Background

- In the U.S. each year ~500,000 pregnant women have or will develop psychiatric illness (1).
- The prevalence of depression in pregnant women is between 14%-23%.
- Up to 70% of pregnant women have symptoms of depression (1, 2).
- Graduate medical education does not require obstetrics-training for psychiatrists or psychiatry-training for OB-Gyn residents.
- Family medicine, internal medicine, and OB-Gyn residents are not required to train in psychiatry during residency by the ACGME.
- The limited experience with mental illness in the puerperal period during training is modifiable.
- Training in a combined obstetric-psychiatric (OB-Psych) clinic would rectify this gap in education with great benefit to patients and trainees alike including promotion of interprofessional teamwork.

Methods

- A literature review compared various ACGME program requirements in the psychiatric treatment of pregnant women.
- Data from the CRMH OB-Psych Clinic training site was compiled and analyzed to show:
  - gaps in interdisciplinary residency training,
  - necessity for coordinated care learning environments in residency training,
  - specifics of the treatment of psychiatric patients during pregnancy.
  - educational benefit of this experience across multiple specialties.
- Residents were interviewed about their experiences on the rotation.

Results

- Training in obstetric patients with psychiatric needs is inconsistent among U.S. psychiatry residency programs (6).
- Sparse and generalized lack of exposure to obstetric patients with psychiatric needs.
- This rotation addresses all core competencies including Medical Knowledge and Patient Care, Interpersonal and Communication Skills, Practice Based Learning, Systems Based Practice, and Professionalism.
- ~200 new patients come through the OB-Psych clinic annually.
- After surveying residents who have had training in reproductive psychiatry, they reported:
  - Greater comfort with managing medications in pregnancy.
  - Increased knowledge base of psychiatric medications.
  - Working with a collaborative team of obstetrics and psychiatry specialties increases patient comfort with taking medications for their mental health.
- Residents particularly enjoy working with Dr. Jennifer Wells, who first trained in OB-Gyn and later completed her residency in psychiatry at Carilion.

Conclusion / Discussion

- Due to the high incidence of maternal mental health disorders in pregnancy, greater exposure to this population during residency is warranted.
- Creating more opportunities for educational advancement with obstetric patients with psychiatric co-morbidities would benefit residents from multiple disciplines.
- Participation in this clinic will enhance training in the treatment of this high-risk population.

References

4. Hudspeth, Nohu S., Cynthia L. Balle, and Margaret Howard. “Advanced training in reproductive psychiatry: The case for standardization in training and a path to subspecialty recognition.” Archives of Women’s Mental Health 20(7) 5-12.

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