. Bonding significantly mediated the relationship between PPD and positive bias towards happy-neutral faces ($b = -.063$, 95% CI [-.186, -.008]). Mothers with poorer bonding scores were less likely to have a positive bias towards happy-neutral faces.

Conclusions: Findings indicate that mother-infant bonding may be a critical factor for understanding maternal appraisals of emotions of babies and other people. Targeting mother-infant bonding in psychosocial interventions may improve cognitive accuracy for mothers and biopsychosocial outcomes for mothers and babies.
ALLOPREGNANOLONE RESPONSE TO STRESS IN PREMENSTRUAL DYSPHORIC DISORDER

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3: The Penn PROMOTES Research on Sex and Gender in Health
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Objective: Allopregnanolone (ALLO), a progesterone metabolite, is a potent gamma-aminobutyric acid (GABA) agonist. It is responsive to acute stress, and evidence suggests dysregulated ALLO function in premenstrual dysphoric disorder (PMDD). We investigated ALLO response to a laboratory stressor in the follicular (F) and luteal (L) phases of the menstrual cycle (MC) in women with PMDD and female controls. We hypothesized that ALLO response to stress would differ between the PMDD and control groups, and across MC.

Methods: Female participants (controls, PMDD) underwent a threat of shock laboratory stressor during the F and L phases in a within-subject design. Blood was drawn 15 minutes pre-stressor and 30 minutes post-stressor; ALLO was assessed via gas chromatography mass spectrometry (GC/MS). PMDD diagnosis was confirmed with prospective symptom tracking across two MCs. ALLO measures were log transformed for normality. Linear mixed models assessed differences by group, MC phase, and pre/post stressor.

Results: Averaged across the MC, the PMDD group (n = 9) had higher ALLO levels (p=0.0134), such that women with PMDD had significantly elevated ALLO levels in the F phase compared with controls (n = 14) (p = 0.0027), but this group difference decreased in the luteal phase (p = 0.0517). There were no differences in ALLO response to stress between groups (p= 0.642).

Conclusions: Women with PMDD differ in peripheral ALLO levels from healthy controls, particularly in the F phase. However, ALLO response to acute stress did not differ in the PMDD group compared with controls. Future work should assess whether ALLO levels are associated with PMDD symptom severity or physiologic response to stress.

Acknowledgements: K23 MH107831 (Hantsoo), NARSAD Young Investigator Award (Hantsoo)
Objective: Eating disorders (EDs) commonly affect women of childbearing age. Challenges that pregnant women with EDs face include fear of weight gain and difficulty adjusting to body changes during pregnancy and postpartum. ED symptoms during pregnancy can lead to negative pregnancy outcomes. Co-occurring psychiatric disorders and the use of antidepressants during pregnancy can further complicate these outcomes. The purpose of this study is to evaluate the research related to the obstetric and psychiatric care of pregnant women with EDs and to identify the best evidence for supporting women with EDs before, during, and after pregnancy.

Methods: This review analyzes 11 peer-reviewed research articles regarding the relationship between EDs and pregnancy and 3 peer-reviewed articles on the use of antidepressants during pregnancy.

Results: Women with EDs have a higher prevalence of obstetric complications, ED relapse rates, postpartum depression, and poor infant attachment in the postpartum period. In order to prevent these complications, a 1-2 question initial assessment of eating or weight issues with a more in-depth assessment using the SCOFF questionnaire has proven to be an effective method in detecting EDs. Antidepressants, which are commonly used to treat EDs, were associated with an increased risk of congenital abnormalities when used during pregnancy. Promising evidence-based treatments for EDs during pregnancy include collaborative care and psychotherapy. Better patient outcomes have been the result of collaboration between the OBGYN, nutritionist, psychiatrist, and individual and family therapists. CBT has been proven as the most effective psychotherapy due to quick efficacy onset and high ED remission rates.

Conclusion: This study highlights the importance of early assessment and treatment of EDs in pregnancy to help minimize adverse pregnancy outcomes. To encourage OBGYNs to routinely screen for EDs in their pregnant patients, providers require further education on the prevalence, assessment, and treatment options for EDs.
Title: Traumatic Births: Development of a Screening Tool for Postpartum PTSD
Authors: Chernoff, E; Lim S; Joseph H, Salk R, Gopalan P, Shenai N.

Background:
Postpartum post-traumatic stress disorder (PTSD) following childbirth negatively impacts parent-infant bonding, marital relationships, future reproductive decisions, and increases the risk of comorbid psychiatric illnesses (Polacheck et al, 2016). There is currently no screening tool to identify patients at risk. The goal of this project is to use known predictive models to develop and validate a tool to screen for postpartum PTSD.

Methods:
This screening tool was created following a comprehensive literature search for known risk factors of postpartum PTSD. This instrument was then administered to postpartum women who were recruited from the inpatient units at Magee-Women's Hospital. Participants were then screened ten weeks after delivery for postpartum PTSD using the PTSD Symptom Scale (PSS). Following final data collection, the face validity, internal-reliability, and predictive validity of the screening tool will be assessed. The study has been approved by the IRB.

Results:
One hundred and fifty four participants have been recruited currently. One hundred and twenty seven have completed the screening tool. Twenty-five participants felt that either their life or their baby’s life was in danger during delivery. Of these, nine participants completed the Impact of Event Scale (IES) had scores >24, indicating PTSD is a clinical concern. Even amongst a small sample of women, 8% were found to be at risk for postpartum PTSD secondary to child birth trauma. As data collection is currently ongoing, we plan to present statistical findings following the first revision of the screening tool.

Conclusion:
Constructing a validated screening tool will allow earlier detection and referral to psychiatric services for high-risk patients. Even amongst a small sample of women, 8% were found to be at risk for postpartum PTSD secondary to child birth trauma. We plan to present statistical findings following the first revision of the screening tool.

References:

Natal Females who have De-transitioned after Medical or Surgical Transition for Gender Dysphoria

Lisa Littman, MD, MPH; Elan Lepovic, MA; Aaron Schroeder, BA

Objective: The study’s purpose is to describe a population of individuals who experienced gender dysphoria, chose to undergo medical and/or surgical transition and then de-transitioned by discontinuing medications and/or having surgery to reverse the effects of transition.

Methods: A survey was created with input from two individuals who had de-transitioned and was posted on social media and professional list serves. Efforts were made to reach a variety of communities with varied perspectives on transition. Potential participants were invited to share recruitment information. Recruitment was active for 4.5 months.

Results: 100 respondents completed surveys meeting study criteria. This report describes the 69 natal female participants. The average current age of participants was 25.9 years. The average duration of time transitioned before de-transitioning was 35.7 months. The top four reasons for de-transitioning were*: My personal definition of male/female changed and I became more comfortable identifying as my natal sex (68.2%); I was concerned about potential medical complications from transitioning (60.6%); I was dissatisfied by the physical results of transition/felt the change was too much (53.0%); My mental health did not improve while transitioning (47.0%). More than half the respondents (56.5%) answered that what they thought were the feelings of being transgender were actually the result of trauma or a mental health condition; 62.3% that they felt they did not receive an adequate evaluation by a doctor or mental health professional before transitioning; and only 15.9% had informed their doctor that they had de-transitioned.

Conclusion: Because only 15.9% of individuals informed their doctors about their de-transition, it is likely that clinicians would not be aware of this population nor would they know how many of their own patients have de-transitioned. More research is needed about this population and the implications for clinicians who facilitate transition.

*Respondents could choose multiple answers.
Title: Integrating Behavioral Health in a Women’s Care Clinic: Serving the Underserved

Kimberly C Lomonaco-Haycraft, PsyD; Jennifer Hyer, MD; Britney Tibbits, MA; Jennifer Grote, PhD; Kelly Stainback-Tracy, MPH, IMH-E, Claire Ulrickson, MPH; M. Camille Hoffman, MD, MSCS; Alison Lieberman, PsyD; Lies van Bekkum, PsyD

1 Department of Obstetrics & Gynecology and Psychiatry, University of Colorado School of Medicine, Denver Health & Hospital Authority
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4 Denver Department of Public Health

Objective: The United States lags behind many nations in the identification and management of maternal mental illness. On the forefront of innovation of care in the US is the Integrated Behavioral Health Model (IBH), a model by which individuals can have both their medical and mental health needs met in one visit. The integrated primary care program at Denver Health is a nationally recognized innovator and leader in this model of care. An integrated model reduces the stigma related to and increases access to receiving mental health care. Perinatal mood and anxiety disorders (PMADs) are the most common complication of pregnancy and have been found to have long-term implications for both mother and child. In vulnerable patient populations such as those served at Denver Health, a federally qualified health center the prevalence of PMADs is nearly double the nationally reported rate of 15-20%. When psychological care is available in clinic during the OB and postpartum visits the screening is more effective, the care more accessible, and the results immediate. The expansion project at Denver Health focused on providing immediate screening and therapeutic services to all women’s care clinics. Behavioral health providers located in the women’s care clinics are available for consults from medical providers, immediate evaluation, treatment, referral and follow up appointments.

Methods: A multidisciplinary team of behavioral health providers and administrators was assembled at Denver Health, an integrated hospital and community health care system, that serves as the safety net hospital to the city and county of Denver, CO. Twenty-five percent of all Denver residents, or approximately 150,000 individuals, receive their health care at Denver Health annually. One in three children in Denver, more than 3,300 annually, are born at and cared for by this healthcare system. This team was brought together to adapt and implement the existing IBH model into a program suited to the health system’s obstetric clinics and population. IBH services were implemented across our health system’s perinatal care system in a stepwise fashion.

Results: In August 2014 behavioral health providers were integrated into the women’s care clinics. In January 2015 universal screening for PMADs was implemented throughout the perinatal care system. Screening has improved from 0% of women screened at the obstetric care intake visit in August 2014 to >75% of women screened in August 2016. Integrated behavioral health coverage by a licensed psychologist or licensed clinical social worker exists in 100% of perinatal clinics as of January 2016. As well, in order to gain sustainability, the ability to bill same day visits as well as to bill, and be reimbursed for screening and assessment visits, continues to improve and provide for a model that is self-sustaining for the future.

Conclusion: Implementation of integrated behavioral health PMADs alongside the development of an IBH model in perinatal care has led to the creation of a program that is feasible and has the capacity to serve as a national model for improving perinatal mental health in vulnerable populations.

Acknowledgements: A portion of this work was funded by a grant from the Zoma Foundation (formally the Ben and Ana Lucy Walton Foundation)
Validity of the WHIPLASHED as a screening tool to identify bipolar disorder in women

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3. Department of Obstetrics and Gynecology, Northwestern University, Feinberg School of Medicine

Objective: The aim of this study was to investigate the validity of the WHIPLASHED interview (developed by Ronald Pies, MD), which is a mnemonic for the questions used to screen for clinical indicators of bipolar disorder.

Methods: Subjects (N=82) were female participants in the Assessing Stress, Health, Emotion, and Response (ASHER) Registry Database of the Asher Center for the Study and Treatment of Depressive Disorders. Relevant WHIPLASHED symptom data were extracted from a self-report measure designed to parallel the WHIPLASHED interview questions. The letters of WHIPLASHED each stand for clinical symptoms of bipolarity. A score of ≥ 5 on WHIPLASHED was defined as a positive screen for bipolar spectrum disorder. We examined the capacity of WHIPLASHED scores > 5 to differentiate unipolar from bipolar depression in women. The diagnostic assessments were conducted with the Mini International Neuropsychiatric Interview by clinicians blind to WHIPLASHED screen results.

Results: Women with unipolar (N=54) and bipolar (N=28) depression were included. The majority of subjects were white (67%), employed (68%) and married (57%) with a mean age of 36.8 years. The receiver operating characteristic (ROC) curve demonstrated that WHIPLASHED had strong predictive ability (AUC=0.877) in differentiating women with unipolar from bipolar depression. A cutoff score of ≥ 5 generated 96% sensitivity and 52% specificity in this dataset, while raising the threshold to 6 generated 89% sensitivity and 76% specificity.

Conclusions: In this sample, WHIPLASHED was a valid screening tool for bipolar disorder and is a useful strategy to differentiate unipolar from bipolar depression.
THE ROLE OF ADVERSE CHILDHOOD EXPERIENCES (ACE) IN PREMENSTRUAL DYSPHORIC DISORDER (PMDD)

Joanna Marks1,2, Brendan McGeehan1,2, C. Neill Epperson,1,2,3, Liisa Hantsoo1,2

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2: The Penn Center for Women's Behavioral Wellness
3: The Penn PROMOTES Research on Sex and Gender in Health

(286/300 words)

Objective:
Premenstrual Dysphoric Disorder (PMDD) affects about 5% of women worldwide. Research suggests that early childhood trauma increases risk for psychiatric diagnosis in adulthood. However, research assessing childhood trauma in relation to PMDD in particular is still growing. Specifically, little work has been done examining category of trauma (physical, sexual, emotional) and its relation to PMDD symptomology.

We examined PMDD symptom profile (severity of symptoms, timing of symptoms) and adverse childhood experiences (ACE). We hypothesized that compared to control participants, women with PMDD will have significantly higher ACE exposure. We also hypothesize that within PMDD, type of childhood trauma (physical, sexual, emotional) will determine timing of symptom onset (ovulatory phase, luteal phase).

Methods:
Female participants tracked mood and physical symptoms using the Daily Record of Severity of Problems (DRSP) for at least 2 consecutive menstrual cycles (MCs). MC phases included follicular (days 1-11), ovulatory (days 12-20), and luteal (days -7 -1). Ovulation was confirmed with urine lutenizing hormone (LH), luteal phase was confirmed with serum progesterone levels. Participants completed the Adverse Childhood Experiences (ACE) survey to assess childhood adversity, including sexual, physical, and emotional abuse, before age 18. Repeated measures ANOVA assessed differences in DRSP score between groups and across MC phases.

Results:
PMDD participants (n=23) had significantly higher ACE scores than controls (p=0.0083). Within the PMDD group, type of childhood trauma (emotional (p=0.91), physical (p=0.69), sexual abuse (p=0.25)) did not predict symptom pattern, i.e. onset of symptoms proximal to ovulation versus luteal phase.

Conclusions:
These findings are consistent with other studies that suggest that ACE is a risk factor for PMDD, but suggest that category of childhood trauma may not be predictive of symptom pattern.

Acknowledgements: K23 MH107831 (Hantsoo), NARSAD Young Investigator Award (Hantsoo)
“If you cry, you’re going to have a crybaby”: Anxiety and (Feared) Fetal Outcomes during Medically High-Risk Pregnancy

Judith L. M. McCoyd
Shari Munch
Laura Curran

Introduction / Objectives: Robust literature documents associations between maternal anxiety during pregnancy and poor fetal outcomes. Women experiencing pregnancy complication/s are understandably anxious about fetal health, their own health and the health of their fetus. Here we examine narratives of women hospitalized for medically high-risk pregnancy (MHRP) focusing specifically on the messages they received about emotional expression of anxiety and sadness, and the emotion work they did to manage those emotions. We aim to identify the lived experience of emotion management in the context of medically high-risk pregnancy.

Methods: Sixteen in-depth semi-structured interviews were conducted with women hospitalized for MHRP on a maternal-fetal medicine unit. Interviews were transcribed verbatim and coded using Atlas 6.0 qualitative software. Tenets of phenomenology guided the data analysis.

Results: Women worked to control tears and fears during their hospitalizations; they reported that health care providers (HCPs) and family members indicated they should limit negative emotions. They were not offered education about anxiety/ depression-reducing strategies. Obstetrical literature linking poor fetal outcomes (PML and LBW) to maternal anxiety was not referenced, though women were told that emotional expression was “not good for their baby.” Family members warned that the fetus would be a “cry baby.” Women felt authentic emotions, believed that expression of their anxiety/ tears would harm their fetus, and felt guilty when they could not control their emotions.

Conclusions: Women with MHRP are understandably anxious about medical complications and need help to manage their emotions, including validation of their experiences and help using strategies for managing anxiety and sadness. The HCP/family advice may be a reductive response to medical literature. Stifling emotional expression contrasts with longstanding psychosocial approaches that prescribe self-regulated ventilation and reflection on emotion. The medical team should share accurate information about risks and provide strategies for minimizing anxiety and sadness.

Acknowledgments: We received Rutgers University Research Council Grants in 2011 and 2013-14 (202215)
MomMoodBooster: A Program for Postpartum Depressed Female Veterans

Kristen G. Merkitch, M.A., Charles Brunette, Ph.D., Cara Solness, B.Sc., Michael W. O'Hara, Ph.D. University of Iowa.

Objective: Postpartum depression (PPD) is a significant mental health disorder affecting up to 19% of women in the general population. It is likely that female Veterans experience PPD at equivalent or greater rates. Most well-validated interventions for PPD require in-person treatment, a barrier for some Veterans. Online interventions offer one alternative for disseminating effective PPD therapies. In collaboration with the VA Offices of Rural Health and Women's Health Services, staff of the Iowa Depression and Clinical Research Center are offering female Veterans (PHQ-9 score ≥ 10; <18 months postpartum; 18-50 years of age) the opportunity to participate in MomMoodBooster, a validated six-week web-based cognitive behavioral intervention for PPD.

Methods: MomMoodBooster consists of six self-directed online modules and includes weekly phone coach support. The program is currently undergoing evaluation to assess effectiveness with female Veterans. To evaluate efficacy, participants complete self-report baseline and 3-month post-intervention questionnaires.

Results: To date, 171 female Veterans have consented and enrolled in MomMoodBooster. On average, active participants (n = 107) visited the site 7.53 times (SD = 7.21), opened 3.56 modules (SD = 2.43), and engaged in 2.54 phone coaching sessions (SD = 2.20). At follow-up, participants showed significant reductions in depressive symptoms (IDAS General Depression Scale, t(62) = 7.374, p < .001, d = 0.94), social impairment (BADS Social Impairment subscale, t(67) = 6.09, p < .001, d = 0.74), and negative thoughts (ATQ, t(67) = 4.487, p < .001, d = 0.55). Significant increases in behavioral activation were also evident post-intervention (BADS Activation subscale, t(67) = -6.35, p < .001, d = -0.78).

Conclusions: Early outcomes are promising and support the continued use and evaluation of MomMoodBooster as a viable treatment option for female Veterans experiencing PPD.

Acknowledgements: US Department of Veterans Affairs (# 636D83006 VA263-17-P-1313), PI: Michael W. O'Hara.
OBSESSIVE-COMPULSIVE SPECTRUM DISORDERS IN THE PERINATAL PERIOD:
PREVALENCE, INCIDENCE, AND RELATION TO POSTPARTUM ADJUSTMENT

Michelle L. Miller & Michael W. O'Hara
University of Iowa

Objective: Obsessive-compulsive disorder (OCD) is particularly impairing during the perinatal period. OCD is now classified with the Obsessive-Compulsive Spectrum (OCS) (hoarding [HD], body dysmorphic [BDD], trichotillomania [TTM], and excoriation disorder [ED]), yet there is no information on how these disorders may manifest in the perinatal period. This study aimed to assess the prevalence of clinically significant OCS symptoms and their relation to postpartum adjustment.

Method: Women between 28-32 weeks pregnant were recruited through mass emails and recruitment letters sent to university hospital patients. Participants (N = 276) completed an online questionnaire and structured clinical interview during pregnancy and the postpartum. Questionnaires assessed demographics as well as current symptoms of all OCS disorders; clinical interviews dimensionally assessed depression and OCD.

Results: There were low rates of clinically significant HD, TTM, and ED symptoms during pregnancy (n = 5-20) and the postpartum (n = 3-18). A larger number of participants met criteria for clinically significant BDD symptoms during pregnancy (n = 41) and the postpartum (n = 26). Elevations in all OCS disorder symptoms were significantly associated with overall difficulty adjusting to the postpartum (r = .19-.35, p < .01). Elevated BDD symptoms were most associated with poorer adjustment to postpartum roles across several domains (work in the house, relationships with friends, relatives, and spouse, and new baby [r = .18-.41, p < .01]).

Conclusions: Elevations in all OCS symptoms, particularly BDD symptoms, appear to be important factors in postpartum adjustment. Future intervention work should focus on assessing and treating elevated BDD symptoms during the perinatal period.
Implementing A Novel Online Cognitive Behavioral Intervention Targeting Non-Adherence to Anti-Estrogen Therapy in Women with Early Stage Breast Cancer

AUTHORS: Margo Nathan, MD\(^1\), Aleta Wiley, MPH\(^1\), Julia Russell, BA\(^1\), Lisa Beatty, PhD\(^2\), Cara Fuchs, PhD\(^3\), Eric Zhou, PhD\(^4\), Fremonta Meyer, MD\(^4\), Ann H. Partridge, MD, MPH\(^5\), Hadine Joffe, MD, MSc\(^1,4\)

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\(^5\)Department of Medical Oncology, Dana Farber Cancer Institute

Objective: Anti-estrogen therapy (AET; tamoxifen, aromatase inhibitors) is prescribed for 5+ years after diagnosis of early stage estrogen-receptor positive (ER+) breast cancer and is highly effective at preventing cancer recurrence. However, 30-60% of women become non-adherent during AET treatment. We have shown that the presence of affective symptoms and sleep disturbance before and during early AET treatment are linked with non-adherence. The aim of this pilot study is to determine whether implementation of an online and scalable cognitive behavioral therapy (CBT) intervention targeting affective symptoms is a feasible and acceptable method of reducing AET non-adherence.

Methods: ER+ early-stage breast cancer patients who presented with substantial depressive, anxiety, somatosensory sensitivity, and/or insomnia symptoms prior to or within 6 weeks on AET completed the 6-module online CBT program “Finding My Way” developed for early cancer survivors and shown to improve distress. Patients were allowed 8 weeks for program completion. Website-generated user data and qualitative interviews were used to assess feasibility and acceptability.

Results: Of 8 patients enrolled in the intervention to date (5 tamoxifen, 3 aromatase inhibitors), 3 have completed the intervention. All 3 patients completed the entire CBT program. Each week, patients completed one module, spent on average 58.1 minutes logged into the program, and viewed on average 44 pages. Preliminary qualitative data reveal that patients found the intervention accessible, user-friendly, and valuable such that they incorporated specific elements of the program into their day-to-day routine.

Conclusion: Findings from this pilot study highlight the usability and acceptability of an online CBT intervention targeting affective symptoms associated with diminished adherence to oral AET in early-stage breast cancer patients. Results of this pilot study (estimated completion November 2017) will be used to refine and implement the intervention in a larger study population to assess its efficacy in preventing non-adherence to AET.
Title: The Impact of a Post-Delivery Sleep Protection Intervention on Postpartum Maternal Mental Health

Authors: Sawayra Owais HBSc, MSc (candidate)\textsuperscript{1,2}, Ryan J. Van Lieshout MD, PhD\textsuperscript{1,2,3}, Benicio N. Frey MD, MSc, PhD\textsuperscript{1,2,3}

\textsuperscript{1}Neuroscience Graduate Program, McMaster University
\textsuperscript{2}Women's Health Concerns Clinic, St. Joseph's Healthcare Hamilton
\textsuperscript{3}Department of Psychiatry and Behavioural Neurosciences, McMaster University

Objective: The postpartum period is associated with poor maternal sleep, a significant risk factor for postpartum mental disorders, particularly postpartum depression (OR = 3.34; 95\% CI: 2.04–5.48) (Iranpour et al., 2016). Despite the robust relationship between poor sleep quality and psychiatric illness, no effective interventions exist that improve sleep during the immediate post-delivery period. In this prospective, observational study, we aim to examine the effectiveness of an in-hospital intervention that includes: a minimum 3-day hospital stay, a private room, nightly rooming-out of the infant, and nightly access to a sleep aid (lorazepam, if necessary).

Methods: Mothers with a diagnosis of mood and/or anxiety disorders will receive an in-hospital sleep protection intervention (treatment group, $n=100$) or postpartum care as usual (comparison group, $n=100$), at their physician’s discretion. Our primary outcome is reduction in postpartum depressive symptoms as measured by the Edinburgh Postnatal Depression Scale (EPDS). The intervention will be deemed effective if women in the treatment group have reduction in the EPDS of 4 points or more at 12 weeks postpartum. Maternal anxiety, sleep quality, breastfeeding status, and infant temperament up to 6 months postpartum will also be assessed. We will adjust statistically for meaningful differences in the two groups at baseline using a mixed model ANOVA.

Expected Results: It is anticipated that women who receive the sleep intervention will display (1) lower levels of postpartum depressive symptoms and (2) less postpartum anxiety, better sleep quality, higher breastfeeding rates, and more adaptive infant temperament.

Conclusions: If positive, our study results would guide future randomized controlled trials that can easily be implemented during the post-delivery hospital stay. In a broader sense, the success of this intervention would significantly reduce maternal suffering, improve child and family outcomes, and reduce healthcare costs.

Acknowledgements: This study is funded by the Teresa Cascioli Charitable Foundation Research Award in Women's Health
Objective: CenteringPregnancy group prenatal care (GPNC) is a novel approach to integrating obstetrical classroom-based material with patient-centered skills as part of medical residency training. Little research has investigated whether family medicine (FP) and obstetrics and gynecology (OB/GYN) residents are inclined to continue with CenteringPregnancy as part of prenatal care when they move into practice, and if this decision is driven by their perception of the adequacy of training, the quality of care, or other perceived barriers. The purpose of the study is to assess FP and OB/GYN residents' likelihood of implementing GPNC in their future practices and their knowledge, beliefs, and attitudes towards the program.

Methods: The 65-item online survey was sent by email to 379 residency sites using CenteringPregnancy (certified and in process) across the United States. Descriptive and analytic statistics were used to analyze the data.

Results: Two hundred three residents from 41 different sites participated in the survey; 112 (54%) were in FP programs, 85 (41%) were in OB/GYN programs and 10 (5%) reported other program types. 63% of respondents indicated that they intend to provide prenatal care after they finish residency training. Half of residents (50%) were exposed to CenteringPregnancy for less than five hours. The majority of residents perceived institutional barriers to future engagement. Eighty two percent of residents agreed that CenteringPregnancy is comprehensive prenatal care. Older age, urban location of current practice, and more exposure to CenteringPregnancy are strong predictors of future intent.

Conclusion: Residency training presents an optimal time to provide residents with the skills to engage with GPNC. Even so, the majority of residents in both FP and OB/GYN perceive significant institutional and administrative barriers to integrating this type of care into future practice.

Acknowledgements: We are grateful for the March of Dimes and the Ball Memorial Foundation for providing financial support.
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Objective: Violence against women is a significant public health problem worldwide. For example, according to the recent national estimate from CDC (2015), more than one in ten (10.6%) females in American schools were ‘physically forced to have sexual intercourse when they did not want to.’ Several other studies estimate the epidemiology of such victimization. However, to date all published studies on epidemiology of adolescent female sexual victimization have been at a particular point in time (e.g. estimates from 2015 given above) and none of the existing studies have comprehensively examined the relationship between forced sexual victimization in adolescent females and health risk behaviors.

Methods: We used data from the national Youth Risk Behavior Survey from 2005-2015 to analyze time trends in victimization and correlates of victimization.

Results: In a polynomial regression analysis, we found statistically significant declines in forced sex victimization in American adolescent females, although, the prevalence remains consistently higher for Black and multiracial adolescents (range 8-14% over the 10-year study period). In multivariate logistic regression analysis, three behaviors were consistently and strongly associated with forced sex across all study years: use of alcohol and drugs, suicidal attempts and suicide planning, and risky sexual behaviors (e.g. multiple sexual partners). Protective factors associated with reduced odds of forced sex victimization were higher academic performance and engagement with sports teams in school.

Conclusion: A comprehensive assessment of the psychosocial risk profiles of adolescents who report forced sexual intercourse remained an important gap in the literature. With our study results, prevention practices can be explored, implemented, and evaluated.
RELATING SAFE SLEEP BELIEFS TO BEHAVIORS AND TRUSTED SOURCES: A COMPARATIVE STUDY OF INFANT CAREGIVERS AND EXPECTANT NON-CAREGIVERS

Linh Littleforda, Carol Shiehb, Joni Clarkc, Sidnee Fryd, Genice Smithsond, Jean Marie Placee, Rachel Umorenf

aBall State University, Department of Psychological Sciences
bIUPUI, School of Nursing
cOpen Door Health Services
dIU Health Ball Memorial Hospital
eBall State University, Department of Nutrition and Health Science
fUniversity of Washington Medical Center

Background: The American Academy of Pediatrics (AAP, 2016) released new guidelines on safe infant sleep practices. However, an individual’s knowledge has less influence on behavior than his/her beliefs. Little is known of how caregivers’ beliefs and behaviors differ from those of expecting non-caregivers and who they trust to provide information about safe sleep. The purpose of this study is to determine if beliefs regarding safe sleep practices are associated with infant caregiver status and to examine the trusted sources of advice.

Methods: We studied expectant and current caregivers at 4 clinics in a small Midwestern urban city with a high SUID incidence. Participants completed a 22-item anonymous survey, with questions on specific beliefs and behaviors including infant sleep locations, sleep surfaces, and sleep items; and trusted sources (medical providers, friends, family).

Results: Caregivers and non-caregivers did not differ on age, sex, or race. Chi-square tests showed that compared to non-caregivers, more caregivers correctly believed that pacifiers, Pack-n-Play, and sleep sacks were safe and that crib bumpers and adult beds were unsafe. However, more caregivers than non-caregivers incorrectly believed that car seats and strollers were safe. Most (96.7%) caregivers always or sometimes placed their infants to sleep on their backs, with 16.7% placing infants on their tummies. Bivariate correlations showed that caregiver beliefs predicted most of their reported behaviors (p < .05), except for bassinette, sleep positioners, and adult beds. More participants trusted advice from their own (81.1%) or their baby’s medical provider (92.2%), than prenatal classes (54.4%), pamphlets (37.8%), friends with babies (24.4%), or family members (23.9%).

Conclusions: There is a need for targeted messaging to caregivers on correct safe sleep practices. Because caregivers’ beliefs positively correlated with their behaviors, medical providers (being the most trusted sources of information) should play an active role in communicating safe sleep practices.
BARRIERS AND FACILITATORS OF HELP-SEEKING IN POSTPARTUM DEPRESSION: A NARRATIVE REVIEW

Jean Marie Place, PhD; Jagdish Khubchandani, PhD; Sabrina Mangapora, BS

Ball State University, Department of Nutrition and Health Science

Background: The epidemiology, causes, and consequences of postpartum depression (PPD) are reasonably well documented. However, a large proportion of PPD cases are still undiagnosed and not treated appropriately. In part, this could also be due to barriers to help seeking among women who have PPD. The purpose of our investigation was to conduct an updated review of literature on help seeking barriers and facilitators in women with PPD, with a particular focus on immigrant women.

Methods: We reviewed published scientific literature from years 2000-2015 using databases such as PubMed, EBSCO, CINAHL, and google scholar. Barriers and facilitators were categorized based on Social-Ecological Model of health promotion. A total of 21 studies were identified that met criteria for our investigation.

Results: Barriers and facilitators were classified as: intrapersonal (feelings of guilt and stigma, lack of awareness, inability to express feelings, disease symptom-related disability, attitude towards pharmacological and other treatment approaches, etc.), and interpersonal (lack of support from family and lack of understanding by friends, cultural issues, parenting responsibility, etc.). The third set of facilitators and barriers related to health systems and health professionals (i.e. institutional). Lack of health professional training and time, access to care and referral services, relationship between patient and health professional (i.e. trust, attitude, cultural sensitivity, etc) were significant predictors of help-seeking by PPD-suffering women.

Conclusions: Women with PPD have significant barriers and lesser number of facilitators that have been explored for help seeking behaviors. Implications for clinical and community practice and research have been discussed to aid practitioners in improving help seeking behaviors of women with PPD.
Objective: Infertility, or the inability to conceive after 12 months of regular, unprotected heterosexual intercourse, is a disease of the reproductive system. It brings significant social, economic, psychological, and physical consequences, particularly in low- and middle-income countries. Studies have examined fertility awareness of male and female university students have been overwhelmingly conducted in high-income countries. However, few studies have examined fertility awareness of university students in low-income and middle-income countries. Therefore, the study aimed to examine Mexican (UNAM) undergraduate and graduate students’ awareness of fertility, knowledge of human reproduction, and intentions and attitudes towards future parenthood.

Methods: This was a mixed-methods, two-phase design study. For the qualitative phase, a focus group was conducted where 9 undergraduate UNAM students (7 females, and 2 males) participated in July 2017. For the quantitative phase an online cross-sectional survey adapted from the Swedish Fertility Awareness Questionnaire was sent through Facebook to UNAM students from November 2017 – January 2018. A total of 329 students from UNAM in Mexico City completed the online survey (202 females and 127 males; mean age 22.9 and 24 years respectively).

Results:
Participants from the focus groups described, in hierarchal order, chronic disease, factors related to genetics/hereditary, and age as the top three causes of infertility. About half of the participants only considered a family complete if a couple had conceived children. Results obtained from the online survey showed that 43.22% of females perceived themselves somehow educated about fertility issues compared to 39.58% of male participants. Both male (55.56%) and females (37.50%) reported that they had obtained the majority of information regarding fertility issues through school. A majority of males (58.12%) compared to females (50.84%) wants to have children in the future.

Conclusions: Fertility is an important issue that participants in our study were not entirely educated on. Increasing attention can fertility-related awareness and education efforts are needed.
Material Hardship and Mental Health Symptoms among a Predominantly Low Income Sample of Pregnant Women Seeking Prenatal Care

Ellen Poleshuck, PhD;1 Jennifer Katz, PhD;2 Hugh F. Crean, PhD;1 Catherine Cerulli, JD, PhD1

1University of Rochester Medical Center; 2State University of New York at Geneseo

Objective: Although poverty is an established correlate of poorer mental health for pregnant women, limited research has examined the mental health effects of material hardship (i.e., difficulties meeting basic needs such as for food, transportation, or stable housing) during pregnancy.

Method: The current research examined rates of material hardship among pregnant women seeking prenatal care and the relationships of both income and material hardship with depression and anxiety during pregnancy. Pregnant women (N = 892) responded to self-report measures of mental health symptoms, annual household income, and current material hardship in the waiting areas of community-based obstetrics/gynecology practices serving primarily patients with socioeconomic disadvantage.

Results: About 56% of the sample reported some form of material hardship. About 19% of the sample reported elevated depression, and 17% reported elevated anxiety. Both depression and anxiety were uniquely associated with lower income and greater material hardship, even after controlling for age, race/ethnicity, relationship status, and number of children in the home. Furthermore, material hardship partially mediated the effect of income on mental health symptoms.

Conclusions: The physical, emotional, and social effects of deprivation of basic daily needs may contribute to pregnant women’s experiences of mental health symptoms. These results converge with the broader literature focused on the social determinants of physical and mental health. When symptoms of depression and anxiety reflect distress related to material hardship, addressing unmet social needs may be more effective than mental health treatment. A focus on the roles of social determinants of mental health, including income and material hardship, expands our understanding of ways in which pregnant women are vulnerable to mental health problems that will likely affect their maternal functioning.

Acknowledgements: PCORI AD-12-4261
A MODERATED MEDIATION MODEL OF MATERNAL PRENATAL DISTRESS, RESPONSE TO INFANT CRYING, AND BREASTFEEDING DIFFICULTIES/DURATION

Jessica Riedstra, B.S., Jennifer Hambleton, B.S., Hillary Swann, M.S., Reilly Sasaki, Joe Neal, M.S., & Nicki Aubuchon-Endsley, Ph.D.
Idaho State University

Objective: Prenatal maternal stress and anxiety increase risk for perinatal complications, poor pregnancy outcomes, and short- and long-term health difficulties for mothers and offspring. These relationships are explained by complex biopsychosocial predictors and pathways (e.g., alterations in hypothalamic–pituitary–adrenal axis functioning and maternal cognition/behavior). Additionally, maternal stress and anxiety are associated with decreased likelihood of initiating and maintaining breastfeeding, which further impacts women's health. Particularly, women who breastfeed are at lower risk of type 2 diabetes, breast cancer, ovarian cancer, hip fractures, and postpartum depression. However, mechanisms which account for relationships between these important prenatal and postnatal health predictors are still being explored. Review of the literature suggests that more breastfeeding difficulties may mediate the relationship between greater prenatal stress/anxiety and shorter breastfeeding duration. Additionally, perceptions of infant crying may moderate the relationship between more breastfeeding difficulties and reduced breastfeeding duration. Therefore, the present study examined these relationships via two moderated mediation models.

Methods: Participants included 96 pregnant women at 33-37 weeks gestation, followed at 6 months±2 weeks postpartum, participating in the longitudinal Idaho Mom Study. Along with behavioral, biological, physical, and psychological measures, mothers were asked about their perinatal anxiety (Perinatal Anxiety Screening Scale), stress (Perceived Stress Scale-Feeling Questionnaire), breastfeeding experiences (6-Month Infant Dietary Questionnaire), and perceptions about responsiveness to infant crying (Infant Crying Questionnaire-Prenatal Version).

Results: Data analyses were conducted using SPSS and Hayes’ PROCESS macro v2.16, model 14. Though none of the moderated mediation models were statistically significant, a direct relationship was supported between prenatal greater maternal anxiety and reduced breastfeeding duration (b=-26.42, t[93]=-2.53, SE=10.46, p=.013).

Conclusions: Results replicate previous findings and suggest that screening and intervention for prenatal maternal anxiety may increase breastfeeding duration and reduce women's short- and long-term health risk. Future research should explore additional risk/protective mechanisms between prenatal psychopathology and breastfeeding.
Background: By design, psychiatric practice is a one-sided relationship, developed through an environment of safety and non-judgmental neutrality. Setting appropriate boundaries and limiting self-disclosure allows psychiatrists to draw conclusions about patient behaviors and motivations. However, this is difficult to maintain when the doctor becomes pregnant, as self-disclosure during the perinatal period is both nonverbal (i.e., when the pregnancy becomes visibly present) and appropriate (i.e., when planning for a maternity leave).

Methods: This poster utilizes a case series approach to review common reactions that can occur as patients learn of and cope with news of a provider’s pregnancy. Specifically, the focus will reflect relationships between female patients and a pregnant female psychiatrist in training. Cases are based on clinical experiences of the author and are de-identified. The case series is supported by review of literature related to this topic, completed on PubMed for scholarly articles and Google search for reputable editorials on the topic.

Results: Three types of transference reactions occurred in the author’s experience and the literature review: 1) Maternal Attachment, in which the patient is reminded of her feelings toward her own mother, whether positive or negative; 2) Shattered Fantasies, in which the patient is faced with the reality that her doctor has interests and demands outside the office; and 3) Comparison Trap, in which the female patient's defenses are raised about her own maternal identity, parenting choices, and/or fertility decisions.

Conclusions: A mental health provider's pregnancy can hold many meanings for patients. While the case series reflects experiences in a psychiatric practice, the themes reviewed are applicable to all doctor-patient relationships. Awareness of these reactions, as well as timely review with a supervisor, is vital to protect the therapeutic alliance and ensure continued engagement in treatment.
Use of Light Therapy in Perinatal Depression - Current Evidence

Author: Jyoti Sachdeva MD
University of Cincinnati

**Objective:** Perinatal depression is a major public health problem with far-reaching consequences for mother and baby. Treatment of perinatal depression is complicated by potential fetal health risks. Use of noninvasive modalities is preferred. Light therapy with its advantages of-safety, availability, affordability, may overcome many barriers to care. Our objective was to review the evidence base for use of this modality in perinatal depression.

**Methods:** A Pubmed literature search was conducted using key words “light therapy, “antepartum depression” and “perinatal depression”.

**Results:**

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<td>Improved-49% reduction In SIGH-SAD</td>
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<td>Double Blind Placebo Controlled</td>
<td>Antepartum</td>
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<td>7000 lux BLT daily ( n=5) 500 Lux (placebo, n=5) 60 min morning</td>
<td>5</td>
<td>SIGH-SAD</td>
<td>similarly reduced for BLT (17.3) and placebo (16.6); 10 week extension – clear treatment effect</td>
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<tr>
<td>Corral et al, 2007 (5)</td>
<td>Randomized controlled</td>
<td>Postpartum</td>
<td>15</td>
<td>10,000 lux BLT daily &lt;br&gt;n=10 &lt;br&gt;600 lux (placebo) &lt;br&gt;n=5</td>
<td>30 min mornings</td>
<td>SIGH-SAD</td>
<td>No difference in groups</td>
</tr>
<tr>
<td>Wirz-Justice et al, 2011 (6)</td>
<td>Randomized controlled</td>
<td>Antepartum</td>
<td>27</td>
<td>7000 lux BLT daily &lt;br&gt;n=16</td>
<td>70 lux dim red (placebo) &lt;br&gt;n=11</td>
<td>60 min mornings</td>
<td>HDRS &gt;50% improvement with BLT</td>
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**Conclusions:** Light therapy may be a safe and effective treatment for perinatal depression. Current evidence base, though sparse, is positive.
A META-ANALYSIS OF INTERPERSONAL PSYCHOTHERAPY FOR PERINTAL
PSYCHOPATHOLOGY AND RELATED OUTCOMES

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Objective: Interpersonal psychotherapy (IPT) is empirically supported for the prevention and
treatment of perinatal depression. Previous systematic reviews have not evaluated the effects of
IPT on other outcomes, most notably symptoms of anxiety and interpersonal functioning, or
assessed moderators of treatment efficacy specific to IPT.

Methods: A systematic review identified 28 studies assessing the efficacy of IPT during
pregnancy or the first year postpartum (inclusion criteria: randomized, quasi-randomized or
open trial evaluating interpersonal psychotherapy among women; intervention initiated during
pregnancy or within 12 months postpartum; outcome(s) assessed using validated measure(s)
within 12 months postpartum; reported sufficient data for calculation of effect sizes). Eligible
studies were coded for study characteristics, intervention characteristics, sample characteristics,
and study quality. Random effects meta-analyses assessed the average change in outcomes
(depression, anxiety, relationship quality, social adjustment, and social support) from pre- to
post-treatment, the difference in the change in outcomes between treatment and control
conditions, and the difference in prevalence of disorders between treatment and control
conditions. Study and intervention characteristics were evaluated as potential moderators of
effect sizes.

Results: In prevention studies, IPT was effective for reducing depressive symptoms and the
prevalence of depressive episodes. Insufficient studies assessed anxiety and related outcomes
for the calculation of effect sizes. In treatment studies, IPT reduced symptoms of depression
and anxiety and improved relationship quality, social adjustment and social support. The
prevalence of depressive episodes was lower in treatment groups than control conditions; this
difference was not significant. Few significant moderators were identified and results of
moderation analyses were inconsistent across outcomes.

Conclusions: IPT is an effective preventive intervention for perinatal depression. IPT is clearly
effective for treating depressive symptoms and promising as a treatment for anxiety and
improving interpersonal functioning. Further research is necessary to assess whether
adaptations to IPT enhance its efficacy.
Thoughts and considerations of women with bipolar disorder about family planning and pregnancy: a qualitative study

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Objective

Women with bipolar disorder have an increased risk of relapse during pregnancy and the postpartum period. They often express concerns about family planning. The purpose of this study is to explore the thoughts and considerations of women with bipolar disorder, of childbearing age, about family planning and pregnancy.

Methods

A qualitative descriptive study was conducted: 15 women with bipolar I disorder were individually interviewed. Content analysis was applied.

Results

Related to bipolar disorder, the women worried about heritability of the illness, medication issues and risk of relapse during pregnancy. Women mentioned their fear to be incapable as a mother during future mood episodes. Support of partner, family/friends, and professionals was mentioned as essential.

Conclusions

The results of this study underline that family planning is an essential topic in the treatment of every woman with bipolar disorder of childbearing age. These women expect early consultation with professionals for support, and specific information about heritability of the illness and use of medication during and after pregnancy.

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Keywords

bipolar disorder, child wish, family planning, pregnancy
A Look into Mode of Delivery and Postpartum Mental Health

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Objective: Approximately 138 million women give birth every year. Although childbirth is commonly considered a happy event, it also represents a period of psychological vulnerability for some women. Little is known about the role of mode of delivery in developing negative psychological reactions following childbirth.

Methods: We studied an international sample of 846 postpartum women who were around 3 months postpartum. A range of postpartum psychiatric symptoms in the realm of depression, trauma and anxiety, as well as paranoia, and women’s mental health prior to delivery were assessed. We further collected data pertaining to mode of delivery and health complications in the newborn.

Results: Overall, 64% of women delivered vaginally, with 22% of women having a natural delivery. 36% of women had a C-section, among these, 17% had an emergency C-section. To examine differences in mental health outcomes by mode of delivery, we conducted multivariate analysis of variance with Šidák post-hoc analysis followed by a canonical discriminant function analysis. Significant differences between modes of delivery were found, Pillai’s $T^{2}=.13$, $F_{(36,2700)}=2.48$, $p<.001$. Women who had a C-section or vaginal assisted delivery had more somatization, obsessive compulsions, depression, anxiety, and hostility than women who had vaginal or natural deliveries. Women with an emergency C-section had higher psychoticism and paranoid ideation than the other women. The analysis revealed similar results after adjusting for the contribution of premorbid factors including age, education, primiparous status, pre-childbirth mental health, and complications in the newborn.

Conclusions: Our findings suggest that mode of delivery is implicated in psychological adaptation following childbirth. Obstetrical medical interventions in delivery may put mothers at risk for adverse mental health outcomes. While our findings are of clinical importance, more research on the effect of mode of delivery on postpartum mental health is warranted to ensure the well-being of women during this crucial period.
Sexual Dysfunction in Female Cancer Survivors: Case Series and Literature Review

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Objectives: Due to improvements in earlier detection and expansions in available treatments, the number of individuals surviving with cancer is steadily increasing [1]. Sexual dysfunction is a common and often persistent complication for cancer survivors, affecting more than 60% of women diagnosed with cancer [1]. Although highly prevalent, issues related to sexual health are often not addressed among survivors, with women reporting less discussion from providers compared to men [2].

Methods: We present a case series of three women seen in a psycho-oncology clinic who experienced sexual dysfunction in the aftermath of cancer. We then review existing literature on the presentation and management of sexual issues associated with cancer and its treatment.

Results: The three cases highlight differing mechanisms for sexual dysfunction after cancer, including anatomic changes, hormonal alterations, psychiatric conditions and medication side effects. The literature review includes discussion of the prevalence and common presentations for sexual dysfunction in female cancer survivors, as well as potential contributing factors. Tools for screening and assessment are then reviewed, concluding with a discussion of both pharmacologic and non-pharmacologic approaches to management.

Conclusions: Despite its high prevalence and considerable impact on quality of life, the complication of sexual dysfunction after cancer diagnosis and treatment is still underrecognized and undertreated. Improving awareness, communication and screening, as well as appropriate referral to treatment, could have a profound impact on the ever growing number of women surviving with cancer.

References:
2. Sporn NJ et al. Sexual health communication between cancer survivors and providers: how frequently does it occur and which providers are preferred? Psycho-Oncology 2015; 24:1167–1173.
Title: Perspectives of Latina and Non-Latina Urban Obstetrics Patients and Providers on Group-Based Preventive Services for Mental Health Problems

Objective: The need for preventive services to address subclinical mood and anxiety symptoms in pregnancy is recognized, but prenatal clinics rarely provide them. Prenatal programs that systematically screen for mental health problems and provide resources and services to those in need can reduce pregnancy complications, premature birth, and low birth weight and improve quality of life. Despite evidence-based interventions known to improve women’s mental health in the perinatal period, roughly two-thirds of pregnant women with significant symptoms do not receive mental health services, with unmet need higher among low-income minority women. Our interdisciplinary team (public health, psychiatry, obstetrics) sought to characterize patient and provider perspectives on needs for these services, preferred structure and content, and delivery logistics in two obstetrics clinics serving urban, low-income, and minority women.

Analysis: In-depth interviews were audio-recorded, transcribed and translated, as necessary. Codebooks were developed for patient and provider interviews through a series of individual and group analysis sessions. Each transcript was coded utilizing Dedoose software, including reliability checks. Themes were identified through team discussion and consensus.

Results: Predominant themes among the pregnant patients (9 English speakers and 7 Spanish speakers) highlighted the emotional toll of pregnancy, especially among those with medical conditions and who recently immigrated; the medical focus of prenatal care; rare provider queries about emotional health; and the logistical challenges of participating in in-person programs, such as support groups. All women, regardless of their mental health status, expressed interest in group-based interventions that teach coping skills and bolster social support; most valued meeting with other pregnant women. All women had access to internet and texting technology and valued online/remote reminders and support.

Provider interviews were conducted with obstetricians (n=4), registered nurses (n=2), registration and nursing staff (n=5), a nurse practitioner and a social worker. The staff confirmed the paucity of mental health resources, highlighted their lack of mental health training and welcomed additional services, but noted significant logistical barriers to any intervention that would impact routine clinic operations.

Discussion: Pregnant women and their obstetrics providers value attending to mental health needs, but a broad range of patient-, provider- and systems-level impediments to care integration exist. Combination group and online approaches may be most feasible and culturally adaptable for early identification of serious mental health problems and providing coping strategies and social support, especially for recent immigrants.