NATIONAL CURRICULUM IN REPRODUCTIVE PSYCHIATRY

Reproductive Life Cycle

Media Module

Facilitator's Guide

Contributors:

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Pre-Reading

- How well do women adapt to changes in their **body** size and shape across the course of pregnancy? Duncombe D, Wertheim EH, Skouteris H, Paxton SJ, Kelly L. J Health Psychol. 2008 May;13(4):503-15. doi: 10.1177/1359105308088521. PMID: 18420758
- The effectiveness of exercise for the prevention and treatment of antenatal depression: systematic review with meta-analysis. Daley AJ, Foster L, Long G, Palmer C, Robinson O, Walmsley H, Ward R. BJOG. 2015

Session Overview

Popular media frequently touches on issues germane to reproductive psychiatry and pregnancy, such as pregnancy weight gain, postpartum depression, stress in pregnancy, and breastfeeding. Well-known celebrities such as Gwyneth Paltrow and Chrissy Teigen have voiced their experiences with maternal mental health to millions of people worldwide. However, the tone of the messages arising from the media can be tinged with stigma. The ability to field patient questions arising from popular culture is an important professional skill for trainees. In particular, trainees should be able to explain data and statistics cited in the lay media in an accurate, reassuring, and clinically relevant manner. Thus the goal of the NCRP's media modules is to have residents build communication skills that enable them to serve as knowledgeable and thoughtful representatives of reproductive psychiatry to a lay audience.

Each session consists of three parts: 1) reviewing and critiquing a piece from the popular media (such as from newspaper articles or social media); 2) appraising the comparable medical literature; and 3) role-playing a psychiatrist/patient interaction about how to communicate this topic to a lay audience.

The aim of reviewing the medical literature is to compare its findings with the information portrayed in the media. For the purposes of this exercise, the most relevant parts of medical literature are the abstract, the introduction, and the discussion. The aim is not to have an in-depth, "journal-club" analysis of the article (which is an important skill for residents to master elsewhere in their training), but rather to delineate in broad strokes the gaps between the information presented by the media portrayal and by the medical literature.

Sessions usually last 50 minutes, but can modified, depending on the number of media items and articles selected. The media conference is tailored for PGY-4 psychiatry residents but can be modified for any resident trainee group. A small group setting with time and space to work within break-out groups is recommended. After review of the media items and the medical literature, the group will divide up into small groups of 2-3 residents to role-play the clinical interaction.

1. Presentation of media items (10 minutes): Faculty and residents together will review the media item(s)

2. Review of medical literature (10 minutes): Faculty and residents together will briefly assess the comparable medical literature

3. Role-play with case example (15 minutes): Small groups of residents will role-play a psychiatrist/patient discussion

4. Large group discussion (10 minutes)

5. Wrap-up and Q+A (5 minutes)

Selection of Content

Content can either be selected in advance or selected at the time of the session. The faculty and resident group may pre-select a topic that is of particular interest to the group and distribute the media item and the article one to two weeks prior to the session. Alternatively, if there is a media item of particular interest to one or more of

the trainees, they can bring the item to the session and the relevant literature can be appraised in the session in real time by the faculty and trainees, using a laptop and projector.

The media conference presented here, as part of our "Reproductive Life Cycle Module," focuses on body image, diet, and exercise in the perinatal period; topics more directly relevant to reproductive psychiatry are included in media conferences in other subject areas (including perinatal depression, etc.).

Learning Objectives

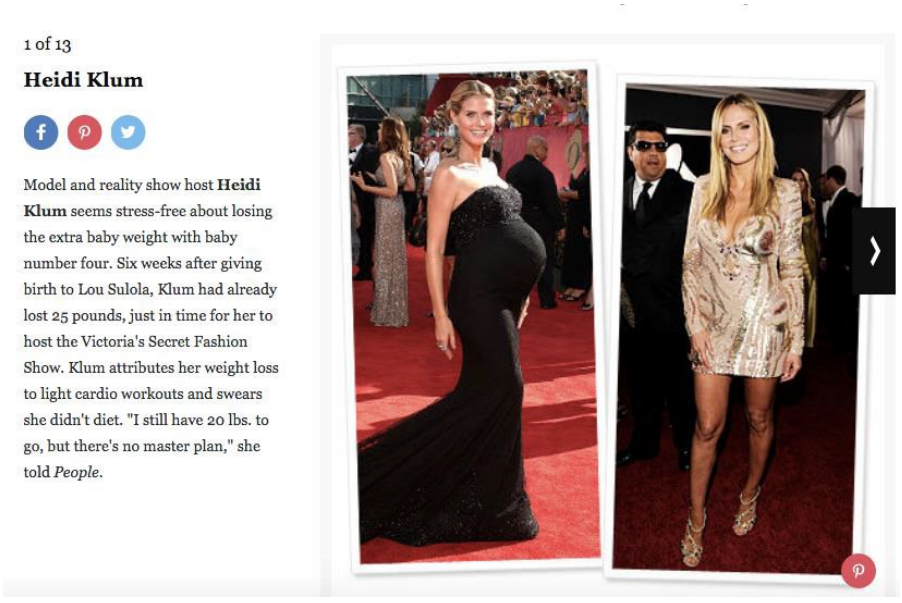
1. Understand the power of the media to shape women's attitudes toward and concerns about their bodies during pregnancy and postpartum
2. Understand medical recommendations for healthy weight gain in pregnancy
3. Understand medical recommendations for exercise in pregnancy, including beneficial effects of exercise on mental health

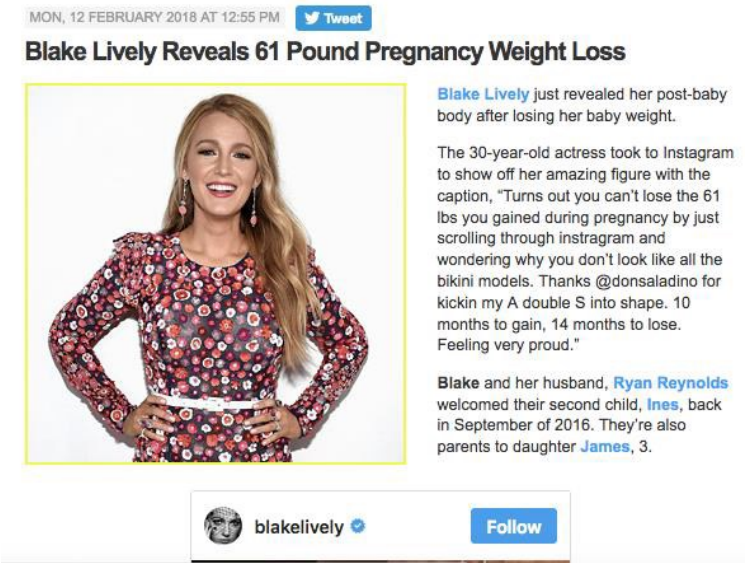
Resources Required

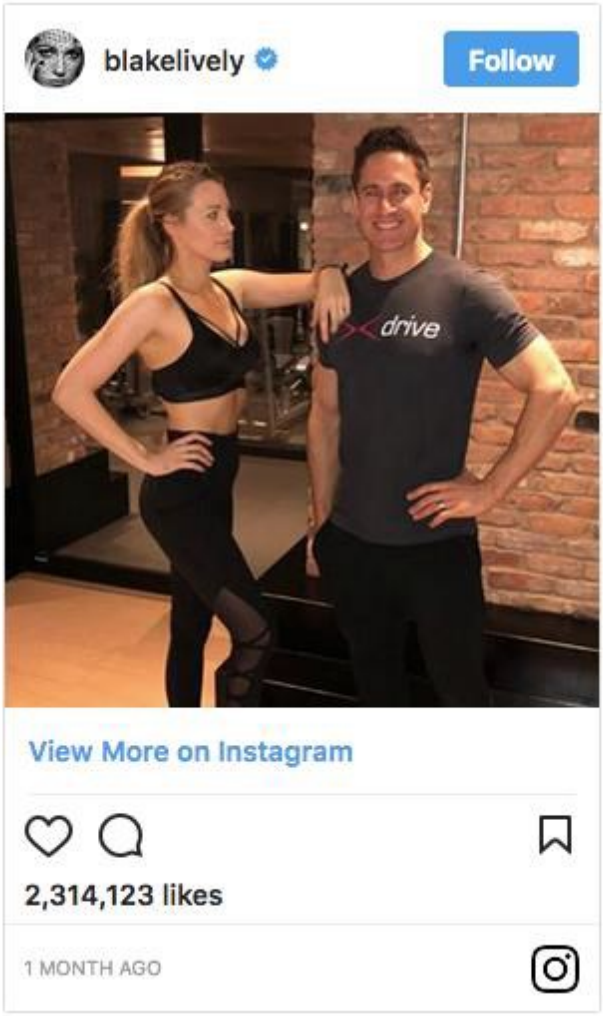
- A faculty moderator
- Samples from media
- Relevant article references
- Laptop (with internet access) and projector

Presentation of Media Items

Social media in particular is rife with descriptions of "amazing" weight loss and return to pre-pregnancy bodies among celebrities. Consider these examples:







Nicole Kidman:
http://www.dailymail.co.uk/tvshowbiz/article-1036244/Nicole-Kidman-steps-sign-baby-bump-just-TEN-days-giving-birth.html

Not all examples provide pressure – positive feedback for Kate Middleton's post-baby bump:
https://www.shape.com/blogs/fit-famous/why-we-love-kate-middletons-post-baby-bump

How does the media talk about pregnancy myths/pressure/body image?
View these examples:
http://theconversation.com/social-media-is-putting-pregnant-women-under-pressure-to-look-perfect-61881

http://chicagotonight.wttw.com/2017/08/14/media-depictions-pregnancy-post-baby-bodies-unrealistic-studies-find

Critique of Media Coverage

1. What is the central claim of these celebrity social media images?
Facilitator elicits the following:

- It is easy to lose weight after a baby
- It is normal to be toned and fit 6 weeks after birth (or even 5 days)

For "The Conversation" Article:

- Social media sites are the most important tools of communication in the modern world
- Social media can be a positive force for pregnant women to share information and offer each other support
- Frequent users of Facebook have increased symptoms of anxiety, depression, and body dissatisfaction
- Over half of pregnant women surveyed expressed dissatisfaction with their pregnant bodies, and the more women used Facebook, the greater that dissatisfaction and the greater women's attempts to limit weight gain
- Women with poor body image are less likely to breastfeed
- It's important for women to resist this social media pressure, for their health and health of their babies

For "Chicago Tonight" Article:

- Media coverage of pregnant celebrities is unrealistic
- Dramatic post-pregnancy weight loss is unrealistic
- Poor body image in the perinatal period has been connected to depression

• Women who are less bothered by this were able to reflect on use of photo editing tools and on access to trainers etc.

• A study exposed women to magazine images for five minutes, and found that it decreased body image in pregnant but not postpartum women

2. How do these media pieces influence (and potentially bias) the lay reader?
Facilitator elicits the following:

• Celebrity images say: There is something wrong with me if my body doesn't look like that; I should look different

• Media pieces point out the dangers of such images for pregnant and postpartum women, and possible links to perinatal depression

Appraisal of Scientific Literature

Articles to Review:

How well do women adapt to changes in their **body** size and shape across the course of pregnancy? Duncombe D, Wertheim EH, Skouteris H, Paxton SJ, Kelly L. J Health Psychol. 2008 May;13(4):503-15. doi: 10.1177/1359105308088521. PMID: 18420758

The effectiveness of exercise for the prevention and treatment of antenatal depression: systematic review with meta-analysis. Daley AJ, Foster L, Long G, Palmer C, Robinson O, Walmsley H, Ward R. BJOG. 2015

Discussion

1) What is the study design? What 'level' would this study design be? What are the strengths and limitations with this study design?
Facilitator elicits the following:

• Duncombe: Observational study using a convenience sample recruited from obstetric offices and advertising; this qualifies as Level III evidence (descriptive study)

• Daley: Meta-analysis and systematic review, does not fit into "levels." Strengths, larger sample size; limitations, limited by designs of studies included (significant heterogeneity and low to moderate quality studies).

2) What is the central finding of this article?
Facilitator elicits the following:

• Duncombe: Body image for most women is stable across pregnancy, and women adapt to rapid body changes. Women who felt good about their bodies before pregnancy continued to do so across pregnancy, and women with poor body image prior to pregnancy retained that image across pregnancy. Poor body image was associated with both higher depression scores and higher likelihood of restrictive eating behavior. Nearly ¾ of women were dissatisfied with their bodies prior to pregnancy (wanting to be smaller), and women felt "fatter" pre-pregnancy and in early pregnancy than they did in mod or late pregnancy. For most participants, weight and shape were less important to them in mid and late pregnancy than they were prior to pregnancy, and women selected larger body sizes as "ideal" as their pregnancies progressed, showing that ideal body image is not fixed.

• Daley: Meta-analysis included six trials. Significant reduction in depression scores ($p = 0.03$) for exercise interventions vs. comparator groups, both for women who met criteria for depression and those that did not – but most studies included depressed women, so cannot make a conclusion about exercise as *prevention.* No differences found between aerobic and non-aerobic exercise. However, studies were of low to moderate quality and confidence intervals were wide. ACOG and RCOG have recommended exercise for mental health in pregnancy, and this review provides some modest evidence to support those recommendations.

Role-playing Exercise

Trainees should separate into groups of 2 or 3 with one trainee playing the role of the physician, one the patient, and others as observers or family members.

Sample Clinical Case
Angela Q. is a 28-year-old G1P0 African American woman with a history of anorexia nervosa in remission for over 10 years. She has no other psychiatric history, no hospitalizations, and a family history significant for obsessive

compulsive disorder in her maternal aunt and generalized anxiety disorder in her older sister. She was a Division I athlete in college, and since college has been working in pharmaceutical sales. She recently won "Salesperson of the Month" in her company and is known for her aggressive and effective approach, which has earned her high bonuses every year. Prior to pregnancy, she placed high value on her continued fitness and thinness, and maintained a BMI of 20 with a healthy diet, running three times weekly, and strength training. She is currently 21 weeks pregnant with her first child, and has gained 10 lbs. Her obstetrician has assured her that this weight gain is appropriate, but Angela is dismayed by it, notes that her sister had gained less at this stage of pregnancy, and has added a nightly gym routine to her pre-pregnancy workouts. She endorses some sub-threshhold depressive symptoms, with an EPDS score of 8. She comes to an appointment with her family physician with her mother, who believes that exercise is "dangerous" for pregnant women.

Patient asks a series of questions:
1) Am I gaining too much weight? How will I know?
Physician elicits the following:

TABLE 1 2009 Institute of Medicine (IOM), recommendations for total weight gain during pregnancy, by pre-pregnancy BMI

Pre-pregnancy BMI	BMI (kg/m2)	Total weight gain range (kg)
Underweight	<18.5	12.7–18
Normal weight	18.5–24.9	11.3–15.9
Overweight	25.0–29.9	6.8–11.3
Obese (all classes)	>30	5–9

Note. BMI = body mass index.

From Vanstone et al. 2017

- Appropriate gestational weight gain in pregnancy is 25-35 lbs in normal weight women
- Underweight women need to gain more (28-40) and overweight women less (15- 25)
- This patient is normal weight, so 10 lbs by second trimester is appropriate or even a little low

2) How can I feel better about my body? I feel like a whale!
Physician elicits the following:

- Talk about it! When women and girls discuss ideal appearances and media portrayals of ideal bodies, and discuss how to challenge these ideals, they feel better about their bodies.
- Psychotherapy is one way to talk about this, but so are online communities and support groups
- Exercise and healthy eating can make women feel more fit and strong, which helps body image

The Body Project, founded 20 years ago, can provide help; there are lay-led discussion groups in schools and communities across the country, and women can find a Body Project site by calling the helpline, 1-800-931-2237

3) Exercise has always really helped my mood, but my mom says I shouldn't be too vigorous. What's safe?
Physician elicits the following:

- RCOG and ACOG both say moderate activity in pregnancy is safe for fetus (see Gregg article)
- ACOG has specific guidelines
- Walking, swimming, stationary biking, low-impact aerobics good for all women
- Yoga and pilates safe if avoid positions that might lead to hypotension (flat, supine)
- Running, jogging, strength training safe but should be discussed with physician first (depends on fitness level of woman)
- Women who were already highly vigorously active prior to pregnancy can likely continue this in pregnancy after discussion with provider
- Evidence shows good effect on mood, so continue!

Wrap-up and Q+A

1) For the learner role-playing the physician: what was challenging about this interaction?
Sample answers might include:

- Not sure I knew what was safe
- Hard to know if this patient was engaging in excessive exercise, given her prior eating disorder
- Sympathetic to the pressures of not gaining too much weight

2) For the learner role-playing the patient: what was it like to be on the "patient" side of this discussion? Was there anything in particular that your "mother" did that helped you feel more comfortable in your decision-making?
Sample answers might include:

- Felt judged by mother
- Felt she was trying to control things
- Worried about my prior eating disorder, am I getting out of control?

References

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