North American Society for Psychosocial Obstetrics & Gynecology

NASPOG

www.naspog.org

2014 Annual Meeting Program

April 6-9, 2014

Westin Columbus – Columbus, Ohio

This conference is supported in part by an educational grant from Pfizer.

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Please wear your badge at all times since this will allow admission to sessions.

Tickets are required for meal functions and can be found in the envelope with your badge. One drink ticket is also in this envelope.

If you need any assistance, please contact NASPOG Staff Debby Tucker on her mobile at 301-919-4729.

ACCREDITATION:
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Rhode Island Medical Society through the joint sponsorship of Women & Infants Hospital and the North American Society for Psychosocial Obstetrics & Gynecology. Women & Infants Hospital is accredited by the Rhode Island Medical Society to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT:

Physicians:
Women & Infants Hospital designates this live activity for a **maximum of *20 AMA PRA Category I Credits™.*** Physicians should claim only credit commensurate with the extent of their participation in the activity.

Psychologists:
Women & Infants Hospital and the North American Society for Psychosocial Obstetrics & Gynecology are approved by the Rhode Island Psychological Association to sponsor continuing education for psychologists. Women & Infants Hospital and the North American Society for Psychosocial Obstetrics & Gynecology maintain responsibility for this program and its content. Participants earn a ***maximum of 20 credits*** for this program.

Social Workers:
Application has been submitted for Social Work CEU's.

This conference is supported in part by an educational grant from Pfizer.

PROGRAM

All sessions will be in the Grand Ballroom unless otherwise noted.

SUNDAY, April 6, 2014

12:00noon – 6:00pm	Registration
1:00 – 1:15pm	**Welcome Remarks** NASPOG President - Jonathan Schaffir, MD
1:15 – 5:00pm	**Marcé Society Symposium:** **Stress and Social Stressors in Pregnancy -** *Chair: Michael O'Hara, PhD*
1:15– 1:30pm	**Welcome from Marcé Society Leadership**
1:30 – 2:15pm	**The Role of Stress in Time-to-Pregnancy and Infertility** Courtney Lynch, PhD, The Ohio State University
2:15 – 3:00pm	**Stress and Immune Function During Pregnancy** Lisa Christian, PhD, The Ohio State University
3:00 - 3:15pm	**BREAK**
3:15 – 4:00pm	**Stress and Racial Discrepancies in Pregnancy Outcomes** Arthur R. James, MD, The Ohio State University
4:00 – 4:45pm	**Distress during Pregnancy: Possible Pathways to Fetal & Infant Effects** Catherine Monk, PhD, Columbia University
4:45 - 5:00pm	**Discussion**
5:30 - 6:30pm *Seneca Room*	**Welcome Reception** Please join us for refreshments and a chance to meet with other meeting attendees.
7:00 - 8:30pm *Vendome Board Room*	**NASPOG Executive Board Meeting**

Free Evening / Dinner on Own

MONDAY, April 7, 2014

7:30 – 5:30pm	Registration
7:30 – 8:30am	CONTINENTAL BREAKFAST
8:30 am – 12noon	**NASPOG Symposium:** **Psychosocial Aspects of Cancer Treatment -** *Chair: Lisa Christian, PhD*
8:30 – 8:40am	**Opening Remarks** – NASPOG President - Jonathan Schaffir, MD
8:40 – 9:20am	**Depression and Mental Health After Breast Cancer** Barbara Andersen, PhD, The Ohio State University
9:20 – 10:00 am	**Survivorship Issues for the Gynecologic Patient and Caregiver** Ritu Salani, MD, The Ohio State University
10:00 - 10:30am	**BREAK**
10:30 – 11:10am	**Biobehavioral Pathways and Tumor Progression** Susan Lutgendorf, PhD, University of Iowa
11:10 – 11:50am	**Sexuality in Cancer Survivors** Kristen Carpenter, PhD, The Ohio State University
11:50am – 12noon	**Discussion**

MONDAY, April 7, 2014 - *continued*

12:15 – 1:15pm	**NASPOG Luncheon Lecture – President's Address:** **Won't Mom Be Impressed! Historical Perspectives on Maternal Impression** Speaker: Jonathan Schaffir, MD, The Ohio State University
1:30 – 3:15pm	**NASPOG Symposium:** **Psychosocial Education in Women's Health -** *Chair: Valerie Waddell, MD*
1:30 – 2:00pm	**Teaching Professionalism in Ob/Gyn** Brett Worly, MD, The Ohio State University
2:00 –2:30pm	**Novel Approaches to Teaching Psychosocial Ob/Gyn to Medical Students** Wanjiku Musindi, MD, The Ohio State University
2:30 - 3:00pm	**Creating a Psychosocial Ob/Gyn Curriculum: The ISPOG Experience** Sibil Tschudin, MD, Basel, Switzerland
3:00 - 3:15pm	**Discussion**
3:15 – 3:45pm	BREAK
3:45 - 5:00pm	**Steiner Young Investigator Symposium -** *Chair: Meir Steiner, MD, PhD*
3:45 – 4:00pm	**Risk Factors of Transient and Persistent Anxiety during Pregnancy** Hamideh Bayrampour, University of Calgary
4:00 – 4:15pm	**Therapeutic and Medicinal Uses of the Placenta: Placentophagy and Other Practices** Cynthia Coyle, PhD, MS, Northwestern Feinberg School of Medicine
4:15 – 4:30pm	**The Relationship Between Maternal Attitudes and Symptoms of Depression and Anxiety Among Pregnant and Postpartum First-Time Mothers** Laura E. Sockol, PhD, Williams College
4:30 – 4:45pm	**The Impact of Pre-pregnancy Body Mass Index on Autonomic Function and Circadian Behaviours during Pregnancy** Lauren Wright, MiNDS Neuroscience Graduate Program, McMaster University
5:00 - 7:00pm *Grand Ballroom*	**POSTER SESSION and RECEPTION**

Free Evening / Dinner on Own

TUESDAY, April 8, 2014

7:30 – 5:00pm	Registration
7:30 – 8:30am	CONTINENTAL BREAKFAST
8:30 – 10:30am	**NASPOG Symposium:** **Fear and Anxiety Surrounding Labor –** *Chair: Teri Pearlstein, MD*
8:30 –9:00am	**PTSD Following Childbirth – An Ob/Gyn Perspective** Marieke Paarlberg, MD, PhD and Claire Stramrood, MD PhD, The Netherlands
9:00– 9:30am	**Birthing Demands and Maternal Anxiety** Valerie Waddell, MD, The Ohio State University
9:30 – 10:00 am	**Prevalence and Predictors of Postpartum PTSD** Rebecca Grekin, University of Iowa
10:00 – 10:30am	**Discussion**
10:30 – 11:00am	BREAK

TUESDAY, April 8, 2014 - *continued*

11:00am – 11:45am	**History of NASPOG: Panel Discussion** Jonathan Schaffir, MD, Moderator, NASPOG President David Baram, MD, Health Partners Medical Group, St. Paul, MN Jane Engeldinger, MD, University of Iowa Jillian Romm, MD, Oregon Health & Science University
12:00noon - 1:15pm	**NASPOG Luncheon & Business Meeting**
1:30 – 3:30pm	**Marcé Society Symposium:** **Impact of Psychotropic Drug Exposures in Pregnancy –** *Chair: Shari Lusskin, MD*
1:30 – 2:00pm	**Antipsychotics** D. Jeffrey Newport, MD, MS, MDiv, The Ohio State University
2:00 – 2:30pm	**SSRIs During Pregnancy: Are We Asking the Right Questions?** Katherine L. Wisner, MD, MS, Northwestern University
2:30 – 3:00pm	**Anticonvulsants** Elizabeth E. Gerard**,** MD, Northwestern University
3:00 – 3:30pm	**Discussion**
3:30– 4:00pm	BREAK
4:00 - 5:30pm	**NASPOG Presents!** - *Chair: Jonathan Schaffir, MD*
4:00 – 4:15pm	**Maternal Psychiatric Outcomes When the Baby Dies: the Michigan Mothers Study** Katherine Gold, MD MSW MS, University of Michigan
4:15 – 4:30pm	**Obsessive-Compulsive Symptoms and Delayed Circadian Phase in Perinatal Women with a History of Major Depressive Disorder (MDD)** Katherine Sharkey, MD, PhD, Brown University/Rhode Island Hospital
4:30 – 4:45pm	**Caring for Opioid Dependent Pregnant Women: An Evaluation of Health Care Utilization Patterns** Elizabeth Krans, MD, MSc, University of Pittsburgh
4:45 – 5:00pm	**Psychological Correlates of Sleep Quality Among Pregnant Women of Low Socioeconomic Status** Genevieve Ritchie-Ewing, The Ohio State University
5:00 – 5:15pm	**Mom Power: Preliminary RCT Results from a Multi-family Intervention for High-Risk Mothers with Interpersonal Trauma Histories** Maria Muzik, MD, MS, University of Michigan
5:15 – 5:30pm	**A Qualitative Study Exploring Women's Beliefs About Physical Activity After Stillbirth** Jennifer Huberty, PhD, Arizona State University
6:30 - 9:30pm *Franklin Park Conservatory & Botanic Gardens*	**Paul C. Weinberg Memorial Lecture and Dinner** - *Ticket Purchase Required* ***Stress and Preterm Birth*** Jay D. Iams, MD, Emeritus Frederick P. Zuspan Professor & Endowed Chair, Division of Maternal Fetal Medicine, Department of Obstetrics & Gynecology The Ohio State University Wexner Medical Center *Buses will depart the Westin at 6:30pm and return to the hotel at 9:30pm*

WEDNESDAY, April 9, 2014

7:30 – 1:00pm	Registration
7:30 – 9:00am	CONTINENTAL BREAKFAST
8:00 - 9:30am	**Facilitated Roundtable Breakfast Sessions** *Signup at registration desk* • **Perinatal Anxiety: Prevention; Recognition; Approaches to Treatment** *Facilitator - Vesna Pirec, MD, PhD* • **Advanced Training in Women's Mental Health** *Facilitators – Jill Romm, MD and Chiara Ghetti, MD* • **Sexual Dysfunction** *Facilitator – Jonathan Schaffir, MD* • **Treating Postpartum Illness** *Facilitator – Judy McKay, MD* • **Opioid Dependence in Pregnancy** *Facilitator – Casia Horseman, MD* • **Perinatal Bereavement, Meds During Pregnancy and Post** *Facilitator – Deborah Rich, PhD* • **Post Traumatic Stress Disorder** *Facilitator – Maria Muzik, MD* • **Psychopharm in Pregnancy** *Facilitator – Teri Pearlstein, MD* • **Menopause & Sleep Disorders** *Facilitator – Zippora Dolev, MD*
9:30 - 9:45am	**BREAK**
9:45 – 11:45 am	**NASPOG Symposium:** **Psychological Issues Related to Abortion** - *Chair: Chiara Ghetti, MD*
9:45 – 10:15am	**Abortion Stigma Towards Patients and Providers** Audrey Lance, MD, University of Pittsburgh Magee-Womens Hospital
10:15 – 10:45am	**Psychological Issues Following Abortion** Michelle Isley, MD, MPH, The Ohio State University
10:45 – 11:15am	**Consequences of Receiving or Being Denied a Wanted Abortion** Diana Greene Foster, PhD, University of California San Francisco
11:15 – 11:45am	**Discussion**
11:45am – 12:00noon	**Closing Remarks & Adjournment** *Jonathan Schaffir, MD*

The North American Society for Psychosocial Obstetrics and Gynecology established the Steiner Young Investigators' Symposium in honor of Dr. Meir Steiner, a leading researcher in our field. The symposium provides a showcase for new and innovative research in the field of Women's Mental Health.

*Residents and Fellows submitted abstracts of their original research to be considered for inclusion in this program. The four investigators selected to speak at the symposium each receive **$500** to help defray the costs of their travel, or to use as seed money for additional research.*

RISK FACTORS OF TRANSIENT AND PERSISTENT ANXIETY DURING PREGNANCY

Hamideh Bayrampour, Sheila McDonald, Lisa Gagnon, Suzanne Tough
University of Calgary, Child Development Centre, Calgary, AB, Canada

Objective: The objective of this study was to examine risk factors of transient and persistent anxiety in two groups of pregnant women, with and without a known history of mental health problem, using data from a longitudinal cohort study in Alberta, Canada.

Methods: The sample (N=2988) was divided into two groups based on history of mental health problems and four mutually exclusive anxiety subgroups were created for each group: none; anxiety only in the second trimester; anxiety only in the third trimester; and anxiety at both time points. Separate logistic regression models using a hierarchal model building strategy were used to derive risk factor profiles.

Results: Various demographic, obstetric, and psychosocial factors were associated with antenatal anxiety, depending on the timing of the assessments, continuity of symptoms, and poor mental health history. Low household income, inadequate social support, and a partnership tension contributed to persistent anxiety among pregnant women regardless of their past mental health problems.

Conclusions: This research opens a new perspective to investigate the continuity of anxiety symptoms across pregnancy to track a more vulnerable group of pregnant women for persistent anxiety. This knowledge can inform development of strategies to appropriately target limited resources of health care system for population with greater needs for interventions.

THERAPEUTIC AND MEDICINAL USES OF THE PLACENTA: PLACENTOPHAGY AND OTHER PRACTICES

Cynthia W. Coyle, PhD, MS, Crystal T. Clark, MD, Kara E. Driscoll, MD Katherine Wisner, MD, PhD
Department of Psychiatry, Northwestern University's Feinberg School of Medicine, Chicago IL

Background: Maternal Placentophagia (or Placentophagy) is the act of mammals eating the placenta after birth. Human placentophagy is a small but growing practice which first arose in the United States in the 1970's as part of the natural birth movement and has had resurgence in western cultures. Human placentophagy includes ingestion of the placenta by preparing the raw tissue for consumption through cooking or dehydrating and encapsulating it into pills. Advocates of placentophagy believe that ingesting the placenta provides hormones and nutrients that reduce post-partum depression and alleviate potential post-pregnancy complications including iron depletion and pain. Globally and historically, a variety of health benefits have been attributed to the placenta facilitating interest in the therapeutic efficacy of placentophagy.

Objective: We aim to explore the practice of placentophagy as a postpartum therapy and other clinical applications of the placenta in women. Evidence on historical practice, rationale, perceived efficacy, potential adverse effects will be reviewed.

Methods: A systematic review of the psychological, anthropological, and medical databases was conducted using key words associated with placenta and placentophagy (e.g. *placenta tissue, placentophagia, eating the placenta, eat the placenta. placenta encapsulation, placenta recipes, benbenefits of placentophagy*). Additionally, a search via the internet search engine Google was conducted to review frequency trends, media coverage, rationale for the practice, and characteristics of those advocating and opposing placentophagy.

Conclusion: With the exception of the United States, there is little documentation of maternal placentophagy in the extant cross-cultural literatures. Moreover, no studies have systematically investigated the: 1) nature and stability of the biological components in post-partum human placenta tissue; 2) the effects of the various preparations on the biological components; 3) the bio-physiological pathways or therapeutic efficacy in prevention of postpartum depression, facilitating maternal attachment, iron repletion, lactation, and reduction of pain; or 4) the levels of potential toxins and possible averse outcomes of consumption. Notably, the ubiquitous absence of human maternal placentophagy suggests that there may be adaptive value in avoiding the practice. Empirical evidence needs to be established so that health practitioners can inform patients about the effects of placentophagy on maternal and infant health.

THE RELATIONSHIP BETWEEN MATERNAL ATTITUDES AND SYMPTOMS OF DEPRESSION AND ANXIETY AMONG PREGNANT AND POSTPARTUM FIRST-TIME MOTHERS

Laura E. Sockol,[1,2,4] C. Neill Epperson,[4,5] & Jacques P. Barber [6]
[1] *Williams College, Department of Psychology*
[2] *Alpert Medical School of Brown University, Department of Psychiatry & Human Behavior*
[3] *University of Pennsylvania, Department of Psychology*
[4] *University of Pennsylvania, Department of Obstetrics & Gynecology*
[5] *University of Pennsylvania, Department of Psychiatry*
[6] *The Derner Institute of Advanced Psychological Studies, Adelphi University*

Objective: While many risk factors for perinatal depression and anxiety have been identified, most present challenging targets for

intervention. Women's attitudes about motherhood represent a potential specific risk factor for perinatal depression and anxiety that could be modified through preventive interventions. However, understanding of the relationship between maternal attitudes and depression and anxiety has been limited by conceptual and psychometric problems with existing measures.

The goal of this study was to develop a valid and reliable measure of maternal attitudes and to assess the relationship between these attitudes and symptoms of depression and anxiety among first-time mothers during late pregnancy and the early postpartum period.

Methods: In Study 1, we developed a measure of maternal attitudes, the Attitudes Toward Motherhood Scale (AToM). Items were derived from existing measures of maternal attitudes and cognitive biases, interviews with pregnant women and mothers, and manuals of cognitive therapy for perinatal women. Participants (*n* = 234) were women between the ages of 18-45 who lived in the United States and were pregnant with their first child (13-40 weeks GA) or had given birth to their first child in the previous 6 months. Participants were recruited online from social media sites. Participants completed the AToM, a measure of general cognitive biases (the Dysfunctional Attitudes Scale, DAS), and an existing measure of maternal attitudes that was found in previous research to have inadequate reliability and validity among primiparous women (the Maternal Attitudes Questionnaire). Participants completed these measures through an online interface.

Study 2 used the same eligibility criteria and recruitment methods as Study 1. Participants (*n* = 383) completed the AToM, a measure of general cognitive biases (the DAS), measures of social support (the Multidimensional Scale of Perceived Social Support) and marital satisfaction (the Dyadic Adjustment Scale), and measures of symptoms of depression (the Edinburgh Post-Natal Depression Scale) and anxiety (the State-Trait Anxiety Inventory). Participants completed these measures through an online interface.

Results: In Study 1, the AToM was found to have good internal reliability and convergent validity with cognitive biases and an existing measure of maternal attitudes. The AToM had superior reliability to an existing measure of maternal attitudes, particularly among pregnant participants. Factor analyses determined that the measure comprises three correlated factors: beliefs about others' judgments, beliefs about maternal responsibility, and maternal role idealization.

In Study 2, dysfunctional maternal attitudes were significantly associated with concurrent symptoms of depression and anxiety. These attitudes had incremental predictive validity over general cognitive biases. Cognitive risk factors, including both general cognitive biases and maternal attitudes, had incremental predictive validity over interpersonal risk factors.

Discussion: Overall, the results of these studies suggest that attitudes toward motherhood are related to psychological distress among first-time mothers during the transition to parenthood. This provides evidence that maladaptive attitudes towards motherhood may function as a specific risk factor for these disorders in the context of the stressful events surrounding pregnancy and new parenthood. Maternal attitudes may represent an additional means of identifying women at-risk for emotional difficulties during the perinatal period, and may also be a fruitful target for intervention.

THE IMPACT OF PRE-PREGNANCY BODY MASS INDEX ON AUTONOMIC FUNCTION AND CIRCADIAN BEHAVIOURS DURING PREGNANCY

Lauren Wright BA [1 4], William Simpson BSc [1 4], Ryan Van Lieshout MD, PhD, FRCPC [1 2 4]
Meir Steiner MD, MSc, PhD, FRCPC [1 2 3 4]
[1] Women's Health Concerns Clinic, St. Joseph's Healthcare, Hamilton ON, [2] Department of Psychiatry and Behavioural Neurosciences, McMaster University, Hamilton, ON [3] Department of Obstetrics and Gynecology, McMaster University, Hamilton, ON [4] MiNDS Neuroscience Program, McMaster University, Hamilton ON

Background: Elevated body mass index (BMI) has been identified as a risk factor for depression and for cardiovascular disease (CVD). Decreases in autonomic response and circadian interruptions may partially reflect BMI's contribution to these risks. As pregnancy is a period of increased susceptibility to the development of depressive mood and other obstetric complications including preeclampsia, we assessed the impact of prepregnancy BMI on autonomic and circadian function during this time.

Methods: Our sample consisted of 24 women (28-34 weeks gestation). Maternal prepregnancy BMI was calculated by averaging reported prepregnancy weight, and reported weight gain since conception subtracted from current weight. Women were divided into two groups: normal BMI(<25) and moderate to high BMI(≥25). Biological rhythms were assessed using the self-report Biological Rhythm Interview of Assessment in Neuropsychiatry (BRIAN) and autonomic functioning was examined through 24 hour electrocardiography, focusing on heart rate variability (HRV). Statistical analysis included Welch's t-tests with the false discovery rate correction.

Results: Significant differences were observed between normal and overweight women in terms of HRV (ASDNN5:$t(21)=2.38$, $p=0.035$; SDANN5:$t(21)=2.43$, $p=0.035$; SDNN:$t(21)=2.61$ $p=0.031$), where high BMI was associated with decreased HRV. BRIAN scores also differed between groups ($t(21)=2.93$, $p=0.023$), with the overweight women having increased scores, suggesting increased circadian disruption. The activity ($t(21)=4.08$, $p=0.004$) and social ($t(16)=2.97$, $p=0.023$) subscales of the BRIAN significantly contributed to the group differences, while sleep and eating did not.

Conclusion: Women who are overweight prior to pregnancy manifest altered autonomic and circadian functioning, which may predispose them to perinatal mood difficulties and risk factors for later CVD, including preeclampsia.

Funding Sources: This research is supported by the ISIS Cardiovascular Network, funded by the Society for Women's Health Research, Washington, DC.

RECEIVING NEGATIVE MESSAGES, RELAYING POSITIVE MESSAGES: THE PERSPECTIVES OF TEEN MOTHERS ON SOCIAL STIGMA

Mojirayo Sarumi, DO, MPH[1], Anita Kulick[2], Natasha Hinton, MPH[3]
[1]Cooper University Hospital [2]Educating Communities for Parenting [3]Temple University

Background: Teenage pregnancy became a significant problem in the United States during the late 1960s and early 1970s due to the increase in incidence. Greater than 30% of all pregnancies were attributed to the adolescent population. Since then, teen pregnancy and parenting has been viewed as a social problem due to its association with: poverty, expenditure of government subsidies, unstable family dynamics, and lack of contribution to society. The news and entertainment media have served as channels to relay messages of these associations to civilization.
Objective: A focus group was conducted with 10 high school African American teen mothers from Philadelphia, PA. The focus group assessed the perspectives of these teen mothers on societal views of teen pregnancy/parenting through channels of news and entertainment media. The focus group also assessed the participants' perspective of themselves and their future aspirations.
Design/Methods: A pre-experimental design, one shot case study was used. Categorical codes were used to analyze and interpret the data. The Health Belief Model (HBM) was used to predict participant's resiliency.
Results: Participating teen mothers believe that there is a social stigma of adolescents even if they are not pregnant or parenting. Most of the teen mothers believe that the social stigma of teenage parents is worse than that of teenagers that are not pregnant or parenting. They believe society associates being a teen mother with: oppression, shame, lack of education, lack of intelligence, irresponsibility.
Conclusion: Despite the negative messages received; the teen mothers relayed positive messages about their status. The participants also showed resiliency in their goals and future aspirations. This result is consistent with the Higginbottom (2006) study. According to Higginbottom et. al (2006), young parents still have specific goals and aspirations for their future. Contrary to popular belief, some teenage parents believe that having a child is becoming less of a hindrance to a successful future in today's modern world (Higginbottom et. al, 2006)*.

*Higginbottom, G., Owen, J., Mathers, N., Marsh, P., & Kirkham, M. (2006, March). Early parenthood among young people of minority ethnic origin in England. (Cover story). *British Journal of Midwifery*, *14*(3), 142-146.

ABERRANT EATING COGNITIONS DURING PREGNANCY IN WOMEN WITHOUT A PRIOR EATING DISORDER DIAGNOSIS

Julie N. Hyman, MD[1], Zachary N. Stowe, MD[2], Bettina T. Knight[2], RN, D. Jeffrey Newport, MD [1]
[1]The Ohio State University College of Medicine, Columbus, OH, [2]The University of Arkansas for Medical Sciences, Little Rock, AR –

Objectives: 1) To examine whether pregnant women presenting to a tertiary care center for the management of perinatal psychiatric illness who have a lifetime history of an eating disorder (Anorexia Nervosa (AN), Bulimia Nervosa (BN), or Binge Eating Disorder(BED)) differ from those without eating disorder histories in regards to weight concern, shape concern, eating concern, or restraint as measured by the Eating Disorder Examination Questionnaire (EDE-Q) during pregnancy; and 2) To identify characteristics of women that predict eating disorder cognitions during pregnancy.
Methods: This was a prospective observational study of pregnant women. Selected for analysis were women (n=120) who had completed the EDE-Q in all 3 trimesters of pregnancy, in addition to the SCID for DSM-IV Axis I and Childhood Trauma Questionnaire. Statistical tests include t tests and ANOVA for groupwise comparisons and multivariate linear regression for identification of predictive characteristics.
Results: Twenty-one (17.5%) participants fulfilled diagnostic criteria for a lifetime eating disorder (AN (n=8), BN (n=8), BED (n=5)). None fulfilled criteria for a current eating disorder, body dysmorphic disorder, or any other somatoform disorder. Prenatal shape (t=2.84, p=.005) and weight (t=2.98, p=.004) concern were significantly greater among women with histories of AN or BN than those with histories of BED or no eating disorder. The greater eating concern among women with histories of AN or BN approached statistical significance (t=2.00, p=.06). Women with lifetime histories of AN demonstrated significantly higher levels of eating restraint than those in all 3 comparator groups (F(3)=4.20,p=.007).
Predictors of elevated shape concern included history of moderate to severe childhood emotional abuse, lifetime history of BN or Social Anxiety Disorder (SAD), and previous miscarriage. Predictors of increased eating concern included not being employed outside the home, lifetime history of SAD or any eating disorder, and history of moderate to severe childhood emotional abuse. Predictors of weight concern included lifetime history of AN or BN and history of moderate to severe childhood emotional abuse. Predictors of restraint included history of moderate to severe childhood emotional abuse and lifetime history of AN.
Conclusions: Despite no longer fulfilling diagnostic criteria for an eating disorder, pregnant women with prior histories of AN and BN, but not those with BED, had higher levels of aberrant eating cognitions. Childhood histories of emotional abuse was associated with the entire spectrum of eating disorder cognitions assessed by the EDE-Q . In addition, we will examine association of eating disorder histories and aberrant eating cognitions with postnatal weight change and breastfeeding decisions.

RISK OF PRETERM DELIVERY WITH PERINATAL MATERNAL DEPRESSION AND ANTIDEPRESSANT TREATMENT

Tamar L. Gur, MD, PhD[1], Brett Worly, MD[1], Zachary N. Stowe, MD[2], Bettina T. Knight, RN[2], D. Jeffrey Newport, MD[1]
[1]The Ohio State University Wexner College of Medicine, Columbus, OH ; [2]The University of Arkansas for Medical Sciences

Objective: The objective of this study was to determine the strength of association, if any, between prenatal mental illness and psychotropic exposure with the risk of preterm delivery (PTD).
Method: This is a case-cohort analysis of 841 pregnant women participating in prospective, longitudinal observational studies of prenatal mental illness and its treatment. Included in the present analysis were participants who had delivered a live singleton by the time of data sequestration, and for whom the following data had been collected: 1) determination of gestational age at delivery via last menstrual period confirmed by ultrasound examination, (2) prospective documentation of medication exposure recording the daily dose of all agents on a week-by-week basis across gestation, (3) psychiatric diagnostic assessment and serial assessment of

depressive symptoms as described above. Severity of depression was operationalized as area under the curve (AUC) for the 17-item Hamilton Rating Scale for Depression (HRSD) for each trimester. Excluded were women with multifetal gestation or fetuses who had known congenital or chromosomal anomalies. Risk estimates were produced using multivariate logistic regression modeling. Medication and diagnosis specific data were utilized to conduct *post hoc* confirmatory analyses of the risk estimates.

Results: Unadjusted bivariate analyses indicated that PTD was associated with moderate (HRSD AUC weekly mean = 16-20) (OR=9.49 [3.77-23.9] or severe (HRSD AUC weekly mean ≥ 21) (OR=2.19 [1.05-4.54]) depressive symptoms in the 3rd trimester only. Third trimester exposure to serotonin reuptake inhibitor (SRI) antidepressants (OR=2.72 [1.63-4.55] and zolpidem (OR=3.47 [1.89-6.36]) mean AUC were also associated with PTD as were a number of other risk factors that are well attested in the literature (data not shown). Adjusting for confounders, PTD was significantly associated with 3rd trimester exposure to severe depression (HRSD AUC mean ≥ 21) (OR=8.82 [95%: 2.62 –29.8]), moderate depression (HRSD AUC mean = 16-20) (OR=2.76 [1.15-6.64]), in addition to 3rd trimester zolpidem (OR=3.31 [95%: 1.39-7.90]) and SRI (OR=2.31 [95%: 1.14-4.67]) exposure. Logistic regression also demonstrated significant associations between PTD and recognized risk factors including placental abruption, maternal infection, history of previous preterm delivery, and gestational diabetes, suggesting that the participants are similar in this respect to the general population. In addition, outcomes in individuals who received active treatment for preterm labor will be examined.

Conclusions: This study provides evidence that both moderate-to-severe depression and SRI exposure during late gestation are associated with PTD; however, the strength of the association is more than three times greater for severe depression than SRI exposure. These results reiterate that concerns for adverse effects of SRI use in pregnancy need to be weighed carefully against concerns for worsening depression during pregnancy and its sequelae.

SOCIODEMOGRAPHIC, OBSTETRIC, AND BEHAVIORAL PREDICTORS OF PRENATAL DISTRESS

Shannon Gillespie, MS, RN, Lisa Christian, PhD
The Ohio State University

Objective: Prenatal distress, as measured by the Revised Prenatal Distress Questionnaire (NUPDQ), includes worry associated with financial and health-related aspects of pregnancy, birth, and the newborn. Therefore, we aimed to determine to what extent maternal sociodemographics, obstetric history, and/or health-related behaviors were associated with reports of prenatal distress. Associations between prenatal distress and outcomes for the current pregnancy were also examined.

Methods: One hundred and one gravid women attended a single study visit during the second trimester. During this visit, the NUPDQ was administered, with higher scores indicative of greater prenatal distress (range 0-34). Detailed obstetric histories were obtained. Sleep quality and health behaviors were assessed using the Pittsburgh Sleep Quality Index and Prenatal Health Behavior Scale, respectively. A comprehensive oral health examination and venipuncture were also performed. Pregnancy outcomes were determined through medical record review. Associations between NUPDQ score and variables of interest were evaluated by multiple regression ($\alpha = 0.05$) using STATA 12.0.

Results: NUPDQ scores ranged from 0-28 ($x = 9.91$, $SD = 6.23$). Sociodemographic predictors of prenatal distress included: 1) maternal education ($F_{1,92} = 4.04$, $p = 0.047$), with greater education associated with greater prenatal distress. Race, age, marital status, income, employment status, and self-rated socioeconomic status were not associated with prenatal distress. Obstetric predictors of prenatal distress included: 1) parity ($F_{2,92} = 5.24$, $p = 0.007$), with women previously giving birth reporting lower prenatal distress than nulliparous women, and 2) maternal attitude toward pregnancy ($F_{1,92} = 8.89$, $p = 0.004$), with increased happiness associated with lower prenatal distress. Gravidity, pregnancy intendedness, history of poor outcomes (e.g., miscarriage), preterm birth, gestational hypertension, gynecologic procedures (e.g., dilatation and curettage), gynecologic complications (e.g., uterine fibroids), current chronic illness (e.g., hypertension), and self-rated health were not associated with prenatal distress. Behavioral predictors of prenatal distress included: 1) sleep quality ($F_{1,92} = 8.26$, $p = 0.005$), with poorer sleep quality associated with greater prenatal distress, 2) unhealthy eating ($F_{1,92} = 6.77$, $p = 0.011$), with greater unhealthy eating associated with greater prenatal distress, and 3) alcohol consumption during pregnancy ($F_{1,92} = 10.84$, $p = 0.001$), with those consuming alcohol reporting greater prenatal distress. Pre-pregnancy body mass index, weight gain, exercise, caffeine use, prenatal vitamin use, marijuana use, and tobacco use during pregnancy were not associated with prenatal distress. After controlling for the aforementioned predictors, prenatal distress was not associated with length of gestation, preterm delivery, birth weight, method of delivery, or development of gestational hypertension or preeclampsia.

Conclusions: The current study revealed multiple sociodemographic, obstetric, and behavioral predictors of prenatal distress. These associations must be carefully considered when determining who might be at greatest risk for prenatal distress, how clinicians may intervene to reduce prenatal distress, and before drawing conclusions about the relationship between prenatal distress and poor pregnancy outcomes.

INFLAMMATORY MARKERS AND RISK OF PERIPARTUM DEPRESSION

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Background: Alterations in Th-1/Th-2 cytokine represent a promising biomarker for risk of major depression but findings have been inconsistent owing to disease heterogeneity. Further, cross-sectional studies preclude inference regarding directionality of cytokines and depression. Depression with comorbid anxiety is common during the postpartum period and likely represents a distinct subclass of depressive symptoms (anxious depression). Moreover, the postpartum period can be anticipated, allowing prospective assessment of cytokine levels.

Objective: To determine if cytokines in pregnancy are associated with subsequent postpartum anxious depression (ppAD).

Methods: Medical records were reviewed to identify cases of depression and anxiety during pregnancy and the year postpartum in participants in a prospective study of cytokines in pregnancy. Signature Th-1/Th-2 cytokines (7 in total) were measured at 34-42 weeks' gestation. Logistic regression methods were used to assess the relationship between individual cytokines and ppAD.

Results: 231 women with a complete cytokine profile were included in the analysis. After controlling for potentially confounding variables women were more likely to experience ppAD with lower

Interferon-gamma (IFN-γ)(OR 0.78; 95%CI 0.61-0.99), higher Interleukin (IL) 6(OR1.6; 95%CI 1.002-2.79) and higher IL-10(OR1.2; 95%CI 1.01-2.79).

Conclusions: We report a novel temporal relationship between altered Th-1/Th-2 cytokine profile in pregnancy and subsequent risk of ppAD. One therapeutic mechanism of selective-serotonin reuptake inhibitors is upregulation of IFN-γ, therefore our finding of an association between lower IFN-γ and increased ppAD has biologic validity. Higher IL-6/IL-10 levels suggest that maternal inflammatory response to pregnancy may mediate mood and/or anxiety symptoms. Further prospective evaluation of these relationships are needed.

SLEEP QUALITY AND SERUM PROINFLAMMATORY CYTOKINES AS PREDICTORS OF LENGTH OF GESTATION

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Objectives: The study examined associations between sleep quality and serum proinflammatory cytokines with length of gestation.
Methods: This study included 138 pregnant women who were assessed at 20-27 weeks gestation. In this sample, 56% were African American, 37% White, and 7% multiracial or other race. Each provided a blood sample and completed the Pittsburg Sleep Quality Index (PSQI) as well as other demographic, psychosocial and behavioral measures. In addition, serum levels of the following proinflammatory cytokines were determined by high sensitivity ELISA: interleukin(IL)-6, IL-8, and tumor necrosis factor (TNF)-α. Following delivery, medical records were reviewed to determine length of gestation. Correlations were used to examine the relationship between days completed gestation and PSQI total scores, PSQI subscale scores, and proinflammatory cytokine levels. Linear regression analysis was used to examine PSQI and proinflammatory markers in the model simultaneously. All biomarker values were log transformed to improve normality. PSQI total scores ≥ 6 are classified as poor sleep quality.
Results: Poorer sleep quality was significantly associated with shorter gestation (r= -.28, p < .001). When preterm birth and poor sleep quality were considered as categorical data, the odds of giving birth preterm was 2.8 times higher for women in the poor quality sleep group than for those who reported PSQI scores < 5. When examined among racial groups separately, poorer sleep quality was significantly associated with shorter gestation in African Americans (r = -.39, p = <.001) as well as Whites (r = -.30, p = .018). Racial variation was noted in which PSQI subscales were significantly associated with length of gestation. For African Americans, the following PSQI subscales were significant ($ps \leq$ =.015): subjective sleep quality, sleep latency, sleep duration, and sleep efficiency. In Whites only sleep latency and sleep efficiency were significantly associated with length of gestation ($ps \leq .041$).

In terms of inflammatory markers, higher serum IL-8 predicted shorter gestation (r = -.25, p = .01). No associations were found for IL-6 or TNF-α ($ps \geq .77$). Higher IL-8 was also associated with poorer sleep quality (r = .24, p = .003). However, the association between length of gestation and sleep quality remained after IL-8 was included in the model (β = -.24, t(2, 133) = -2.85, p = .005), suggesting that elevations in IL-8 did not mediate this association.
Conclusions: Poorer sleep quality and elevated IL-8 in mid-pregnancy were associated with shorter gestation. The sleep quality association was present among African Americans as well as Whites when examined separately. Poorer sleep quality was associated with shorter pregnancy duration even when IL-8 was statistically controlled. These data suggest that inflammatory processes as well as poor sleep may influence birth outcomes, possibly through independent pathways.

PSYCHOSOCIAL ASPECTS OF WORK AND WOMEN'S MENTAL HEALTH

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Women suffer from depression at approximately twice the rate as men. Depression has been shown to be associated with significant performance decrements at work and higher levels of work disability claims. Few studies examining the causes for higher rates of depression in women have focused on workplace factors that may be related to the differential depression rates in men and women. Work for men and women differs in a number of ways that may be relevant. For example, women face sex discrimination in terms of salary and advancement opportunities at work, and sexual harassment at work, to a significantly greater degree than men. Many working women must combine hours spent at the workplace with hours spent at home on domestic duties and childcare, thus effectively lengthening the workday. There is ample evidence that long hours of work (>48 hours/week) are associated with decreased physical and mental health (Sparks et al., 1997). Women may be particularly vulnerable to work-family conflict which is associated with depression (Allen et al., 2000). Some job conditions are risk factors for depressive symptoms in both men and women, such as high job demands combined with low levels of control or autonomy. However, control, social support and job complexity may be greater risk factors for women, with women more likely to be in jobs with less control and less complexity than men (e.g., Vermeulen and Mustard, 2000). Additionally, social support may moderate the relationship between working conditions and mental health to a greater degree for women than for men (Vermeulen and Mustard, 2000).

The present study examines whether exposure to gender-based stressors (e.g., sex discrimination, sexual harassment, hours spent on domestic duties and childcare), work-family conflict, and traditional stressors (e.g., job demands, control, social support) are more strongly linked to depressive symptoms in women than in men. The data are drawn from 314 white-collar workers across 17 organizations. The sample is 75% female, 69% are part of a couple, and 57% have children. The survey contains questions and scales addressing a variety of gender-based and traditional work stressors, as well as a range of non-work variables known to be associated with depression. The latter include physical activity, drinking and smoking levels, illegal substance use, amount and quality of sleep, family history of depression, history of prior episodes of depression, stressful life events, chronic physical illnesses, and so on. The Centers for Epidemiological Study Depression Scale (CES-D) was used to collect information on depressive symptoms. Generalized linear models are used to examine the relationship between a range of psychosocial variables and depression in women. Work interference with family significantly predicted higher levels of depression however few other occupational factors showed significance. Results indicate there are no gender differences in the amount of work-family conflict experienced, however there are differences in which occupational stressors predict work-family conflict for men and women.

PERCEPTION OF RELATIONSHIP QUALITY AND PARTNER SUPPORT: UNMET EXPECTATION IN THE RISK FOR POSTPARTUM DEPRESSION

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Objective: The study examined prenatal perception of intimate partner relationship quality and support among pregnant women with histories of depression as antecedents to postpartum depression (PPD).
Method: Subjects participated in prospective observational studies of perinatal mental illness and its treatment at the Emory Women's Mental Health Program. Inclusion in this analysis (n=98) was restricted to those with previous histories of major depressive disorder (MDD), per the *Structured Clinical Interview for DSM-IV (SCID)*, who were cohabitating with the baby's father and for whom the following data had been collected: (1) *Dyadic Adjustment Scale* (DAS) and *Postpartum Social Support Questionnaire – Prenatal Version (PSSQ-PR)* during pregnancy, (2) *PSSQ – Postpartum Version (PSSQ-PP)* and *SCID Mood Module* proximate to 6 weeks postpartum, and (3) Weekly Medication Tracking across pregnancy and the postpartum (PP) period. Those fulfilling MDD criteria at the PP visit (per *SCID*) were deemed cases; others were designated controls. T-tests compared PPD cases vs. controls with respect to maternal perception of relationship quality (per *DAS*), prenatal expectation and desire for PP support (per *PSSQ-PR*), and postnatal report of actual and preferred PP support (per *PSSQ-PP*). Differences between expected, desired, actual, and preferred PP support from the partner were also assessed.
Results: Pregnant women who later developed PPD reported poorer relationship satisfaction (t=-3.70, p=.0004) and cohesion (t=-2.64, p=.01) on the *DAS*. There was a trend towards poorer dyadic consensus (t=-1.90, p=.06) but no difference in expression of affection (t=-0.15, p=.88). *PSSQ-PR* results exhibited no distinction with respect to prenatal expectation (t=0.00, p=.99) or desire (t=1.46, p=.15) of/for postnatal partner support. Nor did the *PSSQ-PP* results differ with respect to maternal report of actual (t=-1.70, p=.12) or preferred (t=0.00, p=.99) partner support. However, the magnitude of discrepancy between actual vs. expected (t=-3.43, p=.005), actual vs. desired (t=-2.88, p=.0009) and actual vs. preferred (t=-3.31, p=.001) partner support was significantly greater among women with PPD. These findings were consistent among those who did and did not receive antidepressant treatment following delivery.
Conclusions: These data suggests that relationship dissatisfaction among partnered women during pregnancy conveys risk for a postnatal recurrence of MDD despite antidepressant prophylaxis. In addition, the results indicate that PPD risk cannot simply be attributed to unrealistic expectation or unrealistic desire for partner support; nor it is a simple by-product of low levels of partner support. Instead, PPD appears most likely when actual partner support is incongruent with prenatal expression of expected or desired support. The analysis will be extended to incorporate key covariates. Implications for prenatal psychotherapeutic interventions aimed at PPD prophylaxis will be discussed.

RISK FACTORS FOR TREATMENT NONADHERENCE IN OPIOID DEPENDENT PREGNANT WOMEN

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Objective: To evaluate the impact of opioid dependency during pregnancy on maternal and neonatal health care utilization patterns.
Methods: We identified a retrospective cohort of 221 opioid dependent pregnant women (ODPW) and 221 individually matched controls not dependent on opioids during pregnancy from 2009-2012 at the University of Pittsburgh. Optimal propensity score matching was used to select matched controls based on relationship status, age, race, education and parity. Chi-square and t-test analyses were used to compare cases and controls.
Results: We found that ODPW were significantly more likely to smoke tobacco (86.0% vs. 33.5%; p<0.01), use marijuana (22.2% vs. 0.9%; p<0.01) and cocaine (24.4% vs. 0%; p<0.01), have a psychiatric diagnosis (66.5% vs. 31.2%; P<0.01), be unemployed (80.1% vs. 47.1%; p<0.01) and have social work involvement during pregnancy (97.2% vs. 32.6%; p<0.01) than controls. Regarding health care utilization during pregnancy, ODPW were at a significantly greater gestational age at their first prenatal care visit (15.0 vs. 12.0 weeks; p<0.01) and significantly less likely to attend prenatal care visits (7.0 vs. 10.0 total visits during pregnancy; p<0.01) and the postpartum visit (21.5% vs. 33.0%; p=0.01) than women who were not opioid dependent during pregnancy. Finally, infants of ODPW were significantly more likely to be low birth weight (<2500 grams) (19.9% vs. 8.6%; p<0.01), have a prolonged inpatient length of stay at birth (greater than 2 days) (87.8% vs. 31.2%; p<0.01), a NICU admission (66.1% vs. 13.1%; P<0.01) and a hospital readmission after discharge (43.4% vs. 5.4%; p<0.01) than infants of controls.
Conclusions: Opioid dependence during pregnancy is associated with inadequate maternal utilization of health care services such as prenatal care. Moreover, increased neonatal morbidity associated with neonatal abstinence syndrome resulting from in utero opioid exposure results in increased neonatal utilization of health care services. Interventions designed to increase compliance with prenatal care services may improve neonatal outcomes for this high psychosocial risk patient population.

"WHERE ARE MOTHERS?" (WAM) – A SYSTEMATIC REVIEW OF INTERDISCIPLINARY LITERATURE ON MATERNAL MENTAL HEALTH

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Objective: The "Where Are Mothers?" (WAM) project is an unprecedented, large-scale, systematic review of scholarly literature on the psychology of mothers, encompassing fifty top-ranking and boutique journals in relevant fields (psychology, psychiatry, nursing, gynecology & obstetrics, women studies). The objective is to identify which disciplines have taken a scholarly interest in the psychosocial aspects of motherhood in the past two decades, and to investigate dominant thematic trends published on that topic in each field. The WAM project aims to contextualize maternal psychology as an emerging area, identify gaps or skews in past literature, and emphasize the need for establishing an interdisciplinary field of Maternal Mental Health.

Method: Fifty journals in seven disciplines were chosen for analysis, based on their being representative of the field (e.g., a top rank in Scientific Journal Ranking classification) or mission to publish articles on family, reproductive, or women's issues. The journals were searched manually issue by issue for each volume published between 1992 and 2012. Relevant articles on maternal psychology were culled and coded according to 18 inclusive themes (e.g., maternal psychopathology, child outcome, maternity care and services). Additionally, five journals were chosen as the "Top 5" based on their interest in mothers as a separate population of study and emphasis on subjective well-being, as opposed to psychopathology.
Results: Publications on psychosocial aspects of maternity make up a strikingly small percentage (often <1%) of the overall discourse on mental health within clinical psychology and psychiatry. Maternal psychopathology and child outcome were the dominant themes in those two fields. Developmental psychology publishes almost exclusively on the negative impact of maternal psychopathology on child development. In contrast, nursing and midwifery journals present a larger proportion of research on the normative development of women as they transition to motherhood. The field of obstetrics and gynecology has increasingly taken an interest in women's subjective perspectives of prenatal care and services, and somatic disorders in the last two decades and has the potential to be a thought-leader for the training of future practitioners and scholars who are psychologically minded. The "Top 5" journals include: Journal of Psychosomatic Obstetrics & Gynecology, Affilia – Journal of Women and Social Work, Midwifery, Journal of Reproductive and Infant Psychology, and BMC Women's Health.
Conclusion: Lacking its own distinctive field, research in the psychosocial aspects of psychology, has been scattered across many disciplines making findings difficult to collect and analyze. Theories of normative psychological development of mothers have evolved largely outside of mental health fields, in such disciplines as nursing and midwifery. It is notable that among the chosen "Top 5" journals, only one belongs to the field of psychology. This investigation suggests that the interest in maternal psychosocial health has been spread among such different fields as social work and obstetrics, and thus maternal mental health is intrinsically interdisciplinary in nature. The creation of a collaborative, transdisciplinary Maternal Mental Health field is needed to consolidate information from various vantage points and to innovate both psychological, social, and physical interventions for females becoming mothers and their offspring.

WHAT PREDICTS WHO WILL ATTEND PERINATAL DEPRESSION MENTAL HEALTH APPOINTMENTS?

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Objective: Multiple barriers exist for women attending perinatal psychiatric appointments, including both external barriers and stigma issues. This study sought to identify characteristics of pregnant and postpartum women which were associated with attending a psychiatric intake visit, after the women had been identified at risk for perinatal depression by a health care provider and had accepted a referral to one of the four perinatal mental health agencies in Cleveland.
Method: In this retrospective study, data was collected via the Maternal Behavioral Health Referral form that the four perinatal mental health agencies received from referring community/health care providers regarding clients identified at risk for perinatal depression. Data collected included: Age, Zip Code, Marital Status, Pregnant or Postpartum Status, Infant's age, reason for referral, Edinburgh Postnatal Depression Scale score, Suicidal risk/homicidal risk, Medications, Perinatal Mental Health Agency site, and whether or not the Intake visit was completed.
Results: Half of the 647 women who had accepted perinatal mental health referrals attended an intake appointment. Women were more likely to participate in an intake if in-home services were offered. ($p<0.01$) Those with a history of perinatal loss and those who were self-referred had a trend of being more likely to attend. ($p<0.1$) Those with lower income were also more likely to attend. ($p<0.05$)
Conclusion: Even among women who accepted referrals to mental health services after screening at risk for perinatal depression, only half attended intake appointments. For this group experiencing multiple barriers, in home mental health services were most likely to be accepted and followed through with, which has important implications for service delivery.

PERINATAL OBSESSIVE COMPULSIVE DISORDER SYMPTOMS (OCD) IN A COMMUNITY SAMPLE: A PROSPECTIVE STUDY

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Objective: This study investigated the course of obsessive-compulsive disorder (OCD) in a sample of postpartum women, while also measuring depressive & trauma symptoms in an effort to attain a more precise understanding of comorbid depression and anxiety in the postpartum period. The aims are to determine the time course of the onset of obsessive-compulsive symptoms in the postpartum period and to elucidate the relationship between trauma, OCD symptoms, and depression in the postpartum period.
Method: Women were recruited from the University of Iowa Hospitals and Clinics Mother and Baby Unit and completed a baseline measure of internalizing pathology during the first few days after delivery. Women were sent self-report questionnaires two weeks (Time 1), four weeks (Time 2), six weeks (Time 3), and three months (Time 4) after enrolling in the study. The self-report questionnaires asked about specific OCD symptoms, depression and anxiety symptoms, maternal responsiveness, pregnancy behaviors, traumatic life events, and social support. Participants that returned the Time 4 questionnaires were administered the Depression, OCD, and PTSD sections of the Structured Clinical Interview for DSM Disorders (SCID).
Results: 130 women are currently enrolled in the study and 300 women are expected to be enrolled by April 2014. Preliminary analyses show postpartum women experience OCD symptoms, ranging from postpartum content-related intrusive thoughts (e.g. fears of stabbing the baby) to more traditional presentations of OCD symptoms (e.g. fears of contamination and/or excessive hand washing). Further, depression measured (in the hospital) predicted 1) distress over intrusive thoughts (characterized by postpartum at baseline content) at 6 weeks postpartum and 12 weeks postpartum, 2) depression at 2, 4, 6, and 12 weeks postpartum, and 3) checking behaviors at 2, 4, and 6 weeks postpartum. Additionally, significant endorsement of traditional symptom clusters was found for ordering compulsions at 4 weeks postpartum, washing compulsions at 12 weeks postpartum, and obsessions at 4 weeks postpartum. Further

analyses will evaluate relationships between post-traumatic stress symptoms, depression symptoms and OCD symptoms as well as the unique effects of OCD symptoms on health behaviors and infant avoidance.
Conclusions: This study has preliminary data that show OCD symptoms develop within 2-6 weeks post-delivery and are present at the 3 month follow-up unless treatment is sought out. With future analyses with a more substantive sample, we predict to report a history of trauma, depression, or OCD as well as current PTSD or depression symptoms will increase the likelihood of OCD symptoms and make for a more severe OCD course. Additionally, we expect women who have OCD symptoms will endorse more psychosocial and pregnancy risk factors and demonstrate higher levels of infant avoidance than women without OCD symptoms.

PATIENT REFERRALS TO INTEGRATED MENTAL HEALTH SERVICES IN A MULTIDISCIPLINARY MEDICAL CLINIC FOR ADOLESCENT MOTHERS

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Objectives: The high rate of mental health issues in perinatal adolescents is well documented in the literature. Some studies have demonstrated ranges of over 50% for major depressive disorder alone in this population. In addition, adolescents are often non-adherent with medical treatment and recommendations, and this is particularly true of mental health treatment. In our multidisciplinary medical clinic for adolescent mothers, approximately 5% of patients who were referred to outside mental health services actually made and attended an intake appointment. The current project examines the percentage of patients who attended an appointment with an integrated mental health provider and the number of appointments made before patients actually presented for treatment.
Methods: The Colorado Adolescent Maternity Program (CAMP) is a comprehensive, multidisciplinary teen pregnancy and parenting program serving an ethnically diverse and low socioeconomic status population throughout the Denver metro area and is located at Children's Hospital Colorado. It serves adolescent mothers up to age 22, along with their children. The patient population is 40% non-Hispanic White patients, 30% non-Hispanic Black patients, 25% Hispanic patients, 3% American Indians/Alaskan natives, and 2% Asian/Pacific Islanders. The clinic universally screens all patients for major mood and anxiety disorders twice during the course of their pregnancy and then at each of their child's well child check thereafter. Referrals to an integrated mental health provider are made based on the results of screening.
Results: During the study period, 99 adolescent mothers were referred for mental health evaluation and treatment. Approximately 61% of those patients made and attended an intake appointment with an embedded mental health provider. Twenty percent of patients who ultimately attended an appointment canceled or no showed for at least one appointment. Of that 20%, 75% missed one appointment, 17% missed two appointments, and 8% missed three appointments before attending an intake visit. We expect to find a significant difference in missed appointments between patients with anxiety due to trauma compared to those without.
Conclusion: In our multidisciplinary medical clinic, the percentage of adolescent mothers who are referred to and attend an appointment with an integrated mental health provider is significantly higher than the percentage of patients who sought treatment at community mental health centers. Integrated mental health services increases the likelihood that a high risk, highly vulnerable population like adolescent mothers will seek mental health treatment, especially among patients with traumatic anxiety disorders who are more likely to cancel or no-show mental health appointments.

MENTAL HEALTH DIAGNOSES IN ADOLESCENT MOTHERS REFERRED FOR MENTAL HEALTH SERVICES IN A MULTIDISCIPLINARY MEDICAL CLINIC

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Objectives: Childhood abuse and mental health issues in adolescence are risk factors for teenage pregnancy and compared to same age peers, adolescent mothers are more likely to have mental health issues such as anxiety, depression, aggression, and histories of trauma and abuse. However, there is little in the literature related to the frequency of specific clinical diagnoses observed in this population. This project describes the major diagnoses seen in adolescent mothers referred for psychotherapy, medication management, or both in a multidisciplinary teen-tot clinic
Results: The Colorado Adolescent Maternity Program (CAMP) is a comprehensive, multidisciplinary teen pregnancy and parenting program serving an ethnically diverse and low socioeconomic status population throughout the Denver metro area and is located at Children's Hospital Colorado. It serves adolescent mothers up to age 22, along with their children. The patient population is 40% non-Hispanic White patients, 30% non-Hispanic Black patients, 25% Hispanic patients, 3% American Indians/Alaskan natives, and 2% Asian/Pacific Islanders. Patients were referred based on mental health screening or concerns by the clinic's medical providers to a mental health program embedded in the larger multidisciplinary clinic. Over 300 patients were evaluated by either a board certified child psychiatrist or licensed clinical psychologist. Many of the patients had comorbid diagnoses. Approximately 65% of patients had Mood Disorders, 21% had Anxiety Disorders, 12% met criteria for an Adjustment Disorder, 2% had a diagnosis of Psychosis, and 1% had Attention Deficit Hyperactivity Disorder. In the Mood Disorder category, 32.5% met criteria for non-unipolar depression (13% Bipolar I, 9% Bipolar II, and 10.5% Mood NOS) 67.5% met criteria for Major Depression. In the Anxiety Disorders, 68% met criteria for PTSD, 21% met criteria for Anxiety NOS, 4.5% met criteria for GAD, 3% met criteria for Panic Disorder, 1.5% met criteria for OCD, and 1.5% met criteria for Social Phobia.
Conclusion: Pregnant and parenting teens encompass a unique population distinct from non-pregnant teens and pregnant adults treated for mental health disorders. This is reflected in the higher rates of atypical mood disorders and PTSD among pregnant and parenting teens compared to the other two populations. Better understanding of these differences will influence treatment modalities for pregnant teens with mental health disorders.

SENSITIVITY VERSUS SPECIFICITY: IDENTIFYING MENTAL HEALTH PROBLEMS IN ADOLESCENT MOTHERS IN A MULTIDISCIPLINARY MEDICAL CLINIC

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Objectives: There is a large amount of literature on the impact of mental health issues, particularly postpartum depression, on the

children of adolescent mothers. The postpartum period can be especially difficult for adolescent mothers, as they may experience social isolation, financial strain, exhaustion, parenting stress, low self-esteem, and family conflict. These challenges often contribute to or exacerbate post-partum depression (PPD), which disproportionately affects adolescent mothers. Rates of PPD among teen mothers have been estimated between 26 – 67 %, which is generally 2-3 times higher than adult mothers. This current project explores the differences between two different mental health screens in identifying at-risk adolescent mothers.

Methods: The Colorado Adolescent Maternity Program (CAMP) is a comprehensive, multidisciplinary teen pregnancy and parenting program serving an ethnically diverse and low socioeconomic status population throughout the Denver metro area and is located at Children's Hospital Colorado. It serves adolescent mothers up to age 22, along with their children. The patient population is 40% non-Hispanic White patients, 30% non-Hispanic Black patients, 25% Hispanic patients, 3% American Indians/Alaskan natives, and 2% Asian/Pacific Islanders. CAMP universally screens all patients for major mood and anxiety disorders regularly during the course of their pregnancy and for the first year following delivery. The Center for Epidemiologic Depression Scale (CES-D) has been historically used in to identify patients at risk for mood disorders, with a score of 24 out of 60 triggering a referral for mental health evaluation. In 2010 the My Mood Monitor (M3) screen was added to CAMP's universal screening, and a positive score for impairment became the trigger for mental health referral. Over the study period comparisons were made between the rates of referral from M3 screening to rates that would have occurred if the CES-D screening was still used.

Results: Preliminary results suggest that the CES-D may be a more sensitive measure that captures a higher percentage of patients with psychosocial stressors and who may be at risk for developing mental health problems than the M3. However, the M3 may be more specific and patients' scores may more accurately reflect their true mental health issues or diagnoses.

Conclusion: Large differences in sensitivity and specificity exist between the CES-D and M3 screens when used as tools to trigger referrals for mental health evaluation and treatment. The CES-D's high sensitivity but poor specificity may capture more patients but overwhelm a program operating under limited resources. The M3's improved specificity may aid in the efficiency of targeted treatments but compromise a program's mission to provide more preventative care and less crisis oriented treatment. Future studies are needed to validate these screens and determine optimal referral triggers for each.

DEVELOPMENT OF AN INTEGRATED PERINATAL MENTAL HEALTH SERVICE WITHIN A NEONATAL INTENSIVE CARE UNIT

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Background: Premature delivery and hospitalization of a newborn are traumatic events for mothers. The mothers of critically ill newborns in the Neonatal Intensive Care Unit are at higher risk for depression and symptoms of acute stress and post traumatic stress disorder. Accessing mental health care can be challenging for these women as they are recovering from emergent, even traumatic, delivery and they often prefer to remain as close to their babies as possible. The postpartum status of these women and concerns about the safety of treatment during lactation calls for mental health evaluation by a specialized perinatal psychiatrist. While the literature on the role of postpartum mental health screening in pediatric settings is growing, to date, there are no reports of embedded or co-located perinatal mental health services within an inpatient neonatal care setting.

Objective: To develop a specialized perinatal mental health clinical service embedded in a Neonatal Intensive Care Unit and to characterize the primary reasons for consultation and symptoms presenting in patients who are referred for psychiatric evaluation.

Methods: Women with newborns admitted to the NICU for two weeks or longer who displayed signs or symptoms of mental health disorders were identified by NICU staff or through elevated risk on routinely administered scales—the Edinburgh Postnatal Depression Scale (EPDS) and the Stanford Acute Stress Reaction Questionnaire (SASRQ)—were referred for evaluation by a perinatal psychiatrist embedded on the NICU. We will report characteristics of patients referred for consultation including reason for psychiatric referral, scores on EPDS, SASRQ or the Parental Stress Scale (PSS), psychiatric diagnosis made, treatment plan established, outcome measurements including whether patients engaged in follow up treatment plan.

Results: Collaboration has been established between the Reproductive Psychiatry Consultation Service and the Neonatal Intensive Care Unit (NICU) through weekly psychosocial multidisciplinary rounds and team meetings, resulting in identification of the need for integrated mental health services for mothers of babies in the NICU. Close collaboration between perinatal psychiatrists and NICU social workers and other staff members has enabled the formation of integrated services that are child psychiatrist or licensed clinical psychologist. Many of the accepted by new mothers with babies admitted to the NICU. At the time of presentation we expect to present findings on the first fifteen women to be evaluated.

Conclusions: An embedded perinatal mental health service within a neonatal intensive care unit is an innovative and viable model for perinatal psychiatric consultation in a population at high risk for postpartum stress and mental illness.

THE 2020 MOM PROJECT: A PATH TO SYSTEMS CHANGE

Joy Burkhard, MBA
2020 Mom Project (a project of the California Maternal Mental Health Collaborative)

Objective: To inform attendees of the national 2020 Mom Project campaign with the ultimate goal of inspiring hospitals and doctors to make minor changes to their practices by adopting the 2020 Mom Project recommendations.

Results/Why: Up to 20% of women will experience a maternal mental health disorder, yet most will never be screened or treated. The American Academy of Pediatrics notes that maternal depression is the most under diagnosed obstetric complication in America. The California Maternal Mental Health Collaborative leaders set out to understand the "why?" Through informal interviews, review of research and other empirical evidence, result began to understand the barriers OBGYNs face when it comes to screening, the most significant obstacle being the lack of time to manage a mother's care after a positive screen and the preference to refer to qualified treatment and case management services. In other words, OBGYNs understand that women should be screened and treated The Collaborative also noted other compelling factors, including the shortage of mental health providers trained in maternal mental

health, and the inability of families and providers to find them easily; awareness can be preventive and aid in early intervention; most mothers deliver in hospitals and now more patients than ever will have health insurance. With these factors and more in mind, the 2020 Mom Project was launched during women's health week in 2013. The Project operates like an attestation-based accreditation program inviting hospitals, insurers and doctors to adopt "very sensible recommendations" and then begin to market themselves as 2020 Mom Project adopters (similar to the hospital "Baby Friendly" program).

Conclusion: Insurers, hospitals and doctors can play a very meaningful role in raising awareness of maternal mental health disorders, identify of treatment programs and more, and the 2020 Mom Project provides a structured pathway for this change.

KNOWLEDGE, ATTITUDES AND BELIEFS OF SEXUALLY TRANSMITTED INFECTIONS

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Objectives: The goal of this study was to obtain baseline understanding of patients' knowledge, attitudes and beliefs about sexually transmitted infections (STIs); specifically, we describe STI knowledge, self-efficacy, and risk perceptions among a population at-risk for STIs and test associations with recurrent STIs.

Methods: Between March 2013 and May 2013, a sixty-four (64) item self-administered survey was distributed to a convenience sample of adult patients presenting for obstetric or gynecologic care at clinics associated with an Obstetrics/Gynecology residency in a large urban city.

Results: A total of 175 surveys were completed. The mean STI knowledge summary score was 76.9% (± 1.6) suggesting a high level of knowledge among study participants. While there was a trend indicating that persons with recurrent infections had a lower level of knowledge, the differences in mean knowledge scores failed to achieve statistical significance. Similarly there was no association between recurrent of STIs and measures of self-efficacy for 3 domains of protective sexual behavior, and 4 domains of risk perception. There were statistically significant differences between self-efficacy measures and education. Similarly, there were significant differences in STI knowledge, for income and education.

Conclusions: While overall knowledge appeared high, important misconceptions exist about the signs, symptoms, and sequelae of STIs.

Clinical Impact: Findings from this pilot study can be used as the foundation for a future study that could ultimately help to inform women's health providers on how to approach and tailor health education discussions around STIs.

POSTTRAUMATIC STRESS SYMPTOMS ACROSS POSTPARTUM IN WOMEN EXPOSED TO CHILDHOOD MALTREATMENT: PARENTING RESILIENCE DESPITE PTSD SYMPTOMS

Maria Muzik, MD, MS[1], Kate Rosenblum, PhD[1], Erika Bocknek[2], Lindsay Hamilton[1]
[1]University of Michigan Psychiatry [2]Wayne State University

Objective: Little is known about how women with childhood maltreatment histories and posttraumatic stress disorder (PTSD) symptoms cope across the peripartum. The present study seeks to explore trajectories of PTSD as well as what factors influence symptomology and subsequent postpartum adjustment.

Method: Women oversamples for childhood maltreatment and posttraumatic stress disorder (PTSD) symptoms (*N*=250) derived from a larger community sample were were followed from 4 to 18 months postpartum, assessing socio-economic risks, mental health, past and ongoing trauma exposure, and parenting.

Results: We describe 4 PTSD symptom trajectories across postpartum and study their predictors and consequences; women with low levels of PTSD symptoms across the peripartum (groups 1 and 2), differentiated from each other on demographics. Women in group 3 had fluctuating, high-low PTSD symptom patterns, whereas, women in group 4 showed consistently high PTSD symptoms across time. We tested maternal predictors of group membership and found childhood maltreatment and meeting criteria for lifetime PTSD diagnosis were equal predictors for membership in groups 3 and 4. Women in group 4, however, were more likely to have comorbid depression and poor bonding to their infants, and their children showed behavior problems in toddlerhood. By contrast, women in group 3 presented less bonding problems and their children showed less problem behaviors in toddlerhood. All groups also differed on observed parenting measures: group 1 showed best, while group 4 the worst parenting skills. Group 3, despite relative high PTSD symptom load across time, tended to show better parenting compared to group 2.

Conclusion: Findings from this study highlight mothers' resilience around parenting practice despite presence of PTSD symptoms.

DOES SEX PREDICT ASSOCIATION OF 5-HTTLPR ALLELE STATUS AND OCD?

Lauren Mak, BSc, MSc Candidate, David Streiner, PhD, C.Psych, Meir Steiner, MD, MSc, PhD, FRCPC
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Objectives: The serotonin transporter polymorphism has been implicated in obsessive-compulsive disorder (OCD). However, molecular genetic association studies have yielded varying results. Variation may be due to lack of OCD subtype classification. The goal of this review is to investigate the association of the S-allele of the serotonin transporter polymorphism with OCD.

Methods: A total of 69 studies were initially found through a systematic search of the literature but only 13 with sufficient information to compute odds ratios were suitable for review. A total of 1991 participants with OCD and their 5-HTTLPR allele status were examined. The primary outcome measures were allele frequency and OCD diagnosis. A meta-analysis was completed comparing the L- and S-alleles using a random effects model in RevMan 5.2.1. Further, a secondary meta-analysis stratified by sex and late-onset was conducted for S- versus L-allele frequency.

Results: In the primary meta-analysis, OCD was not associated with the S-allele of the 5-HTTLPR polymorphism [Z=0.07, p=0.94]. Moreover late-onset OCD was not associated with the S-allele [Z=1.45, p=0.15]. However, when stratified by sex, there is an emerging sex-specific relationship. There was a trending association between the S-allele and OCD status in females [Z=1.62, p=0.10] but not in males [Z=0.69, p=0.49].

Conclusion: The findings provide further support for the need of subtype classification of this heterogeneous disorder. Future studies should clearly examine sex differences and OCD age-of-onset. In particular, emphasis should be placed on the effect of female reproductive milestones on OCD onset and symptom exacerbation.

SPEAKER BIOS

Barbara Andersen, PhD

Barbara Andersen obtained her B.S. magna cum laude in 1973 from the University of Illinois. She continued at Illinois and received her Ph.D. and completed her internship in clinical psychology at the Neuropsychiatric Institute at UCLA. In 1980 she joined the faculty in the Department of Psychology at the University of Iowa as Assistant Professor. In 1985, she was promoted to Associate Professor, with a joint appointment in the Department of Obstetrics and Gynecology; she remained at Iowa through 1988. Dr. Andersen joined the Ohio State University faculty in 1989 in the Department of Psychology and with a joint appointment in Obstetrics and Gynecology and was promoted to Professor in 1991. Dr. Andersen is also a member of the Cancer Prevention and Control Program in the Comprehensive Cancer Center. She was instrumental in the development of the Behavioral Measurement Shared Resource and served as Director from 2003 to 2005. She is presently the Director of the OSU Livestrong Survivorship Center of Excellence. Dr. Andersen studies biobehavioral aspects of cancer and their implications for disease progression. Follow up work continues on the Stress and Immunity Breast Cancer Project, a randomized clinical trial of a psychological intervention to reduce stress, improve quality of life, health behaviors, and adherence for patients with breast cancer.

Kristen Carpenter, PhD

Kristen Carpenter is a clinical health psychologist and Assistant Professor in the Departments of Psychiatry and Psychology (joint) at OSU. She also serves as Associate Director of OSU's Women's Behavioral Health clinical research program. Dr. Carpenter received her undergraduate degree from Northwestern University, her Masters and Doctorate from The Ohio State University and completed residency and postdoctoral training at Rush University Medical Center and UCLA, respectively. The primary focus of Dr. Carpenter's research has been identification of risk factors for sexual and psychological maladjustment in gynecologic and breast cancer patients during various stages of diagnosis, treatment, and survivorship. Dr. Carpenter's dedication to evidence-based treatment is clear; her research efforts to-date have been in the service of developing an intervention designed to address cancer patients' unmet sexual health needs. Dr. Carpenter is currently conducting an NCI-funded (R21 CA149675) randomized clinical trial of the intervention developed by she and her colleagues. Dr. Carpenter holds the distinction of being one of the few scholars in the country with significant expertise in both sexuality and cancer survivorship. Through her research, teaching, and clinical work, she has amassed knowledge of both theory and empirical findings in human sexuality and cancer, rendering her uniquely qualified to provide sexuality and body image education to clinicians and researchers alike. She also serves as Communication Chair of the Scientific Network on Female Sexual Health and Cancer (cancersexnetwork.org).

Lisa Christian, PhD

Lisa Christian is a clinical health psychologist and Assistant Professor of Psychiatry, Psychology, Obstetrics and Gynecology and the Institute for Behavioral Medicine Research at the Ohio State University Wexner Medical Center. Dr. Christian is establishing a research program in psychoneuroimmunology in pregnancy. Her research examines effects of psychological factors on health in pregnant women, with an emphasis on immune mediators linking stress and preterm birth. Her work is supported by an R01 from the National Institute for Nursing Research, two R21s from the National Institute of Child Health and Human Development (NICHD), as well as several pilot grants.

Diana Greene Foster, PhD

Diana Greene Foster, PhD, is a demographer who uses quantitative models and analyses to evaluate the effectiveness of family planning policies and the effect of unintended pregnancy on women's lives. Dr. Foster has worked on the evaluation of the California State family planning program, Family PACT. This work demonstrated the effectiveness of the program in reducing the incidence of unintended pregnancy. Dr. Foster created a new methodology for estimating pregnancies averted based on a Markov model and a microsimulation to identify the cost-effectiveness of advance provision of emergency contraception. She is currently leading a nationwide longitudinal prospective study of the health and well-being of women who seek abortion including both women who do and do not receive the abortion. Dr. Foster received her undergraduate degree in Political Economy of Natural Resources from UC Berkeley, her MA in Public and International Affairs from Princeton University, and her PhD in Demography and Public Policy from Princeton University.

Elizabeth E. Gerard, MD

Elizabeth Gerard is Assistant Professor in Neurology - Ken and Ruth Davee Department at Northwestern University Feinberg School of Medicine. Her clinical practice focuses on the care of women with epilepsy. This includes contraceptive and pre-conception counseling as well as the management of epilepsy during pregnancy.

Chiara Ghetti, MD, MS

Chiara Ghetti is Associate Professor, Obstetrics and Gynecology, Division of Female Pelvic Medicine and Reconstructive Surgery at Washington University in St. Louis. Her specialty areas are Female Pelvic Medicine and Reconstructive Surgery, Urogynecology, Obstetrics and Gynecology.

Katherine Gold, MD, MSW

Katherine Gold is a board-certified family physician who holds a dual appointment at the University of Michigan in the Department of Family Medicine and the Department of Obstetrics & Gynecology. She has completed two fellowships in research training: the Robert Wood Johnson Foundation Clinical Scholars Program and the NIH K-12: Building Interdisciplinary Research Careers in Women's Health. She also holds a Master's Degree in Social Work and has completed another Master's in Health and Health Services Research. Dr. Gold has a particular interest in mental and physical health outcomes for parents after stillbirth and infant death, stillbirth prevention, bereavement training for health professionals, and perinatal mental health and works on these issues both domestically and in West Africa. She is currently a fellow at the Institute of Medicine through the American Board of Family Medicine and is a board member of the International Stillbirth Alliance.

Rebecca Grekin

Rebecca Grekin is a fourth year doctoral candidate in Clinical Psychology at the University of Iowa. She has conducted research regarding perinatal PTSD and its effects on maternal health behaviors and infant temperament, and completed a meta-analysis on prevalence rates and risk factors of postpartum PTSD. Rebecca is currently a clinical trainee at the Women's Wellness and Counseling Service at the University of Iowa Hospitals and Clinics where she provides psychotherapy to women experiencing mood and anxiety disorders in the perinatal period.

Jennifer Huberty, PhD

Jennifer Huberty is an Associate professor at Arizona State University in the School of Nutrition and Health Promotion, Exercise and Wellness program. Her research interests include physical activity adherence and lifestyle behavior change in varying populations of women that includes women who have experienced stillbirth, pregnant women, middle-aged women, and adolescent girls. In relation to women, Dr. Huberty is passionate about using self-worth, social support, and technology as a mechanism for changing behaviors in middle aged women. As such, Dr. Huberty is the founder and director of Fit Minded, an innovative physical activity adherence program for adult women that has helped women improve their health behaviors for over 10 years. Dr. Huberty has over 60 peer-reviewed publications and has been funded over 2 million dollars in grants from entities including Robert Wood Johnson Foundation, The Centers for Disease Control, and Alegent Foundation. Dr. Huberty has also co-authored the book entitled, "Designing Effective Physical Activity Interventions", published by Human Kinetics. Dr. Huberty won a research innovation award from the University of Nebraska Medical Center in 2011 for Fit Minded.

Jay D. Iams, MD

Jay Iams, MD, is a maternal fetal medicine specialist in Ohio State's Department of Obstetrics and Gynecology at The Ohio State University . After receiving his medical degree from the University of Wisconsin-Madison, he completed a rotating internship at the University of New Mexico, served in the U.S. Public Health Service and did one year of pediatric residency in Phoenix before moving to Ohio State to train in obstetrics and gynecology and maternal fetal medicine under the leadership of Dr. Frederick P. Zuspan, one of the "founding fathers" of the subspecialty. Dr. Iams' clinical and research interest is in obstetrical aspects of prematurity; he directs the Medical Center's Prematurity Clinic providing prenatal care for women with increased risk of preterm birth. He has been the principal investigator (PI) at Ohio State for the NICHD Maternal Fetal Medicine Network since 1992 and PI for Ohio State's participation in the Nullipara Research Network since 2009. He has published more than 150 original research articles, 60 reviews and editorials and 40 book chapters. Dr. Iams is associate editor of the American Journal of Obstetrics & Gynecology and an editor of the 5th, 6th & 7th editions of Creasy & Resnik's Maternal Fetal Medicine. He was president of the Society for Maternal Fetal Medicine in 2003-04, and served on the Maternal Fetal Medicine Division of the American Board of Obstetrics & Gynecology from 2001-07. He is a member of the National March of Dimes Scientific Advisory Committee on Prematurity and served on the National Academy of Science Institute of Medicine Committee on Preterm Birth in 2005-06. He is a member of the Prematurity Group in the Global Alliance to Prevent Prematurity and Stillbirth (GAPPS). He co-directs the Ohio Perinatal Quality Collaborative, a statewide project to reduce perinatal mortality and morbidity, and serves on the Ohio Collaborative to Prevent Infant Mortality. Dr. Iams received Lifetime Achievement Awards from the Society for Maternal Fetal Medicine in 2007 and from the American College of Obstetricians and Gynecologists in 2011.

Michelle Isley, MD, MPH

Michelle Isley, MD, MPH, is a general obstetrician and gynecologist and an assistant professor in the Department of Obstetrics and Gynecology at The Ohio State University Wexner Medical Center. Born and raised in Minnesota, Dr. Isley received her medical degree from the University of Minnesota School of Medicine. Dr. Isley completed a residency in obstetrics and gynecology at The Ohio State University/Mt. Carmel Health and a fellowship in family planning at Oregon Health and Science University in Portland. While completing her fellowship, Dr. Isley obtained a Master of Public Health (epidemiology and biostatistics) degree from the same institution. Dr. Isley then moved back to Columbus and joined the faculty of the Department of Obstetrics and Gynecology at Ohio State. In addition to having a busy private faculty practice, she is the assistant director of the Ryan Residency Training Program, which trains residents and medical students. She is an enthusiastic teacher of medical students and residents. She has served as a research mentor for several resident projects. In 2009, her first year of teaching, she was awarded the Faculty CREOG Teaching Award. Dr. Isley currently serves on the board of directors of the Society of Family Planning. She is a Fellow of the American College of Obstetricians and Gynecologists and a member of numerous professional and scientific societies. Since 2009, Dr. Isley has served on the faculty of the Columbus Board Review Course. Dr. Isley's research interests include adolescent contraception, postabortion contraception, improving the use of long-acting contraceptive methods and contraceptive counseling. Dr. Isley received the Outstanding Researcher in Training Award for her oral abstract presentation, "Sex education and contraceptive use at coital debut in the U.S.: Results from Cycle 6 of the National Survey of Family Growth," at the Association of Reproductive Health Professionals: Reproductive Health 2008 in Washington D.C. In 2010, she was awarded the ACOG/Bayer Contraceptive Counseling grant for her research proposal looking at a novel way to improve postpartum use of highly reliable contraceptive methods. As a young investigator, Dr. Isley has published several original articles, as well as multiple review articles and book chapters in the area of family planning and contraception. She has also participated at a global level in the area of family planning and general obstetrics and gynecology in the countries of Democratic Republic of Congo, Afghanistan and South Africa.

Arthur R. James, MD

Arthur R. James is a member of the Division of Adolescent Medicine and an OB/GYN for The Ohio State University Wexner Medical Center. Dr. James is also an Assistant Professor of Pediatrics for The Ohio State University College of Medicine and a faculty member for Nationwide Children's Adolescent Medicine Fellowship. Dr. James attended medical school at the Washington University School of Medicine in St. Louis, Missouri. He completed two years of his pediatric training at Nationwide Children's before finishing his pediatric and OB/GYN residencies at the University of Texas Medical School, Houston, Texas.

Elizabeth E. Krans, MD, MSc

Elizabeth Krans is Assistant Professor, Department of Obstetrics, Gynecology and Reproductive Sciences, at Magee-Women's Medical Research Institute at University of Pittsburgh. Dr. Krans' research examines the relationship between obstetric health care utilization and maternal and neonatal outcomes.

Audrey Lance, MD

Audrey Lance, MD, MS is an Assistant Professor of Obstetrics and Gynecology and Family Planning specialist at the University of Pittsburgh Magee-Womens Hospital in Pittsburgh, Pennsylvania. Originally from Royal Oak, Michigan, she graduated from the University of Michigan with a BA in Women's Studies. She completed medical school at the George Washington University School of Medicine in Washington, D.C., and then returned to Michigan where she completed residency training in Obstetrics and Gynecology at the University of Michigan Hospitals. She stayed at the University of Michigan to complete a fellowship in Family Planning, and obtained her MS in Health and Healthcare Research during her fellowship training. Her clinical interests include contraception and abortion, especially LARC methods in adolescents. Her research interests include the effect of popular culture and media on health, and resident education in family planning.

Shari Lusskin, MD

Shari Lusskin is a Clinical Professor of Psychiatry, Obstetrics, Gynecology, and Reproductive Science at the Icahn School of Medicine at Mount Sinai which she first joined in 2007. She is an Attending in Psychiatry at Mount Sinai Medical Center. She also maintains a private practice in New York City. From 1993 to 2012, Dr. Lusskin was on the faculty of the New York University School of Medicine where she served as a Clinical Associate Professor of Psychiatry and Obstetrics and Gynecology. Dr. Lusskin founded the Reproductive Psychiatry Program at NYU Langone Medical Center and NYU School of Medicine, serving as the first Director from 2003 to 2011. She also served as an attending physician in Psychiatry at NYU Langone Medical Center from 1996-2012. Since 2005, Dr. Lusskin has been the Director of Psychopharmacologic Agents for the Reproductive Toxicology Center, a Non-Profit Foundation. The Reproductive Toxicology Center operates Reprotox®, a computerized database on the reproductive and developmental effects of drugs and other chemicals, biologics, and physical agents (www.reprotox.org).

Susan Lutgendorf, PhD

Dr. Susan Lutgendorf is a Professor in the Departments of Psychology, Obstetrics and Gynecology, and Urology at the University of Iowa. She completed her Ph.D. in Clinical Health Psychology at the University of Miami. Her current work, funded by the National Cancer Institute, examines how biobehavioral factors are linked to tumor progression in ovarian cancer patients. Dr. Lutgendorf is the President of the American Psychosomatic Society, serves on the Council of the Academy of Behavioral Medicine Research and is a member of the NCI Network on Biobehavioral Pathways in Cancer. Her work has been recognized by a New Investigator Award from the Psychoneuroimmunology Research Society (2004), an Early Career Award from the American Psychosomatic Society (2002) and an award from the American Psychological Association, Division 38 for Outstanding Contributions to Health Psychology (2000).

Courtney Lynch, PhD

Courtney Lynch received her MPH from The Ohio State University and PhD from Johns Hopkins University and currently serves as the Director of Reproductive Epidemiology at The Ohio State University College of Medicine. She completed a postdoctoral fellowship in Reproductive Epidemiology at the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Institutes of Health (NIH). She remained at the NIH as a Staff Scientist until 2008, when she returned to Ohio State as an Assistant Professor of Obstetrics and Gynecology, Epidemiology and Pediatrics. Dr. Lynch's primary research interests are the optimization of natural fertility and the identification of modifiable risk factors for fecundity impairments including infertility and early pregnancy loss. Most recently, her work has focused on examining the impact of stress and mood disorders on reproductive outcomes. Dr. Lynch is heavily involved in graduate and medical education and oversees the evidenced-based medicine curriculum for the College of Medicine. Dr. Lynch is NIH-funded, has authored over 40 publications in peer-reviewed journals and has been invited to present her work both at the national and international levels. She is on the advisory boards for several maternal and child health-oriented organizations in Ohio and currently serves as the Scientific Development Chair for the Mental Health Professionals Group of the American Society of Reproductive Medicine.

Catherine Monk, PhD

Catherine Monk is Associate Professor in the Departments of Psychiatry and Obstetrics and Gynecology at Columbia University, where she is also Director of Research at the Women's Program. Dr. Monk earned her PhD in clinical psychology at the City University of New York. She spends the majority of her time doing research and also sees patients experiencing perinatal depression, anxiety, or other emotional challenges related to pregnancy and parenting. Dr. Monk's research focuses on the earliest *in utero* influences on a child's development and the potential for early prevention of mental health problems. Several of these projects are funded by the National Institute of Mental Health. She has received many professional awards including the Scholar Award from the American Psychosomatic Society, the Scientist Research Award from the Sackler Institute, and the Klerman Honorable Mention for Outstanding Research from the National Alliance for Research on Schizophrenia and Depression. Dr. Monk's research has been published in many journals including *Biological Psychiatry*, *Journal of Child Psychiatry and Psychology, Journal of the American Academy of Child and Adolescent Psychiatry*, *Infant Mental Health Journal, Archives of Women's Mental Health,* and *Clinical Obstetrics and Gynecology*. She has also contributed chapters to books including *The Oxford Handbook of Perinatal Psychology.*

Wanjiku Musindi, MD

Wanjiku Musindi, is a maternal fetal medicine specialist and assistant professor in the Department of Obstetrics and Gynecology at The Ohio State University Wexner Medical Center. Dr. Musindi earned her medical degree from Meharry Medical College in Nashville, Tenn. At Meharry, she was elected president of Alpha Omega Alpha and held numerous leadership positions including class vice-president. Dr. Musindi completed a residency in gynecology and obstetrics and fellowship in maternal fetal medicine at Emory University in Atlanta, Ga. During residency and fellowship she was

active in numerous junior fellow leadership positions in the American College of Obstetricians and Gynecologists (ACOG). She was elected as the national junior fellow chair, a voting member of the ACOG board. In 2004, she joined the faculty of The Ohio State University. While at Ohio State, Dr. Musindi has been awarded numerous departmental and national teaching awards, participated in industry research, awarded an ACOG/Abbott nutrition research grant for her obesity and pregnancy study (PEN) and contributed to educational scholarship. She is a member of numerous professional and scientific organizations and remains active on ACOG committees. At Ohio State, she actively participates in the Lead Service Inspire curriculum design and implementation team and is a Part II co-leader for the combined ob/gyn/surgery curriculum. In 2012, Dr. Musindi became the associate clerkship director for the Department of Ob/Gyn. She is dedicated to excellence in her family life, teaching, scholarship and clinical care. She aspires to become a world renowned medical educator.

Maria Muzik, MD

Maria Muzik is an Assistant Professor in the Department of Psychiatry at the University of Michigan conducting research and providing clinical care. She completed her medical training in psychiatry at the University of Vienna in Austria, and at the University of Michigan in the United States. She is a certified psychotherapist in Psychoanalytic Therapy through the Vienna Psychoanalytic Institute, a certified mother-infant psychotherapist through the University of Michigan Infant Mental Health Certificate Program, and a research fellow with the International Psychoanalytic Association. Dr. Muzik also holds a master's degree in Clinical Research and Statistical Analysis from the University of Michigan, School of Public Health. Clinically she focuses on work with mothers suffering from anxiety, trauma and depression during pregnancy and postpartum, and their infants or young children. She co-directs the University of Michigan Department of Psychiatry Perinatal Clinic and Parent- Infant Program, and she serves as perinatal psychiatry consultant at an Adolescent Youth Clinic in the community. Her research focuses similarly on the study of stress, trauma and mental illness in the context of childbearing, and its influence on the developing mother-infant relationship. She is particularly interested in interactions between biological vulnerability (genetic influences) and environmental factors (parenting in the context of parental psychiatric illness) on infant emotional and biological (stress regulation) development. Dr. Muzik also does research on the effectiveness of attachment-based mother-child psychotherapy for high-risk dyads. Her research is supported by a K23 Career Award from the National Institute of Mental Health, funds through the Robert Wood Johnson Foundation, the Todd Ouida Foundation, and the Rachel Upjohn Scholars Foundation; she has also received funding through the University of Michigan Medical School Translational Research Fund and through Medicaid Funding from the state of Michigan.

D. Jeffrey Newport, MD, MS, MDiv

Jeffrey Newport is the director of women's mind-body medicine and vice chair of research for the Department of Psychiatry at The Ohio State University Wexner Medical Center. Newport leads the women's behavioral health program that focuses on women who are pregnant, thinking about conceiving or post-partum who are struggling with mental health problems. Dr. Newport came to Ohio State from Emory University in Atlanta.

Michael O'Hara, PhD

Michael O' Hara is Professor of Psychology, Starch Faculty Fellow and co-director of the Iowa Depression and Clinical Research Center. He received his Ph.D. from the University of Pittsburgh in 1980 and has spent his entire academic career at the University of Iowa. Dr. O'Hara has over 100 publications including journal articles, books, and book chapters, most of which address issues related to perinatal mood disorders. Over the years his research has addressed the validity of psychological models of depression in postpartum women, epidemiology of depression during pregnancy and the postpartum period, and environmental, psychological, social, and hormonal causes of postpartum depression, and treatment interventions for women with postpartum depression and depression during pregnancy. He has been an Associate Editor for Psychological Bulletin and he is on the editorial board of the Journal of Abnormal Psychology. He is also a section editor for the Archives of Women's Mental Health. Dr. O'Hara has served as the President of the Marcé Society (the premier international society addressing perinatal mood disorders) and was given its lifetime achievement award (the Marcé Medal) in 2000. He also has served as President of the Society for Research in Psychopathology.

K. Marieke Paarlberg, MD, PhD

K. Marieke Paarlberg is obstetrician-gynaecologist in Gelre Teaching Hospital Apeldoorn since 2001. She is the principle tutor of Ob/Gyn residents and residents in training for tropical medicine. Her main focuses are: perinatal medicine, prenatal diagnosis and psycho-obstetrics. Her thesis in 1999 carried the title 'Stress exposure and pregnancy outcome: A psychosocial and biochemical study'. She has been President of the Dutch Working Party on Psychosomatic Obstetrics and Gynaecology (www.wpog.nl), a Working Party of the Dutch Society of Obstetrics and Gynaecology, from 2004 until 2009. From 2010 until 2013, she was the President of the International Society of Psychosomatic Obstetrics and Gynaecology (ISPOG: www.ispog.org). Currently, she is still active as ISPOG Board official as Immediate Past President. She is one of the initiators of the Dutch National Knowledge Centre of Psychiatry and Pregnancy (Landelijk Kenniscentrum Psychiatrie en Zwangerschap: www.lkpz.nl). In 2008 she has published a guideline on female genital cosmetic surgery, approved by the Dutch Society of Obstetrics and Gynaecology and the Dutch Society of Plastic and Aesthetic Surgery. In 2008 she also has been working in the multidisciplinary team who published the guideline on medicinal pain relief during labor. In 2013, a PhD thesis, partly under her supervision, has been published and defended. At the moment, she actively participates in research projects concerning, depression in pregnancy and fear of childbirth and genital appearance satisfaction and request for labia reduction surgery.

Teri Pearlstein, MD

Teri Pearlstein is director of Women's Behavioral Medicine at the Women's Medicine Collaborative. An associate professor of psychiatry and human behavior at The Warren Alpert Medical School of Brown University, Pearlstein received a medical degree from New York University School of Medicine and completed her residency at Mount Sinai Hospital in New York, New York. Pearlstein is board certified in psychiatry. Her clinical interests include depression and anxiety disorders in women, particularly in relation to the menstrual cycle, pregnancy, postpartum period, and menopause.

Genevieve Ritchie-Ewing, MA

Genevieve Ritchie-Ewing is a graduate student research assistant who joined the lab in July 2012. She currently is working on her Ph.D. in Anthropology at the Ohio State University specializing in connections between stress, pregnancy, and social support. In her spare time, she volunteers as a mediator for the Dayton Mediation Center.

Ritu Salani, MD

Ritu Salani is an Assistant Professor in the Division of Gynecologic Oncology at the Ohio State University Medical Center. She completed her Fellowship in Gynecologic Oncology at the Johns Hopkins University in Baltimore, Maryland, where she also received her Masters in Business Administration. Dr. Salani has received multiple teaching awards and has received the Ovarian Cancer Research Fund Training Programs of Excellent Grant. She is an active member of several professional societies including the Society of Gynecologic Oncology in which she serves on the Education and the Quality & Outcomes Committees. She also currently serves on the Health Outcomes Research Committee in the Gynecologic Oncology Group and is the Principal Investigator of a national clinical trial. She is also a member of the International Gynecologic Cancer Society and the American College of Obstetricians and Gynecologists.

Jonathan Schaffir, MD

Jonathan Schaffir is a general obstetrician and gynecologist and an associate professor of obstetrics and gynecology in the Department of Obstetrics and Gynecology at The Ohio State University Wexner Medical Center. He received his medical degree from Brown University where he was a member of the Sigma Xi Honor Society. He completed his residency at Mount Sinai Hospital in New York. After practicing for six years at North Shore University Hospital in Manhasset, N.Y., he joined the general division of the Department of Obstetrics and Gynecology at Ohio State in 2000, where he became medical director of the Ob/Gyn clinic in 2011. Dr. Schaffir has been the recipient of numerous teaching awards. He has been extensively involved in developing curriculum for Ohio State's College of Medicine, and is presently the associate director of the College's Endocrinology and Reproductive Medicine training block. His research and clinical interests focus on psychosocial aspects of obstetrics and gynecology, including sexual health. He has participated in several clinical trials for treatments of female sexual dysfunction. He also has research interests in obstetrical folklore and has published extensively on this topic. Since 2006, Dr. Schaffir has served on the Executive Board of the North American Society for Psychosocial Obstetrics and Gynecology, and is currently the president of this group.

Katherine Sharkey, MD, PhD

Katherine M. Sharkey is assistant professor of Medicine and Psychiatry & Human Behavior at the Alpert Medical School of Brown University. Dr. Sharkey completed her MD-PhD at Rush University in Chicago, IL, where she was supported by an individual National Research Service Award from NIMH and was elected to Alpha Omega Alpha. She joined the Brown University faculty in 2007. Dr. Sharkey is board certified in Sleep Medicine, Internal Medicine, and Psychiatry. She is Medical Director of the University Medicine Sleep Center and Associate Director of the Sleep for Science Research Laboratory of Brown University. Dr. Sharkey is a fellow of the American Academy of Sleep Medicine, and chairs the Academy's Circadian Rhythms Steering Committee. She serves on the editorial board of the journal *Behavioral Sleep Medicine*. Dr. Sharkey's research focus is sleep and circadian rhythms, particularly as they relate to mood regulation and women's health. In 2011, she was awarded the Christian Guilleminault World Association of Sleep Medicine Award for Sleep Research. Her current research is supported by a K23 Mentored Patient-Oriented Research Career Development Award from the National Institute of Mental Health and a grant from the Depressive and Bipolar Disorder Alternative Treatment Foundation. Past research has been funded by the Brown University/Women and Infants Hospital National Center of Excellence in Women's Health and the Sleep Research Society Foundation.

Claire Stramrood, MD, PhD

Claire Stramrood is a ObGyn Resident with a special interest in psychosomatic obstetrics and gynecology. She coordinates the care for patients with pregnancy and postpartum-related mental disorders at Meander Medical Center in Amersfoort (the Netherlands), in close cooperation with psychiatrists, psychologists, neonatologists, mental health nurses, pharmacists and social workers. Following medical school and undergraduate studies in psychology, she commenced a research project titled "posttraumatic stress following pregnancy and childbirth". The PhD thesis she defended in June 2013 sparkled nationwide media attention, and during the course of her research she received numerous international awards for her work. She is fortunate to combine her ObGyn residency with research, teaching and policy making related to the field of psychosomatic obstetrics and gynecology. Her research group recently received funding for an RCT into the effectiveness of EMDR therapy for fear of childbirth and PTSD following childbirth, and for an investigation of work-related traumatic experiences among ObGyns. She is a board member of the Dutch National Center for Psychiatry and Pregnancy (LKPZ) and the Society for Psychosomatic Obstetrics and Gynecology (WPOG). During summers, her passion for teaching is fostered as a psychology instructor at Johns Hopkins University's Center for Talented Youth.

Sibil Tschudin, MD

Sibil Tschudin is with the Department of Obstetrics & Gynaecology, University Hospital in Basel, Switzerland. She is the President-elect of the International Society for Psychosocial Obstetrics and Gynecology (ISPOG)

Valerie Waddell, MD

Valerie Waddell is a general obstetrician and gynecologist and assistant clinical professor in the Department of Obstetrics and Gynecology at The Ohio State University Wexner Medical Center. Born in San Antonio, Texas, Dr. Waddell was raised in Houston. After completing medical school at Texas Tech in El Paso, Texas, she did her Ob/Gyn residency at The Ohio State University. She was offered a position on the Ohio State faculty after completing residency in June 2010. As part of OSU Gynecology and Obstetrics Consultants, Dr. Waddell sees patients at Ohio State's Carepoint Gahanna location. She works closely with the OSU Nurse Midwife practice as their collaborating physician and serve as an Expert Educator for the OB/GYN clerkship. She serves on the Lead.Serve.Inspire Curriculum Committee and the Patients with Reproductive and Surgical Needs Task Force.

Katherine L. Wisner, MD

Katherine L. Wisner is the Asher Professor of Psychiatry and Obstetrics and Gynecology and Director, Asher Center for Research and Treatment of Depressive Disorders, Department of Psychiatry, Northwestern University Feinberg School of Medicine in Chicago, Illinois. Dr. Wisner obtained an M.S. in Nutrition and an M.D. from Case Western Reserve University, followed by a categorical pediatric internship and general and child psychiatry residency at Children's Hospital of Pittsburgh and Western Psychiatric Institute and Clinic. She completed a post-doctoral fellowship in Epidemiology at the University of Pittsburgh Graduate School of Public Health, a fellowship in Professional Ethics at Case Western Reserve University in 1996, and a certificate for the Physician Leadership and Management Program at the Katz Graduate School of Business at the University of Pittsburgh. Dr. Wisner's main focus is research related to the psychiatric treatment of women of childbearing age. She is internationally recognized as an expert in the treatment of mood disorders during pregnancy and the postpartum period. She has been the principal investigator on several National Institute of Mental Health- and foundation-funded research projects including the impact of medication use during pregnancy for Unipolar and Bipolar Disorders, a Randomized Controlled Trial of Estradiol for Postpartum Depression, Screening for Postpartum Disorders, and the efficacy of bright light treatment for patients with bipolar disorder. Other areas of interest in include mood disorders and pharmacology in special circumstances other than childbearing, such as in the premenstrual period, the perimenopause period, and post-bariatric surgery; research ethics and Institutional Review Board processes; and the academic advancement of women.

Brett Worly, MD

Brett Worly received his B.A. degree from Columbia University in New York and his M.D. degree from Michigan State University College of Human Medicine in 2005, where he was inducted into the Gold Humanism Honor Society. He was a middle and high school teacher in the Washington, DC area before becoming a physician. He completed his OB/GYN residency at the Hospital of the University of Pennsylvania. Dr. Worly has a passion for women's health care and professionalism. He is a fellow of the American College of Obstetricians and Gynecologists. He has been an Instructor in the Thomas Jefferson University Hospital Department of OB/GYN since July 2009, and he became an assistant professor in 2012. Dr. Worly left Thomas Jefferson University in July 2013, and came to The Ohio State University in September 2013. Dr. Worly has always been very interested and involved with education, with frequent lectures to medical students, resident, and at Grand Rounds at Thomas Jefferson. Dr. Worly developed two different sets of curriculum during his stay at Thomas Jefferson University, helping OB/GYN residents avoid burnout through narrative medicine, and helping to improve patient safety, cultural Competency, and risk management on the Labor and Delivery Unit for healthcare providers. Dr. Worly has received many "Excellence in Teaching" teaching awards at Jefferson, and recently was awarded the Association of Professors of Gynecology and Obstetrics Teacher of the Year Award at Jefferson. Dr. Worly started at The Ohio State University in September 2013.

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