UVM Project ECHO
Perinatal Mental Health
Preconception Through the First Year Postpartum

January 11 – June 14, 2022

Course Co-Directors:	Katherine Mariani, MD, MPH
	Jill Davis, MA
ECHO Director:	Elizabeth Cote
Series Faculty:	Sandy Wood, CNM, PMHNP
	Sayida Peprah, PsyD
	Amy Wenger, RN
	Elizabeth Gilman
	Carol Lang-Godin, BA
	Maria Rossi, CLC, CLD, BS
	Sarah Guth, MD
	Fiona Griffin, LCMHC
	Kathryn Wolfe, LICSW, LADC

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO
University of Vermont

- RECORDING OF SESSION TO BEGIN

Agenda

- Introductions
- Objectives
- Didactic Presentation (~20-30 min)
- Case presentation
  - Clarifying questions
  - Participants – then faculty panel
- Discussion
- Recommendations
- Summary
- Closing Announcements
  - Thank you and closing remarks from STAMPP grant partners
  - Completion of evaluations

Series Objectives

Learning objectives for this ECHO series include the ability to:

- Explain clinical knowledge about presentation of perinatal mental health complications
- Discuss treatment and management approaches
- Apply appropriate diagnostic and treatment strategies for the perinatal population, with an emphasis on diversity, equity, and inclusion
- Describe statewide resources that can assist patients who may experience perinatal mood and anxiety

CME Disclosures

University of Vermont (UVM) Office of Continuing Medical and Interprofessional Education (CMIE) is approved as a provider of Continuing Medical Education (CME) by the ACCME. UVM designates this internet live activity for a maximum of 1 AMA PRA Category 1 Credits.

UVM CMIE is accredited by the American Nurses Credentialing Center (ANCC) to provide CE for the healthcare team. This program has been reviewed and is acceptable for up to 1 Nursing Contact Hours.

As a Jointly Accredited Organization, The Robert Larner College of Medicine at the University of Vermont is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. The University of Vermont maintains responsibility for this course. Social workers completing this course receive 1 continuing education credits.

This activity was planned by and for the healthcare team, and learners will receive 1 Interprofessional Continuing Education (IPCE) credit for learning and change.

Participants should claim only the credit commensurate with the extent of their participation in the activity.

CME Disclosures

Interest Disclosures: As an organization accredited by the ACCME to sponsor continuing medical education activities, UVMCMIE is required to disclose any real or apparent conflicts of interest (COI) that any speakers may have related to the content of their presentations.

Meeting Disclaimer: Regarding materials and information received during this educational event, the views, statements, and recommendations expressed during this activity represent those of the authors and speakers and do not necessarily represent the views of the University of Vermont.

Birth Trauma/Perinatal Grief and Loss

Fiona Griffin, LCMHC

Private Practice & University of Vermont Counseling Program

Burlington, VT

Fiona@fionagriffincounseling.com

[I have no conflicts to disclose.]

Birth Trauma/Perinatal Grief and Loss

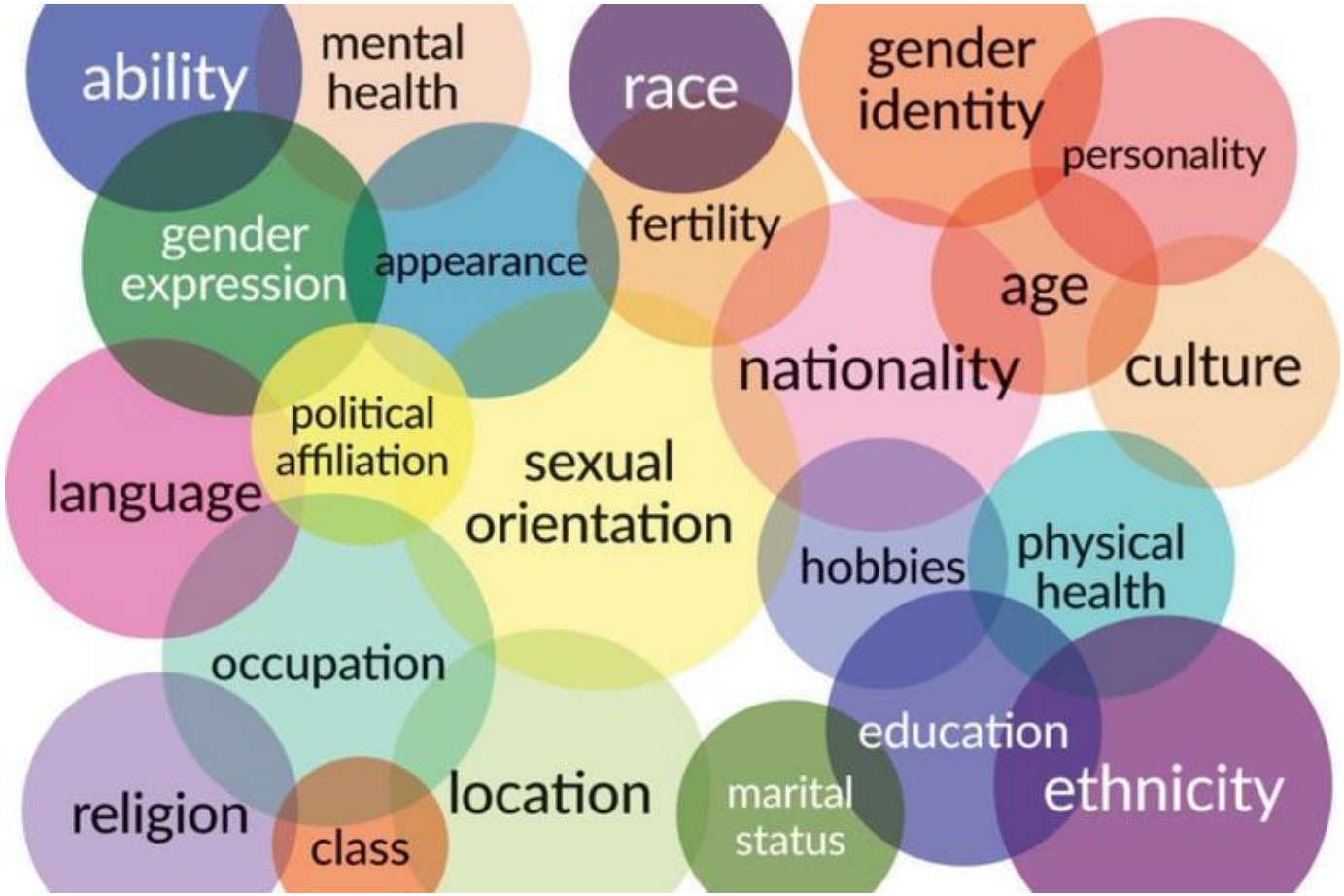
Session Objectives:

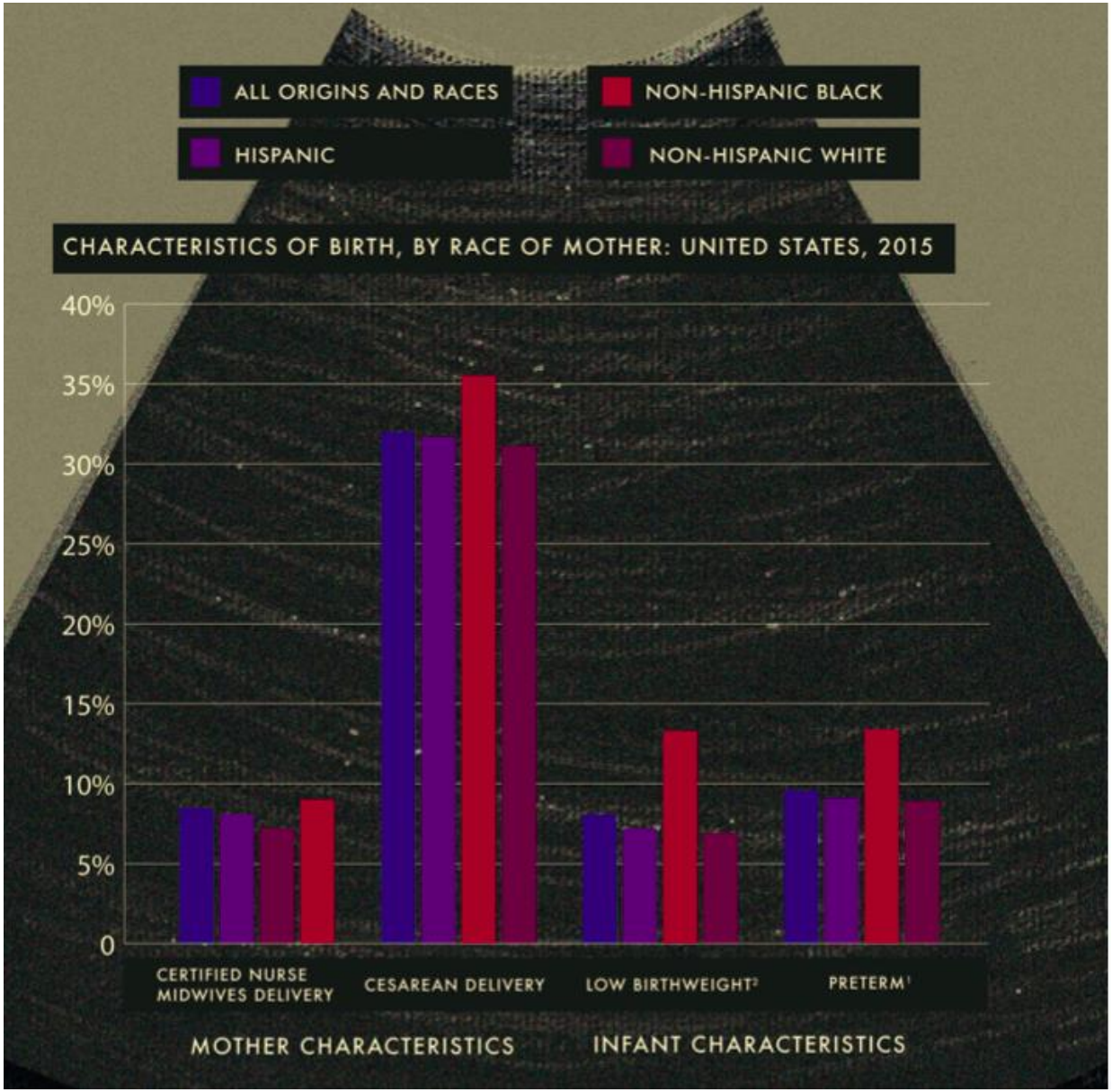
1. Define the terms birth trauma and perinatal grief and loss including relevant diagnostic labels

2. Describe assessment, treatment, and management strategies of birth trauma and perinatal grief and loss with a focus on equity, diversity and inclusion

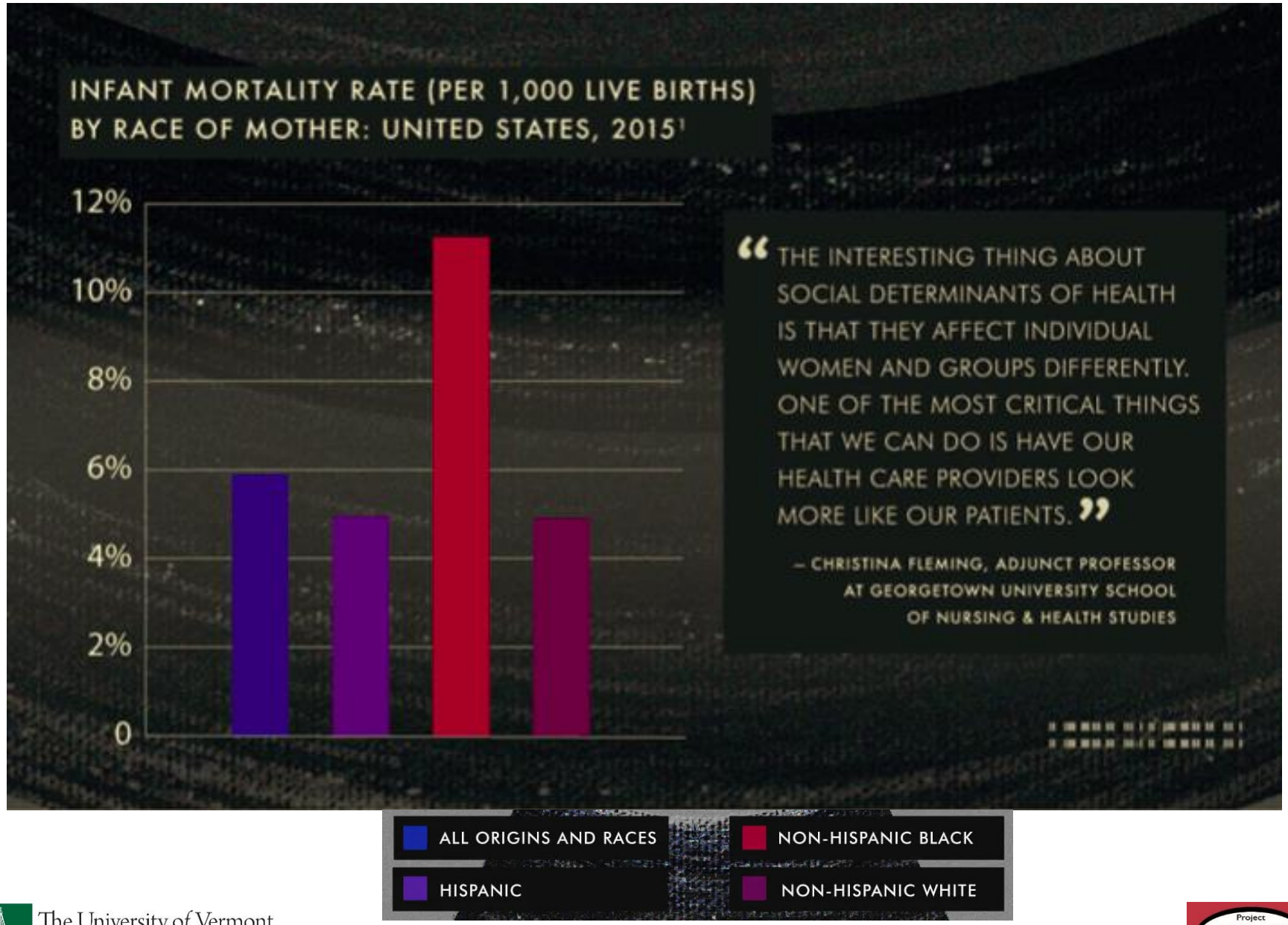
3. Describe resources that can assist patients who are coping with birth trauma or perinatal grief and loss

Socially Locating Myself





https://online.nursing.georgetown.edu/blog/race-disparities-maternal-infant-outcomes/


INFANT MORTALITY RATE (PER 1,000 LIVE BIRTHS)
BY RACE OF MOTHER: UNITED STATES, 2015[1]
12%
10%
8%
6%
4%
2%
0
"THE INTERESTING THING ABOUT SOCIAL DETERMINANTS OF HEALTH IS THAT THEY AFFECT INDIVIDUAL WOMEN AND GROUPS DIFFERENTLY. ONE OF THE MOST CRITICAL THINGS THAT WE CAN DO IS HAVE OUR HEALTH CARE PROVIDERS LOOK MORE LIKE OUR PATIENTS."
– CHRISTINA FLEMING, ADJUNCT PROFESSOR AT GEORGETOWN UNIVERSITY SCHOOL OF NURSING & HEALTH STUDIES
ALL ORIGINS AND RACES
NON-HISPANIC BLACK
HISPANIC
NON-HISPANIC WHITE

Key Take Aways Regarding Social Determinants

Increasing diversity in our healthcare providers can improve outcomes for individuals from marginalized communities

Ongoing training to increase provider cultural competence is needed

Ongoing advocacy efforts to improve healthcare for women and birthing individuals in general and specifically from marginalized communities

Defining Trauma

"Trauma is much more than a story about the past that explains why people are frightened, angry or out of control.

Trauma is re-experienced in the present, not as a story, but as profoundly disturbing physical sensations and emotions that may not be consciously associated with memories of past trauma. Terror, rage and helplessness are manifested as bodily reactions, like a pounding heart, nausea, gut-wrenching sensations and characteristic body movements that signify collapse, rigidity or rage…. The challenge in recovering from trauma is to learn to tolerate feeling what you feel and knowing what you know without becoming overwhelmed. There are many ways to achieve this, but all involve establishing a sense of safety and the regulation of physiological arousal."

Bessel Van der Kolk Psychotherapy.net 2014

Defining Trauma

"I discovered when bad things happen to us, our body reacts in very specific ways. What happens in trauma is, our body doesn't go back to where it was before, it stays in this stuck place. A key in working with trauma in somatic experiencing is in finding out how the trauma has become lodged in the person's body, then helping them move through that stuck place. I see it as moving from trauma, which is fixity, back into flow, into here and now presence."

Peter Levine (Beyond Theory Podcast Transcript, S2E13:Dr. Levine on How Trauma Changes our Minds and Bodies)

Birth Trauma

This content may be activating to individuals who have experienced trauma. Please take care of yourself as needed.

What is birth trauma?

- Specific events during or after birth that are life threatening to mom or baby
- An experience of loss of control
- An experience where one's body experienced an intervention that one did not consent to
- Unneeded or unwanted interventions
- Unexpected birth experience

Awareness

Allow birthing individuals to define their own experience as trauma or not

It can be helpful to give patients the language of trauma to understand what they are going through

Providers and office staff may experience vicarious trauma or moral injury while witnessing or caring for someone

Diagnosing Birth Trauma

PTSD Diagnosis

A. Occurs after exposure to an event where the following occurs:
   1. Death, threatened death, actual or threatened serious injury, actual or threatened sexual violence
   2. Directly experience the event (birthing person)
   3. Witnessing the event (partners, providers)
   4. Knowing it happened to a close friend or relative
   5. Repeated exposure

American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Arlington, VA: American Psychiatric Association; 2013

PTSD Diagnosis

B. Intrusion Symptoms (1 or more)

1. Recurrent involuntary intrusive memories
2. Recurring nightmares
3. Dissociative Reactions (e.g. flashbacks)
4. Intense or prolonged distress when exposed to cue
5. Physiological reaction to cues (internal or external)

C. Avoidance Behavior (1 or both)

1. Avoidance of thoughts, feeling conversations (internal)
2. Avoidance of activities, places, people (external)

PTSD Diagnosis

D. Negative Changes in cognitions and mood - Get worse or begin after traumatic event (2 or more)

1. Inability to remember important aspects
2. Negative beliefs about self and others
3. Distorted cognitions that lead to blaming self or others
4. Persistent emotional state: (e.g., Fear, horror, guilt, shame)
5. Diminished interest/participation in activities
6. Detached from others
7. Inability to experience positive emotions

PTSD Diagnosis

E. Changes in arousal and reactivity after the event (2 or more)

1. Irritable and angry outbursts
2. Reckless or self-destructive behavior
3. Hypervigilance
4. Exaggerated startle response
5. Problems with concentration
6. Sleep disturbance

F. Symptoms are present more than 1 month

G. Significant impairment

Acute Stress Disorder

- Very similar criteria to PTSD
- Show 9 of the symptoms
- Duration is 3 days to 1 month after exposure

How common is this?

- 1 in 5 women have symptoms of PTSD following births

Dekel et al. 2017, Frontiers Psychology, 8, 580

- In 2011 study, Beck found 9% of women interviewed met criteria for PTSD

Beck et al. 2011, Birth, 38(3), 216-227

- Rates vary across countries
- Social location influences rates

What to look for

- Clients/patients not attending follow-ups
- Symptoms of PPD or PPA
- Nervous system uptick
  - Not sleeping even when baby is sleeping
  - Startling
  - Irritable
- Avoiding talking about the birth or not remembering details
- Blaming self for the birth outcome, blaming others
- Disconnection or recoiling from baby
- Difficulty breastfeeding or vigilance about breastfeeding

Assessment

- PCL-C – PTSD Checklist – Civilian
- Edinburgh Postnatal Depression Checklist
  - Follow-up with questions regarding birth experience if symptoms are elevated

Treatment & Care

- Trauma Informed Care in medical settings
  - Training provided to all staff on trauma informed care
  - Key components of trauma informed care
    - Safety
    - Choice
    - Collaboration
    - Trustworthiness
    - Empowerment
  - Gain administrative commitment to these policies

Retrieved from: https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care.html

Referrals and Treatment

- Provide referrals to mental health providers who:
  - Are trained in Perinatal Mental Health
  - Utilize trauma informed approaches such as
    - EMDR
    - Somatic Experiencing
    - Internal Family Systems Therapy
    - Trauma Informed CBT
- Consider complementary services
  - Yoga
  - Body work
  - Acupuncture
  - Story-Telling & Journaling
  - Support Groups
  - Mother-Baby body work
- Consider medication to alleviate symptoms

Prevention

- Protective Factors
  - Trusting relationship with their provider and belief that interventions were necessary
  - Sense of choice and power during birth
  - Caring human interactions
  - Asking permission or informing mothers before touch or medical procedures
  - Feeling included in the process

Collected from Birth In Pieces Workshop

Perinatal and Infant Loss

Perinatal and Infant Loss

Miscarriage – about 10-20% of known pregnancies

Termination – for medical reasons, maternal health, fetal anomalies

Still birth – fetal death after 20 weeks; about 6 in 1000 deaths

Infant death – commonly due to birth defects, trauma, SIDS, pregnancy complications

Lombardi, 2022 slides

Consider the ripple effect

Physical Loss	Symbolic Loss	Disenfranchised Grief
• Of the fetus or infant	• Future experiences • Identity • Relationships • Sense of Health and Well-being	• Unseen and unacknowledged by society

Lombardi, 2022 slides

Grief and Mourning

- Grief is unique and culturally informed
- Grief includes physical, emotional, social, and spiritual expressions or reactions to a loved one's death
- Mourning is the rituals and activities engaged in after death based on cultural norms
- Most people do not need therapy to address "normal" grief

Kriechman

The New Truths of Grief

Grief does not have distinct stages; the process is not linear or time-bound

There are no “universal” tasks of grieving

There is no such thing as closure and the idea can be harmful when it’s seen as the end stage

Kriechman

Appropriate Diagnosis

- Prolonged Grief
  - Death of a loved one was more than 1 year ago
  - Experience 3 or more:
    - Identity disruption
    - Disbelief about the death
    - Avoidance of reminders
    - Intense emotional pain
    - Difficulty reintegrating
    - Emotionally numb
    - Feeling that life is meaningless
    - Intense loneliness
  - Bereavement lasts longer than expected based on social, cultural, or religious norms

https://psychiatry.org/patients-families/prolonged-grief-disorder

Where do we meet these individuals?

- Delivering the news
- Attending the birth
- In the waiting room
- In their homes after a difficult experience
- In our offices for counseling
- In our offices for a subsequent birth
- In lactation consultations
- In pediatrician's office with other children
- In the NICU

Common Pitfalls

- Just be grateful…
  - You have a healthy baby
  - You are alive
  - You can have another baby
- Telling your own story
- Using medical terminology
- Saying “I understand how you feel”
- Not asking about patient’s experiences of trauma or loss

Strategies to Manage Grief and Loss with Patients and Clients Across Settings

- Starting the conversation
- Welcoming our patients' perspectives and experiences
  - Acknowledge their experience:
    - "I know that you had a difficult birth experience do you want to talk more about it?"
    - "I know that you had to terminate your last pregnancy for medical reasons, what is important for me to know about that?"
  - Believe and validate their perspective:
    - That sounds like it was incredibly scary for you
    - I hear that you felt unsupported in your last birth experience
    - I hear how alone you feel in this experience

Strategies to Manage Grief and Loss with Patients and Clients Across Settings

- Find time and space to connect – human to human
- Help parents feel less guilty
  - This is not your fault
  - It's clear how much you love(ed) your baby
- Remind them they are not alone
  - Connect them with their support network
  - Refer to a support group
  - Connect with an appropriate provider
- Ask:
  - What is important for me to know?
  - What would help you feel safe here?
  - What are your concerns going forward?

Resources for Patients or Clients

- Vermont Perinatal Services:
  - Help Me Grow: https://www.healthvermont.gov/family/pregnancy/PMADs
  - Postpartum Support International Practitioner Directory: https://www.postpartum.net/get-help/locations/

- Trauma Informed Mental Health Clinicians in VT
  - Somatic Experiencing Practitioner Director Vermont: https://directory.traumahealing.org/practitioner-search/?sms=true&cs=united+states&st=vermont
  - EMDR Practitioners VT: https://www.emdr.com/SEARCH/searchresults.php
  - Internal Family Systems Practitioners VT: https://ifs-institute.com/practitioners

- Support Groups/Networks:
  - Empty Arms Bereavement Groups: https://www.emptyarmsbereavement.org/bereavement-support-group
  - Postpartum Support International Groups Online https://www.postpartum.net/get-help/psi-online-support-meetings/

Resources for Patients or Clients

- Complementary Services – Online Workshops, Groups, and Organizations
  - Story Mammal: Your Narrative + Your Nervous System https://www.mollycaromay.com/story-mammal
  - Birth Trauma Association (Peer-Led Organization) https://www.birthtraumaassociation.org.uk
  - Return To Zero (perinatal and infant loss support groups) https://rtzhope.org
  - Healing From a Difficult Birth Meditation Series https://kimberlyannjohnson.com/healing-from-a-difficult-birth-meditation-series/
  - Center For Prenatal and Perinatal Programs https://www.ppncenter.com/services.html

Resources and References

Much of the inspiration, information, and organization of this talk was informed by two online trainings I attended. I would encourage folks looking for further training or information to consider viewing either of these presentations or hiring any of these presenters for a more in-depth training .

Perinatal Grief and Loss by Ellen Bartolini (webinar produced by Children's Specialized Hospital Developing Brain Institute) https://developingbrainresearchlaboratory.org/00_Training_Past_Events.html

Birth in Pieces Healing Birth Trauma Series https://prenatal-and-perinatal-healing-online-learning.teachable.com/p/birth-in-pieces

Kathleen Kendall Kendall Tackett: Birth Trauma: Causes and Consequences of Birth Related PTSD

Additional References

- Bessel Van der Kolk on Trauma https://www.psychotherapy.net/interview/bessel-van-der-kolk-trauma

- Peter Levine on Trauma https://beyondtheorypodcast.com/dr-peter-levine-on-how-trauma-changes-our-minds-and-bodies/

- How Does Race Impact Childbirth Outcomes
  - https://online.nursing.georgetown.edu/blog/race-disparities-maternal-infant-outcomes/

- Dekel et al (2017). Childbirth Posttraumatic Stress Syndrome: A systemic review of prevalence and risk factors. https://doi.org/10.3389/fpsyg.2017.00560

- Beck CT, Gable RK, Sakala C, Declercq ER. Posttraumatic stress disorder in new mothers: results from a two-stage U.S. national survey. Birth. 2011 Sep;38(3):216-27. doi: 10.1111/j.1523-536X.2011.00475.x. Epub 2011 May 20. PMID: 21884230. https://pubmed.ncbi.nlm.nih.gov/21884230/

- Kriechman. Grief Counseling and Grief Reactions: Assessment and Differential Diagnosis. Indian Health Services. Retrieved from: https://www.ihs.gov/sites/telebehavioral/themes/responsive2017/display_objects/documents/slides/grief/griefpart10917.pdf

Discussion and Q & A

Cases/HIPAA

DO NOT INCLUDE:

- Names
- Address
- DOB
- Phone/Fax #
- Email address
- Social Security #
- Medical Record #

The discussion and materials included in this conference are confidential and privileged pursuant to 26VSA Section 1441-1443. This material is intended for use in improving patient care. It is privileged and strictly confidential and is to be used only for the evaluation and improvement of patient care.

Case Presentation Format

Case presentation from a participant (a *real-world case, from the field)*
Then
Clarifying questions about the case from group to case presenter
Then
Ideas, suggestions, recommendations from participants
Then
Ideas, suggestions, recommendations from ECHO faculty team
Then
Additional discussion, if any (All)
Then
Summary of case discussion
(course co-directors: Katherine Mariani, MD, MPH and Jill Davis, MA)

- RECORDING TO BE STOPPED FOR CASE PRESENTATION

Questions and Discussion from the group….

Is your practice interested in implementing, increasing or improving screening for perinatal depression or anxiety?

- The Vermont Child Health Improvement Program, VCHIP, is working with the Vermont Department of Health through the STAMPP grant (Screening, Treatment & Access for Mothers and Perinatal Partners) to assist practices with screening, referral and treatment workflow optimization.
- Please contact Jill Davis for additional information.

Jill.davis@med.uvm.edu

VT Perinatal Psychiatric Consult Service

- Professional consultation and resources regarding PMADs are available for obstetrics & gynecology, primary care, pediatric, psychiatric, and other community providers
- Guidance around prescribing psychotropic medications to the perinatal population
- Guidance on screening, assessment, diagnosis, and recommended treatment strategies
- Free consultations are available for medical providers, (802) 847-4758

THE University of Vermont MEDICAL CENTER

The University of Vermont
LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Project ECHO
University of Vermont

Mental Health Resources for Expecting + New Parents

supportdeliveredvt.com

Support Delivered is an umbrella of supports and services available to pregnant & postpartum Vermonters encompassing an array of Vermont-based perinatal mental health resources including:

- mental health clinicians with training and/or specialized expertise in PMH
- virtual clinical support groups
- parenting support groups
- other offerings (both in-person and virtual)

SESSIONS ARE ON TUESDAYS FROM 12:00PM TO 1:00PM		
DATES	**SESSION**	**DIDACTIC TOPICS (in addition to case review)**
Jan 11	TeleECHO Session 1	**Depression & Anxiety in the Prenatal Period** (Sandy Wood, CNM, PMHNP)
Feb 8	TeleECHO Session 2	**Cultural Considerations in Perinatal Mental Health** (Sayida Peprah, PsyD)
Mar 8	TeleECHO Session 3	**Depression & Anxiety in the Postpartum Period** (Sandy Wood, CNM, PMHNP)
Apr 12	TeleECHO Session 4	**Resources & Referrals** (Amy Wenger, RN, Elizabeth Gilman, Carol Lang-Godin, BA, and Maria Rossi, CLC, CLD, BS)
May 10	TeleECHO Session 5	**Bipolar Disorder in the Peripartum** (Sarah Guth, MD)
May 31	TeleECHO Session 6	**Postpartum Psychosis** (Sarah Guth, MD)
June 14	TeleECHO Session 7	**Birth Trauma/Perinatal Grief & Loss** (Fiona Griffin, LCMHC)

Conclusion

- Slides are posted at www.vtahec.org
- Please complete evaluation survey
- Once your completed evaluation is submitted, CE information will be emailed to you.
- Please contact us with any questions, concerns, or suggestions
  - Katherine.Mariani@uvmhealth.org
  - Elizabeth.Cote@uvm.edu