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Perinatal and Postpartum Depression a Top Priority at Annual Conference of Ob-Gyns

San Francisco, CA -- Depression during and after pregnancy is prevalent among women, and, if left untreated, can have serious health consequences for both women and their babies, according to a trio of speakers at today's opening ceremonies of The American College of Obstetricians and Gynecologists' 58th Annual Clinical Meeting (ACM). The President's Program featured two of the country's leading experts on women's mental health and a former First Lady of New Jersey, who suffered postpartum depression (PPD) with both of her pregnancies.

"As ob-gyns, if we can focus more of our attention on the emotional and psychological health of our patients during pregnancy and postpartum, I believe our specialty can have a positive and significant impact on the overall health and well-being of women everywhere," said **Gerald F. Joseph, Jr, MD**, president of The American College of Obstetricians and Gynecologists. "I'm so passionate about postpartum depression that I've made it the theme of my presidential initiative and a major focus of the ACM's scientific program this year.

"Our message today to ob-gyns is one of awareness," added Dr. Joseph. "In essence, we may be the first to make a diagnosis of depression or to observe depressive symptoms getting worse. It's especially important to identify depression during pregnancy so that we can help prevent the condition from worsening after delivery."

The peak prevalence of major depressive disorders is during the childbearing years, and depression is one of the most common complications of pregnancy. Between 14%–23% of women will experience depression during pregnancy, and an estimated 5%–25% of women will have postpartum depression.

"Perinatal depression causes suffering in women; it compromises a mother's ability to parent effectively; and it can have negative consequences for the child and the family over the long term," said **Michael W. O'Hara, PhD**, who delivered the Samuel A. Cosgrove Memorial Lecture, "Perinatal Depression: Screening, Diagnosis, and Treatment." Dr. O'Hara, a professor of psychology at the University of Iowa in Iowa City, is a widely recognized authority in the field of mood disorders and depression in women. He specializes in perinatal depression, which refers to depression that occurs at any time during pregnancy or throughout the first year after giving birth.

"Although depression is the leading cause of disability for women throughout the world, it continues to be associated with stigma in our society," according to **Katherine L. Wisner, MD, MS**, who also spoke at the opening session. "Stigma contributes to the perception that antidepressant drug therapy is less justifiable for pregnant women with depression than, for example, antibiotics or drugs used to treat gastric ailments." Dr. Wisner is a professor of psychiatry, obstetrics-gynecology and reproductive sciences, epidemiology and women's studies at the University of Pittsburgh School of Medicine and director of the Women's Behavioral HealthCARE program at the Western Psychiatric Institute and Clinic at the University of Pittsburgh Medical Center.

"Ob-gyns, as primary care providers for women and especially in the context of pregnancy care, are in a perfect position to identify women who are depressed and to provide or facilitate access to treatments," said Dr. O'Hara. The American College of Obstetricians and Gynecologists encourages ob-gyns to strongly consider screening for depression during and after pregnancy. "What matters is that ob-gyns initiate the discussion of depression with their pregnant patients and

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new mothers and this can be accomplished by asking good, sensitive questions. This step is critical—you can't tell by looking at a woman whether or not she is depressed.

“One big misconception is that there is little risk to not treating,” noted Dr. O’Hara. “We know very clearly that women who are depressed are more likely to smoke and take drugs. In addition, the presence of major depression during pregnancy is associated with preeclampsia, preterm birth, and low birth weight. The implications for not treating the depression are both real and severe.” Studies have shown that untreated maternal depression negatively affects an infant's cognitive, neurologic, and motor skill development, and it can also negatively impact mental health and behavior of older children.

“Evidence-based treatment for depression includes psychotherapy and antidepressant medication, and other treatments such as bright morning light therapy, acupuncture, and exercise are being studied for use in pregnancy to expand therapeutic options,” said Dr. Wisner. Although non-drug treatments are preferred by many pregnant women, the fact is, “the availability of accessible, acceptable, and affordable mental health intervention *of any type* is limited,” she added. “A comprehensive disease management strategy holds the potential to reduce maternal disability and avert a new generation at risk.”

Former First Lady of New Jersey, **Mary Jo Codey** presented the Anna Marie D’Amico Lecture, “Recognizing Postpartum Depression: Speak Up When You’re Down,” named after the statewide campaign put in place during Governor Richard Codey’s term in office to raise awareness about PPD and offer education and resources to women, their families, and health care professionals. Mrs. Codey, who suffered PPD with both of her pregnancies, resolved to speak out so that other struggling mothers would know that they are not alone and need not feel ashamed.

“Too many women with depression are slipping through the cracks and going untreated,” Mrs. Codey said. “This is deeply concerning to me because the health and well-being of women are at risk. We owe it to women and their families to provide more education, screening, treatment, and support.” She was active in helping to secure passage of the Melanie Blocker-Stokes MOTHERS Act, which will increase funding for research, education, and awareness of postpartum mood disorders. The provisions were included in the final federal health care reform legislation.

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