



FY24 Behavioral Health Grand Rounds

Perinatal Psychiatry: Are We Asking the Right Questions?

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Dr. Katherine Wisner is Professor of Psychiatry, and Pediatrics in the Developing Brain Institute at Children's National Hospital, and Obstetrics and Gynecology at George Washington University School of Medicine, in Washington DC. She received her M.S. in Nutrition and an M.D. from Case Western Reserve University (Cleveland, Ohio), followed by a pediatric internship and general and child psychiatry residency at Children's Hospital of Pittsburgh. She completed a post-doctoral research fellowship in Epidemiology at the University of Pittsburgh.

Dr. Wisner is a pioneer in the field of perinatal psychiatry. Her research has advanced our understanding of the natural history of mood disorders across childbearing, benefit-harm decision-making for pharmacotherapy during pregnancy and lactation, and the pharmacokinetics of medications across pregnancy and lactation. She is internationally recognized as an expert in the treatment of mood disorders during pregnancy and the postpartum period. Dr. Wisner has received over \$22 million from the National Institutes of Health, and has published 270 peer-reviewed publications and 23 book chapters. Her work has been cited by authors in more than 90 countries.

She was awarded the annual American Psychiatric Association Award for Research in 2017. Dr. Wisner received the annual Mentor Award from Northwestern School of Medicine in 2022. She received the Marcé International Society for Perinatal Mental Health's Medal for lifetime contributions to the field of Perinatal Psychiatry. Dr. Wisner has served on the Editorial Board of the American Journal of Psychiatry and currently serves on the Editorial Boards of JAMA Psychiatry. She is a Fellow of the American College of Neuropsychopharmacology and a Distinguished Life Fellow of the American Psychiatric Association. She is a member of the Standing Committee on Reproductive Health, Equity, and Society, National Academies of Sciences, Engineering, and Medicine. With her experience as a past president of the Marcé International Society for Perinatal Mental Health, she developed the business startup plan for the North American Society for Perinatal Mental Health (now Marcé of North America- MONA), and served as its inaugural president.

Abstract

Pregnant and postpartum individuals are at risk for psychiatric illness. The period prevalence of MDD is 12.7% during pregnancy, and 21.9% the year after parturition; therefore, MDD is among the most common complications of childbearing. In the recent NIH ECHO study of in utero exposure to maternal stress and depressive symptoms, offspring demonstrated decrements in cognitive and motor development and child psychopathology.

Low treatment rates are a public health crisis, given accumulating evidence that MDD during pregnancy increases risk to the pregnant person and fetus and affects long-term health outcomes for both. Perinatal home-visiting programs and state-wide Access Programs are being expanded to leverage scarce psychiatric resources to offer consultation and treat the most complex perinatal mental health cases.

Because pregnant individuals are typically excluded from randomized controlled trials, most data on pharmacologic treatment are derived from observational studies, which lack the benefit of randomization. A major challenge is confounding by the treatment indication and other factors, which refers to the difficulty separating the reproductive effects of the drug exposure from the sequelae, both physiological and psychosocial, of the underlying disease and associated factors. In recent years, substantial progress has been made in disentangling the effect of drug from disease through the use of sophisticated study designs and analytic approaches. The availability of large pregnancy cohorts linked to liveborn infants embedded in healthcare utilization databases has enabled implementation of these approaches and reduced the risk of spurious associations due to sparse data. Studies of the post-birth neurodevelopment of fetuses exposed in utero to psychotropic drugs are the current focus in this field. Determining whether statistically significant outcomes represent clinically concerning disturbances or individual differences in early development is a challenge. We must ask whether developmental outcomes reflect a sustained effect related to in utero exposure or whether drug treatment represents a proxy exposure reflecting factors associated with maternal (and parental) mental illness. Research and clinical care must shift to identifying a range of developmental outcomes that identify adversity as well as resilience in children of mentally ill mothers.

Target audience: Psychiatrists, Psychologists, Social Workers, Psychiatry fellows, Psychology Doctoral Interns

Learning objectives:

The attendee will:

1. Understand the approach to observational studies that form the basis for exploring the associations between exposure to psychiatric disorders and the drugs used to treat them.
2. Identify the recent studies of the association between these exposures and offspring developmental outcomes.
3. Review the community-based interventions being implemented to prevent or treat perinatal mental illness.
4. Consider how the questions we ask drive our research and both enhance and limit our knowledge.

Accreditation: The Medical Society of Virginia is a member of the Southern States CME Collaborative, an ACCME Recognized Accreditor. This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Southern States CME Collaborative (SSCC) through the joint providership of Inova Health System Office of Continuing Medical Education and Children's National Hospital. Inova Health System Office of Continuing Medical Education is accredited by the SSCC to provide continuing medical education for physicians.

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