

Hello SPAC Delegates,

The following article appears in the most recent issue of Time Magazine. At the conclusion of the article, I have also included a "Letter to the Editor" from numerous PMAD experts refuting various claims made within the piece. This is "hot off the press" and was forwarded by the LA County Perinatal Mental Health Taskforce.

Although a bit lengthy, please take a few moments to read through both pieces. You may notice a few names on the "rebuttal" including Diana Barnes who provided incredibly moving insights in Bakersfield.

Since Time has such a wide distribution, you may be asked questions about this during your legislative visits and advocacy work. It's worth it to be sure you are current and can quickly dispel myths during your short discussions.

Seniors, we look forward to seeing you next week at our annual Senior Leadership meeting in Los Angeles!

Best wishes,
Julie and Andrea

Monday, Jul. 20, 2009

Postpartum Depression: Do All Moms Need Screening?

By Catherine Elton

Clarification Appended: July 12, 2009

A month after Melanie Blocker-Stokes gave birth, she stopped eating and sleeping. She had convinced herself that she was a terrible mother, and she was paranoid that the neighbors thought so too. Over two months, Blocker-Stokes was repeatedly hospitalized for postpartum psychosis; prescribed a cocktail of antipsychotic, antianxiety and antidepressant drugs; and treated with electroconvulsive therapy. Despite her family's efforts to help, Blocker-Stokes leaped to her death from the 12th story of a Chicago hotel in 2001, when her daughter was 3½ months old.

Now the Melanie Blocker-Stokes Postpartum Depression Research and Care Act, familiarly known as the Mothers Act, has passed the House and is headed for the Senate. If it becomes law, it will mandate the funding of research, education and public-service announcements about postpartum depression (PPD) along with services for women who have it.

The legislation has sparked surprisingly heated debate, dividing psychologists and spurring a war of petition drives aimed at either bolstering the bill or blocking its passage. "I just can't understand it," says Carol Blocker, Blocker-Stokes' mother. "It breaks my heart that women would be against a bill that would help mothers."

But not everyone agrees that the Mothers Act is destined to help. At the root of the dissent is the issue of screening: Does PPD screening identify cases of real depression or simply contribute to the potentially dangerous medicalization of motherhood?

Although the current version of the Mothers Act does not specifically include funding for PPD testing, an earlier one did (it was based on a New Jersey law that mandates universal PPD screening), and critics say the new act will naturally lead to greater use of screening if it passes. Opponents of the bill contend that mental-health screens are notoriously prone to giving false positives — research suggests that as few as one-third of women flagged by a PPD screen actually have the condition — and say testing is a gambit by pharmaceutical companies to sell more drugs.

But clinicians and researchers say screening is intended not as a diagnostic tool but as a way to identify patients who need further evaluation. Studies suggest that PPD affects as many as 1 out of 7 mothers and that failing to treat it exposes women and their babies to unwarranted risk. "Postpartum depression is not a benign, uncommon thing. We screen all infants for [the genetic disorder] phenylketonuria, which is extremely rare. Why don't we screen women for this?" asks University of Pittsburgh Medical Center psychiatrist Katherine Wisner.

[See more about depression.](#)

[See how to prevent illness at any age.](#)

[See TIME's health and medicine covers.](#)

Why? Because increased screening could lead to an increase in mothers being prescribed psychiatric medication unnecessarily. That concern lies close to the heart of Amy Philo, 31, of Texas, who has become a leader of the anti-Mothers Act movement. In 2004, shortly after her first son was born, he choked on his vomit and needed emergency treatment. Her son recovered, but after the incident, Philo became preoccupied with his safety and felt severe anxiety about protecting him — a

common symptom of PPD. "After a one-minute conversation with my doctor, he gave me Zoloft and said it would make me and my baby happy," she recalls. But Philo says she started having suicidal and homicidal thoughts, which got stronger when another doctor raised her dosage. Eventually, Philo says, she weaned herself off the drug, and her violent feelings disappeared. (Zoloft, like other antidepressant drugs in its class, carries a black-box warning that it can increase suicidal ideation in patients ages 24 and under but not in adults of Philo's age.)

Some psychologists argue that universal PPD screening misses the point because the greatest risk factor for postpartum depression is not giving birth, in fact, but previous depression. Women develop depression at the same rate whether or not they have given birth, according to Stony Brook University psychology professor Marci Lobel. "Women who have been healthy all their lives, who haven't suffered lots of anxiety and depressive symptoms, are unlikely to have problems in the postpartum period — not even close to likely," says Michael O'Hara, a University of Iowa professor of psychology. Further, say experts, while pregnancy hormones may impact a small subgroup of vulnerable women, they have little to do with PPD in most cases. In a study published in the *American Journal of Psychiatry* in 2000, researchers used drugs to mimic the postpartum decline of pregnancy hormones in 16 women, eight with histories of PPD and eight without. Five of the eight women who had previously experienced PPD developed mood symptoms. But none of the women who had never been depressed postpartum were affected. ([Read "The Risks \(and Rewards\) of Pills and Pregnancy."](#))

Still, there's no denying that the postpartum period is a difficult one for many women. Some new mothers contend with clinical depression, but many more experience the normal feelings of "baby blues," the short-lived postpartum sadness that affects at least half of all mothers. "[We] should be addressing the social factors causing women to be upset after they give birth, not locating the problem within the women," says Paula Caplan, a clinical and research psychologist.

On either side of the screening debate, experts agree that mothers need help, says Ingrid Johnston-Robledo, director of women's studies at the State University of New York at Fredonia. She adds that opposing arguments over PPD screening need not be mutually exclusive. "The problem with women's reproductive-health issues is that they tend to be ignored or exaggerated," she says. "We need to find a way to come

down in the middle: acknowledge women's depression but not assume that all women who struggle with the transition to motherhood are depressed." Ensuring the proper support of mothers, however — whether that means treating depression or caring for women in their new roles — would require an effort much more ambitious than a single law.

[See the top 10 medical breakthroughs of 2008.](#)

[See pictures from an X-Ray studio.](#)

The original version of this article stated that after Amy Philo's newborn suffered an accidental choking incident, Ms. Philo's preoccupation with his safety included fear of hurting her baby herself. However, Ms. Philo notes that that particular feeling did not intrude until later, after she began taking antidepressant medications.

- **Find this article at:**
- <http://www.time.com/time/magazine/article/0,9171,1909628,00.html>

Monday, July 13, 2009

To the Editors of Time:

Time has done a great disservice to all mothers who are suffering and will suffer from postpartum depression (PPD). In an article called "Should All Mothers Be Screened for Postpartum Depression?" journalist Catherine Elton writes a distorted story that no doubt has already begun to confuse and stigmatize women with PPD.

We cannot understand why Time would choose to sensationalize what is a very serious medical issue for hundreds of thousands of women in the United States each year, and to create controversy around the MOTHERS Act, the one and only piece of legislation that would help to systematize support and services that are sorely lacking in so many places throughout our country.

There are several points in the article that concern us:

1. The MOTHERS Act is not "dividing psychologists" as Elton opines. The American Psychological Association, the American Psychiatric Association and the National Association of Social Workers wholeheartedly endorse the MOTHERS Act. In fact, you neglect to mention that much of the medical community supports the bill. It has been publicly endorsed by the March of Dimes, the American College of Obstetricians and Gynecologists, the American College of Nurse Midwives, the National Healthy Mothers Healthy Babies Coalition, and the Association of Women's Health, Obstetric and Neonatal Nurses, among many others. You didn't represent any

of them in your piece, all of which are highly regarded organizations which have a long record of dedication to the health of both mothers and babies.

2. Elton calls screening controversial and infers it may not even work. Many women will tell you that screening saved their lives, and others who were not screened wish they had been so they could have received treatment sooner. In fact, Elton interviewed at least two such women but they were not represented in the article. Screening for PPD is an effective way to identify women who may have it. Both the sensitivity (misses few sufferers) and specificity (some, but not too many false positives) of the widely-used and validated Edinburgh Postnatal Depression Scale, for instance, is very well-established. We'd be happy to send you multiple, contemporary, highly-regarded studies that support this.

3. Elton states that "... increased screening could lead to an increase in mothers being prescribed psychiatric medication unnecessarily." First, the MOTHERS Act does not require screening. Second, none of the screening tools for depression were designed to take the place of evaluation by health care professionals, so it is manipulation to suggest that screening alone will yield treatment of any kind or specifically treatment via medication. In a study of large scale universal screening efforts of more than 1000 pregnant and postpartum women, screening for depression did not lead to greater rates of treatment (Yonkers et al., *Psychiatric Services*, 2009). This is because there are many barriers to treatment, regardless of a positive screen. Additionally, for those who are able and choose to be treated, many women elect methods that don't include medication (Pearlstein et al., *Archives of Women's Mental Health*, 2006).

4. Time should be more careful when discussing the causes of PPD. We were surprised to see such a well-regarded publication misrepresent the results of a small research study that provided evidence to support the idea that a subset of women are more susceptible to hormonal changes as a trigger for depression, such as PPD, by prefacing the results with the unsubstantiated statement that "pregnancy hormones ... have little to do with PPD in most cases." This study showed that for those with a known history of depression, the hormonal changes that occur following delivery may increase one's risk for developing symptoms during the postpartum period. Yet Elton attempts to use these results to support Michael O'Hara's overgeneralization that women without prior history of "lots of anxiety and depressive symptoms" (what does this even mean objectively?!) "are unlikely to have problems in the postpartum period – not even close to likely." Reporting results out of context to support the opinions of a source is appalling.

The fact that women who have had depression or anxiety in the past are more likely to experience PPD is nothing new. This is only one of many risk factors that have been identified. Your article, however, attempted to make a previous history of depression or anxiety the single key to identifying PPD. This will lead women who are ill but who have never been clinically diagnosed or treated for a mental illness to believe they must not have PPD. Many women who suffer will tell you it was the first time they were ever treated for a mental illness and the first time they came to realize they may have suffered from depression or anxiety in the past. You also leave out women who have no history of depression or anxiety but ended up with PPD for other reasons. Perhaps you were not aware, for instance, that diabetes is a risk factor for PPD (Kozhimannil et al., *JAMA*, 2009), as is thyroiditis. Women who deliver multiples or have babies born with serious health problems also have a higher risk of getting PPD.

5. The language used in the article frustratingly minimizes the devastation that PPD can cause. Such phrases as "the melancholy of motherhood" and "still, there is no denying that the postpartum period is a difficult one for many women" almost brush PPD off as a blue funk or a trying transition time for new moms. This signifies a clear lack of understanding about the seriousness of this illness that somewhere between 10 and 20% of women around the world suffer. PPD impacts a mother's ability to function on a daily basis. It is not a difficult period.

Elton asks, “Does PPD screening identify cases of real depression or simply contribute to the potentially dangerous medicalization of motherhood?” It is no more medicalizing motherhood to identify and treat PPD than it is to identify and treat gestational diabetes, which is universally screened for and occurs in only 3.5% of mothers.

As Time reported in June, the National Academies fully endorses screening for parental depression and believes it is crucial, while also emphasizing that screening is not helpful unless there is effective follow up and treatment tied to it. Supporters of the MOTHERS Act share that belief. Although effective treatment is available, fewer than half of cases of postpartum depression are recognized (Gjerdingen et al., Journal of the American Board of Family Medicine, 2007). Even fewer of those women ever receive treatment of any kind.

We are terribly sorry about the experience of the one mother quoted in your article, which happens on rare occasions, but we believe that the MOTHERS Act would actually go a long way to prevent what happened to her. What this bill actually funds is research, education and awareness. If these pieces are put in place, women, families and medical professionals will be better educated to prevent false positives from screening. A well-trained and educated physician will know to refer the patient on to a specialist who can inform her of various treatment options and monitor her to ensure the treatment she chooses is effective. A woman who has been made fully aware of the kind of services she should receive and the risks and benefits of the treatments available to her will be able to make the best choice for herself and her family.

Time focused on one potential but unlikely consequence of the MOTHERS Act rather than the actual content of the bill and why it is so sorely needed. We are deeply disappointed.

Sincerely,

- Mary Jo Codey, mother of 2, former first Lady of New Jersey, kindergarten teacher, New Jersey
- Carol Blocker, mother of Melanie Blocker Stokes (www.melaniesbattle.org), Illinois (carolblocker@aol.com)
- Sonia Murdock, co-founder and executive director of the Postpartum Resource Center of New York (<http://www.postpartumny.org>), past president of PSI, New York
- Cheryl Beck, DNSc, CNM, FAAN, mother of 2, Board of Trustees Distinguished Professor at the University of Connecticut School of Nursing, co-author of the American Journal of Nursing 2006 Book of the Year award, Postpartum Mood and Anxiety Disorders: A Clinician’s Guide, Connecticut (Cheryl.beck@uconn.edu)
- Amy D. Gagliardi, mother of 4, Director of a Perinatal Health Clinic at a Federally Qualified Health Center, writer, researcher and chair of the Woman's Health Sub-Committee of Connecticut's Medicaid Managed Care Council, Connecticut (amyd.gagliardi@gmail.com)
- Valerie Plame Wilson, mother of 2, author of Fair Game, New Mexico
- Adrienne Griffen, mother of 3, founder of Postpartum Support Virginia (<http://postpartumva.org>), and mid-Atlantic regional coordinator for Postpartum Support International, Virginia (Adrienne.griffen@gmail.com)

- Heidi Koss-Nobel, MA, mother, psychotherapist, Chairperson of Postpartum Support International of Washington (<http://www.ppm-support.com/>), Washington (heidikossnobel@comcast.net)
- George J. Parnham, Attorney at Law, co-founder of the Yates Children Memorial Fund, Texas (georgeparnham@aol.com)
- Ann Dunnewold, Ph.D., mother of 2, licensed psychologist, author of Even June Cleaver Would Forget the Juice Box, past president of Postpartum Support International, Texas (ann@anndunnewold.com)
- Diane G. Sanford, Ph.D., internationally-recognized expert on pregnancy and postpartum emotional health, medical advisory board member on Babycenter.com, adjunct associate professor at the St. Louis University School of Public Health, Missouri (ssanford7@earthlink.net)
- Catherine Connors, mother, author of the Her Bad Mother blog (<http://www.badladies.blogspot.com>), featured parenting blogger at Beliefnet.com, Maternal Health Editor at BlogHer.com and Partner/Managing Editor at Mamapop.com, Canada (herbadmother@gmail.com)
- Tonya Fulwider, mother of 2, executive director of Perinatal Outreach & Encouragement (<http://www.poemonline.org/>), regional coordinator for Postpartum Support International, Ohio (tonya@poemonline.org)
- Adrienne Martini, mother of 2, author of Hillbilly Gothic: A Memoir of Madness & Motherhood, New York (amartini@stny.rr.com)
- Katherine Stone, mother of 2, author of the most widely-read blog in the US on postpartum depression (<http://postpartumprogress.typepad.com>), WebMD 2008 Health Hero, Georgia (stonecallis@msn.com)
- Erin Reilly, co-founder of Sound of Silence, Friends of the Postpartum Resource Center (<http://www.soundsofsilencefoundation.org>) of New York, New York
- Jen Stoll, mother of 2, executive director of The Postpartum Resource Center of Kansas (<http://kansasppd.org>), Kansas (jen.stoll@gmail.com)
- Erika Krull, MS, LMHP, mother of 3, mental health counselor, author of the Family Mental Health blog on Psych Central (<http://blogs.psychcentral.com/family/>), Nebraska (elkrull@yahoo.com)
- Wendy N. Davis, Ph.D., mother of 2, psychotherapist & perinatal mood disorders consultant, founding director of Baby Blues Connection (<http://www.babybluesconnection.org/>), PSI Volunteer Coordinator, Oregon (wdavis@postpartum.net)
- Therese Borchard, mother of 2, author of the Beyond Blue blog on Beliefnet (<http://blog.beliefnet.com/beyondblue/>), author of several books including The Imperfect Mom: Candid Confessions of Mothers Living in the Real World, Maryland (therese@thereseborchard.com)

- Carol Peindl, RN, MSN, CNS, psychotherapist/nurse for the Prenatal and Postpartum Center of the Carolinas, PSI coordinator for the state of North Carolina, North Carolina (cpeindl@roadrunner.com)
- Diana Lynn Barnes, Ph.D., mother of 2, award-winning psychotherapist, past president of Postpartum Support International, California (dbarnes@postpartumhealth.com)
- Lauren Hale, mother of 3, author of Sharing the Journey blog (<http://unexpectedblessing.wordpress.com/>), iVillage Community Leader for Postpartum Depression and Pregnancy & Depression/Mental Illness Message Boards, Georgia
- Pec Indman, PA, EdD, MFT, mother of 2, psychotherapist, co-author of Beyond the Blues, A Guide to Understanding and Treating Prenatal and Postpartum Depression, Education and Training Chair of Postpartum Support International, expert panelist for the Maternal and Child Health Bureau/HRSA, California
- Tara Mock, mother of 2, author of the Out of the Valley blog for Christian postpartum depression support
- Ivy Shih Leung, mother of 1, author of Ivy's PPD Blog (<http://ivysppdblog.wordpress.com>), New Jersey
- Helen Ferguson Crawford, mother of 2, architect, Georgia
- Karen Kleiman, MSW, founder and director of The Postpartum Stress Center (<http://www.postpartumstress.com/>), author of several books on postpartum depression, Pennsylvania
- Joan Mudd, mother, founder of the Jennifer Mudd Houghtaling Postpartum Depression Foundation (<http://www.ppdchicago.org/>), Illinois
- Susan Dowd Stone, MSW, LCSW, NJHSS Certified Perinatal Mood Disorders Instructor, Public Reviewer for the National Institutes of Mental Health, author and Adjunct Lecturer at the Silver School of Social Work at New York University, New Jersey
- Marcie Ramirez, mother, co-founder of the Maternal Mental Health Task Force of Middle Tennessee, PSI Coordinator of Middle Tennessee, Tennessee
- Amber Koter-Puline, mother of 1, author of the Beyond Postpartum Blog (<http://www.atlantappdmom.blogspot.com>) and Atlanta support group facilitator, Georgia
- Amy Tobias, mother, Indiana
- Kimmelin Hull, PA-C, LCCE, mother of three, director of Pregnancy to Parenthood and author of A Dozen Invisible Pieces and Other Confessions of Motherhood, Montana
- Sylvia Lasalandra-Frodella, mother of 1, Constituent Relations for the former First Lady of New Jersey Mary Jo Codey, author of A Daughter's Touch, New Jersey
- Lisa Jeli, mother of 1, California

- Susan McRoberts, mother of 3, author of *The Lifter of My Head: How God Sustained Me Through Postpartum Depression*
- Sara Pollard, RN, BS, Clarian Women's Health Services, Indiana
- Amy Burt, MA, mother of 3, director of operations, Perinatal Outreach & Encouragement for Moms (<http://www.poemonline.org/> <<http://www.poemonline.org/>>), Ohio Coordinator for Postpartum Support International, Ohio
- Diane Ashton, MSW, mother of 2, founder of PPD Support Hawaii (<http://www.PPDsupportHI.org>), Hawaii
- Laurel R. Spence, MS, PA-C, mother of 3, Assistant Professor, Baylor College of Medicine, clinical physician assistant, Women's Specialists of Houston, Yates' Children Memorial Fund/Women's Mental Health Initiative advisory council member, speaker's bureau Mental Health America – Houston and Postpartum Support International member, Texas
- Sara Binkley-Tow, MA, CIMI, CHBE, PDC (DONA), executive director of Moms Bloom (<http://www.momsbloom.org>), Michigan
- Sarah Pond, mother of 1, founder of Mama2Mama (www.mamalove.org) and early childhood development facilitator, Canada