

Perinatal Psychiatry Program

UNC Center for Women's Mood Disorders



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SCHOOL OF MEDICINE

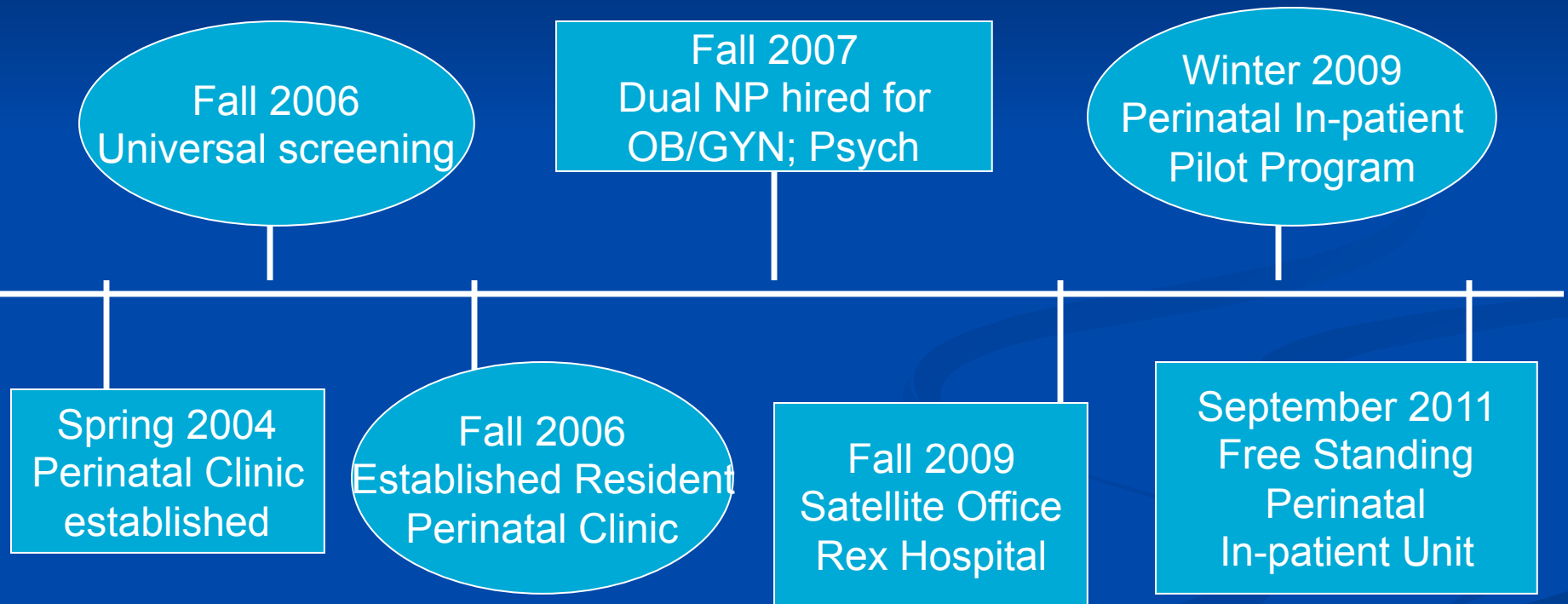
Chris Raines MSN APRN-BC

Associate Director

Obstetrical Liaison and Community Outreach

Assistant Clinical Professor

Perinatal Psychiatry Program



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 accessibility 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

Integrating Mental Health Care into the OB-GYN Setting

- 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
UNC Center for Women's Mood Disorders, Department of Psychiatry, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7160

Psychiatric diagnosis at discharge	% (n=91)
Unipolar depression without psychosis	60.43 % (55)
Major depression with psychosis	5.50 % (5)
Mood disorder NOS	8.79 % (8)
Bipolar disorder	6.59 % (6)
Schizophrenia/schizoaffective/psychotic disorder NOS	6.59 % (6)
Anxiety disorder	7.69 % (7)
Substance-induced mood disorder	4.40 % (4)
Types of comorbid psychiatric illness	
Anxiety disorder NOS	13.19 (12)
PTSD	4.40 (4)
OCD	2.10 (2)
GAD	2.10 (2)
Primary comorbid psychiatric diagnosis made	40.65 % (54)
Report of suicidal ideation on admission assessment ^a	86.49 % (64)

^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/Front line 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

UNC Perinatal Mood Disorder Program

Christena Raines MSN APRN-BC

christena_raines@med.unc.edu

984-974-3850