

WH PROGRAM

WVPM- DOROTHY K.
GOUEDY, RN
WHMD- AMANDA
MCFANN, FNP

Women are now the fastest growing subgroup of U.S. Veterans. The number of women Veterans is expected to increase dramatically in the next 10 years, and VA health care is expected to be in high demand by the women Veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The Department of Veterans Affairs understands the health care needs of women Veterans and is committed to meeting these needs. Women Veterans served and they deserve the best quality care. Learn more about [VA health care services](#) for women Veterans.

<https://www.va.gov/womenvet/>

<https://www.dol.gov/agencies/vets/womenveterans>

WOMEN VETERANS



WH Enrollees

13,248

Unique

12,286

WH SERVICES OFFERED

- PRIMARY CARE
- GYN
- COMMUNITY CARE: MATERNITY CARE, IVF, REPRODUCTIVE ENDO



- MST COORDINATOR
- IVP COORDINATOR
- LGBTQ+ COORDINATOR



WH FACILITIES

- RALPH H. JOHNSON- VA HOSPITAL



- **CBOCS:**

- NORTH CHARLESTON ANNEX
- GOOSE CREEK
- SAVANNAH
- BEAUFORT
- HINESVILLE
- MYRTLE BEACH

Counties Covered:

- Bryan- GA
- Chatham- GA
- Effingham- GA
- Liberty-GA
- Long-GA
- Beaufort-SC
- Berkeley-SC
- Charleston-SC
- Colleton-SC
- Dorchester-SC
- Georgetown-SC
- Hampton-SC
- Horry-SC
- Jasper-SC

WOMEN VETERANS STAFF

- ❖ WHMD
- ❖ WVPM
- ❖ WH LIASONS
- ❖ WH NURSE NAVIGATORS
- ❖ MATERNITY COORDINATOR
- ❖ WH RN, LPN, NP, MSA- GYN TEAM
- ❖ WH PSA



WH SOPS AND DIRECTIVES

- **SOPs:**
- CERVICAL
- **DIRECTIVES:**
- WH Directive 1330.01-Health Care Services for Women Veterans-
- Directive 1334-IVF Counseling and services available to certain eligible Veterans and their spouses-
- Directive 1330.03- Maternity Health Care and Coordination
- MCP- Directive for Mammogram Procedures

WH Metrics

- ❑ MAMMOS

- ❑ PAPs

- ❑ Maternity

- ❑ Osteo



WH GRANTS

- WHISE 1.0- STAFFING AND EQUIPMENT
- WHISE 2.0- STAFFING
- HEALTHY TEACHING KITCHEN- NUTRITION AND FOOD SERVICES
- WHISE 3.0- In progress, awaiting approval

WH OUTREACH ACTIVITIES

ATTENTION FEMALE VETERANS

The Women's Health Program welcomes you to participate in our Health Fair

Join us to learn about the following topics:

Suicide Prevention | Military Sexual Trauma | Intimate Partner Violence
HealtheVet | Minority Updates



Share your feedback with us, so we may better understand your needs and ensure timely, equitable, high-quality, comprehensive services in a safe and sensitive manner.
Ralph H. Johnson VA Health Care System Leadership will be available for a Q&A session. We are listening!

September 23, 2021 | 4:30 pm - 6:00 pm
MS TEAMS- Virtual Platform - [Click here to join us](#)

For more information, please contact: Dorothy K. Gouedy, RN - Women Veteran Program Manager.
Dorothy.Gouedy2@va.gov | Ph: 843-308-8712

ATTENTION FEMALE VETERANS

The Women's Health Program at the RHJ VA Medical Center welcomes you to participate in a Focus Group/Informational Class.



Topics:

- Body Image and Disordered Eating
- Preventing and identifying harassment

When: June 11, 2021 from 12:00-13:30

Where: Your Home via Microsoft Teams



VA | Ralph H. Johnson
VA Medical Center

We would like to extend this invitation to all Veterans who can benefit from learning more about these topics.
This offer is free to all interested participants. If you think you would like to participate, please use the following link: <https://qr.go.page.link/t31wZ>

WH OUTREACH ACTIVITIES



If you are a new or an expectant mother, this event is for you! Come and join us for a

Drive-thru Baby Shower

Date: May 1, 2021 | Time: 11:00 am - 1:00 pm | Location: RHJ VA Medical Center

Who can participate: New and expectant mothers who are currently women Veterans enrolled at the RHJ VAMC

If you are interested in participating please contact:

Rhonda Lucas, Maternity Care Coordinator at 843-789-6673 | rhonda.lucas@va.gov
 Dorothy Gouedy, Acting Women Veteran Program Manager at 843-308-8712 | dorothy.gouedy2@va.gov

Please present your military ID and invitation to the event.

Each participant will be receiving a brand-new diaper bag with new baby items.

This event is by RSVP only.




U.S. Department of Veterans Affairs
 1601 ...
 ...

ATTENTION FEMALE VETERANS

The Office of the Women Veteran Program Manager welcomes you to participate in a Virtual Women's Health Informational class focused on:

- Relationships -Health & Safety
- Whole Health Wellness
- Mobile Appts for Self-Care
- Suicide Prevention
- Military Sexual Trauma

When: January 29, 2021 from 12:00 - 13:30
Where: Your Home, Virtual Mode - Microsoft Teams

We would like to extend this invitation to all Women Veteran who can benefit from learning more from these topics. If you think you would like to participate, please use the following link:

[Microsoft Teams Link](#)






U.S. Department of Veterans Affairs
 Veterans Health Administration
 Patrick H. Johnson VHA Mission Center

WH OUTREACH ACTIVITIES

ATTENTION FEMALE VETERANS

The Women's Health Program at the RHJ VA Medical Center welcomes you to participate in a Virtual Women's Health informational class focused on:

- Maternity Care & Consult Process
- In-vitro Fertilization & Consult Process



When: April 9, 2021 from 12:00-13:30

Where: Your Home via Microsoft Teams

We would like to extend this invitation to all Veterans who can benefit from learning more about these topics. This offer is free to all interested participants. If you think you would like to participate, please contact your PACT RN and/or PACT LPN so you can be added to the participant roster.

You can directly email me at Dorothy.Gouedy2@va.gov but please do not include any personal information. Thank you.



WH PROGRAM ACCOMPLISHMENTS

- WH COMMITTEE
- NEW SOPs- CERVICAL
- WH EDUCATIONAL TRAINING AND COMPETENCIES IN PROGRESS- WH BUNDLE, MATERNAL HYPERTENSION
- WH LIAISONS GROUP IMPLEMENTED
- 1.0 FTE WVPM
- WMHD
- NEW WH STAFF: WH NN, WH RN, WH NP, WH NN, MCC, MSA, and WH LPN.
- WH STRATEGIC PLANNING
- EOC ROUNDS
- WH REFERRAL CALL CENTER
- BABY SHOWERS X2/YEAR

MORE ACCOMPLISHMENTS

- WH CAMPAIGNS
- NEW MASSAGE CHAIRS- LACTATION ROOMS
- OUTREACH ACTIVITIES- BABY SHOWER, THREE FOCUS GROUPS, HEALTH FAIRS
- GRANTS: WHISE 1.0, WHISE 2.0, WHISE 3.0 AND HTK
- WH NEWSLETTER- STAFF
- EXPANDED COLLABORATION WITH GYN, MH, PC, NURSING
- PREMIUM HYGIENE KITS FOR FEMALE VETERANS- HOSPITAL STAY- In collaboration with Veterans Experience
- MATERNITY SYMPOSIUM
- WH PROSTHETICS TEMPLATE
- WH GYN E-CONSULTS



WH RESOURCES

- <https://www.benefits.va.gov/persona/veteran-women.asp>
- <https://www.dva.wa.gov/women/resources-women-veterans>
- Women's Health SharePoint [Welcome! \(sharepoint.com\)](#)

Questions?
THANK YOU FOR YOUR SERVICE!



WH PROGRAM- WVPM

- Dorothy K. Gouedy, RN
- Women Veteran Program Manager
- 3129 W. Montague Ave
- North Charleston, SC 29418
- dorothy.gouedy2@va.gov
- 843-308-8690, ext. 424509



RHJ MATERNITY CARE SERVICES



Maternity Care Services

Women's Health
For Women Veteran, VA is here



PRENATAL CARE

Meghan Gray, NP
Primary Care Gynecology

Preconception Counseling

- Preconception counseling is intended to optimize a woman's health for pregnancy before conception.
- Recommendations:
 - Begin a prenatal vitamin with folic acid prior to pregnancy to decrease risk for neural tube defects.
 - Control any comorbidities such as weight loss for obesity, A1C control for diabetics, HTN, asthma, Lupus, thyroid disorders, etc.
 - Abstain from nicotine, alcohol, recreational drug use.
 - Vaccinations offered for women susceptible to rubella, varicella, hepatitis B
 - STD screening
 - TB skin test



Preconception Counseling

- Screening for genetic disorders (to include screening based on family history):
 - African Americans: Sickle Cell, beta and alpha-thalassemia, cystic fibrosis
 - Mediterranean/Southeast Asian descent: beta and alpha-thalassemia, cystic fibrosis
 - Ashkenazi Jews: Tay-Sachs disease, Canavan disease, cystic fibrosis
 - French Canadians: Tay-Sachs disease, cystic fibrosis
 - Cajuns: Tay-Sachs disease, cystic fibrosis
 - Caucasians of European descent: cystic fibrosis
 - Latino, Arabic, Greek, Maltese, Italian, Sardinian, Turkish, Indian: Sickle Cell





Congratulations!

- Now let's discuss what you can expect during your obstetric visits for this pregnancy.

Antepartum Care

1st Trimester: 8-12 weeks

- You may have a nursing appointment first to confirm the pregnancy, obtain labs, and review your history.
- The initial prenatal appointment with your OB includes:
 - A comprehensive history focusing on past pregnancies, gynecologic history, medical history.
 - A breast and pelvic exam with pap smear and cultures.
 - Lab work: blood type, Rh factor, antibody screen, CBC, rubella, urine culture/screen, HBsAG, HIV, gonorrhea, chlamydia, RPR.
 - Optional plasma protein A test (PAPP-A) between 10-13 weeks for early detection of trisomy 18/21.
 - Ultrasound for detection of intrauterine pregnancy, fetal heart activity, and crown to rump length for accurate dating of pregnancy.



Antepartum Care:

2nd Trimester: 13-27 weeks

- Visits with OB every 4 weeks.
- 12+ weeks: fetal heart tones (FHT) checked every visit.
- 20 + weeks: uterine size measured every visit.
- 15-21 weeks: optional QUAD/AFP4/Tetra marker screening for detection of trisomy 18 & 21 (Edward syndrome & Down syndrome).
- 24-28 weeks: 1 hour glucose test for detection of gestational diabetes, rhogam if Rh negative.
- 18-20 weeks: anatomy ultrasound



Antepartum Care:

3rd trimester: 28 weeks – delivery

- Visits every 2-3 weeks until 36 weeks
- Visits every week from 36 weeks until delivery
- 35-37 weeks: GBS culture
- 40-42 weeks: vaginal exam to assess cervix, fetal station



Nutritional Considerations in Pregnancy

- Weight loss should NOT be attempted during pregnancy.
- Additional 300 calories per day over baseline.
- Increase dietary fiber to avoid constipation.
- Increase water intake to 8-10 glasses/day.
- Limit caffeine to less than 200mg/day (about 2, six oz cups)
- Refrain from eating: deli meats, hot dogs, uncooked meats, raw/partially cooked eggs, unpasteurized dairy, soft/mould-ripened cheeses (gorgonzola, brie).
- Limit seafood that is high in mercury (shark, tuna, marlin, mackerel).



Nutritional Considerations in Pregnancy

- Supplements:
 - 1200-1500mg calcium daily.
 - 0.4-1mg folic acid daily.
 - 30mg elemental iron per day.
- *All included in your prenatal vitamin



Health Guidance in Pregnancy

- Travel:
 - Avoid prolonged sitting by walking for 10 minutes every 2 hrs.
 - Wear seat belts under abdomen.
 - Stop air travel at 36 weeks
- Work:
 - Avoid repetitive lifting
 - Avoid prolonged standing
 - Avoid activities that increase your risk for falling/trauma
 - Avoid any hazardous chemicals, x-rays, etc.
- Dental care:
 - Gum disease is linked to preterm birth
 - Maintain excellent oral hygiene



Health Guidance in Pregnancy

- Exercise:
 - Maintain pre-pregnancy fitness routines
 - Stop exercising if fatigued, dizziness, shortness of breath
 - Avoid overheating, stay well-hydrated
 - Avoid lying on your back (supine position) in 2nd and 3rd trimesters
- Immunizations OK in Pregnancy:
 - Influenza (inactivated) vaccine 14 weeks +
 - T-dap 27-36 weeks
 - COVID 19 vaccination





QUESTIONS?

Sexual Assault and Pregnancy

Nicole A. Sciarrino, PsyD

Trigger Warning

What is Sexual Trauma/Sexual Violence?

Sexual violence includes a range of sexual acts (e.g., fondling, rape) or non-contact acts of a sexual nature (e.g., pressure to perform sexual acts)

These acts may have been attempted or committed by another person in the absence of consent

Sexual violence perpetrated against women and girls can occur at any age

Sexual violence in the military is often referred to as MST

Threatening sexual harassment

Sexual assault

Basile et al., 2014)

Prevalence Rates of Sexual Trauma

In the U.S., 43.6% of women experience some type of sexual violence in their lifetime

81.3% of women report having sustained sexual violence prior to the age of 25

Rates of MST are 1 in 3 women

(Rodgers et al., 2003; Smith et al., 2018)

WOMEN

You are not alone in overcoming military sexual trauma

Military Sexual Trauma (MST) is sexual assault or sexual harassment that occurred during a Veteran's military service:

- Being threatened or pressured into sexual activities, such as with threats or promises of better assignments
- Sexual contact without your consent, such as when asleep or intoxicated
- Being physically forced to have sex
- Being touched in a way that made you uncomfortable
- Repeated comments about your body or sexual activities
- Threatening and unwanted sexual advances



One in four women Veterans says she experienced MST when asked by a Department of Veterans Affairs (VA) provider.

Women Veterans of

ALL BACKGROUNDS

have experienced MST, independent of factors such as era of service, age, race, rank, or sexual orientation.

There may have been times in life when you were treated badly because you are a woman. Experiencing MST may have felt like one more sign you didn't matter. Because of that, you also may worry that you won't be believed if you speak up. **WE BELIEVE YOU.**

CONCERNS COMMONLY REPORTED BY WOMEN WHO HAVE EXPERIENCED MST



MST IS NEVER YOUR FAULT

THERE ARE MANY PATHS TO HEALING FROM MST. VA CAN HELP.



- VA has free MST-related services for Veterans
- You may be able to receive MST-related services even if you are not eligible for other VA care
- No documentation of the MST experience is needed to get care
- Every VA has an MST Coordinator to help you access services and resources
- Contact your local VA health care facility and ask to speak to the MST Coordinator for more information

Both women and men can experience MST. Visit www.mentalhealth.va.gov/msthome.asp to learn more about the MST-related recovery programs and services for women and men at VA.

Common Mental Health Difficulties Following Sexual Trauma

Greater severity of mental health symptoms:

PTSD

Depression

Anxiety

Alcohol & drug abuse

Suicidal thoughts

Sexual Trauma & Physical Health Difficulties

Women with a history of sexual assault, including MST, report more physical symptoms compared to women with no history of sexual assault, including:

Chronic pain

Gastrointestinal problems

Sleep disturbances

Chronic fatigue

Cardiovascular risk factors

Reproductive health problems

Perinatal problems

(Jenskin et al., 2015; Kearney et al., 2022; Nillni et al., 2018; Nillni et al., 2021; Suris & Lind, 2008)

Common Reproductive Health Problems and Sexual Assault

Reproductive health problems

Abnormal bleeding and menstrual problems, infertility

Greater prevalence of PCOS and endometriosis among women with a sexual assault history

History of sexual assault has been associated with negative perinatal outcomes:

Lower infant birth weight

Decreased likelihood of a full-term birth

Increased likelihood of reporting postpartum depression/anxiety

More hospitalizations during pregnancy

More pregnancy-related complications

Premature contractions

Cervical insufficiency

Premature birth

(Leeners et al., 2010; Nillni et al., 2021)

Sexual Trauma & Negative Health Behaviors

Negative health behaviors include:

Substance use

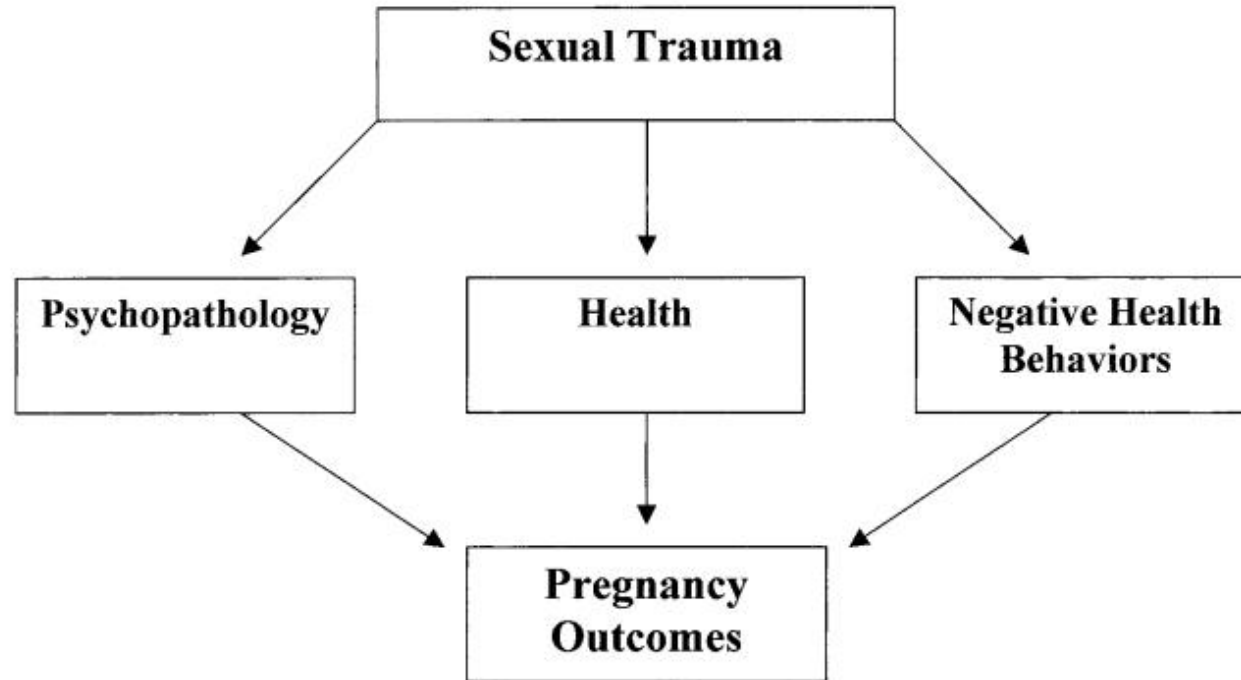
Smoking

Failure to maintain a healthy body weight (e.g., obesity)

Risky sexual behaviors

Women who experience sexual trauma engage in more negative health behaviors than women without a sexual trauma history

Understanding the Link between Sexual Trauma and Reproductive Health



(Rodgers et al., 2003)

How Does VA Support Survivors of Sexual Violence?

Universal Screening Procedures

This includes screening for MST and Relationship Health and Safety

Free care for psychological and physical health difficulties related to MST event(s)

MST Coordinator available at every facility

Evidence-based treatment for trauma-related difficulties are available virtually and in-person across the facility – that includes community-based clinics!

References

Dardis, C. M., Reinhardt, K. M., Foyne, M. M., Medoff, N. E., & Street, A. E. (2018). "Who are you going to tell? Who's going to believe you?" Women's experiences disclosing military sexual trauma. *Psychology of Women Quarterly*, 42(4), 414-429.

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Nillni, Y. I., Fox, A. B., Cox, K., Paul, E., Vogt, D., & Galovski, T. E. (2021). The impact of military sexual trauma and warfare exposure on women veterans' perinatal outcomes. *Psychological trauma: theory, research, practice, and policy*. <https://doi.org/10.1037/tra0001095>

Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Suris, A. & Lind, L. (2008). Military Sexual Trauma: A review of prevalence and associated health consequences in veterans. *Trauma, Violence, & Abuse*, 9(4), 250-269. DOI: 10.1177/1524838008324419



FIT PRENATAL NUTRITION

Nutrition Goals Before and After Pregnancy

During Pregnancy

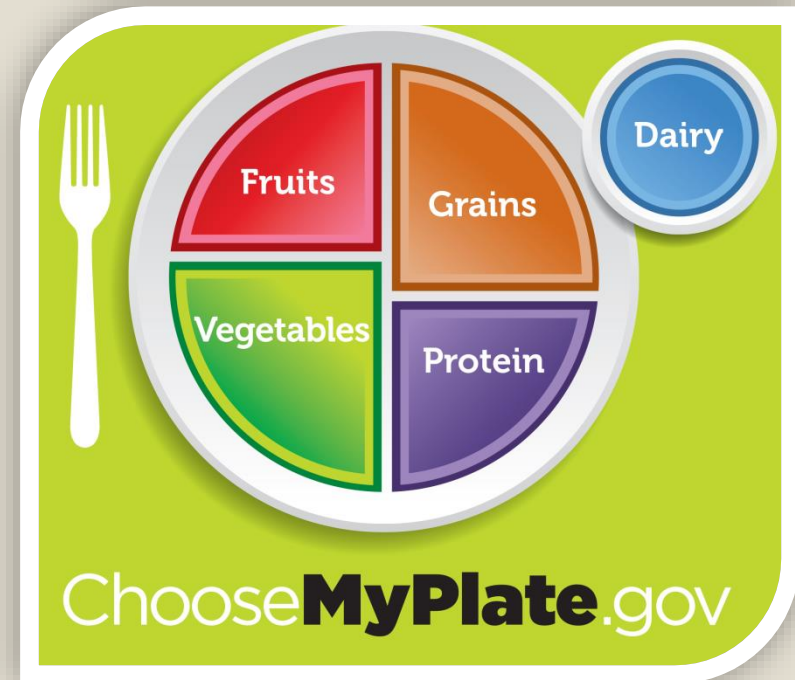
- Achieve adequate weight gain, limiting excess weight
- Consume balanced diet
- Get active, safely
- Healthy behavior changes, if necessary
 - Smoking and alcohol cessation
- Seek additional guidance if faced with complications or medical issues

Postpartum

- Consider breastfeeding
 - Benefits for baby and mom
- Match food intake with activity level and feeding preference
- Carry forward healthy changes you made during pregnancy
- Make a plan to allow for personal care time

Nutrition for a Healthy Pregnancy

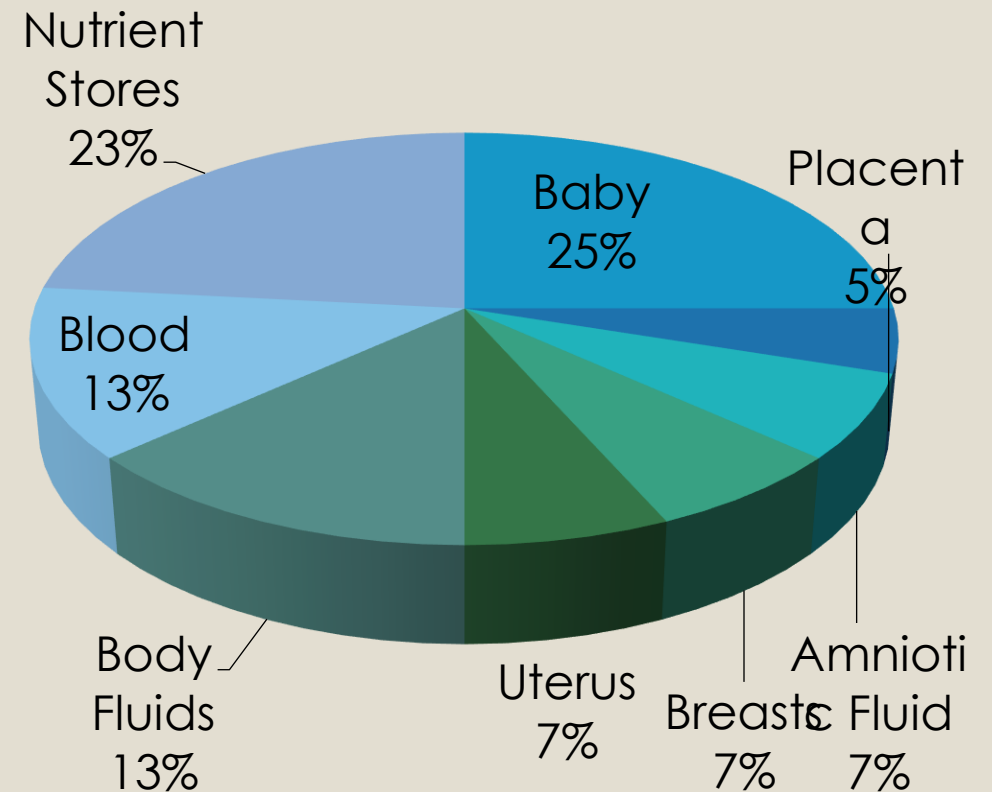
- Establish balanced diet
 - Include wide variety of whole fruits, vegetables, whole grains, lean proteins, low-fat dairy
- Achieve adequate fluid intake
 - 64-80 fl oz daily
 - Limit sugar-sweetened beverages to aid in calorie intake control
- Non-nutritive sweeteners
 - Avoid saccharin (Sweet'n Low, pink packet)
- Limit caffeine to 200mg/d
- Avoid unpasteurized milk/milk products including soft cheeses, raw or undercooked eggs, meat, poultry
- Include up to 12 oz/wk low mercury fish (shrimp, canned light tuna, salmon, tilapia, catfish)



Calorie Needs

- Additional energy not needed until second trimester
 - 340 calories 2nd tri
 - 450 calories 3rd tri

Where Those Pounds Go



Important Nutrients During Pregnancy

- Calcium- 1000 mg/day
 - Sources: dairy, greens, fortified foods
 - Prenatals contain 263 mg
- Iron- 27 mg/day
 - Sources: red meat, fish, poultry, dried fruits, iron-fortified cereals
 - Prenatals contain 27 mg
- Zinc-12 mg/day
 - Sources: seafood, wheat germ, lean beef, black-eyed peas
 - Prenatals contain 25 mg
- Folic acid- 600 mcg/day
 - Sources: pinto and navy beans, lentils, broccoli, romaine lettuce, oranges, fortified cereals
 - Prenatals contain 800 mcg
- Fiber-28 g/day
 - Sources: Fruits, vegetables, whole grains, beans, nuts, seeds

Breastfeeding Nutrition Goals

- Additional 400 calories daily
- 5-7 servings vegetables
- 2-3 servings fruit
- 25-30g fiber
- Limit sodium to 2300mg
- Drink at least 9 glasses of water
- If vegetarian – may need extra calcium, zinc, folate, and vitamins E, D, B6, and B12

- Foods/ingredients that may increase milk supply:

- Fenugreek
- Goats' Rue
- Milk Thistle
- Oats
- Dandelion
- Millet
- Seaweed
- Anise
- Basil
- Blessed Thistle
- Fennel Seeds
- Marshmallow
- Moringa Leaf
- Brewer's Yeast

* Herbal supplements and teas are not monitored by the FDA. Discuss use of any of these products with your OBGYN or lactation consultant.



Medication Considerations During Pregnancy

Perinatal Mood and Anxiety Disorders

Mental health conditions are the **most common complication** of pregnancy/childbirth

Affect 1 in 5 women

11,400 pregnant women in SC annually

Risk vs Risk

- ▶ Must weigh risk of untreated illness vs risk of medication
- ▶ There is no such thing as no exposure
- ▶ Goal = minimize number of exposures



Impact of Untreated Maternal Mental Illness

Maternal Risks:

- ↓ Increased suffering
- ↓ More missed days of work
- ↓ **Suicide attempts/completion**
- ↓ Increased risk for relationship discord
- ↓ **Increased risk for substance use**

Obstetric Risks:

- ↓ Increased risk for in utero exposure to substances of abuse
- ↓ **Increased risk of premature birth**
- ↓ **Increased risk for lower birth weight**
- ↓ Increase risk for maternal/ infant mortality

Child Health and Development Risks:

- Less frequent preventative health visits
- More Urgent Care and/or Emergency Department use
- Reduced immunization adherence
- Insecure attachment patterns
- Affective restriction and disruptive behaviors in children
- **Increased rates of anxiety and depression in children**
- Increased rates of learning disorders
- Increased ADHD symptoms

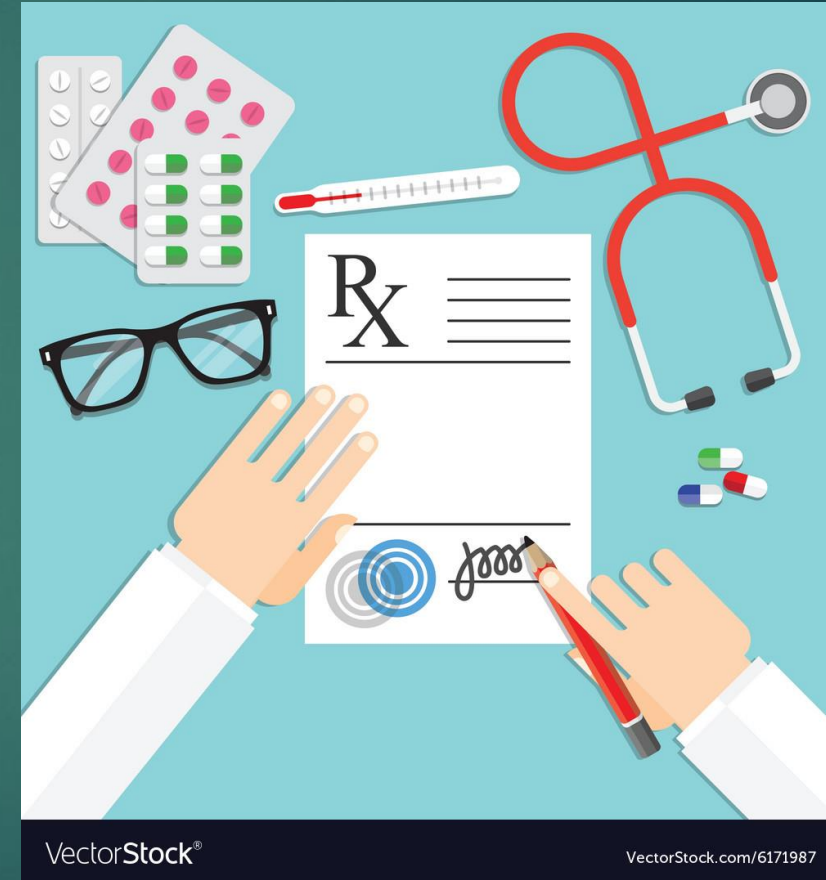
Which medication to choose?



- ▶ What medication are you currently taking?
- ▶ What medication has worked for you in the past?
- ▶ How stable are your symptoms? How severe?
- ▶ It is not recommended to change a medication that is working well for a "safer" option

Medication Considerations

- ▶ Goal is to use the **lowest effective dose**
 - ▶ Underdosing leads to a double exposure
- ▶ Maximize non-medication options (therapy)
- ▶ Minimize total number of medications, if possible
- ▶ In general, **do not stop a medication that is working**



Antidepressant Use (SSRIs) in Pregnancy

- ▶ Prozac, Zoloft, Celexa, Lexapro, Paxil
- ▶ What do we know?
 - ▶ Increased risk of preterm labor (small)
 - ▶ Increased risk of low birth weight (small)
 - ▶ Risk of neonatal adaptation syndrome
 - ▶ Not likely to increase risk of miscarriage
 - ▶ Not likely to increase risk of major malformations
 - ▶ No association with autism



Risks of Untreated Depression

- ▶ Increased risk of preterm labor
- ▶ Increased risk of low birth weight
- ▶ Risk of impaired bonding with baby
- ▶ Risk of postpartum depression
- ▶ Risk of child developing depression
- ▶ Risk of suicide
- ▶ Risk of poor prenatal care

Mood Stabilizers: Lamictal

- ▶ Generally, a preferred option during pregnancy
- ▶ No increased risk of malformations
- ▶ No negative neurodevelopmental effects
- ▶ Increase in metabolism and clearance of Lamictal during pregnancy may require dose adjustments based on symptoms

Mood Stabilizers: Depakote

- ▶ **Avoid use** (if possible) during childbearing years
- ▶ Risk of major malformations (**10%**)
- ▶ Risk of neurodevelopmental impairment, **lower IQ** in children
- ▶ If used, take with 3-5mg of folate daily

Mood Stabilizers: Lithium

- ▶ Increased risk for cardiac malformations with first trimester exposure
- ▶ Risk of newborn toxicity
- ▶ Risk for newborn transient hypothyroidism and nephrogenic diabetes insipidus
- ▶ Unknown risks for long-term effects
- ▶ Requires lab monitoring

Mood Stabilizers: Antipsychotics (2nd generation)

Abilify, Latuda, Seroquel, Risperdal, Invega,
Geodon, Vraylar

- ▶ specific discussion for each medication
- ▶ Possible risk of low birth weight
- ▶ Small risk of extrapyramidal signs at birth (e.g., agitation, tremor, sleepiness)
- ▶ In some small studies, early delay in cognitive, motor, and social development but this disappeared by 6-12 months
- ▶ No increased risk of congenital malformations
- ▶ Risk of weight gain, high cholesterol, diabetes in mothers

Risks of Untreated Bipolar Disorder

Increased risk of mood episodes (~85% if medications stopped)

Increased rate of c-section

Pre-eclampsia


Pre-term birth

Low birth weight

Poor developmental outcomes

What should I ask my mental health provider?

- ▶ What is the **known information** on using my medication during pregnancy? What information is **unknown**?
- ▶ What **risks** are associated with my illness during pregnancy?
- ▶ Are there any **alternative medication** options?
- ▶ What are the **benefits** of taking my medication during pregnancy?



Discuss with your
mental health
provider prior to
making any
medication changes!

If planning
pregnancy, discuss
plan for medications
beforehand

Resources

Postpartum Support International

- ▶ <https://www.postpartum.net/>
- ▶ Support groups, local resources, national consult line for providers

National Maternal Mental Health Hotline

- ▶ **Call or Text 1-833-943-5746**

South Carolina : Mom's IMPACTT Program

- ▶ 843-792-6667`

Pelvic Floor Physical Therapy

Before, During, and After Pregnancy

Mary Ann Sims PT, DPT, WCS



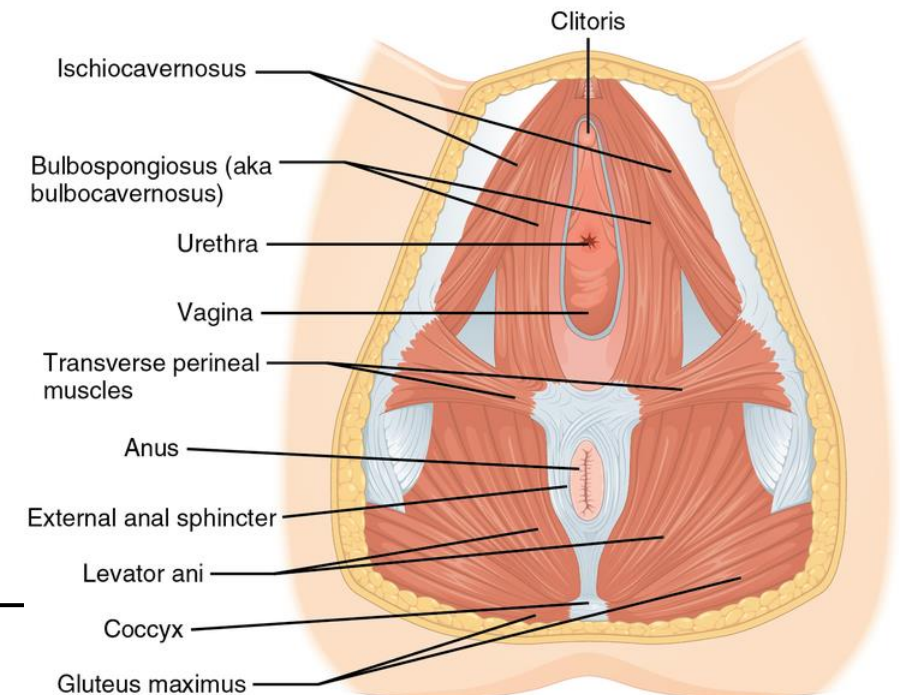
What is Physical Therapy (PT)?

- A treatment intended to improve mobility, restore function, reduce pain, and prevent further injury by using a variety of methods (APTA)
- Methods may include exercise, stretching, hands-on treatment, and education
- Always provided by a licensed physical therapist



What is the pelvic floor?

- A group of muscles located within the pelvis
- Supports the pelvis organs and the bones of the pelvis
- Important in bladder, bowel, and sexual function
- Part of your “core”



Pelvic Floor Physical Therapy

- The pelvic floor is made up of *muscles*, just like everywhere else in your body
 - These muscles can be tight, weak, painful, or all of the above!
 - A PT can assess your muscles, joints, and movements to determine a treatment plan that is tailored specifically for you
-

How can this help during pregnancy?

- Strengthen your core and support system, especially as baby grows!
 - Address back, hip, or other pain that may come up during pregnancy
 - Discuss strategies for labor and delivery
-



How can this help after pregnancy?

- Help with daily tasks - get you stronger and address any pain
 - Return to sports, exercise, work duties, etc
 - Address posture for feeding, lifting, holding, etc
 - Address any bowel or bladder issues/concerns
-

How do I know if this will help me?

- Pain, especially in areas of back, pelvis, or hips
- Pain with intercourse, gynecological exams, tampon use, etc
- Pelvic pressure or heaviness
- Urinary incontinence, difficulty emptying bladder, urinary urgency/frequency
- Constipation or diarrhea
- Ask your doctor to send a referral :)

How to reach me!

Mary Ann Sims

Private Therapy Services

843-766-2121

maryann@askmypt.com



Private Therapy Services
Pelvic Floor Center
AskMyPT.com





PERINATAL DEPRESSION & ANXIETY

Katie Rider Munday, Ph.D.

Psychologist

Women's Mental Health Champion

WOMEN VETERANS HEALTH CARE

*You served, you deserve
★ the best care anywhere.*



ADJUSTING TO BABY

- Giving birth and caring for an infant require tremendous adjustment for all women
- 40-80% of women experience brief mood changes postpartum called "baby blues"
 - Often begins 3-5 days after delivery and lasts 2-3 wks.
 - During this time, moods tend to be more intense than usual
 - Common symptoms:
 - Irritability
 - Crying
 - Poor concentration
 - Anxiety

MANAGING THE BABY BLUES



KNOW WHAT
TO EXPECT



PRIORITIZE
SLEEP



GET OUT OF
THE HOUSE



ADJUST YOUR
EXPECTATIONS



ASK FOR HELP

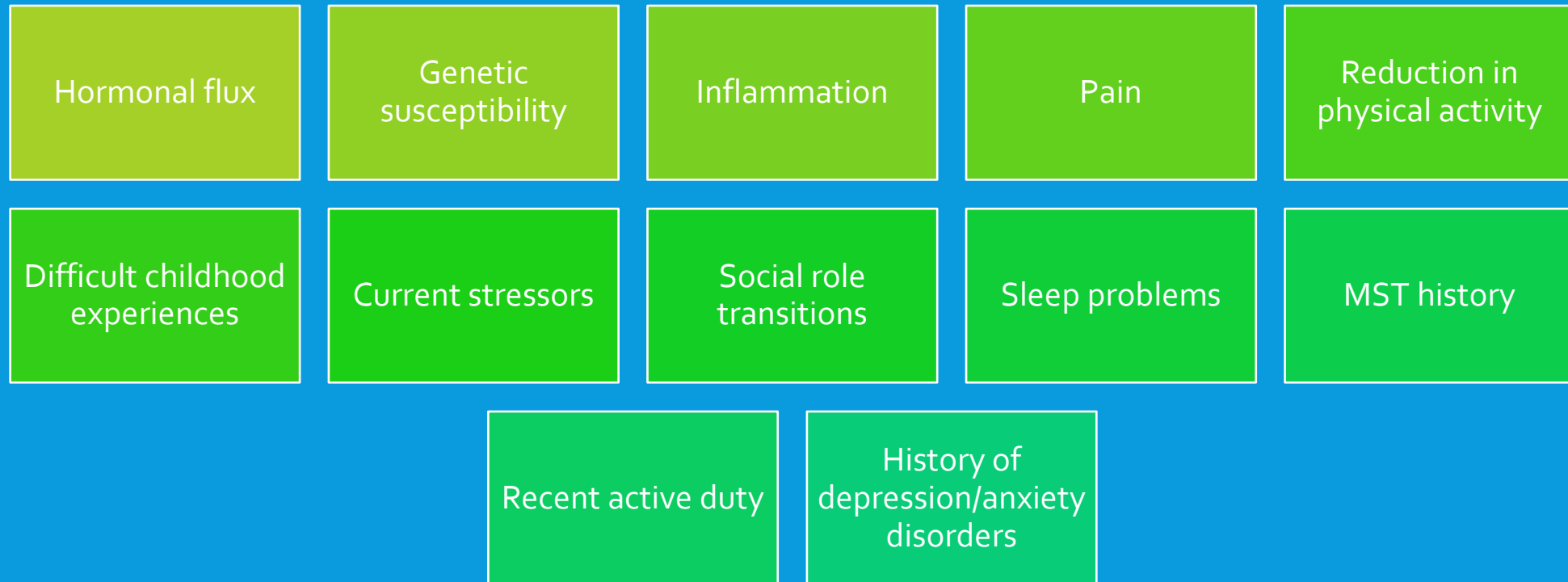


PRACTICE SELF-
COMPASSION

PERINATAL DEPRESSION VS. BABY BLUES

- More likely to be depression if . . .
 - Can't sleep even when baby sleeps
 - Fatigue and poor concentration continue despite good sleep
 - More or less than expected weight change
 - Lack of interest in food OR comfort eating

RISK FACTORS FOR PERINATAL DEPRESSION



Therapy

- Cognitive Behavior Therapy (CBT)
- Interpersonal psychotherapy (IPT)

Challenge your thoughts, such as . . .

- Expecting negative judgments from others
- Intense maternal responsibility
- Maternal role idealization

Enhance social support

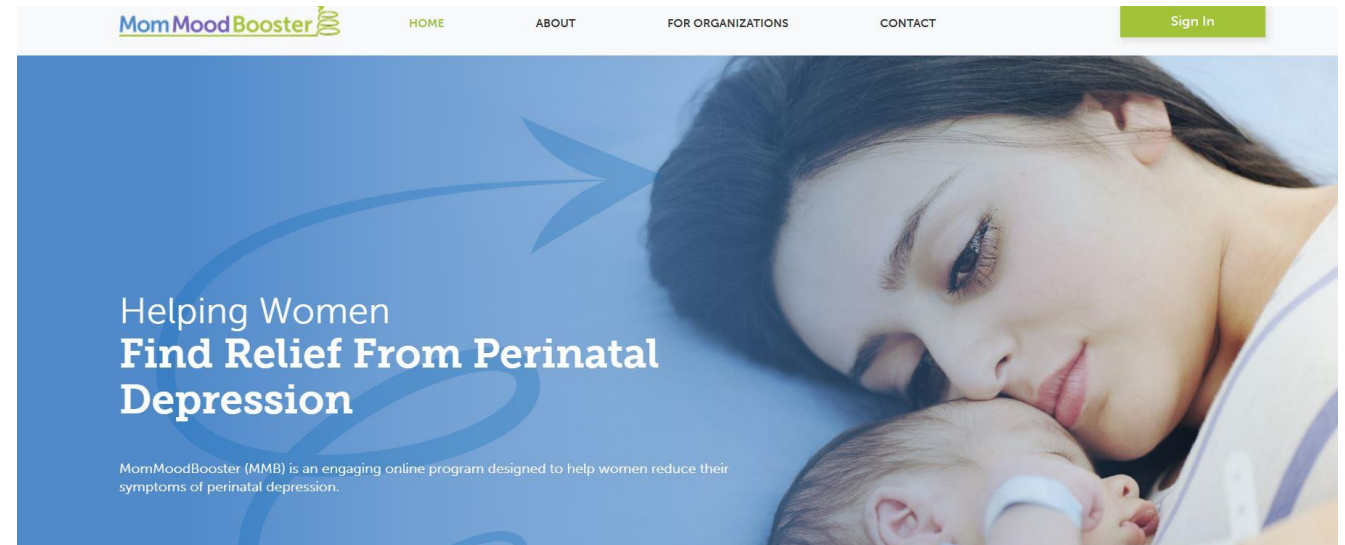
Get moving

Be flexible with breastfeeding

TREATING PERINATAL DEPRESSION

MOM MOOD BOOSTER

- [MumMoodBooster](#)
- Call 866-849-6636



Most pregnant women worry

Most common worries include . . .

- Having a miscarriage
- What it will be like giving birth
- Something being wrong with the baby
- Coping with the baby
- Financial burden
- Increased responsibility, including loss of spontaneity and independence
- Interference with job, career, social life
- Own health and appearance

WORRY IS
NORMAL!

TREATING PREGNANCY- RELATED ANXIETY

- Therapy can be useful to increase understanding and support
- Therapy might focus on . . .
 - Pregnancy acceptance
 - Relationships with partner, other children
 - Wellbeing of mother
 - Fears of labor
 - Labor preparation

TREATING PREGNANCY- RELATED ANXIETY

- **Pregnancy-focused yoga**
 - [Veterans - Veterans Yoga Project](#)
 - [Prenatal Yoga - 5 Poses for All Trimesters – YouTube](#)
 - [Pregnancy Yoga Classes Ultimate Guide](#)

ANXIETY DISORDERS DURING PREGNANCY

- Tokophobia = extreme fear of childbirth
 - Can result from traumatic prior pregnancy
 - *Risk factors include:*
 - First pregnancy
 - Single
 - Younger
 - Lower income
 - Low social support
 - History of depression and/or current depression
 - *Treatment includes:*
 - CBT
 - Continuous support during labor and delivery

ANXIETY DISORDERS DURING PREGNANCY

- Adult Separation Anxiety Disorder (ASAD) = extreme discomfort when separated from baby
- Can be triggered by trauma and/or loss
- *Treatment includes:*
 - CBT
 - Couples/family therapy

ANXIETY DISORDERS DURING PREGNANCY

- **Panic Disorder**
 - Most women with pre-existing panic disorder do NOT experience worsening during pregnancy
 - Some increased likelihood of panic symptoms worsening postpartum
 - *Treatment includes:*
 - Relaxation Techniques
 - Healthy distraction to shift attention away from bodily sensations
 - Challenging unhelpful thinking styles
 - Avoiding avoidance

MENTAL HEALTH TREATMENT AT RHJ

- If you are interested in pursuing mental health treatment at RHJ VA:
 - Request a *referral from your primary care provider*
 - *Contact Dr. Rider Munday* (see contact info on the last slide)

Women-Only Therapy Groups

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Ralph H. Johnson VA Health Care System

Mental Health Service Line

These groups are available exclusively to women Veterans. At this time, all groups are offered virtually. Please contact your mental health provider to express interest in joining.

If you have questions about these groups or ideas for other group topics, please contact the Women's Mental Health Champion, Dr. Katie Rider Munday, at: 843-770-0444, ext 302235. **"The Women's Mental Health Champion can also be reached through My HealtheVet by sending a secure message to Women Mental Health Champion."**

Women's Stress Management Group

When: Thursdays 1 p.m. - 2 p.m.

What: This 9-week group includes a mix of skills-building and discussion. This group is focused on improving stress management techniques and connecting with other women.

Who: All women Veterans are welcome.

Women's Empowerment Group

When: Wednesdays 8:30 a.m. - 9:45 a.m.

What: This 11-week group is designed to assist women Veterans with establishing and maintaining healthy behaviors, developing a healthy view of intimacy and sexuality, and identifying and expressing needs. Completion of practice assignments between sessions is an essential part of this group.

Who: Any women Veteran who has completed – or is in the process of completing – an evidence-based treatment for trauma, has an assigned mental health treatment coordinator, and has a PTSD diagnosis.

Women's Health and Healing After Trauma Group

When: Thursdays 1 p.m. - 2 p.m.

What: This 15-week group is designed to enhance trauma recovery skills with an emphasis on overall health and

wellbeing. Topics addressed include managing emotions, physical health, relationship and intimacy issues, boundary setting, and body image.

Who: Any women Veteran with a history of sexual trauma.

Women's Chronic Pain Management Group

When: Fridays 1 p.m. - 2 p.m.

What: This 10-week group focuses on equipping women Veterans with strategies to improve their pain management using Cognitive Behavioral Therapy for Chronic Pain techniques. Pain management issues specific to women will be addressed, including the impact of hormones on chronic pain, caregiving with chronic pain, body image issues, and navigating gender treatment disparities.

Who: Any women Veteran struggling with chronic pain.

Women's MST Group

When: Mondays 1 p.m. - 2 p.m.

What: This open-ended group has no predetermined number of sessions. The group involves a mix of education on recovery topics (e.g., managing anger, sleep, coping with distress, unhelpful thinking traps) and opportunity for discussion.

Who: Any women Veteran who lives in South Carolina.

"She served, she deserves the best care anywhere."

RESOURCES

[Pregnancy and Mental health - Women Veterans Health Care \(va.gov\)](#)

Anonymous Depression Screening Tool: [Depression Screening - My HealtheVet \(va.gov\)](#)

Postpartum Support International: [Postpartum Support International – PSI](#)

VA Parenting Support: [Parenting for Service Members and Veterans - Veteran Training \(va.gov\)](#)

Women Veteran Call Center: [Women Veterans Call Center - Women Veterans Health Care \(va.gov\)](#)

Veteran's Crisis Line: [Home \(veteranscrisisline.net\)](#)

CONTACT

Dr. Rider Munday can be reached by:

- Calling 843-770-0444 ext. 302226 or 302235
- Send **secure message** to Women Mental Health Champion through My Healthe Vet