

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 "The Melancholy of Motherhood" 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,

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