



Policy Action Bulletin: Spring Conference 2009 *Families, Health and Mental Health: Postpartum Depression*

MCFR's Role

MCFR's mission is to “strengthen all families by educating and supporting family professionals and promoting connections among those involved in research, policy and practice.” This Policy Action Bulletin grew out of the MCFR Spring 2009 conference, *Families, Health and Mental Health*, held on April 3, 2009. For more information on the conference, visit www.mcfr.net.

Background

Toran Ener and Ruth Ener, lost their sister/sister-in-law and niece due to the effects of postpartum depression. Toran and Ruth are strong advocates for individuals that suffer from postpartum depression and their families. The Eners shared their own family experience of losing loved-ones in 2003 to the devastating effects of postpartum depression. The speakers have also successfully advocated for a bill in Minnesota requiring postpartum education.

- Postpartum depression is common, serious and treatable. The most common complication of child birth is postpartum depression (10% -20% of new mothers suffer from postpartum depression).
- There are 70,000 births per year in Minnesota. 10,000 women suffer from postpartum illness each year.
- All women are at risk for postpartum depression.

During the postpartum time, symptoms can be overwhelming, yet women work hard to hide their suffering. Why?

- society's image of motherhood – blissful
- unmet expectations of herself as a mother
- family's expectations
- guilt, shame
- stigma of mental illness
- lack of awareness

Key Questions

Key questions raised during this workshop include:

- If postpartum depression is so common, why isn't more being done to heighten the awareness of postpartum depression?
- What can be done to abolish the stigma?
- What puts women at risk for postpartum depression or illness and what can be done?

Research and Information Links

- National Alliance on Mental Illness (NAMI), www.nami.org
- Postpartum Support International, Minnesota, 651-221-9709, 1-800-944-4PPD , www.postpartum.net
- Dr. Helen Kim (postpartum mood disorders – anxiety/depression – psychosis)
- Dr. S. Charles Schultz, MD, University of MN Medical Center – “Part of the stigma of mental disorders is that many people still feel that if you have depression you should be able to pull yourself out of it, or pray more, or exercise more, or they should just live with it.”
- MN Dept of Health, www.health.state.mn.us
- Postpartum Support International (PSI), www.postpartum.net
- Postpartum Stress Center www.postpartumstress.com

Books and Articles

- *This Isn't What I Expected* by Karen Kleiman and Valerie Raskin
- *Beyond the Blues* by Shoshana Bennett and Pec Indman
- *Conquering Postpartum Depression* by Roland Rosenberg
- *Atlas of Bipolar Disorders* by Edward Taylor
- *Down Came the Rain* by Brooke Shield
- *Behind the Smile* by Marie Osmond
- Margaret Spinelli; *Infanticide: Psychosocial and Legal Perspectives on Mothers who Kill*, American Psychiatric Press Inc., Washington, DC, USA, 2002
- Margaret Spinelli; *Maternal Infanticide Associated with Mental Illness: Prevention and the Promise of Saved Lives*. American Journal of Psychiatry. 2004;161(9): 1548-57

Dr. Margaret Spinelli wrote: “Postpartum psychiatric illness is a major public health problem that is predictable, identifiable, treatable, and therefore, preventable.”

Video

- *Hope for Recovery: Understanding mental Illness*, by Twin Cities Public Television and NAMI MN

PPD Assessment Tools

- Edinburgh Postnatal Depression Scale (EPDS)
- Beck-Gable PPD Screening Scale (PDSS)
- Center for Epidemiologic Studies (CES-D)
- Zung Self-Rating Depression Scale (found on PSC website)

Action Steps

What can help?

- Teach all new families about PPD
 - Impact on mother: strained relationship with partner, less responsive to baby’s cues, increased risk of injury
 - Impact on the baby: feeding problems, poor weight gain, poor emotional attachment, behavior problems
- Rally support for mother and family (culture matters, use community resources, enlist family and friends to help). Ask the new mother – “Are you feeling the way you think you should after having your baby?”

- Routine PPD assessment
 - Edinburgh Postnatal Depression Scale (EPDS)
 - Beck-Gable PPD Screening Scale (PDSS)
 - Center of Epidemiologic Studies-Depression (CES-D)
 - Zung Self-Rating Depression Scale
- Proper PPD treatment (medications, psychotherapy, group therapy). Early assessment and treatment are critical.

For practitioners

- Use pamphlets, fact sheets, posters and brochures in order to increase awareness of postpartum depression.
- Support new parents.
- Treat mental illness like any other illness. Take away the stigma of postpartum depression.
- Remove any barriers for receiving postpartum depression information.
- Ask the new mother: “Are you feeling the way you think you should feel after having the baby?”
- What is being done to educate fathers regarding how to recognize PPD?

For policy leaders

- Minnesota law: written materials must be available at hospitals and clinics for all pregnant women and new moms.
- Postpartum education bill.
- Laws need to be changed to include checks on new mothers as well as newborns (Rep. Lesch – “well-mother” check at the same time – 2 weeks - as a “well-baby” check).
- Treat PPD rather than prosecute.

Families

- Teach, support, assess and treat.
- Postpartum depression education.
- Provide resources and support.