Perinatal Psychiatry Program
UNC Center for Women’s Mood Disorders

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Perinatal Psychiatry Program

- Spring 2004: Perinatal Clinic established
- Fall 2004: Universal screening
- Fall 2006: Perinatal Clinic established
- Fall 2006: Dual NP hired for OB/GYN; Psych
- Fall 2007: Resident Perinatal Clinic
- Winter 2009: Perinatal In-patient Pilot Program
- Fall 2009: Satellite Office Rex Hospital
- September 2011: Free Standing Perinatal In-patient Unit
Launched Outpatient Perinatal Clinic

- UNC Perinatal Mood Disorders Clinic was established in 2004 by 2 psychiatrists with an interest in Perinatal Psychiatry
- Established alliances within OB/GYN to facilitate the referrals
- Worked on increasing awareness by providing psychoeducation:
  - Psychiatric and OB providers
  - Psychiatric and OB Nursing staff
  - OB patients and families
  - General public
- Established Resident Perinatal Clinic
Elements for a successful Perinatal Program

- Establish supporters and advocates in both OB/GYN and Psychiatry to create a mutual and integrated team
- Shared financial responsibility between the Departments of OB/GYN and Psychiatry
- Assemble a reliable and efficient referral process that can provide follow up and continuity of care
- Create a multidisciplinary team to meet the patient’s needs from a holistic perspective
- Encourage accessibly to the community by the perinatal team
- Ensure availability of more intensive, perinatal specific care, for women requiring in-patient services
Barriers to Mental Health Care
Identified by Patients

- What are the reasons women identify as barriers to receiving further evaluation by a mental health provider?
  - Lack of time (65%)  
  - Stigma (43%)  
  - Childcare issues (33%)  
  - Discomfort going to a Psychiatry Clinic.
  - Patients indicated that they would feel more comfortable receiving mental health care within the OB office.

Goodman et al, 2009
Dual trained Women’s Health/Psychiatric Nurse Practitioner was employed by both departments

NP established an office in OB and Psychiatry

- Instituted a schedule of 2 days a week in OB and 3 days a week in Psychiatry
- Maintained availability to OB providers by phone or pager for consultation when not in clinic
- Flexible and responsive evaluation of high risk patients 5 days/wk
- Attended bi weekly OB HR management meetings and contributed evidence based information about perinatal mood disorders
- Telemedicine Psychiatric consultations for outlying communities.
Community Perinatal Support Group

- Community-based Perinatal Mood Disorder Support Group was established:
  - Collaboration with UNC Family Practice
  - Bi-monthly group
  - Open to the community
  - Free of charge
  - Provided another venue for perinatal mental health care
Expansion to Community Hospital

- Perinatal Mood Disorders Clinic expanded to Community Hospital Affiliate
  - As the reputation of the UNC Perinatal Program grew, the demand for care in the region increased.
  - Expanded into the UNC OB/GYN satellite clinic at REX Hospital in order to meet the perinatal psychiatric needs of patients in busy Wake County
  - Provide another venue for care
Creation of Inpatient Perinatal Psychiatry Unit

- Perinatal Inpatient Psychiatry Program opened in Nov. 2008
- Next addition to the UNC Perinatal Psychiatry Program
- 1st Perinatal Inpatient Unit in the US
- Provides specialized comprehensive assessment and treatment
  - Daily programming designed specifically for peripartum patients
  - Individual and group counseling and behavioral therapy
  - Art therapy, relaxation, spirituality, biofeedback, exercise, psycho-education for both patients and spouses
  - Family Therapy and Infant Attachment Therapy
  - Medication Stabilization
Evaluating the Clinical Effectiveness of a Specialized Perinatal Psychiatry Inpatient Unit

Samantha Meltzer-Brody, MD, Anna R. Brandon, PhD, Brenda Pearson, MSW, Lynne Burns, RN, Christena Raines, NP, Elizabeth Bullard, MD, and David Rubinow, MD
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<table>
<thead>
<tr>
<th>Psychiatric diagnosis at discharge</th>
<th>% (n=91)</th>
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<tbody>
<tr>
<td>Unipolar depression without psychosis</td>
<td>60.43% (55)</td>
</tr>
<tr>
<td>Major depression with psychosis</td>
<td>5.50% (5)</td>
</tr>
<tr>
<td>Mood disorder NOS</td>
<td>8.79% (8)</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>6.59% (6)</td>
</tr>
<tr>
<td>Schizophrenia/schizoaffective/psychotic disorder NOS</td>
<td>6.59% (6)</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>7.69% (7)</td>
</tr>
<tr>
<td>Substance-induced mood disorder</td>
<td>4.40% (4)</td>
</tr>
<tr>
<td>Types of comorbid psychiatric illness</td>
<td></td>
</tr>
<tr>
<td>Anxiety disorder NOS</td>
<td>13.19% (12)</td>
</tr>
<tr>
<td>PTSD</td>
<td>4.40% (4)</td>
</tr>
<tr>
<td>OCD</td>
<td>2.10% (2)</td>
</tr>
<tr>
<td>GAD</td>
<td>2.10% (2)</td>
</tr>
<tr>
<td>Primary comorbid psychiatric diagnosis made</td>
<td>40.65% (54)</td>
</tr>
<tr>
<td>Report of suicidal ideation on admission assessment (^a)</td>
<td>86.49% (64)</td>
</tr>
</tbody>
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\(^a\) Item 10 of the EPDS scale
Overall Benefits of a Perinatal Psychiatry Program

- Increased recognition of women with perinatal mood changes
- Universal screening with the EPDS
  - Multiple studies have shown that routine and organized protocols for screening for PPD are effective in increasing the rate of detection.
- Ob-Gyn/Peds/Frontline providers are more comfortable with screening and referrals for PPD with better access to perinatal psychiatry providers for consultation, follow up, and referral more severe illness
  - Ability to be proactive with patients with a pre-existing mental illness
  - Ability to provide outreach with Telemedicine Psychiatric consults/medication management and follow up.
  - Support ACOG recommendations
- Support Groups are becoming more available nationally—on-line free groups offered weekly in English and Spanish (PSI)
- Provide opportunities for community outreach, research, education of front line provider within their educational training.
UNC Center for Women’s Mood Disorders

- PMDD Program
  - Research studies and a Clinical program

- Perinatal Psychiatry Program
  - Research studies
  - Support groups
  - Inpatient Unit
  - Clinical Program - provides assessment, treatment, and support for women in the perinatal period
  - Collaboration of doctors, nurses, midwives, therapists, & social workers

- Perimenopause Program

www.womensmooddisorders.org
Collaborators at UNC

- **David Rubinow, MD**
  - Chairman of Psychiatry and Director of WMD Program
- **Samantha Meltzer-Brody, MD MPH**
  - Director of Perinatal Mood Disorder Program
- **Mary Kimmel, MD**
  - Inpatient Perinatal Psychiatry Medical Director
- **Susan Michos PHHNP-BC**
- **Kate Menard MD MFM**
- **Alison Stuebe MD MFM**
- **Robert Strauss MD MFM**
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