Perinatal MHRN SIG

August 2, 2017 12-1pm MT

Minutes

* Arne welcomed attendees to join call and invited introductions among attendees
  1. Arne Beck: Senior Investigator, KP Colorado, Institute for Health Research (IHR)

1. Jenn Boggs: KP Colorado, Project Manager IHR; perinatal projects
2. Laurel Copeland: Center for Applied Health Research, Baylor Scott & White
3. John Zeber: Center for Applied Health Research, Baylor Research Institute;   
   liaison with growing group of perinatal clinicians interested in doing research, serving as their rep
4. Yihe Daida: Research Associate, KP Hawai’i; Maternal and child health, nutrition background
5. Sona Dimidjian: UC Boulder, Dept. of Psychology and Neuroscience faculty
6. Sherryl Goodman: Professor, Emory University, expertise in impact of depression among moms on children and parenting, prevention/treatment of depression among moms
7. Mark T. Gray: Data Specialist, KP Colorado, IHR
8. Lauren Hill: Program Officer, NIMH, primary focus on research training and career development, psychosocial interventions for perinatal mood disorders
9. Sam Hubley: Assistant Professor, Dept. of Family Medicine, University of Colorado Anschutz Medical Campus
10. Wendy Marie Ingram: Postdoctoral Fellow, Department of Epidemiology and Health Services Research, Biomedical Translational Informatics Institute, Geisinger Health System
11. Jean M. Lawrence: Senior Research Scientist, KP Southern California, Department of Research & Evaluation
12. Frances Lynch: Research Investigator, KP NW, Center for Health Research
13. Carsie Nyirenda: Data specialist with KP Colorado; how to work with labor and delivery info from EMR and mental health, mom/baby links for longitudinal research
14. Belinda Operskalski: Project manager, KP Washington, general interest in this topic area
15. Ashli Owen-Smith: KP Georgia, Affiliate Investigator, worked with Sherryl Goodman when at KP, full time faculty in School of Public Health at Georgia State university, interested in perinatal mental health and mindfulness-based interventions for women in perinatal period, other CAM modalities
16. Rebecca Rossom: Research Investigator, HealthPartners Research Foundation
17. Greg Simon: KP Washington, AIM study, history of work on safety of ADM during pregnancy, lead investigator for MHRN
18. Jeannette Waxmonsky: University of Colorado Anschutz Medical Campus; Jefferson Center for Mental Health, Colorado
19. Bobbi Jo Yarborough: KP NW Health services researcher; adolescents with major mental illness and fertility rates
20. Kelly Young Wolf: KP Northern California, prenatal substance use, K award to look at substance use among pregnant women
21. Lyndsay A. Avalos: KP Northern California, research scientist; K award looking at genetic mutations and folate levels related to perinatal depression, universal screening for perinatal depression, submission to look at mindfulness intervention for perinatal depression
22. Jenn Felder: UCSF postdoctoral research fellow in psychiatry, clinical psychology training at CU Boulder with Sona Dimidjian, prevention of perinatal depression, interests in sleep during perinatal period and birth outcomes, studying digital CBT therapy for insomnia during pregnancy
23. Kara Zivin: Univ of Michigan, access to care and quality of care for depression, looking at depression and substance use during perinatal period and how policy impacts screening and policy and follow up rates during perinatal period

* Agenda
  + Discuss areas of common interest that align with NIMH priorities
  + Consider working on creating a common data infrastructure and mom/baby links
    - Greg: Level setting information: access records data can be done easily with moms, can be done easily with babies, the challenge is which babies belong with which moms, that is not simple. There have been efforts to do this supported by a particular project that have covered specific health systems over specific periods of time, but no universal solution. How to move that issue forward? How do you get traction in terms of everyone coming together saying we will all do that and we all will do that the same way?
    - Carsie: working on pregnancy tables to use with the VDW so all sites who work with the VDW will have this pregnancy outcome table, contains mom and baby information, and mom/baby link. Over 90% moms and babies have been linked. Goal is by end of the year.
    - Arne: other sites have been doing this work, such as vaccine safety data investigators.
    - John Zeber: Laurel working with depression and pre-eclampsia in specific populations.
    - Arne: need to determine what are people doing and how we can share this? Perhaps a sub working group. Also common elements in the VDS and distributed code across sites have been very important. Ex, SAS code at one site used at another site, given that everyone has EPIC. Defined populations within our health systems, so we can look at rates of diagnoses and treatments across our sites.
    - Arne: asks if there are grant mechanisms that support data infrastructure work? Greg responds about HCSRN interest in children’s research network, NICHD conversations. Recommended connection with Sasha Dublin and (?) at UCSD. Greg will make connection over email with Arne. Lauren will explore options at NIMH and there is interest in common data elements.
  + Discuss what makes a SIG successful within the MHRN? What would make this SIG most effective, useful, impactful?
    - Expectation that there will be subgroups in which there are smaller topics of interests
    - Might be common cause among specific grant mechanism
    - Jenn B: suicide SIG, connect with external investigators with expertise in content areas and bringing them in to the network, maybe external investigator can lead a study within the network, key success story
    - Greg: place to catch up, best place to develop new project ideas, put ideas out there, find potential partners, you want to have a group with some diversity but not too wisely dispersed, not everyone doing the same thing, don’t learn anything, but if so different then there are not points of connection
    - Ashli: suicide SIG, brainstorming about grant ideas, manuscript ideas, data only studies, conversations about papers from existing data
  + Discuss ideas for new studies
    - Arne: studies that might engage other sites in testing questions about scaling, replicating across sites
      * peer led model for Behavioral Activation to women who screen positive for depression in pregnancy, been recruiting the peers, developing a training protocol.
      * effectiveness of MBCT for prevention of depression relapse among women in pregnancy with histories of depression; in person work showed strong relapse prevention effect through in person delivery; now developing a digital platform for delivery
      * Discussion:
        + Ashli: asking about other HMO MHRN sites or community sites?
        + Arne: thinking about both!
        + Ashli; Mindfulness online and mHealth and taking to mobile phone apps
    - Jenn Felder: conducting a RCT in which recruiting pregnant women with insomnia to receive either a digital CBT (Sleepio) or usual care; studied in 6 RCTs for insomnia in general populations and this will be the first study in pregnancy. Interested in partners and colleagues who might be interested in this work. New paper on importance of insomnia with respect to labor and delivery outcomes. Insomnia could be modifiable risk factor for depression and outcomes for preterm birth.
    - Ashli
      * Pain during pregnancy as focus of interest
      * Measurement of chronic pain and pain experiences during pregnancy
      * Interest in paper on what do we know from existing EMR data on pain during pregnancy, good pilot data
      * Jenn Felder would be interested in this topic, submitted K award to examine mindfulness-based intervention for pain and sleep
    - Jenn Boggs shared about our survey method and data that we did at the start of the peer BA study, we could think about doing this to address some of this as preliminary data
  + Articulation of general ideas for sharing resources
    - Idea about sharing recruitment information among members of the SIG
    - Sharing measures among SIG members would be valuable
    - Sharing methods for patient engagement with perinatal women as research partners
    - Sharing methods for online recruitment