

Empowering Mind, Body, and Baby: Integrating Behavioral Health into Perinatal Care



Blaine Shindel, LSW
Julia Evans, CHES®

Blaine Shindel (Adagio Health)

- LSW for 3.5 years
- Adagio Health Behavioral Health Clinician
 - Building the behavioral health program
 - Aiding in integrated services
 - HWFL Grant
 - Any expecting mother or current mother up to 1 year PP receives therapy
- Previous Family Work
 - In home family therapy
 - Heavy emphasis on generational mental health and parenting attachment

Julia Evans (Adagio Health)



- Adagio Health
 - Care Navigator (current); SNAP-Ed Nutritionist (previous)
 - Certified Diabetic Prevention Educator, PENNIE Assister, and Health Education Specialist (CHES®)
- Adjunct Health Science Professor and Wellness Entrepreneur
 - NETA Certified Personal Trainer; ACE Certified Group Fitness Instructor; Trauma-informed Yoga/Mindfulness Teacher(500 hour)
- Student pursuing a Master's in Clinical Mental Health Counseling (LPC) --graduation date of Aug 2026
- Mother of 2 wonderful adult children

AH Integrated Services Experience

- “My husband (or SO) is never home, always working or is exhausted, leaving me with the baby. Do they not understand how hard it is to be with a child.”
- “I want to talk to an actual adult. I have not seen any friends in months.”
- “I have not brushed my teeth in weeks nor taken a shower alone in months.”
- “My basic needs are not met. I need_____”

Part 1: Recognizing Mental Health in Pregnancy

Definitions

- Prenatal- Conception of pregnancy to start of being postpartum.
- Postpartum (PP)- Childbirth to 6-8 weeks after birth.
 - Definition varies to include body returning to pre-pregnancy state (Cleveland Clinic, 2024b).
 - 3-6 Months- weight changes, hormonal stabilization, hair loss, varicose veins.
 - 6-12 months- body recovery including shape, stabilization of menstrual period (Cleveland Clinic, 2024b; Flannery, 2023).



Start of Mental Health within Pregnancy

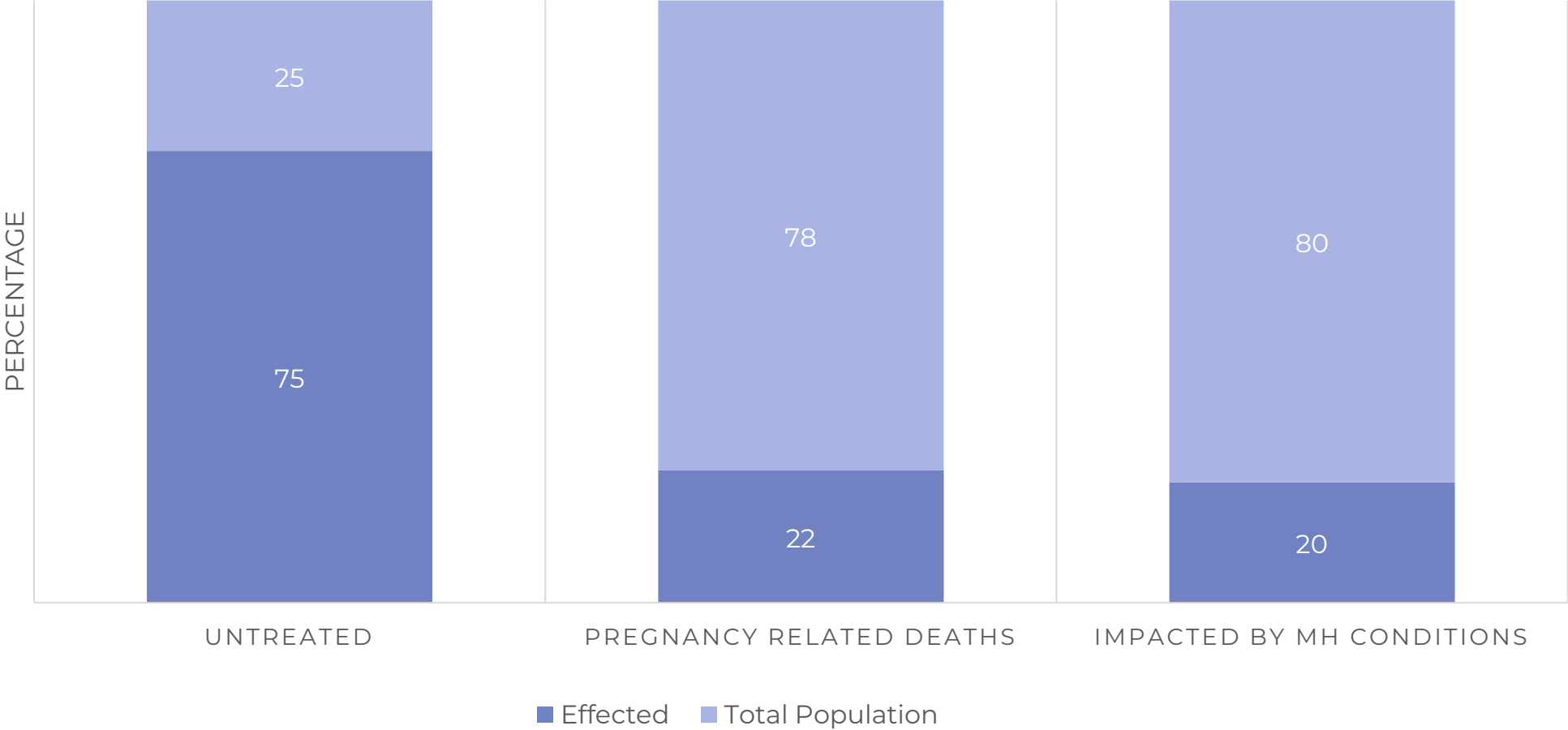
- According to the National Alliance on Mental Health [NAMI] (2026),
 - Some mental health concerns start before pregnancy.
 - Early screening, support, or treatment is essential to mitigate risks for both the parent and baby.
 - Hormone imbalances cause rapid shifts in pregnancy.
 - Fluctuations in estrogen and progesterone affect serotonin and dopamine.



Start of Mental Health within Pregnancy

- According to the Maternal Mental Health Leadership Alliance (2025),
 - Most women are untreated, increasing risk of negative impacts.
 - 75% of women impacted by Maternal Mental Health (MMH) conditions remain untreated, increasing the risk of long-term negative impacts on mothers, babies, and families.
 - Mental health conditions are a leading cause of maternal deaths.
 - Mental health is 22% of pregnancy-related deaths.
 - 1 in 5 mothers are impacted by mental health conditions.
 - MMH conditions are the most common complication of pregnancy and birth, affecting 800,000 families each year in the U.S.

MATERNAL MENTAL HEALTH



Risk Factors

- According to the Maternal Mental Health Leadership Alliance (2025), the following are some of the factors for mental health,
 - Race /Ethnicity
 - Experience within pregnancy
 - Family mental health history
 - Child Health (pregnancy and birth experiences)
 - DV/IPV during pregnancy
 - Socioeconomic status



Common Myths

- Postpartum only lasts 6 weeks.
- Postpartum depression is the only struggle.
- Self-care is selfish.
- Sleep is when the baby sleeps.
- You look fine you must feel fine.
- The mother alone handles postpartum care.
- Once the baby arrives, your relationship will stay the same.
- You will know that when someone is experiencing PPD.
- Baby being taken away due to PPD or PP anxiety.
- CPS taking baby away.

MYTHS
BUSTED

Part 2: Mental Health

Common Diagnoses

- Postpartum Depression (PPD)
- Postpartum Anxiety
- Obsessive Compulsive Disorder (OCD)
- Post Traumatic Stress Disorder (PTSD) from Traumatic Births
- Bipolar
- Psychosis

(MMHLA, 2025)

Postpartum Depression

- Definition

- Mood disorder women may face after giving birth, lasting up to a year. It can lead to intense sadness, anxiety, and fatigue, hindering self-care and caregiving.
 - Baby Blues- similar but are swings of mood for less than 2 weeks (Carberg & Langdon, 2025).

- Symptoms

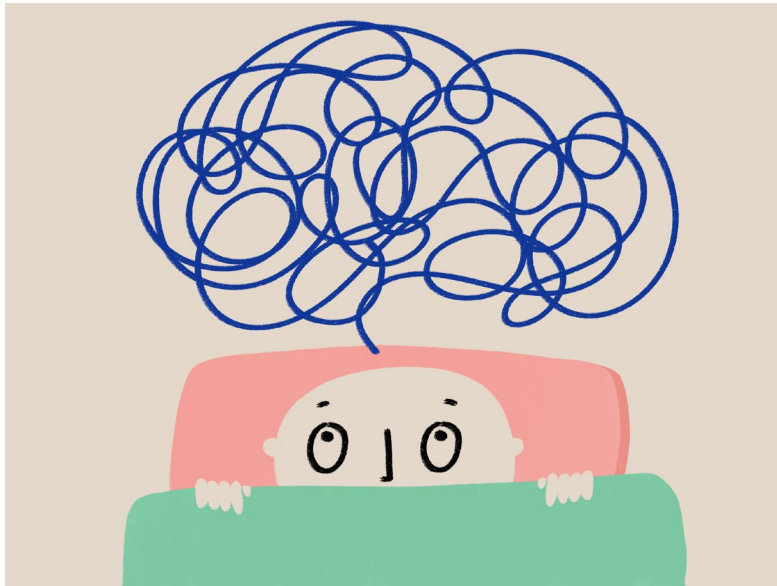
- Persistent fatigue
- Hopelessness, emptiness, and sadness
- Memory lapses
- Obsessive thoughts of baby's health
- Guilt of being a mother



Postpartum Anxiety

- Definition

- Persistent, excessive worry about a baby's health or safety OR ability of the parent to care for the child (Cleveland Clinic, 2025).



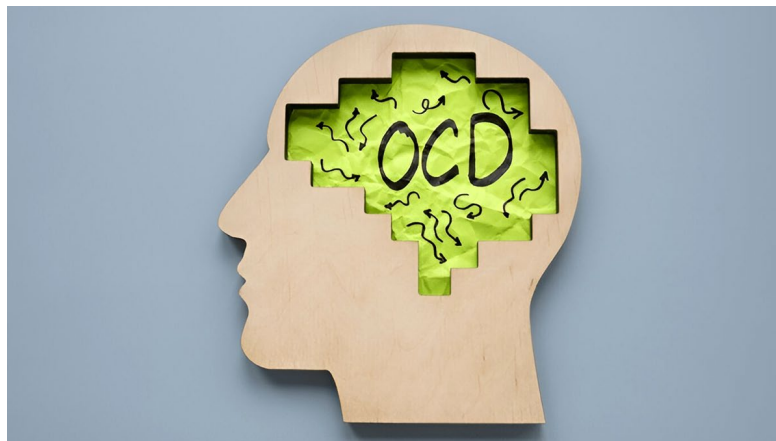
- Symptoms

- Terror and fear
 - Excess protection of baby
 - Irrational/ scary thoughts of harm to oneself or baby
 - Avoidance of being outside the home

Obsessive-Compulsive Disorder (OCD)

- Definition

- OCD is characterized by the presence of obsessions and or compulsions (American Psychiatric Association, 2022, p.263).
 - Obsessions are recurrent and persistent thoughts.
 - Compulsions are repetitive behaviors or mental acts that follow guidelines.



- Symptoms (Abramowitz, 2023)

- Worries about the infant
- Fear and avoidance due to harm of child
- Relationship difficulties
 - Heavy reliance or complete avoidance
- Depressive thoughts or actions
- Compulsions or obsessions (Feygin et al., 2006)
 - Excessive washing of child
 - Excessive checking on baby or not letting child out of their sight

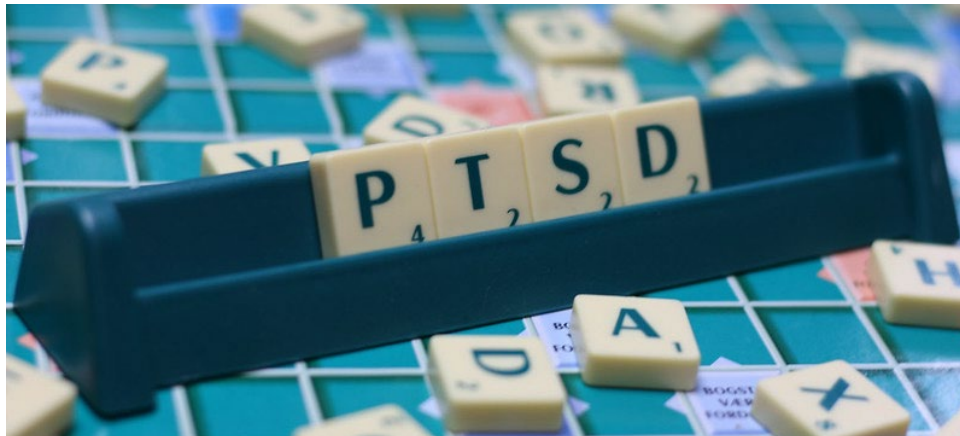
PTSD from Traumatic Births

- Definition

- Birth trauma is a shorthand term to describe symptoms of distress you might experience after having gone through, or saw, a traumatic birth. In some cases, these symptoms can be enough for a diagnosis of post-traumatic stress disorder (PTSD) (Cleveland Clinic, 2024a).

- Symptoms (Cleveland Clinic, 2024a)

- Nightmares
- Avoidance of reminders
- Anxiety
- Feelings of failure
- Pain
- Detachment with child



Bipolar

- Definition

- Bipolar disorder is a mental health condition that causes unusual shifts in energy, activity levels, and mood.
- Periods of elevated, agitated energy are known as mania or hypomania, while periods of low mood and energy are called depressive episodes. (Gillette, 2024).

- Symptoms

- Decreased need for sleep
- Rapid speech and racing thoughts
- Impulsivity
- Changes in moods
- Heightened agitation or irritability
- Indulgent in pleasurable activities



Psychosis

- Definition

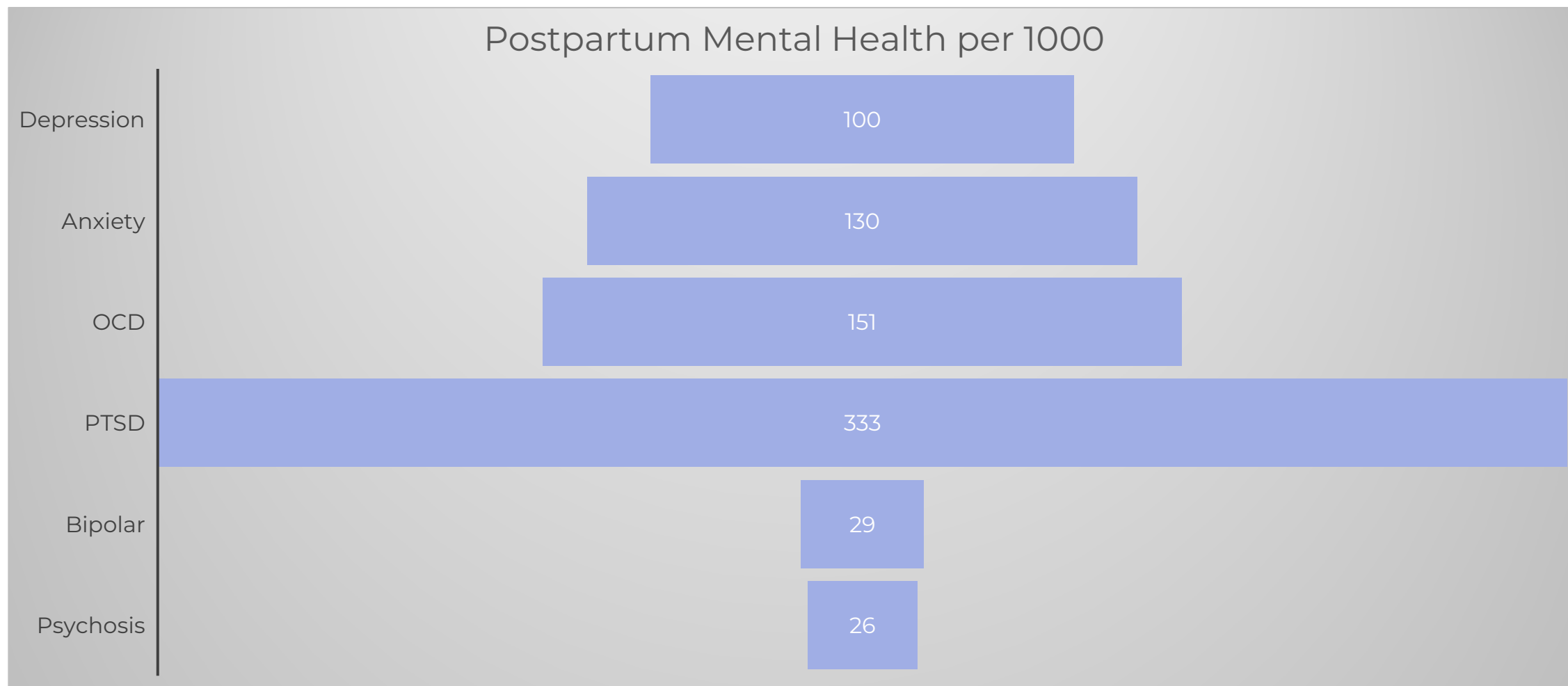
- In DSM-5, postpartum psychosis is categorized as a “short psychotic illness” (2022), typically sudden and rapid deterioration
 - Classified as delusions, hallucinations, or other psychotic symptoms
 - Comorbid with Depression or Mania (Oltmanns, 2021)



- Symptoms (Toor, n.d.)

- Feeling confused and lost
- Having obsessive thoughts about your baby
- Hallucinating and having delusions
- Having sleep problems
- Having too much energy and feeling upset
- Feeling paranoid
- Making attempts to harm yourself or your baby

Rates



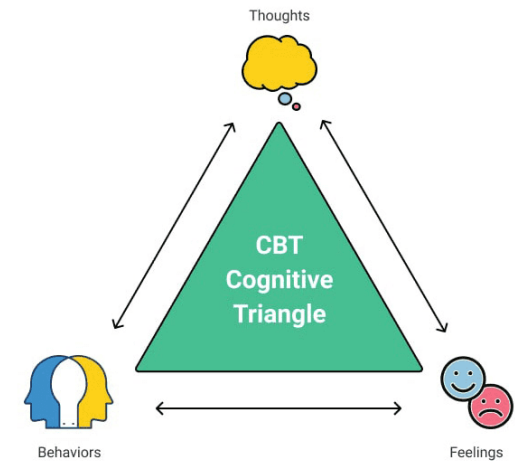
Screeners

- Depression
 - Patient Health Questionnaire PHQ-9
 - Edinburg Postnatal Depression Screen (EPDS)
 - IF Suicidal- Columbia Suicide Severity Rating Scale (CSSR-S)
- Anxiety
 - GAD-7
- OCD
 - Yale- Brown Compulsive Scale
- PTSD
 - ACE
 - THQ
- Bipolar
 - Mood Disorder Questionnaire
- Psychosis
 - Psychosis Symptom Checklist



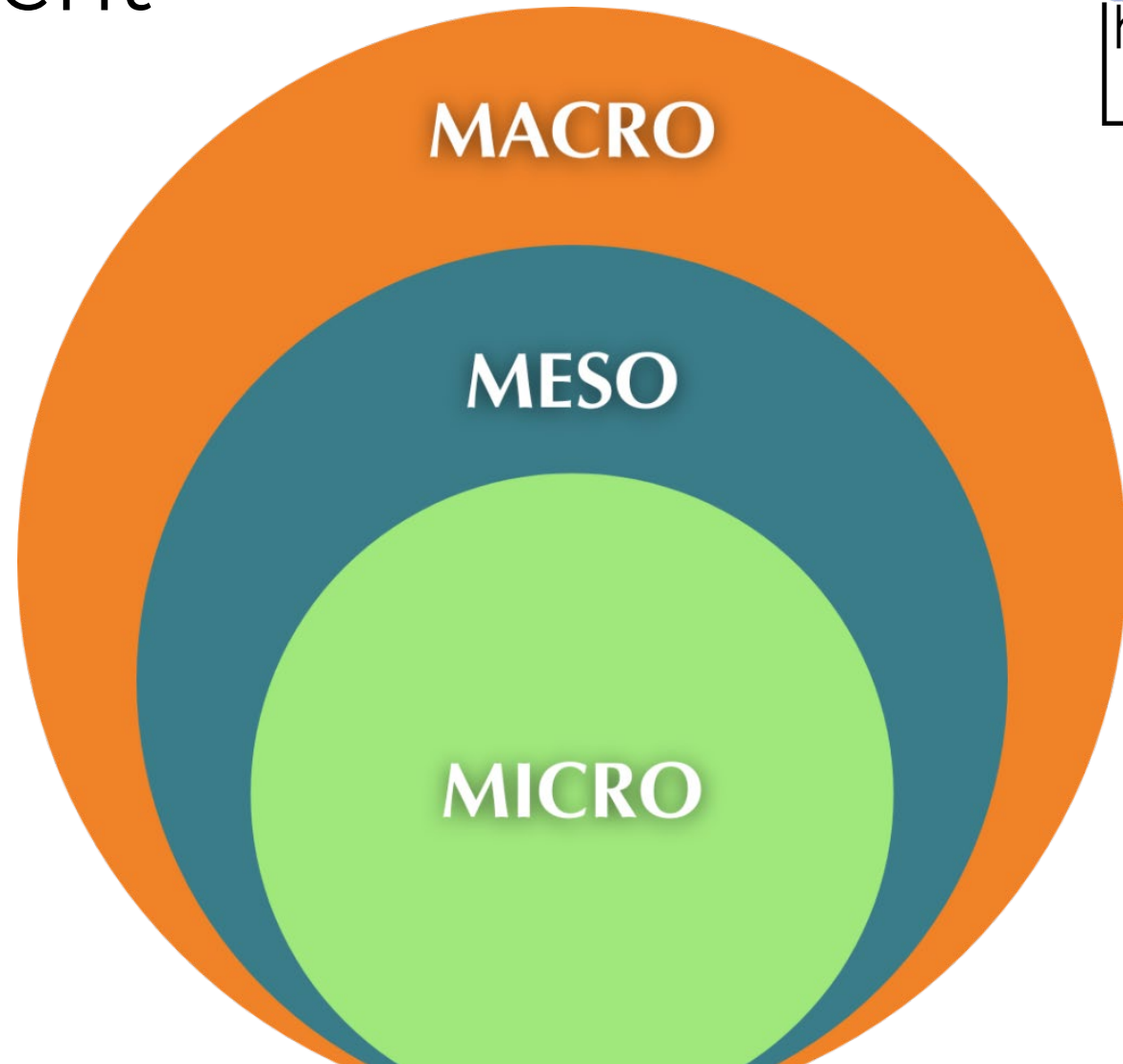
Effective Treatments

- Creating routine emphasizing basic needs met (Leistikow et al., 2022)
- CBT
 - 70-80% efficacy
- Specialized Therapies
 - NOCD for OCD treatment
 - EMDR for trauma
 - Intensive outpatient
 - Inpatient hospitalization depending on risk of harm
- Interpersonal psychotherapy (Wilfley & Shore, 2015)
 - Interpersonal disputes
 - Role transitions
 - Grief
 - Interpersonal deficits
- Pharmacology
 - Medication management by Nurse Practitioners or Psychiatrists
 - Medication alone 40%
 - Typically to be started after birth for a few months (Bergink et al., 2025)



Barriers to Treatment

- Macro
 - Location
 - Doctor specialization
 - Lack of providers
 - Cultural barriers
 - Insurance
 - System failures
- Meso
 - Childcare
 - Support of significant other
 - Rural services availability
- Micro
 - Transportation
 - Physical recovery
 - Time off work
 - MMH willingness for treatment
 - Personal fears



Generational Effects on Baby and Mother

"The mental health of the mother during pregnancy and the first year postpartum is critical to the development of the child across several domains: physical, cognitive, social, and emotional. "

(MMHLA, 2025)

"A mother's poor mental health is often rooted in her own childhood trauma and can profoundly impact a child's development, frequently initiating a cycle of generational trauma. These challenges can lead to higher risks of anxiety, depression, and behavioral issues, with traumatic responses potentially becoming ingrained across generations. Children of mothers who experienced worse mental health after birth showed weaker connectivity between two parts of the brain (the amygdala and prefrontal cortex)—a connection critical for the regulation and processing of emotional"

(National Institute of Mental Health [NIH], 2023)

Part 3: Integrated Services

What is Support?

- Often considered to be only OB and baby after birth appointments
- Cousins “who are not cousins but are god parents”
- Family
- Lactation consultants
- Doulas
- Anyone who provides time to a mother!



What is Integrated Services?

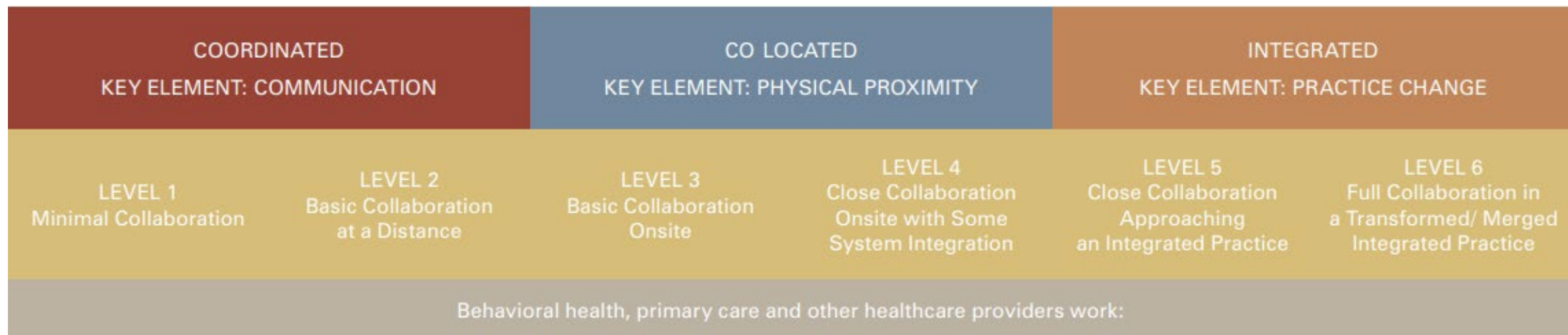
Integrated Services

Health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course.

Person-Centered Health

An approach to care that consciously adopts the perspectives of individuals, families, and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways.

(World Health Organization [WHO], 2026)



(SAMHSA- HRSA Center for Integrated Health Solutions, n.d.)

Adagio Health Integrated Services

- Health and Medical Care (7 locations)
- WIC (5 counties)
- Cancer Screening Program
- Tobacco Prevention & Education
- Diabetes Prevention Program (DPP) & Nutritional Counseling
- Women's Veteran's Services
- Integrated Services (Behavioral Health & Care Navigation)

Medical Care

- Gynecology
 - Family planning
 - Breast and cervical cancer screening
 - STI screening and prevention
 - Relationship education
 - Sexual health education
 - Prenatal
 - Expanded services
- AH includes a focus on women, teens (14+) and women veterans
 - Best care practices



Healthy Women for Life (HWFL)

- Purpose
 - The HWFL Grant is to broaden health care access, amplify awareness, and cultivate well-informed decision-making.
 - Pregnant or postpartum women
 - Live in Pennsylvania
- Care Navigation and Behavioral Health
- Medical Office
 - Free reproductive health care services
 - Chronic disease screenings
 - Blood pressure cuffs provided
 - Drug and alcohol screening
 - Prenatal care



WIC (Women, Infant, & Children)

- WIC program provides comprehensive nutrition and family support services for eligible women, infants, and young children (up to age 5), especially those who are pregnant, postpartum, or breastfeeding.
- Nutrition Support and education
- Breastfeeding support
- Food cupboard
- Locations can include
 - WIC on Wheels, Teaching Kitchens, and WIC Farmer's Market



Tobacco Prevention and Cancer Screening Programs

- Tobacco prevention
 - Online cessation classes
 - Nicotine replacement therapy
 - One on one support
 - **Healthy You, Healthy Baby**
- Cancer screening
 - Early detection of cervical and breast cancer
 - Cervical and breast cancer treatment
 - Mammogram vouchers
 - Screening and adult vaccine clinics



Diabetes Prevention Program and Nutritional Counseling



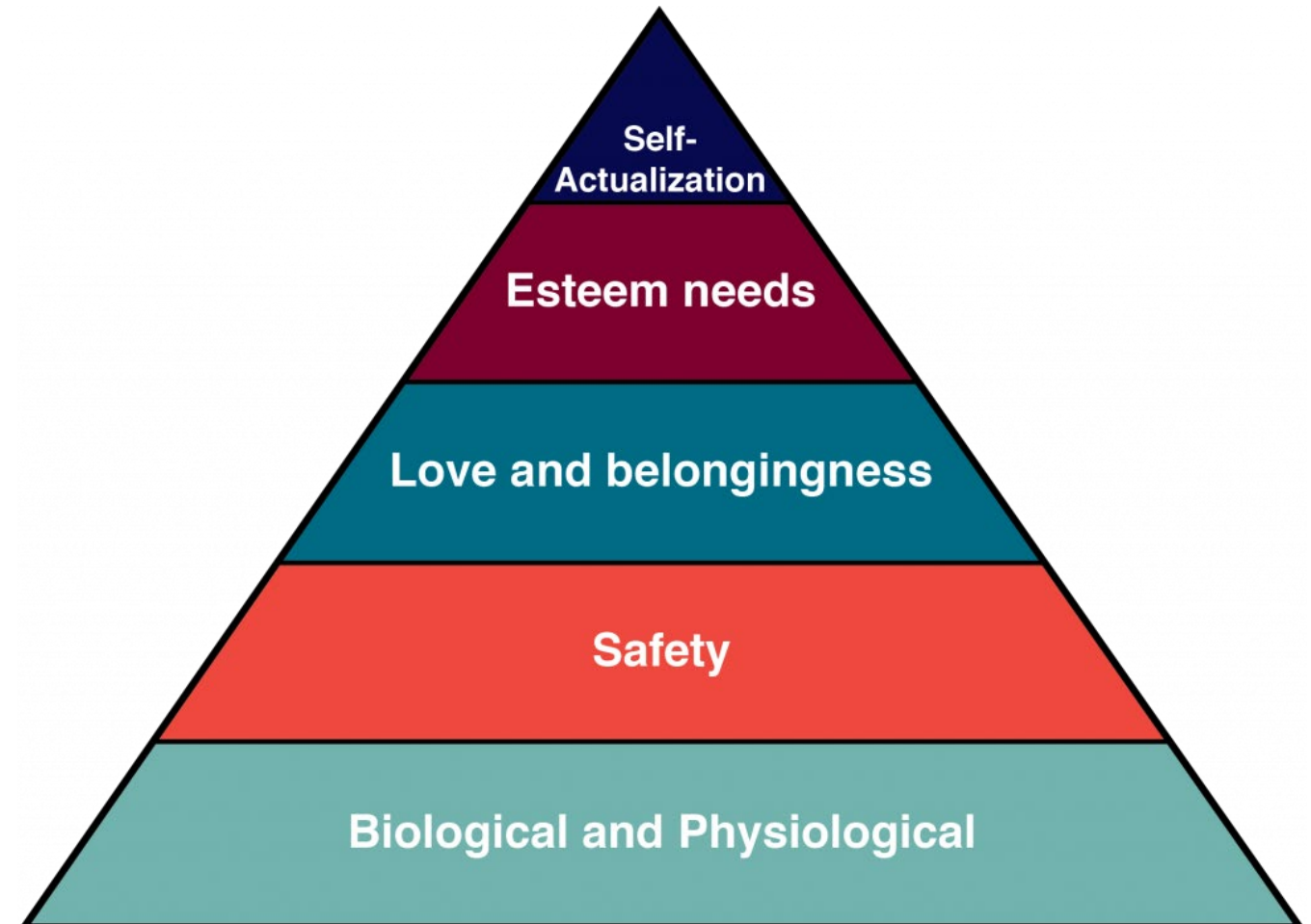
- Diabetes prevention program
 - Free!!!
 - 16 general sessions and 6 monthly follow-up sessions to help you maintain healthy lifestyle changes. (Program lasts 1 year)
 - Offered virtually & in-person (select locations)
 - Attendance based support tools including scales, fitness trackers, cookbooks, resistance bands, lunchbox cooler, water bottle, kitchen cookware, and more.
- Nutritional counseling
 - Registered dietitian works with clients to aid them in meeting goals set with client for their own nutritional needs.
 - Virtual or in person (Uniontown Office) for women in Western PA.

Behavioral Health and Care Navigation

- Behavioral Health
 - HWFL coverage
 - Consults to teach coping skills to patient and supporting family members.
 - Collaborate with medical and IS departments for long-term support.
- Care Navigation (CN)
 - The HWFL program enables CN services available to women in the region.
 - CN will connect clients with ancillary community services and support to improve overall mental, physical, and emotional wellbeing.
 - Assess the woman's need for ancillary supportive services.
 - Social Determinates of Health (SDoH)

SDOH and Needs

Domain	Question	Response	
Healthcare	In the past month, did poor physical or mental health keep you from doing your usual activities, like work, school or a hobby?	Yes	No
	In the past year, was there a time when you needed to see a doctor but could not because it cost too much?	Yes	No
Food	Do you ever eat less than you feel you should because there is not enough food?	Yes	No
Employment & Income	Do you have a job or other steady source of income?	Yes	No
Housing & Shelter	Are you worried that in the next few months, you may not have safe housing that you own, rent, or share?	Yes	No
Utilities	In the past year, have you had a hard time paying your utility company bills?	Yes	No
Family Care	Do you need help finding or paying for care for loved ones? For example, childcare or daycare for an older adult?	Yes	No
Education	Do you think completing more education or training, like finishing a GED, going to college, or learning a trade, would be helpful for you?	Yes	No
Transportation	Do you have a dependable way to get to work or school and your appointments?	Yes	No
Safety	Do you ever feel unsafe in your home or neighborhood?	Yes	No
Clothing & Household	Do you have enough household supplies? For example, clothing, shoes, blankets, mattresses, diapers, toothpaste, and shampoo.	Yes	No
General	Would you like to receive assistance with any of these needs?	Yes	No
	Are any of your needs urgent?	Yes	No



Referral Pathways

- Use of screeners to bring awareness
 - Screeners create conversation
 - Conversation creates a referral (with consent)
- Ways to refer
 - In office
 - Jira (external referral system)
 - EHR system
 - Self referral

REFERRALS



How to Promote Integrated Services

- Consents
- Empower holistic view of body
- Language with clients
- Reduce financial barriers
- Reduce transportation
- Use SUDS Scale
- SDoH screener
- Use BH screeners to evaluate wellbeing

Subjective Units of Distress (SUDS)	
01	Feeling calm, at ease. No distress, just totally relaxed.
02	Alert and awake, concentrating well. Feeling okay, neutral.
03	First awareness of tension, stress. Mild irritation; some anxiety, distress.
04	Some anxiety and distress; noticeable discomfort and irritation but it is tolerable.
05	Uncomfortable distress and discomfort; tolerable and not yet interfering with the ability to focus.
06	Distress is moderate to strong; it is interfering with the ability to focus and function.
07	Strong distress; interfering with ability to function. Emotional pain feels very uncomfortable.
08	Very distressed and uncomfortable; unable to concentrate; difficult to shift thoughts away from the distress.
09	Emotional distress feels extremely uncomfortable and intolerable.
10	The highest distress, anxiety, fear, or discomfort you have ever felt.

!
SUDS 7- 10
Don't go it alone - reach out to your Support System



Questions?

Collect Your Bingo Treasures!!!

References

- Abramowitz, J. (2023). *Postpartum OCD Fact Sheet*. International OCD Foundation. <https://iocdf.org/wp-content/uploads/2014/10/Postpartum-OCD-Fact-Sheet.pdf>
- Agrawal, I., Mehendale, A. M., & Malhotra, R. (2022). Risk Factors of Postpartum Depression. *Cureus*, 14(10), e30898. <https://doi.org/10.7759/cureus.30898>
- American College of Obstetricians and Gynecologists. (2026). *Patient screening*. <https://www.acog.org/programs/perinatal-mental-health/patient-screening>
- American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.)
- Bergink, V., Suleiman, M., Hennen, M. A., & Robakis, T. (2025). Management of Bipolar Disorder in Pregnancy and Postpartum: A Clinicians' Guide. *CNS drugs*, 39(8), 763–777. <https://doi.org/10.1007/s40263-025-01202-7>
- Birth Trauma Association. (2024). *What is birth trauma?* <https://www.birthtraumaassociation.org/what-is-birth-trauma>
- Carberg, J., & Langdon, K. (2025, January 21). *Postpartum depression: Signs, symptoms, types, and treatment options*. PostpartumDepression.org. <https://www.postpartumdepression.org/postpartum-depression/>
- Cleveland Clinic. (2024b, April 27). *The postpartum period*. Cleveland Clinic. <https://my.clevelandclinic.org/health/articles/postpartum>
- Cleveland Clinic. (2024a, January 26). *Birth trauma*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/birth-trauma>
- Cleveland Clinic. (2025, September 26). *Signs of postpartum anxiety*. Cleveland Clinic. <https://my.clevelandclinic.org/health/diseases/22693-postpartum-anxiety>
- Di Florio, A., Gordon-Smith, K., Forty, L., Kosorok, M. R., Fraser, C., Perry, A., Bethell, A., Craddock, N., Jones, L., & Jones, I. (2018). Stratification of the risk of bipolar disorder recurrences in pregnancy and postpartum. *The British journal of psychiatry : the journal of mental science*, 213(3), 542–547. <https://doi.org/10.1192/bjp.2018.92>

References Continued

- Feygin, D. L., Swain, J. E., & Leckman, J. F. (2006). The normalcy of neurosis: Evolutionary origins of obsessive-compulsive disorder and related behaviors. *Prog Neuro-Psychopharmacology Biol Psychiatry*, 30(5), 854–64. <https://linkinghub.elsevier.com/retrieve/pii/S0278584606000108>
- Flannery, S. (2023, February 24). *Your body-after-baby timeline*. Women's Health Magazine. <https://www.womenshealthmag.com/health/a42747349/your-body-after-baby-timeline/>
- Friedman, S. H., Reed, E., Ross, N. E. (2023). Postpartum psychosis. *Current Psychiatry Reports*, 25(2), 65–72. doi: 10.1007/s11920-022-01406-4
- Gillette, H. (2024, April 18). *Postpartum bipolar disorder: Symptoms, treatment, outlook*. Healthline. <https://www.healthline.com/health/pregnancy/postpartum-bipolar#takeaway>
- Hendrick, V. (2024, October 22). *UpToDate*. <https://www.uptodate.com/contents/bipolar-disorder-in-postpartum-females-epidemiology-clinical-features-assessment-and-diagnosis>
- Krepak, D. K., Kopit, A. B., Biderman, A., Yehoshua, I., & Adler, L. (2025). Challenges in diagnosing and treating postpartum depression in the primary care setting: A qualitative study. *BMC primary care*, 26(1), 321. <https://doi.org/10.1186/s12875-025-03004-8>
- Leistikow, N., Baller, E. B., Bradshaw, P. J., Riddle, J. N., Ross, D. A., & Osborne, L. M. (2022). Prescribing sleep: An overlooked treatment for postpartum depression. *Biological Psychiatry*, 92(3), e13–5.
- Maternal Mental Health Alliance. (2023). *Barriers to accessing services*. <https://maternalmentalhealthalliance.org/amv-toolkit/breaking-barriers/access-perinatal-mental-health-services/barriers/#:~:text=There%20are%20many%20barriers%20to%20accessing%20perinatal,and%20it's%20difficult%20to%20get%20an%20interpreter>
- Maternal Mental Health Leadership Alliance [ALA]. (2025). *Maternal mental health overview*. chrome-extension://efaidnbnmnnibpcjpcglclefindmkaj/https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/69c6b26e593ad155cc51772d/1774629487450/March+2026+-+Fact+Sheet+-+Maternal+Mental+Health+Overview.pdf

References Continued



- Nakić Radoš, S., Brekalo, M., Matijaš, M., & Žutić, M. (2025). Obsessive-compulsive disorder (OCD) symptoms during pregnancy and postpartum. Prevalence, stability, predictors, and comorbidity with peripartum depression symptoms. *BMC Pregnancy and Childbirth*, 25(1), 176. <https://doi.org/10.1186/s12884-025-07302-y>
- National Alliance on Mental Health [NAMI]. (2026, February 19). *Mental health before pregnancy*. NAMI. <https://www.nami.org/new-parents/mental-health-before-pregnancy/#:~:text=Major%20life%20stresses%2C%20trauma%2C%20or,a%20plan%20and%20support%20system.>
- National Institute of Mental Health [NIMH]. (2023, June 16). *Mothers' difficult childhoods impact their children's mental health*. NIH. <https://www.nimh.nih.gov/news/science-updates/2023/mothers-difficult-childhoods-impact-their-childrens-mental-health#:~:text=Maternal%20experiences%20of%20childhood%20abuse,health%20challenges%20in%20her%20children>
- Oltmanns, J. R. (2021). Personality traits in the international classification of diseases 11th revision (ICD-11). *Current Opinion Psychiatry*, 34(1), 48–53. doi: 10.1097/YCO.0000000000000656.
- SAMHSA-HRSA Center for Integrated Health Solutions. (n.d.). *Six Levels of Collaboration/Integration*. The National Council. https://www.thenationalcouncil.org/wp-content/uploads/2020/01/CIHS_Framework_Final_charts.pdf?dof=375ateTbd56
- Scarff, J. R. (2019). Postpartum depression in men. *Innovative Clinical Neuroscience*, 16(5-6), 11-14. PMID: 31440396; PMCID: PMC6659987.
- Toor, R. (n.d.). *Postpartum Psychosis*. University of Washington. <http://perc.psychiatry.uw.edu/wp-content/uploads/2024/02/Postpartum-Psychosis-Care-Guide.pdf>
- U.S. Department of Health and Human Services. (2024, December). *Bipolar disorder*. National Institute of Mental Health. <https://www.nimh.nih.gov/health/topics/bipolar-disorder>
- VanderKruik, R., Barreix, M., Chou, D., Allen, T., Say, L., & Cohen, L. S. (2017). The global prevalence of postpartum psychosis: A systematic review. *BMC Psychiatry* 17(1), 272–272. doi: 10.1186/s12888-017-1427-7.
- Wilfley, D. E., & Shore, A. L. (2015). Interpersonal Psychotherapy. *International Encyclopedia of the Social & Behavioral Sciences* (2nd ed.), 631-636. <https://doi.org/10.1016/B978-0-08-097086-8.21065-9>
- World Health Organization [WHO]. (2026). *Services organization and integration*. WHO. <https://www.who.int/teams/integrated-health-services/clinical-services-and-systems/service-organizations-and-integration>

Continuing Education Information

Accreditation Statement:

In support of improving patient care, the University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physician (CME)

The University of Pittsburgh School designates this live activity for a maximum of 6.75 AMA PRA Category 1 Credits . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing (CNE)

The maximum number of hours awarded for this Continuing Nursing Education activity is 6.75 contact hours.

Social Work (ASWB)

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive 6.75 continuing education credits.

Physician Assistant (AAPA)

The University of Pittsburgh has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 6.75 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Psychologist (APA)

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

Other health care professionals: Other health care professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

Conflict of Interest Disclosure:

No planners, members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity have relevant financial relationships to disclose.

Disclaimer Statement

The information presented at this CME program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.