

## ▶ Taking a Lead in Perinatal Mental Health

Mental health conditions are the leading complication of pregnancy and cause of maternal deaths, and they can seriously impact child welfare.

One in five women experience anxiety or depression during or after pregnancy, and the trend is worsening. Three-quarters of these women go untreated, resulting in adverse parent, infant, and child outcomes, including preterm birth, extended hospital stays, and behavioral and developmental difficulties for children.

### Educating, Checking, Making Help Available

“Two or three weeks of baby blues can be a normal period of transition after birth, while hormones normalize. But too often, more-serious distress is written off,” said Rachel Kramer, MD, FACOG, medical director of Virtua’s Perinatal Mood and Anxiety Disorders (PMAD) program, the first and only such standalone initiative in South Jersey. “Stigma or shame may prevent expectant or recent mothers from sharing their mental health status with partners or professionals, and many mothers aren’t screened.”

The U.S. Preventive Services Task Force and the American College of Obstetricians and Gynecologists recommend the standard use of validated tools to detect PMADs in pregnancy and postpartum. Virtua obstetrics assesses patients using the Warwick-Edinburgh Mental Well-Being Scale at the first prenatal visit, at 28 to 30 weeks, and at each postpartum visit for one year. Patients referred into Virtua’s PMAD program are evaluated during a thorough hour-long intake session with a licensed clinical social worker. A personalized treatment plan is developed that may include individual therapy and possibly medication.

Medications are available that are safe for managing mood and anxiety during pregnancy and lactation. Recently approved zuranolone, an allosteric neuroactive steroid, modulates GABA-A neurotransmitter receptors as the first drug developed specifically for postpartum depression.

“Studies show changes in the amygdala of women with PPD,” noted Emilie Sheridan, LCSW, a psychotherapist in Virtua’s PMAD program. “Findings also indicate that extreme heat in the presence of higher air pollution and lack of green space or air conditioning increases the risk for the condition.”

### Taking PMAD Seriously

Infants born to mothers with untreated maternal mental health conditions are also at risk for such problems as low birth weight. Untreated PMAD in the parent increases the risk for cognitive and emotional delays in the child.

“Women with a history of mood or anxiety conditions are at greater risk for PMADs and may have the misimpression that they should discontinue their medications for the safety of the fetus,” said Dr. Kramer, who helps to oversee a care model involving the patient’s obstetrician or other PCP. “Providers of women of childbearing age should be mindful of PMAD factors. Fortunately, maternal mental health conditions are treatable and most are temporary.”

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**Bladder Botox  
for Urinary  
Leakage and  
Overactivity**



Virtua clinical licensed social workers Jessica Fowler, Emilie Sheridan, and Stephanie Nelson provide PMAD program patients a welcoming, comfortable, and family-centered environment. Patients have the option of in-person or telehealth appointments. Cognitive behavior therapy is a first-line intervention.

Learn more about available resources for perinatal mood and anxiety disorders at [virtua.org/postpartumdepression](https://virtua.org/postpartumdepression).

## Bladder Botox for Urinary Leakage and Overactivity

Many women—including young women—will experience urinary incontinence at some point, negatively impacting their day-to-day lives. While there are various interventions available for overactive bladder and urge incontinence, bladder Botox® injection has proven to be a safe, convenient, and effective option, particularly for refractory patients.

Using a cystoscope, urogynecologists deliver Botox (a purified botulinum toxin) transurethally to the interior of the bladder wall in an outpatient procedure. With local anesthetic applied first for 20 to 30 minutes, most patients tolerate the procedure well. Injections into the muscle of the bladder serve to decrease the intensity of bladder contractions.

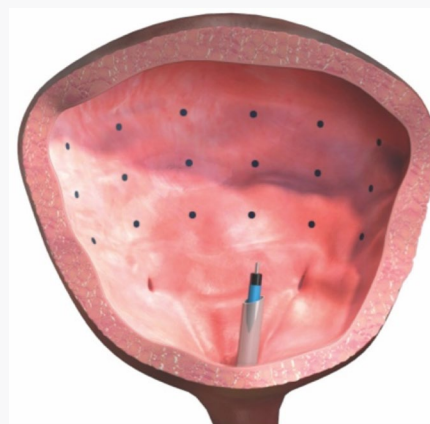
“Overactive bladder may be caused by weak pelvic muscles, increasing age, obesity, or an estrogen deficiency after menopause, as well as nerve damage due to a stroke, diabetes, Parkinson’s disease, or multiple sclerosis,” said Virtua urogynecologist Alexander Berger, MD, MPH, FACOG. “Botox injections, which help muscles to relax, were previously limited to the operating room and surgical centers. Virtua now offers this treatment in the office setting. Women can drive themselves to the appointment, get the injection, and go right back to their normal activities.”

Most patients who elect bladder Botox have not had symptom improvement with behavioral modifications, physical therapy, or medications. However, Virtua’s Female Pelvic Medicine specialists discuss all initial options with patients and evaluate needs individually.

Patients generally experience symptom relief, including for nocturia, in seven to 10 days, and effectiveness lasts six to nine months. Because the injections are minimally invasive and generate a strong response, most patients readily return for repeat injections.

“Bladder Botox is a well-established treatment for overactive bladder and urgency incontinence, as well as for neurogenic lower urinary tract dysfunction,” said Dr. Berger, who is an assistant professor of obstetrics and gynecology in the Rowan-Virtua School of Osteopathic Medicine. “It has joined acupuncture and implantable neuromodulation among advanced therapies that we can offer patients.”

Most major medical insurance providers cover the cost of the treatment.



Virtua urogynecologists place Botox in an array of points in the detrusor muscle that lines the bladder. The treatment blocks nerve signals that trigger bladder spasms and involuntary urine leakage.