



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Psychosocial Aspects of Obstetrical and Infertility Challenges in Women With Chronic Physical Conditions

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1 CE Credit, Instructional Level: Intermediate

1 Contact Hour (New York Board of Psychology)

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Melissa Kwitowski, PhD, is a licensed psychologist and Assistant Professor with expertise in health psychology and maternal mental health. Dr. Kwitowski treats psychotherapy patients in the peripartum period and serves as lead psychologist for an integrated behavioral health service that provides behavioral health support for women and families hospitalized in the immediate postpartum period. The primary focus of the program is perinatal mental health concerns, substance use, maternal-fetal complications, and traumatic obstetric outcomes.

Disclosures/Conflicts of Interest

I have no conflicts of interest to disclose

Generative AI was not used for the development or content of this presentation.

Learning Objectives



Describe the unique physical and psychosocial challenges among patients with chronic illness in the medical system



Discuss how to facilitate appropriate referrals for patients with chronic conditions who are navigating fertility journeys or transitions to parenthood



Analyze how past experiences of medical trauma for patients with chronic health concerns present in obstetrical settings

Chronic Illness and Mental Health

- Association between physical health and mental health (and vice versa)
- Historical minimization or dismissal of women's symptoms or pain
 - E.g. Hysteria in the 1800s
- Dismissal/erasure is especially apparent among women of color
 - Significant historical precedent, particularly around reproductive concerns
- Gender bias can play a role in diagnosis and treatment
- Health condition presentation in women is under-researched
 - Growing effort for representation in clinical trials
- Women report disrespect by providers at higher rates than men
- High rates of mental health conditions among individuals with chronic health concerns regardless of gender (up to twice as high as general populations)
 - In turn, psychological distress is associated with increased physical health risks
 - Minority Stress Theory and relation to health disadvantages and outcomes



Chronic Illness and Fertility



- Up to 1 in 6 couples in western countries navigate fertility challenges
- Rising prevalence of child-bearing persons with multiple chronic conditions (multimorbidity)
- Women with chronic conditions have higher risk of adverse pregnancy outcomes
- Renewed focus on "pre-conception" care and pregnancy timing
 - Minimize adverse perinatal outcomes
- Assumptions about fertility
 - Conditions that can impact pregnancy
- Medical guidance around pregnancy
 - Timing of pregnancy, symptoms are controlled
 - Risk/Benefit conversations; Actual risk vs pt perceived risk
 - Contraception discussions
 - Conflicting medical opinions
- Access to fertility treatments
- Access specialty perinatal care

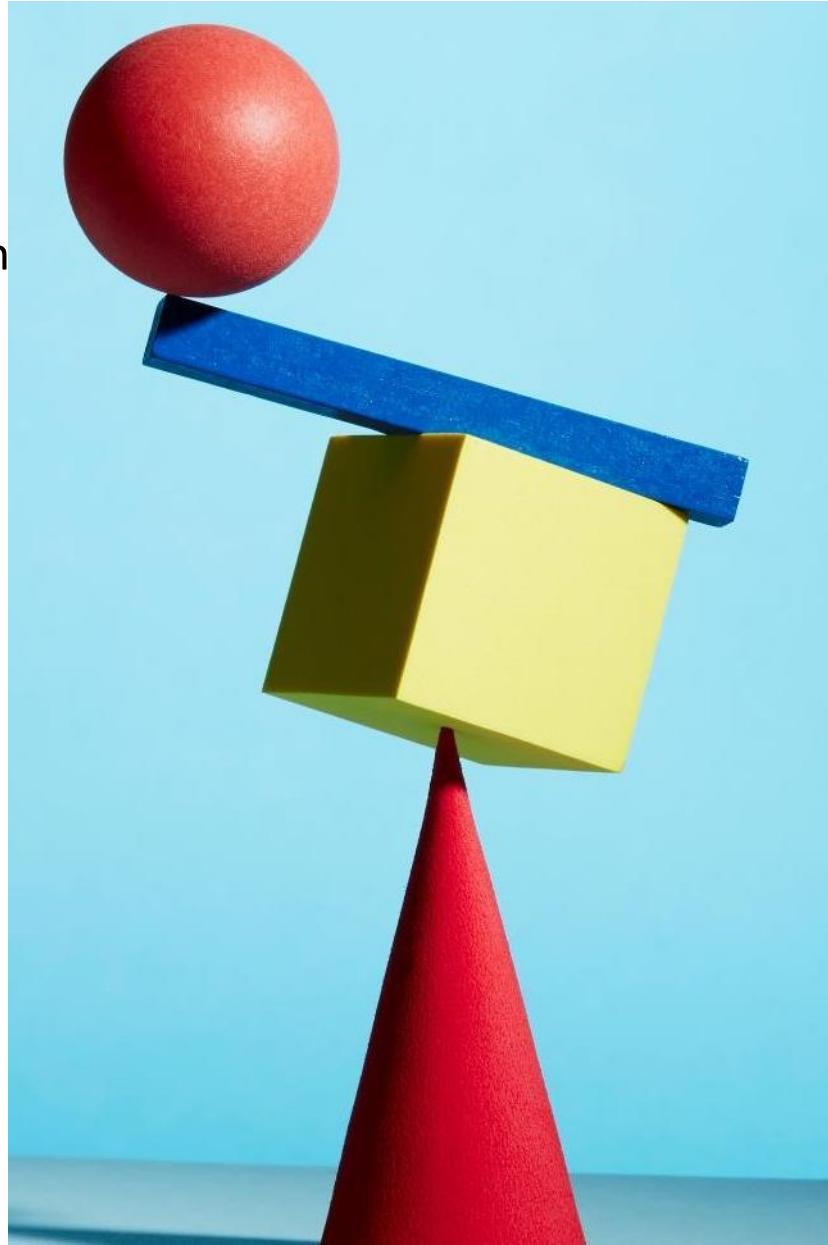
Chronic Illness and Pregnancy

- 1 in 5 pregnancies is complicated by chronic medical conditions
 - Metabolic, circulatory, respiratory
- Multimorbidity and maternal outcomes is not fully understood
- Chronic Disease Management
 - Medication continuation/changes, patient adherence
 - Pause/suspension of treatments
 - Focus on single chronic illness over combined impact
 - Symptom monitor or reporting (e.g. blood glucose testing, blood pressure checks)
- Pain management
 - Historical challenges in recognition and treatment of women's pain
 - Stigma associated with long-term use of some medications



Chronic Illness and Pregnancy

- Maternal Health Risks
 - Increased risk for additional health concern
- Threshold for hospital admission
 - Impact of repeat admissions or prolonged antepartum stays
- Label of "high-risk"
 - Type and frequency of appointments



- Fetal development considerations
- Risk of preterm birth
- Focus on fetal development over maternal health
 - Minimization of mental health impact
- Self-Advocacy
 - History of attempts at advocacy in health settings
- Shared decision-making

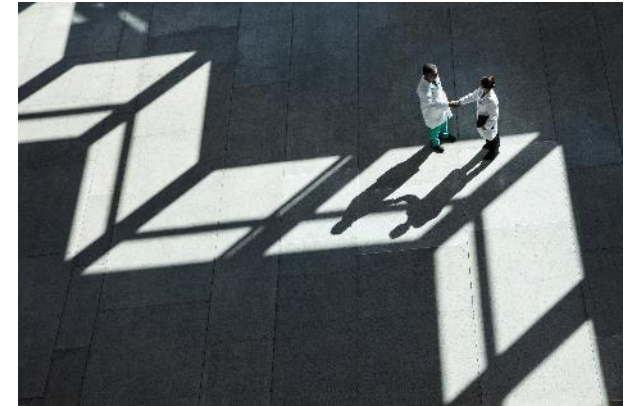
Prevention/Intervention Efforts in Obstetric Spaces

- Identity and intersectionality
- Trauma informed care
 - Assessing past history of medical interventions/traumas
 - Assess for hx of trauma (physical, sexual, and emotional)
 - Support patient birth plans and wishes; recognition of changing plans
 - Recognizing lived experiences of BIPOC women/patients (or family members) in OB/GYN settings
- Routine screening
 - Mood and anxiety symptoms across pregnancy
 - Education about warning signs and symptoms
 - Awareness of metabolic change in pregnancy and psychotropic medications
- Interdisciplinary care models
 - Access to supportive services (e.g. behavioral health, social work)



Psychosocial and Cultural Considerations

- Individual experience and group affiliation
- Experience of POC in medical settings
 - Overt and covert racism in medical institutions
 - Under-reporting of mental health symptoms or stigma
 - Cultural beliefs around help-seeking behavior
- Conceptually pregnancy and childbirth differs from other life/medical events in that it is experienced as positive by many women and viewed positively by society.
 - Expectations/questions about family planning
 - Comparisons to other birthing persons
 - Judgements around medication/treatment engagement or discontinuation
 - Judgement around birth decision-making
- Social determinants of perinatal health/accessibility
 - Assess for medical literacy
 - Transportation
 - Work collaboratively with partners/families/doulas
 - Workplace restrictions



Delivery and Postpartum Considerations



- Past medical trauma
- Care provider preferences
- Birth planning
- Bodily autonomy during birth
- Pain management options
 - Considerations with pts with chronic pain
- Recommendations/judgments about infant feeding
 - Medication considerations for breastmilk transmission
 - Cultural pressures around breast feeding
- Conversations about birth control and risk of future pregnancy

Factors contributing to birth trauma

- Disruption of relationship with provider
- Feelings of disconnection, helplessness, isolation
- Feeling excluded from medical decision-making
- Feeling dismissed, judged, labeled
- Assumptions around functionality or decision-making capacity
- Experience of pain being negated or ignored



Risk and Resilience Factors

- Past history of trauma
- Past history of medical trauma
- Previous interactions with medical systems
 - Health literacy
 - Ability to navigate health systems
- Comfort with advocacy
- Perceived support system
- Patients with loss history
- Engagement with fertility treatments
- Genetic loading considerations
- Previous interactions with behavioral health providers



Case Example

- 30 yo G4P3 female
- Medical Hx:
 - Heart transplant recipient in infancy
 - CKD stage II
 - CHTN
 - Hx of Pre-E w/SF in past pregnancies
- Admitted AP for complications in pregnancy (AEDF) at 25w
 - Admission until delivery (~34w anticipated)
- Psychiatric History:
 - Depression, anxiety, trauma hx – on medications
- Minimal social support
 - Complicated relationship with family/FOC

Case Example cont.

- Lifelong navigation of health care system
- Distrust/skepticism of medical team
 - Initial apprehension around psychology involvement
- Provider feedback about pregnancy
- Anticipated infant NICU stay
- Conflictual team guidance
- Patient advocacy fatigue
- Limited social support/isolation
- Prolonged separation from children
- Pt concerns relative to birth control options

Outpatient Treatment and Referrals

- Individual Psychotherapy
 - Clinical Health Psychology
- Group-based therapy
 - Condition-specific therapy support
 - e.g. psychosocial oncology, behavioral cardiology, transplant psychology, chronic pain management
 - Birth Trauma therapy programming
- Reproductive psychiatry
- Community-based family support organizations
- Peer-led support programs or Support groups
- Practical needs evaluation and supportive referrals

Clinical Resources

- Maternal Mental Health Hotline
 - 1-833-TLC-MAMA (852-6262)
- Postpartum Support International (postpartum.net)
 - Free, online, support groups for pregnant and postpartum individuals
 - Provider director for therapists with perinatal mental health training
- Condition-specific organizations
 - E.g. National Kidney Foundation, American Diabetes Foundation, WomenHeart,

Colorado Resources

- Women's Behavioral Health and Wellness Service at CU Medicine
- Motherwise (motherwisecolorado.org)
- Fussy Baby Network

Q&A With Dr. Kwitowski



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

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