Screenings aim to help new moms in crisis

U.S. panel recommends watching for depression; N.J. ahead of the curve

By MARY JO LAYTON
STAFF WRITER

An influential national panel on Tuesday advised physicians to screen women for depression during pregnancy and after giving birth, an initiative that could help the one in seven women who suffer severe symptoms after delivery.

The recommendation, the first time the U.S. Preventive Services Task Force has urged screening for mental illness in mothers, seeks to identify and help women who are experiencing anxiety, sleep disturbances and thoughts of injuring themselves or their babies, among other symptoms.

“If they can start during pregnancy, that’s where we can catch a lot of mood disorders that can be treated before turning into a postpartum episode,” said Alex Menken, a Montclair psychologist and the New Jersey coordinator for Postpartum Support International.

For nearly a decade, New Jersey has already mandated screening for new mothers, an effort launched when former first lady Mary Jo Codey went public with her struggles following the birth of her two sons nearly 30 years ago. The initiative was the first of its kind in the nation to address the most common complication of pregnancy. The federal recommendation calls for screening prior to delivery, which Codey and experts hailed as “good news” Tuesday.

However, Menken and other experts warned that even if more women are screened, those who are found to need help may have a hard time finding or affording a specialist, as mental health services have been reduced by many insurers.

“I love the idea of more people getting help, however the issue is if you don’t have trained professionals to send people to and they can’t afford it, what good is the screening?” said Ann Smith, a Manhattan-based expert and president of the Postpartum Support International.

New Jersey’s law requires physicians and hospitals to provide education about postpartum screening and to screen new mothers for the condition prior to discharge and at the first postnatal visit using what is known as the Edinburgh Postnatal Depression Scale. Now, in pregnancy, women will be asked if they feel down, depressed or sad, hopeless or have other issues.

“This is something that is long overdue at the federal level,” said Dr. Manny Alvarez, chief of obstetrics and gynecology at Hackensack University Medical Center. “Four million babies are delivered in the U.S. annually, and if this affects 15 percent conservatively, that’s a lot of women who need help.”

Alvarez and the Codeys were at the signing of the New Jersey law in 2006. Nearly a decade later, Mary Jo Codey said women are more likely to seek help, such as talk therapy and support groups, and in the more advanced cases be prescribed certain antidepressant medications.

“I think more women are starting to feel more comfortable about coming forward,” Codey said. “The hospitals give them literature and do the screening, and that opens them up to the idea that ‘it’s not my fault that this has happened.’”

After the birth of her first son 30 years ago, Codey checked herself into a hospital because she felt she could injure her baby and was experiencing suicidal thoughts, she said.

“I was blindsided by it and so ashamed that I could be depressed after being given my beautiful baby,” she said. “I couldn’t even tell my mother.”

Physicians, unaware of her condition, medicated her and sent her to a support group for alcoholics, she said. She finally recovered and vowed to speak out to urge other women to seek help.

“The more conversations we have about this, the more likely we are to save lives,” she said.

The baby blues, which last only a few days to a week or two after delivery, may include mood swings, anxiety, sadness, irritability, feeling overwhelmed, crying and reduced concentration. Postpartum depression symptoms are more intense and last longer, eventually interfering with a woman’s ability to care for her baby or handle other daily tasks. Symptoms usually develop within the first few weeks after giving birth, but may begin later, up to six months after birth, according to the Mayo Clinic website.
Symptoms include depressed mood or severe mood swings, excessive crying, difficulty bonding with the baby, withdrawal from family and friends, loss of appetite or eating much more than usual, inability to sleep or sleeping too much, overwhelming fatigue or loss of energy, severe anxiety, fear of not being a good mother, and recurrent thoughts of death or suicide. Postpartum psychosis is a rare condition that typically develops within the first week after delivery and can include confusion and disorientation, obsessive thoughts about the baby and paranoia.

Once a week, Trudy Heerema, a medical social worker, facilitates an evening and afternoon support group at The Valley Hospital in Ridgewood for about 10 women suffering from postpartum depression.

“A large percentage will say to me, ‘It’s not that I don’t love my baby.’ They don’t understand why they feel disconnected from the baby. They feel a lot of anxiety about the care of the baby and their new role as a mother,” she said.

The earlier screening will create more awareness of symptoms in addition to aiding women in need, experts said.

“You will find a patient who will come and say: I feel so sad and I don’t know why,” said Lisa Gitters-Williams, an associate professor of OB-GYN at Rutgers New Jersey Medical School. “There’s more awareness that it’s a disorder and that it’s biochemical.”

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MARY JO CODEY,
FORMER N.J. FIRST LADY