

Subject: Perinatal Pulse

From: Idaho Perinatal Project <idahoperinatalproject@slhs.org>



Date: Mon, Oct 30, 2017 10:42 am

To: contact@skyfitsjeff.com

The Perinatal Pulse



Idaho Perinatal Project



Continuing Education


AAPF CMEs: This Live activity, Perinatal Mood Disorders: Components of Care, from 05/28/2017 – 05/27/2018, has been reviewed and is acceptable for up to 14.50 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

APA: Postpartum Support International (PSI) is approved by the American Psychological Association to sponsor continuing education for psychologists. Postpartum Support International (PSI) maintains responsibility for this program and its content. Course eligible for up to 14.5 Credit Hours.

California BRN: Youth for Change will provide continuing education (CE) contact hours for nurses. Provider (Youth for Change) approved by the California Board of Registered Nursing, Provider # 16075. Course eligible for up to 14.5 contact hours.

NASW: This program is Approved by the National Association of Social Workers (Approval # 886708348-8754) for 14.5 continuing education contact hours.

NBCC: Postpartum Support International has been approved by the National Board for Certified Counselors (NBCC) as an Approved Continuing Education Provider, ACEP No. 6765. Programs that do not qualify for NBCC credit are clearly identified. Postpartum Support International is solely responsible for all aspects of the programs. Course eligible for up to 14.5 credit hours.

Logistics by 

Perinatal Mood Disorders: Components of Care

Perinatal Mood and Anxiety Disorders Certificate Training

Training Faculty

Wendy Davis, PhD | Leslie Butterfield, PhD | TBA, MD

April 20-21, 2018
Boise, Idaho

Register online!

<http://www.cvent.com/d/ctq8qq>

This two-day course, taught by expert and engaging faculty, uses a thorough, evidence-based curriculum designed for psychiatrists, nurses, physicians, social workers, mental health providers, childbirth professionals, social support providers, and anyone interested in building skills for assessment and treatment of perinatal mood disorders.

Upon completion of this course, the participant will be able to:

1. Identify the challenges faced when identifying and treating Perinatal Mood and Anxiety Disorders.
2. Describe the symptoms and understand the differential diagnosis of prenatal and postpartum depression, anxiety, panic disorder, OCD, PTSD, bipolar disorders and psychosis.
3. Discuss psychopharmacology as it relates to pregnancy, postpartum, and lactation.
4. Assess prenatal and postpartum risk factors.
5. Assess for Perinatal Mood and Anxiety Disorders.
6. Identify treatment options for PMADs.
7. Discuss breastfeeding and PMADs.
8. Develop psychosocial and self-help treatment plans as well as appropriate psychotherapy techniques and alternative therapies.
9. State appropriate psychotherapy modalities.
10. Indicate consequences of untreated Perinatal Mood and Anxiety Disorders.
11. Discuss effects and consequences on partners.
12. Identify social support, legislative changes, and community resources, including how to set up support groups and offer social support.
13. Discuss cultural differences and PMADs.
14. Discuss spirituality and PMADs.



Place: Boise State University, Stueckle Sky Center - Skyline Room
1400 Bronco Lane, Boise, Idaho 83706

Sign-in: 8:00 am - 8:30 am | **Training:** 8:30 am - 5:00 pm (both days)

Registration Deadline: 4/13/2018 | **Cost:** \$375.00

Cost is discounted if you are a PSI Member or Volunteer. If you need a discount code for one of the discounted rates, please contact Orrin Banta.

Lodging: Please see registration site for lodging information.

Your registration includes a light breakfast and lunch, training manual, handouts, and certification of continuing education credits.



Cancellation Policy: If you cancel before April 14, 2018, you will get a full refund minus a \$50.00 processing fee. If you cancel April 14, 2018 or later, you will be refunded 50% of your registration fee minus a \$50.00 processing fee. Fees can be transferred to future events, and substitutions are accepted.

Questions? Call Orrin Banta at (530) 872-3896 ext. 4 for more information.



Healthy Food, Nutrition Education, and Breastfeeding Guidance

“Everyone here has helped me and my daughter more than I could ever describe.”
— CDHD WIC Participant

WIC appointments are available throughout Ada County and in Boise, Elmore, and Valley counties.

CALL TODAY TO FIND OUT IF YOU QUALIFY.
208-327-7488

cdhd.idaho.gov/wic.php
707 N. Armstrong Pl., Boise



WIC is an equal-opportunity provider and employer.

Women, Infants and Children (WIC)

HELPING FAMILIES

Many families are WIC-eligible. Our services help support efforts to provide healthy and nutritious meals on a budget.

Q: What healthy foods can be purchased?

- Infants: formula, infant cereal, infant fruits, vegetables, and meat.
- Women and children vary in quantities, but in general: milk, yogurt, fresh fruits and vegetables, whole grains (bread, pasta, tortillas, rice), peanut butter, eggs, and beans.

Q: What happens during WIC appointments?

- In-person office visits that include health history, height and weight of your child, nutrition education, and support for breastfeeding moms.
- Check voucher given to purchase foods at local grocery stores.

Nutrition Education

Create healthy, affordable meals for your family through nutrition tips and recipes.

Breastfeeding

This is the best way to feed your newborn. We offer support, education, counseling, and breast pumps.

Medical Referrals

We want you to have the medical help you need. Get referrals for immunizations, health care, and other programs like Medicaid and CHIP.

Counseling

Parents often worry about their child's eating habits. Our Registered Dietitians can give you professional advice for your nutritional concerns.

Prenatal Nutrition

We help in giving your baby a healthy start. Through our prenatal education and food vouchers, we can help feed your baby long before delivery.

Health Screenings

Tracking your child's growth will help you understand their health and development.

WHO QUALIFIES?

Applicants must be residents of Idaho, and

- Pregnant or be breastfeeding a baby under one year of age, or
- Have an infant or child under the age of five, and
- Meet the following income guidelines:

INCOME GUIDELINES July 1, 2017 through June 30, 2018			
Number of Household Members	Per Week	Per Month	Maximum Gross Household Income Per Year
1	\$430	\$1,860	\$22,311
2	\$578	\$2,504	\$30,044
3	\$727	\$3,149	\$37,777
4	\$876	\$3,793	\$45,510
5	\$1,024	\$4,437	\$53,243
6	\$1,173	\$5,082	\$60,976

For each additional individual, add \$733/year.
Pregnant women = 2 people.

9/2017

Should we stop administering the influenza vaccine to pregnant women?

Publish date: October 9, 2017

Author(s):

Patrick Duff, MD

Author and Disclosure Information

Dr. Duff is Associate Dean for Student Affairs and Professor of Obstetrics and Gynecology in the Division of Maternal-Fetal Medicine, Department of Obstetrics and Gynecology, University of Florida College of Medicine, Gainesville.

The author reports no financial relationships relevant to this article.

Q. Should we stop administering the influenza vaccine to pregnant women?

A. No. Although a recent case-control study involving 485 cases found that the odds ratio of spontaneous abortion in women who received the pH1N1 vaccine (a vaccine that differs from the current quadrivalent vaccine) 2 years in a row was 6.5, compared with 1.3 in women who were not vaccinated with the pH1N1 vaccine in 2 consecutive seasons, more research is needed. ACOG and the CDC advise the continued practice of routinely offering the influenza vaccine to virtually all pregnant women at the beginning of the flu season.

Donahue JG, Kieke BA, King JP, et al. Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010-11 and 2011-12. *Vaccine*. 2017;35(40):5314-5322.

To view the rest of the article, please [click here](#).